

MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON TUESDAY, 24TH JULY, 2018 18.00

Present: Cllr Joseph Ejiofor (Chair of Haringey Health and Wellbeing Board – Voting Member),

Cllr Peray Ahmet (Cabinet member for Adults and health) Dr Will Maimaris (Interim Director of Public Health), Sharon Grant (Chair, Healthwatch Haringey – Voting Member), Dr John Rohan (Chair, Haringey CCG – voting member), Beverley Tarka (Director Adult Social Care LBOH), Gill Gibson, Assistant Director for Early Help and Prevention Geoffrey Ocen (Bridge Renewal Trust – Chief Executive), Cathy Herman Lay Member CCG[Voting Member]

Zina Etheridge (Chief Executive LBOH), Charlotte Pomery (Assistant Director of Commissioning, Gill Taylor, Strategic Lead – Single Homelessness & Vulnerable Adults

Richard Gourlay – Strategic Development Director, North Middlesex University Hospital

25. **FILMING AT MEETINGS**

The Chair referred to the notice, at Item 1, about filming at meetings and attendees noted this information.

26. **WELCOME AND INTRODUCTIONS**

The Leader welcomed members of the Board and attendees to the first meeting of the Health and Wellbeing Board for 2018/19.

The Chief Executive was pleased to announce that Dr Will Maimaris had recently been appointed as interim Director for Public Health and would be fulfilling the Director of Public Health role whilst Dr Jeanelle De Gruchy was on a two year secondment.

27. **APOLOGIES**

There were apologies for absence from:

- Cllr Weston
- Dr Christian - Dr John Rohan substituted

- Tony Hoolaghan
- Ann Graham - Gill Gibson, Assistant Director for Early Help and prevention attended in her place.

28. URGENT BUSINESS

There were no items of urgent business.

29. DECLARATIONS OF INTEREST

There were no declarations of interest.

30. QUESTIONS, DEPUTATIONS, PETITIONS

There were no questions, deputation or petitions put forward to the meeting.

31. HARINGEY HEALTH AND WELLBEING STRATEGY 2015-18 UPDATE

Dr Will Maimaris introduced the report and presentation, which provided the progress made in delivering Haringey's Health and Wellbeing Strategy for 2015-18. The outcomes achieved would inform activities of the health and wellbeing partnership for the next four years and further inform the current compilation of the borough plan, contributing to the Board's ultimate aim of tackling health inequalities in the borough.

Dr Will Maimaris reiterated the common key principle being worked to, by the Board, regarding Health in the borough, which was every resident's right to happy healthy life. He continued to draw attention to the three outcomes being worked to by the Board: Reducing childhood obesity, increasing healthy life expectancy by preventing long-term conditions and helping people with long-term conditions to live well and improving mental health and wellbeing.

There had been a three-pronged approach to tackle and help achieve these outcomes.

- Accessible high quality high based primary care services – geared to particular cohort which was identified as in need.
- Focus on community based primary care and improving community health provision in the borough – it was important to harness this as a Council as a fundamentally where we live has a huge influence on health.
- Focussing on how to make Haringey a healthy place and safe to walk and cycle.
- Improving life expectancy - across the different outcomes, supported by a new GP in Tottenham Hale and working with Islington Council on improved pathways with integrated networks and completing 10,000 blood pressure tests to tackle the awareness of cardiovascular disease.
- Work in communities, partners made huge strides in tackling cardiovascular disease, contributed by positive national health policy developments which have helped achieve reductions.

However, it was recognised that there were still stubborn inequalities in the outcomes being achieved and still a gap between the west and the east of the borough. Going

forward, it would be critical to target and measure the outcomes on how they can combat inequalities in health.

Dr Maimaris continued to provide a summary of the work achieved in partnerships and described the Pyramid approach to services provision in the community, which had been focused on.

In relation to continuing the work to reduce health inequalities, having enough money remained a challenge. It was important to continue to fund preventative services, work on place, and how work towards parity.

In relation to the actions and outcomes achieved on mental health, significant change may take years to achieve but it was important to reflect on successes and challenges going forward.

