

MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON WEDNESDAY, 16TH OCTOBER, 2019, 2.10 – 4.00PM

Present: Cllr Sarah James (Cabinet Member for Adults and Health – **Chair** – Voting Member), Cllr Zena Brabazon (Cabinet Member for Children, Education and Families - Voting Member), Tony Hoolaghan (Chief Operating Officer CCG), Cathy Herman (Lay Member CCG – Voting Member), Sharon Grant (Chair Healthwatch Haringey – Voting Member), Will Maimaris (Interim Director for Public Health), and Geoffrey Ocen (Chief Executive Bridge Renewal Trust).

Officers: Zina Etheridge (Chief Executive of London Borough of Haringey), Beverly Tarka (Director of Adults and Health), Ann Graham (Director of Children’s Services), Charlotte Pomery (Assistant Director of Commissioning), Rachel Lissauer (Director of Commissioning AND Integration– Haringey CCG).

Also present: Cllr Mark Blake (Cabinet Member for Communities and Equalities), Maria Kane (Chief Executive of North Middlesex University Hospital), Paul Allen, (Haringey CCG - Head of Integrated Commissioning - Integrated Care & Frailty), Cassie Williams (Haringey CCG - Assistant Director of Primary Care), Kathryn Collin (Haringey CCG - Head of Children’s Commissioning), Julia Britton (Chief Executive of Open Door), Laura Guest (Parent Carer Representative), Jeanne Faulet-Ekpitini (Access and Trailblazer Team Manager - Barnet, Enfield and Haringey Mental Health NHS Trust), Simon Gosling (CAMHS Service Manager - Barnet, Enfield and Haringey Mental Health NHS Trust).

63. FILMING AT MEETINGS

The Chair referred Members present to agenda item 1 as shown on the agenda in respect of filming at this meeting, and Members noted the information contained therein.

64. WELCOME AND INTRODUCTIONS

The Chair welcomed members of the Board and attendees to the meeting.

65. APOLOGIES

Apologies for absence were received from David Archibald, Dr Peter Christian, Cllr Joseph Ejiofor, Siobhan Harrington and Stephen Lawrence.

66. URGENT BUSINESS

There were no items of urgent business.

67. DECLARATIONS OF INTEREST

No declarations of interest were received.

68. QUESTIONS, DEPUTATIONS, PETITIONS

The Chair informed the Board that a request had been received from Mr Alan Morton, Chair of the NCL NHS Watch, to put forward some issues in relation to item 10 of the agenda pack, proposed merger of CCG's within North Central London. The Chair advised the Board that in accepting this request that it be noted that the CCG governing bodies within North Central London were considering these proposals and the Board was being asked to note and discuss this update in its role as partners in the community.

Mr Morton was invited by the Chair to put forward his representations to the Board. Mr Morton introduced the Board to his representations as set out in the document titled 'NCL NHS Watch', which was circulated to the Board at the meeting. Mr Morton highlighted concerns around governance and privatisation as a result of the proposed merger of CCG's within North Central London.

Although Mr Morton welcomed the NLP plans around prevention work and new screening, he informed the Board that there was insufficient detail on how those plans were to be actioned, and that there had been a small amount of public consultation or engagement.

Mr Morton mentioned that the NLP's budget deficit was about £200 million a year of a £2.1 billion a year budget, which amounted to about a 10% a year deficit. Mr Morton stressed that the deficit was not the fault of the North London Partners (NLP) because the main reason for the deficit was due to deliberate government underfunding. Mr Morton was concerned that the deficit would put pressure on the NLP and result in the NLP selling assets to fund its deficit. Additionally, Mr Morton raised concerns regarding cuts in services due to the deficit.

In relation to governance, Mr Morton wanted to know how residents, staff and councillors would be involved in decisions in health care. He pointed out that there would be inadequate representation of the local authority at the Governing Body of the NCL CCG as only one local Councillor from North Central London would be able to attend the Governing Body Committee that would meet four times a year and that Councillor would not have a vote. He further added that plans were unclear in relation to the Health and Wellbeing Board and Haringey's CCG. Mr Morton informed the Board that despite the advice in the equality impact assessment of the Proposed Merger of NCL CCGs report; the rationale, process, timetable and expected outcomes for the merger was not clearly explained. Mr Morton further explained the long-term implications of the proposed merger, which included privatisation of services and a system of financial cost based on ability to pay. Mr Morton urged the Board to ask the NLP the difficult questions he had put forward in his representations.

