

MINUTES OF MEETING Health and Wellbeing Board HELD ON Wednesday, 16th March, 2022, 2:00PM – 4:36PM

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*^

Dr Peter Christian - NCL Clinical Commissioning Group (CCG) Board Member*

Charlotte Pomery - Assistant Director for Commissioning

Ann Graham - Director of Children's Services

Geoffrey Ocen - Bridge Renewal Trust Chief Executive^

Dr Will Maimaris - Director of Public Health^

Stephen Laurence-Orumwense – Assistant Head of Legal Services^

Rachel Lissaur - Director of Integration, Clinical Commissioning Group (CCG) ^

Sharon Grant - Healthwatch Haringey Chair*^

Beverley Tarka - Director of Adults and Health^

In attendance:

Nnenna Osuji - North Middlesex Hospital^

Lynette Charles - MIND Haringey^

Joanne Murfitt - NHS NCL^

Alex Smith – NHS Islington CCG^

Cassie Williams - Chief Executive Officer, NHS Haringey CCG^

*Voting Member ^Joining Virtually

1. FILMING AT MEETINGS

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

2. WELCOME AND INTRODUCTIONS

The Chair welcomed everybody to the meeting. The Chair noted that as the meeting was not quorate, the meeting would proceed informally.

3. APOLOGIES

Apologies had been received from Mr David Archibald, Mr Andy Donald and Cllr Mike Hakata.

4. URGENT BUSINESS

There were no items of urgent business.

5. DECLARATIONS OF INTEREST

There were no declarations of interest.

6. QUESTIONS, DEPUTATIONS, AND PETITIONS

None received.

7. MINUTES

RESOLVED: That the minutes of the meeting held on 26 January 2021 be confirmed as a correct record.

8. NORTH CENTRAL LONDON COMMUNITY AND MENTAL HEALTH SERVICES REVIEW

Ms Joanne Murfitt introduced the item.

In response to questions relating to feedback from residents, Ms Murfitt informed the Board that:

- It was helpful to spend time to hear residents' views.
- Some of the views expressed frustration regarding waiting times, partly regarding access to autism and ADHD assessments.
- Money was being spent to reduce waiting times and examinations were being held on how services were being delivered.
- Many people reported that transition from mental health to adult social services was very difficult and needed to be better prepared.
- A system was required to be put in place to collect the information to see if the changes were making a difference.
- People had also reported that it was frustrating and depressing to continuously repeat their story any time that they had a new intervention and perhaps a method of sharing records amongst professionals could be established.

The Board heard that:

- It was often the case that those working in the health service were too busy to read patient notes and found it easier to ask the patient regarding their issue. Time needed to be given to staff to be able to read the notes. It may be possible to allow people an opportunity to tell their story via a short video.
- It was important to keep in mind that when a patient was repeating a story, it was sometimes the case that the individual hearing the story was judging whether or not the patient should receive the service they were seeking.
- In parts of the country such as Scotland, professionals were trauma informed and this had an impact on the way people accessed services in Scotland.
- It was difficult for young people to transition through the mental health system as the criteria for the work was different in relation to adult mental health services.
- Clinicians often wanted to hear the story and allow the patient the opportunity to repeat it as a retelling of the story often provided new information.
- The trauma informed approach was built into how Whittington staff were being trained.
- A gap analysis had been conducted by provider colleagues in each borough and their local commissioning leads. This assessed the core offer and examined whether or not it met the requirements. There were variations found between boroughs. In relation to a central point of access, care coordination and trusted assessments, there were areas which were still in development.
- It had not been possible to invest as much in Haringey and Enfield in relation to community services. There were many challenges regarding children services including issues regarding funding and implementation of processes.
- One of process to be implemented was to use system investment to the community services. Discussions were proposed regarding the funding, priorities and local discussions about what that may mean practically and how best to implement them in Haringey. The Chair felt it was important to note the long-term effects of the resources gap and how that would interplay with the inequalities or disparities in the borough.
- The equality of outcome was important for residents regardless of which parts of the borough they lived. This was more important than the record of the service delivery itself.
- There appeared to be fewer GPs in the more stressed areas in the borough and perhaps they needed to be invited to the Board for a discussion.
- Unless some services were put in place, it would be difficult to make progress in order to offer a more tailored approach to services.
- Mental health did not contain attention of physical health received but still a serious issue. It was particularly difficult to get hold of professionals for various issues such as receiving assistant housing. There may be some systemic problems relating to working with mental health services.
- Over the last couple of years, there had been an effort made to rebalance the investment made in metal health. There was additional funding going into mental health services and demand was also increasing. It was also the case that there was a lack of

investment in community services. Therefore, consideration was being given on how to provide better integrated working between community and mental health services to support local people.

- There was a recognition of mental health issues regarding people who lived in difficult housing circumstances.
- There was hope of a creation of a central point of access.
- Haringey's position with the primary care workforce was very challenged but was improving. Many initiatives were underway, in particular, the employment of pharmacists, social link prescribers, paramedics to support practices and the investment in technology in practices. There was significant investment in primary care estate in Haringey at the moment and there was an increase in the number of teaching practices used. Currently, 66% of Haringey's patients were being served by teaching practices and efforts were underway to increase this.
- Conversations had been held with providers regarding mixing skills in different areas and how they could work differently. There was an expectation that if funding was to be provided to support communities, then the money would be well-spent. Providers accept that they needed to do things differently. Approximately £2 - 3 million worth of efficiencies had been identified.
- There was a discrepancy on funding between Islington and Haringey in relation to investment. This largely related to need requirements and investment for Haringey, Barnet and Enfield would need to take a targeted approach.
- The Chair noted the importance of prevention as the length of time over a condition could lead to other conditions and other long-term complexities.
- The Chair also noted that it was important to work well together navigating the different working cultures in order to be efficient and effective.
- It was important to focus attention on investment and resources.
- The housing services had its own process but as the housing services were being reshaped, it was possible to re-consider if assistance could be given regarding housing issues.
- Whittington had for the last few years trying to even things out in relation to allocation of resources.
- It was important to think about the interconnections between primary and community mental health services.
- There was a large scope of consideration for Haringey as a borough as to the greatest gaps in service in relation to the core offer including those gaps that had the most impact on outcomes. Some of these would be a resource gap and some would be a cultural gap.

