

MINUTES OF MEETING HEALTH AND WELLBEING BOARD HELD ON WEDNESDAY, 12TH FEBRUARY, 2020, 2.05 – 3.47PM

Present: Cllr Sarah James (Cabinet Member for Adults and Health – **Chair** – Voting Member), Tony Hoolaghan (Chief Operating Officer CCG), Dr Peter Christian (Chair Haringey CCG – Voting Member), Cathy Herman (Lay Member CCG – Voting Member), Sharon Grant (Chair Healthwatch Haringey – Voting Member), Dr 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), Stephen Lawrence-Orumwense (Assistant Head of Legal Services).

Also present: Cllr Mark Blake (Cabinet Member for Communities and Equalities), Cassie Williams (Chief Executive, Federated4Health), Siobhan Harrington (Chief Executive – Whittington Health NHS Trust), and Dr Adi Cooper (Independent Chair of Safeguarding Adults Board).

77. 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.

78. WELCOME AND INTRODUCTIONS

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

79. APOLOGIES

Apologies for absence were received from Cllr Zena Brabazon, David Archibald, and Rachel Lissauer.

80. URGENT BUSINESS

There was one new item of urgent business, update on the Whittington Estates Strategy, which was not included when the agenda was published. This update would be considered under agenda item 13.

81. DECLARATIONS OF INTEREST

No declarations of interest were received.

82. QUESTIONS, DEPUTATIONS, PETITIONS

The Chair informed the Board that a request had been received from Mr Alan Morton,

on behalf of Haringey KONP, to put forward some issues in relation to item 9 of the agenda pack, Haringey Borough Partnership Update.

Mr Morton was invited by the Chair to put forward his representations to the Board. Mr Morton highlighted that the question that needed to be asked was how the Health and Wellbeing Board would fit with the Borough Partnership proposed by the new structure of the CCG. Mr Morton was supportive of collaboration between health and social care as long as it was constructive. It was recognised that the Borough Partnership was still a work in progress, and Mr Morton was optimistic that this was an opportunity for improvements to be made.

Regarding the long-term outcome of the proposed changes, Mr Morton referenced a diagram at page 54 of the agenda pack which showed the Health and Wellbeing Board at the top of the organisation structure; and also referenced another diagram that was presented by the CCG at a recent meeting, which had similar content but had the NCL's Strategic Commissioner as an important part of the diagram, with the Health and Wellbeing Board put on one side. Mr Morton highlighted that the difference in diagrams summed up the issue at hand, which was whether the Health and Wellbeing Board was in control of finance and policy, or whether it was only observing on the side lines.

Mr Morton questioned whether the proposed changes would result in a take-over of social care by the NHS. Mr Morton stressed that the developments showed an extremely top down structure, starting from the NHS and extended down to the single North Central London (NCL) CCG. It was noted that the budget for health and social care in North Central London was around £4 billion, £3.2 billion came from NHS sources and only £800 million from social care budgets. Based on the budgetary figures presented, it was highlighted that the NHS were major funders and had more control in relation to decision-making. It was mentioned that the outcome would be a greater squeeze to the funding for social care, which would be detrimental to social services.

Mr Morton urged the Councillors and the Health and Wellbeing Board to strive for different and better outcomes. Mr Morton pointed to Osborne Grove as a positive example of co-production involving residents and service users. Mr Morton further urged Councillor to press the case for further public and councillor involvement in decision-making as part of the NCL CCG plans due to significant short term and long-term implications.

The following was noted in discussion of this deputation:

- a. In response to a request for further clarification regarding the political deficit and the role of Councillors mentioned in the deputation, Mr Morton stressed that there should be more Councillor and community involvement. Mr Morton pointed out that there was inadequate Councillor representation in the NCL CCG structure, thus there was scope for improvement. Mr Morton mentioned that the CCG had met in public and queried whether the Borough Partnership would similarly meet in public. Mr Morton highlighted that a public meeting of the Borough Partnership would allow Councillor to make important representations to sustain public and Council involvement in respect of the proposed changes.

- b. A Board Member supported Mr Morton in terms of the need for democratic accountability of the NHS and stressed that there were opportunities to engage local residents to ensure there was some local democratic oversight on the decision-making process. It was recognised that there were many issues around the governance of the Borough Partnership, which were yet to be resolved.

The Chair invited officers to respond to the representations.

