MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON THURSDAY, 8TH DECEMBER, 2016, 6.00pm

Board Members Present: Cllr Claire Kober (Chair), Councillor Jason Arthur (Cabinet Member for Finance and Health), Cllr Elin Weston (Cabinet Member for Children & Families), Dr Jeanelle de Gruchy (Director of Public Health), Sharon Grant (Chair, Healthwatch Haringey), Dr Peter Christian (Chair Haringey CCG), Cathy Herman (Lay Member, Haringey CCG) John Everson (Assistant Director Adult Social Care LBOH – Substitute for Beverley Tarka), Jon Abbey (Director of Children's Services) Geoffrey Ocen (Bridge Renewal Trust – Chief Executive).

Officers Present: Zina Etheridge (Deputy Chief Executive LBOH), Stephen Lawrence Orumwense (Assistant Head Social Care – Legal Services), Philip Slawther (Principal Committee Coordinator LBOH).

15. 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.

16. WELCOME AND INTRODUCTIONS

*Clerks note – Dr Christian began the meeting as Chair as Cllr Kober was running late**

The Chair welcomed those present to the meeting and the Board introduced themselves.

17. APOLOGIES

The following apologies were noted:

- Sir Paul Ennals.
- Dr Dina Dhorajiwala
- Sarah Price

In addition, apologies for lateness were noted from Cllr Kober and Cllr Weston

18. URGENT BUSINESS

There were no items of Urgent Business.

19. DECLARATIONS OF INTEREST

No Declarations of Interest were noted.

20. QUESTIONS, DEPUTATIONS, PETITIONS

No Questions, Deputations or Petitions were tabled.

21. MINUTES

RESOLVED:

That the minutes of the meeting held on 19th May 2016 be confirmed as a correct record.

22. DISCUSSION ITEM: HEALTH AND WELLBEING STRATEGY UPDATE

A report was included in the agenda pack at page 21. Jeanelle de Gruchy, the Director of Public Health introduced the report to the Board. There was also a presentation which was included in the agenda pack at page 27. The report and presentation provided an update to the Board on progress in delivering Haringey's Health and Wellbeing Strategy 2015-18 and also set out the challenges in delivering the ambitions, as well as areas for focus for the next 18 months. Following the presentation the Board discussed the findings.

The Board was reminded that nine ambitions were identified for the Health and Wellbeing Strategy with three priority areas for sustainable improvements: Reducing obesity, increasing health life expectancy and improving mental health and wellbeing. In the first 18 months of delivering the Health and Wellbeing Strategy significant progress was reported in the following areas: Establishing strategic frameworks for delivery, establishing partnerships and governance to deliver improvements at population level and initiating key interventions. The Board noted successful improvements made through stroke prevention initiatives in Primary Care; with a 7 % increase in the number of people diagnosed with hypertension from 2014/15 – 2015/16, and a 13% increase in the number of people diagnosed with atrial fibrillation from 2014/15 – 2015/16.

The Director of Public Health updated the Board on current performance levels against the 9 nine ambitions set out in the Health & Wellbeing Strategy. The Board's attention was drawn to significant underperformance on Ambition 4, around achieving a reduction in the rate of early death by stroke by 25%. Haringey's stroke rate stood at 22.3 per 100k compared to 16.3 for similar boroughs and placed Haringey as the worst performing London Borough for early deaths from stroke. The Director of Public Health also drew the Board's attention to the key areas of focus over the next 18 months. The Board previously agreed to the prevention pyramid approach which focused on getting health into all policies at a population level. The Director of Public Health outlined examples of clear priorities that Haringey wanted to take forward at population, community and personal health levels, as well as the opportunities that existed through the Haringey and Islington Wellbeing Partnership.

The Director of Children's Services advised that in relation to Ambition 7, he undertook a piece of work with a group of 60 young people during the summer and it was clear from the discussion that those young people had a very good awareness of mental health in and amongst each other. The Director of Children's Services also advised that the Bridge Renewal Trust were coordinating a piece of work on young people's mental health in Tottenham called Young Minds, and that this would provide a key opportunity for awareness raising around young people and mental health.

The Deputy Chief Executive commented that the organisations represented at the Board, as well as the services that were commissioned through them, employed a significant number of people in the borough and advocated that if the Board was able to successfully encourage health improvements through work based health policies then this could make a significant impact on overall heath levels in the borough. The Deputy Chief Executive suggested that this might be something that the Board wanted to consider in greater detail going forward.

