MINUTES OF THE HEALTH AND WELLBEING BOARD
TUESDAY, 23 JUNE 2015

Board Members present: Councillor Peter Morton (Cabinet Member for Health and Wellbeing) Councillor Claire Kober (Leader of the Council - Chair), Dr Jeanelle de Gruchy (Director of Public Health), Sharon Grant (Chair, Healthwatch Haringey), Dr Sherry Tang (Chair Haringey CCG), Cathy Herman (Lay Member, Haringey CCG), Sarah Price (Chief Operating Officer, Haringey CCG), Dr Dina Dhorajiwala (Vice Chair Haringey CCG), Gill Gibson (substitute for Jon Abbey - Interim Director of Children's Services) Gill Hawken (HAVCO Interim Joint CEO / Management Consultant) , and Cllr Ann Waters (Cabinet Member for Children, LBOH).

Officers present: Zina Etheridge (Deputy Chief Executive LBOH), Philip Slawther (Principal Committee Coordinator LBOH), Stephen Lawrence-Orumwense (Assistant Head of Legal Services), Cassie Williams (Assistant Director of Primary Care Quality and Development – Haringey CCG), Jonathan Weaver (NHS England).

MINUTE NO.	SUBJECT/DECISION	ACTION BY
CNCL01.	**FILMING AT MEETINGS** The Chair referred those present to agenda Item 1 as shown on the agenda in respect of filming at this meeting and asked that those present reviewed and noted the information contained therein.	
CNCL02.	**WELCOME AND INTRODUCTIONS** The Chair welcomed those present to the meeting.	
CNCL03.	**APOLOGIES** The following apologies were noted: • Sir Paul Ennals - Chair of Haringey LSCB • Beverley Tarka - Interim Director Adult Social Care • Jon Abbey - Interim Director of Children's Services (Gill Gibson attended as substitute). Dr Sherry Tang and Cllr Waters noted that they needed to leave the meeting early.	
CNCL04.	**URGENT BUSINESS** None.	
CNCL05.	**DECLARATIONS OF INTEREST** Cathy Herman, Lay member; Haringey CCG, advised the Board that she	

	was chairing the Primary Care Co-commissioning Committee across North Central London. Haringey was identified as part of that group. Dr. Dina Dhorajiwala, Vice Chair Haringey CCG, notified the Board that she was a GP provider at the Vale practice in Crouch End.	
CNCL06.	**QUESTIONS, DEPUTATIONS, PETITIONS** No Questions, Deputations or Petitions were tabled.	
CNCL07.	**MINUTES** **RESOLVED:** That the minutes of the meeting held on 24th March 2015 be confirmed as a correct record.	
CNCL08.	**PRIMARY CARE UPDATE** The Board received a presentation, from Jonathan Weaver, NHS England, and Cassie Williams, Assistant Director of Primary Care Quality & Development which gave an overview of key developments relating to the development of additional Primary Care capacity, particularly in Tottenham. Following the presentation the Board discussed the findings. A copy of the draft Strategic Premises Development Plan was included in the agenda pack; the Board noted some of the key issues raised by that report. The current progress to date was summarised as: • The baseline for Haringey primary care locations and their conditions were identified. • Growth areas were identified. • Capacity plan had been undertaken in key areas of focus across predominately the east of Haringey. • The Board was requested to give comments on the draft report prior to its submission to July FIPA (NHSE financial planning committee) for NHS England endorsement. The main conclusions of the report were noted as: • Haringey was identified as having a poor primary care estate – 79% of the premises were identified as being red or amber rated for non-statutory compliance. • Haringey population predicted to increase by 37k by 2026 • All of Haringey wards fall in top half of deprived wards nationally, and 8 were in the top 500. • GP practice capacity pressures identified in east of borough. (particularly around Tottenham Hale) • Many residents c.28,500 (10.5%) in Haringey were registered with a practice outside of the borough. • No evidence of a significant number of unregistered residents • The need to plan for retiring GPs was identified as a key	

consideration, particularly in terms of the potential for existing capacity issues to be exacerbated.

The key recommendations of the draft Strategic Premises Development Plan were outlined as:

- Pursuing with Primary Care Infrastructure Fund (PCIF) applications.
- Appetite to absorb current capacity issues to be determined through dialogue with GPs.
- New Primary Healthcare facilities needed to be established. The Board noted that this would be a medium to long term solution to capacity issues. Mr. Weaver commented that new primary healthcare facilities would need to be built with a view to co-location with other services and linked into planning cycles with housing developments.

