

## NOTICE OF MEETING

# HEALTH AND WELLBEING BOARD

**Wednesday, 25th January, 2023, 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 - 8)**

To confirm and sign the minutes of the Health and Wellbeing Board meeting held on 23 November 2022 as a correct record.

## **8. WORK TO TACKLE RACISM AND RACIAL INEQUALITIES**

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

## **9. OVERVIEW OF INCLUSION HEALTH IN HARINGEY AND NORTH CENTRAL LONDON (PAGES 9 - 20)**

To receive a presentation on inclusion health in Haringey and North Central London.

## **10. SCHOOL HEALTH SURVEY AND HEALTHY SCHOOLS APPROACH (PAGES 21 - 44)**

To receive a presentation on schools and their role in supporting children's health and wellbeing.

## **11. UPDATE ON SOCIAL CARE DISCHARGE FUND (PAGES 45 - 54)**

To receive an update on social care discharge fund.

## **12. FUTURE AGENDA ITEMS AND MEETING DATES**

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

To note the dates of future meetings:

29 March 2023

### **13. ANY OTHER BUSINESS**

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

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, 17 January 2023

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**Membership of the Health and Wellbeing Board**

\* Denotes voting Member of the Board

<b>Organisation</b>		<b>Representation</b>	<b>Role</b>	<b>Name</b>
<b>Local Authority</b>	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, Health and Communities	Beverley Tarka
			Director of Children's Services	Ann Graham
			Director of Public Health	Dr Will Maimaris
			Chief Executive	Andy Donald
<b>NHS</b>	North Central London Integrated Care Board	3	Clinical Lead for Haringey	Dr Peter Christian
			Director of Integration for Haringey	Rachel Lissauer
			Executive Director of Place	Sarah McDonnell-Davies
	North Middlesex University Hospital NHS Trust	1	Chief Executive	Dr Nnenna Osuji
	Whittington Health NHS Trust	1	Chief Executive	Helen Brown

	Barnet, Enfield and Haringey Mental Health Trust	1	Managing Director, Haringey	Gary Passaway
	Haringey GP Federation	2	Chief Executive	Cassie Williams
			Medical Director	Dr Sheena Patel
<b>Patient and Service User Representative</b>	Healthwatch Haringey	1	* Chair	Sharon Grant
<b>Voluntary Sector Representative</b>	Bridge Renewal Trust	1	Chief Executive	Geoffrey Ocen
<b>Haringey Local Safeguarding Board</b>		1	Interim Independent Chair	David Archibald

## **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 Tapfumane - 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 prioritise 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 Tapfumane 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 .....

# Overview of Inclusion Health in Haringey and North Central London

Dr. Will Maimaris, Director of Public Health, Haringey

Gill Taylor, Assistant Director – Communities and Housing Support, Haringey

Priyal Shah and Sarah D'Souza, Communities Team, North Central London ICB

January 2023

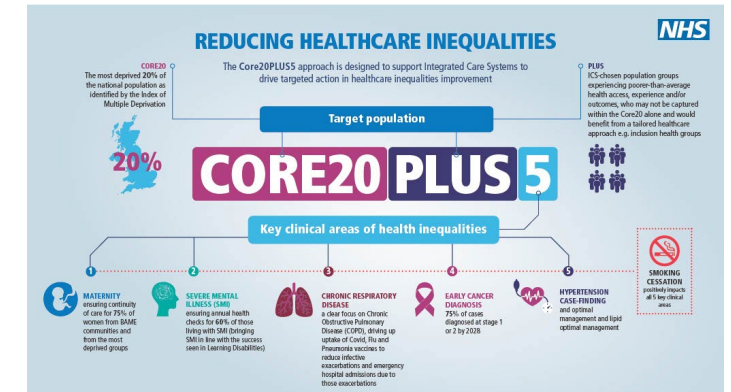
# Contents

1. Background and context
2. Focus on specific health inclusion groups in Haringey within an NCL picture:
  - People experiencing homelessness
  - Vulnerable migrants
  - Gypsy, Roma and Traveller communities
  - Sex workers
  - People with a history of imprisonment
3. Discussion and next steps



# Context

- The Inclusion Health Needs Assessment supports **Haringey's Health And Wellbeing Strategy 2020-24 (draft)** to improve the health and wellbeing of the local community and reduce health inequalities for all.
- The Inclusion Health Needs Assessment also aligns with a range of Council strategies:
  - Haringey Homelessness Strategy 2018
  - Haringey Rough Sleeping Strategy 2018
  - Housing Strategy 2017-2022
  - Welcome Strategy 2018
  - Haringey Fairness Commission 2019
  - Haringey's 10 Year VAWG Strategy 2016-2026
  - Looked After Children and Care Leavers Strategy 2018
  - Young People at Risk Strategy 2019-2023
  - Haringey Early Help Strategy 2021-2023
- **Health and Wellbeing Board guidance:** Inclusion Health is included in guidance for Health and Wellbeing Boards <https://www.gov.uk/government/publications/health-and-wellbeing-boards-draft-guidance-for-engagement>.
- **Integrated Care Strategy:** Inclusion Health is specifically mentioned within the statutory guidance for developing ICS Integrated Care Strategy; <https://www.gov.uk/government/publications/guidance-on-the-preparation-of-integrated-care-strategies/guidance-on-the-preparation-of-integrated-care-strategies>.
- **CORE20PLUS5:** Inclusion health groups feature in the 'PLUS' element to support the reduction of health inequalities at both national and system level.
- **NICE Guidance (214)** on Integrated health and social care for people experiencing homelessness recognise the additional and specialist care required by this population to improve health outcomes:



# NCL Inclusion Health Needs Assessment



North Central London  
Integrated Care System

The needs assessment aims to synthesize evidence on the health needs of targeted populations across the five boroughs, identifying the size and demographic profile, health needs, services and gaps in order to articulate need and inform the ICS strategy

Developed with  
Directors of Public  
Health across NCL

**Rapid Evidence Review** for  
Inclusion Health groups

Phase 1 (completed June 2022)

**Lived Experience**  
interviews with people from  
inclusion health groups in scope

Phase 2 (estimate completion February 2023)

**Strategic insight**  
through interviews with  
key senior stakeholders

**Frontline staff experience**  
via staff survey

**Estimating severe multiple  
disadvantage** using existing data  
sources



ICS plan for  
homelessness and  
inclusion health  
which supports and  
builds on borough  
work

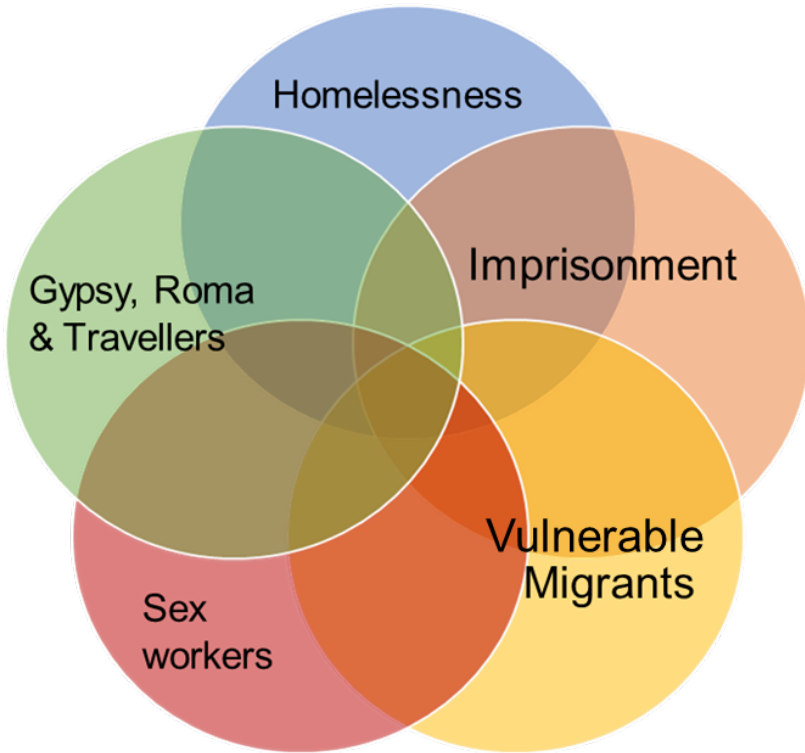
- Scope
- People experiencing homelessness
  - Vulnerable migrants
  - Gypsy, Roma and Traveller communities
  - Sex workers
  - People with a history of imprisonment



# Addressing inequalities in Haringey

Inclusion Health Group	Health service provision and interdependencies
<b>People experiencing homelessness</b>	<ul style="list-style-type: none"><li>• Haringey Health Inclusion Team (HHIT) provides specialist GP, paramedic, psychology and outreach care for people experiencing homelessness and living in supported housing pathways</li><li>• Move on coordination following hospital discharge, part of the NCL Out of Hospital Care Model</li><li>• UCLH Find and Treat service providing outreach Covid-19 and flu vaccination and screening for infectious diseases</li><li>• Dedicated Social Worker and drug treatment services supporting people living in supported housing</li><li>• Haringey street outreach service</li><li>• Wellbeing and holistic health support as part of Mulberry Junction resource centre offer</li><li>• Input in pan-London task and finish group on cancer screening</li></ul>
<b>Vulnerable migrants</b> (refugees, asylum seekers, undocumented migrants, forced migrants)	<ul style="list-style-type: none"><li>• Primary care healthcare assessments for adults and children arriving from Ukraine and asylum seekers accommodated in Home Office accommodation</li><li>• UCLH Find and Treat team providing Covid vaccination and screening for infectious diseases for asylum seekers in Home Office accommodation in the borough</li><li>• Over a third of Haringey GP practices have signed up to be Safe Surgeries offering GP registration without requesting proof of identification or address.</li><li>• Data available from NHS digital Patient Register reports that there were a total of 43,176 new GP migrant registrations between Mid-2019 and Mid 2020 across NCL</li><li>• 3 Welcome Hubs across the borough and Connected Communities offering a wide range of support and guidance</li><li>• Haringey Migrant Support Centre, other VCS orgs and Community Networks</li><li>• Haringey Welcome Advisory Board</li></ul>

# Phase 1 overview



- Across the five groups, evidence on people experiencing homelessness is the most recent, local and comprehensive. There is **limited available local evidence** on the other inclusion health groups in NCL.
- There are overlaps among inclusion health groups, with many individuals facing severe **multiple disadvantage** and common drivers of social exclusion that push people into homelessness, sex work and prison.
- Inclusion health groups often have many similar **health needs**, particularly related to mental health, substance abuse, TB and STIs and untreated long-term conditions, leading to higher mortality.
- Common **barriers in accessing healthcare** across groups include: fear of stigma and discrimination, lack of identification or proof of permanent address, lack of awareness of the healthcare system and entitlements, trauma triggers, language and digital exclusion. Sex workers and undocumented migrants face additional fears of prosecution.
- Within the 5 broad inclusion health categories, there is also **substantial diversity**: people with a history of imprisonment; those engaged in direct (on and off street), survival and indirect sex work; Romany Gypsies, Irish travellers, Roma people, travelling show people, new travellers and liveaboard boaters; asylum seekers, refugees and undocumented migrants.

# Homelessness

## Includes

- Street homeless community
- Statutory homelessness people meeting specific criteria to whom LA has a duty,
- Single homelessness
- Hidden homelessness

## Insight into lived experience and COVID response

- **Women's homelessness** is unique and often 'hidden' compared to men. Women have high levels of support needs and experienced sustained homelessness. Contact with child protection systems were widespread, as were experiences of domestic abuse and poor health.
- **Families with children under 5 living in temporary accommodation** faced a range of health impacts during the pandemic including limited access to primary care, higher hospital admission, poor nutrition, substance use, suicide risk, and other mental health impacts.
- **Barriers to healthcare** include stigma and discriminatory practices by healthcare professionals, lack of trauma informed approaches, limited integration of health and social care services, particularly for people facing multiple disadvantage, fixed appointment times and lack of awareness around GP registration and entitlement to healthcare.
- **During Covid**, people experienced isolation and loneliness, digital exclusion and a lack of meaningful activities to keep them engaged; there was also a need for supported accommodation and additional increased emotional support.

## Health service landscape

- Haringey Health Inclusion Team (HHIT) provides specialist GP, paramedic and outreach care for people experiencing homelessness
- Move on coordination following hospital discharge, part of the NCL Out of Hospital Care Model for improving discharge for people experiencing homelessness
- UCLH Find and Treat service providing outreach Covid-19 and flu vaccination and screening for infectious diseases

Borough	Street homeless community (CHAIN 2020/21)	Statutory Homelessness (2020/21)	HealthIntent (GP)	NCL LA** (Oct-Nov 2021)
Barnet	282	2,030	77	282
Camden	630	1,098	916	847
Enfield	326	1,905	64	550
Haringey	405	2,383	113	633
Islington	388	1,623	155	533

\* LA estimates based on RS, single homelessness and those in temporary accommodation

Single homelessness approaches in Haringey (2018-20)

- Relative to the general population, there were a disproportionately higher number of people ages 18-30 and of black ethnicity
- Residents identifying as female, trans and Black/Black British were likely to be younger compared to their counterparts

Crisis estimates that **62%** of homeless people are **hidden homeless** and 75% have never stayed in temporary accommodation organised by the local authority, nor stayed in a hostel (57%).

Mental health needs	Physical health needs
<ul style="list-style-type: none"> <li>• Suicide</li> <li>• Bipolar disorder, personality disorder, schizophrenia, PTSD, major depression</li> <li>• Substance misuse</li> </ul>	<ul style="list-style-type: none"> <li>• Lower average age of death; <b>Average age of death is 30 years lower than the national average</b>; 46 overall and 43 for homeless women.</li> <li>• Joint &amp; muscular problems, dental issues, chest pain, breathing problems, eye problems, skin and wound conditions</li> </ul>

# Vulnerable migrants

- Migrant: who leaves their country of origin to reside in another for the purpose of work, study or closer family ties.
- Forced migrants: who has been forced to leave their country of origin due to war, conflict, persecution or natural disaster.
- Asylum seeker: have applied for asylum under the 1951 Refugee Convention on the Status of Refugees on the grounds that they have a well-founded fear of persecution should they return to their home country.
- Refugee: status of refugee has been conferred under the 1951 Refugee Convention on the Status of Refugees.
- Undocumented migrant: who has entered the UK in a forced or unforced manner but has lost or never obtained the right to residence.

