

MINUTES OF MEETING HEALTH AND WELLBEING BOARD HELD ON WEDNESDAY, 26TH JANUARY, 2022, 2:00PM TO 4:00PM

PRESENT:

Cllr Lucia Das Neves, Chair – Cabinet Member for Health Social Care and Wellbeing*
Cllr Mike Hakata – Cabinet Member for Environment, Transport, and the Climate Emergency*
Cllr Zena Brabazon – Cabinet Member for Early Years, Children, and Families*
Sharon Grant – Healthwatch Haringey Chair*
Beverley Tarka - Director of Adults and Health^
Ann Graham - Director of Children's Services^
Dr Will Maimaris – Director of Public Health^
Charlotte Pomery – Assistant Director for Commissioning^
Geoffrey Ocen – Bridge Renewal Trust Chief Executive^
Dr Peter Christian - NCL Clinical Commissioning Group (CCG) Board Member^*
Rachel Lissauer – Director of Integration, Clinical Commissioning Group (CCG)^

IN ATTENDANCE:

Frances O Callaghan, - Integrated Care System (ICS) CEO for North Central London^
Jonathan Gardener – Whittington Trust Director of Strategy and Corporate Affairs^
Lynnette Charles – MIND Haringey^
Sarah McDonnell-Davies- NCL CCG^
Cassie Williams – Chief Executive Officer, NHS Haringey CCG^
Jackie Difolco - Assistant Director for Early Help and Prevention^
*Voting Member ^Joining Virtually

ALSO ATTENDING:

1. FILMING AT MEETINGS

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

2. WELCOME AND INTRODUCTIONS

The Chair welcomed everybody to the meeting.

3. APOLOGIES

Apologies were received from Mr David Archibald and Ms Zina Etheridge.

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

None received.

7. MINUTES

RESOLVED: That the minutes of the meeting held on 24 November 2021 be confirmed as a correct record.

8. COVID-19 AND VACCINATIONS UPDATE

Dr Will Maimaris informed the Board that:

- The situation appeared to be more positive since Christmas 2021.
- Cases of coronavirus were still high in the borough, in the city and in England due to the Omicron variant (which was also now starting to fall).
- There were 800 cases per 100,000 people per week. There was also a decline in positive test results.
- There was still pressure on the health care system and it appeared that the peak of admissions had passed in early January 2022.
- There were 90 patients in Whittington with in eight Intensive Care.
- There were 128 in North Middlesex Hospital with four people in Intensive Care.
- Whilst there were a significant number of cases, there was not a significant number of deaths resulting from cases.
- Cases should be decreasing in the next four to six weeks.
- It was important to emphasise washing hands, social distancing and wearing of masks, despite the government's relaxation of coronavirus regulations.

- Over 65% of eligible patients have had their booster vaccine. In the over 80s category, the figure rose to 80%.
- Considerable attempts were being made to engage with various communities.
- In relation to compulsory vaccination on health and care workers, the issue had become a national issue in terms of its implications. There was a lot of work going on locally to plan and mitigate for any risks.

In response to questions, the Board heard that:

- Rates of coronavirus in primary school children were high and there was an increase following the Christmas holidays. Rates were expected to decline.
- There was focus on the second dose of vaccinations being administered to secondary school children.
- It was appropriate to remove some of the restrictions as the impact of the severity of the coronavirus was lower. The coronavirus crisis had an impact on vulnerable people and it was somewhat important to return to normality as soon as possible as the NHS was strained in providing services and the coronavirus crisis was putting additional strain on health and care staff.
- In relation to 5 to 11-year-olds, there was good capacity to accommodate those in the age group on some NHS sites in Haringey and pharmacies were offering appointments explicitly for 5 to 11-year-olds. However, not all sites could do this. Some 'at-risk' 5-11 year olds were being vaccinated. Appointments could be made on the weekend and after school.
- Vaccinations for children under 12 amongst the wider community was most likely to take place in April 2022.
- The formal paediatric dose had not yet been received. This would occur starting from the end of the week to the beginning of the next week as invites should start to be sent to families from their GP. Alerting special schools would be a useful way to maximise the opportunity. It needed to be clear which children were eligible for which doses.
- A weekly bulletin was sent to all schools in Haringey. This had been done since March 2020. This contained a public health section.
- Work had been done with food poverty and extensive communication had been ongoing to ensure that information on council websites and other websites were fully up-to-date and this methodology could be followed further.
- There was a strategic group that had been coordinating on vaccines with schools. There were challenges regarding the categorisation with those who were clinically vulnerable but the coordination that had been done was very good in relation with the Communications team to help update the website.
- Lateral flow tests were being made more available by the government and pharmacies were in greater supply of testing kits.

