

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON WEDNESDAY, 17TH MARCH, 2021, 2.00 – 4.00PM

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*
Zina Etheridge – Chief Executive Haringey Council
Beverley Tarka – Director of Adults and Health
Dr Will Maimaris – Interim Director of Public Health
Dr Peter Christian, NCL Clinical Commissioning Group (CCG) Board Member*
Sharon Grant – Healthwatch Haringey Chair*
Geoffrey Ocen – Bridge Renewal Trust Chief Executive
David Archibald – Interim Independent Chair Local Safeguarding Board
*Voting member

In attendance:

Sarah McDonnell-Davies – Executive Director of Borough Partnerships
Jonathan Gardner – Whittington Trust Director of Strategy
Richard Gourlay – North Middlesex University Hospital Trust
Susan John – Business Manager
Rachel Lissauer – Director of Integration, Clinical Commissioning Group (CCG)
Akeem Ogunyemi – Public Health Commissioner
Susan Oti – Assistant Director Public Health
Charlotte Pomery – Assistant Director for Commissioning
Cassie Williams – Assistant Director of Primary Care Quality & Development
Emma Perry – 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:

Jo Sauvage, CCG Chair
Paul Sinden, CCG Chief Executive
Zina Etheridge, Haringey Council Chief Executive

4. URGENT BUSINESS

Sharon Grant, Healthwatch Haringey Chair, wished to raise the issue surrounding the decision of the North Middlesex University Trust to appoint a Chief Executive who was not an accountable officer. She was concerned that it had not been on the agenda for this meeting and noted that in the past, such important matters were normally subject to detailed consultation. She felt that it was within the remit of the Board to discuss this matter.

Richard Gourlay, North Middlesex Hospital Trust, responded stating that there had been ongoing engagement with partners and stakeholders. He added that they would like to bring a presentation back to a future meeting to discuss the context of the decision and to detail the potential benefits of the partnerships that would be made as a result. Richard Gourlay understood the concerns and questions raised, however he felt that these should be addressed in a future piece of work and discussion.

Chair agreed that a brief discussion could take place at Item 12 and that a more detailed discussion come back to a future meeting.

Sharon Grant also wished to raise the issue of commissioning at the Staunton Group practice and requested that this be discussed under Item 8. The Chair agreed that this matter could be briefly discussed under Item 8.

Councillor Blake requested that a discussion take place surrounding violence against women and girls, following the recent tragic events.

5. DECLARATIONS OF INTEREST

Cassie Williams, Assistant Director of Primary Care Quality and Development, declared a non-pecuniary interest in the Staunton Group item, as she had a conflict of interest, as she worked for the current provider of this.

6. QUESTIONS, DEPUTATIONS, AND PETITIONS

No questions, deputations, or petitions were received.

7. MINUTES

RESOLVED

That the minutes of the meeting held on 18 January 2021 were confirmed a correct record.

8. UPDATE ON THE CHANGE OF CONTROL OF AT MEDICS

Rachel Lissauer, Director of Integration, Clinical Commissioning Group (CCG), provided an update on the St Ann's GP practice in Haringey run by AT Medics, which runs 8 practices across NCL and then 13 across London. In December 2020 there was an agreed change of control across the company, with a transfer to Operose Health Ltd. Rachel Lissauer stated that the change in control did not change the level

of patient care or how this was administered, with the same regulatory system being applied. Role of CCG, permit change of control. It was explained that the CCGs run AT medics and had sought legal advice, to ensure that due diligence was carried out. The various checks were met and therefore the CCG had no basis to refuse the change in control. A number of concerns had been raised, including the transparency of the process. Issues had also been raised around continuity and it was explained that there wouldn't be a change in who patients would deal with on a day to day basis in relation to practice. Regular reports would also be submitted to the Primary Care Commissioning Committee on performance.

Discussion took place on the Staunton Group practice, as previously raised under urgent business. Rachel provided an update on the current position, however it was noted that there was a limited amount in the public domain. It was explained that a procurement process had been undertaken to identify a new provider and contract. There was an ongoing legal challenge from the previous provider, which had delayed the process. Once concluded, patients and stakeholders would be written to in order to confirm the agreed position. In the interim it had been agreed to extend the existing caretaker arrangements to ensure continuity of care.

Sharon Grant stated that Healthwatch Haringey had received a lot of concerns from patients about proposals at St Ann's GP practice, as well as PPG members stating that they had not been informed about the proposals. It was felt that local concerns had not been taken into account when the decision was made. There was a fear that this decision would result in a significant change to local services and that future implications had not been not considered, as well as the process not being transparent. Sharon Grant believed that the Health and Wellbeing Board did have powers to refer matters when local concerns had not been taken into consideration and confirmed that she would be writing to the Chair about this matter, on behalf of Healthwatch Haringey.

