

1. FILMING AT MEETINGS

The Chair referred to the filming at meetings notice and attendees noted this information. This would be an informal meeting due it being inquorate.

2. WELCOME AND INTRODUCTIONS

The Health and Wellbeing Board members were senior Council officers, Cabinet Members, and representatives from Healthwatch, Bridge Renewal Trust, and the North Central London Clinical Commissioning Group.

3. APOLOGIES FOR ABSENCE

Apologies for absence had been received from Sharon Grant, Gary Passaway, Tobias Gould and Nadine Jeal.

4. URGENT BUSINESS

There were no items of urgent business.

5. DECLARATIONS OF INTEREST

There were no declarations of interest.

6. QUESTIONS, DEPUTATIONS, PETITIONS

There were none.

7. MINUTES (PAGES 5 - 12)

Due to the meeting being inquorate, it was advised that these minutes would be considered at the following meeting.

8. UPDATE ON NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST MERGER INTO ROYAL FREE LONDON GROUP.

- Dr Nnenna Osuji provided the committee with an update on the progress of a potential merger with the Royal Free London, this currently held a planned date of the 1st January 2025. Officers had been working in close partnership with the Royal Free London and had since created an infrastructure which included having a chairman who was the chair of both the Royal Free London and North Middlesex University Hospital, there would also be an accountable officer. There was a full business case for the proposed merger submitted to each board in July. They

were approved by both boards and had since been formally submitted to NHS England, this would then go on to the Secretary of State.

- One of the reasons for the merger would be to make improvements for patients. Another reason for this merger would be to have access to greater infrastructure and the ability to widen the hospital's portfolio. From a Royal Free perspective, this would also allow access to a broader population. There would be an opportunity for staff to move more easily between organisations and that would allow for further career opportunities and fluidity.
- A question raised was whether this merge would help deal with North Middlesex urgent and emergency care demand. Officers explained that not in and of itself, however the work done around this would continue. One of the commitments officers made was that local services would always be provided to local people; this change would never deplete the local provision of care, it would hopefully increase speed of access to specialist care.

Questions :

- North Middlesex research populations did not reflect the demography of the patients served, people who came from black and minority ethnic backgrounds were underrepresented in research trials. By bringing together the infrastructure that the Royal Free offered and the population North Middlesex served, there was hope to try and balance some of the recruitment into trials. Often when people discuss research and development, they refer to therapeutic trials, but there were other types of trials around social research and health behaviors that could also be looked at.
- It was critical to ensure that there would be an equity if a population had differential needs and differential levels of disadvantage. One of the committees brought together before any formal merger had been a Population Health committee between the two organisations. This meant that officers would always maintain a look to understand if they were maintaining equity in terms of access. Whilst a lot of work had been done around staff voice, there was more which needed to be done around patient voice.
- In terms of making sure the hospital had the right staff and did not lose talent, there had been a pattern where people who trained at North Middlesex often remained working in the hospital. There was a clear opportunity for people to look at stretching their careers and this would therefore potentially attract greater talent.
- One of the elements around travel was that officers were not changing the configuration of services as such that patients would need to travel for local services. There was a commitment taken back to the programme board to look at how this could be better communicated. There was not an expectation for staff or patients to necessarily have to travel between sites other than what they would already do to access specialist care. However, this was going to be looked at further to see

what additional enabling transport would make this a more positive experience.

- The hospital would not be reconfiguring services en masse, so there would not be a new requirement for most patients to travel. More work needed to be done to understand where transport needed to be strengthened for specific elements. In general, there was not an expectation for there to be a mass movement of people across sites. Officers would reinforce the existing routes of transport to those sites. One of the pieces of feedback regarded the Hampstead site, for example, there was a different element around parking. There was work which needed to be done to look at what the implications would be in select areas.
- As part of the business case, North Middlesex were being held to account on which benefits had been demonstrated to patients. A discussion was had around the creation of a patient lens to hold the hospital to account, this would be an action taken forward.
- Officers acknowledged that patients did not know enough about how best to access transport services or how to check what they might be entitled to. This would be taken forward as a joint action between the committee and the trust.
- Capital was now looked at as a system, the challenge around this was not necessarily about the merger. Each organisation had managed its own capital budget and had its own list of critical infrastructure that needed capital. With the merger, that prioritisation would be looked at as a collective. Things that were statutory from a health and safety point of view would always be at the top of the list. Within the context of a wider system, allocation of capital was one of the areas as part of the merger flagged as needing more attention and could pose as a potential risk and issue.
- Currently, North Middlesex were looking at the year balance deviation and doing some recovery action towards that. The trust was committed to a balanced position and a small surplus as opposed to the position of Royal Free which was a commitment to a deficit position.
- Finance was not the reason for this merger and would not be the basis on which the merger would be managed. The total system finance position would not change as both groups were contributing to it; the combination of contributions will be seen as one.