- It was not yet clear what the policy would be on testing on the wider community as the government was still reviewing its policies on testing and isolation.
- Many of the positive coronavirus tests had been received from lateral flow tests.
- There may be some pressures on individuals to be able to go into work and therefore may be inclined to report a negative test. More could be done to facilitate the testing process such as ensuring that the results of any tests be reported to the NHS.

The Chair felt that it was important to note the impact of coronavirus in various communities across Haringey.

RESOLVED:

That the update be noted.

9. HARINGEY SEND STRATEGY 2022-2025 AND AREA SEND INSPECTION

Ms Jackie Difolco presented the item.

In response to questions from the Board, the meeting heard that:

- The Parent-Carer forum was functioning very well. It had originally started with under 10 members and now the forum was now closer to 60 members. A steering group had been established and a chair and vice-chair was in place. There was a drive to ensure that the group was inclusive and diverse including a range of special needs and disabilities. An engagement plan was being developed.
- A 52 week wait for an autism assessment was too long and it was something professionals were conscious of going into the Special Educational Needs and Disabilities (SEND) inspection and was something that had arisen from the parent-carer feedback. It was, however, an improvement from a maximum of a 85 week wait for children who were 11 years and older. A recurrent investment was going into the area and would help meet the demand. There would be a commitment of a maximum of 40 week average and 52 week wait for those aged 0 to 18.
- The workshop has been held and the feedback was that further support and communication was required. So work was being done with SEND DS and providers so that service users would be aware of the process in general.
- It was important to note that there were various other services that were in place to support children with Special Educational Needs was under considerable strain. Speech and language therapy, physiotherapy and school nursing services were amongst the services that were provided. Therefore, it was important to recognise that the commitment to the children in local schools had good level of ambition, but community services generally were under strain. There was also a shortage of staff, many of whom were working at full capacity.
- The SEND inspection was fair and accurate. The effort and the amount of work completed in order to make progress in the service was considerable. The service had improved in the last three months. The written statement of action had actions which had been taken. The work with health specialists and the CCG coming forward with more money for autism assessment was long overdue. A parallel review of Early Years

was being completed and it was important to campaign with the government for more resources.

- The relationship with the Parent-Carer forum had improved. Various people were involved with meetings of the SEND executives in the sub-groups. The Chair of Parent-carer forum was a member of SEND executive.
- The Steering Group had informed that they were pleased with the progress and felt that they were engaged. Approximately £800,000 worth of funding had gone into the SEND service, including increasing educational psychology resources, quality assurance and Educational Health and Care officers.
- In relation to the three written statement of action areas; one of which was preparing for adulthood, it was important to note that what happened in the early years of development would affect adulthood.
- For about six months, teams that had been doing autism assessments had brought additional people to provide assessments and hospitals had been looking at ways to assist one another. There had also been use of online assessments and work was being done to reduce backlog. Where there was insufficient capacity to meet demand, there needed to be a redress of the balance on an ongoing basis and there would be some more resource to allow the borough to meet demand at an improved level. However, as it was a growing population it would be difficult to meet demand absolutely.

The Chair stated that the issue of addressing various community services in the borough and a further update on the item would be brought forward to a future meeting of the Health and Wellbeing Board.

RESOLVED:

That the contents of the report be noted.

10. NORTH CENTRAL LONDON INTEGRATED CARE SYSTEM AND HARINGEY BOROUGH PARTNERSHIP

Ms Frances O Callaghan introduced the item and stated that:

- The Health bill was still moving through Parliament. The date had been delayed for statutory formation of the Integrated Care System (ICS) from 1 April 2022 to provisionally 1 July 2022, subject of that bill to go through Parliament.
- She thanked Zina Etheridge for her help and support she had given into the developing ICS.
- An Integrated Care Board and Integrated Care Partnership Forum needed to be created. There was also a Community Partnership forum which was not as part of the legislation.
- A major task was to create a leadership team for the Integrated Care Board (ICB). It needed to have a fair and transparent process relating to any CCG changes.
- Non -executive appointments would be made for the ICB.

