

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON WEDNESDAY, 22ND SEPTEMBER, 2021, 2.00 - 4.05 PM

PRESENT:

Cllr Lucia Das Neves, Chair – Cabinet Member for Health, Social Care, and Wellbeing*
Cllr Zena Brabazon – Cabinet Member for Early Years, Children, and Families* (until item 9)
Cllr Mike Hakata – Cabinet Member for Environment, Transport, and the Climate Emergency*
Ann Graham – Director of Children’s Services
Dr Will Maimaris – 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^
*Voting member

In attendance:

Christina Andrew – Strategic Lead, Communities and Equalities^
Kathryn Collin – CCG Assistant Director, Complex Individualised Commissioning^
Jonathan Gardner – Whittington Trust Director of Strategy^
Richard Gourlay – North Middlesex University Hospital Trust^
Michele Guimarin – Lead Commissioner for Autism and Learning Disabilities^
Georgie Jones-Conaghan – CCG Assistant Director, Complex Individualised Commissioning^
Deborah King – Mind^
Rachel Lissauer – Director of Integration, Clinical Commissioning Group (CCG)^
Sarah McDonnell-Davies – Executive Director of Borough Partnerships^
Charlotte Pomery – Assistant Director for Commissioning^
Fiona Rae – Principal Committee Co-ordinator
^Joining virtually

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:

Dr John Rohan, NCL Clinical Commissioning Group (CCG) Board Member
David Archibald, Independent Chair Haringey Local Safeguarding Board
Lynette Charles, Mind in Haringey
Jo Sauvage, CCG Chair
Beverley Tarka, Director of Adults and Health

4. URGENT BUSINESS

There was no urgent business.

5. DECLARATIONS OF INTEREST

There were no declarations of interest.

6. QUESTIONS, DEPUTATIONS, AND PETITIONS

No questions, deputations, or petitions were received.

7. MINUTES

Richard Gourlay, North Middlesex Hospital Trust, drew attention to page six of the minutes where it stated that 'North Middlesex had Urgent Care from 12am (midnight) to 7am which included GPs and emergency nurse practitioners'. He noted that this should read 'there is an urgent care centre available at North Middlesex Hospital seven days a week that is staffed by both General Practitioners and also Emergency Nurse Practitioners'.

RESOLVED

That, subject to the amendment above, the minutes of the meeting held on 21 July 2021 were confirmed a correct record.

8. COVID-19 AND VACCINATION UPDATE

Dr Will Maimaris, Director of Public Health, provided a Covid-19 update. It was noted that there had been an acceleration of cases in mid-July due to the Delta variant, with nearly 200 cases per day. It was explained that this was concerning but that there had been lower levels of hospitalisations and deaths compared to January 2021 which seemed to show the impact of the vaccination programme. It was added that, over recent months, there had been a gradual decline in case rates across the borough but that there might be increases when the universities started in September and October.

It was noted that there were moderate numbers of people in hospital with Covid-19, with approximately 20 at Whittington and around 50 at North Middlesex. Hospitals were reporting that the majority of Covid-19 patients in intensive care were under 50 and unvaccinated which demonstrated the importance of encouraging vaccinations.

In relation to the uptake of the Covid-19 vaccine, it was explained that there was comparator data for London. Approximately 75% of those over 50 in Haringey had received two doses of the vaccine. It was noted that, although Haringey was rated as

the fourth most deprived borough in London, it had the eighth lowest vaccination rate which demonstrated good comparative results and which surpassed the uptake of previous vaccination programmes.

It was commented that, whilst there was good uptake of the vaccine in general, there was a plateau in all age groups over time and a dramatic reduction in uptake in younger age groups, both in Haringey and across London. It was noted that councils had been proactive in spreading communications about vaccinations but that there were still some disparities in uptake from certain communities.

It was explained that there had been two recent developments in the Covid-19 vaccination programme: the introduction of one vaccine for school children aged 12-15 and the booster vaccination programme for those over 50 and/ or in clinically vulnerable groups. It was noted that schools would be writing to parents and guardians shortly to inform them about the vaccination programme for school children.

Dr Peter Christian, CCG Board Member, noted that it was reassuring to hear that the vaccination programme was delivering positive outcomes in terms of reduced hospitalisations and deaths. He commented that the use of intensive care beds for unvaccinated patients was impacting hospital recovery plans and that the booster vaccination programme would put pressure on essential staff during the autumn and winter.

