

NOTES OF THE HEALTH AND WELLBEING BOARD BRIEFING HELD ON WEDNESDAY, 26TH MAY, 2021, 2.00 - 4.05 PM

Present:

Cllr Sarah James, Chair – Cabinet Member for Adults and Health*
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
John Rohan, NCL Clinical Commissioning Group (CCG) Board Member
Sharon Grant – Healthwatch Haringey Chair*
Geoffrey Ocen – Bridge Renewal Trust Chief Executive
*Voting member

In attendance:

Christina Andrew – Strategic Lead, Communities
Kathryn Collin – CCG Head of Children’s Commissioning
Richard Dale – CCG Executive Director of Transition
Councillor Lucia Das Neves
Siobhan Harrington – Whittington Trust Chief Executive
Beverley Hendricks – Assistant Director for Safeguarding and Social Care
Susan John – Business Manager
Stephen Lawrence-Orumwense – Assistant Head of Legal Services
Rachel Lissauer – Director of Integration, Clinical Commissioning Group (CCG)
Joanne Murfitt – CCG Programme Director
Susan Otit – Assistant Director of Public Health
Paul Sinden – NCL CCG Chief Officer
Alexander Smith – NCL CCG Director of Transformation
Cassie Williams – Federated4Health Chief Executive
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 briefing.

3. COVID-19 AND VACCINATION UPDATE

Dr Will Maimaris, Interim Director of Public Health, introduced the item which provided an update on Covid-19. It was explained that there had been a peak of Covid-19 cases in Haringey between December 2020 and January 2021 and that this had

gradually declined; there had been approximately 400 cases per day during the peak and now there were approximately seven cases per day. It was noted that cases were currently low but there was still some transmission in the community. However, there were currently no particular areas of concern and that there were very few cases in the over 60s which suggested that the vaccine was working in suppressing Covid-19 cases.

It was noted that there were some variants of concern, particularly the variant first identified in India known as the Delta variant. It was explained that the Delta variant was now prevalent in most parts of England, particularly in urban areas, and it was proving to be more transmissible than the Kent variant. In terms of the effectiveness of vaccines against the Delta variant, early data suggested that two doses of a vaccine provided good protection. However, it was noted that the transmissibility of the variant could have an impact on the easing of the Covid-19 restrictions which was currently due to occur on 21 June 2021.

The Interim Director of Public Health noted that the vaccination programme had been progressing well and that more than 100,000 Haringey residents had received their first dose. It was stated that the majority of people in various age groups and ethnic groups were taking up the vaccine. It was noted that there was some hesitancy in certain ethnic groups but that this was reducing over time. It was commented that anyone aged 30 or over was now eligible to receive the vaccine and that more work would be required to close the gap for vaccine hesitancy in younger age groups.

It was explained that engagement work to encourage uptake of the Covid-19 vaccine was underway through the Voluntary and Community Sector (VCS), schools, and businesses. There were a number of link workers in the community, many sessions with community and faith leaders, and pop up vaccination centres. It was noted that there had been focused work in Northumberland Park, the area with the lowest vaccine uptake in Haringey. It was explained that the vaccine had been opened up to anyone over 18 in this area and that this was permitted in areas of high deprivation in order to protect the community. It was added that all households had received leaflets and that specialist teams were in the area to provide additional information. It was noted that vaccination data could be found on the Local Government Association website: [COVID-19 Cumulative Vaccinations Local Authority View | LG Inform](#).

It was summarised that Haringey was in a positive position overall but that there were concerns about the new Covid-19 variants. It was highlighted that people should continue to follow Public Health advice, share accurate Covid-19 messaging with all local communities, undertake regular testing, and take the Covid-19 vaccines as soon as possible.

Sharon Grant, Healthwatch Haringey Chair, enquired whether there was any data to compare Haringey with other boroughs to see how well we were doing and what we could learn from others. The Interim Director of Public Health noted that data was published which compared London Boroughs; it was commented that Haringey was the fourth most deprived borough but was not in the bottom four in relation to vaccine take up. It was explained that Haringey was learning from other boroughs and that there was regular information sharing between Directors of Public Health; it was noted that it may be possible to share more information about this learning to a future

meeting. It was added that it was challenging to directly compare different boroughs as there were often different populations, communities, and issues.

