NOTICE OF MEETING

HEALTH AND WELLBEING BOARD

Wednesday, 17th March, 2021, 2.00 pm - MS Teams (watch it here)

Members: Please see list attached under item 2.

Quorum: 3 voting members, including one local authority elected member and one of the Clinical Commissioning Group Chair or the Healthwatch Chair (or substitutes).

1. FILMING AT MEETINGS

Please note this meeting may be filmed or recorded by the Council for live or subsequent broadcast via the Council's internet site or by anyone attending the meeting using any communication method. Members of the public participating in the meeting (e.g. making deputations, asking questions, making oral protests) should be aware that they are likely to be filmed, recorded or reported on. By entering the 'meeting room', you are consenting to being filmed and to the possible use of those images and sound recordings.

The Chair of the meeting has the discretion to terminate or suspend filming or recording, if in his or her opinion continuation of the filming, recording or reporting would disrupt or prejudice the proceedings, infringe the rights of any individual, or may lead to the breach of a legal obligation by the Council.

2. WELCOME AND INTRODUCTIONS (PAGES 1 - 2)

3. APOLOGIES

To receive any apologies for absence.

4. URGENT BUSINESS

The Chair will consider the admission of any late items of urgent business. (Late items will be considered under the agenda item where they appear. New items will be dealt with at agenda item 12.)

5. DECLARATIONS OF INTEREST

A member with a disclosable pecuniary interest or a prejudicial interest in a matter who attends a meeting of the authority at which the matter is considered:

(i) must disclose the interest at the start of the meeting or when the interest becomes apparent, and

(ii) may not participate in any discussion or vote on the matter and must withdraw from the meeting room.

A member who discloses at a meeting a disclosable pecuniary interest which is not registered in the Register of Members' Interests or the subject of a pending notification must notify the Monitoring Officer of the interest within 28 days of the disclosure.

Disclosable pecuniary interests, personal interests and prejudicial interests are defined at Paragraphs 5-7 and Appendix A of the Members' Code of Conduct.

6. QUESTIONS, DEPUTATIONS, AND PETITIONS

To consider any requests received in accordance with Part 4, Section B, Paragraph 29 of the Council's Constitution.

7. MINUTES (PAGES 3 - 14)

To confirm and sign the minutes of the Health and Wellbeing Board meeting held on 18 January 2021 as a correct record.

8. UPDATE ON THE CHANGE OF CONTROL OF AT MEDICS

To receive a verbal update on the change of control of AT Medics.

9. COVID-19 AND VACCINATION UPDATE

To receive a verbal update on the Covid-19 pandemic and the vaccination programme.

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

To receive an update on work to tackle racism and inequalities in Haringey.

11. SEXUAL AND REPRODUCTIVE HEALTH STRATEGY 2021-24 (PAGES 15 - 50)

This report presents the Sexual and Reproductive Health Strategy 2021-24 for the Board's consideration and endorsement. The Board is also asked to nominate a Sexual and Reproductive Health Champion.

12. BETTER CARE FUND PLAN 2020-21 (PAGES 51 - 62)

This report presents the Better Care Fund Plan 2020-21 for the Board's consideration and approval.

13. NEW ITEMS OF URGENT BUSINESS

To consider any new items of urgent business admitted at item 4 above.

14. FUTURE AGENDA ITEMS AND MEETING DATES

Members of the Board are invited to suggest future agenda items.

To note the provisional dates of future meetings:

26 May 2021
21 July 2021
22 September 2021
24 November 2021

Fiona Rae, Principal Committee Co-ordinator
Tel – 020 8489 3541
Fax – 020 8881 5218
Email: fiona.rae@haringey.gov.uk

John Jones
Monitoring Officer (Interim)
River Park House, 225 High Road, Wood Green, N22 8HQ

Tuesday, 09 March 2021

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Agenda Item 2

Membership of the Health and Wellbeing Board

* Denotes voting Member of the Board

Organisation		Representation	Role	Name
Local Authority	Elected Representatives	3	* Cabinet Member for Communities and Equalities	Cllr Mark Blake
			* Cabinet Member for Children, Education, and Families	Cllr Kaushika Amin
			* Cabinet Member for Adults and Health – Chair	Cllr Sarah James
	Officer Representatives	4	Director of Adults and Health	Beverley Tarka
			Director of Children's Services	Ann Graham
			Interim Director for Public Health	Dr Will Maimaris
			Chief Executive	Zina Etheridge
NHS	North Central London Clinical Commissioning Group (CCG)	4	* Governing Board Member – Vice Chair	Dr Peter Christian
			Governing Board Member	John Rohan
			Chief Officer	Paul Sinden
			* Lay Member	TBC
Patient and Service User Representative	Healthwatch Haringey	1	* Chair	Sharon Grant
Voluntary Sector Representative	Bridge Renewal Trust	1	Chief Executive	Geoffrey Ocen
Haringey Local Safeguarding Board		1	Interim Independent Chair	David Archibald

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MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON MONDAY, 18TH JANUARY, 2021, 2.00 - 4.05 PM

Present:
Cllr Sarah James, Chair – Cabinet Member for Adults and Health*
Cllr Mark Blake – Cabinet Member for Communities and Equalities*
Cllr Kaushika Amin – Cabinet Member for Children, Education, and Families*
Beverley Tarka – Director of Adults and Health
Dr Will Maimaris – Interim Director of Public Health
Ann Graham, Director of Children's Services
Dr Peter Christian, NCL Clinical Commissioning Group (CCG) Board Member*
Sharon Grant – Healthwatch Haringey Chair*
Geoffrey Ocen – Bridge Renewal Trust Chief Executive
David Archibald – Interim Independent Chair Local Safeguarding Board
*Voting member

In attendance:
Christina Andrew – Strategic Lead, Communities
Nadia Burrell – Modern Slavery Co-ordinator
Melissa Cuffy, Senior Communications Officer
Chantelle Fatania – Consultant in Public Health
Jonathan Gardner – Whittington Trust Director of Strategy
Richard Gourlay – North Middlesex University Hospital Trust
Susan John – Business Manager
Rachel Lissauer – Director of Integration, Clinical Commissioning Group (CCG)
Charlotte Pomery – Assistant Director for Commissioning
Eleri Salter, Commercial Manager
Andrew Wright – Barnet, Enfield, and Haringey Mental Health NHS Trust
Emma Perry – Principal Committee Co-ordinator
Fiona Rae – Principal Committee Co-ordinator

1. FILMING AT MEETINGS

The Chair referred to the notice of filming at meetings and this information was noted.

2. WELCOME AND INTRODUCTIONS

The Chair welcomed those present to the meeting.

3. APOLOGIES

Apologies for absence were received from:

Damani Goldstein, Consultant in Public Health
Siobhan Harrington, Whittington Trust Chief Executive

Maria Kane, North Middlesex University Hospital Trust Chief Executive
Susan McDonnell-Davies, NCL CCG Executive Director of Borough Partnerships
Susan Otiti, Assistant Director of Public Health
John Rohan, NCL Clinical Commissioning Group (CCG) Board Member
Paul Sinden, NCL CCG Chief Officer

4. URGENT BUSINESS

There were no items of urgent business.

5. DECLARATIONS OF INTEREST

There were no declarations of interest.

6. DEPUTATIONS, PETITIONS, QUESTIONS

No questions, deputations, or petitions were received.

7. MINUTES

RESOLVED

That the minutes of the meeting held on 4 November 2020 were confirmed and signed as a correct record.

Sharon Grant, Healthwatch Haringey, enquired whether there had been an update on the resourcing of the Reablement Service and noted that demand was impacting the support requested from Healthwatch. The Director of Adults and Health noted that the team's resources had been expanded in response to the additional demands of the Covid-19 pandemic; the team had secured at least seven or eight additional members of staff and the hours worked by the team had also been expanded.

8. MODERN SLAVERY PLAN

The Chair noted that this item presented the Modern Slavery Plan which had been held over from the last meeting.

Chantelle Fatania, Consultant in Public Health, explained that Modern Slavery was taking place in a variety of sectors, such as farming, manufacturing, and within various premises, but that it was often a complex and hidden phenomenon. It was estimated that 100,000 people in the United Kingdom (UK) and 20 million people worldwide were affected. It was explained that, in the UK, it was often British people from disadvantaged backgrounds who were victims of Modern Slavery.

It was noted that, in Haringey, the Council had identified and referred 17 and the Police had referred 150 potential victims of Modern Slavery to the national referral body. The proposed Modern Slavery Plan was a two year strategy to prevent and identify Modern Slavery and support victims. A key purpose of the Plan was to raise awareness and understanding of Modern Slavery, to develop capacity for the community and professionals to identify and support victims, and to create clear guidelines and pathways for referral. It was acknowledged that working in partnership provided the most effective way to disrupt Modern Slavery.

Nadia Burrell, Modern Slavery Co-ordinator, noted that the Modern Slavery Plan had seven key areas of focus: Data and Intelligence; Awareness and Training; Reporting Concerns; Support for Victims; Disruption, Prosecution and Procurement; Engagement with the community; and Responding to Covid-19. It was explained that the hidden nature of Modern Slavery was a key issue and that one of the strategies to overcome this would be the development of a dashboard to track data and intelligence and to identify possible victims. It was also noted that a clear pathway for referrals and support would be established and that staff would be better trained in identifying Modern Slavery. It was added that some training would be available on YouTube to maximise the availability of training and that a detailed Practitioner's Handbook would be available to all Council staff.

Geoffrey Ocen, Bridge Renewal Trust, enquired whether the increased restrictions as a result of the Covid-19 pandemic had impacted Modern Slavery. The Consultant in Public Health explained that officers were working with the London Modern Slavery Group to establish what data was available and to gather a more accurate picture of the position in London; it was known that Modern Slavery was under-reported but it was hoped that increased data recording would lead to better understanding and tracking in the long term. In relation to Covid-19, there was no direct evidence but the number of referrals for 2020 were lower than 2019. It was noted that this was concerning but was likely due to the reduced number of interactions and, therefore, the fewer number of opportunities to identify vulnerable people.

Sharon Grant, Healthwatch Chair, stated that it was important for everyone to be aware and have training but highlighted the importance of being proactive and investigating businesses and premises. The Consultant in Public Health explained that there was a strategic and operational group which included representatives from Community Safety, the Police, and the Voluntary and Community Sector. It was highlighted that the main need at present was to provide training and that, once training had been provided more widely, the ability to recognise and report issues would be more effective on an operational level.

RESOLVED

To agree the strategic focus of the Modern Slavery Plan on the following areas:

i. Data and Intelligence.
ii. Awareness and Training.
iii. Reporting Concerns.
iv. Support for Victims.
v. Disruption, Prosecution and Procurement.

vi. Engagement with the community.
vii. Responding to Covid-19.

9. COVID-19 UPDATE

Dr Will Maimaris, Interim Director of Public Health, introduced the item which provided an update on Covid-19. It was explained that the trend in Haringey was largely in line with London; there had been a rapid acceleration in the number of Covid-19 cases in December 2020. There were currently over 1,000 cases per week per 100,000 people, which was a significant increase from previous months. It was noted that there was extreme pressure on the local NHS and that the number of people in North Middlesex and Whittington Hospitals had exceeded the number from the first peak of Covid-19 in March 2020. It was commented that, up until late November 2020, there had been no excess deaths compared to the previous year. However, in late December 2020, there had been a noticeable increase in the number of deaths, with three to four deaths per day in Haringey.

In terms of demographics affected by Covid-19, it was noted that there was broad community transmission in December 2020 affecting all communities and all ages fairly equally. It was commented that a high case rate persisted in the east of the borough, particularly in working age adults, and that the lowest case rates were for children aged four years and under. In relation to people who were seriously unwell and who were at greater risk of dying in hospital, some specific data gathering was currently underway. There was some informal evidence which suggested that this was affecting minority ethnic populations, a younger demographic, and those who were overweight more significantly. The Interim Director of Public Health explained that the increased restrictions in the form of a national lockdown were having an impact but that, due to the delayed impact of the virus, hospital pressures would continue for several weeks after case rates began to reduce.

The Interim Director of Public Health highlighted that the key measure which would be effective in reducing the number of cases was the message to stay at home. It was noted that the second most effective intervention, particularly in the medium and long term, was the Covid-19 vaccination programme. It would be important to encourage all of the community to get a vaccination but it was highlighted that there was no evidence that people who had received the vaccination stopped transmitting the virus; as such, anyone who had been vaccinated would still need to comply with the restrictions for the next few months. It was added that there were asymptomatic testing sites in Haringey which provided test results within one hour; so far, these tests had identified 100 people who were carrying the virus but did not have symptoms and this was important in reducing the spread of the virus.

Dr Peter Christian, NCL CCG Board Member, highlighted the importance of informing everyone that those who had been vaccinated were still required to follow social distancing rules. In relation to the longer term preparations, it was enquired whether there were any plans to implement vaccine ‘passports’ so that people could demonstrate that they had been vaccinated. The Interim Director of Public Health explained that there was no information about this currently but that there were likely to be amended travel restrictions at some point later in the year.

