

MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON WEDNESDAY, 12TH JUNE, 2019, 2.00 - 4.00 pm

Present: Cllr Sarah James (Cabinet Member for Adults and Health – **Chair** – Voting Member), Cllr Zena Brabazon (Cabinet Member for Children, Education and Families – Voting Member), Tony Hoolaghan (Chief Officer CCG), Cathy Herman (Lay Member CCG – Voting Member), Peter Christian (Chair Haringey CCG) Sharon Grant (Chair Healthwatch Haringey – Voting Member), Will Maimaris (Interim Director for Public Health) and Geoffrey Ocen (Chief Executive Bridge Renewal Trust).

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), Rachel Lissauer (Director of Commissioning AND Integration– Haringey CCG), Steven Lawrence (Legal Advisor to the Board), Vikki Monk Meyer (Head of Integrated SEND).

Also present: Siobhan Harrington (Chief Executive of Whittington Health), Richard Gourlay (Director of Strategic Development – NMUH), Samantha Rostom (Programme Director CYP, North Central London STP) and Richard Miller (BEH MHT).

50. FILMING AT MEETINGS

The Chair referred Members present to agenda item 1 as shown on the agenda in respect of filming at this meeting, and Members noted the information contained therein’.

51. WELCOME AND INTRODUCTIONS

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

52. APOLOGIES

Apologies for absence were received from Cllr Ejiofor.

53. URGENT BUSINESS

There were no items of urgent business.

54. DECLARATIONS OF INTEREST

No declarations of interest were received.

55. QUESTIONS, DEPUTATIONS, PETITIONS

None.

56. MINUTES

The minutes of the meeting of the 19th February 2019 were agreed as a correct record.

57. NORTH CENTRAL LONDON SYSTEM-WIDE PAEDIATRIC ASTHMA PLAN

The Board received a report which outlined the approach being taken across Haringey to improving outcomes for children with asthma and how Haringey's plan contributed to, and was in line with, the NCL approach. The report was introduced by Samantha Rostrum, Programme Director CYP – NCL STP, as set out in the agenda pack at pages 11 – 15. The following was noted in discussion of the report:

- a. The Board set out that more should be made of asthma as an equality issue, as it disproportionately affected children from poorer backgrounds and that the inequality aspect should be at the forefront of everyone's mind when tackling the issue. In response, it was acknowledged that people from deprived areas were 2.5 times more likely to attend hospital and be admitted and 3 times more likely to have poor quality housing..
- b. The Board sought clarification around who was ultimately responsible for driving progress against the different strands that fed into asthma, such as housing. In response, the Board was advised that there was a NCL Asthma Network Group which was responsible for coordinating this. The group had met the same day including individual leads from the 5 boroughs, to develop asthma plans at the local level. The Programme Director acknowledged the need for these plans to go beyond health and into a range of issues such as housing.
- c. The Board expressed that the Haringey specific element of all of this needed to be developed a bit further, particularly in terms of how to get the clinical networks going locally. The Board also set out that the role of air quality and pollution needed to be better communicated to residents through the use of apps such as Air Visual.
- d. The Board sought assurances about whether specific schools, who had high levels of asthma, had been engaged with and that this data was being cross referenced with other data sources for housing and air quality for example, to develop a robust analysis. In response, the Board was advised that a baseline analysis of schools has been undertaken and would form part of the asthma plan and that a robust evidence base was being developed which would include all of the different areas raised as part of this discussion.
- e. The Board sought assurances about whether workshops had been set up with Environmental Health Officers, who would be licencing private sector accommodation, particularly in light of the whole-systems approach being adopted. In response, officers advised that these conversations had taken place at a strategic level but further work was needed to engage with officers on the frontline.
- f. The Board endorsed the adoption of a whole-systems approach and commented that there needed to be a strategic forum within the Council, where corporate leads could be brought in to discuss issues such as air quality and asthma.
- g. The Board requested some work be done to pull out some of the data and evidence from the North Tottenham Area project and that this could be used to

- shore up some of the responses raised here around the impact of health and housing inequalities. **(Action: Samantha Rostom)**.
- h. The Board also advocated that the benefits of being physically active should be put forward as part of this agenda and suggested promoting examples of sporting greats who had asthma to encourage people to be physically active. Officers acknowledged this and set out that the membership of the Board was reflected at the Network Board and that there was good engagement at a partnership level. Officers also set out that smoking cessation also played a key role into this agenda. **(Action: Samantha Rostom)**.
 - i. In response to a question, the Board was advised that the outcomes from the asthma plan would be monitored through the Network Board. Officers agreed to share the development of the performance dashboard with the Board. **(Action: Charlotte Pomery)**.

