

# **MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON TUESDAY, 19TH FEBRUARY, 2019, 4.30 - 6.15 pm**

**Present:** Cllr Sarah James (Cabinet Member for Adults and Health – **Chair** – Voting Member), Cllr Elin Weston (Cabinet Member for Children, Education and Families – Voting Member), Tony Hoolaghan (Chief Officer CCG), Cathy Herman (Lay Member CCG – Voting Member), Sharon Grant (Chair Healthwatch Haringey – Voting Member), Geoffrey Ocen (Chief Executive Bridge Renewal Trust), and David Archibald (Interim Independent Chair Haringey Local Safeguarding Board).

**Officers:** Zina Etheridge (Chief Executive of London Borough of Haringey), Beverly Tarka (Director of Adults and Health), Ann Graham (Director of Children’s Services), Charlotte Pomery (Assistant Director of Commissioning), Eubert Malcolm (Head of Community Safety and Enforcement), and Hugh Smith (Policy and Equalities Officer).

**Also present:** Siobhan Harrington (Chief Executive of Whittington Health), and Maria Kane (Chief Executive of North Middlesex University Hospital)

## **37. FILMING AT MEETINGS**

Noted.

## **38. WELCOME AND INTRODUCTIONS**

The Chair welcomed members of the Board and attendees to the meeting.

## **39. APOLOGIES**

Apologies for absence were received from Cllr Joseph Ejiofor, Dr Peter Christian, John Rohan, and Rachel Lissauer.

## **40. URGENT BUSINESS**

There were no items of urgent business.

## **41. DECLARATIONS OF INTEREST**

No declarations of interest were made.

## **42. QUESTIONS, DEPUTATIONS, PETITIONS**

There were no questions, deputations or petitions put forward to this meeting.

### **43. YOUNG PEOPLE AT RISK STRATEGY**

The Policy and Equalities Officer introduced this report and presentation on the Young People at Risk Strategy (YPRS), which set out the scale and nature of serious youth violence in Haringey, outlined a strategic model to address risk, set the direction and priorities for medium-term activity to tackle serious youth violence, and detailed a set of short-term actions.

The YPRS reflected the Council's overarching aim to reduce and prevent crime amongst young people. Haringey had seen improvements on its knife crime figures but it was accepted too many young people were affected by violent crime within the borough which this strategy sought to address. The YPRS set out how the Council would seek to address such violence and the outcomes it sought to be achieved over a 10-year period. The strategy had been informed by robust evidence, taking into account local and national data, as well as international learning.

The Council had commissioned the Godwin Lawson Foundation to do a piece of research which involved talking to 70 of the most vulnerable young people in Tottenham and getting their views on what they felt the Council could do to assist the problem. There had also been an analysis undertaken of prolific offenders within the Youth Justice System to find out their life experiences and previous dealings with services.

The Council's vision was for young people to grow up in a safe environment, free from violence. The Council was looking to work collaboratively with its partners and the community to achieve this goal.

The Chair thanked Hugh Smith for the thorough presentation and invited questions and comments from the Board members. The following was noted:

- Regarding the reduction in youth violence across the borough, the Head of Community Safety and Enforcement stated this was due to a range of actions the Council had taken, such as working closely with key partners across the community, including Tottenham Hotspur, and utilising available resources. Better statistics were available from across the borough which allowed the Council to better focus resources in targeted areas to have the greatest impact. Such efforts had seen a reduction in the number of stab victims under 25. Initiatives such as 'Litter Sweeps' saw the Council request communities inform it where they suspected young people were storing weapons and then clearing those areas of any weapons. There were projects in place at Northumberland Park that sought to tackle and assist the mental health of young people. The Council maintained a consistent and concise message of working collaboratively with partnered organisations to jointly facilitate the reduction in youth violence to have the furthest reach as possible. Young people were also being consulted on their views regarding matters such as what they felt the best type of intervention the Council was able to provide.