The Cabinet Member for Health and Finance commended the ambitious targets that had been set through the Health & Wellbeing Strategy but questioned whether, given that the first 18 months had been spent developing the frameworks and partnerships necessary for implementation, whether there was enough time to deliver activities and meet those targets. The Cabinet Member questioned whether the Board might want to review the targets going forward. The Director of Public Health advised that significant activities had been undertaken in the first 18 months as demonstrated by the pyramid diagram that was included in the slides in the agenda pack. The Director of Public Health suggested that the targets were seen in terms of aspirations and were therefore quite set at an optimistic level, but acknowledged that there would only be a certain amount of progress that was achievable in a 3 year period.

The Deputy Chief Executive commented that the Board did spend a significant period of time previously setting out exactly where to set that level of ambition and that it was decided at the time to preference setting a high level of ambition and fail to reach that level in certain areas, given how challenging some of the ambitions were. The Leader suggested that during earlier discussions it was felt that these targets could roll into the following three year period, and in doing so would give a greater sense of strategic continuity from one planning period to the next. It was suggested that it would take a significant period of time to turn around some of the issues involved in a meaningful and lasting way.

In response to concerns about the strategic level of the outcomes and targets agreed, the Director of Public Health acknowledged that there was a suite of 4 or 5 sub-indicators and agreed to compile these for the board, to give a more comprehensive overview of performance and show where improvements were being made. The Director of Public Health cautioned that the data would need to show the link between the activity and its impact on a potentially complex range of outcomes.

The Director of Children's Services highlighted that there was a disconnect between having an investment period of 5 or 10 years through the STP and a three year health and wellbeing strategy. The Director of Children's Services further highlighted the work that had been done through the Board and the HWB Partnership with Islington to

promote the health and wellbeing of children and young people such as the healthy schools programme, given some of the significant health issues involved; such as smoking, diabetes and childhood obesity.

RESOLVED:

I). That the Board note the progress implementing the health and wellbeing strategy over the last 18 months and agree the key areas of focus for the next 18 months.

23. PRIMARY CARE ESTATES UPDATE

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The Board received a report which was included in the agenda pack at page 21. The paper provided an update to the Board on primary care and described the progress which had been made during the year in meeting capacity demands. The report was introduced by Cassie Williams, Assistant Director of Primary Care Quality and Development – Haringey CCG. Following the introduction of the report, the Board discussed its findings.

The Board noted the opening of the new zero list practice at Hale Village in August 2016. In addition, the Board was advised that Haringey CCG had been provisionally awarded £11.6m for three estate developments in areas previously identified as having particular capacity needs; Tottenham Hale, Wood Green and Green Lanes. There was still a significant process involved in accessing these funds but the award was highlighted as being very significant, given that the total amount of funding available to London was £67m.

The Assistant Director of Primary Care Quality and Development advised the Board that 7 bids for improvement grants had been submitted to support some of the smaller scale work that was required in some of the smaller sized practices. Examples of the bids included; improved infection control, hearing loops and improved disability access. The Board was advised that notification on the outcome of the bids was expected in a month's time. The Assistant Director of Primary Care Quality and Development also drew the Board's attention to appendix 2 of the report which contained a draft of the guiding principles for future commissioning of premises; setting out a vision for larger premises, with a high number of clinicians and providing a high level of care. The Board's views were sought on the governing principles and it was noted that there would also be also be a consultation process with the public.

The Leader advised that she attended a meeting the night before in Seven Sisters and that there was still significant concerns from residents around the quality of buildings and accessibility of the service, with residents still reporting difficulties in getting appointments. The Leader suggested that there was still a perception issue around primary care in the borough and that the Board needed to continue monitoring the issue.

The Chief Executive of the Bridge Renewal Trust sought clarification on how support was being offered to GP's in commissioning excellent clinical facilities. The Assistant Director of Primary Care Quality and Development advised that following the failed

Estates and Technology Transformation Fund (ETTF) bids for three premises, partners were looking at options and the financial availability to see how those schemes could be progressed without the initial capital investment from the ETTF fund. It was noted that there may be another round of bids available after 2019.

The Deputy Chief Executive commented that it was really useful having all of the information presented in the report to the Board and stated that it was important to recognise that there had been significant progress in some areas.

In response to a query about how the estates work linked in with the potential for co-location of community and health and social care services, the Assistant Director of Primary Care Quality and Development acknowledged that potential site for co-location was being considered. The Assistant Director of Primary Care Quality and Development advised that a lot of the work done to establish the bids considered flexible use of space and that this was part of the reason why large scale premises in key locations had been prioritised. The Welbourne centre was noted as an example of a facility where there were plans to have a range of co-located services but the Board was advised that there was still work to be done to understand how community services might work alongside health and social care services.