Mr. Weaver advised the Board that the draft Strategic Premises Development Plan identified that, with expected population growth levels over the next 10-15 years including the current deficit, an additional primary care capacity for 70k people could be required as a worst case scenario. This translated into 39 additional doctors (Whole Time Equivalents) and 7,842 square metres of additional consulting capacity.

The following short term responses from NHS England to the recommendations from the Draft Strategic Premises Development Plan, were noted:

- A temporary new surgery in Tottenham Hale established by autumn.
- Existing surgery premises improved, based on PCIF Bids incl. increasing consulting room capacity.
- Practices encouraged to bid for next round of PCIF & for 2015/16 Improvement Grants for existing surgery premises based on PCIF Bids.

In addition, by 31st March 2016:

- GP succession plans developed.
- Focus on existing GP contract performance.
- Schemes explored to facilitate more efficient operational use of existing GP premises.

Proposals for the medium / long term primary healthcare needs of Haringey were identified as:

- Permanent new health facility in Tottenham Hale established (3-5 years).
- Permanent new health facilities established in other strategic locations in Haringey (3–10 years), this was yet to be determined. Suggested locations for additional sites were noted as:
  - A second site in Tottenham Hale
  - A site in Noel Park area
  - A site in Northumberland Park Area

- Each individual premises development would be required to develop a business case and further detailed analysis prior to agreement from NHS England. Mr Weaver noted that the approval of the draft Strategic Premises Development Plan by FIPA in July would expedite the process for approval of the business case for the above sites by an estimated 3-6 months.

The Chair invited the Board to focus questions around the specific issue of primary care capacity around Tottenham Hale first. The following questions and responses were noted.

Sharon Grant, Chair of Healthwatch Haringey, commented that she had concerns that delays could occur to securing the practice that would operate the temporary additional premise and requested reassurances that additional primary care capacity would be implemented quickly and would not be held up by a lengthy procurement process. Mr Weaver responded that NHS England was fairly confident that they could secure the additional practice. Mr Weaver also stated that NHS England were working as hard as they could to adopt an innovative approach to try and find a route that would put a facility onsite as soon as possible, and that the facility would include additional GP capacity.

The Board noted that the autumn timescale was based on a realistic assessment of the process and the steps required in establishing the practice. The Chair, Cllr Kober, welcomed the commitment from NHS England to find an innovative solution to the problem in the Tottenham Hale area, but reiterated the scale of the issue that existed in Tottenham Hale and reaffirmed the need to deliver the additional capacity as quickly as possible.

Cllr Kober commented that the process had highlighted the difficulties that existed in terms of being able to augment significant changes and requested reassurances that the borough would not be subject to similar circumstances in the future, whereby it was only at the point where residents have had to suffer significant shortfalls in service that remedial action was undertaken. Mr. Weaver responded that he had met with local residents and understood the sense of urgency involved, Mr. Weaver committed to get the additional facility up and running as soon as possible. The Board noted that, going forward, the challenge was to ensure that the Strategic Premises Development Plan was kept up to date and was maintained as a live document, so that the Board could use it to access funding and opportunities when they became available.

Cllr Morton, the Cabinet Member for Health & Wellbeing, thanked the contributors for the work that had been undertaken in the past months. Cllr Morton reiterated the concerns raised by the Chair and Ms. Grant that the situation as it existed in Tottenham Hale was wholly unacceptable and welcomed the evidence compiled and the progress

made to rectify the primary care deficit.

Cllr Reith welcomed the body of evidence that had been compiled, but commented that the issues were raised by residents a year ago, supported by Healthwatch Haringey, and questioned why work couldn't have begun a year ago in parallel to the evidence gathering process. Cllr Reith requested a commitment from NHS England to work in parallel going forward to prevent further delays. Mr Weaver acknowledged Cllr Reith's concerns and commented that the proposals included a back stop date for those parallel pieces of work, noting that that this was however reliant upon working with partners. Mr. Weaver advised that the next meeting of the primary care task and finish group would involve going through and agreeing the timetable for delivery of all of the specific pieces of work contained in the draft Strategic Premises Development Plan.

