

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON WEDNESDAY, 21ST JULY, 2021, 2.00 - 3.50 PM

PRESENT:

Cllr Lucia Das Neves, Chair – Cabinet Member for Health, Social Care, and Wellbeing*
Cllr Zena Brabazon – Cabinet Member for Early Years, Children, and Families*
Cllr Mike Hakata – Cabinet Member for Environment, Transport, and the Climate Emergency*
Zina Etheridge – Chief Executive Haringey Council^
Ann Graham – Director of Children’s Services^
Beverley Tarka – Director of Adults and Health^
Dr Will Maimaris – Interim Director of Public Health^
Dr Peter Christian – NCL Clinical Commissioning Group (CCG) Board Member*
Dr John Rohan – NCL Clinical Commissioning Group (CCG) Board Member^
Sharon Grant – Healthwatch Haringey Chair*
Geoffrey Ocen – Bridge Renewal Trust Chief Executive^
David Archibald – Independent Chair Haringey Safeguarding Children Partnership^
*Voting member

In attendance:

Jonathan Gardner – Whittington Trust Director of Strategy^
Richard Gourlay – North Middlesex University Hospital Trust^
Rachel Lissauer – Director of Integration, Clinical Commissioning Group (CCG)^
Charlotte Pomery – Assistant Director for Commissioning^
Cassie Williams – Chief Executive of the GP Federation in Haringey^
Christina Andrew – Strategic Lead, Communities and Equalities^
Fiona Rae – Principal Committee Co-ordinator
Emma Perry – Principal Committee Co-ordinator^
^Joining virtually

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 Jo Sauvage, CCG Chair.

4. URGENT BUSINESS

There were no items of urgent business.

5. DECLARATIONS OF INTEREST

There were no declarations of interest.

6. QUESTIONS, DEPUTATIONS, AND PETITIONS

No questions, deputations, or petitions were received.

7. MINUTES

RESOLVED

That the minutes of the meeting held on 17 March 2021 be confirmed a correct record and that the minutes of the briefing on 26 May 2021 be noted.

8. INTRODUCTION FROM THE CABINET MEMBER

Cllr Lucia Das Neves noted that the Health and Wellbeing Board was an important forum to discuss vital issues in the borough. It was explained that this meeting would comprise some brief updates and that this would be followed by a conversation about future items and priorities. Cllr Zena Brabazon noted that these meetings were interesting because of their strategic overview in driving change. She stated that the Covid-19 pandemic had been terrible but that it had taught us a number of lessons about partnership working and delivery which the Cabinet Members aimed to continue. Cllr Mike Hakata stated that the joint working fostered by the Health and Wellbeing Board was inspiring and highlighted that the work to tackle health inequalities would continue. The Cabinet Members noted that they were looking forward to working with partners to continue to deliver improvements.

9. COVID-19 AND VACCINATION UPDATE

Dr Will Maimaris, Interim Director of Public Health, provided a Covid-19 update at the meeting. It was noted that the majority of new cases in Haringey were currently amongst teenagers and younger adults. The case rates amongst older people were lower and this appeared to show that Covid-19 vaccinations provided good protection against illness, hospitalisation, and death. It was added that the number of people in hospital had greatly reduced since the winter peak but it was noted that some people were still being admitted to the Intensive Care Unit (ICU).

It was explained that cases were expected to peak over the next four to six weeks, following the recent relaxation in restrictions. It was anticipated that cases would reduce in the autumn but there were concerns that there may be additional pressures over the winter in conjunction with seasonal issues such as flu.

It was highlighted that the Covid-19 vaccination was considered to be the best intervention and it was aimed to provide all eligible people with two doses of the vaccination. Booster vaccinations were also being planned from September for those in higher risk groups and the preparation for this was underway, in conjunction with flu vaccination planning.

The Interim Director of Public Health reported that the overwhelming majority of people were taking up their offer to receive a second dose of the Covid-19 vaccination. It was noted that there was over 80% coverage in older age groups and that the ethnic disparities for take up in older groups had been significantly reduced. It was commented that there were ethnic disparities in the take up of the Covid-19 vaccination in all age groups, particularly amongst Eastern European and Latin American groups. It was acknowledged that there was further engagement work to be undertaken but that there were reassuring levels of protection in the community.

Cllr Mike Hakata enquired whether there was a comparison with similar London Boroughs on the ethnic groups where there were the lowest levels of vaccination take up. The Interim Director of Public Health noted that this data was measured slightly differently in all boroughs but that it could be requested; it was understood that the levels of vaccination take up in different groups was similar across London.