The Chair invited officers to respond to the representations.

Tony Hoolaghan, Haringey CCG - Chief Operating Officer, thanked Mr Morton for his representations. In response to the representations, the Chief Operating Officer made the following points:

- a. The Board was informed that it was agreed as part of the NCL CCG merger that all the investment in primary care, mental health, community health services would all be protected. It was further added that the funding would be allocated to where it would be needed rather than it being divided by five boroughs, which would be positive for Haringey as the historical levels of investment in primary care and community care was less in Haringey and Enfield in comparison to other Boroughs in North Central London.
- b. In terms of engagement, the Board was advised that it was the statutory duty of a Clinical Commissioning Group to engage with the local population, and that would continue as a merged CCG. It was noted that there was a genuine commitment to engage with the local population and there would be many forms of engagement work that would be undertaken, such as patient public involvement, websites, newsletters, and meetings on specific topics.
- c. Regarding local authority representation, the Board were informed that none of the Governing bodies in North Central London had a Councillor on them. The Board were advised that Governing bodies needed GPs in the majority. The rules on the configuration was nationally set. The Board were informed that a request had been made for a Councillor from NCL to be on the Governing body. However, it was explained that considering there were five boroughs involved, additional representation would potentially create an enormous Governing body committee, which already included the Director of Public Health of the Council and local authority representative.
- d. The NCL CCG merger was part of the implementation of the NHS plan to create an integrated care system (ICS) by April 2021, which entailed collaborative partnership work among commissioners and providers, the NHS Trust, Councils, Health Watch, voluntary sector and local people. NCL would be delegating decisions and budget down to Borough level. It was noted that there was currently a process of setting up a Borough partnership, and it was explained that there was a lot of activity being carried out at Borough level.
- e. Regarding primary care networks, the long-term plan would be around collaborative partnership work and moving away from competition to ensure there would be less procurements in the future.

The Chief Operating Officer advised Mr Morton that he would be happy to discuss any of his concerns further outside of the meeting.

The Chair thanked the Chief Operating Officer for his response, and thanked Mr Morton for his representations.

At this point in the meeting, the Chair noted, at the request of officers, the variation of the agenda to consider agenda item 9 'North Central London (NCL) Long Term Plan' jointly with agenda item 10 'Proposed Merger of CCGs Within North Central London' to allow for discussion and comment on the changes at the North Central London level. The order of the minutes reflects the order that the business was taken, rather than the order on the published agenda.

69. NORTH CENTRAL LONDON (NCL) LONG TERM PLAN & PROPOSED MERGER OF CCGS WITHIN NORTH CENTRAL LONDON

Tony Hoolaghan, Haringey CCG - Chief Operating Officer, introduced the reports for North Central London Long Term Plan, as set out in the agenda pack at pages 11-44, and Proposed Merger of CCGs within North Central London, as set out in the agenda pack at pages 45-118. The Board also received a short presentation, as set out in the agenda pack at pages 15-55, which provided an overview of the context and summary of the NCL Long Term Plan, the process of developing the collective plan, summary of the implementation framework, summary of engagement plan with residents, and summary of themes from resident engagement used to guide the plan.

The following was noted in discussion of this item:

- a. The Board raised concerns around consultation and engagement work. The Board felt that it was important to ensure a trusting relationship between providers and the public. The Board suggested that when engaging with residents, it was important to differentiate the patient perspective from resident perspective as there were many residents who were well. In response to the Board's concerns, the Chief Operating Officer, stressed it was important to differentiate between engagement and consultation. It was explained that the process carried out as part of the NCL plan was an engagement rather than a consultation. It was further explained that there were national rules around public consultations. The Board were advised that consultations would be carried out in instances such as if there were changes to be made to frontline services. It was noted that the CCG had a statutory duty to involve patients and public in order to obtain their view, especially around any proposed changes or strategy. The Board were assured that engagement work would always continue, and it was hoped to continue to utilise Borough partners to contact and engage with the public. It was noted that the NCL would delegate a lot of activity to Borough partnerships, and engagement and consultation would continue at Borough level.
- b. The Chair requested that more detailed equality impact assessment be provided for future published reports.
- c. The Chief Operating Officer advised that there was not yet a target date on when an audit of health need would be commissioned. An update would be provided at a later date **(Action: Tony Hoolaghan)**.