- There was a degree of overlap between Local Area Co-ordinators and Community Safety Advocates, such as in Northumberland Park, but they worked closely together to find the most effective ways to help communities. Where possible, initiatives were joined to ensure a coherent narrative and that different sectors were working together in a collaborative way.
- The Director of Children's Services stated it was important for the different services within the Council to support one another as a whole system approach, across children and adult services. Both services were working together on initiatives described by the Head of Enforcement and Community Safety to ensure the greatest outcome was achieved.
- The Chief Executive of Whittington Health stated the priorities and interventions proposed within the YPRS were sensible. The Board members would also be able to assist with the engagement of children and young people as all were testing different types of engagement at their organisations and could provide feedback on their results. It was important that the various organisations represented at the Health and Wellbeing Board supported their staff in making them aware of the issue of youth violence and informed them of the effective ways in which to tackle them. In response, the Head of Enforcement and Community Safety stated a summary and shortened version of the YPRS could be circulated to all staff members.
- The Chair of Healthwatch Haringey questioned the absence of the arts and culture in the YPRS, noting a cultural strategy should be developed to create effective diversionary activities to keep young people away from violence. The arts and its usage in media was also highlighted as being a key route to getting messages across to young people. The Assistant Director of Commissioning acknowledged the key role arts and culture played in helping to deter young people from violence but noted the YPRS did not include all initiatives. Funding was available to support the arts and music. There was also a commitment within the YPRS to work with groups within the voluntary sector, with some providing arts and music arrangements for young people.
- The Chief Executive of the Bridge Renewal Trust welcomed the emphasis on partnership working but queried whether the YPRS was prioritising and targeting too much. It was also noted the YPRS could borrow from the Borough Plan and the partner work it had put in place. The Chief Executive concurred with the view that increased activities for young people to engage with was a key preventative measure.
- The Director of Adults and Health noted the Council had been encouraged to take a different approach to safeguarding and the YPRS reflected that. The YPRS was a positive change in how the Council approached risk with people who did not necessarily meet the statutory requirements of Council services.

## **RESOLVED**

That the Health and Wellbeing Board:

- i. Consider the content of the Young People at Risk Strategy

- ii. Note the particular relevance of Outcome 2, 'Strong Families and Healthy Relationships' and Outcome 3, 'Positive Mental Health', to members of the Health and Wellbeing Board
- iii. Comment on the content, noting the need for health partner input in relation to priorities and interventions to:
  1. Improve young people's mental health,
  2. Improve family functioning,
  3. Help young people form healthy peer relationships,
  4. Meet the needs of young people with SEND
- iv. Consider the roles of board members with respect to the overall collective effort to reduce and prevent serious youth violence, in particular:
  1. Early identification of individual or family risk
  2. Interventions to increase safety in healthcare settings
  3. Interventions to address risky behaviours such as substance use
  4. Support for victims of serious youth violence
- v. Recommend how the roles of board members, with respect to reducing youth violence, can be articulated in the strategy

#### **44. PEOPLE BASED CARE WORK UPDATE**

The Director of Adults and Health introduced this report which described progress made since December 2018 with developing Haringey's approach to locality based care in North Tottenham. The report also set out the feedback received through the Collaborate 'deep dive' in North Tottenham, where the Council asked frontline staff for their views on how they could be supported to offer co-ordinated and preventative care.

The following was highlighted to the Board:

- Significant progress had been made in the previous 6 months with a number of sign-ups from senior leaders in the Council, the Trust, and the CCG and more.
- The Council had commissioned a piece of work from the Bridge Renewal Trust to conduct interviews and surveys with residents to ensure their voices were heard. Resident feedback noted areas in need of improvement, such as long waits for appointments, long waits for therapy services, lack of proper care for the elderly and vulnerable. The residents also felt the services were not working in an integrated way and were suffering as a result.
- Officers were concerned that residents were not aware of the services that could be provided by the adults social service. Efforts were being made to redress this by exploring how the public could be better informed of this service, which included simplifying the technical terminology associated with it and ensured services were more accessible.
- The Council had conducted 'deep dive' one on one interviews and focus groups with multi-agency staff within North Tottenham.
- For the programme to succeed, it was accepted that there would need to be a structural change in how the multi-agencies operated together.