The Chair of Haringey CCG welcomed the opportunities afforded through having bigger hubs offering wider array of services and hopefully attracting health care professionals with a variety of skills to live and work in the area. The Chair of Haringey CCG also commented that there was an increasing blurring of the lines between primary and secondary care that was being driven by the STP process.

The Cabinet Member for Children & Finance commented that the report highlighted that most of the current practices were assessed to have high or significant rate of statutory non-compliance. The Cabinet Member also queried how quickly the purpose built hubs needed to be put in place and also where the key locations would be. In response The Assistant Director of Primary Care Quality and Development advised that proposals for integrated networks was based on a population level of 50k-80k and that this would likely involve a number of smaller practices and a key aspect would be to have enough purpose built buildings in place.

The Board noted that there had been a number of smaller purpose built practices leaving the system recently due to retirements and that practices had expanded to cope with the additional patients. The Assistant Director of Primary Care Quality and Development advised that in addition to the purpose built practices in Noel Park, Tottenham Hale and Green Lanes, it was likely that additional premises would be required in Northumberland Park and Muswell Hill due to population growth. The Board considered that the joint working undertaken between the Council, CCG and Healthwatch; to see where the areas of need were and where the suitable sites were, was a significant positive in terms of planning for developing future sites.

The Cabinet Member for Children and Families cautioned that some consideration would need to be given to the ease with which residents could access their closet hub and the proximity of residents to their nearest primary care provider. Assistant Director of Primary Care Quality and Development acknowledged these concerns and agreed that there was consideration of how to meet the needs of a local population within a

particular area. The availability of GP's practices was noted as an ever evolving picture with a number of smaller practices closing down. The Chair of Haringey CCG commented that there was a discussion to be had around the provision of specialised services and whether residents were prepared to travel further for a better standard of care. The Board considered that with technology moving so rapidly, there would opportunities for people to have contact with primary care services without necessarily needing to access a building.

RESOLVED:

That the Health and Wellbeing Board:

I). Notes and comments on the progress of primary care capacity and developments.

II). Provide feedback in relation to the draft guiding principles document.

24. DEVELOPING AN ACCOUNTABLE CARE PARTNERSHIP ACROSS HARINGEY AND ISLINGTON

The Board received a report which outlined how an Accountable Care Partnership (ACP) could support delivery of the aims of the Haringey and Islington Wellbeing Partnership and to provide a vehicle for delivery of the STP. The report was introduced by Rachel Lissauer, Acting Director of Commissioning Haringey CCG and was included in the agenda pack at page 57. The Board also received a presentation to accompany the report. Following the presentation, the Board discussed its findings.

The Board considered how the Haringey and Islington Wellbeing Partnership could use its organisational structure to bring about the biggest improvements in health and social care outcomes. The Acting Director of Commissioning Haringey CCG set out what an ACP looked like in practice and examples of different models being used by other authorities. The Board noted that there was a range of terminology used around Accountable Care Organisations and that a number of models that could be adopted. The Haringey and Islington Wellbeing Partnership was currently set up as an informal collaboration but was moving to a more formal collaboration model. The Board noted that an essential feature of an Accountable Care Organisation was that it involved a population based budget for either a single or a group of providers who had responsibility for achieving health and wellbeing outcomes for that particular population.

The Board noted a number of examples of different models that were being developed in other areas:

1. Northumbria was noted as an example of how shared commissioning across the council and CCG was enabling shared provision; as both organisations had came together as joint commissioners and held the budget for population services. In this example the health foundation trust held a single contract for acute services, mental health services, community services and adult social care.

2. Stockport was in the process of establishing a care trust involving the health foundation trust, GP federation, council and another provider.

3. South Somerset had developed a much more GP led Accountable Care System, which originated from groups of practices wanting to develop ownership of community services. In practice this involved a joint venture to bring GP's in to the community health care system, but ensuring that membership for individual practices was done on a voluntary basis.

The Acting Director of Commissioning, Haringey CCG sought to gauge the Board's view on the degree of ambition and the pace of change that might be required. The Board was also asked to comment on the role it would like to take in the process and how it might interact with some of the other bodies involved.

The Deputy Chief Executive commented that this discussion was partly influenced by the earlier discussions around an ACO with the Royal Free and NMUH and how to build a new partnership. The Board considered that primary care in both Haringey & Islington would play a central role along with Healthwatch, the voluntary sector, the acute trust, community health provider and adult social care services. There were a number of activities already underway and it was commented that the Haringey and Islington Wellbeing partnership were effectively trying to build this from both the bottom up as well as the top down. In terms of the pace of change, the Deputy Chief Executive suggested that it was important that the partnership did not get left behind by taking too cautious an approach and should consider that the Royal Free and NMUH were seeking to move to a decision by Autumn next year.