Sharon Grant, Healthwatch Haringey Chair, stated that residents wanted to know how the Covid-19 booster vaccination would operate and whether they would be contacted. She also noted that there were some concerns about the flu jab programme, including the arrangements and possible shortages. The Director of Public Health clarified that there would be an invitation system for the Covid-19 booster vaccinations as well as proactive outreach work. It was explained that Haringey was well placed to deliver booster vaccinations using pharmacies and primary care sites. Rachel Lissauer, CCG Director of Integration, stated that the flu jab would operate as per normal. It was noted that this would be primarily delivered through GPs and that there was currently no indication that there were capacity risks.

Sharon Grant, Healthwatch Haringey Chair, noted that Healthwatch had conducted some research about people's views of vaccinations, including the dual delivery of the Covid-19 vaccination and the flu jab. It was highlighted that people were broadly opposed to dual delivery and that the report could be circulated to members of the Health and Wellbeing Board for information. The Director of Public Health noted that it was very unlikely that there would be dual delivery except for, possibly, in care homes. It was added that the Healthwatch report would be circulated.

Geoffrey Ocen, Bridge Renewal Trust, noted that some people had been reluctant to get the vaccinations initially and that it would be important to actively encourage people to take up the Covid-19 booster vaccination. He added that targeted engagement worked well and that Community Protect should be extended. It was also noted that it was challenging to get younger people to take up the vaccinations.

RESOLVED

To note the update.

9. 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 nine actions agreed at the Health and Wellbeing Board meeting in May 2020.

1. **Data and evidence** – there had been good progress with the policy team and CCG colleagues to develop categories for ethnicity data collection which were more closely aligned with the categories used by the Office for National Statistics (ONS). It was reported that the new data was starting to be used in areas such as Early Years and that the data collection changes were being discussed with other partners.
2. **Funding** – it was stated that there had been successful bids to the CCG Inequalities Fund. It was noted that a number of awards were going through to grass roots organisations and that the approach for the next round of funding was being considered.
3. **Bereavement and Mental Health** – it was noted that the Mental Health Programme had been running since July, with a focus on resident engagement through initiatives such as Community Mental Health Champions.
4. **Domestic Violence** – it was commented that there had been 1,700 responses to the Safety at Night Survey; these had not yet been fully analysed but it was noted that domestic violence and Violence Against Women and Girls were key areas of focus.
5. **Communication and awareness raising** – the importance of language and use of a trusted voice was acknowledged. It was added that the web pages for Black History Month were now live on the Council's website and that this added to the bank of existing resources available through Haringey 365 (which celebrated Black history 365 days a year).
6. **Prevention and resilience building** – it was commented that there was some significant anxiety about the end of the government furlough scheme and about the reductions to Universal Credit.
7. **Shielding** – it was noted that the shielding programme for clinically (extremely) vulnerable people had been formally halted by the Department for Health and Social Care and that it was now important to ensure maximal uptake of the Covid-19 vaccinations across all communities.
8. **Access to services** – it was stated that officers were relying on the use of data, particularly more granular data, to monitor equity of access to services. It was noted that this had been used in a deep dive of the partnership programme plan on attainment. It was added that, through understanding the issues better, it was possible to provide a better response.
9. **Digital Exclusion** – it was acknowledged that many services and activities were still providing things digitally and that it would be important to ensure that people were as equipped as possible. It was added that digital inclusion would be a key underpinning factor for the local asylum seeker and refugee programme.

Geoffrey Ocen, Bridge Renewal Trust, noted that the digital inclusion work at Lea Valley Primary School was going well. It was highlighted that homework participation had increased from 10% to 98%. It was explained that this project provided devices and increased access but also involved support work with families to tackle wider determinants for educational outcomes. It was noted that improvements needed to be driven by funding and that the CCG Inequalities Fund was assisting in empowering community groups. It was explained that Council and CCG colleagues had attended the Voluntary Sector Forum in mid-September where thematic areas of intervention and appropriate mechanisms for delivery were discussed; this model was being developed with all partners.

The Chair noted that the Voluntary Sector Forum had discussed the importance of language, citing the anti-discrimination campaign as a strong example of incorporating those with lived experience. The Assistant Director for Commissioning explained that the campaign was in its early stages but would include a story-based approach, focusing on intersectionality, perceptions, and assumptions, as well as an information sharing approach to inform people how they could take action and when to contact the police.

Sharon Grant, Healthwatch Haringey Chair, noted that there was a project across North Central London to assist people in developing digital skills to access health and social care digitally. She explained that, although the project provided support to a number of people, it was suspected that many more people could be referred by GPs. Dr Peter Christian, CCG Board Member, suggested that he could mention the project at the next GP webinar.