Dr Richard Gourlay, Director of Strategic Development at North Middlesex Hospital, noted that pressures had been significant and intensive care and critical care had been expanded significantly to deal with the number of patients. It was added that this was very challenging for staff and staffing and hospitals had been required to work together in order to effectively care for patients.

The Health and Wellbeing Board extended thanks to all health and care staff who were working in extremely challenging situations.

RESOLVED

To note the Covid-19 update.

10. UPDATE ON THE IMPACT OF COVID-19 ON BLACK, ASIAN, AND MINORITY ETHNIC COMMUNITIES

Geoffrey Ocen, Bridge Renewal Trust, introduced the item and outlined some of the wider work and progress that was being made in relation to the key action point plan for tackling racial injustice that had been agreed with communities and stakeholders. It was explained that there was a Health Inequality Board, co-Chaired by Geoffrey Ocen, Bridge Renewal Trust, and Zina Etheridge, Haringey Council Chief Executive. This Board worked in partnership to progress the key action points: policy and strategy; community safety, social justice, and policing; health and wellbeing; education, attainment and out of school activity; faith and identity; arts, culture, heritage, and place; economy and employment; and workforce. It was noted that the Council had recently appointed a programme manager, Christina Andrew, who would be able to consolidate this work.

Geoffrey Ocen, Bridge Renewal Trust, explained that he would not go through every action point in detail but would provide key updates. In relation to data, it was reported that all boroughs in North Central London had now agreed to include ethnicity on death registrations and it was considered that this would support the monitoring of health impacts and outcomes. It was also noted that a significant number of front line staff were from Black, Asian, and Minority Ethnic (BAME) backgrounds. At North Middlesex Hospital, there had been progress in providing wellbeing and psychological support for front line staff, including the provision of health checks and wellbeing activities such as yoga. At Whittington Hospital, there was a workforce race equality team which was delivering good work, such as a programme for Black History Month. There was also a Diversity Steering Group within the CCG and a GP Lead for Mental Health who was considering BAME Inequalities in relation to mental health.

It was noted that a key element of the action plan during the Covid-19 pandemic was digital. Geoffrey Ocen, Bridge Renewal Trust, explained that there had been a pilot in relation to providing digital support and equipment to school children from an early age. The aim of the pilot was to improve children's learning as well as their families' learning. It was noted that, alongside the pilot, funding of at least £40,000 had been provided by the Council, Whittington Hospital, North Middlesex Hospital, and Barnet, Enfield, and Haringey Mental Health Trust to provide wrap around support for families

to support them more holistically. It was added that there was also a Council programme to provide internet data, mobile phones, and other digital equipment to those who needed it and an ongoing Council and Haringey Giving campaign to fund digital equipment. In addition, it was noted that Haringey Healthwatch and the CCG were working to improve digital access for patients.

In relation to funding, there had been serious discussions around how to restructure funding arrangements. It was noted that a number of organisations, including BAME organisations, struggled to become sustainable; it was considered that providing initial support for these organisations meant that they could fund their core costs and then work to generate their own funding. It was noted that the Council had provided £500,000 of funding to organisations in the first national lockdown which had directly supported community organisations, including BAME organisations. It was added that Public Health had also secured some funding for Community Protect, a 12 month partnership programme led by the Bridge Renewal Trust, together with Public Voice and Mind in Haringey, to deliver community-based health messaging via the Voluntary and Community Sector to specific target demographic groups.

Geoffrey Ocen, Bridge Renewal Trust, explained that a key action point was ensuring equitable access to services. There had been discussions relating to food strategy, free school meals, and overcrowding and how these could be addressed; this had included reviews in service areas and the possibility of introducing a template for reviewing all service areas. It was also noted that an important element in progress was communicating any ongoing work and there would be an update in the Equality and Inclusion bulletin which was due to be circulated in late January.

The Chair noted that the range of ongoing initiatives demonstrated the energy and progress on this issue and she welcomed the new programme manager on behalf of the Board.

Charlotte Pomery, Assistant Director for Commissioning, explained that a significant amount of work was underway and it would be important to embed this as ‘business as usual’ rather than initiatives. This would require a better understanding of available data in order to respond to the needs of residents and that this should be further developed over the coming months. Sharon Grant, Healthwatch Chair, noted that it would be important for some of the work to be targeted, rather than ‘business as usual’, to make sure that it was relevant and accessible for particular ethnic groups. Geoffrey Ocen, Bridge Renewal Trust, agreed and noted that this had also been discussed at Health Inequality Board meetings. He acknowledged that there would likely need to be some focus on initiatives before support was embedded in ordinary business; it was noted that this would require time and resourcing and that the new programme manager post was an important step.

RESOLVED

To note the update.

11. COVID-19 COMMUNICATIONS UPDATE

Rachel Lissauer, CCG Director of Integration, explained that Covid-19 vaccinations were now happening at a range of sites in hospitals and in the community and that all options were being used for vaccine delivery. It was noted that approximately 7,500 vaccines had been administered by GPs, mainly for those over 75 and over 80, alongside some frontline health and care staff. It was highlighted that vaccinations had been taken to all older people's care homes and all residential care settings, including mental health and learning disability settings. It was added that, where anyone had been unable to receive a vaccination, sites were being re-visited and all residents and staff were due to be fully vaccinated by the end of January where possible.

It was highlighted that the delivery of the vaccination programme was intended to be as equitable as possible. It was known, both nationally and locally, that there were some risks of differential uptake of vaccines and significant work was underway to overcome any barriers for people accessing vaccinations. For those who were struggling to physically access vaccination sites, there were transportation arrangements with community volunteers and there was a protocol for the delivery of the vaccine to care homes and to those who were housebound. For those who faced language or communication barriers, GPs were experienced in communicating in a variety of languages and communications in multiple languages had been distributed to the community. It was acknowledged that some GPs had different numbers of people on the priority list who required vaccinations and, where availability might be an issue, GPs were checking with patients who they had been unable to contact initially; practices with the lowest response rates were being targeted. In addition, it was known that some communities were more cautious of vaccinations and targeted work was taking place with a variety of local leaders to provide effective messaging. It was added that the local NHS was working with Community Protect (Bridge Renewal Trust, Healthwatch, and Mind) and the Council to ensure a joint approach and to encourage maximum uptake of the vaccination from the whole community.

Melissa Cuffy, Senior Communications Officer, noted that she was managing Covid-19 vaccination communications. Currently, the communications strategy was to promote NHS messaging as only those in the priority groups were able to access the vaccine; however, as more people would be able to access the vaccine, there would be more communications. The communications objectives were to build awareness of the vaccination programme, to encourage priority groups to take up the vaccine, to build trust in the programme, and to support NHS colleagues in delivering their messaging. It was explained that there was a vaccine toolkit which would be provided to community leaders; the toolkit provided information and FAQ (Frequently Asked Question) answers to local leaders so that they could speak knowledgeably and encourage uptake. It was noted that there would also be a vaccination animation which showed the 'life' of a vaccination from start to finish; this was aimed to share information which was accurate and more engaging. There would also be a leaflet about vaccination included in the Haringey People magazine which would reach people who did not use social media; this would be available in 10 languages and there would be an email address for people to request information in any other languages.

Eleri Salter, Commercial Manager, provided some information about the Council's digital advertising campaign. It was explained that, in the first national lockdown, the Council had used targeted advertising which used anonymised digital data to feature key messages for specific audiences. It was highlighted that this was compliant with data protection rules and would be used again. It was noted that targeted advertising was effective in getting messages to the right people and it allowed information to be provided in other languages where necessary.

The Chair thanked the CCG and Council for providing a useful and comprehensive update on communications.

RESOLVED

To note the update.

12. SEMINAR SESSION: INTEGRATED CARE SYSTEM CONSULTATION

Rachel Lissauer, CCG Director of Integration, introduced the item and noted that it was aimed to involve the Board in discussions about the next steps for Integrated Care Systems (ICS). It was explained that NHS England and NHS Improvement had produced a paper, titled 'Integrating Care', which set out a renewed ambition for greater collaboration between partners in health and care systems and this put forward options for a legislative basis for ICS. Option 1 would provide a statutory ICS Board/ Joint Committee with an Accountable Officer where NHS commissioners, providers, and local authorities would take collective decisions. Option 2 would provide a statutory ICS Body which would be established as an NHS body by 're-purposing' Clinical Commissioning Groups (CCGs), would take on commissioning functions, and would have locally defined frameworks and functions. In either case, it was anticipated that the new statutory basis would be established by April 2022.

In practice, it was expected that each ICS would lead on prevention, joining up care, access to digital services, acting as a major employer, and as an estate owner; there would also be meaningful, local, delegated budgets. It was highlighted that the proposals were not prescriptive about the framework to be used at borough level but it was anticipated that there would be partnership working, with a key role for local authorities. It was explained that the role of the ICS would be to distribute financial resources, target resources to areas with greater need, and to tackle inequalities. It was anticipated that commissioning would be strategic and there would be a single source of funding. It was noted that the proposals did not provide a detailed definition of the arrangements at ICS and borough level but noted that there needed to be a balance between the two and that the arrangements should include resident voices. It was explained that the CCG Governing Board had supported Option 2 and considered that it would be helpful to proceed at pace. It was acknowledged that the proposals would abolish the CCG but it was highlighted that the expertise and progress made in the existing arrangements would be retained. It was acknowledged that the Board had identified that further work was required in relation to public accountability and it would be helpful to receive further detail about this.

Beverley Tarka, Director of Adults and Health, noted that the Council welcomed the overall approach but that more clarity was needed to ensure that local arrangements would include health and care representatives and the community. It was considered that resident and patient involvement should have more primacy, that there should be a stronger reference to the voluntary sector, and that there could be more of an emphasis on the more expansive roles that councils needed to play. It was noted that the proposals did not include any references to the roles of Health and Wellbeing Boards or other partners and groups and it would be important to understand how these groups could provide input to improve health outcomes. It was added that Haringey had recently introduced a Community Health Advisory Board which fed into the Health and Wellbeing Board to ensure that resident voices were included and the Council wanted the ICS proposals to be clearer about the mechanisms for local engagement.

The Director of Adults and Health summarised that the Council supported the Local Government Association (LGA) response which highlighted that local authorities and partners worked alongside the NHS to effect change, reduce health inequalities, and improve health outcomes. It was noted that the consultation was at an early stage and that contributions from the Health and Wellbeing Board were welcomed in order to build on the framework of responses.

In response to a question about timescales, it was confirmed that the national consultation had been released in November 2020 and had closed on 8 January 2021. It was noted that this was an early paper and that there would be some opportunities for continued contributions. It was added that the projected endpoint was April 2022 and it was aimed to have a new statutory basis for ICS at this point.

Sharon Grant, Healthwatch Chair, noted that there were concerns from the patient and public engagement point of view, that the proposals did not have much detail about what would happen to existing duties and powers which had been long fought for. It was noted that there were some innovative initiatives that had been developed to improve health locally and it would be important that the new structure did not preclude these opportunities. It was commented that the proposals seemed to be centralising arrangements when people were generally in support of increased localisation.

Dr Peter Christian, NCL CCG Board Member, stated that he was cautiously optimistic about the proposals. In the existing arrangements, he explained that it had been unrealistic to create a competitive marketplace for health and he felt that the new arrangements might be a fairer and more equitable model for a local healthcare system. The CCG Director of Integration acknowledged the important duties and powers of Healthwatch and other organisations in holding local healthcare arrangements to account. It was noted that the CCG was working towards a transition that would be as inclusive and carefully planned as possible. It was added that effective partnership working had strongly progressed during the response to the Covid-19 pandemic and it would be a good time to maintain these ways of working. The Director of Adults and Health also noted that Haringey had always sought to include local views and this would be an important basis for any local health arrangements.

Geoffrey Ocen, Bridge Renewal Trust, enquired whether other areas across the country had generally supported Option 1 or Option 2 and noted that the balance between local and national decision making would be very important. The Director of Adults and Health explained that the consultation had closed recently; it was confirmed that there would be a national decision, rather than different options for different areas, but there was no indication as yet in relation to which option was more popular nationally. It was added that further information would be available in future but that the Covid-19 pandemic had highlighted the importance of joint working. The CCG Director of Integration also noted that, although there would be a national framework, it was envisaged that each local area would be able to develop their arrangements with local variations. Charlotte Pomery, Assistant Director of Commissioning, noted that it would be really important to ensure the continued involvement of residents in local health and care.

Sharon Grant, Healthwatch Chair, asked how other councils in NCL were responding to the consultation. The Director of Adults and Health explained that there were regular meetings between NCL Directors of Adults and Social Services and there was a general consensus which echoed the points raised by Haringey Council. It was noted that it would be important to articulate what the local area wanted to be developed and NCL Directors were working to articulate this.

The Chair noted that she had met with other lead members in NCL, discussed some key governance and resourcing questions in relation to the proposals, and submitted an initial response to the consultation in December 2020. There were some concerns about how the proposals would ensure that community voices were genuinely included and how they would focus on reducing inequality and social exclusion to improve health outcomes. It was noted that these discussions had brought forward some important points and that the Health and Wellbeing Board would welcome future updates, particularly following the outcome of the national consultation and proposed next steps.

