

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON WEDNESDAY, 28 JUNE 2023, 2:00PM– 4:30PM

PRESENT:

Councillor Lucia das Neves, Cabinet Member for Health Social Care and Wellbeing (Chair)
Councillor Zena Brabazon, Cabinet Member for Early Years, Children and Families
Dr Will Maimaris, Director of Public Health
Rachel Lissauer – Director of Integration – NCL CCG
Sara Sutton – Assistant Director, Partnerships and Communities
Beverley Tarka - Director of Adults, Health & Communities
Polly Frayne - Programme Manager, Public Voice

IN ATTENDANCE ONLINE:

Cassie Williams - Chief Executive, Haringey GP Federation
Jon Tomlinson – Senior Head of Brokerage and Quality Assurance
Gary Passaway - Managing Director, Haringey Mental Health Trust
Stephanie Otuacheampong.- Mental Health Project Coordinator, Tottenham Talking
Geoffrey Ocen – Chief Executive, Bridge Renewal Trust
Tobias Gold – Clinical Lead, Children and Young People,
Paul Allen – Head of Integrated Commissioning (Integrated Care & Frailty)
Christina Andrew – Head of Resettlement, Migration & Inequalities
Miho Yoshizaki – Public Health Registrar
Nadine Jeal – Clinical and Care Director for Haringey (NCL ICB)
Thomas Leonard – GP, Clinical Lead East Neighbourhood
Akudo Okereafor – North Middlesex University Hospital, NHS Trust

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 welcomed everybody to the meeting.

3. APOLOGIES

Apologies for absence had been received from Councillor Mike Hakata and Ms Sharon Grant.

4. URGENT BUSINESS

There was no urgent business.

5. DECLARATIONS OF INTEREST

There were no declarations of interest.

6. QUESTIONS, DEPUTATIONS, PETITIONS

There were no deputations.

7. MINUTES

RESOLVED: That the minutes of the Health and Wellbeing Board meeting held on 29 March 2023 be confirmed and signed as a correct record.

8. HEALTH INEQUALITIES AND INEQUALITIES FUND PROGRAMME IN HARINGEY

Ms Rachel Lissuaer, Ms Akudo Okereafor, Ms Stephanie Otuacheampong and Mr Paul Allen presented the item.

The meeting heard that:

- The use of the 111 phone service was a good resource. It had improved over time and had performed well. The 111 phone service needed to be used in the right situation and 999 was advised to be used in more urgent or life-threatening situations.
- Parent volunteers and champions had played a critical role and they had been involved with the programme and had contributed significantly. They attended Maternity Voice partnerships and would be invited onto interview panels and Board meetings.
- Some champions leads were previously volunteers and were trained.

- The ABC Parent programme was on social media including Twitter, Instagram and WhatsApp groups.
- In terms of mainstreaming, there was a programme which provided speech, language and communications within a children's centre and nursery. This programme modelled universal support in speech, language and communication. Some testing was being done to see if it was possible to use it as a way of reducing people's reliance on having Educational Health Care Plans (EHCPs) as a way of getting speech, language, and communication input which often happened later in the child's development due to having to wait through the process of trying to get the EHCPs. A business case had been constructed between Whittington Hospital, the ICB and the Council in moving towards a universal model.
- This programme was useful for having a preventative and supportive network that could help avoid a crisis.
- Long term and consistent funding was required to provide security and increasing access for people to be able to benefit across the most vulnerable and needy communities.
- Advertising was mostly done in the east of the borough. There were families in the area that suffered deprivation. Advertising had been done in local areas such as the barbershops, pharmacies, supermarket, churches and other places of worship to reach out to all families across the demographic.
- People from all backgrounds had been affected by the cost of living, but data showed that certain communities had worse outcomes.
- Based on a recent survey, the data showed that 76% of service users were not from a White British or White Irish background.
- Efforts being taken to become more mainstream was reliant on collaborative work and building pathways with partners. However, there was a lot of stigma associated to mental health and this was counter-productive to the progress of the work being done. Attempts had been made to dilute the stigma by working with different organisations such as attending community events and sharing any learning with grassroots organisations.
- Efforts had been made on building trust with the community by collaborating with faith-based projects or gender-based projects.
- Funding was important to sustainable projects and other developmental collaborations.
- Due to funding constraints, there had been a lack of analytical support which was provided by local authorities. It would be useful to have an evidence-based approach in order to demonstrate the use of preventative based projects.
- An approach had been proposed regarding how to formulate how an evidence base could be built around the differentiation between early prevention to secondary prevention and onwards. This would help to understand the impact on underserved communities and understand where the resources were being allocated.

