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NOTICE OF MEETING
PLEASE NOTE START TIME

HARINGEY WELL-BEING PARTNERSHIP BOARD

TUESDAY 12 JUNE 2007 at 19:00hrs

CIVIC CENTRE HIGH ROAD WOOD GREEN, LONDON N22

Refreshments will be available

MEMBERS: Councillor Bob Harris (Chair), Mun Thong Phung, Councillor Isidoros Diakides, Councillor Dilek Dogus, Councillor Gideon Bull, John Morris, Cecilia Hitchen, Tracey Baldwin, Dr Ann Marie Connolly, Cathy Herman, Lesley Mishrahi, Gillian Prager, Richard Sumray (Vice-Chair), Clive Lawton, Carl Lammy, Narendra Mikanji, Robert Edmonds, Stanley Hui, Sean Walker, Simon O'Brien, Stephen Clarke, Dave Morris

AGENDA

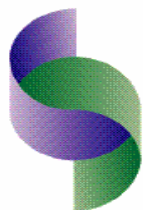
1. **APPOINTMENT OF CHAIR OF HWBPB FOR 2007/8:**
To appoint the Chair of the HWBPB for the municipal year 2007/8.
2. **APPOINTMENT OF VICE-CHAIR OF THE HWBPB 2007/8:**
To appoint the Chair of the HWBPB for the municipal year 2007/8.
3. **WELCOME, APOLOGIES AND INTRODUCTIONS:**
4. **URGENT BUSINESS:**
The Chair will consider the admission of any late items of urgent business. (Late items will be considered under the agenda item where they appear. New items will be dealt with at Item 16 below).
5. **DECLARATIONS OF INTEREST:**
Members must declare any personal and/or pecuniary interests with respect to agenda items and must not take part in any decision required with respect to these items.
6. **MINUTES: (PAGES 1 - 18)**
To approve the minutes of the Haringey Well-Being Partnership Board meetings held on 14 December 2006, 15 February 2007, and 15 March 2007 (attached).

7. **GOVERNANCE (INC. TERMS OF REFERENCE AND MEMBERSHIP)**
8. **HSP REPRESENTATIVE:**
To select the Board's representative to the *Haringey Strategic Partnership* for 2007/8.
9. **STRATEGIC PRIORITIES FOR THE BOARD:**
(i) UPDATE ON DRAFT WELL-BEING STRATEGY (**PAGES 19 - 26**)
10. **STRATEGIC PRIORITIES FOR THE BOARD:**
(ii) CLINICAL STRATEGY (**PAGES 27 - 28**)
11. **STRATEGIC PRIORITIES FOR THE BOARD:**
(iii) FUTURE WORK PROGRAMME
12. **UPDATE ON IMPLEMENTAION OF SMOKEFREE LEGISLATION
(PAGES 29 - 32)**
13. **PREPARATION FOR THE HSP AWAY DAY**
14. **WRITTEN PARTNER UPDATES FOR NOTING (PAGES 33 - 36)**
15. **ANY OTHER BUSINESS**
16. **ITEMS OF URGENT BUSINESS:**
To consider any new items admitted under Item 4 above.
17. **PROPOSED DATES FOR MEETINGS IN 2007/8:**
Members of the Board will be asked to agree to the following proposed dates:
 - Monday 22 October 2007, 7pm
 - Thursday 13 December 2007, 7pm
 - Tuesday 4 March 2008, 7pm
18. **FUTURE AGENDA ITEMS:**
Partners should submit proposed agenda items for the next meeting of the Board (22 October 2007) to the Committee Secretariat by no later than 14 September 2007.

YUNIEA SEMAMBO
Head of Member Services
River Park House
225 High Road
Wood Green
LONDON N22 4QH

NICOLAS MATTIS
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4 June 2007



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HARINGEY WELL-BEING PARTNERSHIP BOARD

THURSDAY 15 MARCH 2007 at 19:00hrs

CIVIC CENTRE, HIGH ROAD WOOD GREEN, LONDON N22

MINUTES

MEMBERS PRESENT AT MEETING

Haringey Council	Cllr Bob Harris (Chair) Cllr Diakides Catherine Galvin John Morris
Haringey Teaching Primary Care Trust	Tracey Baldwin Richard Sumray Ann-Marie Connolly Cathy Herman
HAVCO	Robert Edmonds Stanley Hui
Barnet, Enfield and Haringey Mental Health Trust	John Newbury-Helps
Metropolitan Police	Aiden Gibson
HFRA	Sue Hessel

OTHERS PRESENT AT MEETING:

AGENCY	REPRESENTATIVE
Haringey Council	Nicolas Mattis Zena Brabazon Helena Pugh
Haringey Teaching Primary Care Trust	Vicky Hobart

1. APOLOGIES FOR ABSENCE (Agenda Item 1):

AGENCY	REPRESENTATIVE
Haringey Council	Jim Crook, substituted by Catherine Galvin
HFRA	Dave Morris, substituted by Sue Hessel
HTPCT	Lesley Misrahi
BEH MHT	Carl Lammy, substituted by John Newbury-Helps
Metropolitan Police	Simon O'Brien, substituted by Aiden Gibson

2. URGENT BUSINESS (Agenda Item 2):

None.

3. DECLARATION OF INTERESTS (Agenda Item 3):

None.

4. MINUTES (Agenda Item 4):

The Board, in error, was presented with an incorrect version of the draft minutes of the 15 February 2007.

RESOLVED

That the draft minutes of the 14 December 2006 and 15 February 2007, as amended, be approved and signed by the Chair and Vice-Chair prior to the circulation of the agenda pack for the next meeting of the Board.

5. BRIEFING/PRESENTATION (Agenda Item 5):

The Board received a presentation outlining the Council's first Well-Being Strategic Framework which had developed out of the OHOCOS and Local Government and Involvement in Public Health Bill 2007. The Board was advised that the Strategic Framework would help, amongst other factors, to identify the strategic direction for improving well-being locally by clarifying the immediate priorities, delivering the key floor targets and threshold performance indicators, and clarifying responsibilities for agreeing and delivering local well-being targets. The Board was presented with the Aim and Vision of the well-being agenda according to the Strategic Framework, namely to promote a healthier Haringey by improving well-being and tackling inequalities; and a vision that all Haringey residents to have the best possible chance of an enjoyable, long and healthy life. The seven outcomes and objectives of the Framework were presented to the Board. The Board noted that the Well-Being Chairs' Executive had agreed to a number of operational issues in respect of delivering upon the provisions of the Strategic Framework.