The Board commented on the achievements and outcomes so far and the following was noted:

- The work and focus on stroke reduction and arterial fibrillation was significant and welcomed. It was now important to embed the learning and practices from this campaign and initiative whilst also maintaining their momentum to ensure that the frequency of strokes in the borough reduces.
- It was important to recognise that so many components in an individual's life and experience affected mental health. Indeed, the partnership may not be able to quantify this. However, it was important to recognise the factors where the partnership can have an influence.
- In relation to supporting the provision for older people, it was important to be ambitious in the next few years and bring more health services into the community, working across boundaries and third sector. The work on CHIN [Care Closer to Home Integrated Networks] aimed to contribute to this agenda but there were obstacles to making this initiative a success and this would require a lot of community involvement to achieve the required outcome.
- It was important for the partnership to consider wider impacts on health and wellbeing such as the offer debt advocacy and how residents navigate the system. There had been a concerted effort to diminish the organisational boundaries that had a detrimental impact on allowing access to services and now there was a further targeted approach required to also ensure identified vulnerable groups had easy access to services.
- There was agreement that the Pyramid model used to identify, target specific sections of communities to obtain a blood pressure checks had a good impact, and there had been first -hand experience of the life changing impact of this initiative. However, it was important to maintain momentum and sustainability, and in the long term integrate, move resources, and involve the residents in service delivery.
- It was felt that tackling obesity was a good initiative, which had started well, but community partners were now interested in the future journey. In response, it would be important for the partnership to re- energise efforts on tackling obesity and there would be more discussion on this issue going forward.

- Echoing the previous comment about targeted work with communities, there was a need to complete further research work on the sections of the community that required specific focus. It was suggested working with a university to help provide this local information and in turn help target resources accordingly. Anecdotal examples were provided of the higher than average illnesses in the Afro Caribbean community due to high blood pressure and higher than average numbers of smokers in the Turkish communities and Greek Cypriot men smoking habits were referred to. This information demonstrated that there were sections of the community that would benefit from targeted resources and would aid the reduction of health inequalities in the borough. In response, it was noted that there was a need to improve the sharing of information held by the partnership. There were some services already targeting sections of the community like an allocated specific Turkish-speaking officer on the stop smoking campaign but agreed more could be done.
- In response to a further point on additional funding to target specific sections of the community where health inequalities is more prevalent, this maybe more difficult to tackle. However, linking this issue into the fairness commission could be explored.
- The Chief Executive commented on the success of the partnership's strategy to focus on the three outcomes of improving childhood obesity, mental health and long-term health conditions. It would have been easy to focus on structures and be diverted. However, focus on the outcomes had been a predominant feature of the partnership. Going forward, it was important to carry on this focus on and evaluate how this was being achieved.
- Noted the importance of challenging the system and ensuring that funding is geared to primary services, as budgets will carry on reducing. There was also a real systems challenge to ensure that primary services are aligned as much as possible.
- When considering the Adults and Public health budgets it was evident that there was a need to shift the emphasis from funding more acute services to funding preventative measures. Although, it was important to continue funding acute services, equally solutions and initiatives that can be compiled to support outcomes was important. This would mean refining the Partnerships approach to achieve this.
- The Leader commented that it was important for young people to feel engaged about what they want from the system going forward. It was felt that the conversation was not deep enough on this. In response, engagement events and good examples of good practice were provided and acknowledgement given that there was always more partners could do to improve engagement of young people in the system.
- In relation to tackling childhood obesity, the improvements were not as disappointing as seemed. There were now more powerful national policies to help and of course more work to completed in this area. The example of the New York initiative illustrated the benefits of focused and measured outcomes in communities. This could be applied to work in Tottenham and would mean focusing on a limited set of outcomes and then deciding how to work in Tottenham.

RESOLVED

To note progress in implementing the Health and Wellbeing Strategy over the last 3 years.

32. MAKING EVERY ADULT MATTER

The Health and Wellbeing Board considered proposals to develop and adopt a coordinated, borough-wide approach to addressing the complex and multiple needs of vulnerable and homeless adults in Haringey. Specifically, the report referred to the boroughs' ongoing work to address the interconnected harms and costs of homelessness, mental ill health, substance misuse and anti-social behaviour.