13. NEW ITEMS OF URGENT BUSINESS

There were no new items of urgent business.

14. FUTURE AGENDA ITEMS

Cllr Kaushika Amin asked whether it would be possible for the Health and Wellbeing Board to receive a paper on the services for children under five as there were some concerns that these services were not performing as well during the Covid-19 pandemic. The Interim Director of Public Health noted that some of the services were provided by the Council, some were commissioned by the Council, and some were commissioned by the NHS but that it should be possible to present a paper to the Board.

It was noted that the dates of future meetings would be confirmed to members by email shortly and would be published on the Council's website.

CHAIR: Councillor Sarah James

Signed by Chair ……..

Date ……

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Report for: Health and Wellbeing Board

Title: Sexual and Reproductive Health Strategy 2021-24

Report Authorised by: Susan Otiti, Assistant Director of Public Health

Lead Officer: Anna Martinez – Public Health Officer
Akeem Ogunyemi- Public Health Commissioner

1. Describe the issue under consideration

1.1 The Public Health team has updated the Sexual and Reproductive Health Strategy 2021-24 to:

- Ensure continued implementation of population-level interventions and prevention approaches included in the previous strategy.
- Focus on supporting reducing health inequalities which have been exacerbated by the impact of the Covid-19 pandemic.

1.2 This strategy is embedded within the aims and values of Haringey' s 5-year Borough Plan and is informed by regional and national guidance and data.

1.3 This strategy aims to ensure our residents have the ability and freedom to make safe informed choices regarding their reproductive and sexual lives, to ensure they live well and achieve their potential, regardless of who they are or where they live.

1.4 The strategy will:

- Address the wider determinants of sexual and reproductive ill-health by prioritising prevention and early intervention, particularly in areas of high deprivation and need in the borough.
- Ensure universal access to services whilst targeting those groups who are at higher risk, such as young people, BaME, MSM (men who have sex with men) and sex workers.
- Commit to multi-agency collaboration and integrated working in the community to ensure the most vulnerable, such as those at risk of exploitation and violence, have access to support services.
- Apply lessons learned from the impact of the Covid-19 pandemic to support future proofing of services.
- Ensure good-quality intelligence about services and outcomes for monitoring purposes.

1.5 Priorities include:

- Commissioning high quality services with clear accountability.

- Support education and prevention programmes in collaboration with schools and youth settings.
- Develop effective communication and health promotion messaging.
- Contribute to a skilled and confident workforce.

2. Impact of the sexual health strategic approach to-date

2.1 Our approach has contributed to improved outcomes over the past 7 years such as:

- Haringey has dropped from having the 4th highest rates of sexually transmitted infections (STI) in England in 2013 to 10th.
- Haringey has exceeded the chlamydia diagnosis target for young people aged 15-24 years for 2 consecutive years.
- Haringey's HIV prevalence has reduced from a high of 7.1 per 1000 population in 2014 to 6.6 per 1000 population.
- The number of new HIV diagnosis in people living in Haringey has reduced from a high of 123 in 2013 to 47 new HIV diagnosis.
- Teenage conception rate in Haringey has decreased from 21.2 per 1,000 in 2015-2016 to 15.2 per 1,000 in 2017-2018.

2.2 To build on these positive outcomes, we must continue to develop our partnerships to align and imbed this updated Sexual and Reproductive Health Strategy.

3. Consultation and feedback

3.1 Feedback has been collected from a range of stakeholders and used to develop the strategy.

3.2 Young people and key stakeholders including services leads, a school nurse, pharmacy leads, VAWG, Healthy Schools and Public Health were asked their views on sexual health services and prevention programmes in Haringey including successes and areas for improvement.

3.3 Key themes included general positivity about the quality of services and the range of choice and commitment of staff. Areas for improvement included better promotion of services, messages to reduce stigma and embarrassment, better education in schools and improved communication across services with clearer referral pathways.

3.4 Following the first draft of the strategy it was shared with various committees and groups. The feedback included:

- Ensuring the learning from Covid-19 is reflected in the strategy particularly the importance of timely communications and service promotion via social media, the offer of online services and the vital role of face-to-face services for vulnerable high-risk groups.
- Having updated links to Haringey's contextual safeguarding work.
- Reference to how we can align the sexual reproductive health (SRH) programme with localities work e.g., mapping the cluster of services around each locality (GPs Pharmacies, CCard Outlets, etc… and sharing this with each locality lead)
- Outline a brief yearly workplan with our key deliverables/outcomes.

4. Recommendation

The Health and Wellbeing Board is asked:

4.1 To endorse the Sexual and Reproductive Health Strategy, attached as Appendix 1 to the report.

4.2 To nominate a Sexual and Reproductive Health Strategy Champion. The Champion would be a Health and Wellbeing Board member, with a particular interest in the topic and in reducing health inequalities particularly for young people, who would help raise the profile of the Sexual and Reproductive Health Strategy and support the vision and deliverables of the strategy.

5. Background Information

5.1 Over the past 7 years Haringey has made significant strides to improve the sexual health of our population by implementing a strategy focused on prevention and reducing the rates of HIV, STI and teenage pregnancy. In 2014, public health initiated the sexual health 'Step Change' transformation programme focused on the commissioning and delivery of integrated sexual health services in Haringey.

5.2 This refreshed strategy builds on good practice and lessons learned from the commissioning of services, whilst also taking into consideration the impact Covid-19 has and continues to have on service deliverables and outcomes. Our Sexual and Reproductive Health (SRH) strategy will continue to support and contribute to achieving the Borough Plan's strategic vision and objectives by ensuring that preventative approaches and commissioned services continue to imbed qualitative and tangible outcomes needed to meet the needs of residents.

6. Contribution to strategic outcomes

6.1 The SRH Strategy is guided by the delivery of Haringey's Borough Plan and is linked to the following outcomes:

Outcome 5: **Happy childhood: all children across the borough will be happy and healthy as they grow up, feeling safe and secure in their family, networks and communities**: *Objective (C) 'Children and young people will be physically*
and mentally healthy and well'.

and;

Outcome 7: **All adults are able to live healthy and fulfilling lives, with dignity, staying active and connected in their communities**; *Objective (A) 'Healthy life expectancy will increase across the borough, improving outcomes for all communities'.*

7. Statutory Officer Comments (Legal and Finance)

Legal

7.1 The contents of the report do not present any direct legal implications to partner agencies.

Finance

7.2 There are no direct resource implications for this paper, as it is not a project proposal for additional resourcing.

8. Resident and equalities implications

8.1 Working with marginalized communities who may face health inequalities is part of the landscape for sexual and reproductive health programmes.

8.2 As part of commissioning any new services, Equality Impact Assessments are completed.

8.3 Quarterly performance monitoring of commissioned services ensures data on service users with protected characteristics is monitored regularly. An annual 'Equalities' deep dive considers the impact of the service on reducing health inequalities.

8.4 Routinely engaging with residents in the commissioning of our sexual health services leads to better plans, more tailored to our local communities' needs.

8.5 Successes to date include:

- the commissioning of our dedicated young people sexual health and women's contraception service because of views gathered by a Health Watch survey,
- 30 Healthy Living Pharmacies offering sexual health services in Haringey, predominantly located in localities of high STI prevalence.

8.6 On-going service user engagement, particularly with young people and those with protected characteristics is a part of the service contracts.

9. Use of Appendices

9.1 None.

10. Background Papers

10.1 None.

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Sexual & Reproductive Health Strategy 2021-24 (V 25/2/21)

Source: Professional views on sexual and reproductive health in Haringey (2020)

Introduction

- Sexual and reproductive health (SRH) is multifaceted and complex, encompassing more than physical health.
- It is affected by wider determinants, and those who are most vulnerable to sexual ill-health are also those who may experience other challenges within their lives (1,2).
- In Haringey SRH continues to be a priority due to the rates of sexually transmitted infection (STIs), unplanned pregnancies and repeat abortions, trends which are echoed across inner London, and which disproportionately affect certain groups within the community (3).
- Reviewing the current landscape of SRH both nationally and locally, this strategy builds on the achievements of the last three years and takes stock of what we have learnt during Covid-19 in order to future-proof our services and interventions.
- This pandemic has brought health inequalities into sharp focus, particularly amongst the BAME community, and there is a call to create ‘resilient, engaged and cohesive communities capable of withstanding and thriving despite the upcoming challenges’ (4).
- Haringey's SRH approach has a long history of working with the marginalized, vulnerable and hard to reach communities. This strategy is embedded within Haringey’s broader strategic vision of equality and fairness, continues to focus on prevention and early intervention and emphasises collaboration to address the wider determinants of SRH (5).

Context

Locally and nationally, sexual health and unplanned pregnancy continue to be important areas of public health, as most of the adult population of England are sexually active and the negative outcomes of sexual ill health are costly both to the individual and society (6,7).

- **Sexual health**- STIs remain one of the most important causes of illness due to infectious disease among young people (aged 16 – 24). Young people are also more likely to become re-infected with STIs, contributing to infection persistence, potential damage to the reproductive system and health service workload. This is a particular concern for Haringey which has a large youth population (27).

- **Diagnosed HIV prevalence & Late HIV diagnosis:** Late diagnosis is the most important predictor of HIV related morbidity and short-term mortality, contributing to health inequalities.

- **Reproductive health** - Around a third of pregnancies are unplanned, and women spend approximately 30 years of their life trying to avoid getting pregnant. Unplanned pregnancy is a concern because it can lead to poorer outcomes for the mother and child (8). Those at greatest risk of unplanned pregnancy include women from black and minority ethnic groups, women who have had two or more children and those under the age of 20 years.

- **Black, Asian and Minority Ethnic populations (BAME)**- Compared with the population as a whole, people from some BAME groups tend to suffer from poorer health and greater levels of socio-economic deprivation including bearing a disproportionate burden of poor sexual, reproductive and HIV outcomes. These health inequalities are a particular concern in Haringey which is characterised by its diversity, with 180 languages spoken (30% not speaking English as their fist language) (27).

- **Men who have sex with men (MSM)**- There is a concerning increase in gonorrhoea and a re-emergence of syphilis in MSM and persistent high rates of STIs relative to the rest of the country. It is estimated that MSM, including gay and bisexual men, make up 2.3% of the male population of the UK (14). This population is diverse and cannot be defined as a single homogenous group due to the complexities of self-definition and 'outness'. This mean that there are significant challenges in developing sexual health services that meet the needs of this population. Whilst some men identify as gay or bisexual, there are also men who have sex with men who self-identify as heterosexual and do not identify with messages targeted towards gay and bisexual men, especially for those from communities were this is a taboo.

Our Vision

This strategy is embedded within the aims and values of Haringey's ambitious 5-year Borough Plan, and is informed by regional and national policy and guidance*

This strategy aims to ensure our residents have the ability and freedom to make safe informed choices regarding their reproductive and sexual lives, to ensure they live well and achieve their potential, regardless of who they are or where they live.

This will be achieved through four priority areas:

1. Commissioning high quality accountable services,
2. Supporting education and health promotion,
3. Developing effective communication and messaging,
4. Contributing to a skilled and confident workforce.

*At the time of writing the most recent guidance was referenced. However this strategy will be reviewed if new guidance is published.

Guiding Principles

Our strategy is underpinned by:

- **Fairness and Equality** - ensuring all residents have access to universal services and education but with increased resource for those who need it most **(Proportionate universalism).**
- **Needs-Based** -responsive to expressed needs of residents, changing trends and evidence of effectiveness.
- **Positive and Inclusive**– free from stigma and embarrassment, non judgemental, promoting positive and inclusive messages about sexuality, healthy relationships, use of services and the importance of taking responsibility for our health and that of our partners.
- **Supportive of knowledge and resilience across the life-course**– to empower our residents to make informed choices and build resilience through life-long learning.
- **Safeguarding and free from violence and coercion**– ensuring our residents, particularly the most vulnerable, are safe from harm, and can form relationships whilst not fearing or experiencing any form of power imbalance or intimidation.
- **Partnerships and collaboration on wider determinants**-promotion and protection of SRH as a cross Council responsibility, within the shared duty to reduce health inequalities.

(Linked to the Themes in Priority 2 'People' Of the Borough Plan (5) and PHE's 6 Pillars of SRH 2020 (2)

Prevention & Early Intervention

- Prevention and Early Intervention form a cornerstone of Haringey's 5-year Borough Plan, which aims to provide help early, before problems become entrenched, by responding to early warning signs that individuals may need help. This is particularly important for our young people.