Councillor Kaushika Amin noted that a number of people from different areas had attended the vaccination centre at the Eric Allen Centre in Northumberland Park. She enquired whether alternative, more central locations on the estate had been considered, such as the Resource Centre, or whether specific sessions for each building could be provided to maximise take up of the vaccine. The Interim Director of Public Health noted that a roving model for vaccinations had been considered but that there were a number of challenges. Rachel Lissauer, CCG Director of Integration, noted that as all people over 40 were now eligible to receive the vaccine and there was less pressure on supply of the vaccine, there was less concern about people from different areas attending the vaccination centre in Northumberland Park. It was explained that the vaccination sites were placed as close as possible to the areas where the door-to-door teams were operating. It was considered that the Eric Allen Centre was sufficiently close and it was noted that there had been attempts to use the Resource Centre but this had been more difficult to organise.

Cllr Lucia Das Neves praised the work that had been undertaken with hard to reach communities. She noted that engagement with women in the Latin American community had been very informative around women's access to healthcare and vaccinations and pregnancy. The Interim Director of Public Health explained that there had been significant learning about how to work more effectively with local people and that this would be useful for future work.

RESOLVED

To note the update.

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

The Chair introduced the item and explained that work to tackle racism and inequalities in Haringey had been a key focus for the Health and Wellbeing Board over the last year; she handed over to Geoffrey Ocen, Bridge Renewal Trust Chief Executive, to provide an update on the institutional and collective response.

Geoffrey Ocen, Bridge Renewal Trust, explained that he would provide a brief update as a full update was due to be presented at the next joint meeting of the Health and Wellbeing Board and Community Safety Partnership. It was noted that one year had passed since this work had commenced, following the disproportionate impact of Covid-19 on certain ethnic minority communities and the murder of George Floyd. It was stated that this was a good point to pause and reflect on the achievements so far and noted that Voluntary and Community Sector groups would be meeting soon to reflect.

It was explained that the Health and Wellbeing Board had adopted a nine point action plan for tackling racial injustice that had been agreed with communities and stakeholders and that this had resulted in wider work on various policies and institutional practices.

In relation to data, it was reported that partners were reviewing the categories that they used for ethnicity and nationality which was informed by the approach of the Office for National Statistics (ONS) and led by the Council's Policy Team.

It was noted that digital inclusion was also an important element of the action plan. It was explained that there was a pilot project with Public Voice and the NHS to increase access to digital resources. This project aimed to provide computers for children with wider, wrap-around services also available for families. It was reported that around 30 laptops had been distributed to children with acute issues and that homework participation and engagement had increased from 13% to 97%.

In relation to community safety, social justice, and policing, it was noted that one issue identified had been the disproportionate admission of young, Black men into acute mental health inpatient support by police. Work was underway to investigate whether this could be addressed or improved through the inclusion of mental health professionals working alongside police.

In relation to workforce development, the Director of Adults and Health explained that partners were trying to make links and to jointly progress the themes identified. It was noted that there was now a better understanding of the data and operation of different organisations and that, in particular, it was aimed to widen the use of annual surveys and progression and talent management.

The Whittington Trust Chief Executive added that good practice had been shared in relation to recruitment, mentoring, and how to resolve complaints. She considered that the work underway in Haringey in relation to workforce was positive and that serious culture change was underway; she hoped to provide significant progress updates at future meetings.

Cllr Lucia Das Neves commented that the increase in homework participation from 13% to 97% was extraordinary. She stated that this had been a small cohort but that it could be beneficial to validate this research and share the results with other boroughs. Geoffrey Ocen, Bridge Renewal Trust, explained that this project had been set up as a small pilot and that, following evaluation, the aim was to scale up the project to maximise the benefits.

The Chair thanked Geoffrey Ocen for the work undertaken so far and for providing regular updates on progress. She added that it was essential to work collaboratively across all partners and to embed good practices, particularly with the single North Central London Clinical Commissioning Group (CCG) and the plan to introduce Integrated Care Systems.

RESOLVED

To note the update.

5. SERVICES FOR 0-5 YEAR OLDS

Susan Otiti, Assistant Director of Public Health, introduced the report which provided an update on services for 0-5 year olds. It was explained that various services for 0-5 year olds were delivered by the Council, community health services, education providers, and other community groups. It was noted that there had been an existing strain on resources before the Covid-19 pandemic and the update illustrated how the pandemic had affected services, how the services had adapted, and how services might be changed or strengthened as part of Covid recovery.

It was noted that the report in the agenda pack included information from partner organisations on how they had supported children and families through the pandemic. It was stated that Covid-19 had profoundly impacted children and families; although data had been gathered to map the impacts as much as possible, the full extent of this was not yet fully understood.

