

MINUTES OF MEETING HEALTH AND WELLBEING BOARD HELD ON WEDNESDAY, 10TH JUNE, 2020, 2.00 – 3.35 PM.

Present: Cllr Sarah James (Cabinet Member for Adults and Health – Chair – Voting Member), Cllr Mark Blake (Cabinet Member for Communities – Voting Member), Tony Hoolaghan (Chief Operating Officer CCG), Dr Peter Christian (Chair Haringey CCG – Voting Member), Sharon Grant (Chair Healthwatch Haringey – Voting Member), Beverly Tarka (Director of Adults and Health), Dr Will Maimaris (Interim Director for Public Health), Ann Graham (Director of Children’s Services), and Geoffrey Ocen (Chief Executive Bridge Renewal Trust).

Officers: Charlotte Pomery (Assistant Director of Commissioning), Rachel Lissauer (Director NCL CCG), Cassie Williams (Assistant Director, Primary Care).

Also present: Siobhan Harrington (Chief Executive – Whittington Health NHS Trust), Maria Kane (Chief Executive, North Middlesex NHS Trust), Richard Gourlay (Director, North Middlesex NHS Trust), Tim Miller (Joint Assistant Director, NCL CCG), Andrew Wright (Director of Planning and Partnerships Barnet, Enfield and Haringey Mental Health NHS Trust), Rakshita Patel (Healthwatch), Jonathan Gardner (Director, Whittington Health Trust).

91. FILMING AT MEETINGS

The Chair referred to agenda item 1, which provided the details of filming and streaming at meetings and participants noted this information.

92. WELCOME AND INTRODUCTIONS

The Clerk shared a note of the attendance for the meeting and the following was noted:

Organisation		Representation	Role	Name
Local Authority	Elected Representatives	3	*Leader of the Council	Cllr Joseph Ejiofor
			*Cabinet Member for Children, Education and Families	Cllr Kaushika Amin
			*Cabinet Member for Adults and Health – Chair	Cllr Sarah James
	Officers’ Representatives	4	Director of Adults and Health	Beverly Tarka
			Director of Children’s Services	Ann Graham

			Interim Director for Public Health	Dr Will Maimaris
			Chief Executive	Zina Etheridge
NHS	NCL CCG	4	*Governing Board Member	Dr Peter Christian
			*Governing Board Member	John Rohan
			Chief Officer	Tony Hoolaghan
			*Lay Member	TBC
Patient and Service User Representative	Healthwatch Haringey	1	* Chair	Sharon Grant
Voluntary Sector Representative	Bridge Renewal Trust	1	Chief Executive	Geoffrey Ocen
Haringey Local Safeguarding Board		1	Interim Independent Chair	David Archibald

Attendees

Charlotte Pomery – Assistant Director for Commissioning - Haringey Council

Siobhan Harrington – Chief Executive Whittington NHS Trust

Rachel Lissauer – Director NCL CCG

Maria Kane - Chief Executive North Middlesex NHS Trust

Cassie Williams – Assistant Director - Primary Care

Richard Gourlay – Director North Middlesex Trust

Tim Miller – Joint Assistant Director NCL CCG

Andrew Wright – Director of Planning and Partnerships Barnet, Enfield and Haringey Mental Health NHS Trust

Rakshita Patel – Health Watch

Jonathan Gardner – Director Whittington Health Trust was representing Siobhan Harrington, Chief Executive of the Whittington Health Trust.

Cllr Mark Blake, Cabinet Member for Communities and Equalities

93. APOLOGIES

Apologies for absence have been received from the Leader, Cllr Ejiofor, the Chief Executive Zina Etheridge, and Frances O'Callaghan, NCL CCG.

94. URGENT BUSINESS

There were no items of urgent business.

95. DECLARATIONS OF INTEREST

There were no declarations of interest put forward.

96. QUESTIONS, DEPUTATIONS, PETITIONS

There were no deputations, questions and petitions put forward.

97. MINUTES

RESOLVED

To approve the minutes of the meeting held on the 12th of February 2020.

98. NCL CCG MERGER UPDATE

The Chair outlined that the merger to become a single NCL CCG [North Central London Clinical Commissioning Group] took effect from the 1st April 2020. Haringey Clinical Commissioning Group employees now worked for the NCL CCG. The Chair invited Tony Hoolaghan, Executive Managing Director, Haringey & Islington North Central London CCG to outline how, operationally the NCL CCG, were working with the Council and the infrastructure in place to respond to the pandemic.

