

**MINUTES OF THE STANDING LEADERSHIP CONFERENCE (HSP)  
THURSDAY, 21 OCTOBER 2010**

**Present:** Councillor Lorna Reith (in the Chair), Chris Barclay, Councillor John Bevan, Councillor Nilgun Canver, James Corbett, Kevin Crompton, Councillor Isidoros Diakides, Councillor Dilek Dogus, Councillor Gail Engert, Maureen Galvin, Michael Jones, Peter Lewis, Richard Mills, Susan Oti, Gloria Saffrey, Councillor Anne Stennett, Michele Stokes, Councillor Lyn Weber.

**In Attendance:** Xanthe Barker, Mary Connolly, Carmel Keeley, Barbara Nicholls, Eve Pelekanos, Pamela Pemberton, Nick Powell, Helena Pugh, Stuart Young.

<b>MINUTE NO.</b>	<b>SUBJECT/DECISION</b>	<b>ACTION BY</b>
<b>HSP235.</b>	<p><b>APOLOGIES</b></p> <p>Apologies for absence were received from the following:</p> <p>Tracey Baldwin Cllr Joanna Christophides Dave Grant Paul Head Councillor Claire Kober Richard Sumray</p> <p>Kevin Crompton - apologies for lateness John Egbo – apologies for lateness</p> <p style="text-align: right;">Chris Barclay substituted</p>	
<b>HSP236.</b>	<p><b>URGENT BUSINESS</b></p> <p>No items of Urgent Business were admitted.</p>	
<b>HSP237.</b>	<p><b>MINUTES</b></p> <p><b>RESOLVED:</b></p> <p>That the minutes of the meeting held on 8 July 2010 be confirmed as a correct record.</p>	Xanthe Barker
<b>HSP238.</b>	<p><b>HEALTH WHITE PAPER: 'EQUITY AND EXCELLENCE: LIBERATING THE NHS'</b></p> <p>A presentation was given that provided an overview of the White Paper published on 12 July 2010 entitled 'Equity and Excellence: Liberating the NHS'.</p> <p>The conference was advised that the aspiration behind the paper was to give patients more control and to create £20BN of efficiency savings that would be ploughed back into patient care.</p>	

**MINUTES OF THE STANDING LEADERSHIP CONFERENCE (HSP)  
THURSDAY, 21 OCTOBER 2010**

The one of the key changes arising from this was the abolition of Primary Care Trusts (PCTs) and the creation of an NHS Commissioning Board and GP collaboratives. The new GP collaboratives would take over responsibility for the commissioning of services by 2013. Other significant changes included allowing patients to register with the GP of their choice, rather than restricting them to their local GP, and opening up health provision to allow private providers to compete to deliver services.

In terms of performance and strategic priorities the White Paper proposed that a new outcome focused framework should be established for health and social care to replace the existing performance framework. The Secretary of State would be responsible for setting national objectives for health improvement. The Care Quality Commission (CQC) would regulate the quality of health and social care and the National Institute for Clinical Excellence (NICE) would set standards.

Local Authorities would take over responsibility for Public Health and as part of this would be required to appoint a Director of Public Health and a ring fenced budget for 'Health Improvement' would be allocated to Local Authorities to support this function. As part of this shift in responsibilities Local Authorities would be required to establish Health and Well Being Boards by April 2012 and these would have four key functions:

- Leading on a Joint Strategic Needs Assessment (JSNA) to assess local needs
- Promoting integration and partnership working (including joint commissioning)
- Supporting joint commissioning and pooled budget arrangements
- Overview and Scrutiny

The conference discussed the White Paper and it was noted that GPs and other health care professionals had expressed concern around the speed with which the changes were being introduced and support that would be available to GPs in fulfilling their new commissioning role. Concern was also expressed that the changes proposed signalled a move towards privatisation of the NHS.

The Chair noted that the Local Authority welcomed some of the proposals, such as the transfer of responsibility for Public Health, provided that adequate funding to support this was also provided. There would also need to be clarity around how Overview and Scrutiny arrangements would operate in order to avoid any conflict of interest.

The Interim Director of Public Health addressed a number of points and advised that the proposals contained within the paper represented that the biggest changes to the way health services were delivered in over thirty years.

