

**MINUTES OF THE HARINGEY WELL-BEING PARTNERSHIP BOARD (HSP)  
THURSDAY, 2 OCTOBER 2008**

**Present:** Councillor Bob Harris (Chair), Margaret Allen, Judy Allfrey, Councillor John Bevan, Eugenia Cronin, Mun Thong Phung, Robert Edmonds, Paul Head, Cathy Herman, Sue Hessel, Vicky Hobart, Angela Manners, John Morris, Marion Morris, Lisa Redfern, Faiza Rizvi, Penny Thompson.

**In Attendance:** Xanthe Barker, Mary Connolly, Paul Ely, Jodie Szwedzinski.

| <b>MINUTE NO.</b> | <b>SUBJECT/DECISION</b>  | <b>ACTON BY</b> |
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| <b>OBHC82.</b>    | <p><b>WELCOME, APOLOGIES AND INTRODUCTIONS</b></p> <p>Apologies were received from the following:</p> <p>Abdool Alli<br/>Tracey Baldwin<br/>Councillor Gideon Bull<br/>Vanessa Bogle<br/>Michael Fox<br/>David Grant<br/>Mary Pilgrim</p> <p style="text-align: right;">-Penny Thompson substituted</p>  |                 |
| <b>OBHC83.</b>    | <p><b>MINUTES</b></p> <p>It was noted that there would be further discussion outside the meeting regarding the Membership of the Board and the process for cooption.</p> <p><b>RESOLVED:</b></p> <p>That the minutes of the meeting held on 10 June 2008 be confirmed as a correct record.</p>   | Chair/RE        |
| <b>OBHC84.</b>    | <p><b>DECLARATIONS OF INTEREST</b></p> <p>No declarations of interest were raised.</p>   |                 |
| <b>OBHC85.</b>    | <p><b>URGENT BUSINESS</b></p> <p>No items of urgent business were raised.</p>  |                 |
| <b>OBHC86.</b>    | <p><b>HARINGEY'S ALCOHOL HARM REDUCTION STRATEGY 2008-11</b></p> <p>The Board received a report presenting the new Alcohol Harm Reduction Strategy 2008-11.</p> <p>It was noted that this built upon the original three year strategy, which was published in 2005 and incorporated the findings of a recent review of local alcohol related problems. It also took into account new statutory</p> |                 |

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|                       | <p>guidelines and requirements.</p> <p>The key aims of the strategy were to tackle health and social harm caused by alcohol and to address anti social behaviour.</p> <p>The objectives of the strategy fell within the responsibility of three of the HSP Theme Boards:</p> <ul style="list-style-type: none"> <li>• Children and Young People’s Strategic Partnership Board</li> <li>• Safer Communities Executive Board</li> <li>• Well-Being Strategic Partnership Board</li> </ul> <p>It was noted that the Alcohol Strategy Group would have an oversight of the Implementation Plan and would review its effectiveness. The Plan would also be reviewed by the Group on an annual basis and the results of this would be reported to the Board.</p> <p>The Council’s Cabinet was due to consider the strategy on 18 November.</p> <p>It was noted that St Mungo’s had produced a detailed response to the strategy and that this had been passed onto the appropriate officer for consideration. The response was circulated at the meeting for information.</p> <p>There was agreement that the strategy should reflect its status as an HSP strategy and the role that partners had to play in achieving its objectives.</p> <p>It was agreed that the individuals responsible for actions should be named in the Action Plan wherever possible.</p> <p>In response to concerns the Board was advised that the strategy had been market tested to ensure that it addressed the needs of people it was aimed at reaching. The results of this were reflected in the drafting of the strategy.</p> <p><b>RESOLVED:</b></p> <ol style="list-style-type: none"> <li>i. That the Strategy and Action Plan be approved and the proposed monitoring and evaluation framework for delivery be endorsed by the Board.</li> <li>ii. That the proposed title ‘Dying for a Drink’ be endorsed.</li> <li>iii. To note that the Strategy was being presented to the Council’s Overview and Scrutiny Committee on 6 October and to the Council’s Cabinet on 18 November.</li> </ol> | <p>MM</p> <p>MM</p> |
| <p><b>OBHC87.</b></p> | <p><b>HARINGEY OBESITY STRATEGY</b></p>   |                     |