- The Integrated Care Partnership (ICP) would work with the Integrated Care Board (ICB) to set the strategy with the ICB having the responsibility of delivering the strategy.
- The ICP would be broadly representative around elected members.
- Local authority representation would be made to the ICB.
- A white paper was due to be published on the integration at place level.
- A significant emphasis was being placed on clinical and professional leadership in the ICB. The CCG has been a clinically led body and care would be taken to not lose the clinical and professional leadership already established.
- There would be a formal medical and nursing appointment but via local authority engagement, it was important to note the public health work and ensure a public health voice.
- The development of the borough partnership was important and the work of the Population Health Committee would be important for understanding priorities. It was important to address inequalities and wider determinants of health.

In response to questions, the Board heard that:

- There was a commitment to create strategies that were effective that meant something to the local population.
- Any proposals created would be better if they were informed by the local view, local authorities and other stakeholders.
- Some things needed to be done differently. Some ideas in the NHS about how the services were best delivered did not meet the needs of the local population due to location or lack of information.
- Patients at hospitals, for example, needed to be worked with more closely via the primary care teams to ensure the right steps were being taken.
- There was a significant rise in demand on primary care in terms of the number of appointments available. It was at least a 10% increase from two years ago.
- There was the Winter Access Fund which would help primary care to increase opening hours to provide more support to patients. Online consultation was useful and it was important to maintain face to face contact.
- Whilst the CCG would lose some of the clinical leadership, it was important to ensure that there was a safeguard against any wider change that would result in a diminution of the primary care voice.
- The mental health review was underway and was examining the expenditure of funds in the area across the five North Central London boroughs.
- Mental health investment would be protected going forward, but a balance would have to be struck around community hospital and mental health spend.

- It was important to ensure staff members were supported and that their wellbeing was considered.
- Primary Care already had difficulties regarding service user access, before the coronavirus crisis. Primary Care was entering into a very difficult time. Many GPs in Haringey were over the age of 55 and would be retired in the next five to ten years. There was also an issue around attracting young GPs to come to live and stay in Haringey.
- Wood Green would be opening a diagnostic hub, which would be more community centric.
- There was a lot of positive work that the Community and Mental Health teams had done on the review to expose certain inequalities and in a manner that people can accepted.
- There was more delegation around dentistry and optometry and community pharmacy who could potentially release some of the burden on primary care.
- Some GP's had a better administration and digital infrastructure. The role of a GP was not the same in all areas. There was also work to make access to dentistry more accessible.
- There was a commitment to bringing care closer to residents to addressing the wider determinants.
- It was important to that the independent voice of patients was still heard.
- There were other issues that were integral and circumstantial to health and wellbeing such as quality of housing.
- In May 2021, the borough had an opportunity to bid for around £580,000 worth of investment helping the borough work on mental health within in the east of the borough.
- Funding applications had been made for around £850,000 which was also going into the east of the borough assisting peer support for people with mental health issues, long term conditions and mentoring for families.
- There has been work around localities to consider the neighbourhood infrastructure. This would help the borough to have a neighbourhood level profile to address the specific needs of the locality.
- The North Central London developments on NHS had a focus on population health. The Population Health Committee was focused on tackling inequalities, prevention and looking at the wider determinants of health. As part of that work, an outcomes framework was being developed across North Central London that would feed into the plans for the integrated care system.

RESOLVED:

That the update be noted.

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

Ms Charlotte Pomery provided an update to the Board. She noted that the Great Mental Health Day was on 28 January 2022 and the first Somali Community Network would take place on 24 February 2022.

A separate update would be circulated to the Board.

RESOLVED:

That the update be noted.

12. ENSURING THE VOICE OF DISABLED RESIDENTS IN TRAFFIC AND PARKING MATTERS

Ms Beverly Tarka stated that she had met with the Assistant Director of Services, Mark Stevens, who had made a commitment to work with stakeholder groups. Officers would support the work with LTNs and the challenges with the digitalisation of parking and an update would be provided in the future.

RESOLVED:

That the update be noted.

13. NEW ITEMS OF URGENT BUSINESS

There were no items of urgent business.

14. FUTURE AGENDA ITEMS AND MEETING DATES

The next meeting would be held on 16 March 2022.

Potential future agenda items included Mental Health, Speech and Language, Transition and Preparing for Adulthood and Dentistry.

CHAIR: Councillor Lucia das Neves

Signed by Chair

Date