

## NOTICE OF MEETING

# HEALTH AND WELLBEING BOARD

**Wednesday, 21st July, 2021, 2.00 pm - 40 Cumberland Road, London, N22 7SG. This meeting is due to be live streamed ([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 11).

### 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 - 22)**

To confirm and sign the minutes of the Health and Wellbeing Board meeting held on 17 March 2021 as a correct record. To note the Health and Wellbeing Board briefing notes from 26 May 2021.

**8. INTRODUCTION FROM THE CABINET MEMBER**

To receive an introduction from the Cabinet Member.

**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. NEW ITEMS OF URGENT BUSINESS**

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

**12. FUTURE AGENDA ITEMS AND MEETING DATES**

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

To note the dates of future meetings:

21 July 2021

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

Fiona Rae, Principal Committee Co-ordinator  
Tel – 020 8489 3541  
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Fiona Alderman  
Head of Legal & Governance (Monitoring Officer)  
River Park House, 225 High Road, Wood Green, N22 8HQ

Tuesday, 13 July 2021

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### Membership of the Health and Wellbeing Board

\* Denotes voting Member of the Board

Organisation		Representation	Role	Name
<b>Local Authority</b>	Elected Representatives	3	* Cabinet Member for Health, Social Care, and Wellbeing – Chair	Cllr Lucia Das Neves
			* Cabinet Member for Early Years, Children, and Families	Cllr Zena Brabazon
			* Cabinet Member for Environment, Transport, and the Climate Emergency	Cllr Mike Hakata
	Officer Representatives	4	Director of Adults and Health	Beverley Tarka
			Director of Children's Services	Ann Graham
			Director of Public Health	Dr Will Maimaris
			Chief Executive	Zina Etheridge
<b>NHS</b>	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	<i>Vacancy</i>
<b>Patient and Service User Representative</b>	Healthwatch Haringey	1	* Chair	Sharon Grant
<b>Voluntary Sector Representative</b>	Bridge Renewal Trust	1	Chief Executive	Geoffrey Ocen
<b>Haringey Local Safeguarding Board</b>		1	Interim Independent Chair	David Archibald

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## **MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON WEDNESDAY, 17<sup>TH</sup> MARCH, 2021, 2.00 – 4.00PM**

### **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\*  
Zina Etheridge – Chief Executive Haringey Council  
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\*  
Sharon Grant – Healthwatch Haringey Chair\*  
Geoffrey Ocen – Bridge Renewal Trust Chief Executive  
David Archibald – Interim Independent Chair Local Safeguarding Board  
\*Voting member

### **In attendance:**

Sarah McDonnell-Davies – Executive Director of Borough Partnerships  
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)  
Akeem Ogunyemi – Public Health Commissioner  
Susan Oti – Assistant Director Public Health  
Charlotte Pomery – Assistant Director for Commissioning  
Cassie Williams – Assistant Director of Primary Care Quality & Development  
Emma Perry – 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:

Jo Sauvage, CCG Chair  
Paul Sinden, CCG Chief Executive  
Zina Etheridge, Haringey Council Chief Executive

**4. URGENT BUSINESS**

Sharon Grant, Healthwatch Haringey Chair, wished to raise the issue surrounding the decision of the North Middlesex University Trust to appoint a Chief Executive who was not an accountable officer. She was concerned that it had not been on the agenda for this meeting and noted that in the past, such important matters were normally subject to detailed consultation. She felt that it was within the remit of the Board to discuss this matter.

Richard Gourlay, North Middlesex Hospital Trust, responded stating that there had been ongoing engagement with partners and stakeholders. He added that they would like to bring a presentation back to a future meeting to discuss the context of the decision and to detail the potential benefits of the partnerships that would be made as a result. Richard Gourlay understood the concerns and questions raised, however he felt that these should be addressed in a future piece of work and discussion.

Chair agreed that a brief discussion could take place at Item 12 and that a more detailed discussion come back to a future meeting.