Cllr Zena Brabazon enquired about hospital admissions and the impact on Accident and Emergency departments (A&E). Jonathan Gardner, Whittington Trust Director of Strategy, noted that there were currently about 24 cases at the Whittington Hospital and that this was increasing slightly. It was explained that A&E was very busy. Richard Gourlay, North Middlesex University Hospital Trust, commented that there were approximately 37 cases at North Middlesex Hospital, with five in critical care. It was added that the hospital currently had a critical incident due to capacity issues and that attendance at A&E had been close to a record high.

The representatives from hospitals noted that the current levels of pressure were similar to those expected in winter and that hospitals were also trying to recover their elective backlogs. It was explained that it had been difficult for staff who were having to adapt to demand, which involved moving around and providing additional capacity. It was noted that the hospitals were trying to support staff as much as possible, including health and wellbeing support and encouraging staff to use their annual leave. It was added that staff had experienced an incredibly busy year and that there was still significant demand on the system as well as potential staffing shortages.

Sharon Grant, Healthwatch Haringey Chair, noted that some patients were experiencing difficulties in accessing primary care and that this could account for some of the additional presentations at A&E. She stated that it was important to consider the impediments to access. The Chair acknowledged this and noted that this might form part of the Health and Wellbeing Board's work plan.

Ann Graham, Director of Children's Services, noted that there seemed to have been an increase in the number of children with respiratory problems due to the impact of Covid-19 and it was enquired whether there was further information about the pressures on paediatrics. Rachel Lissauer, CCG Director of Integration, explained that there were a number of pressures across the system and that an Emergency Care summit in early July had identified some key areas for action. It was noted that A&E departments were maximising their ability to triage patients using senior decision makers at an early stage. There were also communications to inform people that primary care was available where relevant to avoid unnecessary pressure on hospitals. Richard Gourlay noted that there had been some increases in the numbers of children with bronchiolitis. It was explained that this had been anticipated and that some modelling had been undertaken. It was anticipated that there would be significant pressure on the system in the autumn and that solution planning was underway.

Sharon Grant, Healthwatch Haringey Chair, enquired whether there was still a GP service at North Middlesex Hospital A&E. It was noted that there were some new barriers to accessing GP services and these were likely to disproportionately affect vulnerable people and those with special needs. John Rohan, CCG Board Member, explained that GPs were fully open but that phone triage was being used due to the significant levels of demand. It was noted that practices were trying to encourage staff to have holidays but that it was challenging to find staffing cover until September. Richard Gourlay stated that North Middlesex had Urgent Care from 12am (midnight) to 7am which included GPs and emergency nurse practitioners.

The Director of Children's Services noted that there were a number of pressures on the system, including on the availability of GP access. It was enquired whether there was a link between the ability to access GPs and any resulting significant issues, particularly in relation to mental health. It was also enquired whether the upwards impacts of the pressures on the system were being monitored. The Director of Adults and Health noted that there was a trend of increased A&E presentations relating to self-neglect and there appeared to be a possible link. It was commented that this issue and possible actions could be investigated.

The Interim Director of Public Health explained that there had been work to increase uptake of the Covid-19 vaccination. It was noted that data had been used to understand the overall picture and that there had been lots of engagement work with the Multi-Faith Forum and various community groups, including through the Community Protect project.

It was explained that there had been a pilot project for vaccinations in Northumberland Park. The project had incorporated a diverse group of staff from Covid-19 testing centres who were able to book people for immediate vaccinations at a local centre. It was reported that there had been over 8,000 interactions as part of this project but that most of the residents had already been contacted to take up their vaccinations and only about 10% of interactions resulted in a vaccination booking. However, it was noted that there had been some positive interaction with Eastern European and Latin American groups who had been generally harder to reach in the past.

The Interim Director of Public Health thanked all who had been involved in the project. It was explained that the pilot project had experienced some successes in responding to health inequalities, targeting resources in areas of greatest need, and working jointly with a range of partners. It was noted that there had also been some challenges, namely that there were still some gaps in the uptake of the vaccine and that the project was resource intensive.

Cllr Zena Brabazon stated that this was a very positive project and that it would be beneficial to replicate this model of working. She also enquired whether the diverse group of staff had been able to use different languages to connect with the community. The Interim Director of Public Health noted that the written materials had been provided in a number of languages and that many of the staff were local people and were able to speak a variety of languages which had been beneficial. It was added that this approach had been resource intensive but that a number of the methods were being considered in other areas, such as mental health.