Having discussed the presentation at length, the Board noted that the framework should remain clear and focussed, supported by a robust and fit-for-purpose sub-structure to the Board. The Board also noted that consideration should be given to a representative from registered social landlords being brought onto the Board to ensure the representative of this important sector and the housing issues relating to well-being. The Board also noted the importance of employment, volunteering and nursing provision to be highlighted in the framework before it went live. In respect of representation, the board noted that the voluntary sector was not represented on the Chairs' Executive.

RESOLVED

That the Board noted the progress on developing the Framework and to receive further updates in due course.

6. IMPLEMENTATION OF SMOKING LEGISLATION (Agenda Item 6):

The Board received an update on work towards the implementation of smoke-free legislation and the action plan that has been established to jointly by the Council and the TPCT to implement the provisions as set out in various statutes. The Board was informed of the work being undertaken in anticipation of an increase in smoking cessation treatments, enforcement activity, information and awareness, and monitoring of the overall affects of the smoking ban from 1 July 2007.

In respect of the funding arrangements in respect of the introduction of the new legislation, the Board was informed of the potential sources of income such as the NRF. The Board was advised that the £147,840 allocated to this work would be allocated in a transparent manner and would be reported back to the Board in due course by way of reporting from the Chairs' Executive Board.

RESOLVED

That the Board noted progress on the activities to implement the smoke free premises legislations and to the financial reporting of these activities via the Chairs' Executive Board as necessary.

7. UPDATE ON ST ANN'S HOSPITAL (Agenda Item 7):

The Board received a verbal update from the BEH MHT which focussed on the proposal for a community consultation mechanism for the future. The Board was advised that this would need to be an open forum to facilitate robust discussions that were prevalent to the local community. Further, the Board noted that the forum would need to comprise of the representatives from the NDC, staff, users, local councillors, a member of the Overview and Scrutiny Committee, and residents associations.

RESOLVED

That the Board agree to the establishment of this stake holders' forum for St Ann's Hospital to be comprised of the key local community representatives.

8. LAA UPDATE (Agenda Item 8):

The Board received a verbal update on the mandatory and optional targets that were the responsibility of the Board, as outlined in the Older People Block Targets in the LAA submitted by the Council to the GOL. The Board was advised that the Life Expectancy target would be met by the mandatory targets one to three as outlined in the report. It noted these, as well as the three stretch targets.

RESOLVED

That the Board noted progress of the development of the LAA targets.

9. BEH CLINICAL STRATEGY (Agenda Item 9):

The Board received a verbal update on the charging options as part of the clinical strategy. The Board was advised that the main tenets of this draft strategy were being prepared for public consultation, although no precise date for this had yet been identified. The Board was informed that the strategy would be consistent with the London-wide Review.

RESOLVED

That the Board receive an update at its next meeting.

10. NRF ALLOCATIONS FOR 2007/8 (Agenda Item 10):

The Board was presented with an update report on progress of NRF allocations for 2007/8. The Board noted that in future years, recipients of NRF money would be required to clarify clear outcomes from the money they receive. Further, the Board noted that work on smoking free legislation would be included in the allocations for the year.

RESOLVED

That the Board noted the progress update.

11. PARTNER UPDATES (Agenda Item 11):

The following updates were received by the Board:

(i) Healthier Communities Partnership Executive

This Board had worked on submissions to the LAA. It had also responded to the consultations on the Sustainable Community Strategy, BLF, and the healthier communities white paper. The Executive had called for a review of the current Well-Being sub-structures.

(ii) Housing Partnership Executive

The Board was advised of issues over gaps on the Housing Executive Board in terms of the work it undertakes. It was further advised that there was ambiguity over the leadership of this sub-group despite the housing element being vital to the aims and visions of the well-being agenda. It was agreed that these concerns would be better highlighted by a comprehensive review of the sub-groups and its membership.

(iii) Older Peoples Partnership

No update was given.

(iv) Supporting People Partnership

The Board was informed that the Supporting People Inspection had been a good one, and that an action plan had been established and was now in progress focussing on the recommissioning various services.

(v) Mental Health Partnership

The Board received a update report and was informed of concerns in respect of detainments and patients' human rights. The Board noted that this would need to be considered at a future meeting with a full report to Board members for consideration.

(vi) Joint Service Priorities Group

No update was given.

(vii) Joint Performance and Strategy Group

No update was given.

12. ANY OTHER BUSINESS (Agenda Item 12):

- The Board expressed its concerns over the reporting arrangements of the sub-groups and was informed of the on-going HSP Review which would be identifying a robust way forward for this. The Board would be kept informed of the results of this comprehensive review and a report would be submitted in due course.
- The Board was informed of the signing of a partnership agreement with six Registered Social Landlords in the borough which would have an impact on the work of the Board in future. More details about this would be presented to the Board in due course.

13. ITEMS OF URGENT BUSINESS (Agenda Item 13):

None.

14. PROVISIONAL DATES FOR MEETINGS IN 2007/8 (Agenda Item 14):

RESOLVED

That any proposed dates be identified in conjunction with the HTPCT and the Vice-Chair before final agreement by the Board.

15. FUTURE AGENDA ITEMS (Agenda Item 15):

Board Members were reminded to submit proposed agenda items for the next scheduled meeting to the Committee Secretariat no later than 18 May 2007.

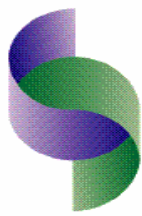
The meeting ended at 20:35 hours.