In response to a question about the Welcome Strategy for refugees and asylum seekers, the Assistant Director for Commissioning explained that the support which could be provided depended on the resettlement scheme in question. It was noted that the Welcome Strategy provided a joined up approach and covered a wide variety of issues, including education, primary care, housing, and digital support.

RESOLVED

To note the update.

10. AUTISM STRATEGY

Kathryn Collin, Assistant Director for Complex Individualised Commissioning (Children and Young People), and Georgie Jones-Conaghan, Assistant Director for Complex Individualised Commissioning (Learning Disability and Autism), introduced the report which presented the Autism Strategy. They highlighted that the lived experience of those with autism and their families was central to the Autism Strategy. It was explained that this was a neurodiverse strategy which aimed to be inclusive and to move away from the focus on autism as a medical 'disorder'. It was added that the NHS had recently released its Autism Strategy, which was helpful background, but that the local Autism Strategy aimed to be more holistic and would be developed further over the next 10 years.

It was noted that there were a number of key themes which underpinned the strategy, including workforce development and training, support and intervention, and transitions and handovers. Kathryn Collin explained that the Autism Strategy was ambitious in scope and that there would be three priorities per three year period to make delivery more manageable.

Georgie Jones-Conaghan explained that co-production underpinned the strategy and the delivery of the strategy. It was noted that Joint Commissioning had built a group of stakeholders over the last two years which included representatives from care, education, health, the Voluntary and Community Sector (VCS), as well as people with autism and carers. It was acknowledged that there had been limited input from children and young people and that, although there had been some advocating by proxy, there would be efforts to address this as part of the delivery of the strategy. It was also noted that the key performance indicators for the strategy included co-production to ensure its continued importance.

Kathryn Collin explained that the Health and Wellbeing Board was asked to sign off the overarching Autism Strategy, which was due to be published in October 2021. It was also proposed that an update would be presented to the Health and Wellbeing Board at least annually for input and challenge.

Sharon Grant, Healthwatch Haringey Chair, felt that it was useful that the Strategy mentioned the role of the Criminal Justice System. It was highlighted that it was important for the police and magistrates to be fully appraised of the circumstances of people with autism and that this should be a part of their training programmes.

Dr Peter Christian, CCG Board Member, noted that it was difficult for people to get diagnoses, particularly later in life. He acknowledged that diagnoses were very helpful for people, their families, and employers. Georgie Jones-Conaghan stated that the diagnosis issues were known and that there was currently a poor pathway for autism and ADHD diagnoses for adults. It was aimed to develop a neurodiverse diagnostics process which would be delivered by Barnet, Enfield, and Haringey Mental Health Trust with local peer support, including pre-diagnosis support which would be critical.

Cllr Hakata stated that the Autism Strategy was comprehensive and would lead to positive co-production. He noted some concerns that a number of young people from minority ethnic backgrounds who had additional needs had been excluded from schools. He stated that those with additional needs should not be excluded and enquired how knowledge sharing in schools could be encouraged. Georgie Jones-Conaghan stated that officers were aware that people from different areas of the system, such as education, would need to be involved in the delivery of the Autism Strategy. It was highlighted that the Strategy aimed to be as holistic and as broad as possible, particularly where there were disproportionate outcomes, and that this could include schools, alternative provision, and exclusions.

The Assistant Director for Commissioning noted that there had been a deep dive into exclusions in October 2020, during the first school term of the year and after the first lockdown. It was explained that there had been a learning event in schools to highlight the warning signs. It was noted that schools should not be excluding pupils with a diagnosis but that not all children and young people with additional needs had a

diagnosis. It was suggested that schools needed to become more autism friendly but that multiple parts of the system were involved.

Jonathan Gardner, Whittington Trust, thanked officers for including the Whittington in the production of the Autism Strategy. He noted that there was currently a backlog in assessments for children and young people. He acknowledged that there were a number of potential actions noted in the report but highlighted that there were limited resources and that the actions in the report would be unlikely to completely resolve this. The Director of Public Health noted that there were limited resources and added that it would be helpful to consider where to focus resources. He added that it was important to focus on Early Years inclusivity, identification, and interventions and as it was generally more difficult to intervene later on.

The Chair thanked officers for their presentation. The Health and Wellbeing Board formally recorded its thanks to those with autism and their families who had been involved in developing the Autism Strategy; it was acknowledged that they had made significant efforts to campaign and to ensure that services were more inclusive.

