

# **MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON WEDNESDAY, 4TH NOVEMBER 2020, 2.30PM – 4.40PM.**

## **Present:**

Cllr Sarah James, Chair – Cabinet Member for Adults and Health\*  
Cllr Mark Blake – Cabinet Member for Communities and Equalities\*  
Cllr Kaushika Amin – Cabinet Member for Children, Education, and Families\*  
Beverley Tarka – Director of Adults and Health  
Ann Graham, Director of Children’s Services  
Dr Will Maimaris – Interim Director of Public Health  
Dr Peter Christian, NCL Clinical Commissioning Group (CCG) Board Member\*  
John Rohan – NCL Clinical Commissioning Group (CCG) Board Member  
Paul Sinden – North Central London Clinical Commissioning Group (CCG) Chief Officer  
Sharon Grant – Healthwatch Haringey Chair\*  
Geoffrey Ocen – Bridge Renewal Trust Chief Executive  
David Archibald – Interim Independent Chair Local Safeguarding Board  
\*Voting member

## **Officers:**

Nadia Burrell – Modern Slavery Co-ordinator  
Emma Carroll – Policy and Equalities Officer  
Marlene D’Aguilar – Health in All Policies Officer  
Fatmir Deda – Strategic Safeguarding Partnership Manager (from item 15)  
John Everson – Assistant Director for Adults  
Paul Ely – External Project Manager  
Chantelle Fatania – Consultant in Public Health  
Jonathan Gardner – Whittington Trust Director of Strategy  
Damani Goldstein – Consultant in Public Health (from item 9)  
Rachel Lissauer – Director of Integration, Clinical Commissioning Group (CCG)  
Tim Miller – Joint Assistant Director for Vulnerable Adults and Children  
Susan Otitu – Assistant Director of Public Health  
Charlotte Pomery – Assistant Director for Commissioning  
Helen Saunders – Head of Partnerships, North Middlesex University Hospital Trust  
Josephine Sauvage – NCL Clinical Commissioning Group (CCG) Chair  
Cassie Williams – Federated4Health Chief Executive  
Emma Perry – Principal Committee Co-ordinator  
Fiona Rae – Principal Committee Co-ordinator

## **1. FILMING AT MEETINGS**

The Chair referred to the notice of filming at meetings and this information was noted.

## **2. WELCOME AND INTRODUCTIONS**

The Chair welcomed those present to the meeting.

## **3. APOLOGIES**

Apologies for absence were received from:

Zina Etheridge, Chief Executive

Maria Kane, North Middlesex University Hospital Trust Chief Executive

Frances O'Callaghan, NCL CCG Accountable Officer

Siobhan Harrington, Whittington Trust Chief Executive

## **4. URGENT BUSINESS**

There were no items of urgent business.

## **5. DECLARATIONS OF INTEREST**

There were no declarations of interest.

## **6. QUESTIONS, DEPUTATIONS, PETITIONS**

No questions, deputations, or petitions had been received.

## **7. MINUTES**

It was noted that some job titles within the minutes should be updated as follows:

Cassie Williams, Federated4Health Chief Executive; Rachel Lissauer, Director of

Integration; John Rohan, NCL CCG Board Member; and Dr Peter Christian, NCL CCG Board Member.

### **RESOLVED**

That, subject to the above amendments, the minutes of the meeting held on 10 June 2020 and the minutes of the meeting in common with the Community Safety Partnership held on 21 September 2020 were confirmed and signed as a correct record.

Sharon Grant, Healthwatch Haringey, noted that the representation of patients at the new North Central London (NCL) Clinical Commissioning Group (CCG) Governing Board had been discussed at the meeting on 10 June 2020. She reported that there had been some discussions between Healthwatch in each of the five NCL boroughs, the NCL CCG Chair, and the Chief of NHS London but that this had not been

resolved. Sharon Grant, Healthwatch Haringey, noted that she was representing the patient voice for all five boroughs which was demanding and unrealistic and that there was no additional support. There were some alternative arrangements but these did not address the fact that there was a lack of resources.

It was also noted that the last NCL CCG Governing Board meeting had not been live streamed for the public and there was no suggestion that alternative arrangements would be available for future meetings. Although it was available to watch as a recording, Sharon Grant, Healthwatch Haringey, did not feel that this was satisfactory in terms of accessibility or accountability.

Josephine Sauvage, NCL CCG Chair, confirmed that the last meeting was not live streamed as there had been some issues around functionality. However, she understood that work was underway to provide a live stream of future meetings to ensure accountability and to allow external representatives to participate.

