

MINUTES OF MEETING HEALTH AND WELLBEING BOARD HELD ON WEDNESDAY, 24TH NOVEMBER, 2021, 2:00PM – 4:00PM

PRESENT:

Cllr Das Neves, Chair – Cabinet Member for Health Social Care and Wellbeing*
Cllr Mike Hakata – Cabinet Member for Environment, Transport, and the Climate Emergency*
Cllr Zena Brabazon – Cabinet Member for Early Years, Children, and Families^
Sharon Grant – Healthwatch Haringey Chair*
Beverley Tarka - Director of Adults and Health^
Ann Graham - Director of Children's Services^
Dr Will Maimaris – Director of Public Health^

In attendance:

Cassie Williams – Chief Executive Officer, NHS Haringey CCG^
Paull Allen – Head of Integrated Commissioning (Integrated Care & Frailty) North Central London Clinical Commissioning Group and London Borough of Haringey^
Peter Christian - NCL Clinical Commissioning Group (CCG) Board Member^
Jackie Di Falco - Assistant Director for Early Help and Prevention^
Geoffrey Ocen – Bridge Renewal Trust Chief Executive^
Richard Gourlay – North Middlesex University Hospital Trust^
Rachel Lissauer – Director of Integration, Clinical Commissioning Group (CCG)^
Charlotte Pomery – Assistant Director for Commissioning^
Stephen Lawrence-Orumwense – Assistant Head of Legal Services^
Jonathan Gardener – Whittington Trust Director of Strategy^
Owen Sloman - Assistant Director, Primary Care Haringey*

14. FILMING AT MEETINGS

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

15. WELCOME AND INTRODUCTIONS

The Chair welcomed those present to the meeting.

16. APOLOGIES

Apologies had been received from Frances O'Callaghan, John Rohan, Sarah Davies McDonnell, David Archibald and Zina Etheridge.

17. URGENT BUSINESS

There were no items of urgent business.

18. DECLARATIONS OF INTEREST

There were no declarations of interest.

19. QUESTIONS, DEPUTATIONS, AND PETITIONS

No questions, deputations, or petitions were received.

20. MINUTES

RESOLVED: That the minutes of the meeting held on 22 September 2021 be confirmed as a correct record.

21. PRIMARY CARE ACCESS

Mr Owen Sloman introduced the item.

In response to questions from the Board, the meeting heard that:

- The issue regarding the appropriateness and extent to which patients should be having face-to-face contact with their GP was a question that medical professionals were still attempting to answer. There could only be a finite number of patients that could be seen physically at a given period in any case. It was difficult to draw hard-line rules on, for example, how many prescriptions needed to be written before an individual could be seen physically.
- In relation to child protection issues, it was unclear who may be present in a room whilst video or phone consultations were being held.
- In relation to children, the data showed that all the GP practices were being attended by children as they would expect to at the current time of the year. This was also true of the A&E departments. It was possible to consider examining the provision that could be given to children during the weekend.
- Medical professionals had suffered from greater levels of aggressive behaviour from service users.
- It was important to note the acquisition of the new primary care buildings as this was very important for the borough as it was important for the health and wellbeing of residents into the future. Some strategic thinking could be done in the area regarding

neighbourhoods, primary care networks and how communities were generally being engaged.

- Consideration was being given regarding on how to provide services for parents, (particularly anxious parents) and families who lived close to North Middlesex hospital. Parents' feeling of anxiety appeared to drive up A&E attendance.
- There were GPs that would be retiring and at the end of September 2021 and the three GPs preparing to retire would have a total approximate period of 100 years between them.
- Some weekend child clinics and evening children clinics would be set up. Children under the age of six receive treatment in person in the extended access clinics. A pilot has been set up whereby GPs would be recruited to work evenings and weekends, but they would also be provided with additional training.
- There were challenges in relation to the medical workforce. There was exhaustion amongst professionals as physicians wished to do fewer sessions and there were very few reserve GPs available when a GP was scheduled to go on leave.
- If a patient was found not to be registered with a practice, then efforts would be made to register them when they were seen. It was important that such individuals were made to feel comfortable and welcome.
- The Planning department and the healthcare field had worked well together. There were cases where private developers had worked with medical professionals so that healthcare could be delivered more easily.
- The GPs that were about to take over a particular premises (which would be come to known as Walls and Curtis), involved two people who had grown up above their current premises in Westbury Road and had taken over from their father who was a GP. They would have a building that would serve up to 30,000 patients.
- Training was being delivered to patients on how to get their prescriptions repeated and how to use the e-consult system.

The Board also noted that:

- Concerns regarding the protection of children, young people and vulnerable adults, particularly in relation to consultation that was not taking place in person, was something that needed to be addressed and a written response needed to be provided on the issue.
- Feedback from pharmacists would be sought and provided to the Board.
- The data for age breakdown in relation to primary care access was difficult to obtain but data from A&E departments was easier to get hold of. There was a significant issue regarding the intake of children in A&E at North Middlesex Hospital. It was hoped that there would be an increase in provision specifically for parents and children to help manage that demand. Data would also be sought regarding the extent of those people who were not registered with the GP but still needed services for children.
- There was feedback from organisations who worked with migrants and refugees and the data showed that members of those communities were not able to access

healthcare. It was also often the case that if there were issues experienced with one practice, further attempts were not made to other areas of the healthcare service.

