

# MINUTES OF THE HEALTH AND WELLBEING BOARD HELD ON WEDNESDAY, 20TH JULY, 2022, 2:00PM – 5:00PM

## PRESENT:

Councillor das Neves, Cabinet Member for Health Social Care and Wellbeing (Chair)  
Councillor Brabazon, Cabinet Member for Early Years, Children, and Families  
Dr Peter Christian, NCL Clinical Commissioning Group Board Member^  
Sharon Grant, Healthwatch Haringey Chair

## IN ATTENDANCE:

Nnenna Osuji, North Middlesex Hospital^  
Lynette Charles, MIND, Haringey^  
Joanne Murfitt, NHS NCL^  
Alex Smith, NHS Islington CCG^  
Cassie Williams, GP Federation in Haringey, Chief Executive Officer^  
Beverley Tarka, Director of Adults and Health  
Geoffrey Ocen, Bridge Renewal Trust, Chief Executive Officer^  
Dr Will Maimaris, Director of Public Health  
Rachel Lissaur, Director of Integration CCG^  
Chloe Moralsoyarce, Start Well, Head of Communications and Engagement^  
Anna Stewart, Start Well, Programme Director^  
Angie Barrymore, Head of Maternity Care^  
Damani Goldstein, Consultant in Public Health^  
Nazyer Choudhury, Principal Committee Co-ordinator  
Jack Booth, 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 Board noted the membership list.

## 3. **APOLOGIES**

Apologies for absence were received from Ann Graham, David Archibald, and Councillor Hakata.

## 4. **URGENT BUSINESS**

There was no urgent business.

## 5. **DECLARATIONS OF INTEREST**

There were no declarations of interest.

## 6. QUESTIONS, DEPUTATIONS, AND PETITIONS

There were none.

## 7. MINUTES

### RESOLVED

That the minutes of the Health and Wellbeing Board meeting held on 16 March 2022 be confirmed and signed as a correct record.

## 8. START WELL: OPPORTUNITIES FOR IMPROVEMENT IN MATERNITY, NEONATAL, CHILDREN AND YOUNG PEOPLE'S SERVICES IN NORTH CENTRAL LONDON

The Board heard a presentation regarding the Start Well Programme from Ms Chloe Moralsoyarce, Ms Anna Stewart, and Ms Rachel Lissauer.

In response to questions Ms Moralsoyarce and Ms Lissauer provided the following answers:

- The report that was written for the case for change was broad, highlighting different approaches. The methodology looked at clustering existing data in new ways to create a more detailed analysis. Also, looking at enacting workforce recommendations, progress around this had been happening through external partners. Additionally a structural long-term assessment of the case for change would result in a public consultation.
- The programme was committed to hearing a diverse range of voices; therefore, it was important that the resident representatives were bolstered with voluntary and community sector representatives to maintain a balance of experiences. It was hoped that this would be replicated across boroughs.
- Targeted focus groups were being conducted through voluntary and community sector organisations, along with geographically targeted assistants in communities in deprived wards.
- At NCL there were pilot models for integrated paediatric services.
- Tackling the increase in still birth rate involved a whole system approach. It was good to cross-reference published data to identify trends, in this case, borough data lagged behind local hospital data, that latter showed a downward trend in still birth rate. Overall, there was a plan to conduct a detailed audit to better understand this upward trend.
- Outcomes for minority groups had been looked at in the report via the EmbraceRace study. It was not possible to breakdown all data at an NCL level to account for minority groups. However, where possible this had been completed.
- The next steps for the programme were around engagement and assessing the feedback from this. There were actions that could be taken forward at a place-based level, with wider actions coming through systems management. Resourcing was dependent on area, with financial modelling necessary to assess capacity. Community and mental health reviews were further advanced, taking a multi-year strategy around implementation. The approach of the programme would be to assess and act on what came out of the process of engagement.
- Ethnic breakdown of data was being looked at where possible, particularly in areas that were statistically significant. Considerable work was being done in areas such as maternity.
- The policy implications of the programme were not known until certain outcomes had been ascertained. For example, still birth rates could not be ascertained until the planned

audit on this area had been carried out. There was scope for improvement across the board, particularly through strengthening partnership links.

#### **RESOLVED**

That the presentation be noted.

### **9. UPDATE REGARDING NEW ARRANGEMENTS INVOLVING NCL AND ICS GOVERNANCE**

The Board received a verbal update on the new arrangements regarding the North Central London integrated care systems.