Tony Hoolaghan, Haringey and Islington CCG – Chief Operating Officer, thanked Mr Morton for his representations. In response to the representations, the Chief Operating Officer firstly noted that he had met with Mr Morton before Christmas to discuss some of the complexity of the changes, which he found was a useful discussion. The Chief Operating Officer recognised that the NCL CCG plans involved both major and complex changes, he understood the concerns raised in the deputation. It was noted that there was not a one size fits all blueprint, and the Borough Partnership had a level of flexibility and ability to co-create work, for instance the work undertaken on the Integrated Care System in the Borough Partnership. The Chief Operating Officer referenced the integrate event in North Central London and the integrate event at Borough level last year whereby efforts were made to subsidise the architecture for the integrated care system.

The Chief Operating Officer assured that the Borough Partnership were committed to community engagement and involvement, for example senior members of the Borough Partnership had agreed to commence a strategy for communication engagement and involvement that is currently in development. Furthermore, it was noted that the new constitution for the single CCG allowed for decision-making at Borough level, such as primary care, community health services and mental health. It had been agreed that the North Central London (NCL) CCG would take on some of the NHS Commissioning decision-making at Borough level.

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.

83. MINUTES

Cassie Williams, Chief Executive - Federated4Health, noted that her job title was incorrectly recorded in the 'Present' section of the previous minutes. ***Post meeting note: Cassie Williams' job title was amended in the minutes of 16th October 2019 to reflect her current job title.***

RESOLVED

The minutes of the meeting of the 16th October 2019 were agreed as a correct record.

84. DEVELOPMENT OF THE NEW HARINGEY HEALTH AND WELLBEING STRATEGY FOR 2020-2024

The Board received a report which provided information on the development of the new Haringey Ageing Wellbeing Strategy for 2020-2024 as set out at pages 11-42 of the agenda pack. The Board also received a presentation, as set out at pages 19-42 of the agenda pack which provided an overview of the Strategy, and also included a case study that related to work undertaken by Local Area Co-ordinators. The report and presentation were introduced by Dr Will Maimaris, Director of Public Health.

The following was noted in discussion of this item:

- a. The Board welcomed the Strategy but stressed that ongoing engagement needed to be built into the heart of the process to maintain open dialogue and feedback around the Strategy to ensure there was a whole system approach, for example it would be helpful for residents and service users to be engaged and involved in discussing outcomes for the Strategy and how to measure outcomes. It was highlighted that it was important to build services based on the needs of the residents and service users, therefore resident and service user involvement was key to the development of the Strategy. Reference was made to Connected Communities work in the Borough as way of ensuring community engagement.
- b. Regarding violence prevention, the Cabinet Member for Communities and Equalities welcomed officer level discussion and joint work moving forward.
- c. The Chair noted that the Fairness Commission report was due to be published for the Cabinet meeting next month. The report contained resident's reflections across the Borough, and it was suggested that some of those recommendations could be fed into the new Haringey Health and Wellbeing Strategy.

The Director of Public Health thanked the Board for the useful feedback and encouraged the Board members and partners to be involved in the engagement process.

RESOLVED that

- i. The Board reviewed and agreed the proposed broad areas of focus of Haringey's Health and Wellbeing Strategy for 2020-24.
- ii. The Board reviewed and agreed the principles of joint working to deliver the strategy.
- iii. The Board approved for the strategy to be refined further over the next 3 months through an iterative process including engagement and consultation with residents, and other partners. The Board discussed the approach to engagement and consultation.
- iv. The Board noted the alignment of the Health and Wellbeing Strategy with the development of Haringey's Borough Partnership for Health and Care. This was a key part of delivery of an integrated health and care system for North Central London.

85. HARINGEY BOROUGH PARTNERSHIP UPDATE

The Board received a report which provided an update on the Haringey Borough Partnership as set out at pages 43-54 of the agenda pack. The Board also received a short presentation, as set out in the agenda pack at pages 47-54, which provided an overview of the Haringey Borough Partnership. The report and presentation were introduced by Tony Hoolghan.

