

## 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

## 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

There were none.

## 7. Minutes

Members queried any further information on physician associates. Guidance would be developed regarding patient's rights. National guidance on this would be coming out – GMC would be introducing regulation of physician associates in 2026.

## RESOLVED

The minutes of the 27<sup>th</sup> March meeting were approved.

## 8. UPDATE ON NORTH CENTRAL LONDON NHS INTEGRATED CARE BOARD CHANGE PROGRAMME AND NEIGHBOURHOOD WORKING VERBAL UPDATE

Tim Miller introduced the item. Along with the other ICBs in London, they had submitted their initial proposals and sent this to NHS England. There was a moderation process following those discussions. There was a developing proposal expected to go to the boards of northwest London and North Central London Integrated care boards in July, proposing a merger between those with the two ICBs.

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

- There would be an appraisal and evaluation that would go to the ICB board in July. Officers expected those papers and reports to address concerns such as health inequalities.
- There were various challenges faced by ICBs, but officers valued how it was currently structured.

- Officers welcomed the fact that ICB was inviting local authorities to speak on SEND and safeguarding.
- There were several areas of ICB functions that were identified as potentially transferred out of ICB. There were discussions going on and stand with the Councils around those and between the two ICBs who are in discussion.
- Tim Fox, Chief Exec of Haringey GP federation explained that there was a PPG meeting which explored the structure of NHS. They worked to engage with community and patients on changes but noted that clearer messaging and support on this was required.
- Officers were looking at what was in the best interest of patients and in public involvement. The PPG would come back to the committee when to talk about what patient involvement would look like in the future.
- There were residents who were very engaged in the system and health advocacy. However, it was difficult to explain what ICBs do for most patients and residents. It was complex to manage the messaging, and the comms team would work further on this.

## 9. Haringey Adult Social Carers Strategy

Jo Baty presented the item, and the following was noted in response to questions from the committee:

- Of the 11% response rate, the profile of carers was above the age of 50. As part of the EQIA, officers recognised more voices and perspectives were needed. The team visited different faith and community groups as an attempt to maximise consultation results. There was an ongoing transitions programme around young carers which was a collaboration across adults and children's.
- Officers had put together workshops so carers could give a sense of any tangible improvements that they were feeling on the ground. There were many networks that would be utilised to evaluate the success of implementation of the carers structure. There was national benchmarking and KPI's within this that related to carers directly.
- Officers noted that they could provide external training on lifting.
- It was noted that members wanted to see some representations with carers looking after people with severe mental illness. Particularly, with young carers.
- Many carers asked for Peer Support Groups to be established around Mental Health
- Bring back young carers work to the Health and Wellbeing Board as a specific item.
- There were conversations around social prescribing, and how they could be part of solutions.
- The survey conducted showed that there was a higher prevalence of health issues in carers who look after their loved ones than usual. Some of the qualitative feedback did suggest that carers often put the needs of their loved ones above their own. The board really welcomed health service involvement to support carers to address these health inequalities.
- There was a call to have a future session on a strategy for dementia, and pre-dementia [MCI] as it clearly related to many carers but also to many in the population [a lot more than the circa 2,000 currently recorded].

## 10. Haringey Alcohol Strategy

Marlene D'Aguilar introduced the report for this item, the following was noted in response to questions from the committee:

- Officers would circulate the joint strategic needs assessment.
- More data was sought on the level of drinking in older age. Officers did not hold specific data around the percentage of middle-aged to older age drinkers but had noted social isolation driving drinking at home. Individuals had often been drinking for excessively long periods of time. There is currently a hospital care team that works quite closely with the hospital liaison team and they're identifying clients with alcohol dependency who were admitted onto the wards.
- A point of exploration would be the links between health and housing and the diversity of the borough, there was a high prevalence of drinking heavily, could this be approached in a cultural way?
- The Local plan was being developed at the moment, could this pose an opportunity to reduce access to alcohol in the community?
- Lockdown changes had seen an increase in applications for alcohol licenses with an increase of cafes selling alcohol.
- There was a drinking culture within the country, we are limited locally in how to change the narrative and availability.

## 12. HARINGEY BETTER CARE FUND 24/25 END OF YEAR SIGN OFF AND 25/26 PLANNING SUBMISSION UPDATE

The BCF 2025/26 policy objectives focused on two overarching goals: supporting the shift from sickness to prevention and supporting people living independently and the shift from hospital to home. These objectives were designed to enhance the integration of health and social care services, ensuring that people receive the right care at the right time and in the right place. The key elements of these objectives included:

1. Shift from Sickness to Prevention: This objective emphasised the importance of preventive care to reduce the incidence of illness and the need for acute care services. By focusing on prevention, the BCF aimed to improve overall health outcomes and reduce the burden on healthcare systems.

2. Supporting People Living Independently and the Shift from Hospital to Home: This objective aimed to enable individuals to live independently in their own homes for as long as possible. It included initiatives to improve discharge processes, enhance community-based care, and reduce the reliance on hospital and longterm residential care

## 12. NEW ITEMS OF URGENT BUSINESS

To consider any new items of urgent business admitted at item 4 above.

## 13. FUTURE AGENDA ITEMS AND MEETING DATES

Any points requiring discussion – bring back to chair/kodi

Black maternal health/ women's health