Mr Terry, a local homelessness practitioner working in close contact with homeless people, provided the Board with some real life examples of the daily work with homeless people in the borough and asked the Board to keep in mind the principle, already referred to in the meeting, which was everyone's right to a healthy life.

Mr Terry described how an integrated services across the piece was important to getting the support right. Funding and safeguarding preventative projects was vital otherwise; there would inevitably be a build-up of cost around the partnership's services.

Mr Terry spoke of his own working experience and the difficulties in accessing support for homeless people. He provided the Board with the case study of a homeless man and how the right kind of intervention could have led to a different outcome. Often homelessness cases had the similar traits of very entrenched drinking, traumatic childhood, loss, mental health issues, and poor health. Mr Terry described a case study with these circumstances, highlighting the importance of homelessness people having easy access to the above services with support to co-ordinate, and access them. The proposed partnership project to create a homelessness hub with support provision would help homeless people that would usually fall within the gaps in services.

Gill Taylor, emphasised that homeless people will require access to some of the most complex services and highlighted the good support provided by Housing First.

It was noted that homeless people needed help with the navigation of services, and were a cohort that required targeted support of services. The Board were requested to support the making every adults matter approach model for helping the most vulnerable. This meant that, on the ground, making simple changes such as a GP agreeing to see homeless patients first as they will not be comfortable in the waiting area and the partnership services making more decisions according to the individual. It was important to consider how the partnership brings together services to change the system for homeless people.

The Board were provided with some data behind the cases. Characteristic traits seen in the cases were loneliness, substance misuse, depression, traumatic experiences and alcohol and drug abuse. When these issues came together, there was an urgent need to access statutory services promptly. The project would also need to tackle a distrust in health and support services to ensure that was early access and avoidance of access being sought at crisis points.

The Board noted that agreeing this approach would require a financial commitment of approximately £60,000 per year for three years, to design, deliver and evaluate the intervention. It was proposed that Haringey Council's Strategic Commissioning Unit would fund 50% of this with the remaining 50% funded by a combination of Public Health, the Metropolitan Police, Barnet, Enfield and Haringey Mental Health Trust, Haringey & Islington Clinical Commissioning Group and/or local hospitals with A&E departments. Whilst the individual contributions would be small, it is anticipated that a jointly funded intervention will maximise commitment to the approach, from all involved.

In addition to homeless people on the street, the joint project would give wider consideration of other hidden cases of homelessness such as sofa surfing and vulnerable women travelling on busses to keep safe who had no fixed address.

It was important to note that there was not currently a co-ordinated approach to supporting homeless people. The conditions may only apply to 30 or 40 people but they will experience worst outcomes possible so was a crucial issue to tackle. Therefore, the Board were asked to support the bid, which would enable a co-ordinated approach. However, it was also important for the partnership to consider what can be done differently with people as part of the solution.

The following was discussed in response to the presentation of the report:

- There was an evident increase in street homelessness and the Board welcomed the approach put forward in the report.
- Noted that often-homeless people attend A&E as it is somewhere warm and dry. There were some real issues to tackle in relation to the numbers of homeless people sitting in waiting areas. In response, it was noted that homeless people could often attend A&E as they are treated kindly and can have a conversation. The project would employ a co-ordinator and identify the people attending A&E. The project will also be considering the barriers the homeless person is facing in accessing the appropriate services and why they are there. This will lead to an understanding of what partners can do instead to support the homeless person or identify if have a health need.
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- Agreed homeless people needed help to access to service and it would be important to consider as a partnership how to provide the navigation element to this support.
- There was a further need to consider people with No Recourse to Public Funds and whether the partnership needs to change their approach to this cohort. In addition, drug related deaths had risen significantly. These were also key issues which the system of care needed to address and may require a targeted approach.
- Although support to navigate the system was needed, it was important to consider the application of this in relation to homeless people and consider, as a partnership, how to learn and develop as a system of support.
- The project was relying on existing services doing better and pulling together existing services as well and this would likely require further funding.

- Agreed that NRPF cohort required significant consideration. Although the Council had set up a crash pad service, it was important to fully understand exactly the support needed.
- There was a need to consider the impact of brexit and be honest about the limitations of provision. Sarah Hart, in Public Health, was co-ordinating this element and reporting to the brexit steering group. It was commented that employing navigators was not the answer to every problem. It was important to show the health partnership how to work differently and obtain the evidence about how changes can be made within the health care system to better support the individual. The key consideration was making sure employees, GPs and all practioners were keeping in mind a patient's housing situation.