Councillor BOB HARRIS

Chair, Haringey Well-Being Partnership Board 2006/2007

Date: _____

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HARINGEY WELL-BEING PARTNERSHIP BOARD

THURSDAY 15 FEBRUARY 2007 at 19:00hrs

RIVER PARK HOUSE, HIGH ROAD WOOD GREEN, LONDON N22

MINUTES

PLEASE SEE APPENDIX ONE OF THE MINUTES FOR A LIST OF THOSE MEMBERS PRESENT AT THE MEETING.

1. APOLOGIES FOR ABSENCE (Agenda Item 1):

HAVCO	Robert Edmonds
Haringey Probation Service	Sean Walker
Haringey Council	Jim Crook
BEH Mental Health Trust	Carl Lammy (Deborah Cohen)

2. URGENT BUSINESS (Agenda Item 2):

The Chair asked the Board to co-opt a member onto the Board from the Haringey Federation of Residents Associations. Mr Dave Morris was duly co-opted to represent this Association on the Board.

3. DECLARATION OF INTERESTS (Agenda Item 3):

None

4. JOINT REPORT ON FINANCIAL PLANNING FOR 2007/8 (Agenda Item 3):

The Board was given an outline of the budgetary position and priorities in respect of the Haringey TPCT for the new financial year as listed in the joint report before the Board. The Board heard that the available resources in the new financial year would reflect an 8.5% growth on last year's budget and would include £2.9m in efficiency savings – which were a statutory requirement for all PCTs throughout the country. The Board also heard that the bottom line had identified a balance of £2.9m after all non-discretionary calls against available resources had been taken into account, and that this would be consumed by a raft of priority investment proposals as outlined in the joint report. However, it was reported that in order to meet these priority investments, the Haringey TPCT estimated that investment of approximately £10m per annum would be required to meet the priorities set out in the joint report. It was therefore targeting cost efficiencies and savings of c£7m to enable this strategic

investment to be undertaken and these were outlined in the joint report in two key areas – acute hospital services, and primary care services. The proposals highlighted the best and the worse qualities nationally, and the issues surrounding the weaker performing services/processes. The Board was informed of the next steps for implementing these proposals.

The Board was then given an outline of the budgetary position and priorities in respect of the Haringey Council Adult Social Care Service for the new financial year as listed in the joint report before the Board. This was drawn from a comprehensive report that was agreed by the Council's Executive setting out a business planning and budget-setting process in order to remedy the gaps in the budget that had been highlighted over the four year period of the plan (2007/8 to 2010/11). The Board was informed of an overspend of £2m for the end of the current financial year which would be remedied by a virement which would be built into future years' budgets. In respect of capital investment bids, the Board heard that a significant bid is in respect of housing adaptations as a result of the change in the housing subsidy regime. The Board was then given an outline of the efficiency proposals that would affect older people's services, and adult services and would incorporate a voluntary sector review, charging policy proposals and changes to business processes within the newly reshaped Adult, Culture and Community Services directorate. The Board heard that there had been enormous pressures on the budgets and that the Council was currently negotiating with the Government for a better settlement – but that this could not be promised.

Board members had a general discussion about the joint report which highlighted that modernising mental health services by making them more accessible which would require fully co-ordinated. It was also highlighted that where cuts or changes to services were to take place, a robust process of consultation with service users would always be necessary. The Board also discussed the issue of GP listings within the borough and the number of people registered with GPs in Haringey which exceeded the number of official Haringey residents. This was due to an antiquated listing system used, thus requiring a listing clearing exercise to be undertaken. The Board noted that the area of housing needs was largely absent from the joint report and agreed to include this on its future work programme. In respect of proposals for a walk-in centre in the east of the Borough, the Board was informed that a new contract for a walk-in centre would shortly be arranged at North Middlesex Hospital. There was also scope in the Turnpike Lane area and at the Hornsey community facility.

The Chair gave a short statement on the future of Keston Road Centre in response to a written representation from local community representatives. This was given in relation to the continued modernisation of learning disability day opportunities.

5. PROGRESS UPDATE FROM ST ANN'S STEERING GROUP (Agenda Item 4):

The Board received an update and welcomed the progress update report before the Board whilst outlining the importance of mental health service users consultation is very important. The proposal for a stakeholders forum of local councillors and representatives was welcomed.

6. LIFE EXPECTANCY ACTION PLAN (Agenda Item 5):

The Board received a presentation from the TPCT on the draft Action Plan which had been drafted jointly between the TPCT and the Council. A report summarising the

trends and consultation findings was before the Board. The Board, in discussing the presentation, noted that emphasise on the overarching themes of the life expectancy, would constitute the main remit for the Board going forward. During a discussion on the Action Plan, it was considered to be lacking target dates and was mainly adult focussed, with the exception of infants, because children and young people would be looked at at the Children and Young People's Strategic Partnership Board, another theme board of the Haringey Strategic Board. Ownership of the Action would remain with this Board in-conjunction with other theme boards in order to develop a work programme/timetable.

7. DATES FOR MEETING (Agenda Item 6):

RESOVLED

The following dates were reconfirmed by the Board:

- 15 March 2007, **7pm** – Haringey Civic Centre

8. FUTURE AGENDA ITEMS (Agenda Item 7):

Board Members were reminded to submit proposed agenda items for the next scheduled meeting (15 March 2007) to Nicolas Mattis (nicolas.mattis@haringey.gov.uk), no later than 17 February 2007.

The meeting ended at 21.10 hours.

Councillor BOB HARRIS

Chair, Haringey Well-Being Partnership Board 2006/2007

Date: _____

MEMBERS PRESENT AT THE MEETING

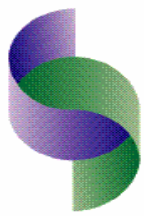
15 February 2007

NOTE: Please inform the Committee Clerk if the name and/or contact details of a representative changes for any reason.

