

**MINUTES OF THE HARINGEY WELL-BEING PARTNERSHIP BOARD (HSP)  
THURSDAY, 25 FEBRUARY 2010**

**Present:** Richard Sumray (Chair), Margaret Allen, Councillor John Bevan, Councillor Dilek Dogus, Fiona Eldridge, Cathy Herman, Sue Hessle, Maria Kane, Angela Manners, Richard Milner, Mun Thong Phung, Barbara Nicholls, Faiza Rizvi, Councillor Liz Santry, Dr Gina Taylor.

**In Attendance:** Councillor Gina Adamou, Xanthe Barker, Marc Dorfman, Paul Ely, Olivia Darby, Nicole Klynman, Leks Omiteru, Pamela Pemberton, Melanie Ponomarenko, Liz Rahim, Councillor David Winskill, Dr. Fiona Wright.

<b>MINUTE NO.</b>	<b>SUBJECT/DECISION</b>	<b>ACTON BY</b>
<b>OBHC183</b>	<p><b>APOLOGIES</b></p> <p>Apologies for absence were received from the following:</p> <p>Tracey Baldwin            John Forde (non Board member)            Michael Fox - Maria Kane substituted            Dave Grant            Siobhan Harrington (non Board member)            Rob Larkman            Marion Morris            Susan Otit - Fiona Wright substituted            Claire Pannicker - Richard Milner substituted            Lisa Redfern</p>	
<b>OBHC184</b>	<p><b>URGENT BUSINESS</b></p> <p>No items of Urgent Business were admitted.</p>	
<b>OBHC185</b>	<p><b>DECLARATIONS OF INTEREST</b></p> <p>No declarations of interest were made.</p>	
<b>OBHC186</b>	<p><b>MINUTES</b></p> <p><u>OBHC177</u></p> <p>Prior to the confirmation of the minutes the Board was advised by Councillor Bevan, the Cabinet Member for Housing, that the smoking cessation pilot, referred to a the last meeting, which was being run by the Council’s Strategic Housing Service and targeted smokers living in the N15 and N17 areas, was progressing well.</p> <p>Councillor Bevan noted that a training session provided by NHS Haringey, for staff working with residents, had been extremely useful and he requested that their contact details were passed onto him so</p>	Richard



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had undergone. New mechanisms for identifying these issues at an earlier stage were required.

- Improving the links between Primary and Secondary Care and drawing together the spectrum of organisations delivering services was also highlighted by the JNSA.

In response to a query, with respect to how the information collected around BME groups was being analysed, the Board was advised that many of the recognised contributory causes of mental health applied. For example it was known that there were higher than average levels of mental illness amongst men of African Caribbean descent; other factors including unemployment and a lack of adequate housing, which were known to contribute to mental illness, were prevalent in the east of the Borough.

It was noted that stigma around mental illness was particularly prevalent within Turkish and Kurdish communities and there was agreement that continuing to develop ways of addressing this was a key priority for the Partnership.

Often the children of immigrants and asylum seekers were traumatised by the difficulties their parents had experienced and their mental health was also affected. The JNSA recognised that there were higher instances of eating disorders, self harm, depression and anxiety amongst children from BME groups and there would be targeted work to join up the support available to these families. It was noted that there would be a key role for the VCS to play with respect to this.

Joint Mental Health and Well-Being Strategy

The Board was advised that the strategy had been informed by a stakeholder event held in April 2008. In addition the Mental Health Partnership Board had also been consulted with extensively.

In achieving the aims of the strategy there would be a focus on joint commissioning, to create comprehensive, integrated and personalised services. This reflected the shift towards the delivery of care from institutions to community based settings.

The strategy also reflected the 'New Horizons' strategy published by the Department of Health in August 2009, which set out the Government's approach to addressing mental health and well being. It was noted that the Personalisation Agenda also strongly influenced how the strategy had been developed.

The Board discussed the strategy and concern was raised that any reduction in the number of hospital beds available would have a significant impact on those where admission to hospital was the most appropriate form of care.

Whilst this point was recognised the Board was advised that one of the

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key drivers of the strategy was to manage people's illness in the most appropriate setting. There was evidence that prolonged stays in hospital made it harder for individuals to reintegrate into society. To address this there would be an increasing emphasis on delivering services in a way that enabled people to remain in their homes.