## **8. COVID-19 OUTBREAK UPDATE AND PLAN**

Dr Will Maimaris, Interim Director of Public Health, introduced the item which provided an update on the Covid-19 outbreak and plan. He noted that there had been some updates in data since the agenda pack was produced and that he would highlight the current position in terms of local data, local key areas of work, and the national position.

A graph showing the daily number of confirmed Covid-19 cases was displayed. It was noted that, initially, testing was only carried out in hospitals, and there was no data about the number of community cases. From the end of May to the beginning of August, there were relatively few confirmed cases following a period of lockdown. It was explained that, since August, there had been a steady increase and there were currently about 50 new cases per day in Haringey. A key metric was the rate of new cases per week per 100,000 people and the current rate in Haringey was about 140; this was in line with the London average but lower than some urban areas in the country. It was added that there had been a recent plateau of cases. It was noted that these patterns were reflected in local hospitals.

The Interim Director of Public Health also reported on the demographics of those testing positive for Covid-19. It was explained that, in August and September, there had been a significant rise in cases amongst younger, working age people and students. It was noted that there had been a slight rise in cases amongst older people recently. Across the borough, the distribution of cases was quite broad, although there had been some increases in communities where there was a high household density. In relation to ethnic groups, it was known that there had been a disproportionate impact on minority ethnic groups in the first wave of the pandemic in terms of hospital admissions and deaths. However, in the latest testing data, the number of positive cases across ethnicities was reflective of the general population in Haringey. It was added that this was being closely monitored.

It was explained that the detail of actions taken in relation to the pandemic, and specifically the local Outbreak Management Plan, was set out in the report. It was

highlighted that local testing sites had been set up at the Irish Centre and Alexandra Palace and potential testing sites in other areas of the borough were being considered. It was explained that there had been lots of communications during the pandemic and that, notably, there had been good partnership work with Healthwatch, the Bridge Renewal Trust, and Mind. In relation to schools, it was noted that there had been support for teachers and pupils; most schools had been open with most students attending, although approximately a third of schools had been subject to temporary school or class closures.

It was noted that a number of lessons had been learnt from the first wave of the pandemic, particularly in relation to care homes. Staff and residents were now regularly tested, there were good supplies of Personal Protective Equipment (PPE), and there were good infection control measures in place. As a result, there had been no significant outbreaks in care homes in the second wave of the pandemic.

It was acknowledged that England was moving into a national lockdown on 5 November 2020 and that there were higher numbers of cases in the community. However, it was noted that London was not experiencing as many cases as some urban areas and was not experiencing significant excess deaths. It was highlighted that, in this second lockdown period, it would be important to make sure that people felt safe to access other healthcare services where needed. It was also added that the impact of another lockdown period raised concerns in relation to the economy, housing, mental wellbeing, and isolated and shielding people; these would be critical issues in the response to the pandemic going forward.

It was noted that this report was provided for information and to assure the Health and Wellbeing Board that there was a robust, local response. It was commented that this was also dependent on the national infrastructure for testing and support around behavioural measures and interventions. It was also commented that the local response would be relevant for some time and that there would, most likely, be increased restrictions until Spring 2021.

Cllr Mark Blake expressed thanks for the report and for the honest and realistic message that the pandemic would not be resolved by December. It was noted that there had been some reports that a vaccine would be available by December and it was enquired whether this was correct. The Interim Director of Public Health explained that the vaccine was still being developed and there was no confirmed timeline. However, it was noted that the Council was working with NHS colleagues to prepare arrangements so that a vaccine could be rolled out when available.

Josephine Sauvage, NCL CCG Chair, stated that the preparatory work was due to be finalised by December but highlighted that the vaccine was still being developed. It was added that there were significant logistical considerations, including developing processes to ensure that the correct vaccine was given consistently, offering various sites for administering vaccines, and prioritising those in most need. Dr Peter Christian, NCL CCG Board Member, added that the campaign for flu vaccines was also underway to avoid a coinciding flu epidemic and Covid-19 surge. It was noted that there were some difficulties in reaching the target population for the flu vaccines; for example, it was not understood by all that, although children did not appear to spread Covid-19, they were known to be super-spreaders of flu.

Cllr Mark Blake noted that some additional funding had been received to fund Covid Marshals who would assist with enforcement. It was commented that the amount received was much less than expected but it was hoped to recruit people from local communities to galvanise proper engagement around the restrictions. The Interim Director of Public Health noted that the Council would be working with community organisations to mobilise the offer and to ensure that it was owned by communities.