It was explained that services for 0-5 year olds were part of a traditionally complex system which was monitored and developed strategically by the Start Well Partnership Board which reported to the wider Haringey Partnership Board. It was noted that there was good oversight of the whole system and services. It was added that the Safeguarding Children's Partnership Board also provided some support and this had met more regularly during the pandemic to ensure that partners had good communications in relation to safeguarding.

The Health and Wellbeing Board heard that services had remained open during the pandemic but that the model of provision had been primarily delivered through phone and video communications. It was explained that there had been significant demands on the workforce in health and social care and the Voluntary and Community Sector (VCS) as organisations had been dealing with high sickness levels, shielding, and redeployment of staff to essential services. It was highlighted that the most vulnerable families had been prioritised. It was added that a key focus throughout the pandemic had been to create and grow connections between organisations and there was demand to maintain this in the long term.

The Assistant Director of Public Health explained that the health inequalities in Haringey had been brought into sharper focus during the pandemic and, although data was still being gathered, there were some initial indications that existing inequalities might have increased. For children in Haringey, it was noted that there were issues in relation to digital poverty, food poverty, domestic abuse, cramped housing, contact with families, and remote learning. It was reported that services had supported children in a variety of ways which included finding ways to keep children in touch with families, food donations, and joint work with health visitors and social workers.

It was noted that the report looked at the services provided, assessed how these had coped and adapted during the pandemic, and considered how services were anticipated to progress following the pandemic. It was summarised that the key impacts of the pandemic were generally a shift to online or phone provision and an increased impact on resident and staff mental health and wellbeing and that, in terms of future working, it was anticipated that there would be increased partnership working. It was added that the key aim going forward would be to strengthen the system wide approach.

Cllr Kaushika Amin thanked officers for the update and enquired whether risk assessments had been undertaken and whether any issues had occurred. It was also asked what had happened in relation to children's centres and how new families in particular had been supported given the lack of access to face-to-face services. The Whittington Trust Chief Executive explained that face-to-face health visiting services had been maintained. It was added that any families of concern had been prioritised accordingly and that it might be possible to collate additional information.

The Director of Children's Services noted that staff and volunteers had been working exceptionally hard throughout the pandemic. It was explained that children's centres had been open at points, depending on a risk assessed approach, and that some online provision had been available. It was highlighted that children and families had been provided with face-to-face support throughout the pandemic where needed but that there had also been a duty to keep staff safe, particularly where staff were clinically vulnerable, and to follow government guidance. Following the experiences throughout the pandemic, it was generally considered that small virtual groups were optimal and that virtual provision was less effective for children under two and for new parents who wanted to network.

In response to a query about whether there had been any issues, it was confirmed that there had been no serious case reviews during the pandemic. However, it was noted that, ideally, services would aim to be reflective and promote continual learning.

Cllr Lucia Das Neves enquired whether there had been any reflections on how to prioritise the most vulnerable communities or individuals, such as migrant families or those experiencing post-partum difficulties, when access was digital. Beverley Hendricks, Assistant Director for Safeguarding and Social Care, noted that there had been significant preparatory work at the start of the pandemic to support social workers. This had included designing risk assessment tools to identify concerns which incorporated reading body language and tone of voice. It was also explained that there had been a rapid response and adaptation from health visitors to incorporate risk assessments into visits. There had also been preparation for particular cohorts which were expected to need better visual provision, such as children under five, those with children in need plans, and those with disabilities. It was added that there was parenting support for families with the highest levels of need and midwives had reported that, due to restricted visitor arrangements, they had spent more time supporting breastfeeding on the wards. It was noted that a more detailed update on perinatal mental health and breastfeeding could be provided.

The Interim Director of Public Health noted that the Community Health Advisory Board had also considered this report and had commented that it would be important to remember the wider determinants of health, including substance misuse, youth violence, domestic violence, poverty, and poor housing quality. The Chair noted that the wider determinants were very important, particularly as part of the recovery from the Covid-19 pandemic.

RESOLVED

To note the update.

6. UPDATE FROM THE ROYAL FREE HOSPITAL AND NORTH MIDDLESEX UNIVERSITY HOSPITAL

It was noted that Andy Heeps, Interim Chief Executive, was no longer able to attend but had submitted a written update which had been circulated to the Board and published online.

RESOLVED

To note the update.

7. UPDATE FROM THE NORTH CENTRAL LONDON CLINICAL COMMISSIONING GROUP

Rachel Lissauer, CCG Director of Integration, introduced the item and explained that there had been some positive developments. It was noted that, as part of the Integrated Care System (ICS) development, an investment fund had been created to target inequity and racial inequalities. The fund would have £2.5 million this year and it was anticipated that this would be recurrent. It had been decided that 80% of this funding would be given to the 20 wards with the highest deprivation levels and it was noted that seven of these wards were in Haringey. It was noted that there was a relatively short time period to submit bids but that all bids would be developed in partnership with the CCG, Trusts, Councils, and the Voluntary and Community Sector (VCS).