## Barriers in accessing healthcare nationally

In the UK, all asylum seekers, refugees and victims of modern slavery/human trafficking are entitled to primary care NHS services free of charge. However many face barriers to access including:

- Denial of GP registration if applicant does not have identification or proof of address
- Transport costs
- Language barriers and digital exclusion
- Lack of understanding or knowledge of their health rights and healthcare system
- Fear of arrest or immigration enforcement if they access healthcare services.
- Trauma triggers that may not be considered when providing healthcare.

## Mental health needs

- Depression, anxiety, PTSD, psychotic disorders
- Additional negative impact for those in contingency hotels: lack of social spaces, repeated Covid lockdowns without opportunities to take part in meaningful activities, feeling isolated and lonely in confinement, with some reports of residents self-harming or experiencing suicidal ideation

## Physical health needs

- TB, Hep B & C, HIV; other communicable diseases
- Diabetes; Cancer diagnosed at later stage
- Poor perinatal outcomes

## Vulnerable migrants in Haringey

- People from over 75 different countries
- Over 100 languages are spoken
- Approximately 61,000 Haringey residents come from non-EU European countries, Asia, Sub-Saharan Africa, and the Americas
- Approximately 53,000 Haringey residents were born in the EU
- Highest number of non-British residents live in Tottenham Hale, Tottenham Green, and Bruce Grove wards.

Welcome Strategy. Haringey: A Welcoming Borough for All, 2018

Among asylum seekers that are not part of the Afghanistan or Ukraine responses:

- 84% are male
- 85% are between 18-64 years old
- 11% are of school age, predominantly primary and early years
- Kurdish, Arabic and Farsi are the most common languages spoken

Throughout 2021/22, there were a total of 184 NRPF households and 306 dependents financially supported in Haringey

## Service landscape

- Primary care healthcare assessments for adults and children arriving from Ukraine and asylum seekers accommodated in Home Office accommodation
- UCLH Find and Treat team providing Covid vaccination and screening for infectious diseases in Home Office accommodation
- Data available from NHS digital Patient Register reports that there were a total of 43,176 new GP migrant registrations between Mid-2019 and Mid 2020 across NCL.

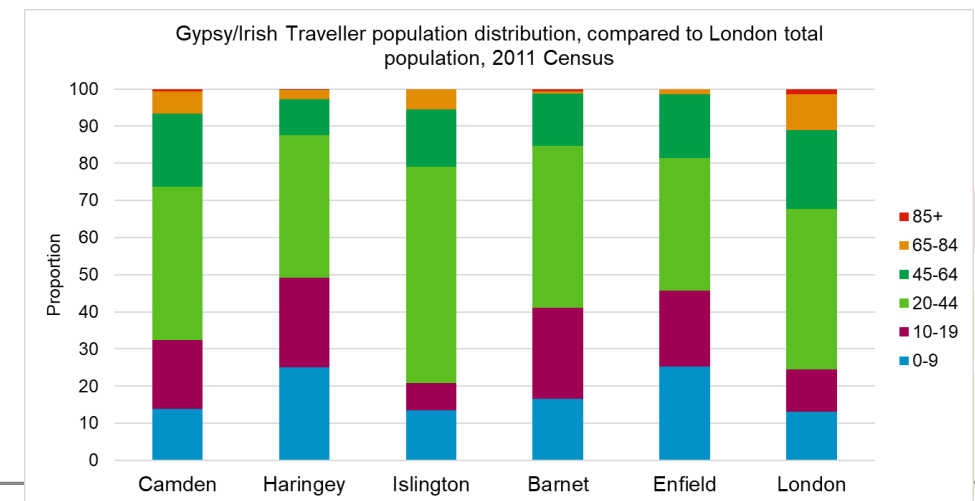
# Gypsy, Roma and Traveller community North Central London Integrated Care System

## Gypsy and traveller population

Borough	2011 Census	GP Registered (HealthIntent)	Traveller caravan count (2018 – 2021) MHCLG
Barnet	151	421	11
Camden	167	69	39
Enfield	344	784	0
Haringey	370	1,113	43
Islington	163	82	0

- In NCL, the majority are aged between 20-44 and compared to London, there is a higher proportion of under 19s in all boroughs apart from Islington.
- The 2011 census shows that 88% of Gypsy and Travellers were born in the UK and 74% currently reside in bricks and mortar.
- It has been estimated that there were at least 197,705 migrant Roma living in the UK in 2012

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Source: Census 2011

Romany Gypsies, Irish Travellers and Roma People are recognised in law as being an ethnic group protected against discrimination by the Equality Act 2010. Additionally Travelling show people, New Travellers and Liveaboard boaters may have a nomadic lifestyle.

### Barriers in accessing healthcare

#### Nationally, among Gypsy and Traveller communities:

- GP registration rates are low, between 50-91%, with some evidence of higher rates of use of A&E services
- This is often related to lack of proof of identity and permanent address, low literacy, language barriers and fear of stigma and discrimination.
- Compared to the general population, they are less likely to visit the practice nurse, a counsellor, chiropodist, dentist, optician or alternative medical workers, or to contact NHS Direct or visit walk-in centres than their counterparts.

Mental health needs	Physical health needs
Anxiety, depression Suicide	Lower life expectancy, fewer years in good health LTC or disability Poor birth outcomes & maternal health Low childhood immunization

### Service landscape

- Over a third of GP Practices have signed up to be Safe Surgeries, registering individuals without requirement of ID and address



# Sex workers

The term “sex worker” refers to any person who provides sexual services in exchange for money or other basic necessities such as food or shelter. This includes direct sex work, survival sex work and indirect sex work.

## Demographics

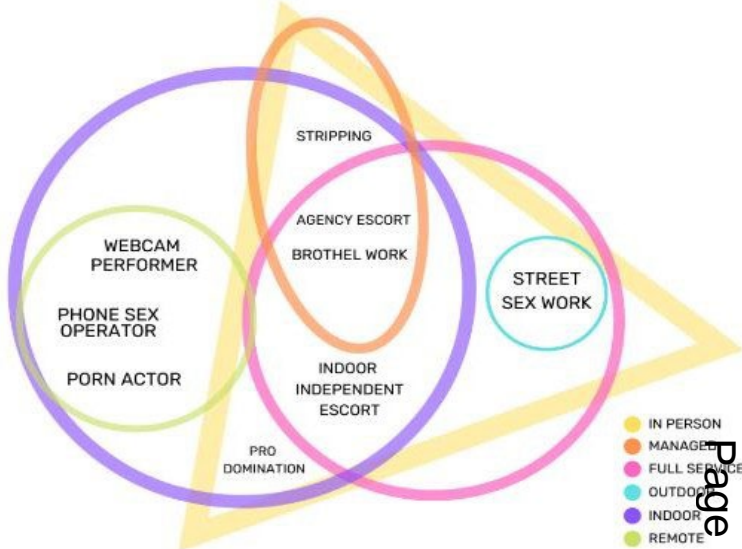
No local estimates available; from October 2020 to March 2021 (Q3/Q4) sexual health services (Haringey) engaged with a total of 86 sex workers through their clinics and outreach, as well as 137 on-street workers

London demographics show that

- Approximately 32,000 of sex workers are estimated to work in London. London has a higher proportion (30-40%) of male and trans sex workers. Many are from Latin America and are more likely to have completed higher education.
- A study conducted by the Hackney Open Doors service found:
  - **On-street workers:** Mostly female of white, black, or mixed UK heritage; local borough residents, age 25-45, often struggle with homelessness, substance misuse, and poor mental health.
  - **On street migrant workers:** Mostly female Eastern European, mobile across London, living in HMOs, age 19-35, less likely to struggle with drugs, but often experience immigration issues and language barriers
  - **Off-street:** Mostly migrant, more likely to be male or trans compared on on-street workers, mix of nationalities depending on changes in visa restrictions.

## Barriers in accessing healthcare nationally

- Fear of stigma and discrimination leading to avoidance of care or not disclosing their work status.
- Fear of prosecution and zero-tolerance policies
- Gender insensitivity, particularly for trans sex workers
- Lack of flexibility around appointment times
- GP registration. Data on GP registration varies, with some services reporting low-levels of registration (especially among sex workers experiencing homelessness), while others point to relatively high GP registration
- Sexual health and substance misuse services were perceived to be the most accessible, and mainstream general practice and mental health services less accessible. Sex workers are likely to present with severe health needs in A&E settings



Intersections across types of sex work.

Health Need	UK	Migrant	Common to Both
GP Registration			✓
Contraception			✓
GU Screening			✓
Termination of pregnancy		✓	
Pregnancy Tests			✓
Dental Services	✓		
Skin conditions, abscesses, cellulitis	✓		
Domestic Violence Injuries	✓		
Mental Health Needs	✓		
Opiate substitute prescribing	✓		

Common health needs among London sex workers by place of birth



- A person with a history of imprisonment, or a person with a history of contact with the criminal justice system are preferred terms for individuals who have spent time in detention or custody.
- Individuals with experiences of a variety of criminal justice institutions, including
  - Prisons (both private and public)
  - Young offenders institutions
  - Secure colleges or secure training centres
  - Parole or probation protocols
  - Immigration Removal Centres (IRCs)

## Demographics

No local estimates available; 80K currently in prison in the UK

National demographics data shows that:

- 96% are male
- Nearly a third are 30-39 years old (32.7%), however older people are the fastest growing group among the prison population, with 17% already being over 50 years old.
- 46% re-offend within a year of release
- Most are sentenced for less than 12 months (74%), with almost half (43%) sentenced for less than 6 months, though they will still experience the negative effects of incarceration on health.
- Compared to the general population, those with a history of imprisonment are:

20x more likely to have been excluded from school

13x more likely to have been in local authority care

13x more likely to be unemployed

And 50% have low literacy levels

### Mental health needs

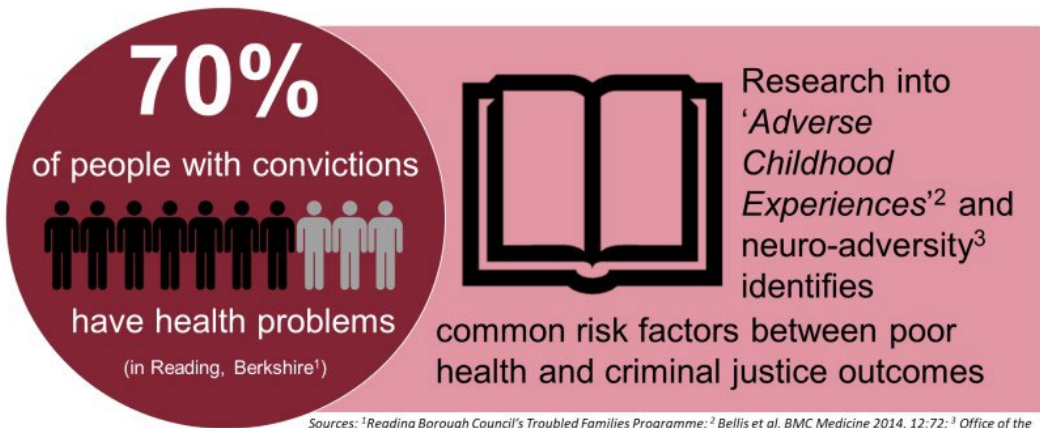
- Suicide, suicide attempt and self-harm rates
- Personality & psychotic disorders
- Substance misuse

### Physical health needs

- Mortality
- TB, Hep A, B, C, syphilis, HIV
- Chronic illness

## Barriers in accessing healthcare nationally

- **Fear of stigma and discrimination**
- **GP registration**, with 50% lacking a GP on release<sup>10</sup>
- Inadequate **mental health services** both in and post prison
- **Lack of continuity of care** once leaving prison:
  - Particularly for drug treatment, methadone maintenance and dental health
  - Because of this gap in care and the huge level of vulnerability post-prison, in terms of physical health, time in prison may almost act as a protective factor, with health likely to deteriorate further upon release<sup>3</sup>
  - Sexual health is an exception, with robust pathways between prison and specialized services leading to an uptake of STI testing and treatment



Sources: ¹Reading Borough Council's Troubled Families Programme; ²Bellis et al. BMC Medicine 2014, 12:72; ³Office of the Children's Commissioner for England, 2012. Nobody Made the Connection: The prevalence of neurodisability in the youth justice system

# Discussion and next steps

## Questions

- How can the Health and Wellbeing Board help to develop insights and data for inclusion health groups – particularly the groups where this has been difficult?
- How does the insight from Phase 1 align with and support Haringey's plans for addressing health inequalities?