In response to questions Ms Rachel Lissauer gave the following answers:

- Integrating patient voice within the structure was happening for frontline services such as neighbourhood development. Also, at a committee level there was either a resident or health watch representation. There was also a community partnership forum which brought together residents and health watch representatives. It was noted that there was always room to improve resident engagement.
- It was explained that the Integrated Care Board (ICB) was taking on the responsibility that the Clinical Commissioning Group (CCG) had in that it allocated the NHS budget. The ICB was a system group, not a primary care commissioning group. Previously there had been no Council representation on that body, now there was. This Council representative was not there to represent a specific borough, rather to represent a Council perspective.

#### **RESOLVED**

That the update be noted.

At this point in the proceedings, Councillor Brabazon left the meeting room. The Health and Wellbeing Board proceeded informally as the meeting had become inquorate.

### **10. LOCAL UPDATE ON BOROUGH PARTNERSHIPS INCLUDING SEMINARS**

The Board received a verbal update from Ms Rachel Lissauer about borough partnerships including seminars that had been held.

In response to questions Rachel Lissauer provided the following answers:

- There was a technical and contractual process regarding primary care lists, discerning overall meaning around this through a single case study should be approached tentatively; and
- It was important to ensure that the service remained delivery focussed to ensure change for residents. There had been significant work around improving user experience. It was hoped that a single transformation focus could be identified for each of the partnership boards or groups. This would allow the borough partnership to address their impact through seeing if and where they had made an impact.

#### **RESOLVED**

That the update be noted.

## **11. 2022 PHARMACEUTICAL NEEDS ASSESSMENT**

Mr Damani Goldstein presented the report.

The Chair felt that the public did not know enough about what services they could access and it was useful for people to be able to speak frankly to their pharmacists.

The Board noted that:

- There was still a large number of High Street pharmacies for the public to be able to access.
- Pharmacist could still play a bigger role than they did at present.
- Some pharmacies had staff from diverse backgrounds who are able to speak in various languages such as Turkish or Somalian.
- Pharmacies were also trusted environments and could be useful to provide information to the public.

The Board indicated to RESOLVE:

- 1) To note that the process to produce a revised pharmaceutical needs assessment by 1 October 2022 was underway.
- 2) The terms of reference for the Haringey PNA steering group be noted.
- 3) That the sign off and the draft of the final pharmaceutical needs assessment be delegated to the Director of Public Health / Steering Group.

## **12. UPDATE ON WORK TO TACKLE RACISM AND INEQUALITIES IN HARINGEY**

Ms Christina Andrew and Mr Geoffrey Ocen presented the item and stated that initial proceedings had begun for a process of change work. Initial workshops had been held in the last coordinated group meeting with a view to reviewing all high-level objectives and ensuring that action has been taken to achieve the objectives.

Work was being done to improve trust and confidence in local policing. Discussions were also held in the work that was done on mental health first aid training and stop and search.

Work was also being done in education and attainment and the workforce and the next coordinated group meeting would be held in October 2022.

First aid mental health training would be delivered to Police officers helping them to better interact with communities and help them have good knowledge of community organisations as well as having good mental health themselves.

In relation to racial equity on health and social care, work was being done as part of a wider group addressing racism in different strands. One of which was health and wellbeing. The work was being informed by NHS Race Observatory Report. Areas of consideration included access to healthcare, workforce diversity, examining deprived areas, racial disparities

in maternity care, severe mental illness, chronic respiratory diseases, early onset of diagnosis and hypertension.

There was also work on re-settlement in Haringey for those arriving to the borough from Afghanistan and Ukraine.

The meeting heard that:

- In relation to primary care access for refugees, that had been a good take up of service use which enabled GPs to have additional resource for registering patients for the work involved. There were still reports of proof of address and residency issues and this needed to be addressed with specific practices.
- A community diagnostic hub in Wood Green was being opened to assist with cancer waiting times. It would be helpful to resident groups feel that the service was for them to use.

RESOLVED:

That the item be noted.

### **13. COVID-19 AND VACCINATIONS UPDATE**

Dr Will Maimaris, Director of Public Health, informed the Sub-Committee that:

- There had been a increase in coronavirus rates which had been driven by a sub variance of the coronavirus. This had peaked two weeks ago and had an impact on local hospitals and staff absences. There were some people on ventilation beds but it was relatively low compared to previous waves.
- During the autumn time, vaccination would remain the first line of defence against the coronavirus with priority given to over 50s and younger people with long term conditions.

RESOLVED:

That the update be noted

### **14. WORK PROGRAMME**

The Healthwatch report would be submitted to a future meeting in addition to services that were locally serving people.

RESOLVED:

That the item be noted.

### **15. NEW ITEMS OF URGENT BUSINESS**

There were no new items of urgent business.

**16. FUTURE AGENDA ITEMS AND MEETING DATES**

To note the dates of future meetings:

Wednesday, 21 September 2022

CHAIR: Councillor Lucia das Neves

Signed by Chair .....

Date .....