Geoffrey Ocen, Bridge Renewal Trust, stated that there was a network of community organisations, collectively called Protect, that had been involved in communicating messages, including for contact tracing, to keep the community safe. It was added that there was an effort to collate the work undertaken within the voluntary sector to support more vulnerable people and to link this to the Council; there was short term funding available and it would be useful to co-ordinate. It was noted that, in relation to Covid Marshals, the key would be to engage with communities in terms of education, as well as enforcement. It was added that Covid Engagement Support or Covid Community Support might be better terms.

The Chair thanked officers for the update and noted that it was encouraging to see the amount of work that was being undertaken. The Interim Director of Public Health noted that a multiple partnership approach had been crucial in tackling Covid-19 and this would be important for responding to the impact of the pandemic for the months and years to come.

## **RESOLVED**

To note the Covid-19 outbreak update and plan.

## **9. COVID RESPONSE AND WINTER PLANNING**

John Everson, Assistant Director for Adults, introduced the item which provided an update on how Adult Social Care had responded to the Covid-19 pandemic and how they were preparing for winter during the Covid-19 pandemic. It was noted that the detailed information had been provided in the agenda pack but that the key points would be presented.

In the first wave of the Covid-19 pandemic, support had been provided for over 9,000 people in Haringey who were shielding or vulnerable. Adult Social Care worked with the Connected Communities Team to provide support for a variety of people across Haringey; notably, they spoke directly to over 2,000 people who were shielding.

Within Adult Social Care, there were service delivery changes which provided adapted capacity to meet new demand. For example, it was possible to double the capacity of the Reablement Service, which supported timely and appropriate discharges of patients from hospital. It was noted that discharging patients who were clinically well enough was key to reducing the impact of Covid-19.

It was explained that impact and performance monitoring had been undertaken during the first wave of the pandemic. It was noted that the London ADASS Market Insight

Tool monitored Covid-19 activities to produce live, daily reports on things such as capacity, the workforce, and Personal Protective Equipment (PPE) stock. There had also been internal monitoring in Adult Social Care and the Council data sets linked to Health eAnalytics which supported admissions to and discharges from hospitals.

The Assistant Director for Adults explained that, after the first wave of the pandemic, there was a period of review to identify learning points and possible improvements. In particular, After Action Reviews were carried out with each Integrated Care Team across North Central London (NCL). The Local Government Association and Emergency Care Improvement Support Team had developed a gap analysis self assessment based on best practice and there had been peer partner visits to review and share best practice. It was also noted that new NCL Discharge Principles had been put in place which would assist with ensuring an integrated system with high quality and consistent processes.

It was noted that significant work had been undertaken with partners to understand how to support the care sector and co-produce planning work for the upcoming winter period, including enhanced clinical support to care homes and robust outbreak management and prevention plans. It was explained that a key learning point had been to ensure that patients who tested positive for Covid-19 were not discharged directly to care homes but had a clear pathway into intermediate care beds; this would protect care homes from wider outbreaks.

In relation to winter planning, it was noted that there was usually a 10% increase in demand for hospitals in winter but that Covid-19 would result in additional demand. Planning and modelling had been undertaken to increase capacity in the system to support discharge; in addition, areas for focused attention had been identified, such as nursing rapid response which aimed to avoid inappropriate hospital admissions. It was added that there was the ability to increase capacity in response to demand and it was highlighted that capacity in the Reablement Service had been retained. It was also explained that there would be support for those who were more vulnerable, including shielded patients, throughout winter and this would include information about flu vaccinations. The Assistant Director for Adults noted that the full detail of the planning was provided in the report but questions were welcomed.

Sharon Grant, Healthwatch Haringey, noted the efforts undertaken by Adult Social Care and raised concerns that the Reablement Service was under-resourced. She explained that, for many cases, six weeks of support was not sufficient and that Healthwatch were receiving more referrals for support, particularly in complex cases. It was noted that the length of Healthwatch's interventions had been extended from six to 10 weeks and that this would be important during the winter period. It was also highlighted that new ways of working used by Adult Social Care involved greater use of remote working and IT. It was considered in the report that this had led to increased performance but it was enquired how this was measured and whether the move to digital platforms had been assessed from a patient perspective.