## Next steps

- NCL intends to:
  - Complete engagement for Phase 2 of the Inclusion HNA (expected completion February 2023) and
  - Develop a set of recommendations in collaboration with people with lived experience and others for the NCL Integrated Care Partnership (ICP)
- Connect with existing Haringey Borough Partnership programmes to see how the Inclusion HNA can inform and support to address health inequalities
- NCL would like to present Phase 2 and draft recommendations to the HWBB later in 2023



# Schools - their role in supporting children's health and wellbeing

# Context

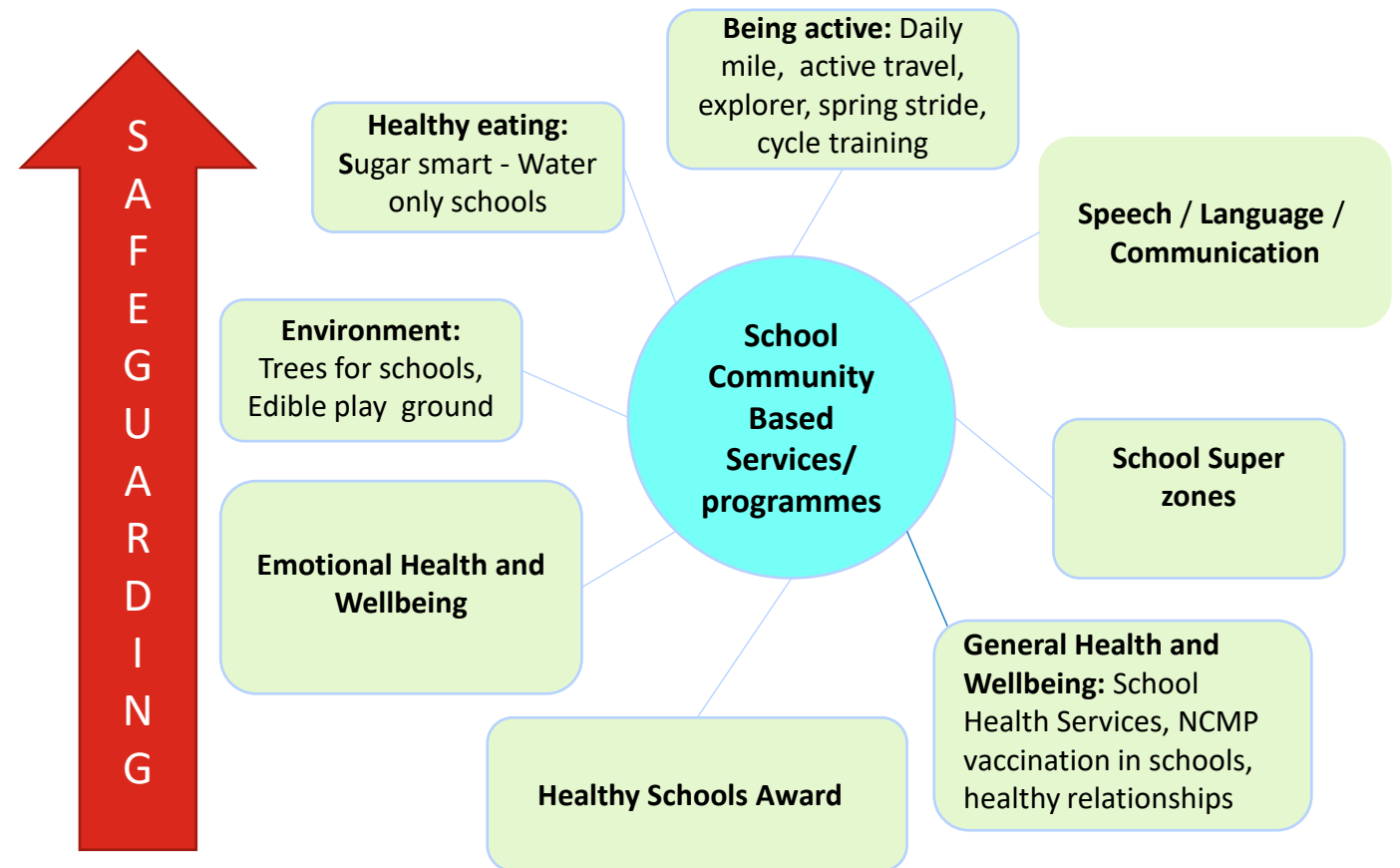
- Schools are well placed to work with a range of services to enable them to adopt a whole school approach to health and wellbeing. These approaches should be sustainable and positively impact the whole school community and take into account many aspects of school life in key areas such as:
  - developing healthy behaviours
  - reduce health inequalities
  - promote social inclusion
  - raise achievement of children and young people

**Impact** - research evidence shows that education and health are closely linked. Therefore, promoting the health and wellbeing of children and young people within schools has the potential to improve their educational outcomes *and* their health and wellbeing outcomes. *(The link between pupil health and wellbeing and attainment, Public Health England 2014 )*

### Comments

**Healthy Schools London Award** – involves partnership working between governors, senior leaders, teachers and all school staff as well as external services, parents, carers and the wider community.

**Emotional health and wellbeing** – involves partnership working with child and adolescent mental health services, mental health first aiders, The Anchor Approach and social workers in schools



# Health Related Behaviour Questionnaire

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The voice of children and young people  
2021/22

# The survey

**The Health Related Behaviour Questionnaire (HRBQ)** is a school based survey which collects data directly from children and young people in Haringey. The national Schools Health Education Unit is commissioned by the Public Health Team to deliver the survey every two years.

**November 2021 - January 2022**, 35 schools surveyed:

- **Primary:** Year 4 and Year 6
- **Secondary:** Year 8 and Year 10

2,387 primary pupils, and 1,412 secondary pupils. **A total of 3,835 pupils.** This is an increase of 37% since the survey was last carried out in 2019/20.

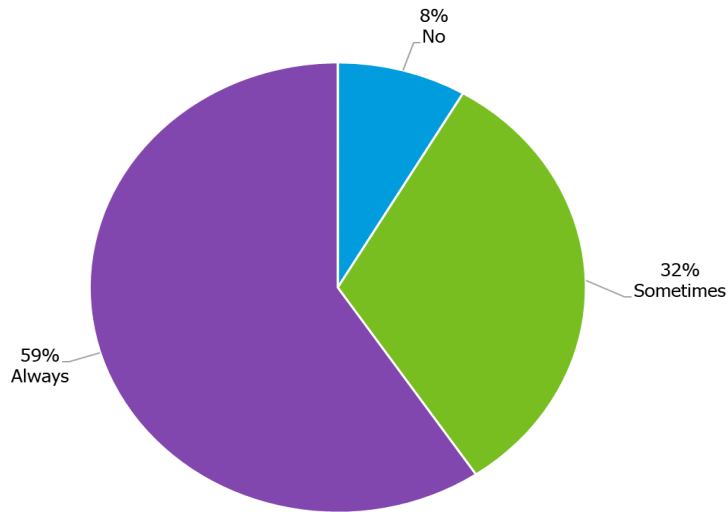
In **special schools**, a total of **36 pupils from 2 schools** were surveyed. **Due to the small sample size, for the majority of questions statistical significance cannot be described.**

Teachers are briefed on the survey. Pupils anonymously complete the paper or online questionnaire. Trend data from previous years surveys is available.

**Topics include:** Healthy eating, dental care, physical activity, drugs, alcohol and tobacco, puberty and growing up, emotional health and wellbeing, staying safe, COVID-19, making a positive contribution

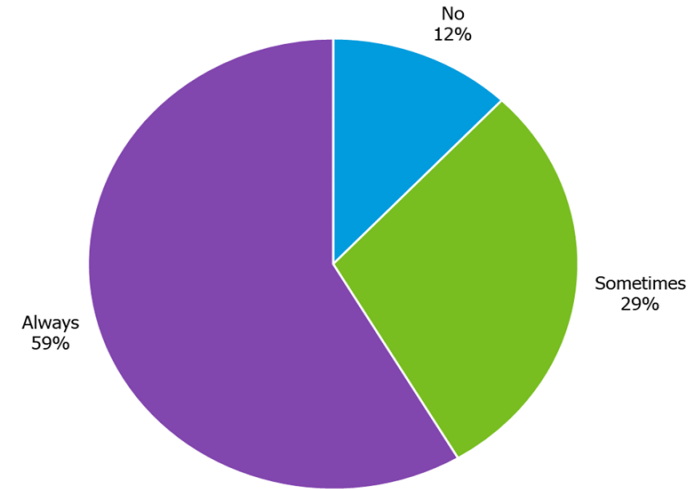
## PRIMARY

**PRIMARY: Do you have a trusted adult you can talk to if something worries you?**



## SECONDARY

**SECONDARY: Do you have a trusted adult you can talk to if something worries you?**



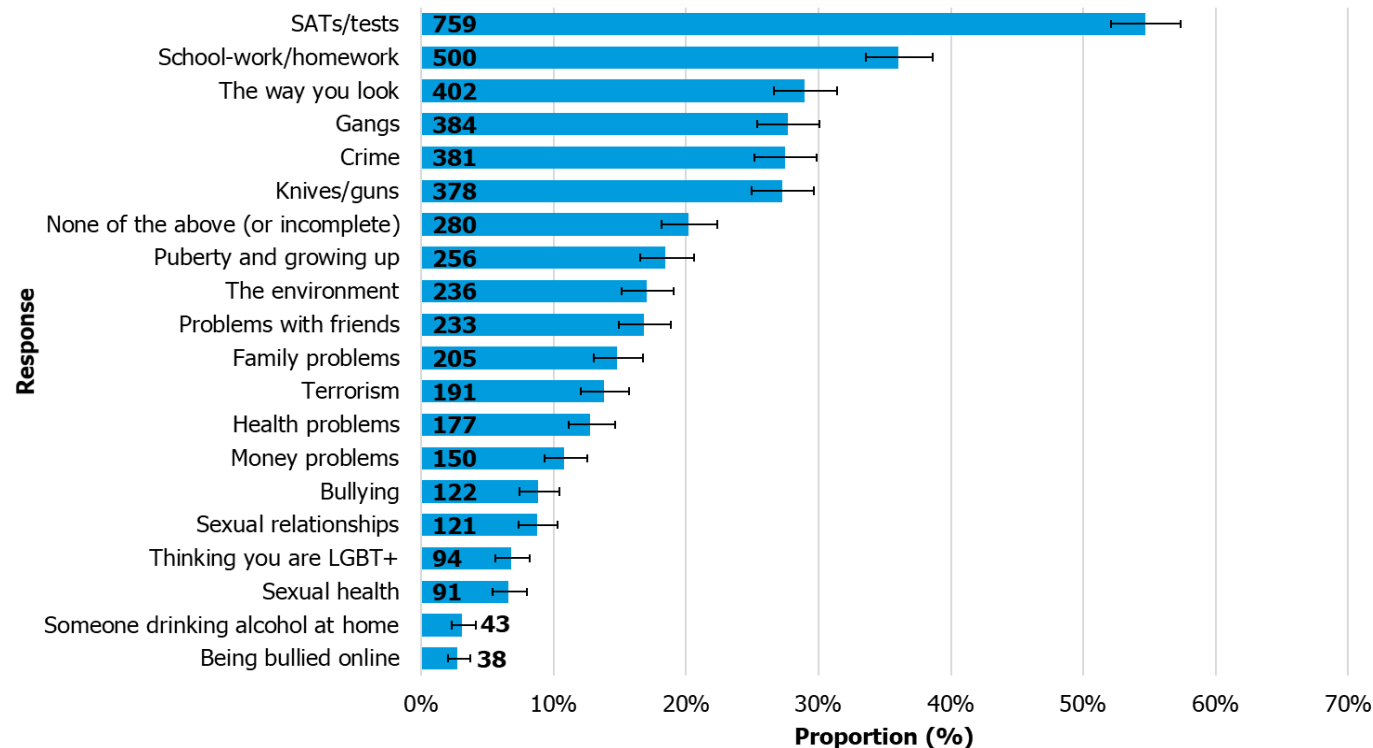
Source: Health Related Behaviour Questionnaire (HRBQ) 2022

Source: Health Related Behaviour Questionnaire (HRBQ) 2022

- **59% of primary and secondary pupils** reported that they ‘always’ have a trusted adult they can speak to. Of these pupils, **77% of primary students and 60% of secondary students** have a trusted adult in their school they can speak to.
- Significantly more primary school pupils said that they did not have a trusted adult than in 2019/20 (8% vs 5%) . There was no significant difference in secondary school responses.

50% of students reported worrying about at least one of these issues 'very often' and 29% said they worried about them 'quite often'. This has not changed from 2019/20

Do you worry about the following things? Number and % Responding 'quite' or 'very often'



Source: Health Related Behaviour Questionnaire (HRBQ) 2022

- The top 5 problems students worried quite or very often about were:



**SATs/Tests**  
(55%)



**School-work/  
homework** (36%)



**The way you  
look** (29%)



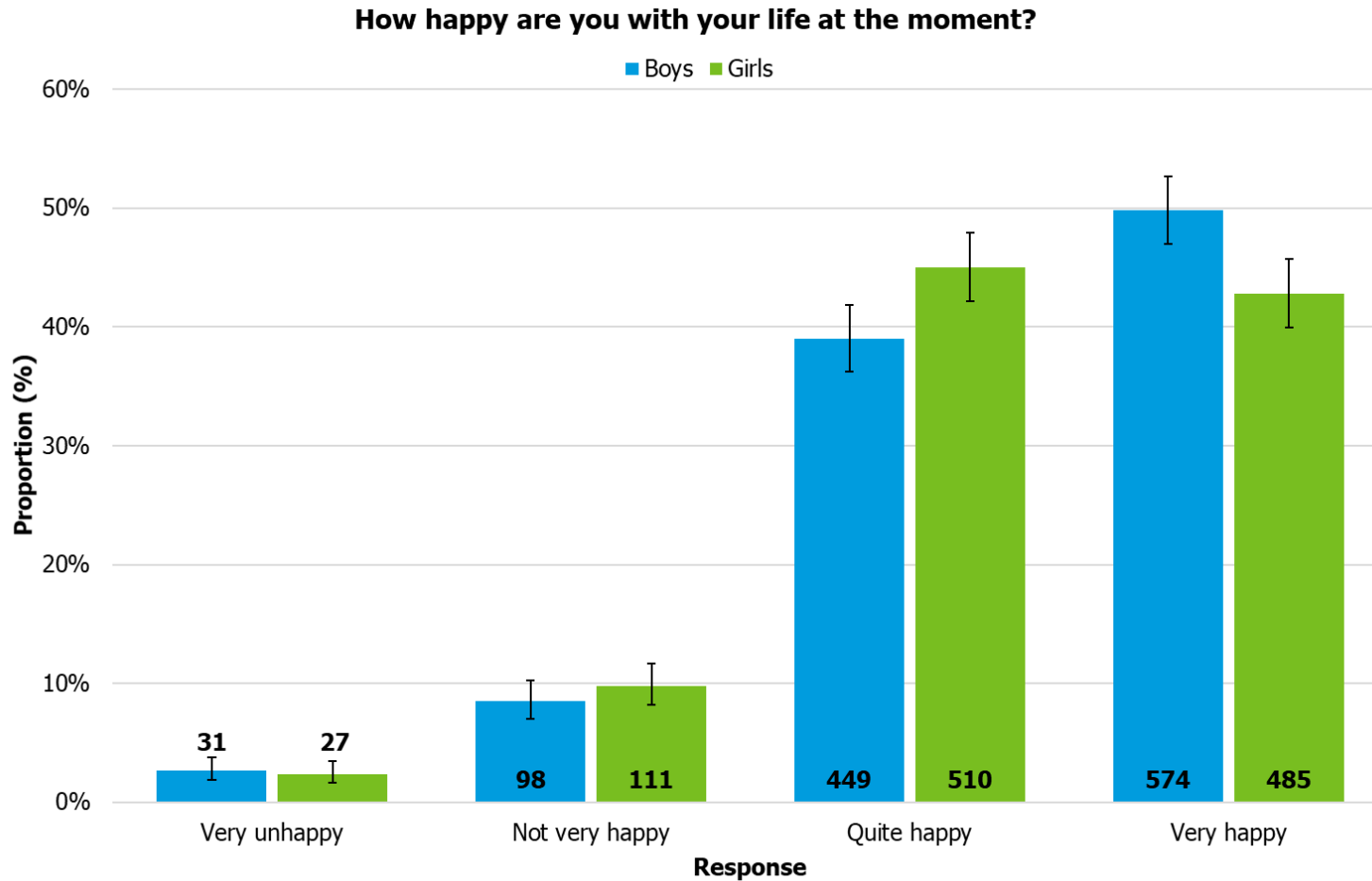
**Gangs** (28%)