The Leader cautioned that adopting a model which involved acute care providers absorbing greater amounts of funding seemed to undermine the idea of reorientating funding towards primary & community care, and adopting a more preventative approach. The Leader advocated adopting population based health interventions involving providers from across health and social care. The Leader also suggested targeting the small group of individuals who spent a significant amount of time using health and social care services, due to the nature of their condition/s, and targeting their support in a community setting.

In response to a question, the Acting Director of Commissioning, Haringey CCG advised that appointing either a lead partner or adopting a joint venture seemed to be the direction that most authorities had gone with but there were other models that could be adopted. The Chair Healthwatch Haringey commented that there had not yet been an effort to explain the development of ACP/ACOs to service users and the rationale behind setting up a separate organisation.

The Chair Healthwatch Haringey also suggested that service users may have some concerns with potential conflicts of interest developing as a result of abolishing the commissioner/provider split and a wider issue of understanding who the new organisation would be accountable to. The Cabinet Member for Children & Families echoed concerns around accountability structures and suggested that the existing health and social care landscape was confusing and this process offered partners the opportunity to engage with residents and outline the direction in which the Council and

partners wanted to go. The Cabinet Member advocated adopting an ambitious approach instead of smaller incremental adoption.

The Chair, Haringey CCG echoed concerns around the power of large acute trusts to pull resources towards them and that adopting an ACP/ACO model was an opportunity to adopt a more population based patient-centred focus. The Lay Member Haringey CCG advised that the Board needed to engage with patients to explain the large amount of structural change underway but cautioned that any explanation needed to be based around patient experience. The Lay Member Haringey CCG also reiterated concerns about acute providers seeming to become even more powerful, and that this was in contrast to the strategic direction of the NHS and vision set out in the Five Year Forward Plan. The Lay Member, Haringey CCG commented that the partnership needed to adopt an ambitious approach to try and move services away from the acute sector towards community services and a preventative approach.

The Cabinet Member for Finance & Health commented that adopting a more formalised structure was the best way to drive accountability, and advocated a more formalised ACO-type organisational structure. The Deputy Chief Executive commented that it was crucial that the top level governance structure was worked out in order to ensure that resources were not centralised through acute care providers and that the Council, CCG, GP surgeries and patient representation were enabled to be as powerful as possible. The Assistant Director of Adult Social Services advised that the partnership needed to articulate an outcome based framework, as opposed to one based on organisational structure in order to ensure that large acute care providers or social care providers did not dominate. The Chief Executive of BRT advocated adopting an organisational structure that facilitated greater influence for voluntary sector organisations.

RESOLVED:

I. To note progress with the Wellbeing Programme and the continued work to explore how an Accountable Care Partnership can support the Wellbeing Partnership's aims of taking a preventative approach to maintaining population health and wellbeing.

II. To discuss options on organisational form, governance and pace of change and to consider what arrangements are most likely to enable the partnership to drive efficiency and improve outcomes in the long term

To discuss the role of the Health and Wellbeing Board in shaping the Wellbeing Partnership

25. SECTION 75 AGREEMENT - LEAD COMMISSIONING ARRANGEMENTS

The Board received a report which set out progress on implementation of a model of commissioning and pooled budgets supported by a partnership agreement under S.75 of the National Health Services
Act 2006. Lead commissioning and pooled budgets for specified care groups were due to be in place by April 2017. The report was introduced by Rachel Lissauer

Director of Commissioning, Haringey CCG and was included in the agenda pack at page 69.

RESOLVED

The Health and Wellbeing Board was asked to note the work underway to ensure the following arrangements could be in place from April 2017:

I. Lead commissioning and the establishment and maintenance of pooled fund for the commissioning of learning disability services for eligible adults resident in Haringey;

II. Lead commissioning and the establishment and maintenance of a pooled fund for the commissioning of mental health services for eligible adults resident in Haringey;

III. Lead commissioning and the establishment and maintenance of a pooled fund for the commissioning of long term conditions and older people's services, including those services identified in the Better Care Fund 2016/17, for eligible adults resident in Haringey;

IV. Joint commissioning and the establishment and maintenance of a pooled fund for the commissioning of children and adolescent mental health services for the residents of the London Borough of Haringey;

V. Lead commissioning and the establishment and maintenance of a pooled fund for the commissioning of the Independent Domestic Violence Advocacy Service and the Identification and Referral to Increase Safety Service for eligible adults resident in Haringey.

