

**MINUTES OF THE HEALTH AND WELLBEING BOARD
TUESDAY, 30 SEPTEMBER 2014**

Members of the Board present: Councillor Claire Kober (Chair), Dr Jeanelle de Gruchy (Director of Public Health, LBOH), Zina Etheridge (Deputy Chief Executive LBOH), Sir Paul Ennals (Chair of Haringey LSCB), Sharon Grant (Chair, Healthwatch Haringey), Gill Hawken (HAVCO), Cathy Herman (Lay Member, Haringey CCG), Councillor Peter Morton (Cabinet Member for Health and Wellbeing), Dr Helen Pelendrides (Chair, Haringey CCG), Sarah Price (Chief Office, Haringey CCG), Lisa Redfern (Director of Children’s Services), Dr Sherry Tang (GP Board Member, Haringey CCG), Beverley Tarka (Interim Director Adult Social Care) and Cllr Ann Waters (Cabinet Member for Children, LBOH).

Officers present: Xanthe Barker (Principal Committee Coordinator LBOH), Stephen Lawrence Orumwense (Assistant Head of Legal Services), Neil Roberts (Head of Primary Care NHS England), Mike Wilson (Director Healthwatch Haringey).

MINUTE NO.	SUBJECT/DECISION	ACTION BY
CNCL101.	<p>WELCOME AND INTRODUCTIONS</p> <p>The Chair welcomed those present to the meeting and noted that there was a deputation and two public questions in relation to Item 10: ‘GP Access in Tottenham Hale: Capacity Study’.</p> <p>Therefore, with the Board’s agreement, as soon as representatives from NHS England were present to respond to questions, this report would be brought forward.</p>	
CNCL102.	<p>APOLOGIES</p> <p>There were no apologies for absence.</p>	
CNCL103.	<p>MINUTES</p> <p>RESOLVED:</p> <p>That the minutes of the meeting held on 1 July 2014 be confirmed as a correct record.</p>	
CNCL104.	<p>URGENT BUSINESS</p> <p>The Chair noted that there was one item of urgent business, ‘Implications of the New Care Act 2014’. This report was for information only and would be taken under Item 13 (<i>the report had been circulated to members of the Board on 24 September 2014</i>).</p>	
CNCL105.	<p>DECLARATIONS OF INTEREST</p>	

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	<p>There were no declarations of interest made.</p>	
<p>CNCL106.</p>	<p>FIVE BOROUGH FIVE YEAR PLAN 2014/15 - 2018/19 - BARNET, ENFIELD, HARINGEY, CAMDEN AND ISLINGTON CLINICAL COMMISSIONING GROUPS (CCGS)</p> <p>The Board considered a report, previously circulated, which provided an update on the strategic planning undertaken by the NHS and progress towards the next submission of the North Central London (NCL) Strategic Planning Group (SPG) Five Year Plan, which aligned plans across Barnet, Camden, Enfield and Islington CCGs, Public Health and NHS England. The submission was due to be submitted to NHS England in late October.</p> <p>In response to points made with regard to need to ensure that Haringey was not placed at any disadvantage, given that other boroughs within the group may have different priorities and needs and different levels of resourcing; the Board was advised that individual borough's priorities could not be altered. With regard to resourcing the Board was assured that Haringey would not be placed at any disadvantage.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> i. That the content of the report, the progress made to date and the next steps outline in the report, be noted. ii. That the Board placed on record its support for the North Central London Plan. 	
<p>CNCL107.</p>	<p>QUESTIONS, DEPUTATIONS, PETITIONS</p> <p>As set out above the Chair noted that a deputation and two public questions had been accepted in relation to Item 10: 'GP Access in Tottenham Hale: Capacity Study'. These had been received from:</p> <p><u>Deputation</u> From Ms Vicky Ladizhinskaya</p> <p><u>Public Questions</u> Michael Polledri, Chairman of Lee Valley Estates (<i>represented by Chris Shellard</i>) Nuala Kiely, Service User Engagement Coordinator, Mental Health Support Association</p> <p>Deputation Ms Ladizhinskaya began by thanking the Board for hearing her deputation and noted that in addition to the people that had signed the original deputation request, over seventy additional people had also signed her deputation statement noting their support for this. For residents living in Bream Close, Hale Village and Ferry Lane, the difficulties attached to obtaining a GP appointment and the quality of the service provided by the local practice had</p>	

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become acute.