**Crime** (27%)

Compared to 2019/20, in 2021/22 pupils were significantly less likely to worry quite often about gangs (28% vs 36%), crime (27% vs 39%), knives and guns (27% vs 38%), the environment (17% vs 28%), and terrorism (14% vs 23%). They were significantly more likely to worry quite often about SATs/tests (55% vs 46%).

### PRIMARY



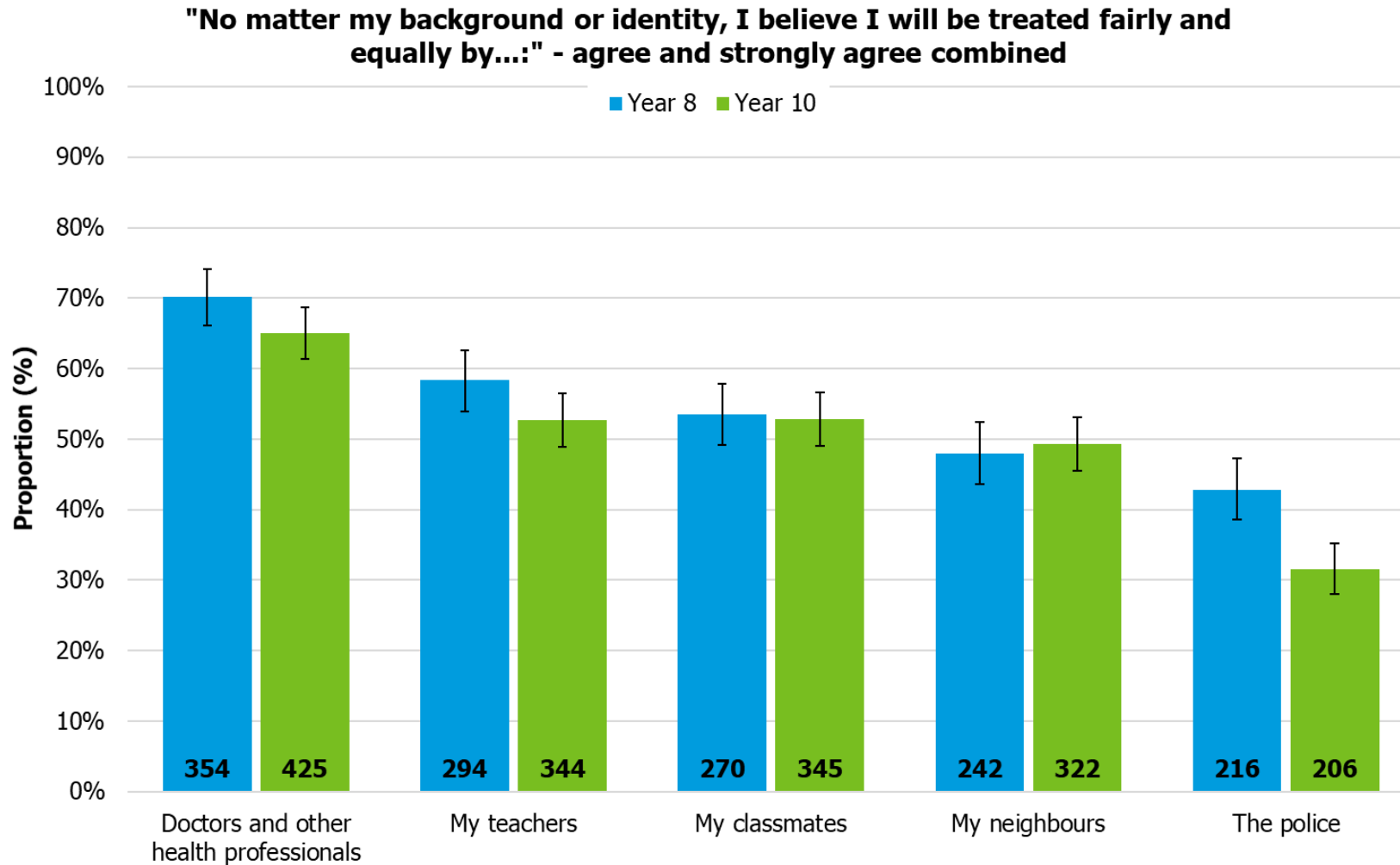
Source: Health Related Behaviour Questionnaire (HRBQ) 2022

- Boys were significantly more likely to report that they are 'very happy' with their lives at the moment, than girls (47% vs 40%).
- There was no significant difference between boys and girls who reported to be 'very unhappy' or 'not very happy'.
- 3% of girls and 2% of boys reported to be 'very unhappy' with their lives at the moment.

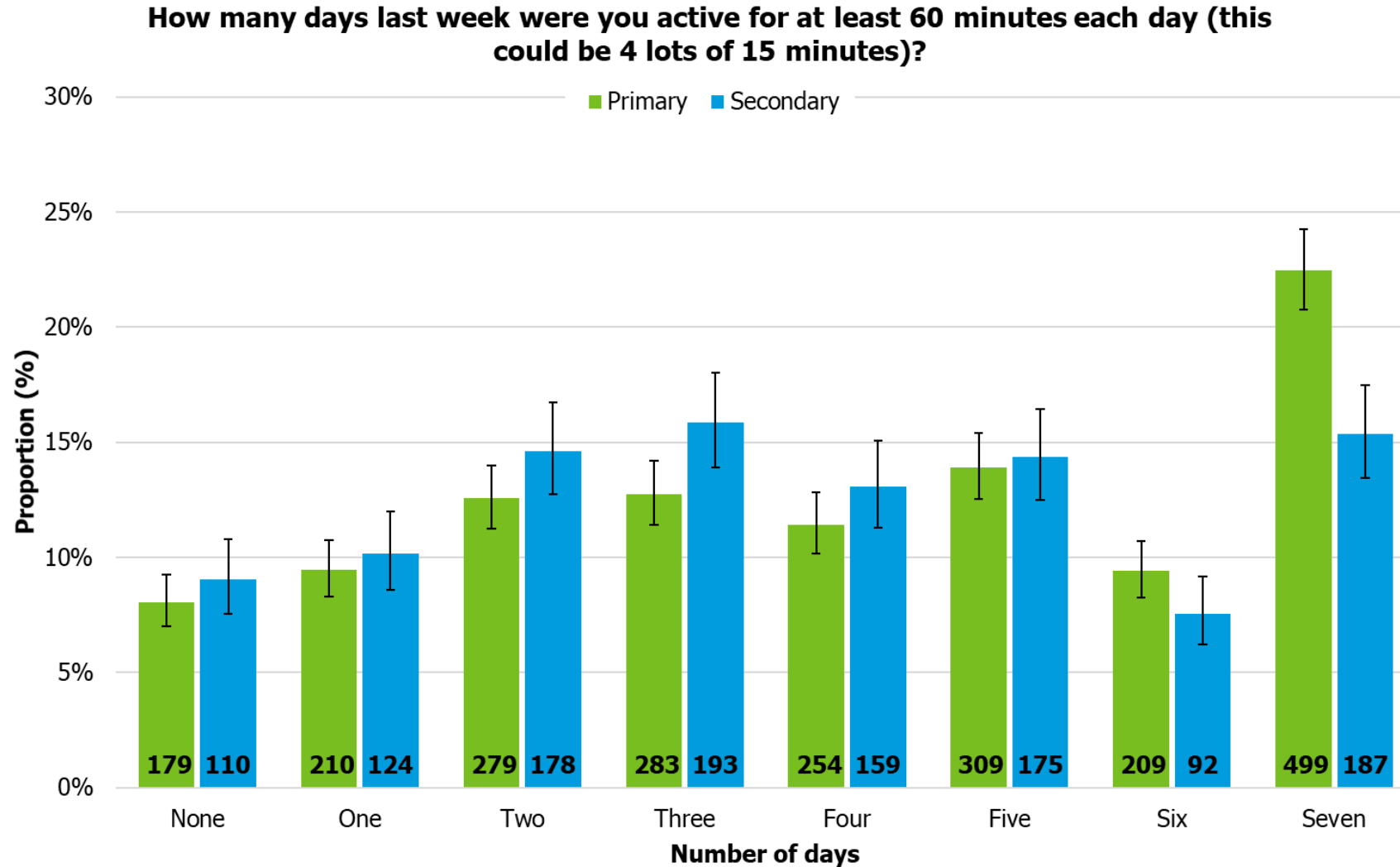
In 2022, pupils were less happy than in 2019/20 and 2017/18, with a significantly smaller proportion reporting that they were very happy (46% vs 52% and 51%).



## SECONDARY



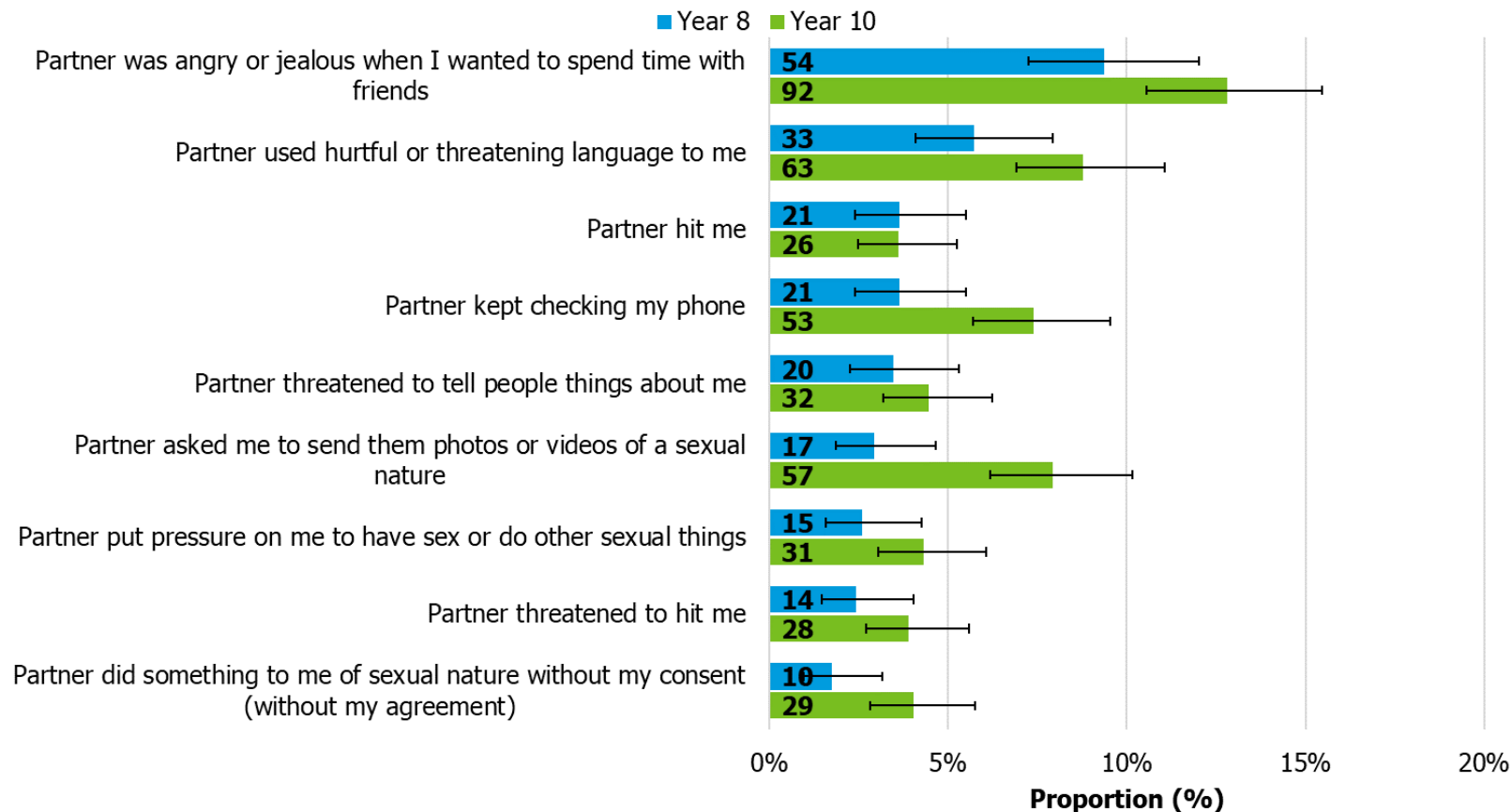
- The smallest proportion of pupils agreed that the police would treat them fairly (36%).  
–Significantly fewer Year 10s than Year 8s agreed (32% vs 43%)
- Just over half of students thought their teachers and classmates would treat them fairly no matter their background or identity.



