MINUTES OF THE HARINGEY WELL-BEING PARTNERSHIP BOARD (HSP)
TUESDAY, 11 JANUARY 2011

Present: Councillor Dilek Dogus, (Chair), Margaret Allen, Councillor John Bevan, Jeanelle De Gruchy, Margaret Fowler, Maria Kane, Cathy Herman, Richard Milner, John Morris, Mun Thong Phung, Lisa Redfern, Bronagh Scott, Naeem Sheikh, Richard Sumray, Stephen Wish, Ian Wilson.

In Attendance: Xanthe Barker, Dr Peter Christian, Helen Constantine, Kevin Crompton, Olivia Darby, Mr Mayur Gor, Katie Johnson, Councillor Claire Kober, Sima Khiroya, Peter Lewis, Barbara Nicholls, Melanie Ponomarenko, Dr Helen Pelendrides, Helena Pugh, Councillor Lorna Reith, Dr John Rohan.

MINUTE NO.	SUBJECT/DECISION	ACTON BY
OBHC23	**APOLOGIES** Apologies for absence were received from the following: Chris Barclay Stephen Deitch Michael Fox - Maria Kane substituted Paul Head Rob Larkman - Bronagh Scott substituted Marion Morris Councillor Ann Waters	
OBHC23	**MINUTES** Deferred until the next meeting.	Xanthe Barker
OBHC23	**URGENT BUSINESS** No items of Urgent Business were raised.	
OBHC23	**DECLARATIONS OF INTEREST** No declarations of interest were made.	
OBHC23	**RESPONDING TO THE NHS AND PUBLIC HEALTH WHITE PAPERS / FUTURE CHALLENGES AND IMPACT FOLLOWING COMPREHENSIVE SPENDING REVIEW ANNOUNCEMENT** *(Items 5 and 6 were discussed together).* The Chair welcomed those present to the meeting and noted that the session was being used as an opportunity to discuss proposals with respect to the NHS and Public Health White Papers and the financial challenges facing Public Sector organisations following the Comprehensive Spending Review (CSR). At the previous meeting there had been agreement that it would be useful to have a discussion around the establishment of the new statutory Health and Well Being Board (HWBB), which Local Authorities	

were obliged to have in place by April 2012, with local GPs and other colleagues from the Local Authority and NHS Haringey.

Prior to discussion the Chief Executives of the Local Authority and NHS Haringey gave an overview of the financial position and challenges that each organisation faced.

Local Authority

The Comprehensive Spending Review (CSR) set out in October had given an overview of the level of funding that would be received by Public Sector organisations during the next three financial years. The CSR had reflected the Government's commitment to reducing Public Sector spending. This was followed in late December by notification of the Formula Grant Settlement (FGS).

A complex calculation was used to determine the level of FGS received by Local Authorities. In previous years this had been supplemented by a arrange of grants, which recognised deprivation and other specific needs of certain Boroughs; however, these had now been rolled into the FGS and as a result Haringey had, in effect, seen in additional reduction to its funding.

The savings required had been 'front loaded', which meant that approximately £46m of savings had to be identified for 2011/12. In addition a further £20m for 2012/13 and £12m for 2012/14 would also have to be identified.

This presented a challenging budgetary process, which officers and Members were engaged in at present. Wherever possible front line services were being protected; however, the scale of the savings required meant that a wholesale review of the services offered by the Council and the staffing arrangements within each Directorate was required. It was anticipated that one thousand jobs would be lost by the end of this financial year.

The Leader of the Council added that the case had been made to the Minister that Haringey was not in a position to reduce the budget around Children's Services at present. It had been contended that the service was not in a robust enough position as yet to withstand a significant reduction in funding. However, there had been no response from the Minister as yet to indicate whether this argument had been accepted.

NHS Haringey

The Government was embarking on a reorganisation of the NHS and this included the abolition of Primary Care Trusts (PCTs) and a shift in responsibility for commissioning from PCTs to GPs. This change would come into effect as of April 2012.