Geoffrey Ocen, Bridge Renewal Trust, noted that this project had been a good opportunity as it was well resourced. He added that Community Protect included over 20 grassroots organisations and that it would be difficult to replicate this project but that it would generate a lot of learning. Cllr Zena Brabazon noted that it would be useful to use this model for the Early Years Review.

Zina Etheridge, Haringey Council Chief Executive, explained that there were insufficient resources to use this model for all engagements but that this project had generated a lot of learning. It was noted that a number of local people did not feel that various systems and services had been designed for them and, therefore, they did not have high levels of trust. It would be important to use opportunities and resources to build models and relationships that would sustain the long term effort to reduce health inequalities. It was added that one positive aspect of the Northumberland Park project was the vaccination take up from those who were undocumented and had previously feared that they would be reported to the authorities.

Rachel Lissauer, CCG Director of Integration, noted that this sort of project did not require additional resources for the delivery of the vaccinations but that providing vaccination booking options through Eventbrite and drop in sessions had been very popular. It was commented that, where there had been large scale vaccination availability and publicity, there had been good numbers of people attending. It was noted that, for any big public health campaign, people often wanted to access services in a variety of ways and it was important for organisations to work in a joined up way.

The Chair also thanked everyone for their efforts in this programme.

RESOLVED

To note the update.

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

Charlotte Pomery, Assistant Director for Commissioning, and Geoffrey Ocen, Bridge Renewal Trust Chief Executive, provided an update on the nine point action plan to tackle racism and inequalities that had been agreed at the Health and Wellbeing Board meeting in May 2020. It was noted that the wider programme was overseen by the Health and Wellbeing Board and Community Safety Partnership through their joint meeting which was expected to take place in June 2021.

It was explained that the Bridge Renewal Trust had hosted an annual progress review meeting on 27 May 2021. This allowed Voluntary and Community Sector (VCS) groups to hear feedback from across the partnership and provided an opportunity for new groups to join the conversation.

Updates were provided on the nine point action plan:

1. **Data and evidence** – it was noted that it was important not to generalise different groups and that the categories used for ethnicity and nationality were being reviewed to align with those used by the Office of National Statistics (ONS). It was noted that the categories were being shared with communities for feedback. It was added that a Turkish and Kurdish network had been established and that a Somali network was being developed.
2. **Funding** – it was explained that there had been some progress but that funding for grassroots organisations remained challenging. It was also reported that the North Central London CCG had recently established an Inequalities Fund with just over £1 million to tackle inequalities.
3. **Bereavement and Mental Health** – it was explained that digital resources were being put in place and that this was anticipated to provide important, initial support in communities where there were stigmas around mental health.
4. **Domestic Violence** – it was stated that an additional advocate had been appointed to work with women from diverse backgrounds.
5. **Communication and awareness raising** – it was explained that this involved building trust as well as communicating information. It was noted that the Community Protect work had been important in engaging with different communities. It was added that some community journalism had also been developed at Wood Green Library.
6. **Prevention and resilience building** – it was noted that there was still a need to build relationships and that this could be developed through Haringey's Good Economy Recovery Plan as well as across different areas and departments.
7. **Shielding** – it was reported that this element of the plan had been paused slightly. It was noted that it was important for people to feel safe and that this was assisted through the Covid-19 vaccination programme.
8. **Equitable access to services** – it was noted that an equity access tool was being developed to establish the current position and to monitor the impact of any initiatives.
9. **Digital Exclusion** – it was explained that there had been a project at Leigh Valley Primary School which provided access to laptops and support for families. It was noted that this had significantly increased homework participation rates. It was also noted that the Haringey Digital Divide Appeal had provided approximately £40,000 to allocate locally. The Community Health and Care Advisory Board (CHACAB)

had commented that it would be beneficial to consider how those in care homes and supported living could be included in digital inclusion work and to consider how to evaluate the impact of this digital inclusion work; this was being considered.

Geoffrey Ocen thanked the Health and Wellbeing Board for its continued interest and involvement in tackling racism and racial inequality. He noted that the VCS and communities welcomed this and the commitment to focusing on practical issues and improvements. He explained that local people wanted to know what would change and how they could be more involved and he noted that resourcing and funding was critical for empowerment. Geoffrey Ocen welcomed the NHS Inequality Fund that had been recently established and noted that there was a concerted effort to channel all available funding into grassroots organisations; it was noted that approximately £2.5 million of funding had been allocated since the start of the Covid-19 pandemic.