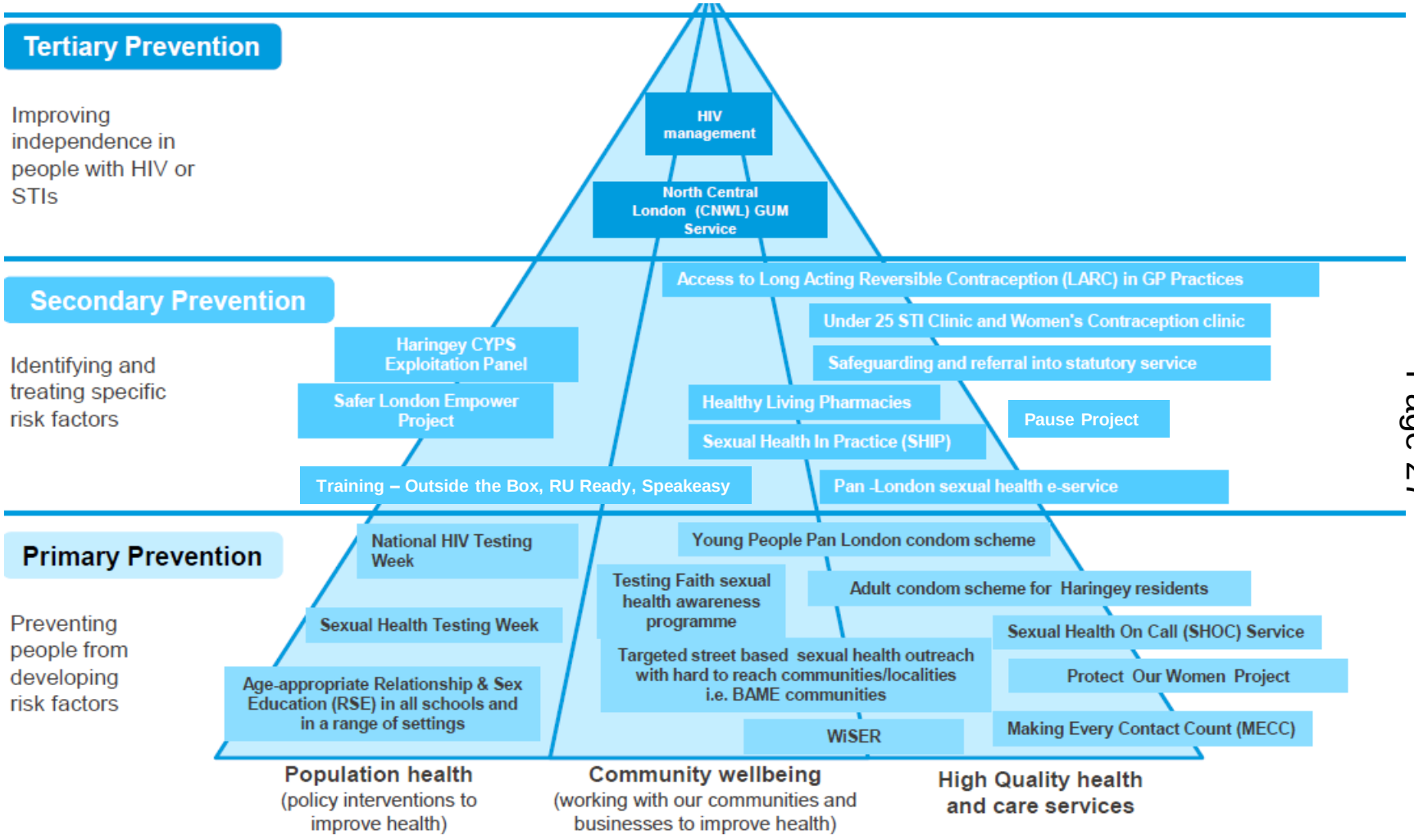
- Protecting and supporting vulnerable young people from violence, abuse and exploitation is also a key priority. The Council's ten-year Young People at Risk Strategy (9) adopts a multi-agency approach, with public sector agencies, voluntary sector groups, communities, and young people themselves working collectively to reduce vulnerabilities and build their resilience.

- Safeguarding is extremely important in Haringey and to understand the experience of young people, Haringey is implementing a 'Contextual Safeguarding' approach to service development and delivery (28). This approach recognizes that young people are vulnerable to significant harm outside of their family and acknowledges that the circle of influence around a young person extends beyond home and includes their relationships within school, neighbourhood and online. Therefore, service providers need to *"recognise that assessment of, and intervention with, these spaces are a critical part of safeguarding practices*, and to be clear about their role in multi-agency collaborations" (10).

- Building on the success of the Public Health led 'Step Change' Transformation Programme (11) which, based on the needs of Haringey residents, set out to improve the local offer and ensure a joined-up approach across London, this strategy will continue to put prevention at the heart.

- Haringey describes its approach using the 'Prevention Pyramid' (12), which maps out three levels of prevention across population, community and individuals. The following (figure 1) summarizes the assets and services which have been developed and which have been delivered successfully to residents across the borough.

Fig 1: Prevention Pyramid



Achievements from the Step-Change Transformation programme

"An essential service welcomed by users," Pharmacy Provider, 2020

"Excellent, Empowering, Engaging, Helpful," Community Provider, 2020

"*Good services, but always room for improvement. Should always be a priority,"* Sexual Heath Specialist, 2020

Haringey has developed a broad offer of evidence-based interventions, responding to the needs of the community across the life course. These range from universal to targeted, including services for high-risk individuals through to upskilling professionals. Services are well received and engage many residents. The following summarises the main interventions delivered during the financial year 2019-20;

- Over 4500 young people and women have accessed services at one of the Dedicated Young People's Sexual Health and Women's Contraception Clinics;
- Our Condom Card scheme engaged with young people on 2384 occasions. Over half of those encounters were with residents who live in one of the top 6 most deprived wards.
- Over 10,000 residents engaged with the community sexual health promotion and outreach service, offering a range of prevention and intervention services, targeted at BAME communities.
- Over 7000 sexual health interventions to young people and adults in Haringey were delivered by our 30 'Healthy Living' Pharmacies across the borough.
- Over 20 GP's and practice nurses attended sessions to improve their understanding and SRH practice.
- 42 Professionals who work with vulnerable young people and families attended training on relationships and sexual health, to help them have conversations about this topic.
- On average we get 2000 visits to www.haringey.gov.uk/sexual health PER MONTH

Assets & Services

Haringey LONDON

Dedicated young people STI Clinic (under 25) & women's contraceptive services;

- Information & advice on sexual & Reproductive health
- STI testing & treatment for young people
- Partner Notification
- Contraception advice and access including all forms of Long Acting Reversible Contraception to women of all age ages.
- Education and advice on Relationship and Sex Education
- Consent and confidentiality
- Safeguarding and referral into statutory service
- Child Sexual Exploitation (CSE)

Specialist services for vulnerable young people

- Safe Talk Nurses- dedicated support and guidance for vulnerable young people
- Safeguarding and referral into statutory service
- Child Sexual Exploitation (CSE)
- Violence Against Women & Girls (VAWG)

Primary Care

- General practice offering Long Acting Reversible Contraception (LARC) as part of an open access agreement to Haringey GP registered residents
- Sexual Health In Practice (SHIP); free training & development for Haringey Doctors and Practice Nurses.

Age-appropriate Relationship & Sex Education (RSE) in all schools and in a range of settings

HIV management

- Partner notification
- Rapid referral into care after diagnosis
- Treatment and retention of care of people living with HIV

Healthy Living Pharmacies – Providing a healthy living ethos and prevention programme.

- STI testing and treatment
- HIV Point of Care Testing
- Emergency Contraception for women of all ages
- Pan-London Condom Scheme for young people under 25yrs
- Adult condom scheme for Haringey Residents

Sexual Health Outreach & Promotion programme for BaME communities; *Dedicated community based outreach & promotion prevention service engaging with at risk* communities & marginalised groups

- Targeted street based sexual health outreach with hard to reach communities/localities
- Faith Group engagement focused on HIV awareness, de-stigmatisation, testing and treatment
- STI testing for Chlamydia/Gonorrhoea
- HIV Point of Care Testing
- Information and advice
- Support for Newly diagnosed Pregnant Women
- Support for people living with HIV

Specialist Genitourinary Medicines (GUM) services;

- Information & advice on STI
- Asymptomatic and Symptomatic STI testing
- Treatment of symptomatic STI infections
- Provision of LARC & complex/problematic LARC insertion
- Partner Notification

What does the data tell us?–STIs

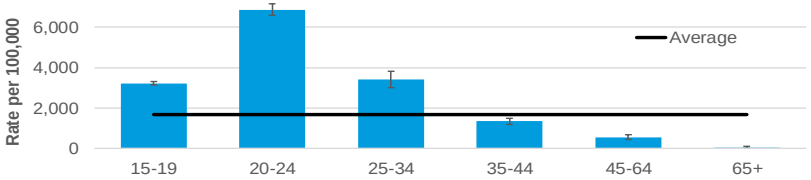
STI: Who is at risk?

STI diagnosis rate per 100,000 people, all ages, 2018[3]

Condition	Haringey	London	England
Gonorrhoea	368	279	98
Syphilis	47	39	13
Chlamydia	827	646	384
Genital warts	184	144	100
Genital herpes	121	95	59
All new STIs	1,923	1,490	784

In 2018, there were 5,216 new STI diagnoses in Haringey, including 2,245 Chlamydia and 1000 Gonorrhoea diagnoses. The diagnosis rate for all STI types in Haringey was **higher than London and England**.

STI diagnosis rate per 100,000 people, by age, Haringey, 2018[4]

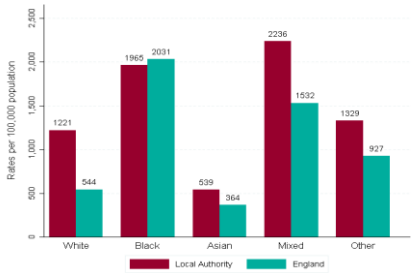


The rate of new STI diagnosis was four times higher than the Haringey average among **younger adults aged 20-24. This diagnosis is comparable in the same age group in 2017.** The rates of new STI diagnosis among adults aged 45 and over is below the borough average and is not significantly different compared to the same age group in 2017.

STI diagnoses among men who have sex with men, 2018[5]

In 2018, where sexual orientation was known, 46.3% of new STIs in men were amongst gay, bisexual and other men who had sex with men (MSM) in Haringey. The proportion has increased over the previous 5 years, from 40.7% in 2014.

STI incidence* by ethnic group, Haringey, 2018[5]



* Excludes chlamydia data from non-specialist sexual health clinics (SHCs); Rates based on the 2011 ONS population estimates

Haringey residents from **Mixed ethnic groups** had a significantly higher incidence rate of STIs (**2,236** per 100,000 people, respectively) compared to residents from other ethnic groups. However, the incidence rate among residents from Black ethnic groups in Haringey is in line with the national average.

Meanwhile, the incidence rate in Haringey was higher than the national average among residents from **Asian ethnic groups.**

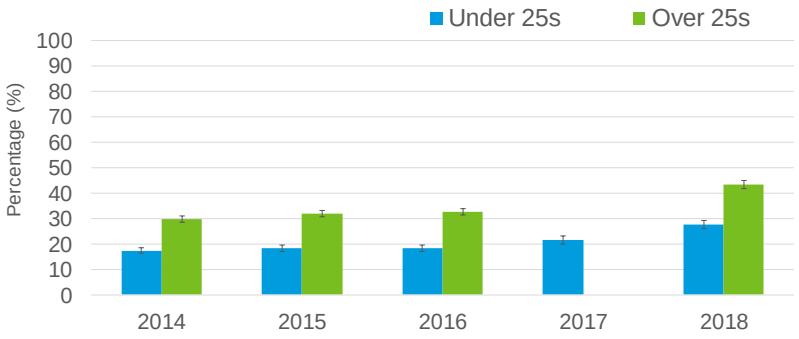
Reinfection of STI diagnosis rate, Haringey, 2018[5]

In Haringey, an estimated 8.7% of women and 12.8% of men presenting with a new sexually transmitted infection (STI) at a SHS during the 5 year period from 2014 to 2018 became re-infected with a new STI within 12 months. Nationally, during the same period of time, an estimated 7.0% of women and 9.7% of men presenting with a new STI at a sexual health service became re-infected with a new STI within 12 months.

What does the data tell us?– Contraception

Contraception

Proportion of women who chose LARC as main method of contraception by age group, Haringey female resident population, 2018[3]



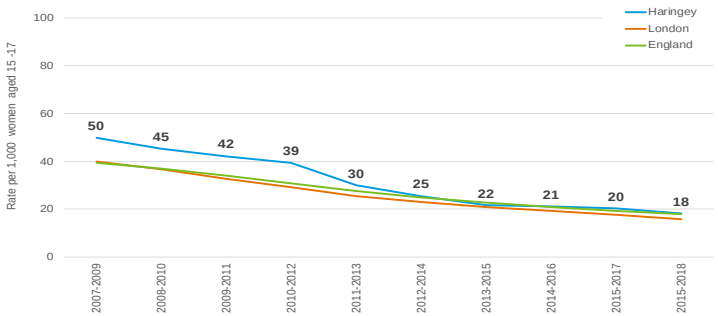
The proportion of women aged under 25 who chose long active reversible contraception (LARC) as their main method of contraception increased significantly from **17%** in 2014 to **28%** in 2018. Among women aged 25 and over, the use of LARC also significantly increased from **30%** in 2014 to **43%** in 2018. Use of LARC among both age groups were in line with the London average but significantly lower than the England average.