In order to assist GPs to prepare for this new role the PCTs were working with them in the interim period. The Government had set a

	target of reducing management costs by 50% during the next financial year and in order to achieve this NHS Haringey would merge with four other north London PCTs for the remainder of the transitional period. A limited would be maintained in each Borough. At present the agreed figure for NHS Haringey's overspend was £28m; however, it was anticipated that this may rise to as much as £31m by the end of the current financial year. The savings proposed by NHS Haringey had been subject to review by its own Board and Overview and Scrutiny (O&S). Approximately £46m of savings had to be made for 2011/12 and in addition to the measures outlined above there would also be a reduction in community based services. This was likely to have the biggest impact on some of the most vulnerable members of society; although it was recognised that this was unpalatable, the level of savings required necessitated difficult decisions to be made. The Chair of NHS Haringey added that services provided by the acute sector had been the cause of significant overspending to its budget. NHS Haringey had no control over spending on acute services and consequently it was also unable to identify savings in this area. A presentation was then given on the NHS and Public Health White Papers. Central to these were the shift in responsibility for Public Health from the NHS to Local Authorities and the establishment of HWBBs. The presentation is attached in full at Appendix 1. Four groups were formed and a series of questions were considered. The questions and a summary of each groups discussion is set out in Appendix 2. The Chair thanked everyone for their attendance and noted that the remaining agenda items had been included for information. She proposed that these should be noted and asked anyone with any specific queries to contact the relevant report author.	All to note
OBHC240	**QUARTERLY UPDATE ON SAFEGUARDING ADULTS** Noted.	
OBHC241	**EXPERIENCE STILL COUNTS UPDATE** Noted.	
OBHC242	**NHS HARINGEY: APPROACH TO PERFORMANCE MANAGEMENT** Noted.	
OBHC243	**PERFORMANCE REPORT** Noted.	

OBHC244	**UPDATES FROM PARTNERSHIP SUB GROUPS** Noted.	
OBHC245	**NEW ITEMS OF URGENT BUSINESS** There were no new items of Urgent Business.	
OBHC246	**ANY OTHER BUSINESS** There were no items of AOB raised.	
OBHC247	**DATES OF FUTURE MEETINGS** The Board was reminded that the next meeting was scheduled for 7 April, at 6pm and would be held at the Civic Centre, High Road, Wood Green, N22 8LE.	

The meeting closed at 8.50pm.

COUNCILLOR DILEK DOGUS

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Chair

APPENDIX 2

Item 5: Responding to the NHS and Public Health White Papers: Key outcomes of Discussion

Question 1:

a) Do you agree with the proposed vision for health and well being?

'Every child, young person and adult in Haringey will have an equal chance of having a healthy, safe and fulfilling life'

Could it be worded differently? If so how?

b) Do you agree with the proposed outcomes?

Discussion Question 1 a):

Group 1:
- 'Equal chance' suggests a lottery; suggestion of using 'equal opportunity' instead.
- Reducing health inequalities should be included in the vision. The group discussed whether 'end inequalities' or 'reduce inequalities' should be used instead. There were pros and cons to both being aspirational and realistic, which may be particularly important in light of the financial cuts. It was important that the wording did not imply that the health services in affluent areas would be reduced in order to 'close' gap.

Group 2:
- It was queried whether the vision match was realistic given the scale of the changes ahead.
- Change 'will' to 'attempt to'. It was recognised that inequalities were likely to increase over the next five years and sustaining the commitment to reducing these should be a clear priority.
- Need to prioritise services in the current financial environment for those which are worse off and not to 'every' person. This word will need replacing. Some clients, by birth, would only require basic health services. This would need to be taken account of in any commissioning strategies.
- Change 'equal' to 'improved chance'.
- Word 'inequalities' to go into the vision to highlight this as an area of focus.

Group 3:
- There was a general consensus that the vision as set out above was acceptable.

Group 4:
- The vision should emphasise the need to work together in partnership, not just with agencies, but with individuals and their families too.
- Replace 'Every child, young person and adult …' with 'Everyone'.
- Use 'equal opportunity' not 'equal chance'.
- Use 'reduce inequalities'
- Incorporate 'improved' and 'inequalities' as this was more realistic.
- If the vision needs to be longer, a strap line could also be used.
- 'Equal' does not necessarily mean aspirational, for example it could mean equally poor.
- The vision should reflect where we want to be in two to three years time: people with improved health and well being

- ‘All partners working together to ensure all residents are healthy’
- It should reflect the Borough’s diversity, as set out in the PCT Annual Report: ‘Thriving in diversity’ (circa 2001).
- ‘Equity’ rather than ‘equality’ could be used.