RESOLVED

- i. That the Board noted the NCL Long Term Plan update
- ii. That the Board noted and discussed the Proposed merger of CCGs within North Central London update.

70. MINUTES

The minutes of the meeting of the 12TH June 2019 were agreed as a correct record.

71. GP PRACTICES IN HARINGEY

The Board received a verbal update on GP Practices in Haringey from Rachel Lissauer, Haringey CCG - Director of Commissioning and Integration. It was

highlighted that there were currently many positive work being carried out on primary care in Haringey, and Haringey was the only Borough in Central London that had an outstanding CQC (Care Quality Commission) rating in general practice. There was a lot of investment through primary care networks which had been helpful in providing support for practices to take on additional staff. In addition, Haringey had been successful in securing 5 improvement grants which were for making improvements for GP practices, which had increased capacity and helped access by redeveloping certain rooms in practices. It was noted that another positive development of the formation of primary care networks was having a community forming around GP practices, which provided a supportive environment of sharing and learning good practices.

The Board were provided an update on the Myddleton Road Surgery. The Board were advised that the CCG had discussed plans to merge Myddleton Road Surgery with two other practices, to close the Myddleton Road Surgery site and relocate the practice. As part of that merger process, Myddleton Road Surgery had looked for a clinical partner to ensure services could continue to be delivered until the merger and relocation went ahead. Approval had been given on 20th June by the North London and Primary Care Committee in Common to add a GP and a non-clinical partner to the Myddleton Road Surgery contract. Sadly, the contract holder had passed away before the contract was signed, which resulted in the contract being automatically terminated. The CCG decided not to undertake the full procurement process to issue a new contract as it was concluded that the premises of the GP practice was inadequate and there were many other GP practices close to the Myddleton Road Surgery. The Primary Care Committee in Common approved a temporary care contract for Myddleton Road Surgery to provide primary care until 2nd November and to ensure patients were supported through the process in identifying and registering with a new practice. It was noted that the CCG continued to work to ensure patients were able to register with a new practice and processes were in place to support the practice's most vulnerable patients to register with a new practice to ensure continuity in care.

The following was noted in discussion of this item:

- a. In response to a question around how the primary care networks would help GP practices in the Borough that were in special measures, the Board was provided the example of Hornsey Park Surgery, which had an inadequate rating in June this year. Hornsey Park Surgery was working with West Green Surgery, which had an outstanding rating, to ensure that Hornsey Park Surgery was working safely and improving. The Board was advised that this arrangement was not within the remit of the primary care network, but it was an informal learning support arrangement which had begun to work.
- b. The Board were advised that the CCG were keen to ensure the strongest practices were supported to both continue to be strong and to support other practices. The CCG were also keen to ensure that GP practices were teaching good practices. There were many mechanisms used in order to provide support to practices, such as providing funding for a nursing team for GP practices that had difficulty recruiting primary care nurses. It was noted that there was a lot of money coming in through the primary care network route for supporting GP leadership, particularly General Practitioners that could become clinical

- directors. It was stressed that the focus was to support practices in order to reduce variation between GP practices.
- c. The Board commented that the primary care network should be about sharing good practice and peer support. A comment was also made around the need to contextualise the primary care network within other work happening at neighbourhood and Borough levels, and the role of the voluntary sector in supporting prevention around primary care in ensuring people obtained access to a wide range of prevention services.

72. AGEING WELL STRATEGY

The Board received a report which provided information on the Haringey Ageing Well Strategy 2019-2022 as set out at pages 119-188 of the agenda pack. The Board also received a short presentation which provided an overview of the context of the Strategy, the key aims, the programme structure, and set of improvement actions for each of the projects within the Strategy. The report and presentation were introduced by Paul Allen, Haringey CCG - Head of Integrated Commissioning (Integrated Care & Frailty).