The Assistant Director for Adults noted that the capacity of the Reablement Service had been doubled and that no-one should be discharged without the appropriate care and support in place. He stated that he would be happy to discuss this with Healthwatch to understand the issues. Beverley Tarka, Director of Adults and Health,

added that there were a significant number of individuals with longer lasting health implications from Covid-19, referred to as Long Covid. Conversations had been undertaken with NCL CCG and work was underway to enable support to be provided, both in local areas and virtually, in the longer term.

In relation to improved performance, it was acknowledged that face to face interactions could not be replaced. However, it was explained that increased remote working allowed practitioners to have more contact with those who were digitally enabled. In addition, options for those who were not digitally enabled were being investigated. Charlotte Pomery, Assistant Director of Commissioning explained that digital exclusion was a known theme and it was acknowledged that virtual options were not appropriate for everyone. It was noted that there was a programme of work to support access to devices, data, and training which included care homes.

The Chair highlighted the impressive amount of work that had been undertaken to support residents in terms of health, wellbeing, food security, and socioeconomic inequality, both during lockdown and on an ongoing basis. On behalf of the Health and Wellbeing Board, the Chair applauded this work.

## **RESOLVED**

To note:

1. The changes in service delivery within adult social care made during lockdown in response to the Covid-19 pandemic outlined in the report.
2. How performance and risk have been monitored and managed during this period.
3. How adult social care was building on lessons learnt and positive changes made during lockdown and planning for a second wave.

## **10. STRATEGIC THEME: HEALTH IN ALL POLICIES**

Susan Otiti, Assistant Director of Public Health, introduced the report which provided an update on the Health in All Policies (HiAP) work and proposed the establishment of a strategic partnership forum and a small senior strategic group to develop proposed outcomes. It was explained that HiAP was designed to consider the health impact of policies in all areas with the aim of improving health overall. It was explained that HiAP had been operating in Haringey for several years and it drew on London and national best practice.

Marlene D'Aguilar, Health in All Policies Officer, noted that HiAP work had been undertaken with Environmental Health in developing a School Superzone pilot where any retailers located within 400m of a school were required to join the Responsible Retailers scheme. Work was also ongoing with Planning and Regeneration to undertake Health Impact Assessments for large planning applications; it was reported that this had led to some improved designs for housing and the surrounding areas. It was also noted that Haringey was the first council to ban advertisements for items that were high in fat, sugar, and salt through a new Advertising and Sponsorship Policy.

Paul Ely, External Project Manager, noted that a new Parks and Green Spaces Strategy was also being developed. He explained that there had been increased use of parks and green spaces during the Covid-19 pandemic which had highlighted the importance of access to these spaces for health and wellbeing; it was identified that a lack of access to parks and green spaces in some areas was a key issue. It was noted that park management usually focused on park design, maintenance, and provision rather than usage. However, through the development of the strategy, capacity was being increased to engage with more vulnerable communities to consider usage. It was added that there was a pilot project at Lordship Rec and Albert Road Park which focused on park usage for older people and considered what worked in relation to marketing, making reasonable adaptations, and providing more direct support to targeted users.

The Assistant Director of Public Health explained that there were additional examples of the HiAP approach within the full report but that the programme would benefit from partnership oversight. For this reason, the report asked the Health and Wellbeing Board to agree to establish a partnership forum and a small, strategic group to embed HiAP work and report regularly on outcomes to the Board. The Chair stated that this was an excellent idea and that this would provide oversight to ensure joined up partnership work and maximum effect.

Geoffrey Ocen, Bridge Renewal Trust, noted that HiAP was important policy work but enquired how HiAP was translated effectively into different schemes and whether this relied on other agencies and partners. The Assistant Director of Public Health explained that Public Health influenced and supported HiAP work within the Council and the NHS; it was noted that there was some capacity within Planning and Regeneration, the Policy Team, and within the NHS and that HiAP used existing resources alongside a stronger policy approach.

Rachel Lissauer, CCG Director of Integration, welcomed the proposals. She noted that, as part of the borough partnership, there was a Place Board. It was stated that the connection between this proposal and the Place Board was important and it was hoped that the small, strategic group proposed would enable these connections. The Assistant Director of Public Health explained that it would be possible to use the Place Board as the strategic partnership forum for HiAP but she did not want to add to the Board's heavy workload. It was noted that, if there was a separate strategic forum, it would be important to ensure that there were connections with the Place Board.