The following was noted in discussion of this item:

- a. The Director of Adults and Health noted that the Borough Partnership work was an evolving process that involved testing and learning to build relations within the community, for example the work in North Tottenham evolved from the bottom up, which entailed resident engagement and responding to issues raised by residents.
- b. The Chief Executive of Federated4Health commented positively around the partnership approach in engaging the community. For example, the Chief Executive of Federated4Health and the Director of Adults and Health had discussions around employment opportunities in the community and how to support the community in terms of employment.
- c. The Cabinet Member for Communities and Equalities commented that the projects in North Tottenham could be mainstreamed and that having political input could help with making the projects mainstream. Thus, it would be important to have politicians involved in the process.
- d. A Board member suggested that in the future it would be helpful to attach to the report some case studies to show the difference that had been made within the community as a result of the Borough Partnership work. It was important for the wider public to be made aware of the positive outcomes of the work and that the public understand how to engage with decision-makers in order to ensure that the public felt involved in the system. The Director of Adults and Health agreed with the suggestion made by the Board member.

RESOLVED that

- i. The Board noted the update on the development of the Borough Partnership in Haringey.
- ii. The Board noted the alignment of the work of the Borough Partnership with the updated draft Health and Wellbeing Strategy for 2020-24.

86. SEEKING A MANDATE TO REVIEW THE TERMS OF REFERENCE OF THE HARINGEY HEALTH AND WELLBEING BOARD.

Dr Will Maimaris, Director of Public Health, introduced this report as set out in pages 55-62 of the agenda pack. The report sought a mandate to review the Terms of Reference of the Haringey Health and Wellbeing Board.

The following was noted in discussion of this item:

- a. A Board member raised concerns of increasing the membership of the Health and Wellbeing Board given that it currently had a large membership. The Director of Public Health acknowledged the Board member's concerns, and noted that there were attendees to the meeting that were not formal members,

such as the Chief Executive of Federated4Health and Chief Executive of Whittington Health NHS Trust, and possibly these non-formal members could be included within future membership as part of the changes to the Terms of Reference. Additionally, the Board could consider including a Housing Director in the future membership. The Director of Public Health agreed that the creation of sub-committees should be avoided. It was highlighted that the focus of the Health and Wellbeing Board should be about working in a different way rather than bringing new members to the Board.

- b. Regarding the point around different ways of working, a Board member commented that the current set-up of the Health and Wellbeing Board was dated. It was noted that the mandate was not only about focusing on membership, but also around how the Health and Wellbeing Board should be organised and conducted moving forward.
- c. A Board member commented that there were models that could be used without creating bureaucracy by bringing in individuals from across agencies to generate improvement to the Borough, for example the Board had previously set up a task and finish group to discuss issues of homelessness.
- d. The Assistant Director of Commissioning noted that it was important to re-enforce relationships with the Community Safety Partnership and build that into the Terms of Reference.
- e. A Board member stressed that the role of the Health and Wellbeing Board would need to be strengthened. The Board member supported the suggestion made by the Assistant Director of Commissioning around joint work with the Community Safety Partnership, especially on issues that were interrelated for both the Health and Wellbeing Board and Community Safety Partnership, such as serious violence.

The Director of Public Health informed the Board that the points raised in the discussion would be reflected on as part of the development of the review. An update on the review would be provided at a future Board meeting (**Action: Will Maimaris**).

RESOLVED that

- i. The Board approved a review of the Terms of Reference of the Health and Wellbeing Board.
- ii. The review be led by Officers from the Local Authority and Haringey Clinical Commissioning Group

87. CAMHS TRANSFORMATION PLAN (REFRESH FOR 19/20 AND 20/21)

The Board received a report which provided information on the CAMHS Transformation Plan (Refresh for 19/20 and 20/21) as set out at pages 63-84 of the agenda pack. The report was introduced by Charlotte Pomery, Assistant Director of Commissioning. It was highlighted that the CAMHS Transformation Plan linked with the Health and Wellbeing Strategy in terms of the emotional, mental health and wellbeing of children and young people in the Borough by adopting the THRIVE framework. The THRIVE framework was a community-based approach to help improve the mental health and wellbeing of children and young people. It was noted that it was important that crisis services, particularly clinical services, were involved in the implementation of the framework as the findings of the 2015 CAMHS Review

showed that there was inequity in terms of access to CAMHS, for example there were fewer referrals from GPs in the east of the Borough, and there were long waits for some services which affected the level of attendance for mental health services. It was highlighted that the focus needed to be about ensuring that issues affecting mental health and wellbeing were identified and responded to early and in ways which were non-stigmatising. It was noted that the positive outcomes of the CAMHS Transformation work was that it attracted greater investment into the Borough and developed partnership work which involved the CCG, the voluntary community sector, council and school.

