MINUTES OF MEETING HEALTH AND WELLBEING BOARD IN COMMON WITH THE COMMUNITY SAFETY PARTNERSHIP HELD ON MONDAY 21ST SEPTEMBER 2020, 4.05 - 5.35 PM

Present (Health and Wellbeing Board):
Cllr Mark Blake – Cabinet Member for Communities and Equalities*
Cllr Kaushika Amin – Cabinet Member for Children, Education, and Families*
Cllr Sarah James – Cabinet Member for Adults and Health
Dr Peter Christian – Haringey Clinical Commissioning Group (CCG) Chair
Sharon Grant – Healthwatch Haringey Chair
Geoffrey Ocen – Bridge Renewal Trust Chief Executive*
David Archibald – Interim Independent Chair Local Safeguarding Board
*Member of both groups

Present (Community Safety Partnership):
Treena Fleming – Borough Commander
Ian Thompson – Borough Fire Commander
Cllr Julia Ogiehor
Rachel Lissauer – Director of Commissioning, CCG

Officers:
Tracey Downie – Executive Director of Housing Management
Ann Graham – Director of Children's Services
Sarah Hart – Senior Commissioner, Public Health
Dr Will Maimaris – Interim Director of Public Health
Eubert Malcolm – Assistant Director, Stronger Communities
Stephen McDonnell – Director of Environment and Neighbourhoods
Charlotte Pomery – Assistant Director for Commissioning
Beverley Tarka – Director of Adults and Health
Frankie White – Executive Assistant to Assistant Director of Commissioning
Felicity Foley – Committees Manager
Emma Perry – Principal Committee Co-ordinator
Fiona Rae – Principal Committee Co-ordinator
Ayshe Simsek – Democratic Services and Scrutiny Manager

Also present:
Cllr Joseph Ejiofor – Haringey Council Leader

The Chair of the Health and Wellbeing Board, Cllr Sarah James, noted that this was a meeting of the Health and Wellbeing Board and the Community Safety Partnership and that she would be passing the role of Chair to Cllr Mark Blake who was a voting member of the Health and Wellbeing Board and the Chair of the Community Safety Partnership. This was moved by Cllr Sarah James, seconded by Cllr Kaushika Amin, and agreed by those present.

1. FILMING AT MEETINGS

Cllr Mark Blake referred those present to agenda item 1 in respect of filming at this meeting, and the information contained therein was noted.

2. WELCOME AND INTRODUCTIONS

Cllr Mark Blake welcomed the Health and Wellbeing Board and Community Safety Partnership. He explained that this meeting brought two key partnership bodies together to address issues of racial discrimination and inequalities that had been highlighted by the Black Lives Matter (BLM) movement and brought into sharp focus following the killing of George Floyd in the USA and by the effects of the Covid-19 pandemic on black, Asian, and minority ethnic communities.

3. APOLOGIES

Apologies for absence were received from Siobhan Harrington, Whittington Trust Chief Executive, Maria Kane, North Middlesex University Hospital Trust Chief Executive, and Zina Etheridge, Haringey Council Chief Executive.

4. URGENT BUSINESS

There were no items of urgent business.

5. DECLARATIONS OF INTEREST

No declarations of interest were received.

6. QUESTIONS, DEPUTATIONS, PETITIONS

It was noted that a question had been submitted by Cllr Eldridge Culverwell in relation to item 7 of the agenda, Working in Partnership to Address Racial Discrimination and Injustice. It was agreed that, as Cllr Eldridge Culverwell was not present, a written response from Dr Will Maimaris would be provided in the minutes.

Question: *Covid-19, by all accounts has affected the black communities the largest. If this is the case, WHY? Is it dietary, life styles, accommodation, alcohol/drug consumption, weather patterns, and or work environments? There must be a common denominator that the medical experts have found, or analysed, and if there is, what precautions or implementations are being garnered as a means of a cure or a precautionary guide, to address and or, reduce this stigma, dilemma or whatever phraseology is required understand this endemic?*

Response: Public Health England have published the report ‘Beyond the data: Understanding the impact of Covid-19 on Black, Asian, and Minority Ethnic (BAME)

groups', which covers the issues set out in this question https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

This is a follow up report to the report published earlier in June which found a statistical association between increased risk of death from Covid-19 and some ethnic groups. The risk of death from Covid-19 was found to be 2x higher in people from Bangladeshi and Pakistani ethnic groups compared to the white ethnic group, and 10-50% higher in other ethnic groups including Black Caribbean and Black African.

