MINUTES OF THE MEETING Health and Wellbeing Board HELD ON Thursday, 27th March, 2025.

PRESENT:

Councillors: Lucia das Neves (Chair) and Zena Brabazon

ALSO ATTENDING:

14. FILMING AT MEETINGS

The Chair referred to the filming at meetings notice and attendees noted this information. This would be an informal meeting due it being inquorate.

15. WELCOME AND INTRODUCTIONS

The Health and Wellbeing Board members were senior Council officers, Cabinet Members, and representatives from Healthwatch, Bridge Renewal Trust, and the North Central London Clinical Commissioning Group.

16. APOLOGIES

Apologies for absence had been received from Claire Dollery, Cllr Hakata, Nadine Jeal, Gordon Peters and Vida Black

17. URGENT BUSINESS

There were no items of urgent business.

18. DECLARATIONS OF INTEREST

There were no declarations of interest.

19. QUESTIONS, DEPUTATIONS, AND PETITIONS

There were none.

20. MINUTES

RESOLVED

The minutes of the meetings held on 27th November were approved.

21. UPDATE ON PRIMARY CARE IN NORTH CENTRAL LONDON AND HARINGEY

Becky Kingsnorth and Clare Henderson presented the report for this agenda item. In response to questions from the committee, the following key points were noted:

- Concerns were raised regarding health inequalities and the impact on vulnerable communities, particularly around inconsistent access to services where digital options were not feasible. Some providers lacked the capacity to adequately support populations with complex health needs. There was also concern about the increasing number of individuals seeking care outside the NHS, with risks of disengagement and delayed diagnoses due to limited suitability of private health services.
- National funding mechanisms were not always effective in enabling practices to engage meaningfully with local communities. Efforts were underway to address this by allocating funding to Primary Care Networks.
- Questions emerged about the practice of reception staff delivering clinical results, particularly the absence of a formal policy and the inability to follow up on clinical details. It was explained that receptionists were generally tasked with gathering information for triage purposes. The team committed to discussing this further with the clinical lead and to providing a written response.
- Accurately gauging demand for general practice services in the borough remained a challenge, largely due to the unavailability of telephone data at the ICB level. Some practices used digital tools to capture this data. The matter would be taken forward for further review.
- The shift toward digital access continued to present barriers for some residents.
- Committee members reported feedback from residents concerning the growing use of physician associates in general practice. There were questions about their roles and the extent of their involvement. From 2026, regulation would fall under the General Medical Council, and an independent review had been commissioned to assess safety. While practices retained discretion over their use, further communication would be developed to ensure patients were informed of their right to opt out. This would be revisited at a future committee meeting.
- Healthwatch had completed a survey measuring the ratio of general practice appointments to doctors, and the findings could be shared.
- There was a call for improved integration and coordination across services, with an emphasis on capturing the local context to enhance understanding within communities.
- The committee also requested more clarity around borough boundaries, as the general practice population exceeded the official borough population. Despite this, it was not believed that Haringey was underserved in terms of practice availability.

22. UPDATE ON COMMUNITY PHARMACY IN NORTH CENTRAL LONDON AND HARINGEY

Rachel Clark presented the report to the committee.

In response to questions raised, the following points were highlighted:

- A total of 23 Healthy Living Pharmacies were in operation, offering a broad range of services including contraception, STI testing, and support for residents facing substance misuse challenges. These services were well received and served as an effective means of engaging with local communities.
- The collaboration with the MAC team was viewed positively. However, it was emphasized that care must be taken not to dilute the original purpose of successful initiatives by expanding their scope too broadly. The team acknowledged the importance of maintaining clarity of purpose as changes were implemented.
- The issue of sustainable financing was considered critical. With the national focus shifting towards prevention and community-based care, the team felt this presented a timely opportunity to establish a more sustainable, system-wide approach. They expressed cautious optimism that the current moment offered the right conditions to achieve this.

23. NEIGHBOURHOOD MODEL OF HEALTH AND CARE

Tim Miller introduced the item for discussion.

In response to committee questions, several key points were highlighted:

- Ensuring that the wider clinical community felt acknowledged and valued was seen as essential. There was an emphasis on exploring alternative commissioning methods that would better support grassroots and community organisations—many of which, while not costly, provided highly valuable and enriching services.
- The committee was encouraged to draw inspiration from the care model adopted by the MAC team, not simply by expanding the existing team, but by applying the core principles of the model to other settings. Within Connected Communities, officers were already developing proposals and considering new funding mechanisms. The aim was not to remove the MAC team, but to embed its model and certain resources into adult social care, reflecting the strong alignment with the type of support needed.
- Members expressed a desire for further discussion, with a suggestion to establish a steering group to examine these issues in greater depth.
- For the model to succeed, the team recognised the need to actively support the voluntary sector, which would require aligning various policy areas—including planning policies related to community buildings. It was noted that many of these spaces, essential for resident group activities, were currently closed, creating additional challenges.

24. HARINGEY ADULT SOCIAL CARE INSPECTION BY CARE QUALITY COMMISSION - UPDATE

Jo Baty introduced the item.

- The CQC in essence found that there were many strengths, but overarching areas of improvement could fall far to 5 different areas. The first one was around waiting times for receipts of support from social care across the whole

piece. The second area was around communicating to and from the service, the third area was around carers and inconsistencies in the support that they received and at times, inconsistencies around the attention to their health and well-being. Another key area was around the way in which the team engaged with providers, particularly around safeguarding, follow up work and inconsistencies around transitions; specifically in this instance from children to adult services.

- The team had got a draft improvement plan addressing the areas requiring improvement from CQC. Officers would be bolstering those because there were other areas that CQC may not have looked at that were already on the agenda for further development. To those ends, the team were setting up a new performance management group internally that on a service-by-service basis monitored the delivery of each of the areas of business; one of these being waiting times for the service and improvement on a month-by-month basis in those areas. On carers, there was a carers co-production group, the team held four sessions with residents in locality basis co produce the priorities to work on with carers.

- The Chair's intention was to invite the backbench councillors who sit on the adult social care Improvement Board to attend these meetings.

25. BETTER CARE FUND UPDATE

Jo Baty introduced the item.

- For the quarter three submissions Haringey was on track to meet the minimum spends.

- The Chair suggested a move to monthly reporting on progress of the BCF.

- It was important to ensure Social Care users themselves wwre going to be involved in rebuilding this new phase of the development of new services. The improvement board met every two months and were committed to making sure that voices were heard.

26. NEW ITEMS OF URGENT BUSINESS

There were none.

27. FUTURE AGENDA ITEMS AND MEETING DATES

- Dementia support and prevention strategies around carers and their family members and dementia.

- Mental health community and multi-agency approaches .

- Health and well-being strategy.

CHAIR: Councillor Lucia das Neves

Signed by Chair ……..

Date ……