The following was noted:

- Francis O'Callaghan was the new accountable officer for the North Central London Commissioning Group and had arrived in February 2020, just before the pandemic had started. Francis was aiming to attend the Health and Wellbeing board meetings as part of her induction but was at an annual management event for this meeting. She was keen to attend and speak about the work of the CCG services going forward.
- There was a modification to the CCG members attending the Health and Wellbeing Boards in the respective 5 boroughs due to the leaner governing body arrangements now in place. It was clarified that, going forward, Dr Peter Christian, the North Central London Governing body GP representative and the Executive Managing Director for the CCG would continue representing the Haringey and Islington, CCG at the Health and Wellbeing board meetings. On occasions when Dr Peter Christian could not attend the HWB meetings, Dr

John Rohan would substitute as he was also a GP member of the North Central London Commissioning group.

- Rachel Lissauer would be attending the HWB meetings as Director for Transformation for Haringey and Islington North Central London CCG when the Executive Managing Director was unable to attend. The North Central London CCG would be writing to the Chair to confirm these attendance arrangements.
- A summary of the actions and events to enable the merger of the 5 borough CCG's [Haringey, Barnet, Enfield, Camden and Islington] to become one North Central London CCG was provided. This was a prescribed process which required meeting the requirements of the NHS England Regulator and demonstrating that the merged CCG can fulfil required statutory functions.
- Despite the pandemic, the merger had completed and single CCG status was achieved and went live on the 1st of April. This meant that all the staff employed by Haringey, Barnet, Islington, Enfield and Camden CCG's transferred to the North Central London CCG.
- The Haringey CCG staff were called part of the Haringey Partner directorate of the North Central London CCG and remained in Haringey, located in River Park House. There would be staff located, centrally, in NCL CCG and working in the 4 other CCG boroughs.
- The entire NHS and CCG's [Clinical Commissioning Groups] continued to be working at level 4 of the national incident emergency operating mode because of Covid 19 pandemic. It was noted that the infrastructure was in place to respond to the pandemic in North Central London as a CCG.
- Partner organisations had set up a number of work streams to deal with the pandemic, focusing on key areas such as primary care, hospital services and were working closely with the Council and the voluntary sector at NCL level.
- There were transformational achievements of working together as partners, concerning care homes, stepping people out of care in hospitals and into their homes.
- To support the CCG merger and, due of national requirement to reduce their running costs by 20% by the end of this financial year, there was already a significant management restructure taking place in the North Central London to enable a move towards a single CCG management restructure. It was noted that the restructuring process had paused in March because it was not feasible to continue with this exercise and respond to the pandemic. However, the North Central London CCG would need to resume this exercise and were considering the appropriate time to do this.
- There were positive outcomes as a result of the broader partnership working together in the borough. The integrated system partnership allowed partners to work together to respond to the health and care needs of residents. The Integrated care system and borough partnership was a key piece of work and a

central part of plans. Rob Hart who was the Chief Executive of the Royal National Orthopaedic Hospital had become the executive lead for the Integrated care system in North Central London. Mike Cooke, a previous CE of Camden Council was also the Chair of the Integrated Care System Board.

In response to questions from Sharon Grant, Chair of Healthwatch, Cllr Blake, Cabinet Member for communities and Equalities, the following information was noted:

- Concern on lack of representation, for Healthwatch and, in turn, residents in the new CCG governance arrangements. It was questioned who would be challenging partners and representing patients and the public. Currently, the position was unclear with only one Healthwatch representative on the new governing board, representing 5 boroughs. The Chair of Healthwatch underlined the importance of patient involvement in the policy process and this was also key issue in the response to Covid and transformation of the NHS. In response, Tony Hoolaghan referred to the previous meetings held with Healthwatch to discuss this issue, and advised that there was official public participation in the subcommittee of the governing body. The meetings of the North Central London CCG would take place in public and Healthwatch were welcome to participate in these meetings. The governance structure was approved by the NHS England regulator and the new merged NCL CCG would keep the governance arrangements under review. Healthwatch were welcome to put forward their views on what was working well in the new governance arrangements and what could be improved going forward.
- The Chair of Healthwatch underlined the statutory function of Healthwatch and how this could not be shifted. The organisation had an obligation to the public to be the voice of patients and would be making representations at the senior levels.
- Cllr Mark Blake was concerned about decision making processes of the NCL CCG and questioned how the Council would be involved in the commissioning process. He further sought understanding of how the Council can work effectively as a community partner in this structure. In response, it was noted that there would not be a lot of decisions made in the borough at the top level of the NCL. There would be a small thin layer at NCL level to allocate the funding, considering the outcomes that were expected at borough levels. This was not top down approach to governance. There was also in place the Borough Partnership board and the Chief Executive of Haringey was co- chair of this with Siobhan Harrington, CE of Whittington Health Trust with representative from Healthwatch and the voluntary sector and there will be decision making by this partnership on a range of issues such as primary care, mental health, community health services, section 75's.
- It was noted that the CCG is a statutory organisation and they will make some decisions at a North Central London level. Tony Hoolaghan offered to provide a note setting out the decisions that are expected to be made at the borough level and those to be made at the NCL level. It was also important to note that the borough can have an influence on the NCL CCG but there would also be decision making at the borough level by the new Borough Partnership.

- In terms of the elected councillor involvement in the process and big decision taken by officials and input of elected officials, The Chief Executive of Haringey was talking to elected members about the role of the Borough Partnership and governance arrangements.
- The Chair of the Board, supporting the points made by Sharon Grant and Cllr Blake, understood the exceptional circumstances that partners had been operating under in the past few months and looked forward to considering future decisions on changes in health and social care being made jointly by partners. There was concern that councillors were not aware of the first meeting of the new merged meeting of the NCL CCG governing board and there were no published papers for this meeting. Although, the current circumstances were taken account of, the Chair of the Board, felt it was important, going forward, to build trust in the wider community and part of his was to ensure that the NCL CCG governing body meetings were accessible to the public and minutes were available on request. The Chair suggested that, in future, it would be useful to have a written update on the NCL CCG merger and implementation instead of the verbal update to support the transparency of working between the Council and NCL CCG.
- In response, it was noted that the change to the way meetings were facilitated was temporary and as part of the current pandemic response. Tony Hoolaghan agreed with the Chair about going back to the way the CCG worked previously with an open and transparent process with all documents available online. Tony Hoolaghan highlighted the good working partnership between the Council and CCG and wanted to maintain this.
- The Chair of Healthwatch responded further on the need to respond to the challenge of inequality as was expected by the BAME communities in the borough and was concerned that, in this context, it was more important than ever for the Healthwatch network, across North Central London, to be involved in policy making. Healthwatch was established in the community and had insights that should be taken forward to policy making to help solve the challenges.

99. COVID-19 RESPONSE AND RECOVERY

The Chair wanted this meeting to have a specific focus on Covid 19 recovery and renewal. When planning the content and meeting with officers, the Chair felt it was important to contrast where the Borough was, pre – Covid 19, with the impact of Covid 19 on communities and examine how this influences the work of the Board going forward.

The Chair referred to the Public Health England report on the disproportionate number of BAME deaths and infection rates. This document was disappointing as it ignored the findings of the community consultations and made no recommendations on preparations for a second wave.

The Chair continued to outline that this meeting would hear from a range of stakeholders and agencies. It was noted that Geoffrey Ocen, Chief Executive of the Bridge Renewal Trust, would be sharing the findings from the meeting held with the Council in the last month which involved a range of BAME organisations. It was really important to have discussion on the wider context and refocus attention on structural inequalities in society.

The Chair referred to the tragic death of George Floyd and the resurgence of the Black Lives Matter movement which demonstrated the pent up frustrations not just in America and the UK but globally of the inequality and injustice faced by black communities. It was important, as a Board, to address these issues. There was an increase in local community tension and complaints of heavy handed policing and the borough was conscious of the difficult circumstances that were being operated in.

The Chair spoke about Covid 19 highlighting the systemic inequalities which required focus to address working in partnership with communities.

The Chair invited Dr Will Maimaris to facilitate this item which included presentations to the Board on experiences, impact and next steps.

Part 1 presentations from council and partner representatives would be on the impact of Covid 19 and discussing the learning from response to the pandemic.

Part two would be considering organisational perspectives.

1. Introduction, cases & impact: Dr Will Maimaris -Interim Director for Public Health

Dr Will Maimaris started this part of the session which would be considering:

- the local response to Covid 19,
- the key learning points during the outbreak,
- and what the key priorities will be going forward.

