

1. FILMING AT MEETINGS

The Chair referred to the filming at meetings notice and attendees noted this information.

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 Lynette Charles, Cllr Hakata, Paul Butler, Beverley Tarka and Helena Kania.

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

RESOLVED

The minutes of the meetings held on 19th September and 17th January 2024 were approved.

8. HARINGEY HEALTH AND WELLBEING STRATEGY

Will Maimaris presented this item to the committee. This was presented at the previous meeting but had been amended to reflect points that were made in the discussion.

The following was noted in response to questions from the committee:

- This strategy would be published on the Haringey Council website. Officers were thinking about alternative means around access, for example there was potential for the creation of a YouTube video. There would be varied options for

people to look at this and officers had engaged widely on this to help establish different routes of publication.

- This strategy would become the structure by which members would look at themed matters in this meeting.
- This strategy was discussed with the Overview and Scrutiny committee, they were keen to continue having ongoing discussions on this; specifically, to monitor what was taking place against the planned outcomes and actions. This also fitted alongside the borough vision.
- Cllr Das Neves thanked everyone who contributed to the document, especially community groups. Members were confident that this was a good production of real neighbourhood priorities.

RESOLVED

For noting revised document after discussions at last Health and Wellbeing Board and approval for publication.

9. BETTER CARE FUND UPDATE

Jo Baty presented this item to the committee. This was a collaborative piece of work with the ICB. This was a strategic initiative designed to support local systems in achieving the integration of health and social care services. There would be a draft policy framework available in mid-December.

Cllr Das Neves was pleased that officers had brought the Better Care Fund to the committee. She recognised the challenges and pressures both on the local authority side and the NHS. She noted she looked for more stability and confirmation of where the borough was going to be financially going forward. She also noted there had to be a relentless focus on what was most critical.

The following was noted in response to questions from the committee:

- It was flagged that as the policy framework drafts were completed, members would like this brought back to the committee.
- The funding envelope was shrinking, officers were working with an organisation called Red Quadrant who were helping the team establish a target operating model. Officers wanted the Red Quadrant to work with the service at pace.
- The localities model needed a lot more work because the mental health team was brought back in House last year, that was also at its early stages of development.
- It was noted that work needed to be done differently with commissioning in Haringey. The team were looking at securing an investor to save investment on growing the capacity of a small team for a large borough with complex issues.
- Members thought it was positive that there had been a discussion about private providers and children's services. It was noted that these discussions weren't taking place in adult social care.
- Neighborhood work was imperative, but it required careful planning. The team were joining together with colleagues in the NHS and the voluntary community sector. The team were already working in partnership with Disability Action Haringey, who had employed independent living workers to help focus on giving

residents more choice and control. In the transformation as a Council the team were also looking to integrate with housing.

- Collaborative work was key and it was also important for residents to understand the parameters of each workforce.
- In the new year the team would begin to review all of areas of the service. They were waiting for the CQC inspection outcome and associated action plan.
- Assurances were given that the experience around local processes would still remain, patient discharge was a local discussion that would be preserved. This would not change following the merger.
- The committee would bring back the discussions about the merger to a future meeting.
- Whittington Health were keen to be involved in the neighbourhood work and in the forming of the strategy around neighbourhoods.
- There was both primary and secondary prevention, secondary prevention was about making sure people received the reinforcement they needed in a timely way.
- The funding had been allocated according to how it was last year, this was not on a locality base. The locality model currently in phase one was a local authority model and the Better Care Fund was not about the local authority. Next year would be a transition year to start planning and look whether the health and well-being board would want to utilize the fund more on a locality base or a neighborhood base.
- It would be important to encourage a wider group of people to understand the issues the service was dealing with and receive intelligence back from those people.

RESOLVED

For the board to receive an update and approve allocations for 24/25.

10. HARINGEY BOROUGH VISION

Jess Crowe introduced the item; she noted that the aim was for partners to adopt the vision so it would not just be a Council document. There were initial priorities which came out of the discussions, it would be useful to have a conversation at a later board on the detail of how partners should go about actioning these priorities. The team wanted this be a live document as a means of being held to account for delivering, there could be potential to have an annual workshop, which would enable this.

Partners would be sent a copy of the borough vision document and were welcomed to bring comments back to the board on this.

11. NORTH CENTRAL LONDON POPULATION HEALTH AND INTEGRATED CARE DELIVERY PLAN - DELIVERING POPULATION HEALTH AND INTEGRATED CARE AMBITIONS IN HARINGEY

Tim Miller and Paul Allen introduced the reports for this item. The North Central London Population Health And Integrated Care Delivery Plan was endorsed by partners in April 2023, and that followed a significant amount of work with local residents and stakeholders. There were 5 key Risk areas for health and these were around childhood immunisation,

cancer, mental health, heart health and lung health. Sitting behind the strategy, there was a delivery plan which was identifying priorities to take forward because the population health strategy was comprehensive.

The following was noted following questions from the committee:

- The Haringey deal looked at understanding the communities in the borough and more work on that was important. A good example that was developing and emerging was the work with the mental health trust and the Bulgarian Roma community.
- The team had been working with the Council and were looking at health service transitions.
- In terms of the early year's foundation stage, Haringey came 5th in London and 8th nationally. This included all the areas of development with speech and language and if the Council carried on investing in these over the years, it would offset a lot of problems.
- It was important to work on vaccination take up, this was a challenge and was part of wider engagement process with children and families. There were school based vaccination programmes, for example the HPV vaccine. Haringey held the highest figures for this in North Central London, this was through working closely with the school's and the vaccination provider. This had to be extended into preschool vaccinations.
- The team were trying to work with public health colleagues locally to try and understand the inequalities aspects of core areas. They would be deep diving into some specific areas such as childhood immunisation and would report on this routinely to track some of that progress.
- Sharon Grant had recently set up a new charity for older people in the borough. The committee looked forward to engaging more with the voluntary sector and looking at the over 50s area generally.

RESOLVED

For the board to receive an update and for discussion.

12. NEW ITEMS OF URGENT BUSINESS

There were no new items of urgent business.