AGENCY	REPRESENTATIVE
CORE MEMBERS	
Haringey Council	Councillor Bob Harris <i>Chair of Haringey Well-Being Partnership Board</i> Executive Member for Health & Social Services
Haringey Council	Mary Hennigan
Haringey Council	
Haringey Council	
Haringey Council	
Haringey Teaching Primary Care Trust	Richard Sumray <i>Vice-Chair of Haringey Well-Being Partnership Board</i> Chairman, Haringey Teaching Primary Care Trust
Haringey Teaching Primary Care Trust	Dr. Ann-Marie Connolly Director of Public Health
Haringey Teaching Primary Care Trust	Lesley Misrahi Non Executive Director, Haringey Teaching Primary Care Trust
Haringey Teaching Primary Care Trust	Tracey Baldwin Chief Executive, Haringey Teaching Primary Care Trust
HAVCO	Stanley Hui
Barnet, Enfield and Haringey Mental Health Trust	(Deborah Cohen for Carl Lammy)
Haringey Community Empowerment Network (HarCEN)	Faiza Rizvi
Haringey Community Empowerment Network (HarCEN)	Robert Edmonds
College of North East London (CoNEL)	Vacancy
HARINGEY FEDERATION OF RESIDENTS ASSOCIATIONS – co-opted onto Board on 15 February 2007.	Dave Morris
OBSERVERS & GUESTS	
	Helena Pugh (Haringey Council)
	Nicolas Mattis (Haringey Council)

	Deborah Cohen (BEH Mental Health Trust)

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HARINGEY WELL-BEING PARTNERSHIP BOARD

THURSDAY 14 DECEMBER 2006 at 18:00hrs

CIVIC CENTRE, HIGH ROAD WOOD GREEN, LONDON N22

MINUTES

PLEASE SEE APPENDIX ONE OF THE MINUTES FOR A LIST OF THOSE MEMBERS PRESENT AT THE MEETING.

1. **APOLOGIES** (Agenda Item 1):

Haringey Council	Jim Crook (<i>represented by Mary Hennigan</i>) Interim Director of Social Services, Haringey Council
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2. **URGENT BUSINESS** (Agenda Item 2);

None

3. **DECLARATION OF INTERESTS** (Agenda Item 3):

None

4. **MINUTES** (Agenda Item 4):

RESOLVED

That the Minutes of this Board meeting held on 4 September 2006 be confirmed and signed as a correct record by the Chair subject to changes.

5. **SUSTAINABLE COMMUNITY STRATEGY (SCS) AND LOCAL AREA AGREEMENT (LAA)** (Agenda Item 5):

SCS

The Board was presented with the current draft of the Sustainable Community Strategy (SCS) and invited to comment on it via the SCS web-site (www.haringey.gov.uk/hsp) by 5 January 2007. The Board was encouraged to pick up on what had not been included in the SCS to date, especially where this would enhance its robustness as a community strategy. To this end, the Board heard that housing matters should be highlighted prominently within the SCS. Also, it was noted that health issues were not mentioned in the covering letter from the Council's Leader in the introduction to the SCS. Further, there was nothing on drugs and alcohol and its impact on health in the whole document. Elements of public health strategies would need to be featured in the SCS with a focus on equality throughout the borough.

LAA

The Board heard that that the second draft of the LAA was going to be submitted to Government Officer for London on 15 December 2006 and a response to this was expected in early January 2007 ahead of the third and final draft being discussed at a special meeting of the HSP on 15 January 2007. The Board also heard that it was necessary to achieve real life changing outcomes from the LAA, not just infrastructural ones for the bureaucracy that surrounds the LAA key players. Clarity and openness of information was also necessary throughout the process. It was highlighted that the LAA would engender new ways of workings to achieve this in addition to new money and that open discussions will need to continue to achieve the best outcomes.

6. BUDGETS Agenda Item 6):

The Board heard that no papers were to be tabled by the Haringey TPCT for this Item, but that a verbal update would be given instead. There was agreement from the Board members from the PCT and Local Authority sides that in future, a joint paper would be produced for the Board in respect of budgets – the first of which would be presented to the Board at its next meeting on 15 February 2007.

In addition, the Board agreed to the Chair, Vice-Chair, and other key members to meet separately in February 2007 to discuss further budgetary issues. The Board heard that the TPCT and the Local Authority had two meetings to date to share their early budgetary assumptions for 2007/8. It was reported that the TPCT would receive around 7% growth. The TPCT is planning for the same top slice as 2006/7 of 3.6% to contribute to the London pool. The biggest call on resources is meeting the 18 week target - in effect it must ensure by the end of 2007/8 no patients wait more than 18 weeks from date of referral to appropriate inpatient treatment. This will require major investment as the TPCT's current target is no patients to wait more than 12 weeks for outpatients appointments and 6 months for inpatient treatment. In effect the HPCT will be reducing the waiting list from a current maximum position of 9 months down to 18 weeks.

In terms of 2006/7 the HPCT are still projecting a break even position, but the position is becoming very tight and it reported experiencing severe budgetary problems including:

- A greater number of patients going to hospital than planned.
- A rise in excess bed days (patients staying in a hospital bed longer than they need to). We will have spent over £4m this year on people staying in bed longer than they need to.
- Rising continuing care needs.
- Lack of success in our joint venture with the mental health trust and social services to reduce the numbers of patients in mental health beds waiting for social care and housing packages - creating a £0.5m funding gap).
- New drugs and drug therapies e.g. Herceptin.

7. MENTAL HEALTH SERVICES UPDATE (Agenda Item 7):

The Board's attention was drawn to the commissioning and re-organisation of the Community Services and to the re-development of St Ann's Hospital although regrettably, there was no update on this to hand. The Board heard that a consultation exercise was needed with community representatives over the future of St Ann's

Hospital. The Board also heard from a member of the public that many of the Mental Health Partnership Executive Board strategies he considered flawed, and he called for further options to be included in the strategies to broader their impact.

RESOLVED

The Board noted the progress and key issues raised.

8. LIFE EXPECTANCY ACTION PLAN (Agenda Item 8):

The Board agreed that there should be an extraordinary meeting in January/February 2007 in order to discuss this topic more thoroughly as due to time constraints, it was not possible to do so at this meeting.

Nonetheless, by way of introduction to the Item, the Board was given an outline of the process behind the Action Plan and was keen to gaining broad ownership of the progress to achieving broad outcomes, namely the reduction of inequities within the borough.

9. UPDATES (Agenda Item 9):

Due to time constraints, this Item was withdrawn from the Agenda.