It was also important to explore how the Board was going to work together in partnership to tackle the challenges. Dr Will Maimaris advised that the partner representatives of the Board, further shared the sentiments of the Chair on working with communities on tackling racism and discrimination.

Dr Will Maimaris reflected on the progress and position of the Board pre Covid 19 which included: significant leadership role in health and wellbeing, strong links in local communities, draft health and wellbeing strategy compiled with consultation about to start. This draft strategy would need to be updated in light of the Covid priorities of: living well, age well, integration, and mental wellbeing and considering how the place we live in affects health.

Dr Will Maimaris provided an update on the health impacts of Covid 19 in terms of diagnosis and deaths. At the end of May there had been 595 diagnoses of Covid in Haringey but these were predominantly in hospitals where there had been testing and this was likely to be an underestimate at this stage as the testing services had not been in operation for long. The peak of cases was seen in April. At this present time,

the number of cases were lower compared to the peak and there was now a good opportunity to plan and prevent future outbreaks. It was noted that up to the 15th of May, there were 253 deaths recorded and a majority of these were in hospitals and a small number in care homes. Analysis of figures demonstrated that the borough was strong in recording deaths as Covid 19 related and the borough did not see a significant number of deaths from other causes.

The biggest risk factor for Covid 19 was age and frailty and long term health conditions. There was a link between deprivation, certain occupations, and the Bangladeshi and Caribbean communities had an increased risk. The risk to healthy young people below 50 was low and overall the risk of death of this disease was slow. There was work with the care sector to prevent outbreaks and there had not been any outbreaks in the in the last period.

2. Mental health: Tim Miller - Joint Assistant Director for Vulnerable Adults and Children Haringey Council and NHS Haringey CCG – summary of powerpoint presentation

Pandemic and lockdown had caused increased anxiety and feelings of isolation and this was more widely felt across the population. In particular increase in loss and bereavement support services accessed including by frontline staff affected by loss of people working with them.

Seen significant fall off in activity of some mental health services across the NHS, both self-referrals and talking therapy services for depression, anxiety, through to more specialist complex secondary mental health services. The services were now moving back to pre Covid levels of use. Mr Tim Miller commended the borough partners for rapidly reconfiguring their work practices to keep services going for people who need it.

Work with Connected Communities and supporting welfare and co-ordinated work. Bereavement framework was in development with third sector and working with faith communities leading to a commissioning response.

A 24/7 crisis call service had been established and this was doing proactive work in supporting people and continuing advice on advocacy services.

Mental health services were working through backlog to create some capacity and to respond to the anticipated surge of increased mental health support in coming months. Other additional new services planned had been expedited to open such as 'Safe Haven' a non-clinical crisis service which was being set up between Haringey Mind and Haringey Council. It was noted that rough sleeping services had been mobilised and working across primary and secondary care to support homeless residents more widely.

3. Shielded groups: Charlotte Pomery – Assistant Director for Commissioning – Haringey Council – summary of powerpoint slides

The clinically vulnerable group were particularly at risk of infections, there were 4600 identified by the government in the borough and this figure doubled when the GP

practices identified further patients in this group. It was noted that 41% were over 65 and 20% of this percentage were living alone. Data was displayed on the information held on the shielded cohort, low income family database, in east of the borough, predisposition in the east of the borough,

Support for this cohort was a mix of health and social care support and support around access to food. The Council would be discussing with partners taking forward a holistic model that met the needs of the shielded and vulnerable people, not just in their medical and health terms, but related to wider determinants including social isolation. There was planning on how partners develop this model as a future integrated service and this would link into how the Health and Wellbeing board were considering support to this group prior to Covid 19.

4. BAME: Geoffrey Ocen – Chief Executive Bridge Renewal Trust – summary of presentation

There was a meeting on the 14th of May with over 60 Voluntary Sector groups to consider the impact of Covid on BAME communities and for the Council and partners to further understand need on the ground level.