Ms Ladizhinskaya stated that new developments, including the Hale Village scheme, had seen the population of Tottenham Hale rise by 32% in the last three years and during this time there had been no increase in the provision of GP practices. In addition, the area's largest practice, Tynemouth Road, was, by the NHS's own admission, in the bottom ten practices in the country according to a survey undertaken in 2014. The same survey also showed that 42% of patients were unable to make an appointment when they telephoned the practice.

Ms Ladizhinskaya noted that prior to the new development at Hale Village being built there was an existing problem with the quality and provision of GP services in Tottenham Hale and that this had been compounded by a significant rise in the local population. It was noted that as part of the original planning permission granted by the Council for the Hale Village development it had been specified that a GP practice should be included within the scheme and that Lea Valley Estates had worked with the NHS to secure this. However, it had not been possible to find GPs willing to set up a practice in the area and as a consequence the space allocated for health care had been used for a kidney dialysis unit serving the wider north London area rather than addressing the primary care needs of the local community. Given the likelihood of further significant development in the area in medium to long term Ms Ladizhinskaya argued that it was essential that provision for primary care was properly considered and reflected in the plans currently being developed in order to prevent the problem worsening.

Ms Ladizhinskaya recounted her own experiences of attempting to obtain a GP appointment at the Tynemouth Road practice and a series of errors that had led to her test results being delayed by six weeks. She noted that many of her neighbours had experienced similar difficulties in obtaining a GP appointment and delays in hospital referrals. There was a general lack of communication and follow up from the Tynemouth Road practice and that was putting patients at unacceptable risk. She noted that the recent Healthwatch report had highlighted the issues at the Tynemouth Road practice, the lack of GP practices and quality of primary health care in Tottenham Hale. In conclusion Ms Ladizhinskaya noted that residents did not want preferential treatment and that they simply wanted GP provision across the borough to be equal and of the standard enjoyed by the majority of people living in the UK.

The Chair thanked Ms Ladizhinskaya for her deputation and for sharing her personal experiences with the Board and invited Councillor Reith, one of the local Ward Members, to set out her concerns.

Councillor Reith began by noting that the lack of GP services and the quality of existing GP services had been an issue that pre-dated the development of Hale Village. In her previous role as Deputy Leader of the Council she had attended meetings with the former Primary Care Trust (PCT) where the need

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for improved services in the area had been discussed along with the specific provision of a GP practice within the Hale Village development.

Councillor Reith reminded the Board that NHS England was responsible for commissioning GPs and ensuring that there were adequate GP services in place. This was a challenge that NHS England had to resolve both in the short and longer term. She contended that NHS England and the Clinical Commissioning Group (CCG) should, as a matter of urgency, map need in the area and put together proposals around how they intended to meet this. She underlined that although the Local Authority could lobby for this work to be undertaken it had no power to require this to happen.

Councillor Reith noted that her own experience of obtaining an appointment at the Tynemouth Road practice echoed that of Ms Ladzhinskaya's and the issues highlighted within the Healthwatch report. She noted that poor primary care significantly impacted on people's health and advised that there had been cases where people had presented at Accident and Emergency (A&E) in the advanced stages of cancer because their symptoms had either not been picked up by their GP or because of a failure to obtain an appointment with their GP. There had also been instances where women had received no ante-natal care and had presented at A&E in labour.

In conclusion Councillor Reith noted that without the necessary provision of primary health care services in the area the expected growth in population and regeneration of the Tottenham would be impaired. She underlined the need for partners to work together to resolve this issue and suggested that a Working Group ought to be established as soon as possible to address the immediate lack of GP facilities.

The Chair formally responded to the deputation and noted that this was an issue that was of concern to her both in terms of the impact this was currently having upon residents and in the medium to long term as the population of the area was likely to grow significantly. The success of the Council's aspirations for the regeneration and development of the area would rely upon services of this type being in place to serve residents and the Council's planning policy documents reflected this; however, the commissioning of GP services was not in the gift of the Council or the Clinical Commissioning Group (CCG). The power and responsibility to resolve these issues lay with NHS England and the Council would support residents in their calls for action.

As set out above two questions (set out in Appendix 1) had been formally submitted to the Board from Mr Michael Polledri, Chairman of Lea Valley Estates (represented by Mr Chris Shellard) and Ms Nuala Kiely, Service User Engagement Coordinator, Mental Health Support Association. The Chair asked both Mr Shellard and Ms Kiely to read their questions to the Board and members of the public present.