Sharon Grant also wished to raise the issue of commissioning at the Staunton Group practice and requested that this be discussed under Item 8. The Chair agreed that this matter could be briefly discussed under Item 8.

Councillor Blake requested that a discussion take place surrounding violence against women and girls, following the recent tragic events.

**5. DECLARATIONS OF INTEREST**

Cassie Williams, Assistant Director of Primary Care Quality and Development, declared a non-pecuniary interest in the Staunton Group item, as she had a conflict of interest, as she worked for the current provider of this.

**6. QUESTIONS, DEPUTATIONS, AND PETITIONS**

No questions, deputations, or petitions were received.

**7. MINUTES**

**RESOLVED**

That the minutes of the meeting held on 18 January 2021 were confirmed a correct record.

**8. UPDATE ON THE CHANGE OF CONTROL OF AT MEDICS**

Rachel Lissauer, Director of Integration, Clinical Commissioning Group (CCG), provided an update on the St Ann's GP practice in Haringey run by AT Medics, which runs 8 practices across NCL and then 13 across London. In December 2020 there was an agreed change of control across the company, with a transfer to Operose Health Ltd. Rachel Lissauer stated that the change in control did not change the level



of patient care or how this was administered, with the same regulatory system being applied. Role of CCG, permit change of control. It was explained that the CCGs run AT medics and had sought legal advice, to ensure that due diligence was carried out. The various checks were met and therefore the CCG had no basis to refuse the change in control. A number of concerns had been raised, including the transparency of the process. Issues had also been raised around continuity and it was explained that there wouldn't be a change in who patients would deal with on a day to day basis in relation to practice. Regular reports would also be submitted to the Primary Care Commissioning Committee on performance.

Discussion took place on the Staunton Group practice, as previously raised under urgent business. Rachel provided an update on the current position, however it was noted that there was a limited amount in the public domain. It was explained that a procurement process had been undertaken to identify a new provider and contract. There was an ongoing legal challenge from the previous provider, which had delayed the process. Once concluded, patients and stakeholders would be written to in order to confirm the agreed position. In the interim it had been agreed to extend the existing caretaker arrangements to ensure continuity of care.

Sharon Grant stated that Healthwatch Haringey had received a lot of concerns from patients about proposals at St Ann's GP practice, as well as PPG members stating that they had not been informed about the proposals. It was felt that local concerns had not been taken into account when the decision was made. There was a fear that this decision would result in a significant change to local services and that future implications had not been not considered, as well as the process not being transparent. Sharon Grant believed that the Health and Wellbeing Board did have powers to refer matters when local concerns had not been taken into consideration and confirmed that she would be writing to the Chair about this matter, on behalf of Healthwatch Haringey.

Sharon Grant also referred to the Staunton Group issue, where huge concerns had been raised by the PPG regarding how recommissioning would be carried out. She stated that patients believed that the process had fallen short of the degree of fairness and there was a lack of transparency surrounding the choice of preferred bidder, as well as poor consultation. It was also felt that the patient feedback regarding the performance of the previous operator had not been taken into consideration. Sharon Grant would also be writing to the Chair about the numerous concerns that had been received by Healthwatch Haringey.

Rachel Lissauer responded to the concerns raised and recognised the issues raised by Healthwatch. She added that the issues raised had also been raised separately and a response provided to those.

Beverley Tarka, Director of Adults and Health, stated that Stephen Lawrence-Orumwenser, Assistant Head of Legal Services, was the legal representative for the Health and Wellbeing Board and requested that the powers of the Health and Wellbeing Board be explored and reported back. **ACTION: the legal powers and position to be reported back to a future meeting.**

Following on from this matter, Cassie Williams –stated that she was keen to understand how, going forward, commissioners could look at the legal issues around procurement, to ensure a smoother process.