RESOLVED:

That the presentation be noted.

9. NORTH CENTRAL LONDON INTEGRATED CARE SYSTEM, HEALTH AND CARE INTEGRATION WHITE PAPER AND ADULT SOCIAL CARE REFORM WHITE PAPER

Ms Rachel Lissaur and Ms Charlotte Pomery introduced the item and provided a an overview of the documentation.

RESOLVED:

That the presentation be noted.

10. LONG COVID-19

Mr Dan Windross and Mr Tom Leonard introduced the item.

The Board heard that:

- This was a two-year project which was a few weeks and months into implementation with the Royal Free Hospital, NHS Charities and nine community grass roots organisations to provide a social model alongside clinical intervention.
- Long Covid was subject to a spectrum of severity. Awareness needed to be raised in areas such as employment, education and community activities.
- During the coronavirus crises, medical professionals were able to harness and collect large quantities of data. There was an increasing number of people with long term conditions. This was an opportunity to invite people to report on a daily basis. Data could be quickly downloaded and information on the best treatments could be delivered promptly. The post covid clinic can help monitor the long-term conditions digitally.
- The number of people affected with long-covid in Haringey was likely to be a minor count of people as residents have had trouble accessing the health care system
- Those suffering from long-covid have stated that they wish to be believed as many had not believed that they had ongoing symptoms and there was a feeling that GPs may not be considering the effect it had on people's families.
- Those suffering from long-covid also had a wide range of symptoms.
- Some work could be done regarding the impact of long-covid on social care. There needed to be a way of linking health care and social care data.
- It was an exciting opportunity to use the learning from long-covid and COVID-19 in general and to subsequently be able to apply that learning to other long-term conditions.
- Some of the ways access to healthcare was being improved was by improving GP education. This was done by holding educational events. GPs were also filling in forms for long-covid.

- Attempts were being made to reduce waiting time for patients by improving staffing structure.
- Plans had been discussed on how to approach deprived communities regarding long-covid.
- There was a specific pathway for under 18s via local paediatricians
- In relation to peer support, the Whittington had been testing a version of their expert patient programme for long-covid and it showed a significant impact on people's ability to manage their chronic disease.
- A Living With Covid app was scheduled to be introduced.
- A dedicated vocational rehab service in North Central London was being provided by the Royal Free Hospital. This could help people to get back to work, help with discussions with HR and about making adaptations. It was also starting to implement personal budgets through that so that people can get sort of personal health budgets, they can get a dedicated amount of money to support them in their return to work.
- The clinic and the community services response times were monitored. There was a link between long covid and those with pre-existing long-term conditions.

RESOLVED:

That the presentation be noted.

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

Ms Charlotte Pomery provided an update to the meeting and informed that:

- The first meeting of Somali Community Network which had positive motion. A housing survey had been undertaken which was well attended and a further one would take place.
- Work was underway to support Ukrainian refugees. A meeting had been held on the local Ukrainians Support network
- A Diversity in Public Realm meeting had been held which would help consider how to connect with the local community to celebrate diversity and how to connect with local communities.

RESOLVED:

That the update be noted.

12. COVID-19 AND VACCINATIONS UPDATE

Dr Will Maimaris stated that coronavirus rates had fallen in the borough in the December – January period. In the last two-three weeks, there had been a rise in the figures mainly in the working age adult population. There had not been a significant increase in people becoming significantly ill. This had allowed the government to move into the Living With Covid phase. Vaccinations were still important and there would be a fourth vaccination recommendation for over 75s and those in high clinical vulnerability groups. There would be an offer for 5-11 year olds to be delivered in the community but not via schools. A vaccine bus would be in operation between April to May. PCR testing and the office of national statistics survey were available to help provide a wider understanding of the breakdown of age groups. There would be long-term surveillance systems implemented but it was unlikely to reflect the level of detail available with mass testing. Generally, vaccinations would protect individuals from contracting long-covid.

Countries around the world were relaxing restrictions, but the population had high levels of natural immunity or had been vaccinated. However, there could be increases in coronavirus rates due to ongoing mild strains of the virus.

RESOLVED:

That the update be noted.

13. NEW ITEMS OF URGENT BUSINESS

There were no items of urgent business.

14. FUTURE AGENDA ITEMS AND MEETING DATES

The meeting noted further items to be submitted at upcoming meetings. These included a further item on Long Covid, Better Health Care Plan, Child and Adolescence Mental Health, Draft Health and Wellbeing Strategy, ICS and States and Workforce and Dental Care and Pharmaceutical Needs Assessment

An update on Localities and an Adults Approach for making every adult matter would be put forward.

The Chair thanked everybody for their hard work and dedication.

CHAIR: Councillor Lucia das Neves

Signed by Chair

Date