The Board was advised that a pilot scheme to deliver Personalised Care was being undertaken at present and that the experiences drawn from this and elsewhere would inform the final policy. As part of any Personalised Care package a risk assessment would be undertaken and provision would be made for episodes where a patient required an increased level of support.

It was noted that Barnet, Enfield and Haringey (BEH) Mental Health Trust had already undertaken a Personalised Care pilot, which had received positive feedback. One of the key issues arising from this had been the need for higher levels of advocacy and for provision to be made for circumstances where a higher level of care was required.

In response to concerns the Chair advised there were no proposals to reduce the number of hospital beds available. Institutionalising people where this was not appropriate was recognised as being damaging and the strategy aimed to redress the balance of care currently provided.

In response to a query as to whether the mapping exercise of the VCS, which had been commissioned by the HSP and undertaken by HAVCO, had been considered; the Board was advised that this would be taken into account as part of the process of improving joint working.

The Board was advised that patients, not registered with a GP, generally accessed health care via Accident and Emergency (A&E) or the Urgent Care Centre at the North Middlesex when their problems became acute. Appointments were for patients to register with their local GP were made following treatment.

In response to a query the Board was advised that information was available regarding the ethnicity of people accessing the IAPT service and there was agreement that a report should be brought to a future meeting providing analysis of this.

Nicole  
Klynman

It was noted that there had been a number of pieces of work published on Health Inequalities and there was agreement a seminar should be organised to look at the advice and views arising from these.

**RESOLVED:**

- i. That the draft Joint Adult Mental Health Strategy 2010-2013 be noted and approach to commissioning be noted.
- ii. That the finalised strategy should be brought back to the Board in July 2010 for approval.

Liz Rahim

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	<p>iii. That a summary document should be drafted and circulated to the Board. (This could also be used as part of the next stage of the consultation process).</p> <p>iv. That there should be further analysis of how people from different ethnic backgrounds accessed services to inform how the VCS could be best utilised to improve this.</p> <p>v. That a seminar should be organised to look at the advice and views arising from recent publications on Health Inequalities.</p>	<p>/ Barbara Nicholls Liz Rahim / Barbara Nicholls  Nicole Klynman  Susan Otit</p>
<p><b>OBHC188</b></p>	<p><b>HARINGEY 2012 OLYMPIC AND PARALYMPIC LEGACY</b></p> <p>The Board received a report that provided an overview of the Haringey 2012 Olympic and Paralympic Legacy Plan. In addition to the reports circulated two further documents were tabled, one of which set out the range of projects being funded and the second provided a briefing note on the Council's approach to the 2012 Olympics.</p> <p>There were three key areas of focus within the Haringey Olympic Plan:</p> <p><u>People</u></p> <p>This area looked at how the opportunities brought by the Olympics would be maximised to increase people's skills levels.</p> <p><u>Places</u></p> <p>There would be a focus on how Haringey could take advantage of its proximity to the various Olympic sites to draw in investment and to assist in the regeneration of parts of the Borough.</p> <p><u>Prosperity</u></p> <p>This focussed on maximising the business opportunities attached to the Olympics and using these to develop the local economy and create sustainable employment and enterprise. This would in turn help draw people into Haringey and provide additional support to local businesses.</p> <p><u>Haringey 2012 Fund</u></p> <p>A sum of £180K had been set aside to enable as many residents as possible to take up the opportunities offered by the Olympics and to ensure that an Olympic legacy was created in Haringey.</p> <p>It was noted that Alexandra Palace had been selected as the venue for one of the 'Compete For' meetings in April, which were being held by the organisation established to consider tenders.</p>	