Cllr Zena Brabazon noted that it would be useful to compile a list of all of the projects that had received funding and the sources of funding. She explained that it would be useful for future planning to consider which actions had been the most important and impactful. The Assistant Director for Commissioning noted that this could be considered but highlighted that the sources of funding and projects were complex, including council, national, and NHS involvement.

Sharon Grant, Healthwatch Haringey Chair, added that the nine point plan was large and involved various funding sources and that it would be useful to have an independent evaluation at some point. Members noted that evaluation was important and that other organisations, including local universities, might be able to assist. The Assistant Director for Commissioning explained that partners were regularly involved in the nine point action plan and that regular updates were provided to both the Health and Wellbeing Board and the Community Health and Care Advisory Board (CHACAB). She noted that it was considered vital that the connection with the CHACAB and the Health and Wellbeing Board was maintained so that various partners could feedback on and input to the action plan to redesign approaches and services.

The Interim Director of Public Health noted that, in relation to health service delivery, the Covid-19 vaccination programme had looked at uptake by different groups within the community. He stated that this should be measured routinely in all areas if possible and that it was useful to hear from residents. He added that this sort of data and verbal evidence did not necessarily need to come from an external evaluator. The Chair noted that including residents' voices in all areas was important but felt that external evaluation was also valuable.

RESOLVED

To note the update.

11. NEW ITEMS OF URGENT BUSINESS

There were no new items of urgent business.

12. FUTURE AGENDA ITEMS AND MEETING DATES

It was noted that new legislation was being developed which was due to introduce Integrated Care Systems (ICS) in place of Clinical Commissioning Groups (CCGs) and that the role of the Health and Wellbeing Board in this system was unclear. Rachel Lissauer, CCG Director of Integration, explained that the Health and Wellbeing Board had an important role and that the vision for the ICS would be developed locally. It was noted that the ICS structure and governance would be developing over the next few months, in collaboration with partners, and that it would be important to provide regular updates on this.

It was commented that, before the Covid-19 pandemic, the Health and Wellbeing Board had organised regular seminars to discuss issues with partners, including the Community Health and Care Advisory Board (CHACAB). Beverley Tarka, Director of Adults and Health, suggested that it was a good time to reintroduce these seminars. Charlotte Pomery, Assistant Director for Commissioning, noted that it was useful to have time for both the formal business of the Health and Wellbeing Board and for strategic thinking and discussion with CHACAB. Will Maimaris, Interim Director of Public Health, added that the Health and Wellbeing Board would need to be mindful of its priorities and that it would be useful to revisit the draft Health and Wellbeing Strategy; this had been due to go out for consultation but had been delayed during the pandemic.

Ann Graham, Director of Children's Services, noted that there had been some recent work in Special Educational Needs and Disabilities (SEND), including an inspection, and that it would be possible to bring the Strategy and the inspection outcome to the Health and Wellbeing Board. It was noted that there was also an item progressing through the Start Well Board in relation to stillbirths and pregnancy deaths and that the response would require a partnership approach. The Director of Children's Services noted that she would discuss these issues with officers for inclusion in the Health and Wellbeing Board prioritisation work. Cllr Zena Brabazon added that, in relation to the SEND Strategy and inspection, there were issues of overlap at key transition points between various services and that it would be important to align these services.

Rachel Lissauer, CCG Director of Integration, noted the increased prominence of locality based teams and the importance of ensuring that they worked well together on the ground. It was added that it would be important to share training, skills, and information and to have a lesser focus on rigid geography; it was noted that this would likely be addressed in various seminar sessions. The Chair added that it may be useful for the Health and Wellbeing Board to consider estates and workforce.

It was noted that the following items would be considered for future discussion at the Health and Wellbeing Board and/ or its seminars:

- Autism Strategy
- Better Care Fund Plan
- Child and Adolescent Mental Health Services (CAMHS)
- Joint Strategic Needs Assessments

- Draft Health and Wellbeing Strategy
- Integrated Care Systems
- Children’s Services items, including Special Educational Needs and Disabilities (SEND) update (inspection and key points of transition) and Start Well Board
- Estates and workforce

It was also noted that the dates of future Health and Wellbeing Board meetings were:

22 September 2021
24 November 2021
26 January 2022
16 March 2022

CHAIR: Councillor Lucia Das Neves

Signed by Chair

Date