

**MINUTES OF THE HEALTH AND WELLBEING BOARD
TUESDAY, 21 MAY 2013**

Members Fitzroy Andrew (Chief Executive, HAVCO), Libby Blake (Director of CYPS, LBOH), Dr Jeanelle de Gruchy (Director of Public Health, LBOH). Sharon Grant (Chair, Healthwatch Haringey), Cathy Herman (Lay Member, Haringey CCG), Mun Thong Phung (Director of Adults and Housing, LBOH), Sarah Price (Chief Office, Haringey CCG), Dr Sherry Tang (GP Board Member, Haringey CCG), Cllr Bernice Vanier (Chair - Cabinet Member for Health and Adult Services, LBOH) and Cllr Ann Waters (Cabinet Member for Children, LBOH)

Apologies Dr Helen Pelendrides

MINUTE NO.	SUBJECT/DECISION	ACTION BY
HWB10.	APOLOGIES Apologies for absence were received from Dr Helen Pelendrides, and apologies for lateness from Libby Blake.	
HWB11.	URGENT BUSINESS There were no new items of urgent business.	
HWB12.	DECLARATIONS OF INTEREST There were no declarations of interest. Sharon Grant, Interim Chair of Healthwatch, stated for the record that, having only recently been formally appointed, she had requested the appropriate proforma for declarations of interest and would complete and submit this as soon as possible. She confirmed that she had no interests to declare in respect of the items on the agenda for this meeting.	
HWB13.	QUESTIONS, DEPUTATIONS, PETITIONS There were no such items.	
HWB14.	MINUTES AND COUNCIL REPORT FOR NOTING RESOLVED That the minutes of the meeting held on 9 April be approved and signed by the Chair. Further to the action listed in the minutes, it had been confirmed that the Chair of Healthwatch would be a voting member, with the Director of Healthwatch acting as deputy.	
HWB15.	DIRECTOR OF PUBLIC HEALTH ANNUAL PUBLIC HEALTH	

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REPORT

Jeanelle de Gruchy presented the Annual Public Health report, and outlined the content of the report, including the key factors affecting alcohol consumption, the health and social harms associated with alcohol abuse and the steps being taken within the borough to address these issues. It was noted that this year's report focused on alcohol, which related specifically to Outcome 2 of the Health and Wellbeing Strategy – a reduced gap in life expectancy. The following points were covered as part of the discussion on the report:

- With regards to the map indicating violence hotspots and licensed premises in Haringey, the Board asked whether the report identified alcohol-related violence as an issue affecting more deprived areas particularly. It was noted that although alcohol-related harm was an issue across the borough, the impact was greatest in more deprived areas.
- It was noted that the prominence of violence hotspots in more deprived areas was exacerbated by a number of factors in addition to alcohol use, and that the way in which such statistics were presented needed to be considered carefully.
- As part of the ongoing work around licensed premises, it was noted that businesses such as hairdressers had licences to sell alcohol, demonstrating how readily available alcohol was in many settings.
- In response to a question regarding how the report had been promoted, it was reported that it had been presented at the Area Forums, and had been supplied to HAVCO, schools and GP practices – Board Members were invited to make additional suggestions of how else to promote the report.
- The Board discussed its own role, and it was felt that this should involve raising awareness, linking in with other organisations around this issue and providing leadership. Monitoring of the HWB Strategy delivery plan was key, to ensure that actions were being implemented, and also to assess the impact of the delivery plan.
- Close liaison with the Community Safety Partnership was important in order to address this issue, and joined-up working, especially information sharing, was to be encouraged wherever possible.
- It was suggested that there should be more work to engage specific groups in a more targeted way, for example young people, those living with diabetes, etc.
- In monitoring the implementation of the delivery plan, part of the Board's role should be to identify where there were any barriers preventing full implementation (for example lack of data) and to look at how these barriers could be overcome.
- It was reported that there were incentives for GPs to gather data on alcohol consumption, and that alcohol was one of the risk factors that GPs routinely asked patients about. All new patients were screened with regards to alcohol when registering at GP practices, as well as within chronic disease management. Data on alcohol consumption was also linked to the QOF.