Jonathan Gardner, Whittington Health NHS Trust Director of Strategy, noted that he was a Co-Chair of the Place Board and that he would be happy to discuss how the strategic partnership forum would relate to existing arrangements and what format would work best for the HiAP aims. The Chair agreed that this would be an appropriate course of action and asked for a future update on this. It was stated that the recommendations were supported by the Health and Wellbeing Board, subject to some initial consideration and discussion on the relationship between HiAP and the Place Board.

**RESOLVED**



Subject to some initial consideration and discussion on the relationship between HiAP and the Place Board, to:

1. Establish a strategic partnership forum to take this forward, similar to the Start Well, Live Well, and Age Well groups;
2. Establish a small senior strategic group to look at Health in All Policies and how we embed this in the work of the Health and Wellbeing Board;
3. Develop some key outcomes through this strategic group, such as improving environments around school, improving air quality, improving health outcomes for parks and green spaces and influencing the quality of housing and developments.

## **11. STRATEGIC THEME: LIVE WELL**

Rachel Lissauer, CCG Director of Integration, introduced the report which provided information about the Live Well programme and proposed five thematic priorities.

Tim Miller, Joint Assistant Director for Vulnerable Adults and Children, explained that the Live Well programme aimed to improve the health and wellbeing of working adults. It was noted that children and older people had specific focuses through other groups and programmes. It was explained that the programme focused on five key themes which people had identified and which provided the greatest opportunity to positively impact health outcomes.

It was stated that the five themes were Work, Inclusion, Crisis, Community, and Home. The deliverables were set out in detail in the report but, in summary, it was noted that the Live Well programme would bring together a number of areas and agencies to maximise resources and impact.

It was explained that the Live Well Programme was sponsored by the Chief Executive of North Middlesex University Hospital. There was a steering group which met regularly and a programme board which included key partners and resident representation. It was noted that the next steps would involve producing a performance or impact framework.

The Chair noted that it would be beneficial to include education and training in the Work theme. The Joint Assistant Director for Vulnerable Adults and Children explained that, although not specifically mentioned, education and training had been included and work had been undertaken with Haringey Adult Learning Service (HALS). The Joint Assistant Director for Vulnerable Adults and Children noted that it would be possible to articulate these elements more clearly within the theme.

The Chair noted that updates on the Live Well programme would be reported to future Health and Wellbeing Board meetings.

### **RESOLVED**

To note the report and to agree the Live Well programme's five thematic priorities of Work, Inclusion, Crisis, Community, and Home.

## **12. THE IMPACT OF COVID-19 ON BLACK, ASIAN, AND MINORITY ETHNIC COMMUNITIES**

The Chair noted that this was a late report and it had been agreed that the report should be considered as a matter of urgency because the Health and Wellbeing Board was asked to provide its input on this issue as soon as possible. She explained that this issue had been discussed at the Board's joint meeting with the Community Safety Partnership in September but that it was important to receive regular updates.

Charlotte Pomery, Assistant Director for Commissioning, noted that the Health and Wellbeing Board had met with the Community Safety Partnership in September 2020 and had agreed to track progress on the nine recommendations in relation to racism and racial inequalities made as part of a roundtable meeting of Black, Asian and Minority Ethnic (BAME) Organisations in the borough.

It was explained that the report provided an update on work that had been undertaken or planned to addressing racism and racial discrimination in response to the nine recommendations: data and evidence, funding to build resilience, bereavement and mental health, domestic violence, communication and awareness raising, prevention and resilience building, shielding of BAME staff and communities, equitable access to services, and digital exclusion.

In addition to the work noted in detail in the report, it was explained that this formed part of the wider partnership programme and it was sought to produce innovative solutions which were coproduced with partners and communities to result in tangible differences.

Cllr Blake suggested that it would be beneficial to discuss this work with the Regeneration Team who had undertaken a useful evaluation on Haringey Community Gold and how effective working had been achieved with young people and, in particular, BAME young people. He stated that the need for significant change in public bodies was often overlooked and he highlighted that Haringey Community Gold had been crucial for building trust. Cllr Blake added that there were concerns around policing and children; there was a trust deficit between young people, particularly BAME young people, who had been impacted by serious youth violence and the police and it was enquired whether this could be considered.

The Assistant Director for Commissioning noted that discussions were underway with the Regeneration Team in relation to the evaluation of Haringey Community Gold. It was noted that young people were a key focus across the partnership plan and it was acknowledged that building trust was vital. It was explained that the proposed Community Health and Care Advisory Board, which was the next item on the agenda, aimed to build connections and trust through communicating effectively in public health messages. It was added that other work was underway with the Community Safety Partnership to address community policing work.