The following was noted in discussion of this item:

- a. The Cabinet Member for Communities and Equalities was pleased that the CAMHS Transformation Plan made reference to ethnic disparities in the Borough; however, accepted that more needed to be done, and would provide a written response to the Chief Operating Officer of the CCG. to the. The Cabinet Member highlighted that, firstly, he was glad to see reference made to the Young People at Risk Strategy; however, noted that it was important that individuals understood the Strategy, particularly around the findings of the Godwin Lawson Foundation regarding the level of disconnect and level of apathy among young people in the Borough. The Cabinet Member welcomed the Trailblazer programme but recognised the resource pressure faced by local schools. Lastly, the Cabinet Member welcomed the reference to the Alternative Provision Review. In response, the Assistant Director of Commissioning stated that she is aware that the issue posed by youth violence and noted meeting with a group of clinicians across the voluntary sector and the NHS who highlighted the issues surrounding around youth violence.
- b. Regarding the Trailblazer programme for schools, it was queried whether a similar programme could be implemented for the wider community. In response, the Assistant Director of Commissioning noted that the service were continuing to seek additional investments. It was highlighted that part of the Trailblazer programme entailed community engagement, such as the Wellbeing Café at Tiverton Primary school which involved discussions with parents on health and wellbeing
- c. The Director of Children's Services noted that there was a change of discourse in the media which had enabled individuals to better identify their needs. The Director of Children's Services acknowledged that more needed to be done moving forward; however, she supported the direction of the Transformation Plan.
- d. The Chair recognised the difficult environment for school due to resource cuts and also welcomed the CAMHS Transformation Plan for recognising the issues impacting the health and wellbeing of children and young people.

RESOLVED that

- i. The Board reviewed and endorsed the Haringey CAMHS Transformation Plan final draft.

88. HARINGEY SAFEGUARDING ADULTS BOARD (HSAB) ANNUAL REPORT 2018/19

Dr Adi Cooper, Independent Chair of Haringey Safeguarding Adults Board (HSAB), introduced the Haringey Safeguarding Adults Board Annual Report 2018/19 as set out at pages 85-162 of the agenda pack. The Independent Chair of Haringey Safeguarding Adults Board highlighted two key areas of work by HSAB:

- Firstly, there had been significant work around homelessness and safeguarding; and
- Secondly, work had begun on Transitional Safeguarding, which was the interface between Children's services and Adult's services. This work entailed developing an understanding of the complexities and issues of young people in terms of their safeguarding needs and assessing how there could be improvements through joint work across Children's and Adult's services.

It was noted that there was ongoing work to improve safeguarding across the partnership.

The following was noted in discussion of this item:

- a. Regarding developments in children's safeguarding, the Director of Children's Services explained that the Local Safeguarding Children Board (LSCB) was replaced by an equitable system between the CCG, the police and the Council's Children's service. It was highlighted that in the previous arrangement, Children's services were the lead, but in the current arrangement, there was joint responsibility and accountability for the systems in place for children and young people. It was noted that this arrangement for children's safeguarding was in statute, and it was suggested that this arrangement could be considered for adult's safeguarding. In response, the Independent Chair of Haringey Safeguarding Adults Board noted that the Care Act 2014 Guidance made it clear that the statutory partners were the local authority, the police and health provider. It was highlighted that the arrangements for Adult safeguarding had both similarities and differences with the children's safeguarding arrangements. In terms of differences, the adult safeguarding arrangements had a hierarchical system, rather than an equitable system. On the other hand, similarly to the children's safeguarding arrangements, the statutory members for Adult's safeguarding maintain a core shared responsibility around acting on duties as a Safeguarding Adult's Board. The Independent Chair of Haringey Safeguarding Adults Board appreciated the suggestion made by the Director of Children's services in terms of shifting safeguarding arrangements from Local Authority led to a shared responsibility between partners but acknowledged that Adult safeguarding was on that journey of moving towards a more shared arrangement.
- b. The Cabinet Member for Communities and Equalities enquired whether the HSAB remit covered transition from the youth justice system to the adult justice system. In response, the Independent Chair of Haringey Safeguarding Adults Board explained that the transitional safeguarding agenda incorporated a broader range than what was historically considered as young people in care transitioning into adulthood. It was noted that although transition from the youth justice system to the adult justice system was not completely outside the HSAB remit, particularly as probation services were part of the HSAB, it was not