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|                       | <p>The Board received a report presenting the Haringey Obesity Strategy and a brief presentation was made.</p> <p>It was noted that the Strategy had been developed in order to offer practical guidance for the prevention, management and treatment of obesity in children and adults in the Borough. This was supported by the Adult Obesity Pathway and was linked to both national and local strategies and targets, including the Sport and Physical Activity Strategy and Infant Mortality Strategy.</p> <p>In response to a query as to how access to care pathways could be improved, the Board was advised that obesity was a trigger point for accessing many different care pathways and that the strategy reflected this.</p> <p>There was discussion around the provision of organised walking groups in the Borough and levels of participation. It was agreed that there should be further discussion on this issue outside the meeting.</p> <p>It was suggested that large employers included within the Partnership should take a proactive approach in encouraging staff to become more active as part of their corporate social responsibility. It was noted that there was a role for Third Sector colleagues to play in achieving this.</p> <p>Concern was raised that the strategy may have a negative impact on young people if they felt stigmatised by being labelled as obese. It was suggested that consideration should be given to the impact the strategy may have in terms of increasing instances of eating disorders.</p> <p>In response to concerns, the Board was advised that a more joined up approach would be achieved following a Needs Assessment that was about to be carried out by the PCT.</p> <p>The Chair noted that this was the last meeting that Vicky Hobart would be attending and thanked her, on behalf of the Board, for her much valued contribution and wished her well in the future.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>i. That the content of the Strategy and its links to a number of outcomes in the Well-Being Framework be noted.</li> <li>ii. To note that the work on the commissioning of weight management services for children would be raised with the Children and Young People's Strategic Partnership Board.</li> </ul> | <p>Cllr<br/>Bevan/<br/>RE/JM</p> <p>All to note</p> <p>PCT</p> |
| <p><b>OBHC88.</b></p> | <p><b>SPORTS AND PHYSICAL ACTIVITY PARTICIPATION<br/>IMPROVEMENT PLAN -HARIACTIVE</b></p> <p>The Board received a report presenting the new Sport and Physical Activity Participation Improvement Plan. A brief presentation was also made.</p>   |  |

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The Board was reminded that one of the six outcomes listed in the Community Strategy was to help people become healthier and improve quality of life for people living in the Borough. Increasing the number of people participating in sport and physical activity was seen as a key tool in achieving this.

In addition to supporting the aims of the Community Strategy there were four National Indicators (NI's) included within the Local Area Agreement (LAA) that increased levels of participation in sport would contribute towards the achievement of.

In response to a query as to how the strategy had been tested amongst its target group the Board was advised that there were mechanisms in place to facilitate market testing and that the results of this would be reflected in the final strategy.

It was noted that there strong links between the Community and Voluntary Sector and leisure services in the Borough. The Board was advised that the CSPAN group, Chaired by the Director of Public Health, would play a key role in developing these links further.

It was noted that a map, which profiled deprivation and links to participation in physical activity, clearly demonstrated the correlation between the two. It was suggested that action should be taken to increase the sense of ownership in areas such as parks and sports facilities, in order to encourage people living in more deprived areas to become more active.

It was suggested that the Borough Profile could also be used to provide a more detailed analysis of the link between deprivation and lack of physical activity.

JM/PE

There was agreement that clarity was required around new LAA targets and Stretch Targets. Concern was expressed that the current aim of increasing participation to three times per week was unrealistic in areas where significant numbers of people did not take part in any form of physical activity at all.

JM/PE

It was agreed that the document should be brought back to the Board for comment in March for further consideration.

JM/PE

**RESOLVED:**

- i. That the work undertaken to date, initiatives planned and proposals currently under development be noted.
- ii. That the Strategy should be brought back to the Board in March 2009 for further consideration.
- iii. That the HARIACTIVE approach be endorsed.

JM/PE

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|                       | <p>iv. That the role of the Haringey Community Sports and Physical Activity (CSPAN), as the principal group leading on the delivery of LAA targets be noted.</p>   |            |
| <p><b>OBHC89.</b></p> | <p><b>UPDATE ON HARINGEY SEXUAL HEALTH STRATEGY</b></p> <p>The Board received a presentation on the issues shaping the new Sexual Health Strategy.</p> <p>The Board was advised that the programme of immunising girls aged thirteen against Cervical Cancer had commenced. A small number of schools had opted out of the programme and in these areas the vaccination was available at local GP's surgeries.</p> <p>In response to a query as to the number of GP surgeries that had signed up to offer additional sexual health services, the Board was advised that a number of Practices were now delivering this service. However, a recent audit had shown that the quality of the services provided varied and ways of working with surgeries to improve services were being considered at present.</p> <p>The Board was advised that schools were seen as playing a key role in improving awareness amongst young people of the risk of sexually transmitted diseases. Work was currently being carried out with schools to agree a more systematic approach to this.</p> <p>In response to concerns that a small number of head teachers had not agreed to immunisations being given in schools, it was noted that an Immunisation Coordinator had recently been appointed and that this person would play a key role in liaising with schools around this issue. The Director of Children's Services had also agreed to take this up with the head teachers of schools that had not participated.</p> <p>There was agreement that the Children and Young People's Strategic Partnership Board should also be asked to consider what measures it could take to encourage schools to participate.</p> <p><b>RESOLVED:</b></p> <p>i. That the report be noted.</p> <p>ii. That the Children and Young People's Strategic Partnership Board should be asked to consider what measures could be taken to encourage schools to participate in the Immunisation Programme for Cervical Cancer.</p> | <p>MTP</p> |
| <p><b>OBHC90.</b></p> | <p><b>TACKLING HEALTH INEQUALITIES AUDIT REPORT AND ACTION PLAN</b></p> <p>The Board considered a report presenting the Tackling Health Inequalities Action Plan.</p>  |            |

