

**Report for:** Haringey Health and Wellbeing Board

**Title:** Establishing a Community Health Advisory Board for Haringey

**Report Authorised by:** Charlotte Pomery, AD Commissioning, London Borough of Haringey

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## 1. Describe the issue under consideration

- 1.1 This paper follows through the discussions to establish the Haringey Borough Partnership by setting up a Community Health and Care Advisory Board for the borough, to feed in directly to the Haringey Health and Wellbeing Board.

## 2. Recommendations

The Health and Wellbeing Board is asked:

- 2.1 To comment on the proposals set out in this report and expanded in more detail in the attached paper.
- 2.2 To agree to establish a Community Health and Care Advisory Board in Haringey.

## 3. Background Information

- 3.1 The overarching purpose of the Community Health and Care Advisory Board (CHACAB) is to take a community leadership role with regard to engagement, co-production, the development of the Community Impact Assessment, Equality Impact Assessments and Joint Strategic Needs Assessment for example. It will be a key conduit for community voices and perspectives into this Board – and would ensure that proposals coming forward to the Board for approval are where possible co-produced and at the least are cognisant and reflective of community views.
- 3.2 By way of background, there are already a number of structures in place for community, resident and patient engagement and participation across health, care and wider wellbeing. These include, but are not limited to, the Joint Partnership Board and Reference Groups, the Haringey Patient Engagement Network, the Adult Social Care Redesign Group, Disability Action Haringey, the Parent Carer Forums and the Patient Involvement Forums run by individual NHS Trusts. There are also a number of health and wellbeing focused organisations which interact effectively with users and residents, these would include Mind in Haringey, Markfield and Kith and Kids for example. There are

organisations which campaign on health and wellbeing issues such as Haringey Keep Our NHS Public and then there is HealthWatch which has a clear remit to act as the quasi community regulator for health and care delivery. Each has a different reach and purpose, although there is some cross-over of membership and of approach. It is not quite clear which proposals, papers, ideas and plans are taken through which Forum, at what stage of evolution, with what expectations and with what impact – and there are some opportunities to try to address this lack of a consistent approach.

- 3.3 The proposal is for leads (either the Chairs or nominated individuals) from each of these groups to form the CHACAB, with a direct link into the HWB. This link could be created by 2 nominated community members of the CHACAB sitting as non-voting members of the HWB. This way would ensure a mix of views from those who might identify primarily as residents, patients, users, carers, campaigners, activists, experts by experience. Whilst it is clear that adoption of an inclusive approach, it would be useful to have consistency of core membership at least. In addition, it is intended that senior officers of both the Council and the CCG would attend each meeting of the Board with engagement leads from the Trusts also attending for specific items.
- 3.4 The Community Health and Care Advisory Board would not seek to replace existing groups/meetings/structures/forums – unless they themselves agree that this is the right thing to do.
- 3.5 In summary, the proposal is for the Community Health and Care Advisory Board to:
  - i. Be a forum for different perspectives and views to come together and be heard on the wider health and wellbeing system
  - ii. Ensure that community views are listened to and considered fully by those shaping and delivery the wider health and care system – both at the start and at the end of any process of redesign, transformation or change
  - iii. Offer support to enhance all opportunities for co-production and community engagement for the wider health and care system even to deliver business as usual
  - iv. Build some consistency about the pathways for consultation, engagement and co-production where new proposals are moving through the system, even those being taken forward in haste (e.g. due to the pandemic)
  - v. Consider proposals to consolidate engagement endeavours across the wider partnership
  - vi. Contribute to the development of the Forward Plan for the HWB in order to understand where it can have maximum impact, to enable formative discussion and to facilitate evaluative review
  - vii. Have sight of the agenda for the HWB in a timely fashion in order to contribute effectively to consideration of items
  - viii. Take forward pieces of work already in progress including the finalisation of the Co-Design Charter for the Borough Partnership and the requirement for all HWB papers to include consideration of co-production and engagement as standard

- 3.6 There are some aligned areas which require more consideration and work through the wider Borough Partnership, including a streamlined communications approach for the Borough Partnership
- 3.7 In principle, there are some things considered necessary in order to make this happen:
- i. Formal endorsement of, and agreement to, the proposal at the Health and Wellbeing Board and at the various forums which would be invited to participate
  - ii. Commitment by partners of some administrative resource to support the CHACAB, given the complexity of keeping track of proposals, building reliability and co-production
  - iii. Appointment of a Chair – it is suggested that the Chair of the HWB would also act as Chair of the CHACAB, at least in the short term.
  - iv. Allow for a period to test out the pathways for communication and engagement – given the range of groups feeding into the CHACAB
  - v. Establish a first meeting to talk through the above – inviting representatives from each of the groups highlighted above

#### **4. Contribution to strategic outcomes**

- 4.1 As noted above, this work directly supports engagement of communities in work to improve health and wellbeing across the whole population in the borough as required in both the Health and Wellbeing Strategy and the Borough Plan. There are opportunities through this approach to reduce inequalities, to improve health outcomes and to build community engagement.

#### **5. Statutory Officer Comments (Legal and Finance)**

##### **Legal**

- 5.1 In the Council's Constitution (Part Three - Responsibility for Functions – Section B Paragraph 8.3) the Board roles and responsibilities include to “collaborate with and involve local stakeholders to secure better health outcomes, quality of services, a more focussed use of resources ....” The Board has the power to establish sub-groups or committees to facilitate the discharge of its responsibilities. If the Board is minded to agree to the recommendation to establish the CHACAB, the Board must ensure there is a defined terms of reference for the advisory body.

##### **Finance**

- 5.2 This report is seeking to establish a Community Health and Care Advisory Board (CHACAB) to feed into the Health and Wellbeing Board. This will not have any direct financial implications for the London Borough of Haringey. The administration commitment and officer time will come from existing agreed resources.

**6. Use of Appendices**

6.1 Proposal in full

**7. Background Papers**

None