The 'Beyond the Data' report explored some of the possible reasons for worse impacts of Covid-19 in BAME groups. Their reasons included:

People of Black, Asian and other minority ethnic groups may be more exposed to Covid-19, and therefore are more likely to be diagnosed. This could be the result of factors associated with ethnicity such as occupation, population density, use of public transport, household composition and housing conditions, which the currently available data did not allow us to explore in this analysis.

The review also reports that 'once infected, many of the pre-existing health conditions that increase the risk of having severe infection (such as underlying conditions like diabetes and obesity) are more common in BAME groups and many of these conditions are socio-economically patterned. For many BAME groups, especially in poor areas, there is a higher incidence of chronic diseases and multiple long-term conditions (MLTCs), with these conditions occurring at younger ages'.

Qualitative findings in the report included that pre-existing economic and health inequalities experienced by people from BAME groups were exposed and exacerbated by Covid-19.

The report also found that racism and discrimination experienced by BAME communities was a factor influencing background health and also may be a barrier for people accessing testing and prompt treatment for Covid-19, leading to worse outcomes.

The report also made a number of national recommendations to address the issues highlighted. Recommendations include:

1. Mandate comprehensive and quality **ethnicity data collection and recording** as part of routine NHS and social care data collection systems, including the mandatory collection of ethnicity data at death certification.
2. Support **community participatory research**, in which researchers and community stakeholders engage as equal partners in all steps of the research process, to understand the social, cultural, structural, economic, religious, and commercial determinants of Covid-19 in BAME communities, and to develop readily implementable and scalable programmes to reduce risk and improve health outcomes.
3. Improve **access, experiences and outcomes of NHS, local government and integrated care systems commissioned services** by BAME communities

including: regular equity audits; use of health impact assessments; integration of equality into quality systems; good representation of black and minority ethnic communities among staff at all levels; sustained workforce development and employment practices; trust-building dialogue with service users.

4. Accelerate the development of **culturally competent occupational risk assessment tools** that can be employed in a variety of occupational settings and used to reduce the risk of employee's exposure to and acquisition of Covid-19, especially for key workers working with a large cross section of the general public or in contact with those infected with Covid-19.
5. Fund, develop and implement **culturally competent Covid-19 education and prevention campaigns**, working in partnership with local BAME and faith communities to reinforce individual and household risk reduction strategies; rebuild trust with and uptake of routine clinical services; reinforce messages on early identification, testing and diagnosis; and prepare communities to take full advantage of interventions including contact tracing, antibody testing and ultimately vaccine availability.
6. Accelerate efforts to **target culturally competent health promotion and disease prevention programmes** for non-communicable diseases promoting healthy weight, physical activity, smoking cessation, mental wellbeing and effective management of chronic conditions including diabetes, hypertension and asthma.
7. Ensure that **Covid-19 recovery strategies** actively **reduce inequalities caused by the wider determinants of health** to create long term sustainable change. Fully funded, sustained and meaningful approaches to tackling ethnic inequalities must be prioritised.

A number of these actions are being taken forward at local level.

7. WORKING IN PARTNERSHIP TO ADDRESS RACIAL DISCRIMINATION AND INJUSTICE

Cllr Mark Blake noted that the context of this piece of work was very politicised, that there were some who did not want to see progress made on racial inequalities, and that it was important to be aware of this. He added that racial prejudice existed on both an individual and institutional level.

Charlotte Pomery, Assistant Director for Commissioning, introduced the item and explained that the reason for this joint meeting was to recognise that no single agency could tackle the issues alone and that the Council wanted to work with key statutory bodies, the Voluntary and Community Sector (VCS), and local communities. The paper aimed to set up a process and structure to tackle the issues and, as this was the first joint meeting, a discursive approach was envisioned which would allow some reflection and direction.

It was explained that a Partnership Co-Ordinating Group, co-chaired by the Bridge Renewal Trust and the Council, had begun to meet and it was anticipated that this Group would report to the joint meeting. The Group had explored some of the issues of racial discrimination and injustice facing residents and communities in Haringey and had proposed eight key priority strands:

(i) Policy and strategy;

(ii) Community safety, social justice, and policing;
(iii) Health and Wellbeing;
(iv) Education, attainment, out of school activity;
(v) Faith and identity;
(vi) Arts, culture, heritage, and place;
(vii) Economy and employment; and
(viii) Workforce.