It was noted that the Clinical Executive Committee, which represented GPs, had expressed concern with respect to GP commissioning and had

**MINUTES OF THE STANDING LEADERSHIP CONFERENCE (HSP)  
THURSDAY, 21 OCTOBER 2010**

	<p>noted that many GP did not want to take on this role. At present there was debate around whether the areas covered by GP collaboratives and Local Authorities would be coterminous. However, guidance was yet to be received with respect to the population base that collaboratives would cover and consequently it was difficult to predict what the arrangements would be in terms of area boundaries.</p> <p>The proposals with respect to Overview and Scrutiny arrangements would need to be carefully thought through and the Well Being Strategic Partnership Board had requested that a report was submitted to its January meeting setting out the issues that would need to be considered in establishing a Health and Well Being Board (HWBB).</p> <p>In response to a query, as to how the Voluntary and Community Sector (VCS) would be consulted around any changes to the existing Well Being Strategic Partnership Board (WBSPB), it was noted the WBSPB sat within a family of Theme Boards that formed the HSP. At present the Children’s Trust had a separate remit to the WBSPB; however, it was proposed that statutory HWBBs would cover both children and adults. Therefore the structure of the HSP may need to be looked at and as part of this the VCS would be consulted.</p> <p>The conference was advised that the White Paper did not make reference to who would take over responsibility for land and assets owned by Primary Care Trusts (PCTs) once they had been abolished or how this issue would be handled. A number of PCTs had raised this with the Department of Health.</p> <p>Concern was raised that with significant reductions in the number of Public Sector staff and the loss of funding for VCS organisations there would be a loss of expertise in certain areas that would result in health inequalities rising.</p> <p>The Chair acknowledged these concerns and noted that magnitude of the reductions in funding combined with the timescale within which Public Sector organisations were expected to deliver savings, meant that a gap in knowledge was likely to be created.</p> <p><b>RESOLVED:</b></p> <p>That the presentation be noted.</p>	
<p><b>HSP239.</b></p>	<p><b>HOUSING IN HARINGEY: UPDATE</b></p> <p>A presentation was given on the work being undertaken in terms of Housing in Haringey during 2010/11.</p> <p>It was noted that there were three key issues for the Local Authority in terms of Housing during the current financial year:</p> <ul style="list-style-type: none"> <li>• Transforming and improving Strategic and Community Housing services</li> </ul>	

**MINUTES OF THE STANDING LEADERSHIP CONFERENCE (HSP)  
THURSDAY, 21 OCTOBER 2010**

- Older People's Housing Strategy
- Implications of reduction in funding from Government and the Comprehensive Spending Review

In terms of the first area a number of plans and strategies had been formed that sat beneath the over arching Housing Strategy. Partnership working had been essential to the formation and delivery of these and the Integrated Housing Board provided the strategic direction for this.

Work to reduce the level of people living in Temporary Accommodation (TA) continued to be a priority for Haringey. Although the use of TA remained comparatively high Haringey had achieved the highest reduction in TA in the UK over the last year and this had been recognised by the recent Audit Commission inspection.

Changes to the Benefit system and the capping of Housing Benefit (HB) would have a significant impact upon Haringey as people who were no longer able to afford housing in inner city areas migrated to outer London Boroughs. In addition the recent Comprehensive Spending Review (CSR) had announced that there would be a 60% reduction in the funding allocated to create new affordable housing.

The Local Authority was anticipating a significant increase in the number of out of Borough placements being made and this would put additional pressure on local services at a time when resources were shrinking.

The Chair noted that forty children with Child Protection Plans (CPPs) had recently moved into the Borough and it was believed that this was in anticipation of the cap in HB. The removal of secured tenancies would also affect the poorest members of society the most and increase the divide between the richest and poorest members of society.

It was noted that vulnerable young people currently living alone would no longer be entitled to the same level of HB and would be forced to move into shared houses that may not be appropriate due to mental or physical problems. It was contended that the HSP had a key role to play in forming a partnership approach to addressing these issues.

The Cabinet Member for Adult and Community Services noted that the reduction to Supporting People grant would have a significant impact on the support provided to vulnerable people. In response to a query, as to how the Council and partners were planning to address the cumulative impact of this and the cap on HB, the conference was advised that the Council's Strategic Housing Team was working with officers across the Council to map how the impact of these changes.

The Chair noted that the ethnic make up of the Borough meant that there were many large families that would be particularly affected and that the Integrated Housing Board would have a key role to play in responding to these changes.