Discussion Question 1 b):

Group 1:

- The group discussed the importance of having accurate information (for example in JSNA) on which to make commissioning decisions. It would be important to understand needs at a local level as needs differ significantly across the Borough.
- The need to focus resources in the east of the Borough was discussed.
- There was a need for a long term health and well being strategy.
- The health and well being strategy should be particularly focused on prevention.
- The strategy and all commissioning intentions should be strongly evidence based.
- The group discussed the need to take a holistic overview of what interventions are currently commissioned and to decide what was working, what was not and what was cost effective.
- The Board should be innovative take and flexible approach and include the following principles within its terms of reference:

  1. Long term strategy
  2. Focus on prevention
  3. Cost effective, evidence based interventions
  4. Innovative and flexible approach

Group 3:

- Strategies for both the long term and short term should be identified. This would be particularly important in managing a potentially difficult period of change. Reference to this could be added to the HWBB terms of reference.
- Clarity of roles would also be required in order to achieve outcomes. There would need to be a review the terms of reference of each HSP Theme Board, the Safeguarding Adults Board (SAB) and Local Safeguarding Children’s Board (LSCB) to prevent duplication.

Group 4:

- It was queries whether another outcome mentioning partnerships and working together was required.
- There was a risk of having partnerships as a separate outcome. This could be reflected either in an amended vision statement, or by bracketing the outcomes together to underline the absolute necessity of a partnership approach.
- The outcomes felt familiar and had been used many times. It was questioned whether safeguarding be referred to again.
- Should the outcomes be more ambitious and aspirational?
- Outcomes could be more focused.
- As well as considering the longer term, a set of shorter term outcomes should be adopted in order to reflect the transitional period and the need to manage the impact of consequential changes.
- The outcomes need a preamble setting the context and explaining that the first year, under the shadow HWBB, would be looking at damage limitation.
- Additional proposed outcomes could include value for money and early intervention.

Question:2

a) **Do you agree with the creation of a shadow HWBB which will include adults' and children's services and safeguarding from April 2011?**
b) **The proposed membership of Shadow HWBB?**
c) **The three priority areas of focus?**

Discussion Question 2 a):

Group 1:
- The group unanimously supported the creation of a shadow HWBB.

Group 2:
- Agreed. Building on this and creating a meaningful work programme would be essential.
- Need to define well being and what was meant by this. Need to have a footnote on every document for the shadow Board reinforcing this definition.
- Representatives – the Board should be 'lean and mean' so it would be capable of making decisions and deals.
- It should be sharp and focused.
- It was suggested that the addition of the Director of Nursing would be useful in order to learn from the Northern Ireland experience. .

Group 3:
- The group unanimously supported the creation of a shadow HWBB.

Group 4:
- The group unanimously supported the creation of a shadow HWBB.
- The Board may need to meet monthly for the first year, rather than every four months, as proposed.
- The shadow HWBB would need to focus on priorities for 2012/13 in order to address them effectively.
- There would need to be a focus on the establishment of the Public Health function in the Local Authority and the relationship between this and the shadow HWBB.
- Initial meetings should focus on ensuring that the Joint Strategic Needs Assessment (JNSA) was in place and providing clarity around roles.

Question 2 b):

Group 1:
- Members of the group raised the issue of under representation of the Voluntary Community Sector (VCS) and residents on the Board.
- The group discussed whether there would be conflict of interest as the VCS was a provider and the new Board would have commissioning functions.
- The group discussed the best way of getting more resident/patient representation. Ideas suggested included having a sub Committee for residents (could be representatives from the different groups that exist for example patient panels) and include a representative from the sub Committee on the Board.
- It was important to hear residents voices; however this would need to be balanced against the strategic role the Board.
- The group discussed the possibility of having a child protection lead on the Board. After further discussion, the group agreed that this would not be necessary as the Board would provide strategic direction rather than be a safeguarding working Board. The relationship

between the Safeguarding Adults Board, Children's Safeguarding Board and the HWBB including reporting arrangements.
- The Board should focus on commissioning arrangements, transfer of Public Health and develop a health and well being strategy.
- Safeguarding should not dominate the function of the Board.
- A 'crisis' team to oversee the transition arrangements and answer people's queries regarding the changes may be useful.