In response to the first question from Mr Polledri the Chairman of Lea Valley Estates, the Chair reiterated that NHS England held the power to commission

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GP practices and that the Council had no authority to compel them to do so. She noted that NHS England had agreed to explore the feasibility of establishing a GP practice at Hale Village; however, this would take between twelve and fifteen months and, given the acute need for GP services in the area, this was not satisfactory.

In response to the second question from Ms Kiely the Chair noted that as suggested by the question there was a postcode dimension to the discharge of patients from secondary to primary health care; however, this was a complex issue that primarily needed to be addressed by the relevant health care providers.

CNCL108. GP ACCESS IN TOTTENHAM HALE: CAPACITY STUDY

The Board received a presentation, previously circulated within the agenda pack, from Sharon Grant, Chair of Healthwatch Haringey. Following the presentation the Board discussed the group's findings.

The Cabinet Member for Health and Wellbeing, Councillor Morton, began by noting that this issue had been discussed by the Council's Overview and Scrutiny Committee and that it also shared the concerns outlined above with regard to GP services in Tottenham. He noted that he strongly supported proposals to establish a Task and Finish group to look how these issues might be resolved.

There was agreement that the provision of adequate GP services was essential to the community and particularly in relation to children and families. The Cabinet Member for Children and Families, Councillor Waters, noted that the Council's approach to supporting families focussed heavily on the importance of ensuring that all children received the best start in life and this was reflected in its focus on children aged from nought to five years of age. She noted that GPs played a crucial role in the development and wellbeing of children in this age group and added that it was essential that they had access to good quality GP services.

In response to a question, the Chair of Healthwatch Haringey confirmed that it was the organisation's view that immediate action was required to address the lack of GP services in Tottenham Hale. Waiting for twelve to fifteen months for a feasibility study to be undertaken was not a viable option given the acute need in the area.

It was noted that Neil Roberts of NHS England would respond to the points made under the next item.

RESOLVED:

- i. That the findings outlined in the Healthwatch report relating to poor access to GP services for residents in the Tottenham Hale area, highlighted in both qualitative and quantitative evidence, be noted;

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- ii. That the findings outlined in the report relating to the poor access to GP services for residents in the North East GP collaborative area, highlighted in both qualitative and quantitative evidence, be noted;
- iii. That the findings outlined in the Healthwatch report relating to the relatively poor access to GP services in Haringey compared to the national benchmark and in comparison with Camden, reflected in the number of actual GP appointments per week, be noted;
- iv. That Healthwatch's call for immediate steps to be taken to supplement the GP capacity in Tottenham Hale, pending the proposals arising from the recommendation below, be endorsed;
- v. That Healthwatch's call for a working group to be set up as a matter of urgency to review the evidence and to make recommendations to the Health and Wellbeing Board, within three months, for immediate action to improve access to GP services in the short term for the residents in Tottenham Hale and surrounding Wards be endorsed (the membership should include NHS England, Haringey CCG, Public Health, patient representatives and other partners that that the Health and Wellbeing Board may wish to nominate); and
- vi. That Healthwatch's call for a planning group to be established to develop a strategy and plan for GP services in Haringey over the next five years, with priority being given to the North East and South East GP collaborative areas, be endorsed (the membership should include NHS England, Haringey CCG, Public Health, patient representatives and other partners that that the Health and Wellbeing Board may wish to nominate).

CNCL109. GP SERVICES IN HARINGEY

The Board received a verbal update from Neil Roberts, Head of Primary Care at NHS England, on the provision of GP services in Haringey and particularly in Tottenham Hale. Mr Roberts also responded on points made as part of the deputation and formal questions submitted under Item 6 in relation to the lack of GP services in Tottenham Hale.

Mr Roberts began by noting that the issue of access to GP services was of concern to many people across the UK and that this was not particular to Haringey. He noted that the Healthwatch report on the capacity of GPs in Tottenham Hale was alarming and he accepted that the position appeared to be worsening based on the Healthwatch report and the experiences that had been shared by residents with the Board that evening. Mr Roberts advised that GP's could not be compelled to establish practices and noted that the funding arrangements in place for GP practices were based on population rather than an analysis of the needs of an area. As a consequence establishing a practice in an area of significant need was likely to be less 'profitable' and more demanding and therefore was less attractive to GPs.

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With regard to specific criticism of the Tynemouth Road Practice Mr Roberts noted that NHS England had been working with the practice to improve the quality of the services it offered and the systems in place there. Though it was disappointing that the impact of this improvement work did not appear to have taken full effect NHS England would continue to work with the practice to improve standards.