**RESOLVED:**

**MINUTES OF THE STANDING LEADERSHIP CONFERENCE (HSP)  
THURSDAY, 21 OCTOBER 2010**

	<p>That the presentation be noted.</p>	
<p><b>HSP240.</b></p>	<p><b>WORKING AT A NEIGHBOURHOOD LEVEL - MUSWELL HILL NEIGHBOURHOOD ISSUES</b></p> <p>A presentation was given on the recent activities and the integrated working methods employed in Muswell Hill by the Neighbourhood Management Team (NMT).</p> <p>In terms of demographics the area had a higher than average proportion of people aged 60 years and over and of white residents than the rest of the Borough. The four top four priority area identified by residents were:</p> <ul style="list-style-type: none"> <li>• Improving services for older people</li> <li>• Antisocial behaviour</li> <li>• Residents engagement in decision making</li> <li>• Support to local businesses</li> </ul> <p>The model used in Muswell Hill engaged local residents, Councillors and partners and promoted joined up working. This was facilitated by three principal forums:</p> <ul style="list-style-type: none"> <li>• Muswell Hill Area Assembly</li> <li>• Muswell Hill Area Based Working Group</li> <li>• Making the Difference Programme</li> </ul> <p>In addition there was a close working relationship with the Police Safer Neighbourhood Team (SNT) and VCS organisations. The Sustainable Community Strategy (SCS) provided the link between the work of the NMT and the HSP; this had recently been strengthened by the inclusion of the Area Assembly Chairs on the HSP SLC.</p> <p>The Chair noted that it was helpful to gain a better insight into the work being undertaken different parts of the Borough.</p> <p><b>RESOLVED:</b></p> <p>That the presentation be noted.</p>	
<p><b>HSP241.</b></p>	<p><b>COMPREHENSIVE SPENDING REVIEW</b></p> <p>A presentation was given setting out the headlines from the Comprehensive Spending Review (CSR) announced on 20 October 2010.</p> <p>Headlines emerging from the CSR included:</p> <ul style="list-style-type: none"> <li>• Local Authorities to face an average loss of revenue of 7.25% in each of the next four years</li> <li>• Area Based Grant (ABG) to be abolished in its existing form and rolled into formula grant</li> <li>• Working Neighbourhoods Fund (WNF) to be abolished as of</li> </ul>	

**MINUTES OF THE STANDING LEADERSHIP CONFERENCE (HSP)  
THURSDAY, 21 OCTOBER 2010**

March 2011

- Local Area Agreement (LAA) abolished
- An additional £2BN for Adult Social Care over the next five years
- An additional £470M to build capacity in the Voluntary Sector
- Launch of a National Citizen Service and 'Big Society' bank

*(The full presentation will be circulated with the minutes).*

The Chair noted that the presentation provided a useful overview of the changes announced as part of the CSR and thanked officers for compiling the presentation.

In terms of the additional money that the Government had announced for the support of VCS organisations the conference was advised that there was provision within this to support smaller charities under the 'Communities First Fund'.

The Council's Chief Executive advised that he had met with other Chief Executives of London Boroughs and it was likely to be some weeks before the full impact of the announcements made as part of the CSR were fully understood. The Council would be notified of the settlement it would receive from central Government in early December. Once this detail was received the full impact of the CSR changes could be fully assessed in the wider context.

The Cabinet Member for Adult and Community Services noted that it would be essential for the partnership to map the reductions hitting the Public Sector as a whole. Once further information was known with respect to the Supporting People grant the impact of the reductions to this funding would also need to be considered.

The Chair noted that the interlinking of budgets made the financial situation particularly complex and officers would be analysing the impact of this following the CSR over the next few weeks. Once further information was received with respect to the grant settlement received by the Council, which was due late November/ early December, the impact of this could also be assessed in the wider context of Public Sector cuts.

Effective partnership working would become more important moving forward in order to make the best use of the resources available and to mitigate the impact of cuts upon local services.

It was noted VCS organisations and other partners utilised the knowledge of officers within the Council's Policy and Performance Team.

In response to a query as to how the loss of this expertise would be mitigated the conference was advised that at the appropriate juncture the Assistant Chief Executive, PPP&C and POD, would be happy to discuss the restructuring of the Policy and Performance Team and how the Council proposed to continue to support the partnership moving forward.

**MINUTES OF THE STANDING LEADERSHIP CONFERENCE (HSP)  
THURSDAY, 21 OCTOBER 2010**

	<p>The Chair agreed that there would need to be clarity around the appropriate contact officers would be following the Council's restructuring of this service.</p> <p><b>RESOLVED:</b></p> <p>That the presentation be noted.</p>	
<p><b>HSP242.</b></p>	<p><b>THEME BOARD UPDATES</b></p> <p>It was noted that Ofsted had carried out an unannounced inspection of Children's Services in August and published their report in mid-September. This has been very positive and the full report could be accessed via Ofsted's website.</p> <p>A further announced inspection would take place in the new year.</p> <p><b>RESOLVED:</b></p> <p>That the report be noted.</p>	
<p><b>HSP243.</b></p>	<p><b>NEW ITEMS OF URGENT BUSINESS</b></p> <p>No new items of Urgent Business were raised.</p>	
<p><b>HSP244.</b></p>	<p><b>ANY OTHER BUSINESS</b></p> <p>No items of AOB were raised.</p>	
<p><b>HSP245.</b></p>	<p><b>DATES OF NEXT MEETINGS</b></p> <p>The dates of future meetings, set out below, were noted:</p> <ul style="list-style-type: none"> <li>• 6pm, 3 February 2011, Civic Centre, Wood Green, N22 8LE</li> <li>• 6pm, 28 April 2011, Civic Centre, Wood Green, N22 8LE</li> </ul>	<p>All to note</p>

The meeting closed at 8.15pm.

CHAIR

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