LARC Prescriptions, Haringey, 2018[3]

The rate of LARC prescriptions has increased among Haringey women, from a rate of 43 prescriptions per 1,000 women (2,803 prescriptions) in 2014, to a rate of 49 prescriptions per 1,000 women (3,051 prescriptions) in 2018. The current rate is significantly higher than the London average but significantly lower than the England average. In 2018, 62% of LARC prescriptions were made in sexual and reproductive health (SRH) services.

Teenage pregnancy

Under 18 conception rate per 1,000 girls aged 15-17, Haringey resident population, 2007-18 (3 year rolling average) [13]



The conception rate among **girls aged 15-17 years** has fallen by approximately 76% in the past 10 years. In 2018, almost 2/3 of pregnancies in **under 18s** led to an abortion in the borough.

Abortions

Overall **1,549 abortions** occurred in Haringey in 2019. This indicates that, on average, **23 in 1,000 women aged between 15 and 44** experienced an abortion which was **significantly highe**r than London (21 per 1,000) but **significantly lower** than England (19 per 1,000).[14]

Repeat abortions, Haringey, 2019[3]

Out of about 470 girls and women aged **under 25** who had an abortion in 2019, **33%** had experienced a **previous abortion**. Among women aged **25 or over** who had an abortion, **45%** had had a previous abortion[14].

What does the data tell us?– Young People

Haringey has the 11th highest rate (out of 317 local authorities in England) of new STIs excluding chlamydia diagnoses in 15-24's with a rate of 2,155.4 per 100,000 residents (compared to 851 per 100,000 in England) (6).

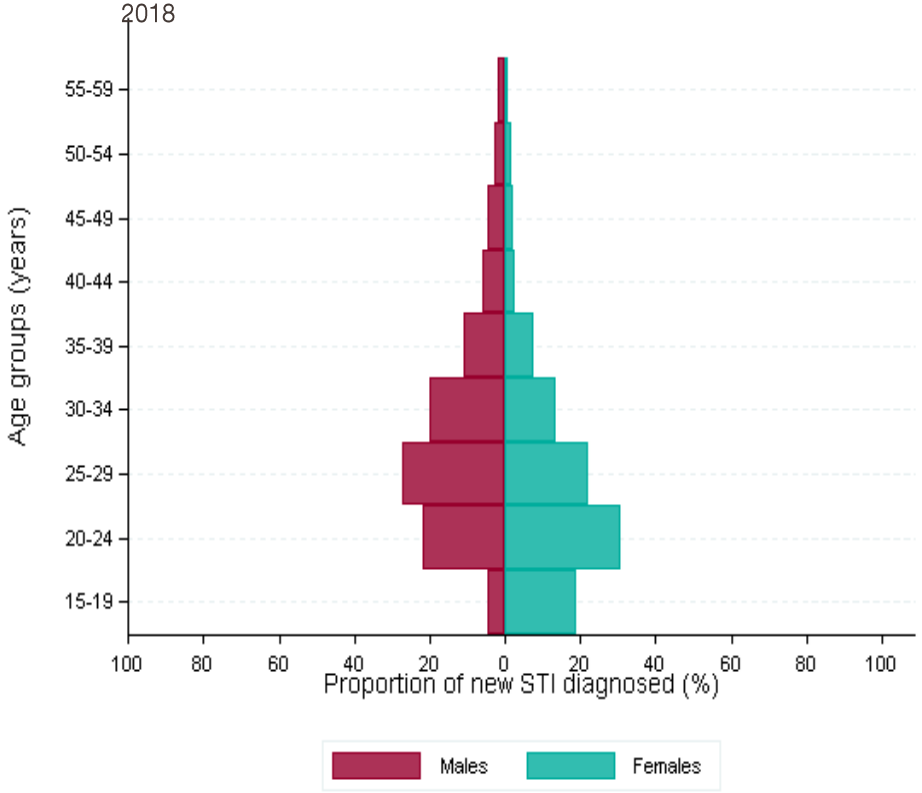
36% of diagnoses of new STIs in Haringey were in young people aged 15-24 years (compared to 48% in England). The age profile is shown in Figure 3.Young people are also more likely to become re-infected with STIs.

An estimated 17% of 15-19 year old women and 11.4% of 15-19 year old men presenting with a new STI at a SHS during the 5-year period from 2014 to 2018 became re-infected with an STI within 12 months. Teenagers may be at increased risk of re-infection because they lack the skills and confidence to negotiate safer sex.

Under-18s conception, which continue to decline locally and nationally, is 18.2 per 1,000 females (2018 3 year rolling average). 65.7% of under 18 conceptions end in abortion rates amongst under 18s, and under 25s, 30% are repeat abortions. All these rates are similar to London trends.

In 2018 HPV Vaccine coverage was good at 87%, which is within national target range.

Fig 3: New StI Diagnosis across age and gender. Source: Data from routine specialist and non-specialist sexual health services' returns to the GUMCAD STI Surveillance System and routine non-specialist sexual health services' returns to the CTAD Chlamydia Surveillance system 2018



Young People's Needs

This strategy considers SRH across the life course, however it shines a spotlight on young people, as this is a growing area of interest for Haringey Council following the publication of the Youth at Risk Strategy(9)

The National Survey of Sexual Attitudes and Lifestyles (NATSAL) (13) has shown that sexual behaviour and attitudes in Britain have changed in recent decades. This survey (which is carried out every 10 years) found that the age of first heterosexual intercourse has declined to an average of 16 years among 16-to-24-year-olds, and among this age group, about a third have first sex **before** age 16. Younger generations are also more liberal in their views of sexual behaviour and same sex partnerships (14). Access to information has increased exponentially due to the internet, however quality is not always guaranteed. These trends highlight the importance of having accessible SRH services and education for all young people and across the life course.

Many young people are unsure of where to go to get help" Young person, 2020

An online survey (15) of Haringey young people aged 15-16, found that only 1 in 10 (12%) knew where a sexual health clinic could be found in Haringey and only 25% think that young people in Haringey are well informed about services. These results are similar to recent school's survey (16). Of the 512 14-15 year olds who responded 55% of pupils responded that, if they needed sexual health advice, they would not know where to go. 67% of pupils responded that they would not know where they can get tested for chlamydia, which although is an improvement from the pervious survey in 2017, is still a concern.

"It may be embarrassing to ask for help, there is a lot of stigma about it especially for women" Young person, 2020

When asked about main barriers to accessing services, responses included embarrassment, stigma and lack of knowledge. Better information, education in schools and positive messages to reduce stigma were reported as key suggestions for improvement.

"For young people to be better educated on the subject ,to normalise it and make them feel more comfortable"
"…make sure schools let young people know where to go and for schools to give the information", Young person 2020

When asked what key messages they would give young people, the responses included to not be embarrassed or ashamed, that you should seek help and talk to someone,

"That no matter what, their health comes first, there is no judgement" Young person 2020

An emerging concern from the school survey of 12-15 years old is the reporting of sexual coercion and violence, including the use of social media. When asked about personal relationships, 3% reported that they had experienced pressure to have sex or do other sexual things by a romantic partner, 5% had been asked by the partner to send them photos or videos of a sexual nature, 33% responded they would not know what to do if this happened to them. 21% of pupils responded that, in the past year, they have received sexual videos or images from someone; 8% said they have done so 'several times'.

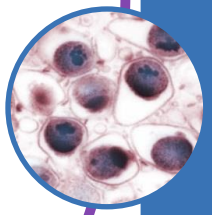
Key issues

Participation in the development of National Evidence Base-HIV PrEP trial

Haringey will continue to be part of the ground breaking NHS England PrEP Impact Trial with 13,000 participants who are at a high risk of HIV until late 2020.

Focus on Priority Groups

Haringey will invest in initiatives which target those with the highest needs including young people, men who have sex with men, BAME community and women of reproductive age.



Reduction in STI reinfection

STI reinfection is a marker of persistent risky behavior, contributing to infection persistence. Haringey will ensure residents have access to RSE, health promotion, screening , prompt treatment and partner notification to reduce reinfections rates.

Unplanned Pregnancy

Unplanned pregnancies can end in abortion, maternity or miscarriage. Repeat abortion are of particular concern. Haringey will commit to better RSE, health promotion & improved pathways to contraceptive services can contribute to reducing unplanned pregnancies (21).

What Works?

The evidence (7) shows us that we need to continue with a universal and targeted multi agency approach which included these areas:

Haringey LONDON

Dedicated & free young people's (under 25) integrated sexual health and contraceptive services

- Seeking consent and ensuring confidentiality
- Tailoring services for socially disadvantaged young people
- Information and advice
- Emergency contraception for women under 25
- Contraceptive services after a pregnancy
- Advising young women who have had an abortion and their partners
- Quality Assurance standards "You're Welcome"

Condom schemes

- Multicomponent for young people under 16-25
- Distributing free condoms (with lubricant) and information to people at most risk of STIs/HIV

Relationships and Sex Education

A planned comprehensive programme, in all secondary schools and youth settings, delivered by trained and supported staff.

STI services

- Identification
- Provision of information and advice
- Prompt notification
- Testing
- Treatment
- Follow-up of partners who have an STI (partner notification)

HIV testing

- Especially in populations at most risk
- Use or modify existing resources to help raise awareness of where HIV testing (including self sampling) is available.
- Materials and interventions for promoting awareness and increasing the uptake of HIV testing should be designed in line with the NICE pathways on behaviour change and patient experience.

HIV management

- Partner notification
- Rapid referral into care after diagnosis
- Treatment and retention of care of people living with HIV

Pre-exposure prophylaxis (PrEP) in combination with condom use

Ensure health professionals trained in providing contraceptive services to those under 25

Needle and syringe programme

- To meet needs of different groups of young people aged under 18 (including young people under 16) who inject drugs

Human papillomavirus (HPV) vaccination programme

Priority Groups

Sexual health in universal, however the strategy will prioritize the following groups, being mindful of intersectionality*

Young people

- Offer high quality services that meet the needs of young people and fulfill You're Welcome Standards.
- Promotion of services and how to access them.
- Develop strategies to increase engagement with young men
- Ensure access to education on relationships and sexual health, through schools and other community settings
- Build collaboration with other Youth Initiatives and services

Black and Minority Ethnic (BaME) Groups

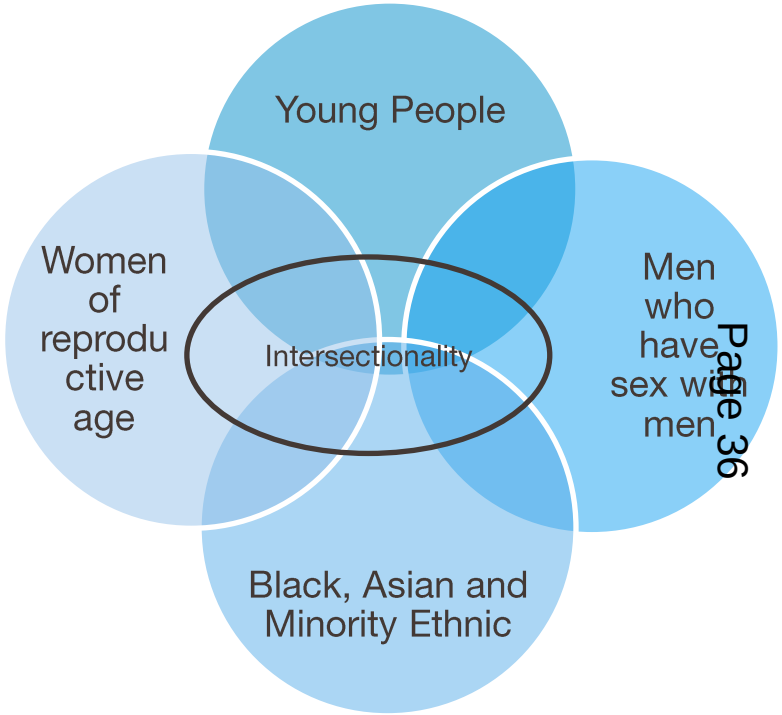
- Offer a range of community based sexual health services , located in areas of prevalence and support clear pathways into sexual health clinics for complex cases, to improve patient experience is an ongoing focus of need in Haringey

Men who have sex with Men (MSM)

- Ensure gay, bisexual and men who have sex with men (MSM) have access to services appropriate to their needs both locally and as part of the wider London sexual health provision.
- Develop our understanding of high risk behaviours including condom-less sex and Chemsex

Women of reproductive age

- Ensure vulnerable and high-risk women (of all ages) have access to face to face support, including safeguarding assessments, health promotion and access to contraception.
- Ensure strategies are in place to address repeat abortions, including clear pathways
- Increase knowledge of Long Acting Reversible Contraception (LARC) for young women within General Practice
- Build collaboration with VAWG services and initiatives on Modern Slavery



** the interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.*

Our Priorities Areas 2021-24

1. Commissioning high quality accountable **services,**
2. Supporting **education** and health promotion,
3. Developing effective **communication** and messaging,
4. Contributing to a skilled and confident **workforce.**

1. Services

"A sustained public health response is needed to reduce the transmission of HIV and STIs; based around early detection, successful treatment and partner notification, alongside promotion of condom use and health-care seeking. Open-access to sexual health services that provide rapid treatment and partner notification can reduce the risk of STI and HIV complications and infection spread." National Recommendation, PHE 2020 (17)

- Building on the success of the last 3 years, Haringey will continue to commission high quality universal and targeted sexual and reproductive health services, responding to the needs of local communities and supporting the most vulnerable.
- Broadening choice of services, increasing access to online or telephone services for those who are safe to use them, including consultations, testing and treatment, CCard registration and contraception, (using our learning from C-19)
- Without compromising safeguarding, ensuring face to face services for those who are the most vulnerable and at risk particularly those under 19 continue.
- Ensure collaboration within services and other agencies, particularly those that work with young people, with a focus on supporting healthy relationships and good sexual health within a safeguarding context. Expand our outreach work with specialist services such as VAWG, substance misuse, Youth services including Haringey Gold and Youth Justice System and mental health
- To respond to repeat abortions, ensure pathways with termination services to ensure effective support to access health promotion and contraception follow a termination.
- To respond to repeat infections look at health promotion messaging and partner notification systems.