RESOLVED

That Haringey Health and Wellbeing Board:

- I. Endorsed the approach being taken across Haringey to improving outcomes for children with asthma and their families and the strategic outcomes this work is seeking to deliver; and
- II. Supported the development and delivery of complementary North Central London and local system-wide asthma plans, focused on those common strategic outcomes.

58. IDENTIFYING, MEETING NEEDS AND IMPROVING OUTCOMES IN A LOCAL AREA FOR CHILDREN WITH SPECIAL EDUCATIONAL NEEDS AND OR A DISABILITY

The Committee received a report, presentation and an appendix with a copy of the self-evaluation, on improving outcomes for children with Special Educational Needs (SEND) or a disability from Vikki Monk-Meyer, Head of Service Delivery SEND, as set out in the report pack at pages 33-74. The paper set out the scope of recent reforms, the response by partners in Haringey and the key next steps to continuing to improve outcomes for children and young people with special educational needs and or a disability. The following was noted in discussion of this item:

- a. The Board raised concerns with weakness in the JSNA impacting on joint-commissioning. In response, officers acknowledged that the JSNA did not sufficiently reflect SEND needs. Officers added that there was a detailed piece of work underway to drill down on SEND issues within the JSNA. The Board suggested that this highlighted a further example of where there needed to be tighter strategic leadership. In reference to joint commissioning, officers advised that there was joint commissioning of speech and language therapy and on equipment but acknowledged that the strategic oversight could be improved.
- b. In response to a question around what could be done to improve dissatisfaction from parents on education, health and care plans, officers advised that this was primarily an issue about how the SEND team wrote plans and the need to ensure that training, advice and support was offered to staff in writing those plans.

- c. In response to a question about the workings of the Joint Executive Committee and whether commissioners and providers were being brought closer together, officers advised that the Joint Exec had been set up in recognition of the need for strategic oversight of key issues across the partnership. There had been two meetings so far and these included representation of commissioners. It was anticipated that the group would grow and develop further in due course.
- d. The Committee raised concerns with a lack of equalities comments in the report. In response, officers acknowledged that this was an oversight and commented that there was significant equalities data at a local level but this data needed to be drawn out from the JSNA at a borough-wide level. The Chair requested that the equalities section be added in to the report. **(Action: Will Maimaris)**.
- e. The Board asked officers to say a bit more around the support offered for the transition from childhood to adulthood. In response, officers set out that there were a number of areas of employment support being introduced such as offering supported internships in Haringey and work experience placements at the DWP. At a more local level, support was being offered around basic advice in terms of paying rent and accessing support services. Officers gave details about the Community First programme, which was a low level early intervention model and offered a one stop shop advice service.
- f. The Board raised the link between youth violence and SEND and queried whether there was sufficient consideration given to the wider links involved when identifying people and undertaking early-years assessments.
- g. The Chair raised concerns about the level of support for school exclusions and questioned whether there was an action plan in place. In response, the Chief Executive acknowledged these concerns and set out her concerns in relation to the length of time taken to diagnose conditions such as autism and ADHD, leading to long delays in those children getting the support they required.
- h. The Chief Executive also set out the need for good tapered services to prevent people from falling through the gaps and the need for capacity building work to improve the drop off from childhood to adulthood. The Board also heard that following a high profile child protection case, the Council had brought in focused health visits for families with significant child protection risks, and that there was then a significant exercise to expand this. The Board considered that there was some lessons to be learned from this as a system. The Chief Executive set out the Government's decision to expand the age range of SEND services had introduced significant additional cost pressures to the Council and advocated the importance of having a place for the Council and partners to adequately track how much the additional costs were.
- i. In response to the above points, officers acknowledged some of the concerns raised and highlighted the challenges faced in expanding age ranges for SEND whilst many other services still had a cut-off point of 18. Officers also highlighted the association between children that had poor speech and language skills at a young age and who were subsequently over-represented in the high needs block and later school exclusions.
- j. The Cabinet Member for Children and Families highlighted the issue of 2 year old children not taking up free nursery care places and the need for the Board to get a better understanding of why some parents did not make use of this, given the significant improvements to speech and language skills involved. It was suggested that of the 1200 eligible children in the borough only around 700-800 took up this offer, which was paid for by central government. The Cabinet Member advocated

that, as part of a whole systems approach, the Board should be focusing on and improving provision for 2-3 year olds and chasing families to take up the offer of free nursery placements. In response, officers advised that a Huddle group had been established at children's centres to help families with SEND, who wouldn't ordinarily go to a children's centre, and give them access to a health visitor amongst other services. The programme also matched the family to a nursery placement and gave support to transition them in to that placement. There had been three sessions so far, each with 13 families attending and take up had been positive.