10. ANY OTHER BUSINESS (Agenda Item 10):

None

11. ITEMS OF URGENT BUSINESS (Agenda Item 11):

None

12. DATES FOR MEETING (Agenda Item 12):

RESOVLED

The following dates were reconfirmed by the Board:

- 15 March 2007, **7pm** – Haringey Civic Centre

13. FUTURE AGENDA ITEMS (Agenda Item 15):

The Board agreed that there should be an extraordinary meeting in January/February 2007 in order to discuss the following items:

- Joint Budgets – Catherine Galvin/Tracey Baldwin
- Life Expectancy Action Plan – Vicky Hobert/Ann-Marie Connolly
- Progress update from the St Ann's Steering Group – Deborah Cohen

Board Members were reminded to submit proposed agenda items for the next scheduled meeting (15 March 2007) to Nicolas Mattis (nicolas.mattis@haringey.gov.uk), no later than 17 February 2007.

The meeting ended at 19:30 hours.

Councillor BOB HARRIS

Chair, Haringey Well-Being Partnership Board 2006/2007

Date: _____

MEMBERS PRESENT AT THE MEETING

14 December 2006

NOTE: Please inform the Committee Clerk if the name and/or contact details of a representative changes for any reason.

AGENCY	REPRESENTATIVE
CORE MEMBERS	
Haringey Council	Councillor Bob Harris <i>Chair of Haringey Well-Being Partnership Board</i> Executive Member for Health & Social Services
Haringey Council	Councillor Isidoros Diakides Executive Member for Housing
Haringey Council	John Morris
Haringey Council	
Haringey Council	
Haringey Teaching Primary Care Trust	Richard Sumray <i>Vice-Chair of Haringey Well-Being Partnership Board</i> Chairman, Haringey Teaching Primary Care Trust
Haringey Teaching Primary Care Trust	Dr. Ann-Marie Connolly Director of Public Health
Haringey Teaching Primary Care Trust	Cathy Herman Non Executive Director, Haringey Teaching Primary Care Trust
Haringey Teaching Primary Care Trust	Tracey Baldwin Chief Executive, Haringey Teaching Primary Care Trust
HAVCO	Stanley Hui
HAVCO	Robert Edmonds
Barnet, Enfield and Haringey Mental Health Trust	Carl Lammy
Haringey Community Empowerment Network (HarCEN)	Faiza Rizvi
College of North East London (CoNEL)	vacancy
OBSERVERS & GUESTS	
	Helena Pugh (Haringey Council)
	Nicolas Mattis (Haringey Council)
	Janice Robinson (Haringey Council)
	Deborah Cohen (BEH Mental Health Trust)
	John Haffenden (Haringey Council)

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Well-being Partnership Board

Date: 12 June 2007

Report Title: Haringey's first Well-being Strategic Framework

Report of: Catherine Galvin, Assistant Director, Strategic Services; Adult, Culture and Community Services; Haringey Council

Summary

To support the Sustainable Community Strategy (SCS), the Well-being Partnership Board (WBPB) agreed to develop the Well-being Strategic Framework (WBSF) to provide the Haringey Strategic Partnership (HSP) policy direction for improving **well-being for adults** in Haringey. The initial draft of the WBSF was shaped around the seven outcomes of the WBPB (see 1.3).

At a special meeting of the Well-being Chairs Executive (WBCE), concerns were raised that the WBSF might inappropriately overlap with the SCS as well as duplicate the outcomes of *Our Health, Our Care, Our Say* (OHOCOS). Therefore, it is proposed that the WBSF be reshaped around the OHOCOS outcomes (see 1.6) and that they become the outcomes of the WBPB.

While the WBPB is responsible for the **implementation** of the WBSF, it is proposed that there is **joint ownership for the delivery** of the WBSF, with the WBPB members having responsibility for championing the priorities to the other thematic partnerships, and liaising with them on the follow up/ negotiation of delivery of actions through their membership of other partnership boards. Every action in the WBSF will be assigned to a lead agency and thematic partnership, which are responsible for its delivery. Responsibility for the monitoring of the elements of WBSF that do not fall under the WBPB could lie with the HSP's Performance Management Group.

If the decision to structure the Framework around the OHOCOS outcomes is agreed, then a review of the current sub groups sitting under the WBPB is needed to ensure they address these outcomes.

Recommendations

- i. That the WBPB agrees to the ownership of the WBSF as proposed in section 2.
- ii. That the WBPB refers the monitoring of priorities which fall outside the WBPB's direct responsibility to the HSP's Performance Management Group.
- iii. That the WBPB agrees to structure the WBSF around the OHOCOS outcomes and that they become the outcomes of the WBPB.
- iv. That the review of the groups which sit under the WBPB takes place once the ownership and structure has been agreed.

For more information contact:

Helena Pugh
Interim Head of Policy
Strategic Services
Adult, Culture and Community Services
Haringey Council
Tel: 020 8489 2943

Helena.pugh@haringey.gov.uk

1. Introduction

1.1 The Local Government Act 2000 states:

*'Every local authority are to have power to do anything they consider is likely to achieve any one or more of the following [well-being] objects – (a) the promotion or improvement of the economic well-being of their area, (b) the promotion or improvement of the social well-being of their area, and (c) the promotion or improvement of the environmental well-being of their area.'*¹

1.2 Every Local Strategic Partnership is required to develop a SCS to improve the above **three aspects of the quality of life** for people in the local authority area. To develop these areas, the Haringey Strategic Partnership (HSP) set up thematic partnerships to cover all aspects of improving the quality of life for people in Haringey.

1.3 In September 2005 the then newly formed Well-being Partnership Board agreed seven outcomes to cover its remit. These are:

- Be healthy
- Stay safe
- Make a positive contribution
- Achieve economic well-being
- Enjoy and achieve
- Be independent
- Have a decent home

1.4 Since these were agreed, Haringey's SCS has been refreshed. The agreed outcomes of the SCS 2007 – 2016 are:

- People at the heart of change
- An environmentally sustainable future
- Economic vitality and prosperity shared by all
- Safer for all
- Healthier people with a better quality of life
- People and customer focused

1.5 In addition, the seven well-being outcomes initially included in the Government's 2005 Green Paper *Independence, Well-being and Choice* have gained prominence. They are featured in the Government's OHOCOS White Paper, are used in inspections by the Commission for Social Care Inspection (CSCI), and are likely to be included in the final version of the Department of Health's (DH) *Commissioning Framework for Health and Well-being*.