- There was to be a more efficient joined-up governance of strategy and spend with the Council and NHS, so that they were jointly deploying available resources to achieve the most impact.
- The Assistant Director of Commissioning informed that there had been a productive workshop with all partners represented at the Board regarding how the locality-based care in North Tottenham could be developed. There was a great deal of enthusiasm at the community level for this approach to locality-based care but it was important to get the balance right with making sure the governance structure worked and provided the right results.
- Housing had been a proactive partner in workshops held by the Council, and it was noted Homes for Haringey managed approximately 5,000 tenancies and had developed wellbeing hubs. It was important that such initiatives and projects undertaken (which might previously have not been known to fellow organisations) were publicised to ensure their impact was widespread. This highlighted the need to join up resources to ensure there was no overlap between services and that available resources were being utilised to their fullest potential.

The Chair next invited questions and comments from the Board members. The following was noted:

- The Cabinet Member for Children, Education and Schools suggested changing at page 37 “Co-ordinate children’s services” to “Services for Children” as the former could be misconstrued to mean just the Council children’s services whereas this was a number of different services brought together. The Cabinet Member was pleased to see children and young people mentioned within the report but felt their role could have a greater focus throughout. The Cabinet Member also wished to see a greater level of feedback sought from children, not just 16/17 year olds. The Assistant Director of Commissioning replied it was not the intention for children and young people to be marginalised in any way and that family was an integral part of the locality-based care.
- The Lay Member for the Clinical Commissioning Group (CCG) felt the work of the local area coordinators from community first should not be hampered by the locality-based care and that the good work they had already begun in building relationships and trust amongst the community should be allowed to continue.
- The Chief Officer of the CCG highlighted his support for the project and its emphasis on function over form in the delivery of frontline services. He also informed the Board of the change to the GP contract, which enabled them to formally work in primary care networks.
- The Chief Executive of Whittington Health suggested rewording the sentence on page 29 - “*Ambition is to turn the community into a self-sufficient village*” - as it was unclear. Additionally, there was a risk the change to the GP contract did not support the integrated system and this had to be carefully managed. The Chief Executive also noted there was an opportunity missed in not addressing recruitment and looking at how a joint recruitment process could be developed.

- The Chief Executive of the London Borough of Haringey commended the piece of work but noted there was the potential risk it could develop into a list of action plans. The Board, as system leaders, should be conscious of what it could do to enable the locality-based care to succeed, identifying the risks such as the change to the GP contract, what barriers could be removed and what enablers could be put in place to assist its development.
- The Chief Executive of the Bridge Renewal Trust welcomed the report and suggested 'community first' on page 37 should include an additional commitment to put customers first and ensuring people were treated as individuals rather than a number. Show that you care for what we are doing. The Assistant Director of Commissioning responded by saying the primary focus would be on a community led approach and acting on what was being said.
- The Head of Community Safety and Enforcement highlighted the significant work done by the Local Area Co-ordinators in helping to improve confidence within the borough at a community level.

The Director of Adults and Health confirmed a report detailing updates on locality-based care in North Tottenham would be provided to the Board at a future meeting.

## **RESOLVED**

That Health and Wellbeing Board note and support the development of Haringey's locality based care.

## **45. PEOPLE PRIORITY UPDATE**

The Director of Adults and Health introduced this presentation on the Borough Plan – People Priority. The Board was informed the locality-based care plan discussed in the previous item and the Borough Plan complemented one another with many of the key principles that underpinned the Borough Plan linking with the strategic outcome sought from the locality-based care in North Tottenham. For example, a key principle of the borough plan was addressing fairness and inequalities to reduce the gap in outcomes for different residents and it was noted North Tottenham had been specifically chosen for the locality-based care due to the significant inequalities within that area.