Sharon Grant also referred to the Staunton Group issue, where huge concerns had been raised by the PPG regarding how recommissioning would be carried out. She stated that patients believed that the process had fallen short of the degree of fairness and there was a lack of transparency surrounding the choice of preferred bidder, as well as poor consultation. It was also felt that the patient feedback regarding the performance of the previous operator had not been taken into consideration. Sharon Grant would also be writing to the Chair about the numerous concerns that had been received by Healthwatch Haringey.

Rachel Lissauer responded to the concerns raised and recognised the issues raised by Healthwatch. She added that the issues raised had also been raised separately and a response provided to those.

Beverley Tarka, Director of Adults and Health, stated that Stephen Lawrence-Orumwenser, Assistant Head of Legal Services, was the legal representative for the Health and Wellbeing Board and requested that the powers of the Health and Wellbeing Board be explored and reported back. **ACTION: the legal powers and position to be reported back to a future meeting.**

Following on from this matter, Cassie Williams –stated that she was keen to understand how, going forward, commissioners could look at the legal issues around procurement, to ensure a smoother process.

Sarah McDonnell-Davies, Executive Director of Borough Partnerships, also responded to the issues raised regarding the change of control at AT Medics and stated that there was a crucial system of procurement which supported the strategic objectives within the NHS. She stressed the importance of stability in local partnerships and understand all of the concerns raised. She added that there would be the ability to monitor and oversee the offer being provided for patients, which was of utmost importance.

The Chair responded to matters discussed, which had been subject to a lot of discussion from all lead members and Health and Wellbeing chairs across NCL, who were all in agreement that they did not agree with the decision made regarding AT Medics. It was felt that the decision was not in best interest of the NHS in London and resident's healthcare. One of the concerns was that this was not a one off decision and could represent a pattern of the way health care provision was being provided in the future.

RESOLVED

To note the update.

9. COVID-19 AND VACCINATION UPDATE

Dr Will Maimaris, Interim Director of Public Health, provided a Covid-19 update at the meeting and stated that the level of positive cases within the borough had come down significantly. It was noted that between Christmas and New Year there had been over 1,000 cases per 100,000 per week and the figures were now only in the 20s. The low number of cases was reflective across the borough and all age groups.

Dr Maimaris gave a presentation at the meeting, detailing the uptake of the 1st dose of the vaccination within the registered eligible cohort group in Haringey as of 14 March 2021, as well as an uptake by ethnicity and deprivation.

Dr Maimaris also raised the issue of variants of concerns and stated that the South African variant had been detected in early February, which was followed by extensive testing in the Tottenham Hale area. It was noted that there had been a good level of compliance from the local population, which had found there to be around a 1% positivity rate and no evidence of ongoing transmission. The service had since been informed of another variant of concern which was similar to the UK variant, the Brazilian P1 variant. There had been concerns raised that the vaccine could not be as effective with this particular variant, however there was no specific evidence of this. Dr Maimaris advised that the strategy to address this variant found in the N10, Muswell Hill area had been to undertake detailed contact tracing and surveillance, in order to pick up any future spread and communicate this with residents. It was stressed that there was no increased risk in public health terms.

Rachel Lissauer highlighted the importance of the huge amount of activity which had contributed to the large increase in uptake of the vaccination. The vaccination programme had called on voluntary and community sector organisations, as well as utilising Councillor's social networks, mutual aid groups and collective resources. A huge amount of work had also be undertaken by the Federation of GP practices to co-ordinate call and recall. There had also been a targeted social media campaign.

Geoffrey Ocen, Bridge Renewal Trust Chief Executive, also referred to the partnership grass roots project, Community Protect. The Community Project worked with Public Voice and Mind, alongside different statutory and grass root organisations to tackle vaccine hesitancy. He added that they had started from a low base, with a lot of mistrust, and a lot of positive work had taken place.

Cassie Williams, Assistant Director of Primary Care Quality & Development, informed the Board that 64 homeless people had been vaccinated at the Travel Lodge, Finsbury Park, last Thursday. Today the Federation of Paramedics and GPs were administering the 2nd dose of the vaccination at care homes. 1,300 vaccinations had also been administered in the homes of those that were housebound. Cassie also highlighted the amazing volunteers at the Whittington Hospital who had helped to run and support the vaccination programme. It was also recognised that the GP practices had also worked incredibly hard in calling people in, especially given the challenges surrounding vaccine hesitancy. She was also pleased to announce that the 75.1% uptake vaccination target had just been reached.