The following was noted in discussion of this item:

- a. The Board was advised that the intention was to continue the involvement of partners in the delivery of the Strategy, and it was further added that the partnership work was more integrated at Borough and Neighbourhood level.
- b. The Board were pleased with the Strategy. A Board Member was particularly pleased that the Strategy prioritised activities around prevention.
- c. In response to a question around prevention, officers advised that part of the Strategy would be to focus on preventative solutions, which involved developing managing community-based solutions within the wider framework of supporting people to do things such as peer support. The intention was to work with a wider set of partners, such as Connected Communities, to develop a systematic joint approach. It was further added that some of it was about addressing the wider determinants, such as issues around poverty and housing supply.
- d. The Board sought clarification around practical solutions of the Strategy relating to every-day issues and how it linked to domiciliary care, such as adaptations for the elderly. In response, the Board was advised that within the Strategy there was a commitment around improving operations, reducing duplication on the number of assessments undertaken, and around improving the responsiveness of services. It was further added that adaptations had been included within the Strategy.

RESOLVED

That the Board endorsed the Ageing Well Strategy 2019-2022.

73. CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) TRANSFORMATION UPDATE

The Board received a report which provided an update on the Child and Adolescent Mental Health Services (CAMHS) Transformation Programme as set out at pages 189-200 of the agenda pack. The Board also received a presentation which provided an overview of the following:

- background and context of the Haringey CAMHS update;
- statistics around mental health conditions of children and young people in Haringey;
- key updates to the Transformation Plan, which included the I-Thrive Model, the Trailblazer Project, and the School Link Programme;
- update on the Trailblazer work, particularly the four-week wait work to improve access and shorter waits;
- background, core principles, key challenges, and key aims of the Haringey based voluntary sector service Open Door;
- key challenges across the system;
- summary of the I Thrive model; and
- key priorities for the year

The report and presentation were introduced by Kathryn Collin (Haringey CCG – Head of Children’s Commissioning), Simon Gosling (CAMHS Service Manager), Jeanne Faulet-Ekpitini (Access and Trailblazer Team Manager), Julia Britton (Chief Executive – Open Door), and Laura Guest (Parent Carer Representative).

The following was noted in discussion of this item:

- a. The Cabinet Member for Communities and Equalities raised concerns around ethnic proportionality, particularly around race. The Cabinet Member requested to be presented with a clear data of the communities that were involved in the Programme when the final CAMHS Transformation Plan returned to the next Board meeting.
- b. A Board member hoped that the final Plan addressed the following points:
 - whether the Trailblazer Project, which improved access, was sustainable improvement or dependant on the current funding; and
 - the ambition regarding young people in out of borough placements and how those outcomes would be measured
- c. The Director of Children’s Services commented that there was a gap in the services, particularly for those young people that were in the high end of social care need that did not have a mental health diagnosis.
- d. The Board were informed that the new model was about a holistic approach. It was acknowledged that there were health inequalities in the east of the borough which were impacted by factors such as deprivation. The Board were assured that the figures requested by the Cabinet Communities and Equalities would be included in the report, and the aim was to increase the reach to out of reach communities. The Board were assured that their suggestions would be taken on board, including concerns for young people. It was further re-iterated that the aim was to build a holistic approach working across agencies.
- e. The Assistant Director for Commissioning suggested that a discussion point for the Board at the next meeting when the CAMHS Transformation Plan paper returned would be for the Board to consider what their role would be.

- f. The Director of Public Health noted the positive work that had been carried out, particularly around work in schools such as the preventative approach through the life course.

RESOLVED

That the Board noted Haringey's CAMHS Transformation Programme Update.

74. URGENT DECISION TAKEN BETWEEN MEETINGS : HARINGEY BETTER CARE FUND (BCF) PLAN

Paul Allen, Haringey CCG Head of Integrated Commissioning (Integrated Care & Frailty), introduced this report as set out in the agenda pack at pages 201-264, which outlined the Better Care Fund Plan for 2019-20. The report sought the Board's ratification of the Haringey Better Care Fund 2019-20 Plan, which was signed-off in advance by the Board's Chair as an Urgent Action as a result of the statutory timescales.

RESOLVED

That the Board approved the Haringey Better Care Fund (BCF) 2019-20 Plan.

75. NEW ITEMS OF URGENT BUSINESS

N/A

76. FUTURE AGENDA ITEMS AND DATES OF FUTURE MEETINGS

The date of the future meeting was noted as 12th February 2020.

CHAIR: Councillor Sarah James

Signed by Chair

Date