Sarah McDonnell-Davies, Executive Director of Borough Partnerships, also responded to the issues raised regarding the change of control at AT Medics and stated that there was a crucial system of procurement which supported the strategic objectives within the NHS. She stressed the importance of stability in local partnerships and understand all of the concerns raised. She added that there would be the ability to monitor and oversee the offer being provided for patients, which was of upmost importance.

The Chair responded to matters discussed, which had been subject to a lot of discussion from all lead members and Health and Wellbeing chairs across NCL, who were all in agreement that they did not agree with the decision made regarding AT Medics. It was felt that the decision was not in best interest of the NHS in London and resident's healthcare. One of the concerns was that this was not a one off decision and could represent a pattern of the way health care provision was being provided in the future.

## **RESOLVED**

**To note the update.**

### **9. COVID-19 AND VACCINATION UPDATE**

Dr Will Maimaris, Interim Director of Public Health, provided a Covid-19 update at the meeting and stated that the level of positive cases within the borough had come down significantly. It was noted that between Christmas and New Year there had been over 1,000 cases per 100,000 per week and the figures were now only in the 20s. The low number of cases was reflective across the borough and all age groups.

Dr Maimaris gave a presentation at the meeting, detailing the uptake of the 1<sup>st</sup> dose of the vaccination within the registered eligible cohort group in Haringey as of 14 March 2021, as well as an uptake by ethnicity and deprivation.

Dr Maimaris also raised the issue of variants of concerns and stated that the South African variant had been detected in early February, which was followed by extensive testing in the Tottenham Hale area. It was noted that there had been a good level of compliance from the local population, which had found there to be around a 1% positivity rate and no evidence of ongoing transmission. The service had since been informed of another variant of concern which was similar to the UK variant, the Brazilian P1 variant. There had been concerns raised that the vaccine could not be as effective with this particular variant, however there was no specific evidence of this. Dr Maimaris advised that the strategy to address this variant found in the N10, Muswell Hill area had been to undertake detailed contact tracing and surveillance, in order to pick up any future spread and communicate this with residents. It was stressed that there was no increased risk in public health terms.

Rachel Lissauer highlighted the importance of the huge amount of activity which had contributed to the large increase in uptake of the vaccination. The vaccination programme had called on voluntary and community sector organisations, as well as utilising Councillor's social networks, mutual aid groups and collective resources. A huge amount of work had also be undertaken by the Federation of GP practices to co-ordinate call and recall. There had also been a targeted social media campaign.

Geoffrey Ocen, Bridge Renewal Trust Chief Executive, also referred to the partnership grass roots project, Community Protect. The Community Project worked with Public Voice and Mind, alongside different statutory and grass root organisations to tackle vaccine hesitancy. He added that they had started from a low base, with a lot of mistrust, and a lot of positive work had taken place.

Cassie Williams, Assistant Director of Primary Care Quality & Development, informed the Board that 64 homeless people had been vaccinated at the Travel Lodge, Finsbury Park, last Thursday. Today the Federation of Paramedics and GPs were administering the 2<sup>nd</sup> dose of the vaccination at care homes. 1,300 vaccinations had also been administered in the homes of those that were housebound. Cassie also highlighted the amazing volunteers at the Whittington Hospital who had helped to run and support the vaccination programme. It was also recognised that the GP practices had also worked incredibly hard in calling people in, especially given the challenges surrounding vaccine hesitancy. She was also pleased to announce that the 75.1% uptake vaccination target had just been reached.

Dr Peter Christian, NCL Clinical Commissioning Group (CCG) Board Member, echoed the great work done that had been done administering the vaccine programme. He also stated that it had been a useful learning exercise, especially with the extra work addressing vaccine hesitancy in the east of the borough. It was recognised that it was likely that there would be a booster vaccination programme, which could be an annual vaccination. Dr Christian added that he believed it was an opportunity to create and build on relationships with those often hard to reach communities and assist in maintaining their health in the future.

Sharon Grant stated that it had been an amazing exercise and paid credit to everyone that had contributed to the vaccine programme. The programme had broken down barriers in inequalities and it was important to detail the multi-faceted processes used and lessons learnt to build on in the future.

