

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON WEDNESDAY, 20 SEPTEMBER 2023, 3:30PM–5:30PM

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
Dr Will Maimaris, Director of Public Health
Beverley Tarka - Director of Adults, Health & Communities
Sharon Grant – Healthwatch Haringey
Nadine Jeal – Clinical and Care Director for Haringey (NCL ICB)

IN ATTENDANCE ONLINE:

Cassie Williams - Chief Executive, Haringey GP Federation
Sara Sutton – Assistant Director, Partnerships and Communities
Gary Passaway - Managing Director, Haringey Mental Health Trust
Geoffrey Ocen – Chief Executive, Bridge Renewal Trust
Christina Andrew – Head of Resettlement, Migration & Inequalities
Rachel Lissauer – Director of Integration – NCL CCG
Jonathan Gardner - Director of Strategy, Whittington Health
Sophie Harrison - Project Director Integrated Health Hub
Mustafa Hassan - Whittington Health

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 Councillor Mike Hakata and Ms Sharon Grant.

4. URGENT BUSINESS

There was no urgent business.

5. DECLARATIONS OF INTEREST

There were no declarations of interest.

6. QUESTIONS, DEPUTATIONS, AND PETITIONS

There were no questions, deputations and petitions.

7. MINUTES

RESOLVED: That the minutes of the Health and Wellbeing Board meeting held on 28 June 2023 be confirmed and signed as a correct record.

8. WOOD GREEN INTEGRATED HUB AND COMMUNITY DIAGNOSTIC CENTRE UPDATE

Mr Jonathan Gardner, Ms Sophie Harrison and Mr Mustafa Hassan introduced the report.

The meeting welcomed the report and heard that:

- In relation to the proposed health centre in Wood Green and some of the risks involved, there was a capital risk and discussions were being held at Whittington Health regarding commitment to the project and providing assurance that the allocation of the capital was the right step to take. All services were capital constrained, but Whittington Health would back the project. It would be useful if the Council could raise the profile of the project and help ensure that it was seen as a priority for the Council as much as it was for Whittington Health. There would be a degree of certainty regarding the project at the end of October when the lease was signed as it would be a 30-year lease. In relation to how the service would run with the varying patient needs, solutions would come through continued work over the next year as teams were built in the right places. Efforts would be made to engage with clients, service users, patients in that process. In terms of accessibility, one example would be a changing places, toilets and showers that would be accessible to everybody. Disability access teams were being consulted to make sure that the facility was accessible in the broadest sense. These actions would be shared with Disability Access Haringey and were work in progress.
- It was important to have further discussions regarding risks and mitigations regarding the financial arrangements of the project. Some these considerations would be useful to be brought to the Health and Wellbeing Board.
- The facility would have a non-emergency patient transport drop off in the service yard at the back of Wood Green Shopping City with direct access into the ground floor of the hub. This raised the query of the use of dial-a-ride facility as if people could access non-emergency patient transport, there was possibly an arrangement in place so the service could allow vehicles to be brought to the front door.
- Good contractual arrangements were in place and that would mitigate risks. This included capital increases because the project was now at the point of having the latest quality surveyors and the project was about to go to tender.
- Currently there was governance around the programme. A steering group was in place and various different partners were members of the group.
- Reporting was also done to the Place and Neighbourhoods Committee.
- The ongoing governance of running the project needed to be considered and decided upon.
- In relation to the other centres, Stuart Crescent was not changing, but Bounds Green and Edwards Drive would be closed and sold eventually. There would

be no change to the Bounds Green Health Centre, which was a separate building.

- in terms of taking walk-ins, most of the services were referral services, so this could be podiatry services, health visiting services and other types of services. There would be a GP practice, but the centre would be a walk-in centre. People would be able to walk in and get advice or guidance or support, be it Council services, mental health services or community services.
- In relation to dental services, the dental services were very specifically for those patients who were often younger, but were also older people with learning disabilities or other disabilities who could not easily access the dental services on the High Street. It was important to have a clear outline on who could and could not access the services.
- Further outline was required regarding working with the Voluntary Community Sector.
- There needed to be some very clear means by which patients were going to be consulted at every stage. Some positive work had been done on other projects in the borough which involved members of the community regarding how the building was designed and it was important to involve the public at this stage as well.
- Particular patients needed to be involved on how risk was managed as services may be cut due to diminishing funds.
- Whittington Health had access to a GP dashboard which displayed which GPs were making referrals to Whittington and when. This process was used to keep regular communication with the GPs to make sure that there was open communication. With the MRINCT to begin with, there would likely be a backlog before it was opened up to new patients.
- UCL Partners was an academic health science network and were running the evaluation. It was important to obtain more qualitative research such as interviews.
- Background data on service users, including whether or not they had carer responsibilities would be useful.
- The IT connectivity between within the system broadly was flawed. Work had been done with all the GPs within North Central London to set them up to receive patient test results electronically. The connectivity rate was at 90% amongst all of the North Central London (NCL) area. Outside of North Central London, it would be difficult to get results back to GP practises outside of that region due to the IT connectivity. Attempts were being made to work towards a single system for all GPs and acute trusts within NCL to have access to the same systems. This would be eventually expanded across the UK.
- It would be useful to have written details on the CT and MRI and how this would work.