- There were some groups of people who were unable to receive their medication and needed to be seen physically for various reasons.
- There may be some training needs which needed to be addressed regarding how patients may react after being seen by a clinician. It was important to consider the issues a patient may be suffering from
- The communication regarding the difficulties GPs were having was something that needed to be improved. Assistance in this area could be given by making use of the community network which had been built up over time.
- It was important to note the excellent work done by medical professionals over the past two years.
- It was important to note that the winter period would be difficult for the health service and examine how well the ICS was developing in the springtime.
- The ABC parenting scheme was a prime opportunity to change why people come into hospital and give parents confidence about managing children.
- Children could be taught in schools about secondary care services or coming into A&E when they needed to do so.
- It was important to address how residents would know about the progress being made regarding primary care and to what extent residents understood the challenges.
- It was important to continue listening to patients and to keep them involved. For example, the 24-hour shift involving volunteers at the North Middlesex Hospital involved speaking to people as to why they had attended. It would be useful to have more of these types of sessions.
- With the newly built 17,000 homes in the local area, it was unclear where people would receive their primary care and this was an issue that needed to be addressed.
- The role of social prescribing would be clarified and addressed. This had been factored into the inequalities fund work.
- It had recently become apparent that there were carers who the Council did not know about, but the GP was aware of those careers and there were concerns that those people were not accessing networks available to them. However, if the Council was not aware of them, then support could not be put in place. This was an area which needed further work.
- Anxiety was partly created by the previous model of primary care coming to an end. It was important to have a personal interaction with a GP.
- More clarity was needed on the success of the processes of e-consult and the technological development in terms of the relationship with the patients. This would be submitted to the Board in writing.
- It would have been useful for the presentation to have addressed needs of residents, how the GP practice was considered in the community, how it brought in other service users and what processes would be employed to ensure all parties were connected.

RESOLVED: That the update be noted.

22. SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND) INSPECTION AND WRITTEN STATEMENT OF ACTION

Ms Jackie Di Falco introduced the item. She noted that there were key actions which needed to be addressed. This included the quality of educational care plans in terms of compliance with timescales, but also their general quality and the annual reviews particularly for young people transitioning into adulthood. Improvement was also required on partnership in co-production and communication with parents. Furthermore, the unacceptable waiting times for the diagnosis of autism needed to be addressed and support needed to be given to families whilst waiting for that diagnosis. This was a part of a wider working area which needed to be completed alongside the SEND strategy.

A deadline of 70 days had been asserted to provide a written statement of action. This would calculate to a deadline date of 11 January 2022. A number of forums and boards would be attended to discuss the inspection and how the issues would be addressed.

A number of key actions had been taken. The statutory assessment team had been increased so that adequate plans and annual reviews would be completed in timescales. A full time SEND Communications officer had been employed. The Travel Buddies team had been in-sourced which would help support young people to travel to their place of learning independently.

The work was expected to take between 18 months to two years (although there would be actions taken over a more imminent period of time) and there would be shared accountability and ownership. There would be a systematic change to help young people and their families and it was acknowledged that there was a high level of dissatisfaction from parents.

Work was being undertaken between parents, carers and stakeholders to consider how the proposals would work and how the outcomes hoped for would be achieved. This would include the use of workshops which would be attended by a focused range of representatives including parents and carers.

The SEND Executive would approve the written statement of action and would be receiving regular progress reports. Updates would also be provided to the parent-carer forum.

An annual progress report would be published. The SEND strategy consultation had closed and would be published in March 2022 after it had worked its way through the governance boards and the Overview and Scrutiny Committee.

The Board commented that:

- It was not possible to deliver SEND programmes without working with families.
- Parents needed a forum to discuss their circumstances.
- The work was welcomed and it was important to address the issues raised.
- Parents had indicated at meetings their frustration regarding the issue. Parents felt that there had been historic neglect over the issue for a lengthy period of time. Parents had indicated that they had not been informed of the parent-carer forum and that meetings had been arranged with very little notice. It was important that

improved levels of trust needed to be built within the community and this would be done with additional investment but additional investment alone would not be enough.

- The issue regarding the lack of notice stated by parents were often to do with the parent-carer forum.
- The Health and Wellbeing Board would receive a further update in March 2022.

RESOLVED: That the update be noted.

23. SEMINAR FEEDBACK

Ms Charlotte Pomery and Ms Rachael Lissauer presented the item and stated that the seminar had looked back over areas of priority that had already been put forward.

There had been a positive discussion around a co-productive approach and how this could be built into all relevant areas. For future seminars, it was felt that the approach regarding looking back over areas of priority was a useful method.

For the forthcoming seminars, discussions would be held on how to best use resources and what was required regarding governance and decision making. The discussions would partly be based on delivery plans, priorities, general structures and workforce.

RESOLVED: That the feedback be noted.

24. COVID-19 AND VACCINATIONS UPDATE

The Chair suggested that an update be circulated to the Board.

RESOLVED: That an update be circulated to the Health and Wellbeing Board.

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

The Chair suggested that an update be circulated to the Board.

RESOLVED: That an update be circulated to the Health and Wellbeing Board.

26. APPROVAL OF HARINGEY BETTER CARE FUND (BCF) 2020/21 SUBMISSION TO NHS ENGLAND

Mr Paul Allen introduced the item.

In response to questions, the Board heard that:

- The Better Care Fund was aimed at older age group but there were some opportunities to think about spending on early intervention for children and young people.

RESOLVED:

That the Health and Wellbeing Board endorse the submitted Haringey Better Care Fund (BCF) Plan including the investment schedule, the BCF Narrative for 2021/22 and the trajectories for the metrics within its scope.

27. NEW ITEMS OF URGENT BUSINESS

There were no items of urgent business.

28. FUTURE AGENDA ITEMS AND MEETING DATES

The next meeting would be held on 26 January 2022.

29. PRESENTATION: PRIMARY CARE ACCESS : COVID AND BEYOND

CHAIR: Councillor Lucia das Neves

Signed by Chair

Date