- Primary school students were **significantly more likely** than secondary students to have been active every day the previous week (**22% vs 15%**).
- The majority of primary school pupils were active for at least 60 minutes **every day** the previous week (**22%**).
- The majority of secondary school pupils were active for at least 60 minutes for **three days** the previous week (**16%**).

# Healthy relationships - secondary

**Have any of these things happened to you in a romantic relationship with a partner (boy/girlfriend)? Yes in a past relationship, and yes with current boyfriend/girlfriend combined**



- The largest proportion of students said their partner has been angry or jealous when they wanted to spend time with friends (Year 8= 9%, Year 10=13%).

- 47 students said that their current or past partner had hit them.

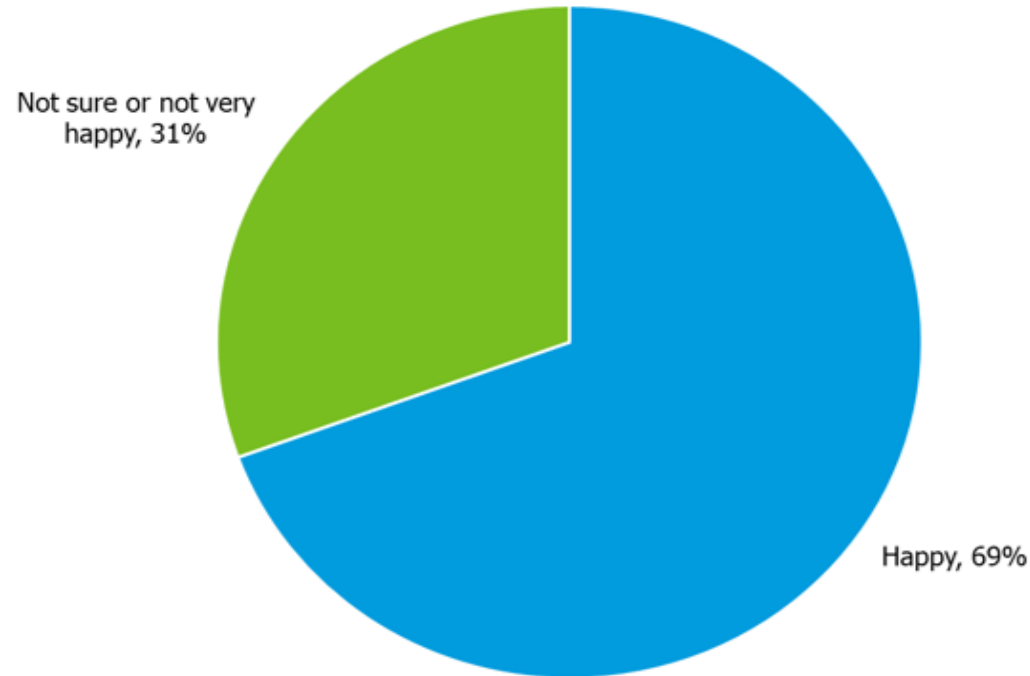
- 39 students said their partner had done something of a sexual nature without their consent.

- A significantly larger proportion of year 10 than year 8 students had had a partner ask them to send sexual photos (8% vs 3%).

**Source:** Health Related Behaviour Questionnaire (HRBQ) 2022

When asked if they would know what to do if one of the above happened to them, 52% of Year 8 and 63% of Year 10 students responded that they would. Only 23% of Year 8 and 18% of Year 10 students would tell a staff member at school.

How happy are you with your life at the moment?

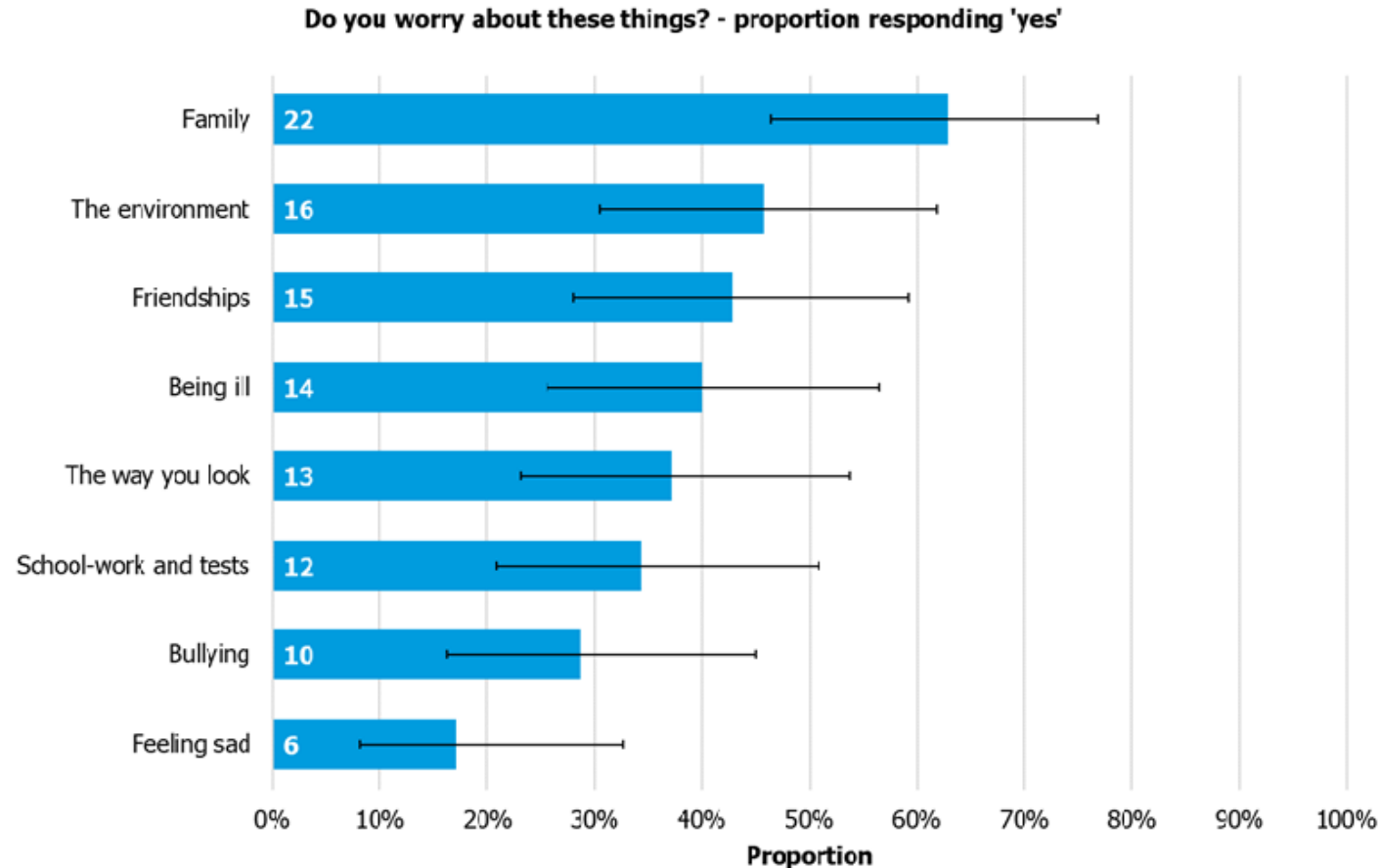


· Over **two thirds** of pupils said that they are happy with their life at the moment.

**Note:** Data relates to pupils attending special schools only (n=36)

**Source:** Health Related Behaviour Questionnaire 21/22

Pupils were asked if they worried about the following things:

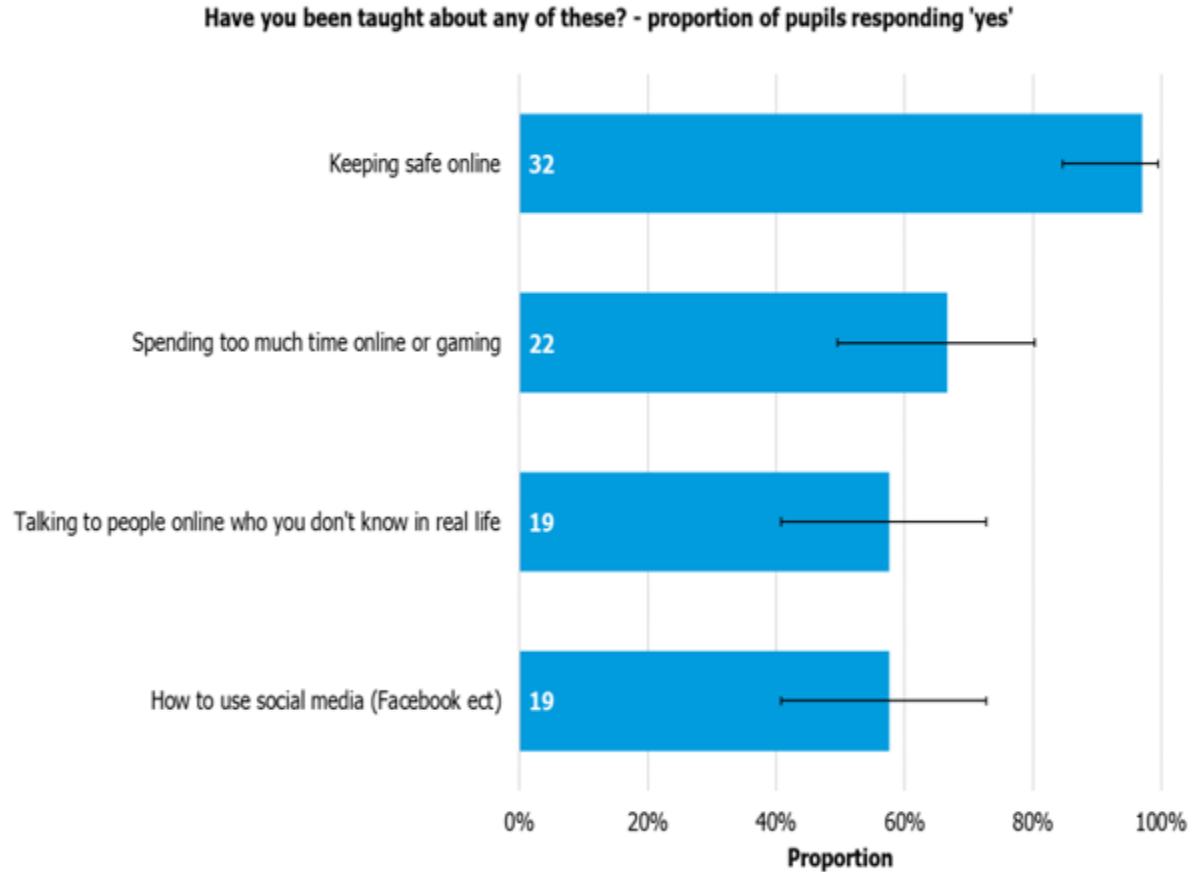


Note: Data relates to pupils attending special schools only (n=35)

- Pupils were asked whether they worry a lot. 13 (38%) replied 'yes' and 13 (38%) replied 'no'.

- The primary reason pupils worried was **family (63%)**.
- This was followed by the **environment (46%)** and **friendships (43%)**.

Pupils were then asked who they could talk to if something was worrying them. The largest proportion of pupils said their **family (89%)**, followed by **teachers (74%)**.



- The majority of pupils said they had been taught about keeping safe online (**97%**). This was followed by:

- Spending too much time online or gaming (**67%**)
- Talking to people online who don't know you in real life (**58%**)
- How to use social media (Facebook etc) (**58%**)

- **12 pupils** had not been taught about **talking to people online who don't know you in real life**.

**Note:** Data relates to pupils attending special schools only (n=33)

**Source:** Health Related Behaviour Questionnaire 21/22

## Primary school

- The majority of children received lessons/information about smoking, alcohol and drugs in the classroom. However (21% - 25%) reported that they hadn't.
- 8% of Year 6 pupils responded that they are 'fairly sure' or 'certain' that they know someone who uses drugs (not as medicines)
- 23% of pupils said that they live with someone who smokes cigarettes

## Secondary school

- 24% said that their lessons on drug education were 'quite' or 'very useful'
- 20% are 'fairly sure' or 'certain' that they know someone who takes drugs to get high.
- 8% have been offered cannabis. 2% had been offered ecstasy and 1% other drugs.
- 4% have taken an illegal drug at some point.
- 4% (1% of Year 8 and 7% of Year 10) said that they drink alcohol occasionally or regularly.
- 33% said someone they live with smokes (15% smoking inside their home).
- 11% said that they had tried vaping once or twice; 5% said they vape 'occasionally' or 'regularly'.

## On going support

- Sharing the survey with relevant partners and services (internal and external) across the children and young people pathway to inform service planning and development
- Working with schools on an individual basis to address specific areas in their survey results and supporting them to improve their whole school approach to health and wellbeing
- Linking schools with the wide range of programmes available
- The Public Health team will continue to work with schools and partners to improve health outcomes relating to emotional wellbeing, healthy relationships, physical activity, substance misuse and healthy weight through our core work e.g. the VAWG strategy, the combating drugs partnership, the healthy weight strategy etc.

## Next steps

- Develop the next survey for 2023/24 and continue to increase school participation



# Supporting the Health & Wellbeing of Children and Young People in HARINGEY

## A summary of the Health Related Behaviour Survey 2021

These results are the compilation of data collected from children and young people in schools in Haringey during 2021. This survey was commissioned by the **Haringey Public Health Team** to collect reliable information about young people's health and wellbeing.

### Collecting the figures

Teachers were briefed on how to collect the most reliable data and then pupils anonymously completed the questionnaire. The sample sizes are shown in the table below.