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	<ul style="list-style-type: none"> • It was reported that hospitals were being encouraged to gather information on alcohol consumption, and to use this information more proactively. • Analysis undertaken between the local authority and CCG around alcohol-related hospital admissions was being prepared for circulation to GP surgeries; it was anticipated that this information would be welcomed by GPs and would help to recognise those most likely to be at risk. • A question was asked as to whether, having identified that a patient was at risk from alcohol-related harm, there was sufficient capacity in the system to address this in a constructive way. It was agreed that this was an issue that should be looked into. Jeanelle de Gruchy advised that there would be a report back to the Board in around 3 months on service provision in this area, incorporating user feedback. • It was suggested that GPs write to all their registered patients with information around alcohol-related harm, as GPs tended to be a source of information that people trusted; it was felt that there may be some barriers to sending out a blanket-style letter, including potential costs and the risk of diluting the message, however it was agreed that the local authority would work with the CCG to look at what was being done elsewhere, and identify areas where primary care services could do more around this issue. 	<p>Dir PH</p> <p>Dir PH</p>
<p>HWB16.</p>	<p>HWB STRUCTURE</p> <p>Jeanelle de Gruchy presented the report, an updated version of which was tabled at the meeting, and advised that an Executive Group had been established, comprising the Director of Public Health, Director of Children’s Services, Director of Adult and Housing Services and the Chief Officer, CCG. It was proposed that the JSNA steering group, a delivery group for each of the Strategy outcomes and task and finish groups as required should sit beneath the Executive; these would report into the Executive and reports would be brought to the Board on an exception basis. The report also set out the meeting and reporting cycle for the Board, as well as the events / seminars of which there would be one for each outcome; a joint event on alcohol was planned for November with the Community Safety Partnership. The following points were covered in discussion of the report:</p> <ul style="list-style-type: none"> • It was essential to focus on the Strategy outcomes and monitor delivery effectively; the solution proposed in the report used existing reporting mechanisms and was felt to represent the most ‘light-touch’ approach possible. • It was felt that the only way to test the proposal was to try it out, and review matters after a period of time, to see whether it was working. • The Board requested that one of the functions of the Executive should be to ensure that all sub-bodies had a responsible lead officer nominated. • With regard to meetings of the Board, it was suggested that the 	

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proposed dates for seminars could additionally be used for formal Board meetings, in the event of any urgent matter arising that required a formal meeting. It was agreed that retaining an element of flexibility would be useful.

- The Board asked for further information regarding the role of the Executive, and how the Board would be kept informed of its activities. It was reported that the purpose of the Executive would be to ensure the delivery of the Strategy, and that it would report into the Board. The Executive would meet in the build up to each Board meeting, and after each Board meeting to take away any actions arising, and would be accountable to the Board. It was confirmed that the Executive would be an operational body, and it was agreed that it should be re-titled 'HWB Chief Officers Group' in order to make its role clearer.

RESOLVED

That the Board approve the arrangements as set out in the report.

HWB17. DISABLED CHILDREN'S CHARTER FOR HEALTH AND WELLBEING BOARDS

Libby Blake presented the report on the Disabled Children's Charter for Health and Wellbeing Boards. The report set out the analysis of the potential risks and benefits for the Board associated with the opportunity to sign up to this Charter. Appendix 2 of the report set out the relevant work the Council was currently doing. The report concluded that it would be beneficial for the Health and Wellbeing Board to sign up to the Charter, and recommended that the Board agree to do so.

- Cllr Waters confirmed that the service had looked carefully at this issue to ensure that the Board would be signing up to something that it could deliver on, and had concluded that this was the case.
- It was agreed that the suggestion in the report around listening to disabled children should be flagged up as a specific action to be monitored, to ensure that this point was delivered.
- In response to a question around whether this issue had been risk-assessed, it was confirmed that this was the purpose of commissioning the report into the potential risks and benefits of signing up to the Charter. The report had concluded that the benefits of signing up outweighed the risks. It was felt that the commitments set out in the Charter were those which the Council would be seeking to make in any event and that the requirements of the Charter were a good match with the service's existing work programme. In commissioning the report into this matter, there had been particular focus on testing the risks around resourcing, and the Board was assured that the relevant risk assessments had been undertaken in respect of this piece of work.

RESOLVED

- i) That the Board sign the Disabled Children's Charter for Health and Wellbeing Boards.

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- ii) That the Board agree that the Lead Commissioners carry out the further work as identified in Appendix 2.

HWB18. MENTAL HEALTH IN HARINGEY

Tamara Djuretic, Assistant Director Public Health, gave a presentation on the data from the JSNA around mental health in the borough, the harms associated with mental health disorders, and the recommendation of the New Economics Foundation to adopt a population-wide approach to mental health, with a shift in emphasis away from the severe end of the spectrum of mental health issues to preventative measures and addressing moderate mental health. The report set out influencing factors, different mental health conditions and wider consequences for children and young people, working-age adults and older adults, and also set out statistics for specific conditions and how figures differed in different parts of the borough. The Board discussed the content of the presentation:

- The BEH Mental Health Trust benchmarking data for 2011/12 had indicated a low number of beds for the borough and the Board asked for a definition of 'low'. Tamara Djuretic advised that a definition had not been provided, but that she would check this.
- In response to a request for a breakdown of figures by ethnicity / religion, it was reported that the data from GPs did not give this level of detail, although the figures could be cross-checked against the profile of the GP populations to give an indication. The Mental Health Trust had not provided data on ethnicity along with their statistics, however the Trust would hold this information and the local authority would check back with them on this.
- Further work was needed in terms of engagement with community groups. It was reported that work currently being undertaken with the Muslim community indicated that there was a significant population that was not currently appearing in official statistics, and it was suggested that the Mental Health Trust should try to link in with such projects.
- It was confirmed that specific work was being undertaken around mental health in the refugee population.
- There was an opportunity for joined-up working around mental health and housing issues, in particular temporary emergency accommodation. It was suggested that this could be incorporated into the temporary accommodation licensing scheme that was being rolled out. Other such opportunities for joined-up working in relation to mental health should be identified.
- The Board agreed that there it was crucially important to challenge the stigma associated with mental health, and other social factors relating to mental health.
- Budgets for public mental health had increased, and there was a need to commission for change, by focussing on preventing mental health problems. There was a need to look at existing community resources and how to strengthen existing networks.

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	<ul style="list-style-type: none"> • Jeanelle de Gruchy reported that the Council was looking at signing up to the 'Time to Change' campaign as part of its wider work on tackling the stigma around mental health issues. A paper on this would be brought to the Board in due course. • The Board agreed that there should be more focus on positive health assets, as opposed to just looking at the negative factors. 	
<p>HWB19.</p>	<p>CCG INTENTIONS - ENGAGEMENT PROCESS</p> <p>Sarah Price presented the report on the work the CCG was doing over the summer around public engagement in commissioning intentions, and asked the Board to consider how it wanted to be involved in this. The first public meetings would be taking place in June, and had been organised with HAVCO; the CCG hoped to be able to connect with groups that the NHS had previously not been able to reach. Work was also taking place with GP practices, and as much feedback as possible would be gathered.</p> <ul style="list-style-type: none"> • It was suggested that a specific event should be organised for young people, possibly via the College of North East London. Engaging with young disabled people should also form a part of this. It was suggested that the young commissioners should be involved in the organisation of any engagement exercise aimed at reaching young people. • Discussion was ongoing in respect of the respective roles of Healthwatch Haringey and Haringey Network, in order to clarify roles and responsibilities and avoid confusion. It was agreed that there was need for further discussion around this. It was noted by way of context that Healthwatch was still in the process of starting-up, and was currently appointing staff. • It was noted that the dates and times of sessions had changed subsequent to the production of the report. Havco and the CCG were seeking a venue that was accessible for residents on both sides of the borough, and asked for any suggestions. Heartlands School was proposed as a possible venue, and Fitzroy Andrew agreed to feed this back. 	
<p>HWB20.</p>	<p>ADULTS SAFEGUARDING ROUND-UP: PRACTICE AND KEY LOCAL AND NATIONAL PRIORITIES</p> <p>Helen Constantine presented the report on adults safeguarding, an information item to give a snapshot of recent work, forthcoming legislative changes and the national position. It was likely that a new suite of safeguarding indicators would be introduced, including one around outcomes, and there was a need to look at how outcomes were measured and reported. Among the issues covered, it was reported that Haringey was the only London borough to have a Joint Establishment Concerns policy and procedure in place – this had been developed with the CCG as a means to manage the investigation of care providers, and would be formally launched in June. The London Safeguarding Adults Network was very interested in the Joint Establishment Concerns policy and procedure, and was looking to adopt this on a pan-London basis.</p>	

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	<ul style="list-style-type: none"> • It was noted that safeguarding was accountable to the Health and Wellbeing Board, and the annual report would be presented to the Board. • In response to a question regarding equal opportunities, and what work had been done to ensure that all communities were being reached within the Council's safeguarding work, it was reported that the service was currently drafting an equalities impact assessment as part of the prevention strategy, which would be circulated for comment shortly as part of the consultation on this document. The importance of keeping equalities issues in mind routinely as part of this work was emphasised. • The Board noted with surprise the prevalence of instances of financial abuse, and it was report that this was a common issue nationally. There were concerns that this situation may become worse in the current economic climate. <p>NOTED</p>	
HWB21.	<p>PERFORMANCE - HIGHLIGHT REPORT</p> <p>Jeanelle de Gruchy presented the performance summary report, which included an exception report around teenage conceptions. It was noted that the rate continued to decrease compared with the figures for 2010, and work in this area would carry on. The key activities aimed at addressing the teenage conception rate were outlined in the report.</p> <p>With regards to early access to maternity services, it was reported that the CCG had agreed that data around this would be supplied monthly from all Trusts within the North Central London cluster. An event around this topic was also being arranged with clinicians.</p>	
HWB22.	<p>HWB CALENDAR AND FORWARD PLAN</p> <p>The dates of the next meetings were noted as 9 July, 8 October, 7 January 2014 and 8 April 2014. Confirmation of the start times would be provided shortly – it had previously been agreed that the meetings would alternate between daytime and evening.</p>	
HWB23.	<p>NEW ITEMS OF URGENT BUSINESS</p> <p>There were no new items of urgent business.</p> <p>The meeting closed at 3.30pm.</p>	

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Chair