¹ Local Government Act. 2000. Section 2.1a-c, Crown Copyright.

1.6 The seven outcomes of OHOCOS and a description of what they cover is shown below:

OHOCOS Outcome	Description
Improved health	Enjoying good physical and mental health (including protection from abuse and exploitation). Access to appropriate treatment and support in managing long-term conditions independently. Opportunities for physical activity.
Improved quality of life	Access to leisure, social activities and life-long learning and to universal, public and commercial services. Security at home, access to transport and confidence in safety outside the home .
Making a positive contribution	Active participation in the community through employment or voluntary opportunities. Maintaining involvement in local activities and being involved in policy development and decision-making.
Exercising choice and control	Through maximum independence and access to information. Being able to choose and control services. Managing risk in personal life.
Freedom from discrimination or harassment	Equality of access to services. Not being subject to abuse.
Economic well-being	Access to income and resources sufficient for a good diet, accommodation and participation in family and community life. Ability to meet costs arising from specific individual needs.
Personal dignity	Keeping clean and comfortable. Enjoying a clean and orderly environment. Availability of appropriate personal care.

2. Development and Ownership of the Well-being Strategic Framework

2.1 To support the SCS the WBPB agreed to develop the WBSF to provide the HSP policy direction for improving **well-being for adults** in Haringey.

2.2 The Framework identifies seven key outcomes and whilst the WBPB has **an input into all of them** and some priorities and actions identified are its responsibility, **other priorities and actions are the remit of the other thematic partnerships which sit under the HSP**, for example: fear of crime - Safer Communities; building new homes – Housing; keeping our green spaces attractive – Better Places; and tackling worklessness and other aspects of economic well being - Enterprise.

- 2.3 Whilst the well-being of children falls under the remit of the Children's and Young People's Strategic Partnership (CYPSP), there is an element of crossover between the CYPSP and the WBPB as children and young people cannot be seen as separate from the adults they live with and in time their needs will fall under the remit of the WBPB. Transition to adulthood presents all young people and their families with many challenges and it is important to ensure that we work together to ensure that this is a smooth process.
- 2.4 Consequently, while the WBPB is responsible for the **implementation** of the WBSF, it is not **solely** responsible for its delivery. Hence, it is proposed that there is joint ownership for the **delivery** of the WBSF, with the WBPB members having responsibility for championing the priorities to the other thematic partnerships, and liaising with them on the follow up/ negotiation of delivery of actions through their membership of other partnership boards.
- 2.5 As the WBPB is **not** solely responsible for the delivery of the WBSF, every action in the framework will be assigned to a lead agency and thematic partnership, which are responsible for its **delivery**.
- 2.6 Responsibility for the monitoring of the priorities and actions of the WBSF that do not fall under the WBPB could lie with the HSP's Performance Management Group.

3. Drafting the Well-being Strategic Framework

- 3.1 The initial draft of the WBSF was shaped around the outcomes of the WBPB (see 1.3, above).
- 3.2 At the special meeting of the WBCE in April, concerns were raised that the WBSF might inappropriately overlap with the SCS as well as duplicate the outcomes of OHOCOS.
- 3.3 In addition, shaping the Framework around the outcomes of the WBPB might cause confusion as partners would be working to at least three different sets of outcomes: those included in the SCS, the OHOCOS outcomes (listed in 1.6, above), and those of the WBSF.
- 3.4 Therefore, it is proposed that the WBSF be reshaped around the OHOCOS outcomes, which have gained such prominence, and that they become the outcomes of the WBPB.
- 3.5 By moving to the OHOCOS outcomes the WBPB will be:
- Addressing the factors affecting well-being which fall under the remit of the WBPB. The main concern with moving to the OHOCOS outcomes from the original WBPB outcomes was the potential loss of focus on housing but as the HSP has agreed to set up a separate Housing Partnership reporting directly to it, this is no longer an issue.
 - Working to two rather than three sets of outcomes - namely those in the SCS and the WBPB/OHOCOS outcomes. The WBSF Action Plan will make explicit the links between the SCS outcomes and the WBPB

outcomes and priorities which fall beneath them. It will highlight lead responsibility in terms of service and thematic partnership for the delivery of each priority and action.

- Using the outcomes focused on in the Local Area Agreement, by CSCI and in all likelihood the forthcoming DH *Commissioning Framework for Health and Well-being*. This will avoid unnecessary complications with having two sets of similar but different outcomes when reporting to outside bodies.

3.6 We have used the following four **goals** of OHOCOS to help us make sure that we have included the key relevant priorities:

- Better prevention and early intervention for improved health, independence and well-being
- More choice and a stronger voice for individuals and communities
- Tackling inequalities and improving access to services
- More support for people with long-term needs

3.7 We have identified draft priorities relating to each outcome as shown in Appendix A.

3.8 It is proposed that a discussion draft could be circulated to thematic partnerships and HAVCO in early July and brought to the WBPB in October.

3.9 The Framework will also have to be revised to include issues arising from the forthcoming DH *Commissioning Framework for Health and Well-being* and the development of the Joint Strategic Needs Assessment.

4. Rethinking the Well-being Partnership Board sub groups

4.1 There has been a general acknowledgement that the remit of the sub groups underneath the WBPB needs to be reviewed.

4.2 If the decision to structure the Framework around the OHOCOS outcomes is agreed, then a review of the current sub groups sitting under the WBPB is needed to ensure they address these outcomes. The review can take place over the summer and the structure be in place by September 2007.

5. Recommendations

5.1 That the WBPB agrees to the ownership of the WBSF as proposed in section 2.

5.2 That the WBPB refers the monitoring of priorities which fall outside the WBPB's direct responsibility to the HSP's Performance Management Group.