The Chair questioned whether there had been any knock on effect vaccination take up following the kick back on the AstraZeneca vaccine in Europe. In response, Cassie Williams stated that they had received calls and experienced some hesitancy, which had also been reported across London and nationally, however people had still been coming in for their vaccine.

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 9 actions agreed back at the Health and Wellbeing Board meeting in May 2020. The wider programme would be overseen by the Health and Wellbeing Board and Community Safety Partnership in a joint meeting, expected to take place in June 2021. The highlights of the 9 action points and work undertaken were detailed at the meeting, as follows:

1. **Data and evidence** – Council and NHS. How to monitor different types of inequalities characteristics, with a proposal to unpick this matter.
2. **Funding** – targeted work to support certain communities.
3. **Violence against women and girls** - resource had been allocated for independent domestic violence advocacy. It was important to better understand those communities that really need this support.
4. **Bereavement and Mental Health** – there had been some really strong work around mental health, with targeted work to increase uptake.
5. **Communication and awareness raising** – more targeted communication. Awareness of cultural issues and peer element. Reserve mentoring had also been introduced, which would continue to be monitored.
6. **Prevention and resilience building** – it was important that individuals had the resilience to cope if the situation arose again and also look at route causes and drivers.
7. **Shielding** – the vaccine programme had helped with this. It was also important to safeguard the staff on front line, with risk assessments being undertaken.
8. **Access to services** – look at how best to deliver services.
9. **Digital Exclusion** – especially surrounding home schooling. A couple of interesting projects had been introduced.

Geoffrey Ocen added that an Equality and Inclusion bulletin had been introduced on a quarterly basis. The service was also working on how best to measure impact during this time.

Councillor Blake questioned whether they had any thoughts in relation to the weekend's events, following the death of Sarah Everard, which may impact these plans. In response, Charlotte Pomery stated that there was a strand relating to violence against women and girls and that it was important to link together gender inequalities and domestic violence and the perceptions of women. It was early days in measuring impact and they would need time to reflect and determine the best way to take this forward in a holistic and joined up way.

Councillor Blake also informed the Board that he had emailed the Borough Commander and Cabinet colleagues to raise his views on the matter. Councillor Blake stated that it was important to look at how the victims could be characterised and a need for a culture change, as well as some work surrounding young men and their attitudes towards women.

### **RESOLVED**

**To note the update.**

## 11. SEXUAL AND REPRODUCTIVE HEALTH STRATEGY 2021-24

Susan Otti, Assistant Director of Public Health and Akeem Ogunyemi, Public Health Commissioner, provided a presentation on Sexual and Reproductive Health Strategy 2021-24 and highlighted the key points covered in the agenda pack. Susan Otti identified why there was a need for an updated strategy, especially in light of the pandemic. It was noted that one of the positives that had come out of the previous strategy had been a large reduction in the number of teenage pregnancies. It was highlighted that there was a need for a universal and targeted element, focusing on prevention and reducing health and inequalities across the borough.

It was noted that prior to 2013 all commissioning of sexual health had been done by the NHS, with it then coming under the responsibility of the Local Authorities in 2014, apart from abortion services which were still provided by the NHS. Since 2014 there had been a move from a treatment services approach to a focus on prevention and partnership working. The presentation detailed a menu of services available for residents.

The presentation highlighted the current assets and services around sexual and reproductive health, which had grown since 2014 and provided a universal and targeted offer in tune with different providers. It was important that the offer was inclusive and served the borough's diverse community, particularly in areas of higher need. The service had built on what worked, through a targeted multi agency approach. It was noted that the strategy was embedded within the aims and values of Haringey's ambitious 5-year Borough Plan and was informed by regional and national policy and guidance. The strategy also set out 4 priority areas for 2021-2024, with a suite of guiding principles. A draft action plan for 2021-2022 had been produced, as set out in the papers. The presentation also focused on how the impacts of the strategy would be measured.