Ms. Herman enquired as to how NHS England would prevent similar issues happening again in the future, particularly around a perceived lack of adequate forward planning. Ms. Herman sought assurance that the Strategic Premises Development Plan would be kept as a live document and asked how the Board could ensure that it was updated and was something that people would take notice of. Mr. Weaver commented that the process of NHS commissioning was constantly changing and that more changes to primary care commissioning were in progress. The Board noted that a key challenge was to manage the transition in responsibility for commissioning primary care from NHS England to the CCG and to ensure that the different organisations maintained a forward facing view. Mr. Weaver commented that the draft Strategic Premises Development Plan provided the basis to move forward on the issue and that the Board would hopefully provide additional impetus to ensure that the document did not fall out of date.

Ms. Williams advised that from a CCG perspective, premises were one of the key priorities within NCL and that discussions were already underway about how to ensure that the document was kept live and how the CCG could use the information to ensure that sufficient forward planning was undertaken.

Zina Etheridge, the Deputy Chief Executive, advised that parallels existed with the process of school place planning, where the Council looked at changes in demand and a series of other key considerations on an annual basis. A set of principles were used and the Council's attitude was that despite legislative changes having affected the powers available to the Council, that the Council still maintained a leadership role of understanding what the overall needs of its residents were. Ms. Etheridge suggested that the Board may want to consider an annual process of bringing the Strategic Premises Development Plan back to the Health and Wellbeing Board for review.

Dr. Dhorajiwala echoed previous comments welcoming the development

Jeanelle De Gruchy /Zina

	of the Strategic Premises Development Plan. Dr. Dhorajiwala asked how it might tie in with the theme of the emerging community education provider networks. Dr. Dhorajiwala also asked how training practices such as the Vale, could feed into this work. Mr. Weaver noted that in addition to the task and finish group, a collaborative approach was required from all partners. Mr. Weaver welcomed other groups, such as local GP practices, being brought in who could provide solutions to issues such as training, utilisation of buildings and recruitment and retention of practices.	Etheridge.
	Ms. Grant supported Ms. Etheridge's suggestion of holding an annual review of planning for general practices in the area. Ms. Grant suggested the Board would want a report back every quarter to monitor progress and ensure the document was live, at least until some of the shorter term issues had been resolved. Cllr Kober responded that a further primary care update would be on the next agenda, including the status of a new temporary practice in the Tottenham Hale area. Cllr Kober commented that the Board should have a discussion on the monitoring arrangements for primary care at the next meeting, once the new temporary provision was in place.	Clerk
	Ms. Grant commented that there was a discrepancy between the report coversheet and the body of the report in the agenda pack, around the working time equivalent projected levels of GP's required in the Tottenham Hale area with 10.4 and 16 quoted respectively. Mr Weaver agreed to look into the discrepancy and feed back to the Board.	
	Cllr Morton noted that the report described the NHS England's four stage approval process for construction, refurbishment and capital project activity and requested clarification on this process. Mr. Weaver responded that the process normally started with a PID, which was then expanded into an outline business case and then a full business case. The final stage was a sign off process by NHS England. Each stage then went through a 'pipeline' governance body before going to FIPA (financial planning committee). The Board noted that the Strategic Premises Development Plan document should help shorten the process in this instance.	Jonathan Weaver - NHSE
	Ms. Herman queried how the Board ensured a strategic view in the longer term was built into this commissioning work. Mr Weaver acknowledged the need for a strategic view and reiterated the need for NHS England to work with its CCG partners. Mr. Weaver noted the example of co-location of non-primary care premises with the CCG as well as the long term strategic possibilities of co-locating with Council services.	
	The Chair thanked colleagues from NHS England for their contributions.	
	RESOLVED:	