In terms of the regeneration work being undertaken in Tottenham Hale and the impact of additional population of Hale Village, Mr Roberts noted that NHS England had only been in place since April 2013 and that discussion around Hale Village and the regeneration of Tottenham Hale pre dated its existence. Therefore work was required to assess how the regeneration work and needs of a growing population would be addressed and it was proposed that this could be done in part by a Task and Finish group chaired by Mr Roberts and including representatives from the CCG, Council and Healthwatch.

In relation to the twelve to fifteen month period referred to in terms of procuring a new GP practice Mr Roberts noted that there were procurement rules that NHS England were required to follow and that this timescale was based on the need to adhere to these. Therefore 'growing' existing practices was an important alternative and NHS England was working closely with practices in the area to achieve more capacity and improve the quality of services. Mr Roberts also made reference to the average number of patients on a GP practice list and the importance of having sufficient nursing capacity and skills mix within a practice.

The Chair thanked Mr Roberts for attending and responding to the points made earlier. She opened discussion by noting that the average number of patients on a GP's list was a misleading measure of their capacity; for example there may be a larger than average population of elderly people or high levels of social deprivation meaning that there were likely to be more demanding health needs and this would not be detected by looking at the average number of patients on a GPs list. The Chair also noted that if the provision of GP services were to be discussed using private sector terminology then the lack of adequate GP services in Tottenham Hale could be seen as market failure on the part of NHS England.

In response to a question with regard to what action NHS England intended to take as a matter of urgency, in order to respond to the acute problems residents were experiencing in registering with GPs and obtaining GP appointments; Mr Roberts advised that NHS England was putting measures in place to address the immediate problems. These included discussion with the CCG around solutions that would provide quick action; however, simply providing cash injection to address the problems in the short term was not a viable option and would set a precedent that could not be met.

The Board was in agreement that new and innovative approaches had to be

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adopted in order to address the acute need that was evident in the area. There was a general consensus that as a matter of urgency examples elsewhere in the country where this type of scenario had been successfully addressed should be identified and looked at. It was also noted that it would be important that the proposed Task and Finish Group considered and quickly identified measures that could be quickly put in place as well as considering the long term healthcare needs of the area over the next twenty years.

In response to concerns expressed with regard to the need to plan for the wider healthcare needs in the north east of Haringey, as these were likely to significantly increase over the next decade; Mr Roberts agreed that a clear strategy for recruiting GPs in the medium to long term was required and that improving the viability of existing practices and planning with GPs would form an important part of this.

At the conclusion of discussion there was a general consensus that the Board should escalate this issue and formally write to NHS England outlining its concerns with regard to GP services in Tottenham Hale and the Tynemouth Road clinic. There was agreement that the letter should call for immediate action to be taken by NHS England and for the proposed Task and Finish group to commence as soon as possible.

RESOLVED:

- i. That the information and proposed actions presented by NHS England be noted;
- ii. That a Task and Finish Group be established as soon as possible to look at how the immediate and long term health care needs of Tottenham should be met.
- iii. That a letter should be sent by the Chair, on behalf of the Board, to NHS England formally setting out its concerns with regard to the provision and quality of GP services in Tottenham Hale and the Tynemouth Road practice, calling for immediate action to be taken and for it to outline how it intended to do this.

CNCL110. HEALTH AND CARE INTEGRATION

The Board considered a report, previously circulated, which set out proposals with regard to the establishment of a Health Care Integration Programme in order to enable the Council and the Clinical Commissioning Group (CCG) to jointly achieve better outcomes for local residents, improve the user experience and to deliver efficiencies and value for money.

There were five appendices included within the report, as set out below and these were considered in turn:

Appendix 1 – Healthcare Integration Programme (presentation)

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Appendix 2 – Value Based Commissioning for Older People with Frailty
Appendix 3 – Mental Health Framework
Appendix 4 – Better Care Fund Re-Submission
Appendix 5 – Scrutiny Review and Response Report

Healthcare Integration Programme (presentation)

The Board received a presentation setting out the vision and scope of the Integrated Care Programme and the Board then discussed this. In response to a question the Board was advised that one of the principles that underpinned the work around the programme had been to focus on building and developing existing structures and relationships rather than using time and resources to create a new set of structures.

There was agreement that the proposals formed a good example of multi-agency working and that in order to support the work and ensure that it was properly embedded training across the various organisations would be needed.

Value Based Commissioning for Older People with Frailty

The Board considered a report that provided an update on progress in developing an outline business case for Value Based Commissioning (VBC). The Board was advised that VBC was an important part of delivering integrated care and that Haringey was leading in the development of work in this area.