RESOLVED

1. To approve the draft All Age Autism Strategy 2021-2031 attached as Appendix 1 to the report.
2. To agree to updates on progress against the Strategy to come back to the Health and Wellbeing Board at regular intervals.

11. UPDATE ON INTEGRATED CARE SYSTEMS (ICS)

Rachel Lissauer, CCG Director of Integration, introduced the item which provided an update on the development of Integrated Care Systems (ICS). She noted that the government aimed to introduce ICS in April 2022 and that her presentation would focus on the range of different mechanisms and bodies which were being developed locally.

It was noted that the Integrated Care Board would be the NHS statutory body which would take over the key functions of the existing CCG and which would have responsibilities around delivery. It was explained that there would also be an Integrated Care Partnership which would be a statutory committee but would be determined locally, with members from local authorities, the NHS, and possibly others in North Central London (NCL). In addition, it was noted that there would be a Borough Partnership, which would incorporate existing place-based partnerships, and provider collaboratives, to connect provider organisations around delivery.

It was noted that there would be a lot of operational and development work for the ICS which would provide an opportunity to consider what would be most meaningful and to hear from local people; it was highlighted that this would continue after April 2022. Rachel Lissauer explained that there were a number of patient engagement forums in Haringey and that there would be a series of seminars which would allow

consideration of and input into the ICS plans. It was highlighted that partners would be important in developing the Borough Partnerships.

Members of the Health and Wellbeing Board enquired whether there had been any feedback from residents so far, whether residents understood the proposed changes, and how it could be ensured that residents' voices would be included within the ICS. It was also enquired whether private companies could be active and voting members within the ICS governance structure and it was noted that there were a number of concerns if this was possible.

Sarah McDonnell-Davies, CCG Executive Director of Borough Partnerships, stated that it was important to continue to develop the empowerment of communities. It was explained that the NHS, local government, and organisations such as Healthwatch had moved closer in recent years and during the Covid-19 pandemic and that this would continue through ICS; it was added that accountability would also continue to be crucial. It was stated that, through Borough Partnerships, there would be collective responsibility for improving outcomes as well as more diverse and integrated memberships. Sarah McDonnell-Davies, CCG Executive Director of Borough Partnerships, noted the concerns relating to private companies. It was stated that the ICS in NCL was currently a composition of Trusts, primary care, and local government, and that there was a strategy of bringing as much work as possible 'in house' within NCL. It was clarified that the ICS proposals did not include any changes to the statutory functions of the Health and Wellbeing Board but that it would be useful to consider how the five NCL Health and Wellbeing Boards worked together to create clear plans and priorities in the wider area.

The Assistant Director for Commissioning noted that there would be a series of ICS seminars over the next six months which would provide an opportunity to discuss the developments and priorities. It was added that the inclusion of the Community Health and Care Advisory Board would also be a helpful way to begin the process of communicating the changes to the public.

Sharon Grant, Haringey Healthwatch Chair, believed that seminars would be useful but that the staff running the system would not be included. She stated that some of the most innovative approaches involved working with staff to improve services. The Chair noted that the formal structures would be more prescribed but that coproduction could be used more flexibly with a wider range of participants.

RESOLVED

To note the update.

12. NEW ITEMS OF URGENT BUSINESS

There were no new items of urgent business.

13. FUTURE AGENDA ITEMS AND MEETING DATES

Following discussion, it was suggested that the following items should be considered at future meetings:

- Primary Care Access
- Winter planning.
- Children’s Services items, including Special Educational Needs and Disabilities (SEND) update (inspection and key points of transition) and Start Well Board
- Outcomes from the Community Services and Mental Health review
- Long Covid (depending on Healthwatch progress)
- Better Care Fund Plan
- Child and Adolescent Mental Health Services (CAMHS)
- Joint Strategic Needs Assessments
- Draft Health and Wellbeing Strategy
- Integrated Care Systems
- Estates and Workforce
- Mental Health
- Digital Inclusion and Health

The Chair asked that members of the committee contact her with any additional items they wished to be put on the agenda for future meetings. It was also noted that the draft Special Educational Needs and Disabilities (SEND) Strategy had recently opened for consultation. It was agreed that the draft Strategy would be circulated to Health and Wellbeing Board members who were invited to comment before the closing date of 7 November 2021.

It was noted that the dates of future meetings were:

- 24 November 2021
- 26 January 2022
- 16 March 2022

CHAIR: Councillor Lucia das Neves

Signed by Chair

Date

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