- specifically relevant to the HSAB's business agenda. In terms of transitional safeguarding, the Director of Adults and Health added that both the Assistant Director for Children's services and Assistant Director of Adults attended a joint training session to obtain a better understanding of transitional safeguarding, the outcome of which was a shared endeavour between Children's services and Adult services on transitional safeguarding, for example the Principal Social Workers of both services were working jointly on a Vulnerable People's Policy. The Vulnerable People's Policy was currently in development and the Policy would be taken to the respective boards for further discussion.
- c. In response to a query regarding safeguarding adults from fast evolving cyber-crime, the Independent Chair of Haringey Safeguarding Adults Board noted that the criteria set out in the Care and Support statutory guidance of the definition of safeguarding adults was not exhaustive, however a couple of years ago, internet scam had been added onto the criteria under ways in which adults could be abused. It was further noted that there was a public event at cinema at Wood Green earlier in the year, which included presentations to promote awareness of different ways individuals could be scammed. It was highlighted that raising awareness of cyber abuse for older vulnerable individuals was important, particularly as University research findings showed that the elderly were more vulnerable to scamming, especially financial fraud and romance fraud.
 - d. The Board welcomed the work carried out by the HSAB, particularly around raising awareness around safeguarding by the mainstream voluntary sector, and also around homelessness safeguarding.

RESOLVED that

- i. The Board noted the Safeguarding Adults Board Annual Report 2018-2019.

89. NEW ITEMS OF URGENT BUSINESS

Siobhan Harrington, Chief Executive of Whittington Health NHS Trust, provided the Board an update on the Whittington Estates Strategy. The following points were noted:

- Over the last 12 months the Whittington Health NHS Trust (the Trust) had sufficient capital in order refurbish some of its community sites. Additionally, the Trust had built a second obstetric theatre, refurbished the maternity ward, demolished the Waterlow Unit and were making progress to establish a Mental Health Unit on the Whittington site.
- Last month the Estate Strategy was approved. The Estates Strategy had been developed through engagement with local people, the Trust staff members, and the Estate working group in Haringey and Islington, known as the Estates Forum. The Trust were undertaking further engagement following the approval of the Board. It was noted that the Bridge Renewal Trust had supported the Trust by holding a public engagement event on 11th February around the Estates Strategy.
- The Estates Strategy was a ten-year strategy and consisted of three phases, as follows:

- i. The first phase was concerned around the need to build a new maternity and neonatal unit. This phase entailed partnership work across the Health and Wellbeing Board to explore the creation of fit for purpose co-located buildings and building an Education Centre.
 - ii. Phase two involved looking at the location of children services within the community. This phase also included the development of staff accommodation, and there was consideration of a primary care facility on the Whittington site. The Board were assured that the Trust would not close the emergency department.
 - iii. The final point highlighted was the need to explore how wards and theatres could be reconfigured over time.
- The Trust were continuing with the engagement process. It was highlighted that partnership engagement with the community in relation to the Strategy was important, and the Board were encouraged to be involved in the engagement process. It was noted that the Trust were working broadly with the Greater London Authority.

In response to a query by the Chair around future dates for engagement activities, the Chief Executive of Whittington Health NHS Trust informed that she would forward dates to the Chair to be circulated to the Board (**Action: Siobhan Harrington**). It was noted that the Estate Strategy could be found on the Trust's webpage for it to be viewed by the public.

Geoffrey Ocen, Chief Executive of Bridge Renewal Trust, informed the Board that the previous night there was a focus group discussion on the Estate Strategy. It was noted that future focus groups on the Estate Strategy would be held on 24th February at 3pm for the east of the Borough at Chesnut, and on 27th February at 10.30am for the west of the Borough.

In terms of engagement, it was brought to the attention of the Board by Tony Hoolaghan, Chief Operating Officer CCG, that there was due to be a meeting of governing bodies of Haringey's CCG in the afternoon of 13th February at the Cypriot Centre.

The Chair thanked the Chief Executive of Whittington Health NHS Trust for providing the update.

90. FUTURE AGENDA ITEMS AND DATES OF FUTURE MEETINGS

There were no further meetings in the current municipal year.

CHAIR: Councillor Sarah James

Signed by Chair

Date

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