Completed questionnaires were then returned to SHEU in Exeter for processing. Some of the schools conducted the survey online.

Where figures are also given in a chart, they are shown in bold.

### COVID-19

Due to the COVID-19 pandemic, some questions were included this year to look for specific issues pupils may have encountered as a result. A selection of these are shown on pages 3 and 5.

### Trends

This study follows a similar study in 2009, 2013, 2015, 2017 and 2019. Where changes can be seen in the figures from the borough in 2019, these are noted on pages 3 and 5. The timings of the 2019 survey, before the pandemic, and the 2021 survey, during the pandemic are likely to have an impact on some of the observations.

4157 young people were involved in the 2021 survey:

School Year	Year 4	Year 5	Year 6	Year 8	Year 10	Total
Age	8-9	9-10	10-11	12-13	14-15	
Boys	529	187	637	323	406	2082
Girls	531	168	618	276	336	1929
<b>Total</b>	<b>1089</b>	<b>358</b>	<b>1298</b>	<b>626</b>	<b>786</b>	<b>4157</b>

\*146 pupils didn't select male or female

### Topics in this report:

#### Being healthy:

*Healthy eating; physical activity; health services; smoking, drinking and drugs; sexual health*

#### Staying safe

#### Emotional health and wellbeing

#### Economic wellbeing & family background

#### Making a positive contribution

### SHEU Schools Health Education Unit

Tel. 01392 66 72 72

[www.sheu.org.uk](http://www.sheu.org.uk) [admin@sheu.org.uk](mailto:admin@sheu.org.uk)

The Unit specialises in questionnaire surveys of children and young people for Local Authorities, voluntary agencies, charities, schools and colleges and other partnerships. SHEU is also able to undertake consultation, monitoring and evaluation exercises, and bespoke research.

In partnership with the Schools Health Education Unit



# Haringey Primary school pupils in Years 4-6 (aged 8 - 11)

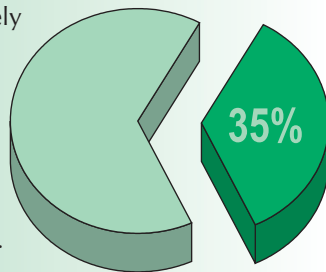
## BACKGROUND

- 27% of pupils described themselves as White British.
- 26% described themselves as Black/Black British, 18% as White other and 7% as Asian or Asian British.
- 95% live with mum, 76% live with dad, 8% live with other family members like grandparents and 1% live with other adults.

## BEING HEALTHY

### HEALTHY EATING

- 7% of pupils responded that they didn't have anything to eat or drink for breakfast on the day of the survey.
- When asked why they didn't have breakfast, 6% said they didn't have time, 1% said there was no food at home that morning and 4% said they weren't hungry.
- Pupils were asked to identify, from a list, the foods which they ate 'on most days'. 64% of pupils said they have fresh fruit and 47% said vegetables/salad. 19% said crisps and 18% said sweets 'on most days'.
- 6% of pupils said that they 'rarely or never' ate fresh fruit. 13% said they 'rarely or never' had vegetables/salads.
- 35% of pupils had eaten 5 or more portions of fruit and vegetables on the day before the survey, 9% had eaten none.**
- 81% of pupils said they can get water at school, 15% said 'not easily'.
- 16% said they never have school dinners.
- Of those who have school dinners, 33% of pupils said that they enjoy school meals 'quite a lot' or 'a lot', 22% said 'not at all' and 45% said 'a little'.

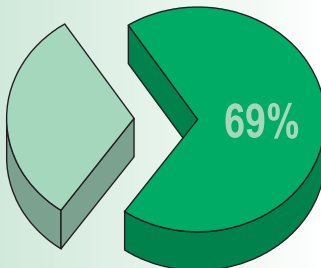


### Dental care

- 82% of pupils responded that they cleaned their teeth at least twice on the day before the survey. 2% said they didn't clean their teeth at all the day before.

### PHYSICAL ACTIVITIES

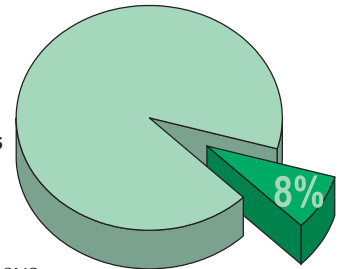
- 89% of pupils agreed that they enjoyed taking part in exercise and sport.
- 83% agreed that they feel confident when they exercise or take part in sport.
- 69% agreed that they find exercise and sport easy.**
- 93% said they understand why exercise and sport are good for them.



## DRUGS, ALCOHOL AND TOBACCO

### Drugs

- 33% of Year 6 pupils said they have learned about drugs at home while 59% of pupils have learned about drugs at school; 25% haven't learned about drugs in either place.
- 8% of Year 6 pupils responded that they are 'fairly sure' or 'certain' that they know someone who uses drugs (not as medicines).**

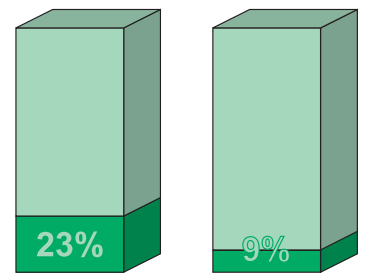


### Alcohol

- 38% of Year 6 pupils said they have learned about alcohol at home while 57% of pupils have learned about alcohol at school; 22% haven't learned about alcohol in either place.

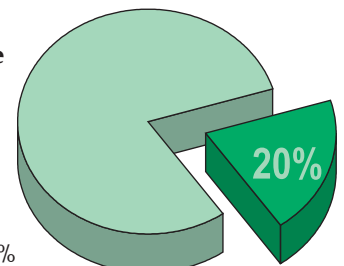
### Smoking

- 23% of pupils said that they live with someone who smokes cigarettes.**
- 9% said that someone smokes inside their home.**
- 38% of Year 6 pupils said they have learned about smoking at home while 57% of pupils have learned about smoking at school; 21% haven't learned about smoking in either place.
- 5% of Year 6 pupils said that someone at home smokes shisha; 14% said they weren't sure.



## PUBERTY AND GROWING UP

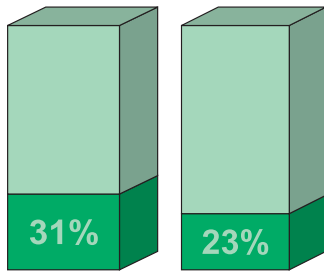
- 47% of Year 6 pupils said they have learned about puberty and growing up at home while 67% of pupils have learned about it at school; 11% haven't learned about it in either place.
- 49% of Year 6 pupils said they have learned about respectful relationships at home while 64% of pupils have learned about them at school; 12% haven't learned about them in either place.
- 21% of Year 6 boys and 63% of Year 6 girls said they have learned about periods at home while 52% of Year 6 pupils have learned about them at school; 32% of boys and 12% of girls haven't learned about them in either place.
- 20% of Year 6 pupils said there were other things about growing up that they wanted to know.**
- 34% of Year 6 pupils said they have learned about human reproduction at home while 59% of pupils have learned about it at school; 21% haven't learned about it in either place.



- 21% of boys and 25% of girls said they worried 'quite often' or 'very often' about body changes as they grow up.
- 47% of boys and 39% of girls said they 'never' worried about body changes as they grow up.

## EMOTIONAL HEALTH & WELLBEING

- 88% of pupils are 'quite' or 'very happy' with their lives at the moment; 3% are 'very unhappy'.



- 31% of boys and 23% of girls in Year 6 had high self-esteem scores.
- 8% of pupils had low self-esteem scores.
- 57% of pupils said they worried 'very often' about at least one of the items listed in the questionnaire.

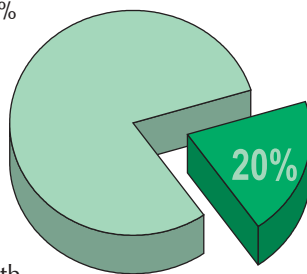
### The top 5 worries were as follows:

	Boys		Girls
SATs/ tests	38%	SATs/ tests	47%
Environment	33%	Environment	31%
Knives/guns	25%	Knives/guns	27%
Gangs	22%	Crime	25%
Crime	21%	The way you look	24%

- 59% of pupils said they 'always' have a trusted adult to talk to if they are worried about anything, 32% said sometimes; 8% said they didn't have anyone to talk to if they were worried.

## STAYING SAFE

- 5% of pupils responded that they 'often' or 'very often' feel afraid of going to school because of bullying. 29% of pupils said 'sometimes' and 66% said 'never'.
- 20% of pupils responded that they have been bullied at or near school in the last 12 months. 12% said they told an adult about this.
- 46% of pupils responded that they think their school deals with bullying well, while 34% said they 'don't know' and 20% said it didn't.
- 53% of pupils responded that they have been pushed or hit at least 'a few times' in the last month; 52% said they had been ignored or excluded.
- 75% of pupils said that they feel safe on their way to school. 73% of pupils said that they feel safe at school.
- 62% of Year 6 pupils have their own smart phone.
- 79% of pupils agreed that there were safe places for them to play outside near where they live; 20% disagreed with this.



## COVID-19 coronavirus

- 76% of pupils said that during the pandemic, their household had been able to get enough food for everyone every day/almost every day. 4% said 'not at all' and 5% said 'sometimes'.
- 32% of pupils thought their learning had been affected 'quite a lot' or 'a lot' by lockdowns; 20% said 'not at all'.
- Year 6 pupils worried at least 'quite a lot' about:

	Boys	Girls
Family/friends catching COVID-19	31%	33%
Having enough food	35%	28%
Having enough money in their family	32%	27%
COVID-19 spreading at school	26%	30%
Impact on economy, jobs etc.	27%	19%

## MAKING A POSITIVE CONTRIBUTION

- 63% of Year 6 pupils said that they think they can 'often' or 'always' achieve anything if they work at it.
- 81% said that they feel worried about doing well in tests.
- 45% of pupils said that they can 'often' or 'always' cope with whatever happens to them.
- 87% of pupils said 'often' or 'always' think it is important to help others when they can.

## SIGNIFICANT DIFFERENCES BETWEEN THE HARINGEY 2021 SURVEY AND THE PREVIOUS 2019 SURVEY

The following is a list of significant differences between the two surveys 2019 figures in brackets:

- 30% (67%) of pupils said that they are able to get water from a water fountain at school.
- 52% (38%) of pupils 'never' worry about crime.
- 23% (35%) of pupils 'quite' or 'very' often worry about gangs.
- 63% (74%) of Year 6 pupils feel they can 'often' or 'always' achieve anything if they work at it.
- 69% (77%) 'agree' or 'strongly agree' that they find exercise and sport easy.
- 23% (27%) of pupils said that someone they live with smokes.
- 36% (31%) of pupils ate fruit as a snack after school the previous day.
- 49% (42%) of Year 6 pupils have learned about respectful and healthy relationships at home.
- 9% (13%) think their school dinners are 'not very healthy'.
- 26% (30%) of pupils had a high self-esteem score.
- 88% (91%) said that they are 'quite' or 'very' happy with their life at the moment.
- 83% (88%) 'agree' or 'strongly agree' that they feel confident when they take part in exercise and sports.
- 89% (92%) 'agree' or 'strongly agree' that they enjoy taking part in exercise and sport.

# Secondary school pupils in Years 8 & 10 (ages 12 - 15)

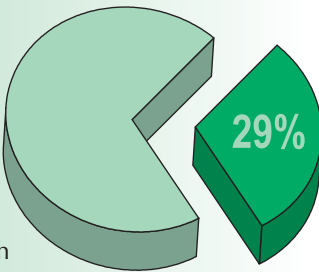
## BACKGROUND

- 12% of pupils described themselves as White British.
- 25% described themselves as Black/Black British, 24% as White other and 14% as Asian or Asian British.
- 95% live with mum, 68% live with dad, 7% live with other family members like grandparents and 1% live with another adult.

## BEING HEALTHY

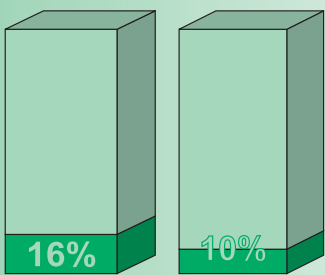
### HEALTHY EATING

- 29% of pupils reported having nothing to eat or drink for breakfast on the day of the survey.
- 19% of pupils reported 'never' considering their health when choosing what to eat. 33% of pupils consider their health 'often' or 'always'.
- 15% of pupils said they had no lunch on the day before the survey. 27% of pupils ate a packed lunch or went home for lunch, 49% had a school meal and 10% bought lunch from a takeaway or shop.
- 22% of pupils said they eat sweets and chocolates 'on most days'. 14% said they ate crisps 'on most days'.
- 42% said they eat fresh fruit and 35% vegetables and salads 'on most days'.
- 12% said they have sports drinks and 11% have fizzy drinks 'on most days'.
- 15% of pupils had eaten 5 or more portions of fruit and vegetables on the day before the survey, 16% had eaten none.
- 61% of pupils said that they sit down for meals with their family 'most days'.



### PHYSICAL ACTIVITY

- 81% of pupils agreed that they enjoyed taking part in exercise and sport.
- 72% agreed that they feel confident when they exercise or take part in sport.
- 68% agreed that they find exercise and sport easy.
- 92% said they understand why exercise and sport are good for them.



- 16% of pupils said they couldn't swim.
- 10% can swim with floats or arm bands.

## SEX AND RELATIONSHIPS

- 30% of pupils said that their sex education lessons had been useful. 33% of pupils said that their lessons on being safe in a relationship had been useful.
- 29% of Year 10 and 14% of Year 8 know where to get condoms free of charge.
- 29% of Year 10 and 23% of Year 8 know where to get sexual health advice if they needed it.
- 19% of Year 10 and 7% of Year 8 know where to get emergency hormonal contraception.
- 18% of Year 10 and 10% of Year 8 know where to get tested for chlamydia.