Group 3:
- There was agreement that that the HWBB terms of reference would need to set out clearly how it would relate the HSP and other bodies with respect to its membership.
- Consideration should be given to the role of the VCS and whether the proposed VCS representation should be broadened. It was contended that Health Watch would not adequately represent the VCS.
- In order for the HWBB to be effective a 'tight' membership comprised of people with decision making and budgetary responsibility within their organisations would be essential.
- Drafting a definition of the term 'commissioning' would be useful in ensuring that the correct people were included within the Boards membership.
- There was agreement that a governance handbook, or document setting out operational arrangements, including access to agendas and minutes and the access to information rules, would be useful. This should operate in the same way as the Council's other bodies in order to provide consistency.
- It was noted that the NHS Commissioning Board was not in place at present and therefore additional GP representation may be required in the interim.
- As GPs took over responsibility for commissioning their capacity to attend meetings would be diminished and this pressure should be taken into account.

Group 4:
- Is there sufficient representation of GPs/NHS bodies?
- Insufficient VCS representation within the current draft.
- Noted that the HWBB was intended to be a commissioning body and therefore VCS representatives may have a conflict of interest. The same would apply to other providers. If the situation arose, the representative would need to leave the meeting while the discussion took place.
- The VCS had a significant contribution to making the work of the Board effective at a local level on the frontline within communities, in a relationship, which was different to that of GP/patient, social care/service user.
- The sector reached 125,000 Haringey residents and was therefore a key stakeholder. How would other partners reach those communities without the VCS?
- A specific VCS a place on the Board was considered essential (not necessarily from HAVCO)
- There was a balance to be struck in terms of achieving the right membership and the size of the group.
- More than one patient representative should be included and consideration would also need to be given as to how they would be elected (possibly via Patient Forums).
- Clarification was need with respect to GPs role with in child protection and safeguarding.
- Where does safeguarding fit in? Or where does it move to? (children's safeguarding was mentioned several times, but no mention of adults)
- Possible representation from the Assistant Director Safeguarding to provide the link across.

<u>Question 3:</u>

What, if any, other areas of immediate focus should the shadow Health and Wellbeing Board have in addition to those set out below?

- Establishing health and social care commissioning arrangements
- The transfer of the public health unit to Haringey Council
- Developing a Health and Well Being Strategy

<u>Discussion Question 3:</u>

Group1 *(not discussed)*

Group 2:
- Prevention of health problems must be a priority.
- Schools must be involved in the prevention agenda.
- Add an additional outcome: prevention of health problems/inequalities.
- Would dental/optometric commissioning come under the new GP consortiums or will a regional commissioning body oversee these processes? Further guidance is still awaited.
- When responsibilities were allocated money ought to be attached and where appropriate spending must be tracked.
- There must be a shared understanding of the needs would be crucial and setting priorities based on need could then be established.
- The shadow Board may need to meet every month at initial stages to establish a robust framework and to drive/shape the agenda. Once the framework is fully robust meetings should be held on a quarterly basis.
- Current JSNA does not take GP's needs into account and the Director of Public Health should involve GP's in this process.
- The JSNA process was followed however, there was a perception that the Acute Trusts received the majority of money, which meant GP needs could not be delivered.

Group 3:
- There was agreement that the areas set out above should be the key areas of focus with the addition of forming a short term and long term strategies for the Board.

Group 4:
- In terms of health and social care commissioning arrangements early work was required to influence patient flows (for example working with local community and faith groups to influence hard to reach groups).
- Haringey's achievements included a downward trend in the number of unregistered patients.
- The JSNA would be the backbone for how we establish need and there were already some good examples of joint commissioning.
- Need to ensure the JSNA is up to date.
- Finance/pooled budgets and willingness of partner organisations to do things differently was needed.
- Commissioning arrangements for 2012/13 need to be considered very soon.
- Need to have a clear and shared definition of 'commissioning' for the shadow HWWB, and a joint commissioning plan.
- The transfer of the Public Health unit to Haringey Council – there was agreement that this should be rethought. The transfer would have happened by April 2011, so the emphasis needs to on about integration/embedding/impact.
- Need to maintain the momentum of Public Health work and achievements, for example their contribution to establishing the GP collaboratives.

- In terms of developing a health and well being strategy little had been done to make an impact on health inequalities so far. This was a huge challenge with reduced resources and redistribution of remaining resources and should be strengthened and prioritised.
- We must determine how things get done differently, for example redesign, move people away from expensive hospital treatment. However, the benefits would not be immediate but, longer term.
- There was a history of having a gap between strategic thinking and frontline delivery – the new health and well being strategy should ensure that these were more ‘joined up’, learning from innovative practice from frontline practitioners to establish new ways of working.
- A more immediate and short term benefit would be to get the VCS more involved in the provision of health and social care.
- The VCS strategy was currently out for consultation and provided a good model for establishing a robust working relationship with the VCS. This should be considered in the drafting of the shadow HWB strategy.
- The strategy needs to provide a strong foundation incorporating other strategies and building on current work.
- The partnership of the ten Board members must be very clear about their priorities and key actions, with a much smaller focus than at present.
- A transition strategy would be helpful, incorporating a speedy assessment of what is important.
- The shadow HWBB needs to combine innovative solutions with existing ideas.
- Strategy should include prevention of ill health.