It was noted that there were a number of key, emerging principles surrounding this work programme. This included acknowledgement of the fact that there was an issue and that there was a desire to change it, a recognition of the role of leaders in effecting change, understanding racial bias, committing to setting targets and to action and investment, viewing staff as sum of many parts rather than a single entity, recruiting for potential, and valuing lived experience.

It was also noted that proposed ways of working would include working with communities to co-produce solutions, investing in prevention and early intervention, not shying away from difficult conversations, targeting and re-directing resources, and improving equity of treatment.

It was explained that the joint meeting was asked to consider how often they wanted to meet, whether all members would attend meetings, whether it would be appropriate to invite other parties, how the joint meeting would oversee and add to existing areas of work, how to prioritise key actions, and how to enable organisations' policies and resources to support key strategic aims.

Geoffrey Ocen, Bridge Renewal Trust Chief Executive, noted that having this joint meeting was a good first step which acknowledged the importance of these issues. Having spoken with local residents, he understood that there were significant, long term issues and a low level of expectation about progress; he stated that it was therefore important to have practical implementation. He suggested that it would be appropriate to have a general discussion on the questions raised in the presentation.

Cllr Julia Ogiehor noted that there were a number of existing strategies, such as the Young People At Risk Strategy, which were ongoing; she enquired how the current proposal would be different and how it would link with existing strategies. Charlotte Pomery, Assistant Director for Commissioning, noted that there was a balance between what was already in place and the need to bring everything together into a framework which could be shared by partners to align approaches and create some consistency. It was acknowledged that there were systemic inequalities and that the joint meeting would provide opportunities to access and tackle the systemic element.

Sharon Grant, Healthwatch Haringey Chair, noted that the paper lacked contextual information; she explained that Haringey had a proud history of tackling some of these issues and that it was important to reflect on and build on previous actions and experiences from the local authority, health service, and VCS. She stated that policing and inequalities had been a serious issue in the borough where a lot of previous work had been undertaken and, as a new generation was feeling marginalised, it was particularly important to review why and how this had recurred in order to address the issues.

Cllr Sarah James echoed the importance of the context of Haringey. She added that it was important to have evidence-based policy but that it was difficult to obtain reliable, qualitative, and locally researched data. It was noted that a recently held VCS forum shared some information about the Turkish-Kurdish experience during the Covid-19 pandemic which was very useful. Geoffrey Ocen, Bridge Renewal Trust Chief Executive, noted that the North Central London boroughs had recently agreed for officers to gather ethnicity data which would make a difference and added that any support for community research models would be helpful. Cllr Sarah James also noted the importance of equality of access, namely looking at where and how people were employed, how they progressed, and the equality of representation. She added that resources were stretched and that there would need to be careful consideration of how to resource key priorities for meaningful change. She noted that, as poverty and class contributed to differentials of outcomes, it may be necessary to target resourcing in areas that would result in practical improvements.

Ann Graham, Director of Children's Services, noted that some changes were needed to challenge systemic issues, such as the ability to help families to support children through the education system or criminal justice system and the ability to gain meaningful employment. She explained that some practical actions had been discussed at Executive Youth At Risk Strategy Meetings; this included a parenting officer in the Youth Justice Service and funding for this was being investigated. It was noted that it was possible to help young people gain aspiration but that they would still face housing, employment, and wellbeing challenges; work was underway to tackle these challenges.

Beverley Tarka, Director of Adults and Health, welcomed the presentation, the eight key priority strands, and the joint meeting of the Health and Wellbeing Board and Community Safety Partnership. She highlighted that this proposal was significant as it would create a structure which would enable the groups to build on existing work and would create a framework for accountability.

Rachel Lissauer, Director of Commissioning – CCG, noted that there was agreement in the health service that there was a need to progress this agenda. Challenging conversations had begun and different approaches to governance, recruitment, commissioning, and partnership working were being considered within individual organisations. She explained that the next stage would be considering resourcing and delivery given that all organisations had stretched resources. She added that it would be important to establish key outcomes and progress indicators, recognising that it was not possible to tackle everything.

