

# **MINUTES OF THE HEALTH AND WELLBEING BOARD HELD ON WEDNESDAY 29 MARCH 2023, 2:00PM – 4:30PM**

## **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  
Sharon Grant, Healthwatch Haringey Chair

Dr Will Maimaris, Director of Public Health

Rachel Lissauer – Director of Integration – NCL CCG

Gary Passaway - Barnet, Enfield and Haringey - Mental Health NHS Trust

Sara Sutton - Temporary Assistant Director, Adults, Health and Communities

Beverley Tarka – Director of Adults Health and Communities

Nadine Jeal - Clinical and Care Director for Haringey (NCL ICB)

## **IN ATTENDANCE ONLINE:**

Tim Miller - Joint Assistant Director of Commissioning for Adults and Children NHS NCL ICB

Temmy Fashega – Lead Commissioner Adult Mental Health, NCL ICB

Lynette Charles – MIND, Haringey

Geoffrey Ocen - Bridge Renewal Trust, Chief Executive Officer

Nnena Osuji – North Middlesex University Hospital NHS Trust, Chief Executive

Cassie Williams – Haringey GP Federation, Chief Executive

Chantell Fatania - Consultant in Public Health

Christina Andrew – Strategic Lead, Community and Inequalities

## **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 Ms Ann Graham and Mr Richard Gourlay.

## **4. URGENT BUSINESS**

There was no urgent business.

## **5. DECLARATIONS OF INTEREST**

There were no declarations of interest.

## **6. QUESTIONS, DEPUTATIONS, AND PETITIONS**

There were no deputations.

## **7. MINUTES**

RESOLVED:

That the minutes of the Health and Wellbeing Board meeting held on 25 January 2023 be confirmed and signed as a correct record.

## **8. ADULT MENTAL HEALTH**

Mr Tim Miller, Mr Temmy Fasegha, Mr Will Maimaris, Mr Gary Passaway, Ms Rachel Lissauer and Ms Lynette Charles presented the item.

The Board welcomed the presentation. The meeting heard that:

- There was a broad agreement on priorities and support for emphasis on prevention, early intervention and focus on tackling inequalities.
- Alignment of resources was a key area of concern and opportunity for Haringey. The right balance between centralised and place based service and resources was considered to be important.
- It was important to be honest about what it would mean to an individual being put on a waiting list, including the length of time that would be spent waiting.
- The discussion of arts and culture was not present in the presentation and needed further integration, especially as the Council had placed resources to acquire arts and culture facilities. It would help form therapeutic approaches into depression and isolation. A reading group, a drama group or other form of creative art provided people with shared cultural expression.
- Singing and art improved people's mental health.
- Inpatient wards had therapeutic programmes and this helped with recovery in general.
- There were other aspects of people's lives preventing people from having shorter stays and this included people's working life.
- Different sectors needed to have a method so that they could connect together.
- The strategy needed to include assets, this could be the peer led approaches being taken. In the scenario of a serious mental illness, it would be useful to have a first point of contact and finding out how one would be encouraged to engage other available services.
- The use of art and culture was helpful to minority communities. Black Thrive had many learning points and an opportunity should be made to present work done by Black Thrive at the Board.
- For NHS talking therapy services, people did receive access for treatment but had to wait significantly longer for their second treatment. Workforce retention and recruitment remained a challenge across the NHS. If people did not get access to services on time, they would drop out of treatment and their ill health became more acute. Transparency about waiting times needed to be provided so that people could weigh up options and pursue other options whilst waiting.
- It was important to consider how services could be offered to residents who were not on record or were isolated. There were mentally ill people that could be found on the street and those individuals did not know how to get into contact with the services that could help with their needs.

- It was important for the wider community to have a shared understanding of mental health. It was also important for the wider community to be able to understand access to mental health care provision both for themselves and others.
- The relationship between mental health and physical health needed further emphasis.
- Reporting a distressed individual in the street needed to tie in with the review of the Council's safeguarding policy. The Joint Partnership Board, including mental health service users, had said they wanted community engagement in safeguarding to be a high priority in the five-year review that was taking place. In particular, concerns were expressed about those that had observably ill mental health. Work needed to be done with the Safeguarding Adults Board regarding attaining a wider community understanding of mental health services.
- Physical documents, such as leaflets, would be useful to help educate the community and allow people to have something to refer to when they needed a reference point.
- The transition between child and adult mental health needed to be addressed.
- An event could be held at the Health and Wellbeing workshop regarding Housing including with Registered Social Landlords. Visitations could also be useful.
- It would be useful to maximise how to support people when they were awaiting treatment especially for a secondary care type of service. This included contacting people on the waiting list.
- An update would be provided to a future Health and Wellbeing Board.

RESOLVED:

That the presentation be noted.

## **9. NORTH CENTRAL LONDON POPULATION HEALTH AND INTEGRATED CARE STRATEGY**

Mr Will Maimaris and Ms Amy Bowen presented the item.

The meeting heard that:

- It would be useful to have the voice of lived experience, multiple conditions and the use of the term 'empowerment'.
- The incentives for the new GP contracts had moved away from prevention and more emphasis had been placed on access to care and patient experience. This put an already under pressure workforce in a difficult position.
- There needed to be more reference of arts and culture in the understanding of the determination of good health.
- Delivering the strategy in a meaningful way would require a significant change.
- A recent Integrated Care Board meeting had a rich discussion including how the strategy would be held to account, how measurements would be made, a concise set of priorities, have conviction regarding the realignment of resources and ensure that primary care was adequately supported so that proactive deliveries could be made.
- It was important to put local community priorities forward.
- More could be done to put forward more reference to mental health and its relationship with physical health.
- Mapping of need against resource allocations was important and needed to be outlined.
- It was important to have consistency with the Health and Wellbeing Board strategy.
- It was important to ensure that finances were spent wisely.

- Variations at hyper-local level would make allocation of funding a difficult decision making process.
- Haringey did not have many large hospitals in comparison to other boroughs such as Camden. However, North Central London was a hub for providers and Haringey was a net importer of activity in high cost services.
- There were so many different focused delivery areas and it was not clear how all of the specific areas would be integrated.
- It may useful to have specific set of outcomes and although resource allocation was a concern, it was important to see if resource allocation reflected elements that had an impact in the preventative space.

RESOLVED:

That the presentation be noted.

**10. UPDATE ON WORK TO TACKLE RACISM AND INEQUALITIES IN HARINGEY**

Ms Christina Andrew provided an update.

The Board commented that:

- There needed to be trust in services, relationships with health and the abilities to access services. The work done with the Welcome Advisory Board worked beyond refugees, asylum seekers and migrants and applied to the exiting communities in Haringey.
- Work had been done regarding vulnerable migrants and much of that work had been done in Haringey with partners in conjunction with the resettlement team. It was important how this was moved forward.

RESEOLVED:

That the update be noted.

**11. NEW ITEMS OF URGENT BUSINESS**

There were none.

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

The listed items were noted.

CHAIR: Councillor Lucia das Neves

Signed by Chair .....

Date .....