RESOLVED:

That the proposals set out in the report be noted.

Mental Health Framework

The Board was advised that the Mental Health and Wellbeing Framework (MHWF) was being devised in order to bring together all of the existing strategies and to set out a clear vision for improving the mental health and wellbeing of Haringey's residents from early years throughout adulthood and into older age.

RESOLVED:

That the Mental Health and Wellbeing Framework scoping document be noted and that approval be given to the process for developing the MHWF outlined in the report.

Better Care Fund Re-Submission

The Board considered a report seeking endorsement of the revised Better Care Fund (BCF) Plan, which was submitted on 19 September, as the agreed vision for improving the health, wellbeing and the independence of Haringey's residents, through the delivery of integrated health and social care services. It was also noted that the Lead of the Council would formally note the revised BCF Plan on 3 November.

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RESOLVED:

- i. That the revised BCF Plan, submitted on 19 September 2014, be endorsed as the agreed vision to improve health, wellbeing and the independence of Haringey's residents, through the delivery of integrated health and social care services.
- ii. That it be noted that revisions made to the Plan, as required by NHS England, were set out in Appendix 3 of the report.

Scrutiny Review and Response Report

The Board received a report setting out the proposed responses to recommendations made by the Overview and Scrutiny Panels on Mental and Physical Health and Mental Health and Accommodation.

RESOLVED:

- i. That the responses to the recommendations made by the Overview and Scrutiny Panel's, as set out in Appendices 1 and 2 of the report, be noted.
- ii. That it be noted that the report and Appendices 1 and 2 would be presented to Cabinet on 14 October 2014 and that any proposals for change would be taken to Cabinet at a future date as necessary for adoption and agreement, after further work to identify resources, costs and risks.

Following discussion of the five Appendices to the report the Board agreed the recommendations set out in the substantive report:

RESOLVED:

- i. That the proposal for the Health and Care Integration Programme, as set out in Appendix 1 of the report, be noted;
- ii. That it be noted that some of the existing integration initiatives would be incorporated into the Programme – updates for key integration initiatives currently in progress were set out in Appendices 2 to 6 of the report;
- iii. That it be agreed that the Health and Wellbeing Board would provide strategic oversight of the programme, although key decisions would be made through the Council or CCGs respective decision making structure; and
- iv. That it be agreed that a follow up report would be submitted to the next meeting, which would also include a proposals around how the Health and Wellbeing Board would be involved in this Programme.

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CNCL111.	ANNUAL PUBLIC HEALTH REPORT The Board considered a report, previously circulated, which presented the Annual Public Health Report and planned local anti-stigma and Mental Health and Wellbeing campaign for October 2014. The Board was advised that the 2014 report focused on the Health and Wellbeing Strategy outcome 'Improving Mental Health and Wellbeing' and that it explored what was meant by 'wellbeing' and how this was linked to both physical and mental health. The Annual Public Health Report focussed on communicating messages that would engage all residents in Haringey regardless of their mental health and wellbeing state. It was envisaged that the report would initiate and open discussions about people's own mental health and wellbeing, promote early recognition of signs and symptoms and encourage people who required help to access the appropriate services. RESOLVED: That the Annual Public Health Report and planned local anti-stigma and mental health and wellbeing campaign for October 2014 be noted.	
CNCL112.	PHARMACEUTICAL NEEDS ASSESSMENT The Board considered a report, previously circulated, which set out the progress made to date with respect to the development of a new Pharmaceutical Needs Assessment (PNA) and the timetable for this. RESOLVED: i. That progress made to date with respect to developing the PNA be noted; ii. That development of the PNA be delegated to the Director of Public Health; iii. That approval be given to PNA Steering Group's Terms of Reference and membership; and iv. That the timetable, as outlined in paragraph 5.9 of the report for consulting on, approving and publishing the PNA be noted and agreed.	
CNCL113.	NEW ITEMS OF URGENT BUSINESS As set out under CNCL104 above an information report entitled 'Implications of the New Care Act 2014' was considered as a new item of urgent business. RESOLVED:	

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	That the report be noted.	
CNCL114.	FUTURE AGENDA ITEMS AND DATES OF FUTURE MEETINGS It was noted that the date of the next meeting was 13 January 2015 and that the meeting currently scheduled for 21 April 2015 may need to be rescheduled.	

The meeting closed at 9.15pm.

CHAIR

COUNCILLOR CLAIRE KOBER

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