It was noted that the NCL CCG was currently undertaking a Community and Mental Health Services Review and preparing for the transition to ICS. It was added that Joanne Murfitt, CCG Programme Director for Strategic Reviews of Community and Mental Health Services, and Alexander Smith, Director of Transformation, were in attendance to answer any questions.

In relation to the Community and Mental Health Services Review, Joanne Murfitt, CCG Programme Director, noted that there were currently significant inequities in access to and outcomes from services and the CCG wanted to tackle this. It was explained that some examples were provided in the report and this demonstrated that there were some differences between boroughs. The aim was for the review to produce recommendations which would lead to a core and consistent offer, address inequalities, and ensure workforce sustainability. It was anticipated that the review would generate a recommendation by the early autumn.

The Director of Children's Services noted that the infrastructure in different boroughs was at different starting points and it was enquired whether there would be an opportunity to consider this within the work going forward to ensure that there would be a truly consistent offer for all residents. Joanne Murfitt, CCG Programme Director, noted that the CCG was committed to securing improvements, particularly for areas with less infrastructure, and would aim to focus on the areas which needed additional support. It was acknowledged that it would not be possible to have a fully consistent

offer immediately but it was highlighted that there was a commitment to achieve this in the long term.

Cllr Lucia Das Neves noted that patients and service users often played a role in contributing to improvements. As part of the engagement, she stated that it was important to be clear with residents about what was possible to achieve through the review. Joanne Murfitt, CCG Programme Director, explained that she was conscious of being clear about what was possible. It was noted that there was a multi-pronged approach to engagement and communications and this included design workshops, resident panels and surveys, linking with existing groups, and working with the Communities Team to engage with groups who were generally under-represented.

The Director of Adults and Health noted that equity had to be a key principle for Covid recovery and that resident engagement would be an important starting point. She stated that she was pleased that there was a plan for engagement and suggested further consideration about how this could be done from a localities perspective. It was added that local authorities could bring perspectives that embraced the wider determinants of health given their involvement in areas such as housing, employment, and education.

Geoffrey Ocen, Bridge Renewal Trust, noted that it would be important to ensure sufficient funding was provided for early help and prevention as well as acute services in order to see long term improvements in health. He added that it was important to engage at local level and to invest appropriate time and money to ensure meaningful engagement.

Sharon Grant, Healthwatch Haringey Chair, expressed some concerns about the timetable for the review and stated that it may not have registered with residents or service users. She commented that most service users had little understanding about the service infrastructure and would need to be supported through the consultation process.

Joanne Murfitt, CCG Programme Director, noted these concerns and explained that the review was not a consultation but was viewed as the first phase of generating continuous improvements over a longer time period. It was added that comments previously provided by residents and service users were being considered as part of the review and tested to see whether they were still relevant. It was explained that the interviews so far had mostly been conducted with senior provider trusts and local authority figures but that there would be further engagement. It was noted that the challenge over the next few months would be to engage with and listen to as many people as possible. The Chair noted that, in the past, there had been limited diversity of participants at CCG meetings and that it was important to include under-represented communities.

Richard Dale, Executive Director of Transition, informed the Board that the transition to Integrated Care Systems (ICS) had begun. It was noted that the timeline might be subject to change following the second reading of the white paper in July 2021. It was explained that the NCL CCG was currently listening to and planning with partners and it was aimed to use the connections formed during the pandemic in order to plan the future of the system. It was noted that the CCG would be working with the Health and

Wellbeing Board and other partners to consider the government guidance on ICS when it was available.

The Chair suggested that it would be useful to have a series of seminar or discussion events to ensure that partners' views were included.

RESOLVED

To note the update.

8. FUTURE AGENDA ITEMS AND MEETING DATES

To note the dates of future Health and Wellbeing Board meetings:

- 9 June 2021 – joint meeting with Community Safety Partnership (provisional)
- 21 July 2021
- 22 September 2021
- 24 November 2021
- 26 January 2022
- 16 March 2022

Cllr Sarah James noted that this would be her last meeting as Chair and that Cllr Lucia Das Neves would be taking over as the Cabinet Member for Adults and Health and Chair of the Health and Wellbeing Board.

CHAIR:

Signed by Chair

Date