Dr Peter Christian, NCL Clinical Commissioning Group (CCG) Board Member, echoed the great work done that had been done administering the vaccine programme. He also stated that it had been a useful learning exercise, especially with the extra work addressing vaccine hesitancy in the east of the borough. It was recognised that it was likely that there would be a booster vaccination programme, which could be an annual vaccination. Dr Christian added that he believed it was an opportunity to create and build on relationships with those often hard to reach communities and assist in maintaining their health in the future.

Sharon Grant stated that it had been an amazing exercise and paid credit to everyone that had contributed to the vaccine programme. The programme had broken down barriers in inequalities and it was important to detail the multi-faceted processes used and lessons learnt to build on in the future.

The Chair questioned whether there had been any knock on effect vaccination take up following the kick back on the AstraZeneca vaccine in Europe. In response, Cassie Williams stated that they had received calls and experienced some hesitancy, which had also been reported across London and nationally, however people had still been coming in for their vaccine.

The Chair also thanked everyone for their efforts in this programme.

RESOLVED

To note the update.

10. UPDATE ON WORK TO TACKLE RACISM AND INEQUALITIES IN HARINGEY

Charlotte Pomery, Assistant Director for Commissioning, and Geoffrey Ocen, Bridge Renewal Trust Chief Executive, provided an update on the 9 actions agreed back at the Health and Wellbeing Board meeting in May 2020. The wider programme would be overseen by the Health and Wellbeing Board and Community Safety Partnership in a joint meeting, expected to take place in June 2021. The highlights of the 9 action points and work undertaken were detailed at the meeting, as follows:

1. **Data and evidence** – Council and NHS. How to monitor different types of inequalities characteristics, with a proposal to unpick this matter.
2. **Funding** – targeted work to support certain communities.
3. **Violence against women and girls** - resource had been allocated for independent domestic violence advocacy. It was important to better understand those communities that really need this support.
4. **Bereavement and Mental Health** – there had been some really strong work around mental health, with targeted work to increase uptake.
5. **Communication and awareness raising** – more targeted communication. Awareness of cultural issues and peer element. Reserve mentoring had also been introduced, which would continue to be monitored.
6. **Prevention and resilience building** – it was important that individuals had the resilience to cope if the situation arose again and also look at route causes and drivers.
7. **Shielding** – the vaccine programme had helped with this. It was also important to safeguard the staff on front line, with risk assessments being undertaken.
8. **Access to services** – look at how best to deliver services.
9. **Digital Exclusion** – especially surrounding home schooling. A couple of interesting projects had been introduced.

Geoffrey Ocen added that an Equality and Inclusion bulletin had been introduced on a quarterly basis. The service was also working on how best to measure impact during this time.

Councillor Blake questioned whether they had any thoughts in relation to the weekend's events, following the death of Sarah Everard, which may impact these plans. In response, Charlotte Pomery stated that there was a strand relating to violence against women and girls and that it was important to link together gender inequalities and domestic violence and the perceptions of women. It was early days in measuring impact and they would need time to reflect and determine the best way to take this forward in a holistic and joined up way.

Councillor Blake also informed the Board that he had emailed the Borough Commander and Cabinet colleagues to raise his views on the matter. Councillor Blake stated that it was important to look at how the victims could be characterised and a need for a culture change, as well as some work surrounding young men and their attitudes towards women.

RESOLVED

To note the update.

11. SEXUAL AND REPRODUCTIVE HEALTH STRATEGY 2021-24

Susan Otti, Assistant Director of Public Health and Akeem Ogunyemi, Public Health Commissioner, provided a presentation on Sexual and Reproductive Health Strategy 2021-24 and highlighted the key points covered in the agenda pack. Susan Otti identified why there was a need for an updated strategy, especially in light of the pandemic. It was noted that one of the positives that had come out of the previous strategy had been a large reduction in the number of teenage pregnancies. It was highlighted that there was a need for a universal and targeted element, focusing on prevention and reducing health and inequalities across the borough.

It was noted that prior to 2013 all commissioning of sexual health had been done by the NHS, with it then coming under the responsibility of the Local Authorities in 2014, apart from abortion services which were still provided by the NHS. Since 2014 there had been a move from a treatment services approach to a focus on prevention and partnership working. The presentation detailed a menu of services available for residents.