5.3 That the WBPB agrees to structure the WBSF around the OHOCOS outcomes and that they become the outcomes of the WBPB.

5.4 That the review of the groups which sit under the WBPB takes place once the ownership and structure has been agreed.

Draft Well-being Strategic Framework Priorities and OHOCOS Outcomes

Improved health	Improved quality of life	Make a Positive Contribution	Exercise choice and control	Freedom from discrimination and harassment	Economic Well-being	Personal dignity and respect
Improve access to effective primary, community and other health care services	Promote libraries as centres of learning, social, economic and cultural life	Create opportunities for having a say in decision making	Ensure service users and carers have a say, and are involved in planning	Provide services in a fair, transparent and consistent way	Increase the number of young people leaving school and entering employment or training	Expand the availability of aids to enable people to live independently in their own homes
Reduce physical inactivity	Enhance facilities for improving well-being	Promote user involvement and engagement in service commissioning and delivery	Increase opportunities for people to live independently in their own homes	Protect vulnerable adults from abuse	Increase the numbers moving from worklessness into employment	Increase the choice and availability of community meals e.g. providing culturally appropriate meals
Improve diet and nutrition	Develop Active and Healthy Lifestyle Programme and opportunities	Increase opportunities for volunteering	Provide support for unpaid carers, including preparing for when they are no longer able to care	Address stigma associated with long term conditions such as mental health problems and sexual ill health	Improve the ease of access to employment and mainstream provision for disabled residents	Develop re-ablement services to expand access to homecare for all residents aged 18+
Reduce the number of people who smoke, and the number of people exposed to second-hand smoke	Enable people to achieve their learning and employment goals by making learning demand-led		Promote the use of direct payments as widely as possible	Support victims and witnesses of crime	Prevent homelessness wherever possible	
Prevent premature deaths from suicide, accidents and injuries	Develop a greater range of social activities within community settings		Further the access to employment through individualised budgets	Prevent and reduce domestic violence	Maximise the supply of good affordable housing	
Reduce the harm caused by drugs and alcohol	Reduce fear of crime		Develop better housing options for vulnerable people	Prevent and reduce hate crime and harassment	Reduce fuel poverty	

Improved health	Improved quality of life	Make a Positive Contribution	Exercise choice and control	Freedom from discrimination and harassment	Economic Well-being	Personal dignity and respect
Improve sexual health	Make people feel safer in their homes			Address persistent anti-social behaviour	Ensure that vulnerable people have decent, energy efficient homes	
Improve mental health	Work to increase access to information technology for everyone				To include priorities from the forthcoming Income maximisation Strategy	
Protect people from environmental & communicable threats to health	Improve transport so that people are able to get out and about					
	Improved sports and leisure provision					

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YOUR HEALTH, YOUR FUTURE**BARNET, ENFIELD and HARINGEY CLINICAL STRATEGY****PROJECT STATUS SUMMARY REPORT 15 MAY 2007****Introduction**

This is the eighth summary report produced by the Project Team at the request of the Project Executive and is intended for circulation to participating PCT/Trust Boards. It will also be distributed to the Project Board for information.

Progress mid April to mid May

The principal activities during the month have been:

- Receiving and responding to the Alberti Report
- Professor Alberti presented his findings and recommendations to the Clinical Engagement Group on 8 May and to a joint meeting, on 9 May, of the Clinical Engagement Group and Patient and Public Engagement Group with invited observers including MPs, Scrutiny Panel Members and other council members and officials and the press. This enabled the identification of key concerns of these stakeholders.
- Following these meetings the Project Board accepted the recommendations of Professor Alberti. In addition, a series of actions has been agreed in response to the Report and communicated to NHS London
- The event on 9 May noted above also received presentations on:
 - the scope and initial findings of the Equality Impact Assessment to determine if this has adequately covered relevant groupings
 - the schedule for consultation
 - the plans for activities during consultation in order to gain feedback on them.

Helpful feedback was received which has helped to shape planning

- Following receipt and assessment of the Alberti Report a revised project plan for the consultation has been prepared. In summary, this shows:

- Launch of consultation on 28 June
 - Close of consultation on 19 October
 - A public event to receive the results of consultation on 21 November
 - PCTs hold their Board meetings to make their decisions on the results of consultation on 11 December
 - The Project Board meets to receive the PCT decisions and to agree the next steps on 12 December.
- Imperial College have drafted consultation questions and gone through two cycles of testing and refining the questions
 - A draft Equality Impact Assessment Report has been prepared
 - The consultation document and the summary document have been updated in the light of the Alberti Report and are currently being reviewed
 - High level plans for launching consultation have now been agreed by the Project Board
 - The Project Board has agreed the process for decision making after consultation
 - Discussions have been initiated with the GLA and local councils re cooperation to consider the public transport issues raised by the options.

Planned Activities mid May to mid June

- The business case will be completed
- Imperial College will complete the testing and refining of the consultation questions
- The consultation document and summary consultation document will be finalised
- The consultation launch plans will be finalised
- A briefing session will be held for BEH PCT NEDs prior to their individual PCT Board meetings.

PJMarsh
15 May 2007

Well-Being Partnership Theme Board**Item No:****Date:** 12th June 2007**Report Title:** Update from Implementaion of Smokefree Legislation
Report of: Gerry Taylor (HTPCT) Keith Betts (LBH)**Summary**

To update Well-being Partnership Theme Board on work towards the implementation of smoke-free legislation.

Recommendations

That the Well-being Partnership note progress and key issues.

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UPDATE**Update on Enforcement work for smoke free legislation**

- A Smoke Free Coordinator came into post at the end of April and has started coordinating the scheduling of communications and enforcement in Haringey.
- Recruitment is underway for 12 part time officers to commence visits to local businesses.

The visits will initially be to advise and support businesses to meet the compliance requirements for the legislation and will be conducted out of hours

and weekends. This monitoring will continue during August and September. In the initial stages the approach is more supportive and advice based. However, if during that period there are people determined to flout the law we will pursue with enforcement action and Fixed Penalty Notices.