Health Living Pharmacies

The role of pharmacists as providers of contraception and sexual health advice and services has broadened over the last decade. An increasing number of pharmacies have been commissioned to prescribe emergency hormonal contraception (EHC) and to provide Chlamydia screening.

The further development of the role of pharmacists in the provision of sexual health services has been recommended in recent national policies and guidelines. Pharmacies provide a convenient and less formal environment for people to access health services. The provision of commissioned sexual health services, and the retailing of condoms & pregnancy testing kits, present opportunities for pharmacists and their colleagues to deliver sexual health promotion work.

Healthy Living Pharmacies

The Healthy Living Pharmacy (HLP) framework is a tiered commissioning framework aimed at achieving consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.

The HLP framework is underpinned by three enablers:

- workforce development – a skilled team to pro-actively support and promote behaviour change, improving health and wellbeing;
- premises that are fit for purpose; and
- engagement with the local community, other health professionals (especially GPs), social care and public health professionals and local authorities.

The council recognises the benefits of implementing the Healthy Living Pharmacy (HLP) framework as part of its strategic vison for improving sexual health services in the borough. Therefore, to imbed the HLP ethos, the council has made it a pre-requisite for all pharmacies wishing to deliver locally commissioned services to have achieved or be in the process of achieving HLP recognition before they can be considered as a provider.

Under the HLP banner, the council has commissioned a wide range of pharmacies, (specifically those located in deprived areas, have high STI prevalence and are close to educational providers i.e. schools & further education) to offer a broad range of free sexual health provisions comprising of; emergency hormonal contraception, Chlamydia & Gonorrhoea testing, Chlamydia treatment, The pan-London Come Correct Scheme (C-Card) for young people under the age of 25 years, Haringey local condom scheme for adults and HIV Point of Care Testing (within selected pharmacies

This strategic approach will aim and continue to re-focus and re-energise the pharmacy offer;

- To review level of sexual health service provision in pharmacies
- To further develop sexual health service provision in pharmacies located in the areas of greatest need
- To maintain and improve access to STI testing, emergency hormonal contraception and the C-Card scheme from pharmacies
- To further promote the provision of sexual health services from pharmacies– especially for those under 25 years of age, and in the long term ALL adults.
- To support pharmacies providing sexual health services to achieve both Healthy Living Pharmacy status and You're Welcome accreditation.

Community sexual health services

Given the high prevalence and incidence of STIs in local population, Haringey Council will continue to proactively explore ways in which we can prevent the levels of infection increasing further by;

- Promoting early detection and treatment of asymptomatic infection;
- Reducing onward transmission to sexual partners;
- Preventing the consequences of untreated infection.

Dedicated locally based young people STI & women's contraception service

Haringey's approach has built on the successful roll-out of the Chlamydia screening programme, by commissioning a locally based dedicated young people sexual health service which continues to offer free, opportunistic screening, treatment, partner management and prevention to sexually active young men and women under the age of 25.

The implementation of this service aims to produce healthier sexual and reproductive outcomes for young people in Haringey, whilst also reducing unwanted pregnancies for women over 25 in the borough through the provision of LARC. These services will be committed to providing a confidential, non-judgemental sexual health service, with onward signposting to level 3 services where required.

Dedicated community engagement sexual and reproductive health promotion service

The service delivers sexual health promotion and prevention services through direct access to sexual health services, safer sex promotion and signposting to other local sexual health services, including pharmacists and general practice via outreach and community settings. The main focus of the service is to engage and provide support for all of Haringey's diverse population with particular focus on the following Haringey residents;

- BME Adult Communities (over 18's) in Haringey. Particular attention will be given to Black African, Caribbean and Latin American communities
- BME men who have sex with men (MSM)
- BME LGBT
- Other communities in Haringey who may not be accessing services and support due to language barriers

Our strategic approach will aim and continue to re-focus and re-energise the community offer by ensuring that;
Both Haringey's dedicated community based sexual health and reproductive service and dedicated community sexual health promotion and outreach programmes continue to be integrated within Haringey's wider strategic initiative for Sexual & Reproductive health to ensure equity in provision across the borough, so that hard to reach groups are targeted and supported effectively.

Sexual Health services across London

Pan London integrated sexual health services

The London Sexual Health Services Transformation Programme has brought together over 20 London boroughs to deliver a new collaborative commissioning model for open access sexual health services across much of the capital, including Genito-Urinary Medicine (GUM) (services for the screening and treatment of Sexually Transmitted infections (STIs) and Sexual and Reproductive Health Services (SRH) (community contraceptive services).

The aim of the Integrated Sexual Health transformation programme is to implement measurably improved and cost effective public health outcomes, to meet increasing demand for sexual and reproductive service and deliver better value. In 2017, Haringey Council along with 3 other councils as part of the North Central London partnership commissioned a service that is able to meet the needs of our respective residents with complex sexual & reproductive needs.

Pan-London online sexual health service

Sexual Health London (SHL) is a sexual health e-service that provides free and easy access to sexual health testing via the internet and local venues. The service is available to people aged 16 and over who are residents in most Boroughs of London which includes Haringey.

The service provides testing for a range of sexually transmitted infections including chlamydia, gonorrhoea, HIV, syphilis, hepatitis B and hepatitis C via samples you can collect at home.

London HIV Prevention Programme

The London HIV Prevention Programme (LHPP) is a London-wide sexual health promotion initiative. It aims to increase HIV testing and promote prevention choices. The programme also provides a free condom distribution, outreach and rapid HIV testing service for men who have sex with men (MSM).

Our strategic approach will aim to ensure that;

- Haringey Council proactively continues to work with London Boroughs as well as our North Central London partners to provide efficient, innovative services that is open access and cost effective in-order to meet the sexual & reproductive needs of our residents.

2. Education

"Statutory, high-quality relationship and sex education in secondary schools will equip young people with the skills to improve their sexual health and overall wellbeing….. The RSHE statutory guidance requires schools to ensure young people know how to get further advice, including how and where to access confidential sexual and reproductive health advice and treatment".
National Recommendation, PHE 2020 (6)

- As schools start to work towards the provision of statutory RSE, work with key stakeholders to ensure schools deliver RSE with confidence(22).
- Use our data from our schools' surveys to raise awareness about the needs of young people and monitor improvements in RSE.
- Continue to commission creative programmes such as Theatre in Education SEX FM to complement schools RSE teaching.
- Continue the 'gold standard' provision (18) of linking specialist school nurse provision and clinical services providing an essential bridge for vulnerable young people.
- Ensure other education and youth services have the tools they need to deliver RSE.

3. Communications

"Promote services and key sexual health messages to the local population, via the use of innovative and appropriate media and marketing techniques tailored to specific audiences". Key objectives within an integrated service PHE 2018 (17)

"Residents get the right information and advice first time and find it easy to interact digitally" Outcome 19: Borough Plan 2019-20 (5)

- Develop a Communications Plan which outlines how we will improve and expand the methods of promoting services and imparting positive messages around relationships and sexual health through the many channels available. Ongoing messaging around health including SRH, and real time updates on services across social media are essential.

- The use of the media to communicate health promotion messages and promote services has been particularly important duringCovid- what can we learn? It is also important to be mindful of inclusion and diversity which is vital when developing communications materials, particularly the range of languages spoken in Haringey.

- Update the SRH communications strategy and embed joint working with the Councils Comms team and Commissioned Services ensuring all channels are used to communicate service information, updates and positive health promotion messages.

- In order to respond to residents SRH questions, particularly young people, work will continue to improve the Council SRH webpages. This will include an interactive function 'ChatBot' which provides real time answers to questions types in the chat.

4. Workforce

"Our workforce is really important in driving ambitious outcomes and change we are seeking. We need a highly skilled and responsive workforce….and works alongside residents to build their resilience.." Priority 2: People. Borough Plan (5)

- Building on the commitment to professional development, ensure all practitioners are aware of where they can get updated information of SRH in Haringey and have the training and support to have conversations about healthy relationships, particularly with young people.

- Ensure training content reflects the experiences of service users, particularly young people, and our guiding principles i.e. free from stigma and embarrassment, non judgemental, promoting positive and inclusive messages about sexuality, healthy relationships, use of services and the importance of taking responsibility for our health and that of our partners.

- Working with existing training offers and programmes across the Council (such as 'Making Every Contact Count'), including conversation about SRH by building confidence and capacity among the professionals,

- Develop and Commission training programmes for professionals including online 'Bitesize Updates', and in-depth training on Condom Card scheme, Outside the Box, Sexual Health In Practice, and workshops for parents and carers.

- Thinking about how we can use online technology to make awareness raising /upskilling and building capacity easier and more cost-effective than face to face training. Ensuring all those who work with vulnerable groups including young people are fully aware of how to discuss relationships and SRH, be sensitive to additional risks of exploitation and unhealthy relationships and able to refer to services.

Annual Workplan 2021-21

Priority Area	Activities	Deliverables	Outcomes	Partners
1. Services	Performance management of services	Quarterly data and Annual Reports	Services will continue to deliver high quality interventions which meet the needs of residents.	PH Commissioners, Service Leads
	Scoping meetings	Initial Feasibility Report	Commissioners will understand the feasibility of a collaborative North London Sexual Health Service Partnership for a dedicated YP and Women's Contraception Service.	PH Commissioners (SH, VAWG) NCL Commissioners CCG
	Re-procurement of services and award of new contracts	New Pharmacy and GP contracts	Providers to deliver and promote ongoing high-quality community- based services for residents.	Procurement Team PH Commissioners CCG
	Transfer of PREP to Council management NCL Collaboration activities	Mainstreamed access to PREP	Increased the awareness and accessibility of PREP specifically for high-risk communities.	NCL Partners CCG
2. Education	Relationships and Sex Education (RSE) Strategy to support schools via 'learning clusters'	A programme to 'embed' RSE	Schools deliver quality RSE in-line with Government Guidance, ensuring young residents have the knowledge and skills to be safe and healthy.	PH Commissioners (SH and Health Schools) Haringey Education partnership (HEP) Safe Talk Nurse/SNs
	Pilot a new online chat function, embedded in sexual health webpage	'Chat Bot'	Residents have access to 'real time' Q&A regarding sexual and reproductive health advice and services.	PH Commissioners Digital Team Positive East

Priority Area	Activities	Deliverables	Outcomes	Partners
3.Communication	Young People's Campaign "We're Open" Multi- media Campaign targeted at young residents using social media platforms Phase 2- Youth coproduction and targeted promotion through 'Localities'.	Campaign materials, social media 'followers'	Young Residents are aware of the range of services available to them in Haringey and how to access them, leading to an increase in service use. Young residents are involved I the design of the Phase 2. Localities Team are aware of what services are in their area.	PH Commissioners (SH and Healthy Schools) CNWL Communications Team CYPS- Youth Team, Localities Teams
	A media campaign to promote Healthy Living Pharmacies	Pharmacy Campaign materials, 'followers'	Residents are aware of the Health Living Pharmacies & the range of services they offer, leading to an increase in service use.	PH Commissioners (SH and Lifestyle) Comms Team Pharmacies
4. Workforce	An on-line training programme to be included in Children's Workforce Academy	Bitesize Films - Training Programme	Practitioners who work with YP have increased confidence, skills and knowledge on how to talk about relationships and sexual health.	PH Commissioners Service Leads CYPS- Children's Workforce Academy Safe Talk Nurse/SNs
	GP Primary Care Training Programme part of Sexual Health in Practice (SHIP) Training	SHIP training programme	Doctors and practice nurses will increase the delivery of sexual health services within their practice, ensuring greater choice for residents	PH Commissioners GP Champion CCG

Measuring impact

To ensure we are reaching those who need the services, quality of interventions are high and that we can see positive impact of this strategy on SRH we will

- Ensure this strategy is owned by all stakeholders across the Partnership.
- Through Governance structures, including the People and Partnerships Boards, secure commitment to collaboration particularlyfor young people and BAME.
- Annual reporting on progress with the strategy, utilising council and national toolkits to inform value for money and strategic sustainability (19).
- Annual reporting to include monitoring data from individual services to ensuring we meet our targets and performance indicators i.e. we are reaching those who need the service (20).
- Prevalence data on SRH will be regularly analyzed to understand the rates and trends in Haringey compared to London and England benchmarks.
- Regular 'touch point' feedback from service users, residents and providers to ensure quality and experience

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28. Contextual Safeguarding Guidance – to be included

Appendix 2: Local Authority Responsibilities to Promote and Protect Sexual Reproductive Health

The legal duties of Local Authorities in relation to SRH are well established, and key legislation is contained within the Health and Social Care Act 2012(23). This Act brought public heath functions into the local authority and introduces duties on reducing health inequalities. The responsibility of advancing equality was already established in the Equality Act 2010 (24) . The Social Value Act 2012 (25) introduces the requirement that economic, environmental and social wellbeing needs to be considered by local authorities when commissioning services, ensuring the social determinants of health are addressed.