- Year 10 have learned 'quite a lot' or 'a lot' about:

Boys		Girls	
Unhealthy relationships	41%	Unhealthy relationships	45%
Sexuality	41%	Sexuality	44%
Giving/obtaining consent	41%	STIs and how to avoid	40%

## DRUGS, ALCOHOL & TOBACCO

### Drugs

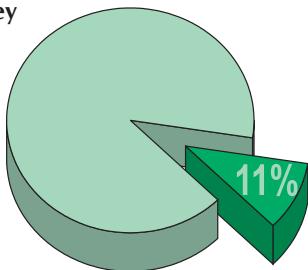
- 20% of Haringey secondary pupils are 'fairly sure' or 'certain' that they know someone who takes drugs to get high.
- 8% of pupils have been offered cannabis. 2% had been offered ecstasy and 1% other drugs.
- 7% of pupils said that someone in their family smokes cannabis.
- 4% of pupils have taken an illegal drug at some point.
- 24% of pupils said that their lessons on drug education were 'quite' or 'very useful'.

### Alcohol

- 4% of pupils (1% of Year 8 and 7% of Year 10) said that they drink alcohol occasionally or regularly.
- 6% said if they drink alcohol, that they are bought/given it by parents/family.
- 3% said that they worry about someone drinking alcohol at home.

### Tobacco

- 93% of pupils said they had never smoked at all.
- 1% of pupils said they smoke cigarettes occasionally or regularly.
- 33% of pupils said someone they live with smokes (15% smoking inside their home).
- 17% of pupils said that someone in their family vaped using e-cigarettes.
- 11% of pupils said that they had tried vaping once or twice; 5% said they vape 'occasionally' or 'regularly'.





## EMOTIONAL HEALTH & WELL-BEING

- 60% of pupils reported they are, in general, 'quite' or 'very' satisfied with their life at the moment.
- 35% of pupils had high self-esteem scores.
- 6% of pupils had very low self-esteem scores.
- 80% of pupils said they worried about at least one of the items listed in the questionnaire.

### Responses to individual items were as follows:

	Year 8		Year 10	
Exams and tests	51%	Exams and tests	58%	
Gangs	31%	The way you look	28%	
The way you look	30%	Knives/guns	26%	

- 59% of pupils said that they 'always' have a trusted adult they can talk to if they were worried. 12% said they had no one they could talk to.
- 52% of pupils said that they can 'often' or 'always' cope with anything that happens to them.

## STAYING SAFE

- 65% of pupils said that they 'often' or 'always' feel safe at school.
- 65% of pupils said that their friends 'often' or 'always' keep them safe.
- 33% of pupils said that they 'often' or 'always' need to look out for themselves as no one else will.
- 15% of pupils reported that they felt afraid of going to school because of bullying at least 'sometimes' while 85% said 'never'.

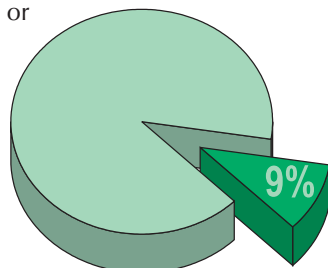
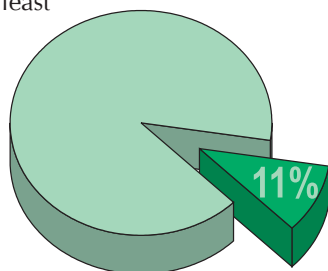
- 11% said that they had been bullied at school at least once in the last 12 months.**

- 36% said their school deals with bullying 'badly' or 'not very well'.
- 26% of pupils think that their school dealt with bullying well.
- 25% said that their lessons on bullying were 'quite' or 'very useful'.
- 35% of pupils rate the safety of their area when going out after dark as 'poor' or 'very poor'. 10% say their safety when going to and from school is 'poor' or 'very poor' and 9% say the same about their safety at school.

- 6% of pupils reported that they or their friends carry weapons when going out.

- 9% reported that they had been a victim of violence or aggression in the area where they live, in the last twelve months.**

- 31% of secondary aged boys said that they 'often' or 'always' like to do things that feel really scary, 25% of girls said the same. 25% of boys and 34% of girls said 'never'.



## COVID-19 coronavirus

- 77% of pupils said that during the pandemic, their household had been able to get enough food for everyone every day/almost every day. 4% said 'not at all' and 5% said 'sometimes'.
- 54% of pupils thought their learning had been affected 'quite a lot' or 'a lot' by lockdowns; 11% said 'not at all'.

### Secondary pupils worried at least 'quite a lot' about:

	Boys	Girls
Family/friends catching COVID-19	25%	34%
COVID-19 spreading at school	23%	31%
Having enough money in their family	19%	20%
Family/friends spreading the virus	18%	22%
Impact on economy, jobs etc.	17%	16%

## MAKING A POSITIVE CONTRIBUTION

- 73% of pupils want to stay on in full-time education at the end of Year 11. 51% want to get a job as soon as they can; 49% want training for a skilled job/apprenticeship.
- 17% of pupils said that they worry about the environment.
- 58% of pupils said that they think they can achieve anything if they work at it.
- 65% of pupils said 'often' or 'always' think it is important to help others when they can.

## SIGNIFICANT DIFFERENCES BETWEEN THE HARINGEY 2021 SURVEY AND THE PREVIOUS 2019 SURVEY

The following is a list of significant differences between the two surveys 2019 figures in brackets:

- 50% (71%) can get drinking water from a water fountain at school.
- 67% (78%) of pupils rated their safety at school as 'good' or 'very good'.
- 33% (45%) have found school lessons on healthy eating to be 'quite' or 'very' useful.
- 65% (77%) 'usually' or 'always' follow the advice they have been given in the past year about how to stay safe while online.
- 33% (45%) said their school deals with bullying 'quite' or 'very' well, or said that bullying is not a problem in their school.
- 25% (36%) of pupils responded that they have at least tried alcohol.
- 26% (36%) of pupils responded that, if they needed sexual health advice, they would know where to go.
- 60% (68%) are 'quite' or 'very' satisfied with their life at the moment.
- 42% (50%) of pupils responded that they eat fresh fruit 'on most days'.
- 72% (79%) of pupils responded that they 'usually' or 'always' feel safe on their journey to school.

# Questions included in both the primary and secondary versions of the Haringey 2019 questionnaire

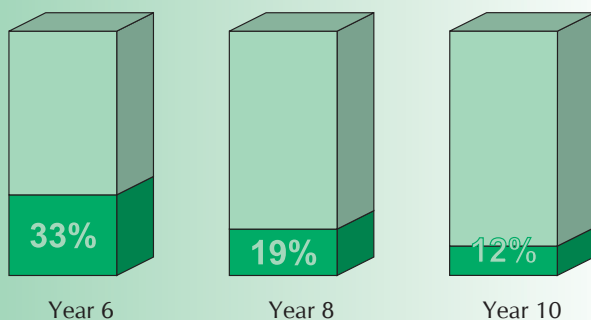
## Comparison of primary and secondary results

The following is a selection of data relating to the set of questions found in the primary and secondary versions of the questionnaire. It is always interesting to see how young people change as they grow up.

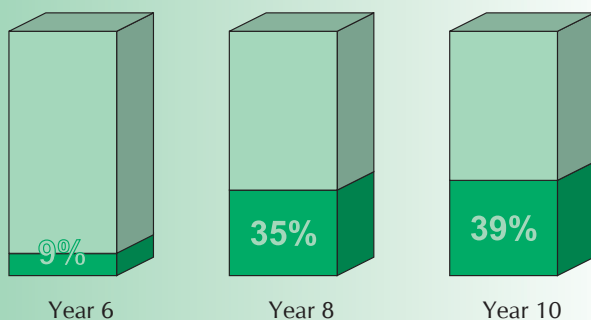
### HEALTHY EATING

#### Five a day?

- Secondary school pupils are less likely to say that they had at least 5 portions of fruit and vegetables on the day before the survey, compared with primary aged pupils who said the same: 33% of Year 6 pupils compared with 19% of Year 8 and 12% of Year 10 pupils.



- There is a clear step up with age for those girls who report nothing to eat or drink for breakfast: Year 6 girls 9%; Year 8 girls 35% and Year 10 girls 39%.

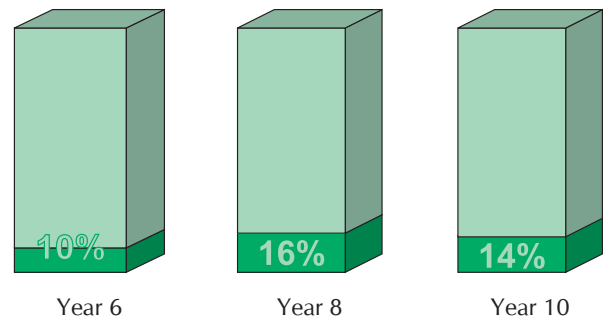


- There appears to be a similar proportion of primary and secondary pupils having crisps 'on most days'. 17% of Year 6 pupils, 16% of Year 8 and 12% of Year 10 pupils said this.
- 6% of Year 6 pupils report having takeaway/fast food 'on most days', 8% of Year 8 and 7% of Year 10 said the same.
- 9% of Year 6 pupils report having chips 'on most days', 12% of Year 8 and 9% of Year 10 said the same.

### TOBACCO

#### Smoking at home

- 10% of the Year 6 pupils said that someone in their family smokes inside their home. 16% of Year 8 pupils and 14% of Year 10 pupils said the same.

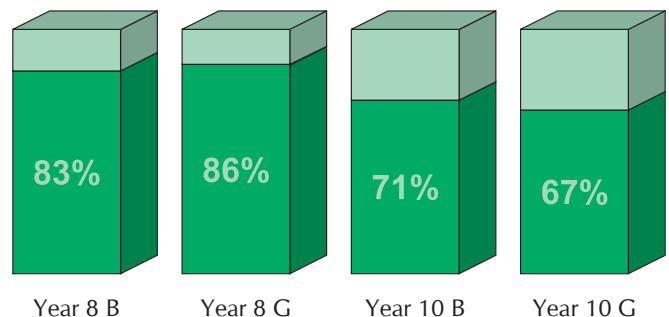


- 24% of Year 6 pupils said that someone they live with smokes cigarettes. 34% of Year 8 and 32% of Year 10 pupils said the same.
- 5% of Year 6 pupils said that someone in their family smokes shisha. 8% of Year 8 and 9% of Year 10 pupils said the same.

### ALCOHOL

#### Have you ever drunk alcohol?

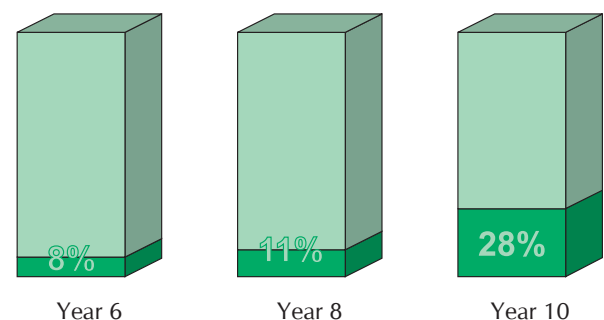
- 83% of boys and 86% of girls in Year 8 have never drunk alcohol at all. 71% of boys and 67% of girls in Year 10 said the same.



- 1% of Year 8 and 7% of Year 10 pupils said that they drink alcohol 'occasionally' or 'regularly'.

### ILLEGAL DRUGS

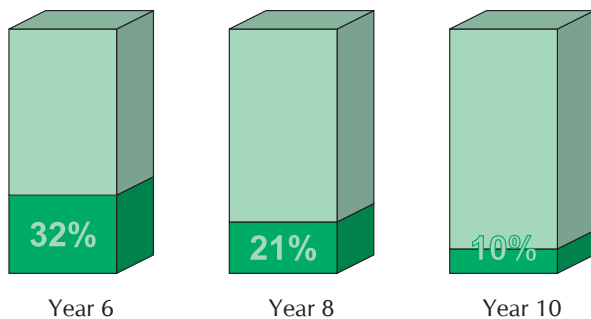
- 8% of Year 6 pupils said that they were 'fairly sure' or 'certain' that they knew someone personally who used drugs (not as medicines). 11% of Year 8 and 28% of Year 10 school pupils said they were 'fairly sure' or 'certain' they know someone who uses drugs to get high.



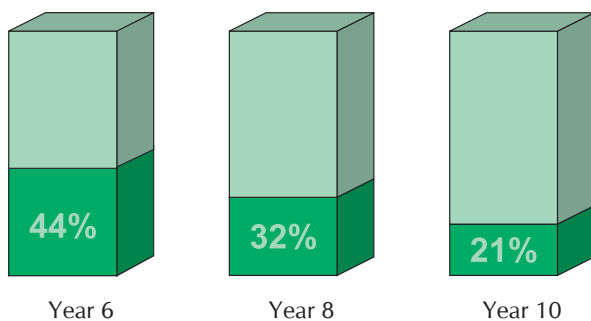
## SAFETY

### *Are you ever afraid of going to school because of bullying?*

- 32% of Year 6 pupils said they felt afraid of going to school at least sometimes. This falls to 21% in Year 8 and falls again to 10% in Year 10.



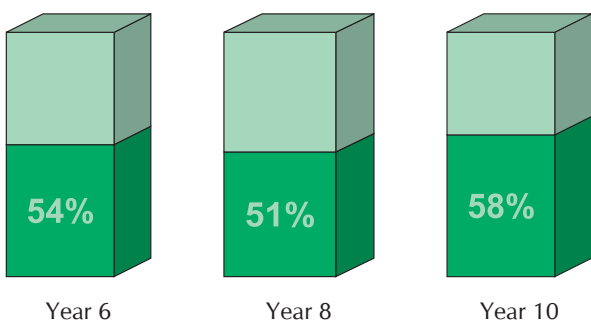
- 44% of Year 6 pupils said that their school deals with bullying well. 32% of Year 8 pupils and 21% in Year 10 said the same.