Geoffrey Ocen expressed that, prior to the death of George Floyd, there was understanding being established that minority ethnic groups were more affected by Covid. However, after the death of George Floyd, the racial element to the inequality of deaths came to the forefront and the deep stated discrimination that was experienced for many years also being highlighted and decision making structures challenged. Good meeting held between communities and diverse representation of Voluntary Sector groups at this meeting which had compiled a nine-point action plan to address :

1. Data evidence - need to know more to support communities - disappointing report from PHE and lack of recommendations. Pleased that Maria Kane looking at impact on BAME staffing.
2. Funding to build resilience -
3. Bereavement and mental health services
4. Domestic Violence
5. Communication and awareness raising
6. Prevention and resilience building
7. Shielding of BAME staff and communities
8. Equitable access to services
9. Digital Exclusion

Geoffrey Ocen shared the following further information from this meeting with the Voluntary sector:

- Providing funding to the voluntary sector as important to maintain capacity and provide services and reach the communities that need to be reached.
- Voluntary Sector pleased on access to Council funding coming through in June Cabinet. However, responsibility of all statutory partners to do more, especially NHS . He had seen in other boroughs that that the NHS had come up with a package of support and Bridge Renewal Trust was hoping to do more with charitable arm of the NHS. Geoffrey Ocen was working with the Tim Miller on

mental health support and arrangements for a framework of training and support.

- There had been a rise in domestic violence against women and girls and VSC had also seen intergenerational conflicts in families and older children.
- Improving communications – understanding how to practically and meaningfully target services and reach the people we need to reach and developing some tools and mechanisms to do this.
- Prevention and reliance building - lacking in BAME communities and needed support
- Shielding of BAME communities, staff - risk assessment of BAME staff welcomed.
- Rapid trace and test system - explore how this is communicated in BAME communities and helping people who will have to self-isolate.
- Equitable access to services and this is where racism and structural inequalities lie and this manifests in certain groups not accessing certain services or communities may not be aware of these services. This may be a structural issue or unintentional.
- Repair Trust between police and communities - needs to be reflected in the services
- Digital exclusion – agreed having an online capacity and presence but also having practical ways of reaching people on face to face capacity

Follow up to the meeting - community expects urgent actions. The oversight of these actions should be through HWB and CSP board. Geoffrey Ocen was taking work forward - small core groups of partners and engagement on this.

3.CYPS: Ann Graham Director of Children's Services Haringey.

Ann Graham presented on the impact the pandemic on children and young people. Core messages of the presentation were:

- Partnerships have remained strong and done good work to protect children and young people, to look after their outcomes.
- Food poverty - Connected Communities addressed this and family in need supported this with cohorts that they knew in the borough.
- Digital poverty already known but the extension of this poverty was seen with children and young people. Government offered laptops.
- Working closely as a partnership and working with Haringey local safeguarding board to consider the safeguarding and protection issues that have emerged during this time. Increased meetings from quarterly meetings to fortnightly meetings and this had been instrumental in making sure that the relationships in the partnership were as strong and that issues were being addressed as quickly as possible. Benefits are routine to families to ensure safe and well.
- Referrals to the MASH had dropped and this was immediately acted upon with benchmarking in the local area and this was taken forward as a national issue. It was noted that the cases that did come forward warranted swift intervention.
- Worked closely with schools to ensure joint consistent messages to families.
- Digital helped social workers access families but this was also found to be intrusive by some families.

- Work with CAMHS rearranged to serve children and young people more swiftly.
- There was a crisis line open 24/7 which is well received. Noted that due to schools opening in June, some referrals to the crisis line had escalated.
- Evidence of poverty was stark, tackling the educational deficit would be critical and should be considered by the board in their work going forward.
- Some children supported in home learning by schools and others have not been able to take up this opportunity and the impact of this will be seen in the coming years.
- Need concerted effort on raising aspirations for young people in the borough to give them hope for the future, to have jobs, identify and feel safe in the community and have the security of housing.
- The longer term impacts on children and young people were not yet known as they were just returning to school.

Due to the lack of time remaining in the meeting, discussion would include organisational perspectives as part of this item. The PowerPoint slides provided by partners would also be shared with participants after the meeting.

Board members were asked on the information received above, and think about what the key issues were and what the board should be focusing on:

The following observations/ comments were put forward:

- There was some anxiety in Primary Care community contracting Covid, and the recovery process. Patients were concerned about going to hospital and there was late presentation of symptoms.
- Board need to consider the evidence link between ethnicity, poverty, deprivation and, the concern about contracting Covid in the community and the health outcomes this could have. Noted that, locally, there had been 12 cases of Kawasaki syndrome and important to explore why more experienced in NE London.
- Recovery of severe Covid – locally taking forward a follow up service to understand impact on respiratory needs.
- Late stage presentation of severe illnesses seen and need to look at how to address this.
- Some clinics had moved offsite from hospitals and, now look at moving back these services safely and reassuring people.
- Consider, as a Board, the continuing effects of bereavements and long term effects this will have on communities and mental health.
- There was zoning of hospital to make them feel as safe as possible, and encourage public to use services. AE had seen a reduced demand.