	I). That the content of the plan be noted, and the recommendations for the plan for substantial improvement and development of the primary health care estate in Haringey over the next 10 years, be agreed in principle.	
CNCL09.	**HEALTH AND WELLBEING STRATEGY** A report was circulated as part of the agenda pack. Dr Jeanelle de Gruchy, Director of Public Health, gave a presentation to the Board on the draft Health and Wellbeing Strategy, which incorporated revisions made following the public consultation that concluded in March. Following the presentation, the Board discussed the presentation and agreed a number of performance measures for the strategy. The Board noted that the purpose of the strategy was to enable: • All partners to be clear about our agreed priorities for the next three years. • Priorities to be embedded by all members of HWB within their own organisations and ensure that these were reflected in their commissioning and delivery plans. • Joined-up commissioning and delivery plans to be developed by key agencies to address these priorities. • Member organisations held to account by the HWB for their actions towards achieving the priorities within the strategy. • Members of the HWB to work with and influence partner organisations outside the HWB to contribute to the priorities and the approaches for working agreed within this strategy; this included residents engaged in co-producing solutions. The Board noted that strategy focused on three key priority areas: • Reducing obesity. • Increasing healthy life expectancy. • Improving mental health and wellbeing. Dr. de Gruchy proposed that the Strategy had nine ambitions to be delivered within the three key areas. The nine ambitions were: • Fewer children and young people will be overweight or obese • More adults will be physically active • Every resident enjoys long lasting good health • Haringey is a healthy place to live • People can access the right care at the right time • More people will do more to look after themselves • More adults will have good mental health and wellbeing • More children and young people will have good mental health and wellbeing • People with severe mental health needs live well in the	

community

The Board was asked to agree the performance measures and the level of the ambitions for the Health and Wellbeing Strategy.

The Board agreed to work towards a 35% target for childhood obesity at Year 6 by 2018, in line with the England average. A 35% target equated to a 2% year on year decrease. Gill Hawken, HAVCO Interim Joint CEO / Management Consultant commented that targeting parents, possibly through a programme of evidence based parenting activities, was required. Dr. de Gruchy responded that a number of intervention programmes were in place, starting with breastfeeding, but the challenge was how to affect change at scale.

Ms. Etheridge commented that the Board may wish to set an ambition that reflected the aim of reducing childhood obesity without specifically saying by how much to prevent setting a level of specifity and targeting that may not be achieved. Ms. Herman advocated a less specific measure such as, agreeing to match the England average, as this was more likely to be relevant to local residents. Sarah Price, Chief Operating Officer of Haringey CCG, commented that obesity figures would be very different across different parts of the borough and suggested that the Board should ensure that the ambition didn't incentivise a greater disparity between those with higher levels and obesity and those with lower levels. The Board agreed that the target would include an equalities check, to monitor discrepancies around deprivation levels (by ward) and ethnicity factors.

Jeanelle de Gruchy

The Board agreed to set a target of 25% for the proportion of adults participating in less than 30 minutes of physical activity per week. Dr. de Gruchy advised that reducing inactivity levels would produce the largest health improvement gain (as opposed to increasing activity levels in those who were already active).

The Board agreed to set a target of being in the London top quartile by 2018, for proportion of people who travel by walking and bicycle in London where trip origin is in Haringey. Dr. de Gruchy commented that the current percentage of people to travel to work via cycling was 3% and walking was 37%.

The Board agreed a 25% reduction in the current (2011-13) mortality rate (22.5 per 100,000) to 16.9 deaths per 100,000 (2016-2018), for the rate of early death from stroke. The Board noted that this target was in line with what was in the Corporate Plan. Dr. de Gruchy advised that this was an ambitious but doable target that required all of the determining health factors, such as smoking and high levels of alcohol consumption,

being tackled as part of a wider approach. The management of underlying conditions such as hypertension and diabetes will also play a significant role in improving performance around this indicator.

Regarding, the proportion of patients able to get a GP appointment to see or speak to someone, Cllr Morton advocated setting an ambitious target as a statement of intent. Ms. Grant requested the inclusion of equalities targets to offset the likely unequal distribution across different equalities groups. Ms. Price agreed that a collaborative level target should feasible, with the aim of reducing the gap between different collaboratives.

The Board agreed to set an 83% target, in line with the projected England average, for the proportion of patients able to get a GP appointment to see or speak to someone. The Board also agreed in principle to also have a collaborative level target. Chief Operating Officer, Haringey CCG & Director of Public Health agreed to look into the possibility of having an individual target in each ward area not just as an overall target, to safeguard against the persistence of an underlying level of equality. — Jeanelle de Gruchy/ Sarah Price

The Board agreed to set a target of 59%, in line with Better Care Fund target, for the percentage of people with a long-term condition who reported that in the last 6 months, they have had enough support from local services/organisations to help manage their long-term conditions.