## EMOTIONAL HEALTH & WELLBEING

### *How much do you worry about problems?*

- 54% of Year 6 pupils said they worried about school tests 'quite often' or 'very often', this figure falls to 51% for pupils in Year 8 and rises again to 58% of Year 10 pupils.

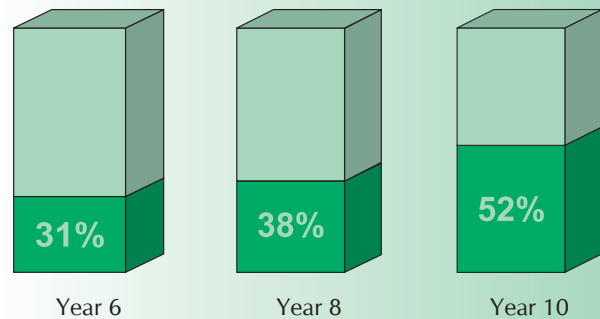


- 29% of secondary pupils worried about the way they looked, only 23% of Year 6 said the same in the primary survey.
- 25% of Year 6 pupils said that they worried about gangs and 28% of secondary pupils said the same.
- 27% of Year 6 pupils said that they worried about knives and guns and 27% of secondary pupils said the same.

## Self-esteem

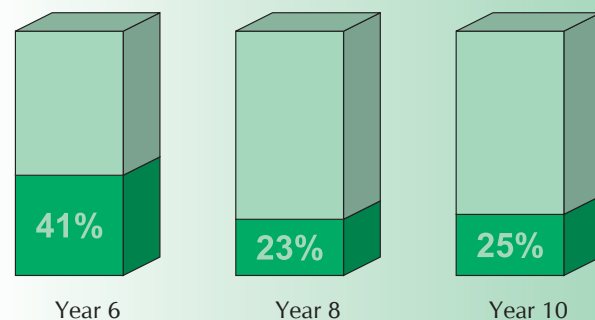
- 27% of Year 6 pupils recorded levels of high self-esteem. 35% of secondary pupils had the same. Esteem for boys appears to increase with age.

- Boys who recorded levels of high self-esteem:

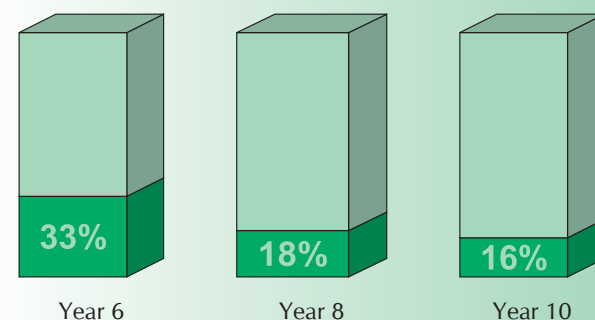


## PHYSICAL ACTIVITIES

- 60% of Year 6 primary pupils strongly agree that they understand why exercise and sport are good for them. 53% of secondary pupils said the same.
- There is a drop in girls saying that they strongly agree that they enjoy taking part in exercise and sport however:



- 33% of Year 6 pupils say that they strongly agree that they feel confident when they exercise and play sport 30% of secondary pupils said the same. **Again there is a big drop in the girls results:**



## TRAVEL TO SCHOOL

- 65% of primary and 64% of secondary pupils reported walking to school on the day of the survey. 24% of primary pupils came by car and 11% by bus, train or tube. The secondary figures are 14% by car and 31% by bus, train or tube. Pupils could tick more than one mode of transport.
- 75% of pupils said that they 'usually or always' feel safe on their journey to school, 72% of secondary pupils said the same.

## The Way Forward - over to you

This work was funded by the Haringey Public Health Team. We are grateful to the teachers, schools, and young people for their time and contributions to this survey. As a result of their work we have excellent data to be used by schools, as well as both statutory and voluntary agencies that support the health of young people in Haringey. This work will inform action plans for joint working between and within organisations involved in improving the health and well being of pupils in schools. The data will also be used to help support the Healthy Schools Programme.

### Haringey schools who took part in the 2021 survey:

#### *Haringey primary schools*

Bounds Green Junior School  
 Brook House Primary School  
 Bruce Grove Primary School  
 Campsbourne Primary School  
 Earlsmead Primary School  
 Ferry Lane Primary School  
 Harris Primary Academy Coleraine Park  
 Lancasterian Primary School  
 Lea Valley Primary School  
 Lordship Lane Primary School  
 North Harringay Primary School  
 Our Lady of Muswell Catholic Primary School  
 Rhodes Avenue Primary School  
 Risley Avenue Primary School  
 Rokesly Junior School  
 Seven Sisters Primary School  
 St Aidan's VC Primary School  
 St Ann's CE Primary School  
 St Francis de Sales RC Junior School  
 St Gildas' Catholic Junior School  
 St James CE Primary School  
 St Mary's CE Primary School

Tetherdown Primary School  
 The Devonshire Hill Nursery & Primary School  
 The Mulberry Primary School  
 The Willow Primary School  
 Tiverton Primary School  
 Welbourne Primary School

#### *Haringey secondary schools*

Duke's Aldridge  
 Gladesmore Community School  
 Heartlands High School  
 Highgate Wood Secondary School  
 Woodside High School

#### *Haringey special schools*

The Grove  
 Vale School

### Key Contact:

Linda Edward  
 Senior Public Health Commissioner  
 Children & Young People  
[Linda.Edward@haringey.gov.uk](mailto:Linda.Edward@haringey.gov.uk)

Haringey Council  
 River Park House, 225 High Road, Wood Green,  
 London N22 8HQ  
[www.haringey.gov.uk](http://www.haringey.gov.uk)





**Report for:** Health and Wellbeing Board – 25 January 2023

**Title:** Haringey Better Care Fund Discharge Funding 2022/23

**Report authorised by :** Rachel Lissauer, Director of Integration for Haringey, Development and Population Health Directorate, North Central London ICB

**Lead Officer:** Paul Allen, Head of Integrated Commissioning (Older People & Frailty), 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.
- 1.2 The Better Care Fund (BCF) Plan is national programme to fund integration of services at a local level. It is underpinned through a Section 75 agreement to pool funds between the ICB and London Borough of Haringey (LBH) and signed off by the Health & Well-Being Board. The Board previously signed off the 2022/23 BCF Plan and Narrative and schedule of investments in November 2022.
- 1.3 However, as part of the Autumn Statement, the Government announced an additional allocation for ICBs (£300m) and Local Authorities (£200m) to support timely and safe discharge from acute and non-acute hospital in the community and help them recover their health and functional abilities outside hospital, ideally at home. This will also reduce the number of people delayed in hospital awaiting social care. Funding is to the end of 2022/23, with a further investment announced for 2023/24 (though details not yet fully known).
- 1.4 The scheme is an addendum to the 2022/23 Better care (BCF) policy framework, which will require ICBs and Local Authorities to pool this funding into existing local BCF Section 75 arrangements. Local Health & Well-Being Boards have been asked to endorse these changes to the BCF arrangements as part of their responsibilities.

- 1.5 Partners agreed a set of principles governing this scheme to guide the use of the funding and have agreed a set of solutions that will have impact on discharge in acute and non-acute MH settings and which can be implemented/extended quickly.
- 1.6 In line with usual BCF requirements, the use of both elements of this funding has been agreed between local health and social care leaders. The total pool for Haringey is £2.2m to fund adult social care, mental health and community schemes of which £957k is part of LBH allocation and £1.256m is part of NCL ICB allocation for 2022/23.
- 1.7 Funding is on those solutions that could be rapidly implemented or expanded given the timescales and funding has started to be utilised as soon as possible in Dec/Jan. Deadline for submission was 16<sup>th</sup> Dec, and reporting to NHSE is fortnightly from 6<sup>th</sup> Jan.
- 1.8 The schedule of solutions was agreed between executives in the Council and NCL ICB and signed-off via the Director of Health & Adult Social Care with the Portfolio Holder for Health & Adult Social Care on behalf of the Health & Well-Being Board in line with national requirements. But a requirement remains for the Health & Well-Being Board to endorse these schemes as they are part of the BCF Plan.
- 1.9 This presentation outlines the principles and additional investments for the funding for Haringey.

## **2 Recommendations**

- 2.1 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.
- 2.2 To endorse the submission to the National BCF Plan team on this element of funding.

## **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 – BCF Discharge Funding 2022/23 Presentation**

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# **Better Care Fund – Discharge Scheme 2022/23**

Haringey Health & Well-Being Update

Paul Allen, Head of Integrated Commissioning  
(Older People & Frailty)

16<sup>th</sup> January 2022

# Introduction and context

- As part of the autumn budget, the Government announced an additional allocation for ICBs (£300m) and Local Authorities (£200m) to support timely and safe discharge from hospital in the community and help them recover their health and well-being outside hospital, ideally at home. Doing so will reduce the number of people delayed in hospital and mitigate the need for people to access intensive long-term care. Funding is to the end of 2022/23, with a further investment for 2023/24 (details of latter not yet known)
- The scheme is an addendum to the 2022/23 Better care (BCF) policy framework, which will require ICBs and Local Authorities to pool this funding into local BCF Section 75 arrangements.
- In line with BCF requirements, the use of both elements of this funding has been agreed between local health and social care leaders. The total pool for Haringey is £2.2m to fund adult social care, mental health and community schemes of which £957k is part of LBH allocation and £1.256m is part of NCL ICB allocation.
- Partners agreed a set of principles governing this scheme to guide the use of the funding and a set of solutions that will have impact on discharge in acute and non-acute MH settings and which can be implemented/extended quickly (see next slides)
- Funding is focussed on those solutions that could be rapidly implemented or expanded given the timescales and funding has started to be utilised as soon as possible in Dec/Jan. Deadline for submission was 16<sup>th</sup> Dec, and reporting to NHSE is fortnightly from 6<sup>th</sup> Jan.
- Schedule of solutions was agreed between executives in the Council and NCL ICB and signed-off via the Director of Adult Social Care. But a requirement remains for the Health & Well-Being Board to sign-off these schemes as they are part of the BCF Plan
- Funding sits alongside NHSE Winter Planning investments, e.g. investments in community health therapies to support discharge

# A set of common principles agreed between system partners for the BCF Discharge Fund

1. All schemes must be on activities that reduce flow pressure on hospital beds
2. Schemes to adopt a test and learn approach
3. Funding will target barriers to discharge particularly those in ASC
4. Funding should be treated as non-recurrent with schemes ending in Mar 2023
5. Funding will need to treat or support more people in the system by building additional capacity
6. All partners expected to share weekly estimated and monthly validated activity and cost data
7. Funding plans to be developed now to ensure schemes are mobilised for December
8. All HWB areas will need monitor against a baseline and planned ambitions metrics
9. All partners will commit to improvements in data collection
10. Slippage against spending plan will be monitored



# Agreed Schemes in Haringey

Type	Description	Allocation	Amount	Item
1. Discharge Solutions for Patients to Return & Recovery at Home (Pathway 1) and Enablers of Discharge	Short-term support for people to recover health & function in their own home: reablement, short-term packages of care & staffing to support reviews of patients	LBH	£956,835	Page 52
		NCL ICB	£780,813	
2. Discharge Solutions for Patients with Housing Needs/Homelessness to Recover (Pathway 1)	Short-term step-down flats for people who cannot return directly home for one reason or another but need to recover health, function & to decide on next steps and accommodation	NCL ICB	£37,290	
3. Discharge Solutions for Patients with Mental Health/Dementia Issues to Recover (Pathways 1-3)	Short-term care packages & placements in care home beds/supported accommodation to help people with MH issues to recover physical and mental health post-hospital & assess longer-term care needs	NCL ICB	£182,000	
4. Discharge Solutions for Acute Patients with complex needs to recover in bed in community (Pathway 2)	Short-term placements in care homes for acute patients with complex physical health and/or social care needs to recover in care home beds in community & assess longer-term care needs	NCL ICB	£100,000	
5. Discharge Solutions for Acute Patients with rehabilitation needs to recover in bed in community (Pathway 2)	Funding of short-term NHS rehabilitation beds in community for acute patients with rehab needs to recover health & function & assess long-term care needs	NCL ICB	£138,183	
6. Investment in Enablers of Discharge	Additional investment in brokerage to arrange & manage placements/packages in care	NCL ICB	£18,111	
TOTAL			£2,213,232	

The term ‘short-term’ is used in the table: these are services that generally last 2-6 weeks whether in a person’s home or in a bedded facilities



# An Outline of Some of Our Schemes

- 1. Reablement:** Greater investment in short-term help to work with more people to recover their health and ability to undertake daily living tasks, such as washing or getting around or about, and to provide short-term packages of home care if they need it prior to any longer-term assessment of health and social care needs
- 2. Step-Down Units:** Work with Homes from Haringey and LBH Housing to utilise units at Stokeley Court to work with people with housing environment issues (e.g. hoarding, needing deep clean etc.) or who are at risk of homelessness to recover after a hospital episode and work with health, housing and social care to decide on next steps, arrange improvements to housing environment and undertake any assessment of health, social care and/or housing needs
- 3. Short-Term Placements in NHS Rehab or Care Home Beds:** Work with partners to arrange & place individuals with complex needs in care homes or NHS community beds to work with them to recover or rehab their health and functional abilities in daily living and decide on next steps with a view to get them home if possible, including longer-term assessment of care needs. The funding includes support for people discharged from acute and non-acute MH hospitals

# Next Steps

- HWB is asked to endorse investment schedule for 2022/23
- We will put forward proposals for investment in Discharge Funding for 2023/24 when further guidance is available from NHS England/BCF National colleagues. However, these requirements are likely to be absorbed into overall national BCF Plan requirements in 2023/24
- In addition to this funding, the Government recently announced a further £200m investment to ICBs to support discharge for patients who need step-down into care homes outside of the BCF Plan. Funding needs to be spent by March 2023.
- The ICB and its partners are still working through the details of this investment and we will present the impact of this investment alongside the Discharge Funding investment covered in this slides as part of the BCF Plan Review for 2022/23 to the Board