- Paused community services but will look at how work in the community settings so as comfortable coming back.
- BAME staff and public cautious with risk assessments needed to provide assurance.
- Impact of Covid on Prevention agenda highlighted, and the challenges for immunisations and vaccinations, screenings, supporting people with long term conditions such as diabetes that need consideration.
- General Practice impact has been significant. This will be an ongoing challenge with older and BAME staff often working at these settings who will need confidence that safe to work. It will be difficult to open, some services even with social distancing.
- Access to services impacted, at the moment cannot get access to usual triage services and means patients sent to hospital. Need to reassure staff operating local services.
- Access and link to local authority services difficult with reduced staffing working in local settings and doctors having to facilitate access. Example of dementia service access highlighted and working with families to try and access local support.
- Introducing single point of access, available 24 hours, brought forward a year early.
- Expecting to see a surge of demand for mental health services by 30% because of increased conditions such as anxiety, PTSD.
- Health watch phone line identified confusion of access to services, hard to reach groups getting harder to reach. Digital exclusion with patients deprived of services and impact on health inequalities getting wider. This is affecting residents from BAME backgrounds who do not have English as their first language, people who are deaf and also unpaid family carers.
- A lot of issues around interruptions to mental health services and cannot access new methods of delivery.
- Health representatives were aware of digital exclusion and working on this. Noted that there most consultations were taken forward by phone instead of through digital access. There were bids for funding of digital booths at community access sites for hospital appointments.
- With regards to Primary Care e -consultations, the thinking was to help improve access for those who can use digital means, then allowing other patients more access who cannot.

- Digital exclusion was a key area of focus for local authority and there was recognition of this as an issue going forward.

Organisational impact of Covid 19

In the local authority, there had been new spend on additional services and funding provision for new services as a result of Covid 19. There had been response to the homelessness situation in boroughs with some funding from the government but not enough to cover the whole cost.

Loss of income for the local authority and voluntary sector and need to be mindful of the narrow financial impact for individual partner organisations and even more critical to consider the wider economic impact on the borough. The partnership also could not take for granted the 500% increase in Universal Credit applications, unemployment increase rates, loss of hours.

Conclusion

Summary of discussion was provided by Dr Will Maimaris. This focused on impact of Covid on the borough with some of the populations affected and the real issues around BAME groups and more broadly health inequalities and access to services. The services were not felt to be running as smoothly as they could be, with some positive transformation of services taking place by providers in the room.

Emphasis on mental health, bereavement and preventative services was needed.

Cllr Blake spoke about BAME equalities and young people demonstrating in the Black Lives Matter movement. As a local authority, there was a need to question how the organisation responds to these issues. He spoke about acknowledging that there was a problem, as partners and highlighted the importance of considering community perceptions and responding to the long term challenges. He felt that there were practical actions to commit to and work towards as a partnership to improve perceptions and working relationships with communities.

The Director of Adults and Health, highlighted the significant outputs related to the 9 point recommendations, included in the presentation slides, that had been compiled by Bridge Renewal Trust working with the Council and voluntary sector community groups. The Director recommended that the Board adopt these recommendations. Partners could then work out how to take these forward and with support of the subgroups.

It was further important to review the Health and Wellbeing strategy in the light of Covid. The governance for the Borough Partnership arrangements would be updated and reflect on the feedback from the sessions today

Support agreed for the 9 point recommendations

The Chair reflected on the discussion and expected the economic situation in the borough to worsen in the coming months with more homelessness, redundancies, high rents and loss of working hours. There was a need to focus on resources and

help people through this period. The work on making sure people had food was an indication of how significant the health inequalities were in the borough.

The Chair thanked contributors to the discussion.

100. NEW ITEMS OF URGENT BUSINESS

None.

101. FUTURE AGENDA ITEMS AND DATES OF FUTURE MEETINGS

It was noted that the dates of future meetings were as follows:

14th of October 2020
10th of February 2021

CHAIR: Councillor Sarah James

Signed by Chair

Date