RESOLVED

1. To approve the proposal to design and implement a strategically coordinated borough-wide approach to tackling the needs and costs of adults with multiple and complex needs, by seeking to become a MEAM adoption area.
2. To lend support and influence to the approach in order to maximise the potential human outcomes and to ensure the financial benefits of a different approach are achieved.
3. To give permission and direction for a genuinely systems-changing approach within the organisations, teams and services relevant to meeting the needs of this cohort.
4. To note the links between this work and the emerging corporate approach to Community First in Haringey, which will enable a more effective, earlier help approach to working with people who need help.
5. To note the links with the local authority's Corporate Parenting responsibility, by recognising that homeless adults with multiple needs, particularly those involved with the criminal justice system, are disproportionately former looked after children. The MEAM approach could generate opportunities to intervene earlier in the health and social vulnerabilities connected with future homelessness and complex vulnerability.
6. To recognise the joint role of Haringey Council is Corporate Board and the Haringey Mental Health Executive in ensuring improved outcomes for this cohort of people with complex and shifting needs.

33. NORTH MIDDLESEX UNIVERSITY HOSPITAL: OUR PLANS FOR THE FUTURE

Richard Gourlay, Strategic Development Director, North Middlesex University Hospital presented to the Board , 'the case for change', which would be used to determine whether there is a decision to proceed to closer partnership with full membership of the Royal Free London (RFL) Group. The case would need to be

made that that this change best served the needs of North Middlesex patients and local community.

The Board noted that North Middlesex University Hospital was already a Clinical Partner in the Royal Free Group and the option to align more closely with them would be made, giving consideration to the partnership enabling NMUC to be a strong, efficient hospital which delivers high-quality services to the local community whilst ensuring that the Trust's position is sustainable in the long-term, both in terms of finance and the care provided

Following a brief presentation on the 'case for change', which included: the 5 key challenges for the North Middlesex University Hospital Trust, the timetable for consulting key stakeholders and partners and the timescale for compiling the case for change ,the Board were asked to comment on on any particular conditions or requirements that needed to be considered in a closer partnership arrangement.

The following comments were made:

- The Leader of the Council questioned the nature of the partnership agreement being sought between the North Middlesex University Hospital Trust and Royal Free Trust, and if this was essentially a takeover? Crucially, it would be important to fully understand the nature of the change, in order to assess if this was in the best interest of Haringey residents. In response, it was noted that, at this stage, there was not a decision made on the closer partnership with full membership of the Royal Free London (RFL) Group. Information was being gathered from partners and stakeholders to provide an understanding on what services residents need to see remain at North Middlesex University and how the hospital should be governed . The consultation was further about ensuring that the needs of local population were served, in particular what services needed to be maintained.
- The Chief Executive responded to the presentation and emphasised that this was not a new proposal and there had been intermittent conversations with the Board over a long time for closer re- alignment with the Royal Free. In considering this proposal, it was important to focus on the benefit to working more closely with the Royal Free Trust and take account of the current partnership activities between the two hospitals. The Chief Executive had not yet seen evidence that support from the Royal Free Hospital Trust would currently make a difference to meeting the local needs of residents. The Board would need to have seen noticeable benefits for the community already, to further support more closer partnership working and full membership of the Royal Free Trust.
- Effective working between primary, community services and voluntary services across both boroughs to meet complex health needs and help tackle health inequalities was a vital objective of the Board. The presentation did not indicate the impact a partnership decision could have on this objective. It was important

that such a decision did not lead to a NHS style re- organisation as this would be detrimental to meeting the needs of local residents.