The prioritization and provision of appropriate services should be shaped locally via Joint Strategic Needs Assessments (JSNAs) and guided by the Public Health Outcomes Framework (PHOF)[1] and Framework for Sexual Health Improvement 2013 (26). Key requirements for commissioning SRH is contained within the Public Health Ring Fenced Grant (2020/21) Local Authorities are expected to provide open access sexual health and contraceptive services in keeping with the DHSC's service specification for integrated sexual health services. Commissioners are expected to work collaboratively with providers to determine the most effective mechanisms by which to measure these outcomes (17).

"*An integrated sexual health service model aims to improve sexual health by providing non-judgmental and confidential services through open access, where the majority of sexual health and contraceptive needs can be met at one site, often by one health professional, in services with extended opening hours (evenings after 6pm and weekends) and locations which are accessible by public transport..... Providers must ensure commissioned services are in accordance with this evidence base and in line with current national guidance, standards of training and care and quality indicators.*"

The three main sexual health Public Health Outcomes Frameworks measures:

- • Under 18 conceptions
- • Chlamydia detection (15-24-year olds)
- • People presenting with HIV at a late stage of infection

As well as ensuring universal provision and health promotion for the local population as a whole, changes to risks within the population need to be monitored. Targeted work needs to be carried out for those at highest risk, and sexual health inequalities need to be addressed. Additional outcomes include:

- Clear accessible and up to date information about services
- Increased uptake of the most effective methods of contraception.
- Focus on reducing unplanned pregnancies in all ages.
- Improved access to services for those at highest risk.
- Increased timely diagnosis and management of STIs
- Repeat and frequent testing of these that remain at risk.
- Increased uptake of HIV testing especially first-time service users and repeat testing.
- Monitor uptake of late diagnosis and partner notification.
- Increase availability of condoms and safer sex practices.

Overarching:

- Increased development of evidence-based practice and ensure patient consultation, involvement and development.
- Maintenance of arrangements to participate in trials e.g. PrEP impact trial, ensuring continuity if services change.

For more information contact:

- Anna.Martinez@haringey.gov.uk
- Akeem.Ogunyemi@haringey.gov.uk

Or visit : www.haringey.gov.uk/sexualhealth

Report for: Health and Wellbeing Board

Title: Approval of Haringey Better Care Fund (BCF) 2020/21 Submission to NHS England

Report authorised by: Beverley Tarka, Director of Adults and Health
Rachel Lissauer, Director of Integration, Haringey CCG

Lead Officer: Paul Allen, Head of Integrated Commissioning (Older People & Frailty), North Central London CCG and Council
0203 6881173

Ward(s) affected: All

Report for Key/ Non Key Decision: N/A

1. Describe the issue under consideration

1.1. As per Department of Health & Social Care (DHSC) mandated policy requirements, this report requests the Health & Wellbeing Board to approve the funding schedule for the Haringey Better Care Fund 2020/21 Plan and to confirm that the breakdown of the funding fulfils National Funding conditions for 2020/21.

1.2. The Better Care Fund (BCF) Plan is one of the main vehicles to fund plans for integration, as it is underpinned through a Section 75 agreement to pool funds between CCG and LBH to support integrated schemes.

1.3. North Central London (NCL) CCG, the London Borough of Haringey (LBH) and their partners have worked together to construct and agree the BCF funding schedule to support integration, in particular the Ageing Well Strategy, as part of the Haringey Partnership Board's responsibilities.

1.4. The COVID pandemic meant there were unprecendented challenges nationally and in Haringey in health and care provision. Some of the issues – and achievements – in 2020/21 are set out below. One consequence of the pandemic was that the DHSC national policy requirements and guidance for the BCF Plan 2020/21 to local areas was delayed and eventually released only in mid-December 2020. This meant the CCG and LBH have had only Q4 2020/21 to submit the schedule to the Health & Wellbeing Board, hence the timing of this report.

1.5. As a result of the exceptional circumstances in 2020/21, DHSC do **not** require local areas to submit a Plan and trajectories against a set of nationally prescribed metrics for the BCF Plan to central Government, as they have done in previous years – in fact, monitoring against these metrics was suspended nationally throughout 2020/21. However, the guidance requires local Health & Wellbeing Boards to sign-off the BCF Plan pooled Section 75 funding schedule and verify minimum

expectations of allocated spend on out-of-hospital services and on social care have been met (discussed below).

1.6. DHSC advised areas their local Plan priorities for integration in 2020/21 should be the same, where possible, as 2019/20 to reduce any administrative burden. The narrative submitted for Haringey's 2019/20 BCF Plan, in turn, built on progress in previous years and discussed how:

- We would apply a set of principles to joint development and delivery of integrated health and care solutions to deliver a more person-centred approach so that the tailored solutions for individuals matched their underlying needs, for example:
  - Facilitated access to improved advice, information or early help via community-based solutions for people who might need help to navigate care;
  - Ensuring those with complex needs have a more coordinated multi-disciplinary response to care planning and delivery, including out-of-hospital;
- We would improve our integrated health and care system in the Borough as part of Haringey's response to the NHS Long-Term Plan, including development of multi-disciplinary primary care and integrated care networks, to deliver health and care closer to home at a Borough and neighbourhood footprint;
- We would work with our wider set of partners, such as Connected Communities, housing and the voluntary sector, to ensure our plans are aligned with wider planning to strengthen communities;
- We will ensure there is a 'golden thread' connecting care solutions across differing geographical footprints so there is a coherent picture of support across NCL, Borough and neighbourhood footprints.

1.7. All of the above remain relevant in 2020/21 and will be so in 2021/22. Given the consequences of the pandemic for specific communities, it is recommended a further cross-cutting inequalities priority is formally added to Haringey's BCF Plan in 2021/22. This will assure equity of access, outcomes and experience for all Haringey residents to services funded through the Plan. Further details will be incorporated into a future report on the 2021/22 BCF Plan when guidance arrives.

1.8. It should be noted spend has already been incurred in 2020/21 in key areas in which the BCF Plan could provide financial support (but does not do so already or could provide more). The CCG and Council proposed a financial contribution from the BCF Plan uplift between 2019/20 and 2020/21 to the following areas:

- Early intervention and prevention funding for the voluntary sector to support older people, including addressing social isolation and improving healthy living;
- Adult social care staffing to:
  - Support extended hours and provide 7 day working to assist hospital discharge as part of national hospital discharge-to-assess arrangements;
  - Undertake complex and joint case assessments and review post-discharge.
- Multi-agency intermediate care and support, including in community care beds, to help people to recover their health and abilities to undertake daily living tasks after a spell in hospital;

- Enhancing our new multi-disciplinary Multi-agency Care and Coordination (MACC) Team to support people with moderate or severe frailty who need a multi-disciplinary approach, including those affected by COVID.

2. Cabinet Member Introduction

2.1 Not applicable.

3. Recommendations

3.1. The Health and Wellbeing Board is asked to approve the Haringey Better Care Fund (BCF) Plan for 2020/21 and confirm the investment schedule in Appendix 1 meets the national BCF Plan Conditions.

4. Reasons for decision

4.1. The Better Care Fund (BCF) Plan is a national programme to support integration of health and social care, to protect the independence of residents and to improve outcomes for local people. It aligns with the Borough Plan and is is key to delivering Haringey's joint Ageing Well Strategy which is overseen by the Partnership Board.

4.2. The COVID pandemic had a significant impact in 2020/21 on many services in the BCF schedule and pre-COVID plans for development, including suspension of formal contract management and changes to how services were prioritised or delivered, e.g. virtual day centre sessions hosted by staff. It also meant some planned developments were accelerated, particularly those associated with hospital discharge and joint support between Council and community health to help people recover post-hospital.

4.3. The Plan has made a number of positive impacts on supporting people in Haringey to have healthy, long and fulfilling lives in 2020/21, including:

a. Rising to the challenge of implementing robust COVID national hospital discharge guidance. During the pandemic, the proportion of people discharged from hospital who needed short-term care and support to recover increased significantly due to the impact of the condition and the surges in hospital admissions locally. The NHS, Council and voluntary sector worked together at WHT, NMUH and other NCL hospitals to discharge more patients, predominantly back home, more quickly than at any time pre-COVID, with staff working extended hours and 7 day working;
b. Formal national monitoring of delayed transfers of care was suspended in the pandemic. However, the proportion of patients who were in hospital for 21 days or more was 10.6% at Whittington Hospital (one of the lowest in proportions in London) and 13.8% at NMUH, both below the London average (14.2%), at the height of the second COVID surge at the end of January 2021.
c. Over 1,800 reablement episodes were completed in Apr-20-Jan-21 (a 125% increase on the equivalent 10 months 2019/20). LBH's Reablement Service and its partners provide short-term (<6 weeks) intensive therapy to help people recover their ability to undertake daily living, such as washing or getting around

their home, after a crisis and/or hospital episode, e.g. due to a fall. This Council service now operates jointly with NHS community health therapists;

d. The majority of these individuals were aged 65+, and, of these, 78% were at home for 91 days after hospital discharge, i.e. as opposed to returning to hospital or being admitted to a care home. We find that 70% of individuals need no further long-term Council-funded care after reablement, as they have recovered sufficiently;

e. A 50+% increase in the typical month number of patients (to 150) accessing the multi-disciplinary Rapid Response service (usually responding within 2-4 hours) to treat people who are nearing, or at, a health crisis at home for up to 5 days following referral via a care professional. The service ensures people don't need to go to A&E unnecessarily;

f. Continued investment in, and planned expansion in Q4 2020/21, of the community health element of the Enhanced Health in Care Homes (EHCH) model to support residents and staff of care homes in Haringey to manage their needs. The BCF Plan matches similar NHSE-I investment in the primary care element of the EHCH to support each care home to have a named GP lead and routine 'Home Rounds', now established in Haringey.

4.4. Haringey CCG, the London Borough of Haringey (LBH) and its partners worked together to construct and agree plans for integration of health and care for 2020/21. The late arrival of the national policy requirements meant plans could only be finalised in Q4 2020/21. Haringey's schedule of investment (Appendix 1) and confirmation that National Conditions relating to relevant financial contributions were met (see Background section) were formally agreed between commissioners and finance leads at the Haringey Finance & Performance Partnership Board on 12th February, as part of the confirmation of the Section 75 Agreement for 2020/21.

4.5. The information presented in the BCF Plan should give the Haringey Health and Wellbeing Board the assurance Haringey is maintaining its commitment to health and social care integration to deliver the vision of the Haringey BCF Plan in light of local and national strategies and plans, such as NHS Long-Term Plan, Borough Plan and Haringey's Ageing Well Strategy.

5. Alternative options considered

5.1 Not applicable.

6. Background information

6.1. The national policy requirements state the Health & Wellbeing Board must sign-off the schedule of investment for the Better Care Fund (BCF) Plan as part of a pooled Section 75 for 2020/21.

6.2. NCL CCG is expected to make a Minimum Contribution to the Haringey BCF Plan. Two of the national conditions are that:

- The agreed contribution to social care from the CCG meets or exceeds the minimum expectation allocated;

- The spend on CCG commissioned out-of-hospital services meets or exceeds the minimum ringfence.

6.3. There are additional grants that represent LBH's contribution, in the BCF Plan:

- Improved Better Care Fund (iBCF) to meet the growing demand for care packages and reduce LBH's financial risk. The iBCF in 2020/21 incorporates the LA Winter Pressures, which is used to mitigate increased demand in the social care system particularly during the winter;
- Disabled Facilities Grant to fund major adaptations to LBH clients' properties (regardless of tenure type) to support them to live at home.

6.4. Table 1 shows the changes in BCF Plan funding between 2019/20 and 2020/21 ad the proposed schemes are listed in Appendix 1. The majority of these schemes are existing services which we are continuing to fund in 2020/21.

6.5. There is an £1.1m uplift in the Minimum CCG Contribution between 2019/20 and 2020/21. To conform to the national conditions above, £359k of this uplift must be spent on social care, including preventative solutions. Appendix 1 highlights schemes that are either newly BCF funded or in which the investment in an existing service from 2019/20 has been increased; collectively the additional investment in these rows make up the £1.1m uplift, including the £359k spend on adult social care.