<u>Question 4:</u>
What are the implications of the creation of the Health and Wellbeing Board for the other Theme Boards under the HSP?

Group 1 *(not discussed)*

Group 2:
- The shadow Board must be established immediately and got off the ground.
- The whole partnership structure is based on old models and needs to be revamped.
- Relationships with other Boards will need to be defined by the shadow Board.
- There should be communication with the HSP Theme Boards around the new commissioning arrangements to ensure there was clarity around where responsibility for this lay.
- Conflicts should be managed based on evidence rather that power of any one group.
- Decision making by the Board should be clear with voting arrangements set out within the terms of reference.
- The key priority at present was to get the shadow Board together as quickly as possible and to obtain clarity on funding arrangements. Everything else will fall into place later.
- This should all be locally driven with joint control.

Group 3
- There was agreement that the terms of reference of HSP Theme Boards would need to be looked at to identify any areas of duplication. This would enable discussion around the potential merger/collapse of existing Boards.
- It was noted that the HSP would be reviewing its own structure in the light of funding reductions and that the establishment of the HWBB would clearly be reflected in this. It would be useful for officers from ACCS to liaise with the HSP Manager with respect to this.

Group 4:

- We need to ensure sound relationships between partnership organisations and establish a healthy balance between commissioners and providers.
- Consider finances in the context of the resources going to the acute sector.
- Clarity was needed around roles within the HWBB and across other Theme Boards.
- Development of a forward plan would be essential.
- Before this could be looked at in detail a review of the HSP structure would need to be undertaken by the HSP itself.

Item 6: Future Challenges and Impact Following Comprehensive Spending Review Announcement

Question 5:
Having read the report, what do you consider to be the most urgent 'whole-systems' / partnership issues that we urgently need to address?

Question 5 Discussion:

Group 1:
- A member of the group requested that the partnership focus on developing the care pathway by creating a sub Committee of the Board.
- The group recognised the importance of having joint commissioning arrangements that were fully integrated to avoid duplication of work. This would require stakeholders to acquire an understanding of other areas of work.

Group 2:
- Acute trusts should be commissioned by GPs rather than self commissioning.
- GP inequalities – need to drive GP standards up.
- Need to consider expanding GP practices to offer prevention services.
- Get acute services to allocate some money for prevention services.

Group 3 *(not discussed)*

Group 4:
- Alcohol was considered to be a key area where increased partnership working could potentially make an impact particularly in terms of licensing arrangements.
- A better 'joined up' approach would save money, reduce the impact on acute services and prevent long term alcohol conditions from developing.
- Similarly cross cutting work on vaccinations should be considered.

<u>Question 6:</u>
Discuss your ideas and potential management / partnership solutions and approaches for addressing these budgetary challenges.

<u>Discussion Question 6:</u>

Group 1 *(not discussed)*

Group 2:

- Introducing penalties may deter over spending; however in current climate all services may end up incurring charges.
- Paying for under performance and achievement should cease.

Group 3 *(not discussed)*

Group 4:

- Despite the bleak financial outlook, we may find that we can do some things better.
- The partnership needs to have a very realistic view of each other's strengths and weaknesses to enable the relationship to be strong and effective.

<u>Question 7:</u>
Do you have any other thoughts, for example, the formulation of a 'whole-systems' / partnership management action plan listing priorities for further work and action?

<u>Discussion Question 7</u>

Group 1 *(not discussed)*

Group 2:

- Proper governance arrangements for Board would be required including a forward plan and performance management arrangements for the Board.
- A dedicated finance manager at initial stages to ensure all of the 'pots' of money are appropriately and accurately pooled.

Group 3:

- There was agreement that identifying unintended consequential changes was important particularly when rapid changes were being implemented.
- The JSNA would be essential to this and it was agreed the focus should be getting this in place as quickly as possible.
- It was recognised that sharing information was essential; however, this should already be happening and existing mechanisms to facilitate this should be utilised.

Group 4 *(not discussed)*