The presentation highlighted the current assets and services around sexual and reproductive health, which had grown since 2014 and provided a universal and targeted offer in tune with different providers. It was important that the offer was inclusive and served the borough's diverse community, particularly in areas of higher need. The service had built on what worked, through a targeted multi agency approach. It was noted that the strategy was embedded within the aims and values of Haringey's ambitious 5-year Borough Plan and was informed by regional and national policy and guidance. The strategy also set out 4 priority areas for 2021-2024, with a suite of guiding principles. A draft action plan for 2021-2022 had been produced, as set out in the papers. The presentation also focused on how the impacts of the strategy would be measured.

The following questions were raised:

- Charlotte Pomery, Assistant Director for Commissioning, referred to the previously raised issue of violence against women and girls and questioned how the strategy could be used to help address this issue. In response, Susan Otti stated that a priority of the strategy was the education and communication workstreams, which promoted safe relationships, including working with schools and clinical services. Akeem Ogunyemi added that the team were already doing some work around training in this area, in order to ensure that key workers were also trained in this area.
- Councillor Blake referred to the teenage pregnancy strategy, which had been a national strategy and achieved great progress in this area. He questioned whether there was a national strategy for sexual health. It was explained that the Department of Health do publicise a national strategy for sexual health, however the most recent strategy had been delayed due to the pandemic and was pending.
- Richard Gourlay, North Middlesex University Hospital Trust, referred to the HIV service provided at the North Middlesex Hospital and questioned how integrated this service was across the borough. Akheem Ogunyemi explained that the service worked closely with outreach sex health providers, working with newly

diagnosed pregnant woman, alongside the North Middlesex Hospital. Susan Otiti added that the service provided an integrated pathway for diagnosis, enabling them to get into the services provided at North Middlesex Hospital.

- Beverley Tarka, Director of Adults and Health, referred to a post Covid future and questioned whether the strategy would be futureproof. In response, it was explained that the commissioned service had learnt from the experiences they had gone through during the pandemic, focusing on communications, what was available and providing flexibility throughout the services provided. The digital offer was also being looked into and built upon, as a way of investing in the future, across London.
- Jonathan Garner, Whittington Trust Director of Strategy, referred to the school nurses service provided by the Whittington Trust and wished to check whether this service was working. In response, it was confirmed that the school nurses provision was an integral part of the Sexual and Reproductive Health Strategy.

The Chair referred to the second recommendation and requested that if any member was interested in the role to let her know and she would follow this up if no nominations were received.

RESOLVED

1. **To endorse the Sexual and Reproductive Health Strategy, attached at Appendix 1 to the report.**
2. **To nominate a Sexual and Reproductive Health Strategy Champion. The Champion would be a Health and Wellbeing Board member, with a particular interest in the topic and in reducing health inequalities particularly for young people, who would help raise the profile of the Sexual and Reproductive Health Strategy and support the vision and deliverables of the strategy.**

12. BETTER CARE FUND PLAN 2020-21

Paul Allen, Head of Integrated Commissioning (NCL CCG), presented the Better Care Fund Plan 2020-21, as set out in the report. He stated that the national guidance had been delayed and was released in December 2020. It was therefore noted that they were not required to provide a full plan, with an expectation that the priorities would be rolled over from the previous year, as listed in the report. They were currently awaiting guidance from the national body.

Appendix 1 provided the investment schedule and a breakdown of the schemes funded by the Better Care Plan. It was recognised that following the pandemic there would be some longstanding health and equalities issues and he had asked colleagues to have a strong focus on inequalities.

RESOLVED

That the Health and Wellbeing Board approve the Haringey Better Care Fund (BCF) Plan for 202/21 and confirm that the investment schedule in Appendix 1 meets the national BCF Plan Conditions.

13. NEW ITEMS OF URGENT BUSINESS

In response to the previously raised matter, Richard Gourlay, North Middlesex University Hospital Trust, asked that this matter be on agenda on the agenda for the next Health and Wellbeing Board, to give the new Chief Executive the opportunity to talk though the benefits of the new appointment.

Sharon Grant stated that the issue concerned the matter of the value on consulting patients and public on these decisions. She stated that there had been major consultations over the last few years, where the opinions had been taken into consideration and written up, however there had been no consultation prior to this change being made. She was concerned that people may be less inclined to participate in future consultations if their views were not taken into consideration.

The Chair also recognised that if the views of the public and relevant stakeholders were routinely ignored it did not encourage trust.

14. FUTURE AGENDA ITEMS AND MEETING DATES

The Chair asked that members of the committee contact her with any items they wished to be put on the agenda for future meetings.

CHAIR: Councillor Sarah James

Signed by Chair

Date

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