The following questions were raised:

- Charlotte Pomery, Assistant Director for Commissioning, referred to the previously raised issue of violence against women and girls and questioned how the strategy could be used to help address this issue. In response, Susan Otti stated that a priority of the strategy was the education and communication workstreams, which promoted safe relationships, including working with schools and clinical services. Akeem Ogunyemi added that the team were already doing some work around training in this area, in order to ensure that key workers were also trained in this area.
- Councillor Blake referred to the teenage pregnancy strategy, which had been a national strategy and achieved great progress in this area. He questioned whether there was a national strategy for sexual health. It was explained that the Department of Health do publicise a national strategy for sexual health, however the most recent strategy had been delayed due to the pandemic and was pending.
- Richard Gourlay, North Middlesex University Hospital Trust, referred to the HIV service provided at the North Middlesex Hospital and questioned how integrated this service was across the borough. Akheem Ogunyemi explained that the service worked closely with outreach sex health providers, working with newly

diagnosed pregnant woman, alongside the North Middlesex Hospital. Susan Otiti added that the service provided an integrated pathway for diagnosis, enabling them to get into the services provided at North Middlesex Hospital.

- Beverley Tarka, Director of Adults and Health, referred to a post Covid future and questioned whether the strategy would be futureproof. In response, it was explained that the commissioned service had learnt from the experiences they had gone through during the pandemic, focusing on communications, what was available and providing flexibility throughout the services provided. The digital offer was also being looked into and built upon, as a way of investing in the future, across London.
- Jonathan Garner, Whittington Trust Director of Strategy, referred to the school nurses service provided by the Whittington Trust and wished to check whether this service was working. In response, it was confirmed that the school nurses provision was an integral part of the Sexual and Reproductive Health Strategy.

The Chair referred to the second recommendation and requested that if any member was interested in the role to let her know and she would follow this up if no nominations were received.

## **RESOLVED**

1. **To endorse the Sexual and Reproductive Health Strategy, attached at Appendix 1 to the report.**
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.**

## **12. BETTER CARE FUND PLAN 2020-21**

Paul Allen, Head of Integrated Commissioning (NCL CCG), presented the Better Care Fund Plan 2020-21, as set out in the report. He stated that the national guidance had been delayed and was released in December 2020. It was therefore noted that they were not required to provide a full plan, with an expectation that the priorities would be rolled over from the previous year, as listed in the report. They were currently awaiting guidance from the national body.

Appendix 1 provided the investment schedule and a breakdown of the schemes funded by the Better Care Plan. It was recognised that following the pandemic there would be some longstanding health and equalities issues and he had asked colleagues to have a strong focus on inequalities.

## **RESOLVED**

**That the Health and Wellbeing Board approve the Haringey Better Care Fund (BCF) Plan for 202/21 and confirm that the investment schedule in Appendix 1 meets the national BCF Plan Conditions.**

**13. NEW ITEMS OF URGENT BUSINESS**

In response to the previously raised matter, Richard Gourlay, North Middlesex University Hospital Trust, asked that this matter be on agenda on the agenda for the next Health and Wellbeing Board, to give the new Chief Executive the opportunity to talk though the benefits of the new appointment.

Sharon Grant stated that the issue concerned the matter of the value on consulting patients and public on these decisions. She stated that there had been major consultations over the last few years, where the opinions had been taken into consideration and written up, however there had been no consultation prior to this change being made. She was concerned that people may be less inclined to participate in future consultations if their views were not taken into consideration.

The Chair also recognised that if the views of the public and relevant stakeholders were routinely ignored it did not encourage trust.

**14. FUTURE AGENDA ITEMS AND MEETING DATES**

The Chair asked that members of the committee contact her with any items they wished to be put on the agenda for future meetings.

CHAIR: Councillor Sarah James

Signed by Chair .....

Date .....

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## **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 .....

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