The Board noted that a residents' survey using the Warwick-Edinburgh wellbeing scale would be used to measure the number of adults who have good mental health and wellbeing. Whilst a school's survey using questions drawn from a set of well developed and tested questions created by the Schools Health Education Unit (SHEU), would be used to measure the number children and young people who have good mental health and wellbeing. The Board agreed to defer the setting of a target for these two ambitions until the results of a local survey commissioned to establish a baseline was available. The Director of Public Health agreed to bring the baseline information back to a subsequent meeting of the Board to agree targets for 2018. — Jeanelle de Gruchy

Ms. Price advised that mental health issues in children can emerge at quite a young age and proposed using some of the existing work that was potentially being done in schools around wellbeing as a proxy to the SHEU survey. Dr. de Gruchy commented that Sir Paul Ennals had made a similar point and he had suggested using early years foundation status (EYFS). The Board noted that the issue with this proposal was that EYFS was being discontinued as a statutory measure and that going

forward, the measure would be optional for schools.

The Board agreed that the ninth ambition would be people with severe mental health needs live well in the community. The Board agreed the measure of: The number of people receiving co-ordinated care for their mental health condition who were in employment or settled accommodation. The board opted for this indicator instead of the number of people sectioned under Mental Health Act section 136 as the numbers of people sectioned would be very low. Ms. Price commented that an indicator that monitored serious mental health conditions, such as the number of psychotic episodes, may also be required going forward.

Ms. Grant reiterated Sir Paul Ennals' comments from the previous meeting of the Board around the need to have a single central strategy that bound all of the other Health and Wellbeing strategies together and drove improvement. Ms. Grant agreed that the Health and Wellbeing Strategy was that central strategy. Ms. Grant proposed that there should be a Health and Wellbeing comment on every report that the Council and CCG produced as standard, to ensure the proposals and any implications were aligned to the Health and Wellbeing Board. The Board agreed to review the possibility further and bring an item back to a subsequent agenda for further discussion.

Jeanelle de Gruchy/ Sarah Price / Clerk

Stephen Lawrence-Orumwense, Assistant Head of Legal Services, proposed a minor amendment to the Health and Wellbeing Strategy. The Board agreed to remove the sentence "It has a general duty to promote the individual wellbeing of all local residents (Care Act 2014)" from draft strategy, at page 180 of the agenda pack, as this was a duty of the Council as a whole.

The Board agreed the Health and Wellbeing Strategy and also formally agreed the establishment of the Haringey Obesity Alliance. The Director of Public Health agreed to circulate an updated report, along with a summary version and big print version to the Board in due course.

Jeanelle de Gruchy

It was:

Jeanelle de Gruchy

RESOLVED:

I). That the responses to the consultation on the draft Joint Health and Wellbeing Strategy were considered;

II). That the final version of the Health and Wellbeing Strategy was agreed, as per Appendix 1 of the agenda pack;

III). The Board formally established the Haringey Obesity Alliance;

IV). The Board agreed targets for the nine Health and Wellbeing Strategy ambitions (where possible).

CNCL10.	**HEALTH AND CARE INTEGRATION** The Board received a verbal update from Ms. Etheridge on Health and Care Integration programme. The Board noted that the programme was divided into three overall themes; adults, children and mental health & wellbeing. Under the adults theme there were 19 projects running which were divided into four sub-themes. Ms. Etheridge commented that a very successful launch event for the Better Care Fund took place recently. The Board noted that there was also a significant amount of work underway on the children's theme, including support for children's special educational needs and disabilities and a series of pieces of work looking at paediatric care. In relation to the mental health and wellbeing framework, a number of projects were being progressed. In particular, a mental health and wellbeing framework strategy was being developed along with a number of action plans that sat below it. A number of pieces of work around enablement were also being progressed.	
CNCL11.	**URGENT ACTIONS TAKEN IN BETWEEN MEETINGS** The Board noted the record of Urgent Action taken following the previous meeting regarding the Better Care Fund.	
CNCL12.	**NEW ITEMS OF URGENT BUSINESS** No new items of Urgent Business were tabled.	
CNCL13.	**FUTURE AGENDA ITEMS AND DATES OF FUTURE MEETINGS** It was noted that the date of the next meeting was 24th September at 19:00 The following items were agreed for the next meeting: • Primary Care Update – Including a discussion on the monitoring arrangements going forward. Remaining performance measures for Health & Wellbeing Strategy to be discussed at November meeting of HWB.	Clerk

The meeting closed at 20.00pm.

DR SHERRY TANG

.....

Vice- Chair