Haringey BCF Plan Investment Component	**2019/20**	**2020/21**	**Change 20/21 v 19/20**	
			Increase	**% Increase**
Disabled Facilities Grant	£2,360,942	£2,678,851	£317,909	13%
iBCF	£8,369,874	£9,518,076	£0	0%
Winter Pressures Grant	£1,148,202			
Requirement: Minimum CCG Contribution	**£18,800,956**	**£19,892,808**	**£1,091,852**	**5.8%**
Of which, minimum spend that must be on:				
- NHS commissioned Out-of-Hospital Spend	£5,342,699	£5,652,972	£310,273	5.8%
- Adult Social Care Services Spend	£6,175,392	£6,534,023	£358,631	5.8%
TOTALS	**£30,679,974**	**£32,089,735**	**£1,409,761**	**4.6%**

Table 1 – Requirements for Spend Haringey BCF Plan Funding 2019/20 and 2020/21

6.6. Table 2 confirms the schedule in Appendix 1 fulfils the 2020/21 National Conditions applied to Haringey.

Running Balances	Required Spend	Actual Spend	**Balance**
DFG	£2,678,851	£2,678,851	£0
Minimum CCG Contribution	£19,892,808	£19,892,808	£0
iBCF	£9,518,076	£9,518,076	£0
Total	£32,089,735	£32,089,735	**£0**

Required Spend	Minimum Required Spend	Actual Spend	Under-Spend?
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£5,652,973	£13,117,992	£0
Adult Social Care services spend from the minimum CCG allocations	£6,534,024	£6,534,024	£0

Table 2 – Schedule of Funding v. National Requirements for BCF Plan 2020/21

7. Contribution to strategic outcomes

7.1. The BCF Plan will contribute to objectives within both the Place and People Themes of the Borough Plan

7.2. Place Theme; *A place with strong, resilient & connected communities where people can lead active and healthy lives in an environment that is safe, clean and green.*

7.3 People Theme; *Our vision is a Haringey where strong families, strong networks and strong communities nurture all residents to live well and achieve their potential.*

7.4 Policy Implication:

7.4.1 Haringey's BCF Plan is one of the key plans for the London Borough of Haringey (LBH) and North Central London CCG. In particular it supports and helps deliver:

- North Central London Sustainability and Transformation Plan;
- North Central London Response to the NHS Long-Term Plan;
- LBH Joint Health and Wellbeing Strategy and is line with Haringey's Joint Strategic Needs Assessment;
- Haringey Borough Partnership Delivery Plan.

8. Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)

8.1 Finance

8.1.1. The Better Care Fund (BCF) is a pooled budget of £32.1m between the London Borough of Haringey (LBH) and North Central London Clinical Commissioning Group (NCL CCG), as shown in Table 1. It is part of the overall Section 75 Agreement between both these parties.

8.1.2. The purpose of the fund is to enable integrated working across NCL CCG, LB Haringey and its partners to ensure the best value for money is achieved, across the agreed projects, as listed in the BCF Planning template.

8.1.3. The funding has been allocated jointly by LBH and NCL CCG in accordance with the aims and objectives of the plan.

8.2 Legal

8.2.1. The Government's mandate to the NHS, published in March 2020, set a deliverable for the NHS to 'help ensure delivery of its wider priorities, which include manifesto commitments to further improve the experience of NHS patients, working with local government to support integration and the sustainability of social care through the Better Care Fund (BCF)'.

8.2.2. Earlier in the year, Health and Wellbeing Boards (HWBs) were advised that BCF policy and planning requirements would not be published during the initial response to the COVID-19 pandemic and that they should prioritise continuity of provision, social care capacity and system resilience and spend from ringfenced BCF pots based on local agreement in 2020/21, pending further guidance, which was released in December 2020. This guidance stated local area BCF spending plans will not be assured regionally or formally approved in 2020/21.

8.2.3. However, the guidance stated local authorities and CCGs should ensure that robust local governance is in place to oversee BCF funds. This means that HWB areas must ensure use of the mandatory funding contributions - CCG Minimum Contribution, improved Better Care Fund (iBCF) Grant and the Disabled Facilities Grant - were agreed in writing, and that four National Conditions are met.

8.2.4. These National Conditions are:

- BCF Plans covering all mandatory funding contributions have been agreed by HWB areas and minimum contributions are pooled in a Section 75 Agreement (an agreement made under section 75 of the NHS Act 2006);
- The contribution to social care from the CCG via the BCF is agreed and meets or exceeds the minimum expectation;
- Spend on CCG commissioned out of hospital services meets or exceeds the minimum ringfence;
- CCGs and local authorities confirm compliance with the above conditions to their Health and Wellbeing Boards.

8.2.5. The improved Better Care Fund (iBCF) is grant monies paid to local authorities with condition attached. The grant may be used only for the purposes of meeting adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care provider market is supported. The authority must a) pool the grant funding into the local Better Care Fund, unless an area has written Ministerial exemption; b) work with the CCG and providers to meet national condition four (Managing Transfers of Care) referred to above.

8.3 Equality

8.3.1. An Equalities Impact Assessment (EIA) was completed for the whole BCF Programme in Dec-14. However, an EIA is planned to be revised as part of the wider Ageing Well Strategy for which the BCF Plan is largely a funding vehicle for 2020/21. This is in light of the impact of the pandemic on Haringey's older population. EIA findings will be incorporated into the 2020/21 HWB report on the BCF Plan.

8.3.2. The current EIA indicates the programme has a number of perceived benefits to people with protected characteristics. The assessment highlighted a particularly positive impact on older people (over 65), disability (including mental health), gender and ethnicity. The same positive impact will occur in 2020/21, but we recognise that the EIA needs to be refreshed to better consider the impact of COVID-19 in particular on specific communities or groups in Haringey, hence the need for the updated EIA.

8.3.3. The positive impacts in the current EIA were mainly due to: the cohort of patients and services users that will be the main beneficiaries; the delivery of services in people's homes; working in a service user centred way to define health and social care goals; and the intention to improve health and wellbeing. No negative impacts were highlighted.

9. Use of Appendices

9.1. Appendix 1: Haringey's BCF Plan 2019/20 Completed Income and Expenditure Template, including schedule of schemes

10. Local Government (Access to Information) Act 1985

10.1. Previous years' BCF Plan documents, including the original Equality Impact Assessment, can be found at:
http://www.haringeyccg.nhs.uk/about-us/better-care-fund.htm

Appendix 1 – BCF Plan 2020/21 Funded Schemes (including new proposals / increased investment in existing schemes funded via CCG Minimum Allocation in green cells)

Service Area	Description	TOTAL 20/21 Budget	Increased investment from 19/20
AGEING WELL			
Information, Advice and Guidance (IAG)	Voluntary sector provision of advice, information, signposting and guidance for people needing help	£55,000	
Integrated Health, Housing, Finance and Care Early Intervention Solutions	Advice and early help solutions for people to manage finances, housing, health, wellbeing & independ-ence via integrating community solutions such as Connected Communities in health facilities	£159,000	
Early Help & Preventative Solutions	Voluntary sector funding for early help & prevention solutions targeted at healthy living for older people	£37,495	£37,495
LIVING WELL WITH LONG-TERM CONDITION/DEMENTIA			
COPD Exercise Programme	Community-based exercise groups for suitable COPD patients referred via health professionals	£13,000	
Dementia Day Opportunities	LBH commissioned services to support people with dementia with facility- or wider home/ community-based day care/support	£475,000	
Self-Management Support	Structured programme of courses for patients interested in condition self-management or being expert patient	£91,600	
LIVING WELL WITH FRAILTY / SUPPORT WHEN BECOMING MORE FRAIL			
Local Area Coordination	Voluntary sector coordinators to provide advice, information & signposting for people who need assistance and help develop community assets	£120,136	
Disabled Facilities Grant	LBH commissioned provider undertaking major adaptations of individuals' home to facilitate improvements in daily living functioning	£2,678,851	£317,909
Nursing Services & WHT Contract Uplift*	District nursing for non-ambulant patients at home (* Increase is associated with uplift)	£6,746,774	£216,967
Locality Team – now part of Multi-Agency Care & Coordination (MACC) Team	Multi-disciplinary clinical, nursing, therapy & social work team to care plan, support & review people with severe frailty. Other Providers - NHS Mental Health Provider, Local Authority	£529,296	£15,750
MDT Teleconference – function now part of MACC Team	Weekly calls on complex cases with geriatricians, GPs & others to facilitate patient management	£253,447	
Frailty Care Closer to Home Service – now part of MACC Team	Multi-disciplinary clinical, nursing, pharmacy & voluntary sector team to care plan, support & review people with moderate frailty.	£397,000	£397,000

Service Area	Description	TOTAL 20/21 Budget	Increased investment from 19/20
Social Care Team	LBH posts to provide capacity to initially triage hospital or community cases to support timely discharge & facilitate access to intermediate care.	£230,000	
Strength and Balance Opportunities	Strengthening & balancing classes & exercises for people with a falls risk	£58,000	
Whittington Integrated Care Therapy Team	Multi-disciplinary therapy service that supports older people (& other groups)	£2,014,000	
Enhanced Health in Care Homes	Implementation of EHCH Model and Trusted Assessor across Haringey to support care homes, their staff & residents	£216,000	
IBCF* (Previous LA Winter Pressures Grant nationally merged into iBCF in 2020/021)	Most of spend on providing long-term packages of care as part of social care clients' Personal Budgets. (** iBCF includes £1.15m in 2020/21 previously allocated to 'LA Winter Pressures Grant' in 2019/20. £1.15m is spent on: intermediate care beds/step-down flats and care packages to support hospital discharge patients in 2020/21 as it was in 2019/20)*	£9,518,076	None. iBCF 20/21 Funding = 19/20 iBF + 19/20 LA WP Grant
NEARING END OF LIFE			
Palliative Care & Advanced Care Planning	NMUH-led multi-agency services to support range of community-, hospital- and bed-based palliative care	£766,000	
Expand End of Life nursing and other services	Investment in out-of-hours nursing services for end of life patients. This improves quality of life in last few days, supports advance care plan delivery & reduces risk of hospitalisation	£154,489	£42,608
RECOVERING AFTER CRISIS / ILLNESS			
Integrated Discharge Team/Single Point of Access to support hospital discharge	Investment in teams involved in discharge (social work & nursing resources), including onward management & assessment of individual. Includes costs to cover extended hours and 7 day working	£302,093	£208,093
Home from Hospital	Voluntary sector scheme to support hospital patients (who do not need public-sector intervention) return home and settled if they need it	£150,000	
MH Discharge Coordinator	Social worker in MH service to support discharge & onward planning for patients with severe MH issues	£40,000	
Rapid Response	Multi-disciplinary nursing & therapies team to respond quickly when people are at crisis and/or need short-term rehabilitation at home or in A&E.	£410,000	
Enhanced Virtual Ward	Enhance existing EVW model through increased GP capacity for Haringey	£42,000	£42,000
Alcohol Liaison Services	Alcohol Liaison Nurses & Support Worker to support hospital patients with alcohol-related issues & coordinate support in community	£61,585	

Service Area	Description	TOTAL 20/21 Budget	Increased investment from 19/20
Reablement Solutions	Community Reablement solutions to support people regain ability to undertake daily living skills (*includes £612,900 transferred from bed-based solutions from 2019/20 reprovided in people's homes for 2020/21)*	£3,208,900	
Increase number of 24-hour packages of care at home	Increase number of high-intensity packages of care available to prevent hospitalisation or facilitate 'Home First' hospital discharge of patients to meet demand, particularly to support 7 day discharges	£42,000	
MH Reablement Solutions	Investment in dedicated OT to support MH non-acute discharge development for people with complex physical & mental health needs	£13,000	£13,000
Enhanced bed-based intermediate care capacity	Intermediate care beds in care home to rehabilitate, assess individuals' needs and eligibility for CHC post-recovery as part of ASC contract with PWH	£155,000	
Nursing Intermediate Care	Nursing beds in care home with rehab MDT input & nursing outreach to patients' homes for those needing period of convalescence post-discharge (*includes £12,100 transferred from bed-based solutions from 2019/20 reprovided in 2020/21)*	£368,247	£29,147
Winter MDT capacity to support patient onward management of patients	Additional therapy & social worker resources to support for bed-based intermediate care patients in care homes in winter	£63,792	£63,792
Bridges Rehab	NHS specialist nursing & therapeutic rehabilitation for patients requiring 24/7 rehabilitation	£1,254,233	
Additional social work capacity to support complex case assessments	Investment in additional social worker to manage complex case assessments post-recovery, including joint Continuing Healthcare Assessments	£52,000	£26,000
SUPPORTING CARERS			
Carer's Support	LBH commissioned range of solutions for carers: identifying carers, undertaking assessment of needs and support through to carers' respite.	£1,067,000	
ENABLERS			
Commissioning & Analytics Support	To provide multi-disciplinary and multi-agency commissioning support for BCF Plan Programme	£286,721	
Principal Social Worker	To provide quality assurance and plan workforce development for social care	£60,000	
Total		**£32,089,735**	
New or Increased Investments to BCF Plan Schemes from CCG Min. Allocation			**£1,091,852**

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