Geoffrey Ocen, Bridge Renewal Trust Chief Executive, noted that all organisations were struggling to find resources but that resourcing was linked to the confidence of the community in a project. He stated that it was important to give some resourcing to communities.

Sharon Grant, Healthwatch Haringey Chair, commented that the BLM movement had been established as a result of the negative relationship between the police and the black community, both here and in the USA. She noted that there had been a number of very difficult incidents in the last few months, including the tasering of black men.

She explained that the difficulty was the lack of an effective interface between the police and the community; she stated that the Independent Police Group was ineffective, had recently received a number of resignations, and was no longer functioning. She highlighted that issues would continue without an effective interface, particularly when there were police operations from other areas.

Cllr Mark Blake noted that the police representative had needed to leave the meeting early but that it would be appropriate to discuss these issues with them. It was acknowledged that the Mayor of London was working on the relationship between the police and black communities specifically and that the police were engaging with the council. It was added that there were upcoming meetings between the Council, Mayor of London, and Borough Commander; Cllr Mark Blake stated that he would note these issues and would feed back.

Charlotte Pomery, Assistant Director for Commissioning, thanked the joint meeting for feeding back and noted the points made. She stated that an outline paper would be produced to set this proposal in context. It was noted that some ideas had been shared but it was enquired whether there were any further opinions about what the priorities for this piece of work might look like, how priorities would be decided, whether the joint meeting was the appropriate vehicle, how often the joint meeting would convene, whether it was appropriate to include the full memberships, and whether other groups or voices should be invited.

Dr Will Maimaris, Interim Director of Public Health, suggested that the joint meetings should include the full membership of both groups. He stated that it would be important to have clear aims and priorities, to know when aims were or were not achieved, and to have data. He added that other community voices should be included but that, as it might be difficult to change memberships, it may be appropriate to invite relevant community voices when required.

Sharon Grant, Healthwatch Haringey Chair, noted that all members of the groups should be expected to attend and to be driving the programme and that there may need to be rules about a quorum. She added that the joint meeting would need to be able to obtain data, identify issues, and direct resources and partners' resources. She suggested that the joint meeting would need research capacity which could be achieved through links with universities. She highlighted that it was important to get local politicians and key figures around the table to achieve results.

Eubert Malcolm, Assistant Director – Stronger Communities, stated that it was excellent that the joint meeting could focus on community-identified issues. He felt that two meetings a year seemed appropriate and welcomed the ability to tackle these issues and to work jointly.

Ian Thompson, Borough Fire Commander, noted that the London Fire Brigade (LFB) would be very supportive of the measures discussed today. He explained that the LFB was sharing a new, refined strategy with staff at the moment, called 'Togetherness', and that he would send this to Zina Etheridge, Haringey Council Chief Executive, and Geoffrey Ocen, Bridge Renewal Trust Chief Executive.

Charlotte Pomery, Assistant Director for Commissioning, noted that a position statement would be produced as a starting point to set out the programme plan and this would be based broadly on the eight key priority strands that had been identified. She acknowledged that the point raised about the need for data threaded through the priorities and that it would be important to know when the programme was achieving outcomes. She noted that some things may change quickly and others may be longer term and that the partnerships and the programme would be a key interface for joint working, consistency, and resourcing issues.

Cllr Sarah James noted that Cllr Mark Blake had needed to leave the meeting and reassumed the role of Chair. She enquired whether there were any final comments.

Sharon Grant, Healthwatch Haringey Chair, enquired whether there would be a Communication Strategy for the proposal and joint meeting discussions; she stated that this would need to be put together carefully. Charlotte Pomery, Assistant Director for Commissioning, noted that this meeting was being webcast to ensure transparency and acknowledged that it was important to make public statements as well as taking action; it was noted that this point could be included in the programme plan. Cllr Sarah James enquired whether staff from Communications were present. Charlotte Pomery, Assistant Director for Commissioning, noted that the meeting had been recorded and this could be taken forward. It was also noted that there was a general consensus that having two joint meetings a year would be appropriate.

8. NEW ITEMS OF URGENT BUSINESS

There were no new items of urgent business.

9. FUTURE AGENDA ITEMS AND DATES OF FUTURE MEETINGS

It was noted that the dates of future meetings would be confirmed and circulated in due course.

CHAIR: Councillor Sarah James

Signed by Chair ……..

Date ……