- There was also significant concern about financial sustainability of any arrangement going forward given the Royal Free Trust had a deficit of £60million.
- In response the Strategic Development Director, North Middlesex University Hospital accepted that there were key questions on evidence to respond to in relation to meeting the needs of residents . The premise of the presentation was setting out the strategic challenges facing North Middlesex Hospital and making known the options being considered and how the hospital were engaging and consulting on this . Engaging with users was essential in the decision making process and the Trust would be working with Haringey and Enfield Healthwatch. They accepted that there was a need to improve engagement and get better at asking people to give their views in significant consultations.
- There was concern expressed by CCG representatives about the financial impact of a merger between the two hospital Trusts given the large debt of the Royal Free Trust . There would be great concern that the North Middlesex University Hospital Trust would be subsumed in this debt. The benefits of clinical alignment and recruitment activities between the two hospitals could be argued and accepted but there would not be any support for a closer partnership where budgets were involved.
- It was re-iterated that Healthwatch would need to be involved in the consultation with users and residents. The messages provided in the presentation did not leave the Chair of Healthwatch convinced of the merits of the proposal in any way. It was important for the Board to know the other options being considered by the NMUH. Had there been thinking about other ways forward for the Hospital to meet their strategic challenges? There was concern that any future joint working would be driven by the Royal Free Hospital Trust financial problems. It was imperative to keep the needs of hospital users at the forefront of decision making as residents did not want to travel for long distances to access services, especially given the already complex needs of the local population in accessing services. There had been previous proposals to merge acute and community trusts, which Healthwatch had been opposed to. There was currently good receptive local leadership of the North Middlesex University Hospital Trust, which needed to be maintained to continue tackling health inequalities in the borough.
- The Chair of Healthwatch further proposed making representations to NMUH Trust, asserting that there are alternative proposals explored which are aimed at best serving the needs of the community. These representations would not be inappropriate given the good working relationship with the local Chief Executive of the Trust and common objectives for improving services and providing a local hospital for meeting community needs. In addition, it would be

vital to have a local hospital with its own locally accountable Board as this would best understand the needs of the local population.

- In response, Richard Gourlay, Strategic Development Director, North Middlesex University Hospital agreed to take back the above key messages from Healthwatch to the Trust .
- The Leader of the Council further questioned the weight of influence carried by the local authority as a stakeholder and what the situation would be in a merger scenario.
- There were further points made by the Wellbeing Partnership director on ensuring staff views were taken into consideration. In relation to the clinical aspect of partnership working, there was a benefit to integration as it would provide the ability to target resources. In reality here was a higher expenditure on acute provision rather than preventative care. Going forward, consideration will need to be given to ensuring decision making allows a greater chance of the looking at Haringey 'pounds' were being spent locally.
- Assurance was given that the responses to the consultation would be reflected in the final 'case for change' compiled in September . The Trust Board would be making decisions on next steps in October and there was a need to be clear on the themes that need to be there for directors to consider in October.
- In further response to the issues raised, it was important to take into account the potential benefits from relationship such as clinical support and becoming more resilient hospital that can recruit quickly with better productivity as this will also have a wider impact on primary and secondary services.
- The lay member of the CCG agreed with the concerns expressed . She did not agree with any arrangement that involved a separate governance and accountability. In addition, mergers disrupted staff and tended to involve a high budget which would not help the local population.
- It was essential to take account of care pathways and ensure more collaboration to avoid admission and re-admission. The Voluntary sector role was important and there was a need to have a response on what full membership of the Royal Free Trust will mean ? Although there had been a lot of work on pathways with the Royal Free , there were still weaknesses to be explored and a lot to solve internally.
- This 'case for change' also required discussion at the JOSOC and agreed that this is added to the next meeting agenda.

Agreed that there is a substantial submission to the consultation, reflecting the above the concerns of the Board and opposition to full membership of the Royal Free Hospital Trust. These concerns were put forward in the best interest of the residents in the borough.

Agreed that this submission be drafted in response to the consultation and shared with members of the board before consideration of the next steps by the NMUH Trust in October. **[Completed - letter sent from the HWB to North Middlesex Hospital in September outlining above concerns]**

Suggested that there were alternatives models, to full membership of the Royal Free Hospital Trust explored in the next couple of months.

34. MINUTES

The minutes of the 26th of February 2018 meeting were agreed as an accurate record.

35. NEW ITEMS OF URGENT BUSINESS

None

36. FUTURE AGENDA ITEMS AND DATES OF FUTURE MEETINGS

19th February 2019.

Signed by Chair

Date