The initial phase of the enforcement will focus on the main high-risk areas, as outlined in the LACORS guidance. This will focus on places where people have traditionally been able to smoke. There will also be a focus on main shopping areas and public entertainment areas. Certain establishments, such as social clubs, may need a different approach due to issues such as language or cultural differences. Officers will be visiting these areas and it may be that we need to look at specific approaches. This can be assessed as we establish the impact of the bans and compliance levels across the borough.

Marketing

- Work is ongoing to ensure that the messages reach all sectors of the community with a particular focus on ethnic groups and business sectors.
- Resources will be provided in a range of language and translation services for promotional literature and resources.
- Information has now gone live on the main Haringey website as well as ads and articles in the May and June edition of Haringey People with a prominent back page advertisement, highlighting the 1st July date.
- There have been 2 editorials that have gone out in the local press for the 50 and 40 day countdown to a smoke free Haringey.
- Over the next month information will go out to staff via internal mail and newsletters reminding them of the dates and where they can and cannot smoke. We will also be highlighting the Council's no smoking policy in this mail out. Further editorials and ads are planned for July and August and we will be highlighting success stories through the local press.
- The Smoke Free Officer and the PCT Stop Smoking team are working in partnership to produce a guidance leaflet for local businesses, which will include details of local quit services as well as local contact and advice about their obligations under the new laws.
- Planning for adverts in the local Turkish press in conjunction with 3 other neighbouring PCT's (Islington Enfield and Hackney) is underway. There is also an advert being aired on Somalian radio over a number of weeks during the implementation.
- Other promotional ideas currently awaiting approval are for beer mats and bus stop posters promoting the smoke free message as well as quit services to be focussed in deprived wards.

Stop Smoking Service Activities

Workplace Initiative

- Staff clinic at Haringey Council well established, and current format used as model for other organisations
- Funding has now been secured from the NRF in order to target resources towards this work, an identified member of staff will begin to focus entirely on this project from June. Their role will focus on;-
 1. Linking with the LBH smokefree coordinator to ensure a more joined up approach around contacting businesses
 2. Providing level one smoking cessation training to EH officers working on compliance of the legislation
 3. Provide on site treatment and advice to employees

Provision of Treatment

- Existing provision includes two locations holding evening group sessions, two regular ongoing drop in clinics
- Extensive network of community based advisors (inc Pharmacists and practice nurses) provide treatment
- Recruitment process is underway for two new advisor posts focusing on the N17 area, and workplace initiative
- A hospital based advisor post is currently being developed to provide on site treatment and focus on 'stop before the op' treatments

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Date: 12 June 2007

Report Title: Update from Joint Services Priorities Group (JSPG)

Report of: Chair, Harry Turner

SUMMARY:

To update the Haringey Well-Being Partnership Board on JSPG most recent meetings and/or activities.

RECOMMENDATIONS:

That the Haringey Well-Being Partnership Board note progress and key issues.

FOR MORE INFORMATION CONTACT:

Chair's name: Harry Turner
 Title: Director of Finance and Clinical Services Procurement, Haringey TPCT
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 Email address: harry.turner@haringey.nhs.uk

UPDATE

The JSPG had a useful 2007/08 planning meeting on 10 May 2007. A detailed work programme has been agreed for the year. This work programme includes the following headline items:

- i. Development of a Joint Service Plan for each area.
- ii. Regular two-way activity and finance monitoring reports between TPCT and LBH.
- iii. Shared input into 08/09 budget setting
- iv. Review development of any more S28 or S31 agreements, including redesignation of S28s as S31s
- v. Shared review of voluntary and community providers
- vi. Income generation schemes e.g. from GOL: in particular, looking at joint planning gain with respect to HUDU / population growth.
- vii. Tackling Health Inequalities – big audit programme due for both organisations this year, expected joint outcome.
- viii. TPCT Commissioning Strategy has to be produced by early autumn; this needs to be joined up by service, activity and finance, across both organisations.
- ix. Joint Review of the 07/08 service efficiencies both organisations have to make. Aim would be to understand the impact our service efficiencies will have on each others organisation- understanding if there are any opportunities and how these will be implemented
- x. Review of each organisation's KPI's and quality markers.

In addition the JSPG has agreed to hold a ½ day workshop to explore the main joint service and financial planning priorities and possible joint planning gains. This event is being organised for mid June. Detailed output is expected to be available for presentation to, and discussion and decision by, the WBPB thereafter.

It is too early in 2007/08 to receive meaningful updates on variance against budget for the year to date. It is expected that both organisations will be reporting on this from the next JSPG meeting onwards.

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Date: 12 June 2007

Report Title: Update from Supporting People Partnership

Report of: Chair, Mathew Pelling

SUMMARY:

To update the Haringey Well-Being Partnership Board on Supporting People Partnership's most recent meetings and/or activities.

RECOMMENDATIONS:

That the Haringey Well-Being Partnership Board note progress and key issues.

FOR MORE INFORMATION CONTACT:

Chair's name : Mathew Pelling
 Title : Supporting People Programme Manager
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UPDATE

The Supporting People programme continues to be delivered to all vulnerable client groups in the Borough.

Service activity is presently centred on :

- the Tendering and Commissioning of Mental Health Services
- the Tendering and Commissioning of Offender and Substance Misuse Services
- the collation and assessment of PI workbooks for Quarter 1 (2007/08)
- the completion and submission of Milestone reports to CLG
- the writing and presenting of Performance Visit reports to Commissioning Body
- completion of Value for Money Assessments to inform Bridging Contracts which are being prepared for Support Providers
- ongoing Action Plan following the Audit Commission Inspection

The last Commissioning Body meeting on 20 April 2007 determined that the Director of Adults, Culture and Community Services will become the new Chair with effect from the next meeting in June (22nd).

They also :

- agreed the schedule of potential Price increases / reductions based on the tiering of all services in the programme be brought back to a specific Financial issues meeting in October 2007, although they did agree the price increases and reductions based on the Value for Money assessments.
- received completed Re-validation and Performance Visit reports
- agreed to 50% funding of a new mentoring service for Offenders and People at Risk of Offending

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