Sharon Grant, Healthwatch Haringey, noted that one of the recommendations was to increase research and collate local ethnicity data; it was enquired which types of data

would be prioritised, who would be undertaking this work, and how it would be funded. The Assistant Director for Commissioning acknowledged that ethnicity data was often monitored in broad categories which could amalgamate important information. It was explained that this was a significant piece of work but that there was an early stage plan and each workstream had areas to investigate. The Chair noted that this would be important to monitor and asked for updates to be presented to future meetings.

## **RESOLVED**

To note the proposals set out in the paper.

### **13. ESTABLISHING A COMMUNITY HEALTH ADVISORY BOARD FOR HARINGEY**

The Chair noted that this was a late report and it had been agreed that the report should be considered as a matter of urgency because the Health and Wellbeing Board was asked to provide its input on this issue as soon as possible.

Charlotte Pomery, Assistant Director for Commissioning, introduced the report which proposed the establishment of a Community Health and Care Advisory Board which would report to the Health and Wellbeing Board. The new Board was designed to be a vehicle for community voices, aiming to ensure that there was engagement and co-production for proposals coming to the Health and Wellbeing Board. The new Board would be Chaired by the Health and Wellbeing Board Chair.

Sharon Grant, Healthwatch Haringey, stated that she was not opposed to the establishment of a board but queried whether the governance arrangements should include a Chair who was not a councillor. The Assistant Director for Commissioning explained that this would be possible but that it had proved difficult to secure and retain independent Chairs in other bodies. It was recommended that the Chair of the Health and Wellbeing Board took on the role of Chair of the Community Health and Care Advisory Board, at least to begin with, so that there would be a strong link between the two Boards. It was added that the Chairing arrangements could be changed once the new board was in operation.

Geoffrey Ocen, Bride Renewal Trust, stated that the establishment of the new Board was a good concept. He highlighted that, as the representatives would be selected from existing groups, it would be important to ensure that the Board membership was diverse. The Assistant Director for Commissioning noted that it was aimed to encourage and enable a diverse range of voices on the new Board and that this would be monitored.

## **RESOLVED**

To agree to establish a Community Health and Care Advisory Board in Haringey.

### **14. MODERN SLAVERY PLAN**

The Chair enquired whether it would be appropriate for this item to be considered at the next meeting, given the limited remaining time at this meeting. Nadia Burrell,

Modern Slavery Co-ordinator, noted that this would be possible and that it would be beneficial to ensure sufficient discussion on the item. The Principal Committee Co-ordinator enquired whether there were any elements of the Plan which required approval or action in advance of the next meeting in 2021. It was noted that it was aimed to publicise the Plan on 10 December 2020 to coincide with Human Rights Day. The Chair noted that it would be acceptable to continue with this and that any messaging around the Plan could be discussed outside of the meeting.

#### **RESOLVED**

That this item be deferred to be considered as the first substantive item on the next Health and Wellbeing Board agenda.

### **15. LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT**

David Archibald, Independent Chair of the Local Safeguarding Children Board (LSCB), introduced the report which presented the annual report from April 2018 until September 2019. It was noted that the LSCB ceased to exist on 29 September 2019 when it was replaced by the new Multi Agency Safeguarding Arrangements (MASA) required by the Children's and Social Work Act 2017 and Working Together 2018. It was explained that this was the final report in this style.

It was noted that the new arrangements were built on the strengths of the old arrangements and the group was now called the Haringey Children's Safeguarding Partnership. It was added that, as set out in the Children's and Social Work Act 2017, there was a new emphasis on the three statutory partners: the Police, the Clinical Commissioning Group, and the Council. Children's Services within the Council had overall responsibility for making safeguarding systems work. It was explained that the move to the new MASA arrangements was well planned and the arrangements had adapted well to the challenges of the Covid-19 pandemic. It was noted that the next report, the first under the new MASA arrangements, would report on the period up until March 2021 and would be presented to the Health and Wellbeing Board in June 2021.

#### **RESOLVED**

To note the report which provided an overview of the new arrangements.

### **16. NEW ITEMS OF URGENT BUSINESS**

There were no new items of urgent business.

### **17. FUTURE AGENDA ITEMS AND DATES OF FUTURE MEETINGS**

It was noted that the dates of future meetings were:

10 February 2021

CHAIR: Councillor Sarah James

Signed by Chair .....

Date .....

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