- k. In response to concerns raised about the tension between inclusion and exclusion for older children and what additional support was being offered, officers advised that they were working with the college to encourage more entry level placements, such as a Level 1 Catering course that was now on offer. There were also 70 specially funded entry and foundation level places on offer, with another further 50 places which offered additional support needs. The Board were also advised that a new high needs provision at The Grove was being opened in September to provide additional support around exclusions.
- l. The Chair requested that officers come back to the Board at a future date to provide a further update. **(Action: Vikki Monk Meyer).**

RESOLVED

That the Health and Wellbeing Board:

- I. Endorsed the emphasis on partnership working needed to underpin the effective implementation of the SEND reforms;
- II. Supported the new governance arrangements recently put in place through the SEND Board to ensure improved outcomes for children and young people; and
- III. Agreed to receive an updated Self Evaluation Framework on an annual basis.

59. DEVELOPING LOCALITY-BASED CARE IN HARINGEY

The Board received a report for information and an accompanying presentation, which described the progress made with developing locality-based care in North Tottenham. The report was introduced by Beverley Tarka, Director of Adults and Health and the presentation was introduced by Charlotte Pomery AD Commissioning, as set out in the agenda pack at pages 75-88. The following was noted in response to the discussion:

- a. The Board commented on the important role played by local area coordinators in successfully delivering these proposals.
- b. The Board commented that the presentation gave the impression that specialist and emergency services, such as the district nurse community matron were outside of placed based care. The Board suggested that those resources needed to be seen as part of the place based model. Comments were also made around the need for the risk and issues log to reflect culture change across both providers as well as commissioners. Officers responded that the logs were supposed to reflect both groups as well as accurately reflecting the situation on the ground and elsewhere.

- c. In response to a question around whether there was a requirement to consult with end users on these proposals, the Board was advised that any changes to the location or the nature of provision would require consultation, but that proposals were not at that stage as yet. The Board was advised that the information contained in the presentation would provide useful evidence to the NHS if engagement work was required
- d. The Board commented that some of the engagement work set out in the presentation was over reliant on technical or managerial terminology and some examples of how this would affect residents on the ground would be useful in terms of wider community engagement. In response, officers acknowledged these concerns and highlighted the video produced around Community First as an example of how partners were looking to capture real life stories as part of consultation and engagement exercises.
- e. The Chair requested that a further update on locality-based care be brought to the Board around the time of the workshop taking place. The update to also include some case studies around how the proposed changes would work. **(Action: Charlotte Pomery/Clerk).**

RESOLVED

- i. That that Health and Wellbeing Board noted and supported the development of Haringey's approach to locality based care in North Tottenham.

60. INTER-GREAT - VERBAL UPDATE

The Board received a verbal update for noting around Inter-great from Tony Hoolaghan, Chief Operating Officer for Haringey and Islington CCGs. The COO recapped that the Inter-great events involved simulated exercises to imagine what it would be like to operate within an integrated care system. At these events were a small team with a NCL strategic commissioning function working together with partners responsible for the operational delivery, to test current arrangements and how these organisations would work together in an integrated care system.

The Board was advised that so far there had been one Haringey Borough Partnership development meeting that was focused upon governance, vision and outcomes. The Board was advised that work was ongoing to continue to set up the Borough Partnership and it was anticipated that these structures would be in place by autumn. A meeting was scheduled for the 28th June to look at the Inter-great outputs and try to finalise what would be done at an NCL level and what would be done at a local level. The next formal meeting would include discussion around PMO and mobilising staff to take the project forward. Overall, it was noted that, good progress was being made to build on the work of the Haringey and Islington Wellbeing Partnership.

RESOLVED

The update was noted.

61. NEW ITEMS OF URGENT BUSINESS

N/A

62. FUTURE AGENDA ITEMS AND DATES OF FUTURE MEETINGS

The dates of future meetings were noted as:

- 16 October 2019
- 12 February 2020

CHAIR: Councillor Sarah James

Signed by Chair

Date