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|                       | <p>The Action Plan had been devised in response to an audit report published in June 2008, which examined how the Council and Primary Care Trust (PCT) acted to reduce health inequalities in the Borough.</p> <p><b>RESOLVED:</b></p> <p>That the recommendations contained within the Health Inequalities Audit report and the measures set out in the Action Plan to address these be noted.</p>   |            |
| <p><b>OBHC91.</b></p> | <p><b>RISK MANAGEMENT</b></p> <p>The Board received a verbal update in relation to the new Risk Management Framework adopted by the HSP on 3 July 2008.</p> <p>It was noted that as part of the Risk Management strategy the HSP and each of the Thematic Boards were required to complete Risk Registers. These should focus primarily on the risks attached to achieving targets included within in the LAA.</p> <p>The Board was advised that under the Risk Management Framework Risk Registers had to be completed by December. Therefore these would be presented to the Board for approval at its next meeting.</p> <p>If any assistance was required in drafting the Registers the Council's Internal Audit team should be contacted.</p> <p><b>RESOLVED:</b></p> <p>That the verbal update be noted.</p>     |            |
| <p><b>OBHC92.</b></p> | <p><b>SAFEGUARDING ANNUAL REPORT 2007/08 AND ACTION PLAN 2008/09</b></p> <p>The Board received a report that provided an overview of the work carried out by the Safeguarding Adults Board (SAB) during 2007/08.</p> <p>It was noted that the SAB had been restructured in order to create a greater sense of ownership of the policy and procedures amongst partner agencies. The Annual Report (included as an appendix) identified objectives for 2008/09 and addressed requirements set out within national guidance, directives and policy.</p> <p>There was agreement that it would be useful if the future Annual Reports made more detailed reference to the issues being raised by Service Users.</p> <p><b>RESOLVED:</b></p> <p>i. That the Safeguarding Adults Annual Report and Action Plan be noted.</p> | <p>MTP</p> |

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| <p><b>OBHC93.</b></p> | <p><b>HARINGEY TEACHING PRIMARY CARE TRUST INVESTMENT PLAN</b></p> <p>The Board received a report that provided an overview of the Primary Care Trust's Investment Plan for 2008/09.</p> <p>Concern was raised that Community and Voluntary Sector representatives had not received information requested from the PCT in relation to the Rehabilitation Strategy referred to in the report. There was agreement that this issue should be discussed further outside the meeting.</p> <p><b>RESOLVED:</b></p> <p>That the report be noted.</p>  | <p>KE/RE</p> |
| <p><b>OBHC94.</b></p> | <p><b>AREA BASED GRANT REVIEW UPDATE</b></p> <p>The Board received a verbal update on the Area Based Grant (ABG).</p> <p>It was noted that the ABG Review had been completed in September. Of the forty-nine projects receiving funding, which were within the Boards responsibility, thirty-seven had been rated as Green, eight as Amber and four as Red.</p> <p>In order to ensure that the process was transparent and fair an evaluation process had been undertaken and representatives from the Third Sector had taken part in this. The evaluation had found that the proper criteria had been applied in a consistent manner.</p> <p>The Board was advised the HSP Performance Management Group (PMG) would consider the final report on 6 October.</p> <p><b>RESOLVED:</b></p> <p>That the verbal update provided be noted.</p> |              |
| <p><b>OBHC95.</b></p> | <p><b>INFORMATION ITEM -SCORECARD: EXCEPTION REPORTING</b></p> <p>The Board received a report setting out performance during the first quarter (April to July 2008).</p> <p>It was noted that, at present, there were several areas where data could not be collected and therefore it had not been possible to measure performance against these targets. There was agreement that the Council and PCT should work together to develop proxy indicators where appropriate.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>i. That the report be noted.</li> <li>ii. That proxy indicators should be developed where information</li> </ul>   |              |

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|                | could not be collected at present.  | Council/P<br>CT |
| <b>OBHC96.</b> | <b>NEW ITEMS OF URGENT BUSINESS</b><br><br>No new items of urgent business were raised.   |                 |
| <b>OBHC97.</b> | <b>DATES OF FUTURE MEETINGS</b><br><br>The Board was asked to note the following future dates of meetings: <ul style="list-style-type: none"><li>• 8 December 2008</li><li>• 2 March 2009</li></ul> |                 |

COUNCILLOR BOB HARRIS

Chair