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	<p>The Chair noted that it was important that the work was linked into the City Programme, which was being organised by the Greater London Authority, as there may be further opportunities for volunteers from Haringey to participate.</p> <p>He also suggested that discussions should be entered into with the organisers to include Haringey within the route for the Olympic torch as this would help galvanize people and create a sense of excitement around the Games.</p> <p>The Chair requested that a further update should be provided to the Board later in the year.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>i. That the report be noted.</li> <li>ii. That a further update should be brought to the Board later in the year.</li> </ul>	<p>Marc Dorfman</p> <p>Marc Dorfman</p> <p>Marc Dorfman</p>
<p><b>OBHC189</b></p>	<p><b>WORKING FOR A HEALTHIER HARINGEY - NHS HARINGEY STRATEGIC PLAN 2009 - 14</b></p> <p>The Board considered a report that provided an overview of the key elements of the NHS Haringey Strategic Plan 2009 – 14 and a verbal summary was given of the most salient points.</p> <p>In response to concerns raised with respect to the provision of dental care in Tottenham the Board was advised that this was dealt with in detail in the full document. This took into account the recommendations of a recent Overview and Scrutiny review on Oral Health.</p> <p>Concern was also raised around the level of single handed GP practices in Tottenham and the quality of the service delivered by these practices. It was contended that under the proposed plans for Poly Centres North Tottenham would not be adequately provided for.</p> <p>The Chair advised that NHS Haringey was in discussion with Tottenham Hot Spurs around the possibility of creating a health centre within its complex. He noted that NHS Haringey recognised the health inequalities within the Borough and that this was one of the key drivers behind its strategic plan. It was noted that NHS Haringey had limited power over the level of single handed GP practices. The creation of poly systems would enable GPs to access a broader range of skills and it was envisaged that this would help to drive up the quality of services delivered.</p> <p>The Board was advised that the performance of GP practices was measured and publicised to assist the public make an informed choice and to raise standards amongst GPs.</p> <p>Concern was raised that the Local Authority could not responded a consultation exercise being held with respect to the delivery of health</p>	

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	<p>care in North London until further information was provided with respect to NHS Haringey's plans for Poly Centres in the Borough.</p> <p>The Chair advised that more detailed information would be circulated once available; however, work on planning for the Poly Centres and the poly systems around these was driven by the needs of local communities and as such was separate from the consultation being carried out with respect to the delivery of care as a whole.</p> <p>The Board discussed the budget savings of 3%, which NHS London had required NHS Haringey to achieve by 2013/14. It was noted that a saving of 1% had been made for 2010/11 by revising the clinical guidelines to create greater consistency for some cosmetic and minor procedures.</p> <p>In response to a query, as to how the 'Total Place' agenda would be reflected in the plan, the Board was advised that new methods of delivering services such as Children Centres, where people were able to access services provided by a range of organisations, were already being developed. The plan was updated annually would be revised to reflect this as it developed.</p> <p>In response to a query the Board was advised that the full document set out NHS Haringey's strategic approach to the Safeguarding of both children and adults in detail. It was agreed that if the summary document was used again it should be amended to make reference to this.</p> <p>There was a general consensus that it would be helpful for the Board to receive a report setting out NHS Haringey's approach to performance management.</p> <p>Concern was raised around rumours that the A&amp;E department at the Whittington Hospital may face closure. Given the current financial circumstances and the lack of certainty around this it was contended that many of the plans set out in the document would not come to fruition. Consequently any closure of A&amp;E services was ill timed.</p> <p>The Chair advised that a decision to close A&amp;E services at the Whittington had not been made.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>i. That the key elements of the NHS Haringey Strategic Plan 2009-14 be noted.</li> <li>ii. That the Board should receive a report setting out NHS Haringey's approach to performance management at a future meeting.</li> </ul>	<p>Fiona Wright</p> <p>Fiona Wright / Susan Otit</p> <p>Susan Otit</p>
<p><b>OBHC190</b></p>	<p><b>OVERVIEW AND SCRUTINY WORK PROGRAMME 2010/11</b></p>	