The following was highlighted to the Board:

- The purpose of the locality-based care plan for North Tottenham was for this to form a prototype locality-based care approach that could be applied across the borough.
- There had been work done on Key Performance Indicators (KPIs) and outcomes that the Council and its partners would like to be achieved from the Borough Plan.
- There had been a partnership workshop in early January 2019. The Council had taken into account feedback provided on the need for more of a

- partnership based focus in outcomes identified, not just statutory KPIS. The Council needed to engage and listen more to children and residents.
- The Council needed to be clear what was Council led initiatives and initiatives that were jointly led with partners.

The Cabinet Member for Children, Education and Families welcomed the report and the proposed governance structure. It was useful to have a clear distinction between what was Council led and what was to be jointly led. The Cabinet Member highlighted the Youth at Risk Strategy as demonstrating how valuable collaboration with partners was in achieving the best outcomes achievable.

#### **46. INTEGRATED CARE SYSTEMS :THE NHS LONG TERM PLAN**

The Chief Officer for Haringey Clinical Commissioning Group (CCG) introduced the presentation on the NHS Long-Term plan. The Board were informed of the background to the plan and an overview of its contents.

The following was highlighted to the Board:

- The CCG was still processing the information contained within the NHS Long-Term Plan.
- There was an emphasis on prevention and reducing health inequalities.
- There was an emphasis on saving on costs. This included preventing duplication and working at scale to utilise and make better use of available resources.
- As a borough, the CCG was satisfied that Haringey had already been practicing a large volume of the work proposed within the NHS Long-Term Plan, such as a focus on prevention. There was no major surprises contained within the Plan.
- Ambulance services were beginning to deliver a wider range of services to prevent the level of hospital admissions, where possible.
- There needed to be a fully integrated care system in operation by 2021, with a non-executive independent chair. There had been a great deal of work between all partners on how to integrate existing services and this would continue.

The Chair next invited questions and comments from the Board members. The following was noted:

- There was a lack of detail surrounding workforce arrangements. It was again raised that the Board could play a key role in removing barriers to ensure an efficient integrated system.
- It was felt the NHS Long-Term Plan had a degree of flexibility for CCG's to apply.
- The Plan needed to be effectively communicated with the public so that they were aware of the direction services would be taking. If there was to be a change in how services were operated, then this needed to be relayed to the public so that their expectations of the proposed integrated system were

managed before it became fully operational. The Board encouraged dialogue with the public.

- The Board considered resources to be a key issue moving into an integrated system and ensuring that frontline staff had all they required to carry out their duties.
- Ensuring that the budget was appropriately managed would be a key focus in enacting the NHS Long-Term Plan to ensure no money was wasted.
- The Board questioned how the ICS might be developed and what role the local authority would play in its creation. The Chief Officer of the CCG confirmed there would be active engagement with all partners represented at the Board, including the local authority, otherwise the integrated system would fail.
- The Board considered it appropriate to invite a member of the mental health trust to future meetings, given the topics covered would inevitably affect mental health issues (**Action: Clerk**).

#### **47. MINUTES**

The minutes of the 24<sup>th</sup> July 2018 Health and Wellbeing Board meeting was approved as a correct record.

#### **48. NEW ITEMS OF URGENT BUSINESS**

None.

#### **49. FUTURE AGENDA ITEMS AND DATES OF FUTURE MEETINGS**

22<sup>nd</sup> May 2019 – 2pm

17<sup>th</sup> July 2019 – 2pm

30<sup>th</sup> October 2019 – 2pm

12<sup>th</sup> February 2020 – 2pm

CHAIR:

Signed by Chair .....

Date .....