- Investing in underserved communities and groups was a good investment for the wider system as there was a greater level of need and therefore a greater opportunity to mitigate social care utilisation.
- A wider conversation needed to be held on inequalities funding and the wider funding available in the system and ensure that the funding was proportionate to the needs in the borough.

RESOLVED:

That the report be noted.

9. HARINGEY BOROUGH PARTNERSHIP UPDATE AND UPDATE FROM NORTH CENTRAL LONDON INTEGRATED CARE PARTNERSHIP MEETING

Ms Rachel Lissauer and Ms Sara Sutton presented the item.

The meeting heard that:

- As far community leads were concerned, work was mostly done with the principal social worker and the service managers for Children's and Adult social services. More specific consideration would be given to this and an update would be provided.
- Service areas were still significantly challenged since the period of the coronavirus crisis but there should be more emphasis should be on the integrated response set the individuals who are discharge from hospital were able to have adequate recovery.
- There was an organised and systematic approach towards trying to have an organised and systematic approach towards trying to understand local communities and to know that there were effective programmes targeting areas of high deprivation and local communities in most need. However, it was also important to use the outcome from the work to make a case for greater funding. There were also other issues regarding funding that was already allocated which was a small amount in any case.
- Funding seemingly was always allocated to outlets which were more universally recognised.
- The ICB was going through a significant change programme at the moment and part of the Board's role would be to determine how to have an aligned resourcing structure that ensured that the borough did not lose the momentum of some of the borough partnership work. The transition to a new operating model for the ICB would be a key area of focus for the borough over the next few months. And then the further point on the place and space for some of those wider.
- There were a few groups where more strategic consideration was given such as a Place Editorial Board for considering delegation and what that meant for boroughs. The NCL and local authority representatives were

meeting more regularly at officer and leadership level to start thinking about shared areas of priority and focus.

- Haringey had newborn screening, but did not have reception screening and the other NCL boroughs did. The recommendations of the National Screening Committee were not clear, but consideration would be given via through the Start Well programme and an update would be provided to the Board.
- Place based delegated decision making needed to be factored.
- Population health and health inequalities needed to incorporate other specific work such as the Coordinating Group or the racial equity group work being done. The Racial Equity in Health and Social Care looked at things that impacted inequality including mental health, maternity care and other things.
- In reference to co-design and co-production or engagement, there would be a launching of a toolkit that had been one of the five areas of thematic work as part of the healthy neighbourhoods. This would take place on 10 July 2023, led by Public Voice.
- More people were required in the crisis team.

RESOLVED:

1. That the presentation be noted.
2. That the Health and Wellbeing Board endorse the manner of the progress.

10. HARINGEY HEALTH AND WELLBEING STRATEGY UPDATE ON TIMELINES FOR CONSULTATION (VERBAL UPDATE)

Mr Will Maimaris and Ms Miho Yoshizaki presented the item and stated that the borough would refresh its health and wellbeing strategy. There would be a four to five year strategy starting from the beginning of next year. This was important as it would capture some of the progress discussed through the borough partnership, such as tackling inequalities, tackling racism, mental health issues and speech and language. However, they would also be a process of going out and speaking to residents so that they could have their say on what would contribute to better health and this would be done over the next three to four months, largely by the Public Health team. There would be a process whereby the borough speaks to people that often did not have a chance to contribute. This would include communities such as those from Eastern Europe or from the Orthodox Jewish community. In the coming months, some broader sessions would be held in places such as the Tottenham Leisure Centre or Saint Ann's Library.

The meeting heard that:

- Careful consideration needed to be given on how to engage with communities. This could be done in a creative way.
- The borough had Latin, Brazilian and Columbian communities and many members of the communities had considerable local knowledge.
- Members of the communities had complex needs and some community voices were unheard from as certain other communities had a greater level of campaigning.
- Consulting was important, but follow-up engagement was also important.
- It would be useful to see a strategy before consultation began.
- It would be useful to be able to provide answers to very specific questions regarding access to services.
- Housing issues were quite prominent regarding on health issues.

Mr Maimaris stated that the plan to view a strategy would be sent out by email.

RESOLVED:

That the update be noted.

11. NEW ITEMS OF URGENT BUSINESS

There were none.

12. FUTURE AGENDA ITEMS AND MEETING DATES

The next meeting would be held on 21 September 2023.