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	<p>The Board received a report that sought suggestions for Overview and Scrutiny topics for 2010/11.</p> <p>Following discussion there was a general consensus that it would be useful if the following areas topics were considered:</p> <ul style="list-style-type: none"> <li>• Poly Systems - lessons arising from pilots</li> <li>• Total Place - lessons arising from pilots</li> <li>• How the stigma attached to mental health and learning disabilities were being addressed</li> <li>• Access to services for Refugees and Asylum Seekers</li> </ul> <p><b>RESOLVED:</b></p> <p>i. That the report be noted.</p> <p>ii. That the topics suggested above be formally proposed to the Overview and Scrutiny Committee for consideration during 2010/11.</p>	<p>Melanie Ponomarenko</p>
<p><b>OBHC191</b></p>	<p><b>THIRD QUARTER PERFORMANCE REPORT</b></p> <p>The Board considered a report that set out performance during Quarter Three against Local Area Agreement (LAA) targets within its responsibility.</p> <p>The Chair noted that although NI 112, which related to the reduction in under eighteen conception rates, had not been met a significant improvement had been made in this area.</p> <p>In addition to the information provided a document was circulated that provided more detailed information with respect to Safeguarding and DOLS. Further data sets were also being developed to illustrate the work that was being carried out in these areas and this would be submitted at future meetings.</p> <p><b>RESOLVED:</b></p> <p>That the report be noted.</p>	
<p><b>OBHC192</b></p>	<p><b>EXPERIENCE STILL COUNTS 2009 -12</b></p> <p>The Board received a report that provided an interim update on the Delivery Plan for the Experience Still Counts strategy and the progress being made with respect to developing a Priorities Options Paper.</p> <p>It was noted that the Older People’s Partnership Board had now established a sub-group, which would monitor the delivery of the strategy, and that this was due to meet in March. A report would then be submitted to the Older People’s Partnership Board for consideration in April.</p> <p><b>RESOLVED:</b></p>	



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	<p>i. That the approach to monitoring the Delivery Plan and developing the Options Appraisal, as set out in the report, be endorsed.</p> <p>ii. That the full Option Paper should be submitted to the WBSPB in July.</p>	Barbara Nicholls
<b>OBHC193</b>	<p><b>WELL BEING STRATEGIC PARTNERSHIP BOARD RISK REGISTER AS AT 31 DECEMBER 2009</b></p> <p>The Board received a report that set out the level of risk associated with the operation of the Board and the risk attached to achieving LAA targets as calculated at the end of December 2009.</p> <p>It was noted that the Board had originally been required to formally review its Risk Register on an annual basis. However, given the current economic climate, as of April 2010 it would be required to review it on a quarterly basis.</p> <p>The Chair welcomed more frequent monitoring and noted that the element of financial risk would need to be carefully monitored during the next financial year.</p> <p><b>RESOLVED:</b></p> <p>That the refreshed Risk Register be approved.</p>	Margaret Allen
<b>OBHC194</b>	<p><b>DRAFT HARINGEY MULTI AGENCY SAFEGUARDING ADULTS PREVENTION STRATEGY 2009/11</b></p> <p>The Board received a verbal update on the Safeguarding Adults Prevention Strategy 2009/11.</p> <p>The Chair noted that the relationship between the Board and the Safeguarding Adults Board (SAB) may need to be clarified further to ensure that roles of each body were clear. It was noted that Chief Superintendent Dave Grant had indicated that he would be raising this issue at the next HSP Performance Management Group meeting.</p> <p><b>RESOLVED:</b></p> <p>That the verbal update be noted.</p>	
<b>OBHC195</b>	<p><b>UPDATES FROM THEME BOARD MEMBERS</b></p> <p>No verbal updates were provided.</p>	
<b>OBHC196</b>	<p><b>NEW ITEMS OF URGENT BUSINESS</b></p> <p>No new items of Urgent Business were admitted.</p>	
<b>OBHC197</b>	<p><b>ANY OTHER BUSINESS</b></p> <p>No items of AOB were raised.</p>	

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<b>OBHC198</b>	<b>DATES OF FUTURE MEETINGS</b>  The draft date of future meetings, set out below, were noted: <ul style="list-style-type: none"><li>• 15 July 2010, 7pm, Council Chamber, Civic Centre</li><li>• 7 October 2010, 7pm, Council Chamber, Civic Centre</li><li>• 13 December 2010, 7pm, Council Chamber, Civic Centre</li><li>• 31 March 2011, 7pm, Council Chamber, Civic Centre</li></ul> <i>The Board was advised that these dates may be subject to change until they had been confirmed by Council on 22 March. Members of the Board would be advised of the confirmed dates as soon as became available.</i>	All to note
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The meeting closed at 9.20pm.

RICHARD SUMRAY

Chair