RESOLVED:

That the report be noted.

9. HARINGEY BOROUGH PARTNERSHIP UPDATE

Ms Rachel Lissauer and Ms Sara Sutton presented the item.

The meeting heard that:

- It had never been clear how much the borough should communicate about the borough partnership and how much the borough should just make sure that public engagement and communication were fundamental to the work that was being done in the borough partnership. It was more important that the borough was able to engage in a meaningful way with different residents and community groups as part of the work that it was doing. The borough had ambitions to be doing more in terms of communicating with residents. For example, making the mental health offer more visible to residents via websites and the way that the information was communicated.
- Methods and maintenance of communication with residents was a perpetual need, but accessibility was also important as was the NHS 111 dial. It may be useful to have a greater level of discussion regarding the NHS 111 dial at a future meeting.

RESOLVED:

That the presentation be noted.

10. NCL INTEGRATED CARE PARTNERSHIP MEETING UPDATE

Dr Will Maimaris presented the item.

RESOLVED:

That the update be noted

11. WINTER PLANNING UPDATE

Dr Will Maimaris presented the item.

The meeting heard that:

- At present time, the amount of vaccines available to community sites was quite limited. One of the borough's sites did not have enough vaccine for the people who had been invited. The borough had two GP practice sites which were Bounds Green and Morris House. There were many more pharmacies now where people could access the vaccination. There had been a national drive to ensure that access would be available locally. Taking the vaccines out to community members was being done through Whittington health including to those who were housebound and those in care homes. The cost of the payment that the borough received for every vaccine was less than it cost to administer it. In the next few weeks, there would be greater levels of accessibility, but not everyone was on the national booking system. Therefore, the borough's two large sites were sending out invites to everybody on GP lists in Haringey to all of those over 65 and those who are at risk. So far 40,000 individuals had been invited. More would be invited in the coming weeks.

- It was challenging to combat vaccine fatigue partly as there were fewer resources, but the Council was using its standard channels and the NHS was using its contacts with different community groups to raise awareness and increase uptake.
- In relation to primary care around winter planning, across North Central London there was the £2,000,000 that had been made available for capacity in primary care. This had been designated to primary care networks in line with their weighted list size. For Haringey, the primary care networks had received somewhere between £35,000 and £55,000 each for additional capacity. There were a range of things that were tried last year and Primary Care Networks (PCNs) had been invited to choose what they wanted to do from that range of interventions and the majority of them were going to use their resource for additional clinical capacity. Although there would be additional capacity and primary care, this would bolster the traditional capacity. The other main use of the funding was to maintain the GPs who were based at the front door of North Middlesex seeing patients who come with primary care types of conditions. North Middlesex Hospital had been funding that over the summer. The ICB would fund it for the winter.
- The ICB had managed to bring out an easy way of PCNs working on the winter access funds. Normally, these conversations would occur in November. A better system had been created and the ICB had done well to achieve this so that discussions could be held earlier. As the funding had been announced earlier in the year, this had helped with the mobilisation of activities and also the workforce required to deliver these.
- From an adult social care perspective, there were a number of workforce initiatives and programmes in place focusing on supporting hospital discharge. Teams were aligned specifically to hospital discharges with a service manager, team managers and social workers. This maximised the capacity of the team as additional resource alongside the existing workforce. This helped progress the adult social care pathways in a timely way. This facilitated assessments and reviews every two to three weeks. There had been an announcement of more government funding, but this had been identified for certain challenged ICS systems and did not include Haringey.

The Chair felt that it would be useful to the work that was being done in Public Health regarding Health Champions as it would help discuss targets and support communities that had been identified through the coronavirus crisis.

RESOLVED:

That the update be noted.

12. NEW ITEMS OF URGENT BUSINESS

Since the North London Mental Health Partnership had moved into Blossom Court, work had been done on evidence-based approach about the practises and quality of care, clinical care, operational management, governance and other areas. The Royal College of Psychiatrists Combined Committee for Accreditation had now fully accredited the three acute wards at Blossom Court. It was the only organisation in North London which had fully accredited wards.

The borough had launched its free school meals campaign. There was a film which had been linked to the pupil premium. The new free school meals provision had worked well so far, but due to the change in how families were contacted, the numbers, the percentage of people registering with eligibility had gone up by at by about 6%. Haringey was very low in the in the free school meals league table (around 25% compared with instances around 40%).

The Board welcomed the news.

13. FUTURE AGENDA ITEMS AND MEETING DATES

In relation to the Better Care Fund, the Chair would be seeing and addressing adaptations, modifications between this meeting and the next meeting.

The next meeting would be held on 15 November 2023.

CHAIR: Councillor Lucia das Neves

Signed by Chair

Date