An action was taken to meet as a subgroup to further discuss details of this merger and to bring the voice of the patient more strongly into the evaluation of success.

9. HARINGEY HEALTH AND WELLBEING STRATEGY 2024-29. DRAFT FOR APPROVAL AND COMMENT

Will Maimaris introduced the report for this item. This strategy was a significant milestone. Collectively across the partnership, officers identified priorities to improve the health and well-being of paradigm residents and reduce health inequalities. The

main themes that emerged from the engagement for the strategy were mental health and wellbeing, preventative health and care services for all and housing and healthy placemaking; all four of the themes applied to children, working age adults, families and older people. There had been a range of online engagement and several outreach events. The idea would be that after 18 months, officers would take stock of the progress made against the initial objectives.

Questions:

- It was noted that there should be a specific mention of mental health in elderly people in this strategy.
- The ICB would support structuring future agendas and items around this strategy.
- Whittington Health Trust believed more could be done to describe the work across local partners to improve life chances and local opportunities. Officers should look at how to describe the vision in a way that would bring it to whilst not over promising specific things.
- It was also noted that more work could be done to engage with Government on the strategy.

10. UPDATE ON LOCAL PLAN FOR HARINGEY

Bryce Tudball introduced the item. He explained that the Local Plan was a key planning, corporate and engaging document which required updates every 5 years. The new local plan would replace 4 documents which were adopted in 2017. This would be a digital plan covering the period 2026-2041 and would focus on a borough wide framework for placemaking. There was ongoing engagement in relation to this and an investment had been made into the consultation process. The three most significant things the local plan would address was delivering a sustainable resilient place, delivering a fairer place and delivering a healthier and safer place. The team sought to embed health and wellbeing throughout the plan and within this plan large developments would be supported by a health impact assessment.

Questions:

- The Council had a good track record of bringing forward improvements of social infrastructure. However, there was always room for improvement and officers sought to ensure that they could secure as much possible in the planning system to support the significant challenges around health and infrastructure.
- A key aspect of the local plan would be delivering the Council's inclusive economy objectives, a key driver would be improving the quality of the industrial estates and industrial areas.
- In 2021 there was a wide range of engagement over a period of 14 weeks. Officers heard from 7,000 people, since then, there had been some ongoing conversations with resident groups. There was due to be a major consultation at the beginning of 2025 which would last for at least 2 months. Officers were keen to ensure that conversations remained consistent.

- Officers recognised the number of fast-food takeaway shops and sought to limit a further expansion of takeaways in appropriate locations. There was also recognition of the number of gambling facilities in the area, officers sought to control the flow of these premises; this issue could be a lobbying point.
- Officers were working closely with parties who managed the Councils properties to figure out the right solution to property usage in the future.
- One of the major policies that the new government implemented was around planning reform; this had a focus on delivering more homes. Officers felt the borough had the right focus but were monitoring any updates on this reform.
- The Health and Well-being Strategy Plan was a key focus of some of the conversations through the borough partnership within the neighborhoods and health inequality space.
- Officers were actively testing concepts of engagement within The Northumberland Park Resource Centre.
- It was noted that there was a need to recognise that residents were differentially able to engage in local issues, especially with the absence of Planning in London it was harder for people to participate.
- Officers were working on a Gambling Harms programme. In relation to this, officers had conducted 9 focus groups and spoke to 47 residents, mainly in the east of the borough and sought their views on what they understood about gambling. These views would be shared with planning officers.

11. BETTER CARE FUND

Officers would present this item at the next meeting.

12. HARINGEY HEALTHWATCH ANNUAL REPORT 2023/24

Cllr Das Neves thanked Sharon Grant for continuing to raise issues that were important to the community. The work conducted brought out the voices of patients and residents and their concerns and needs. There had been some conversations with Health Watch around the coming year and the committee looked forward to seeing the work progress and action.

13. NEW ITEMS OF URGENT BUSINESS

There were no new items of urgent business.