26. HARINGEY SAFEGUARDING CHILDREN'S BOARD (HSCB) AND HARINGEY SAFEGUARDING ADULTS BOARD (HSAB): ANNUAL REPORTS

A cover report was included in the agenda pack (pages 69-70), and the HSCB & HSAB annual reports were included in the agenda pack at pages 71 & 139 respectively. Patricia Durr, HSCB & HSAB Business Manager introduced the reports and the Board discussed their findings.

The Board were advised that there was a statutory requirement to produce an annual report for both bodies. The LSCB and SAB Business Manager drew the Board's attention to the Adult's strategic plan and the five year strategy in Children's.

Cathy Herman, Lay Member Haringey CCG commented that there was significant work being undertaken between the HSCB and the Enfield Safeguarding Children's Board and enquired whether there were any plans to develop similar relationships with Islington. The LSCB and SAB Business Manager advised that facilitating greater joint working across London was one of the key enabling priorities identified, particularly in dealing with major issues that existed across London such as CSE. The Board was advised Haringey was part of the wider north London cluster and that she also sat on

the task and finish group for the London Safeguarding Board, both organisations also included Islington.

Clerks Note – Cllr Kober entered the meeting

Dr Jeanelle De Gruchy, Director of Public Health commented that the VAWG Strategy was presented at the previous meeting of the HWB and during the meeting the Board discussed the impact of VAWG on children and young people. The LSCB and SAB Business Manager reassured the Board that work was being undertaken to understand connection between the VAWG Strategy and supporting vulnerable young people, a key element in the process was around ensuring that links were made across different services and agencies.

Sharon Grant, Chair Healthwatch Haringey commented that there was a long way to go in terms of gathering enough data to be able understand the problems that existed in adult social care. The Chair Healthwatch Haringey also commented that there were significant issues around incompatibility of systems used between the Council and other partners and questioned whether there needed to be a dedicated performance measure to track referrals into adult social services. The LSCB and SAB Business Manager agreed that there was still some way to go to fully understand where referrals came from and how to track them cross the system.

The Assistant Director of Adult Social Services acknowledged that there was a conversation to be had around ensuring the correct metrics were in place to be able to asses overall performance levels and whether improvements were being made. The Chair Healthwatch Haringey, advocated that the annual report should refer to performance around referrals to Adult Social Services and highlight where the 'pinch points' were in the system and how to address them. The LSCB and SAB Business Manager acknowledged these concerns and agreed to check and ascertain whether the information was contained in the accompanying performance report. The LSCB and SAB Business Manager also advised that the system around referrals changed following the implementation of the Care Act and that there were difficulties in comparing statistics across the two reporting systems.

Zina Etheridge, Deputy Chief Executive advised that there was a proposal to hold a joint meeting of the HWB and the Community Safety Partnership sometime in spring 2017 in light of their being clear areas of overlap between the two Boards such as VAWG, alcohol and mental health.

The Director Children's Services advised that, from a Children's perspective, the VAWG Strategy was a key piece of work but strategically sat within Community Safety. In addition, domestic abuse was a key component at monthly vulnerable children's group meetings involving key partners. The Director Children's Services suggested that the police were showing an appetite to improve partnership working and commented that significant progress had been made in the last 12 months, particularly around domestic abuse. The Board was also advised that the CSP recognised the need to work together as a system in order to improve outcomes around VAWG.

Cllr Kober commented that she had been reading the HMFIC report on child safeguarding and a key theme that emerged across London was the extent to which the Metropolitan Police missed cases of CSE and a tendency to mislabel instances of CSE as something else. The Leader suggested that the Board needed to prioritise looking into this issue at a local level, in order to get underneath the issues highlighted in the report.

RESOLVED:

I). That the HWB notes the HSCB and HSAB Annual Reports

27. CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) TRANSFORMATION PLAN

The Board received a report which provided an updated version of the CAMHS plan, taking into account the work that had been completed in the last year and to also set out further details on what implementation would look like over the next four year period. The report was introduced by Catherine Swaile, Vulnerable Children's Joint Commissioning Manager and was included in the agenda pack at page 217. The updated CAMHS Transformation Plan was also included in the agenda pack at page 221, as an appendix to the report.

The Lay Member, Haringey CCG commended the report and commented that it was a really helpful piece of work that clearly set out what the issues were and what was being done to tackle them.

The Director of Children's Services raised concerns about the transition of young people into adult mental health services and commented that although the report set out that this shouldn't be arbitrarily based on age, there was a concern that this was still the case and that there were significant issues involved. The Director of Children's Services queried how that transition could be improved.

In response the Vulnerable Children's Joint Commissioning Manager advised that a number of pieces of work had been undertaken following an Overview and Scrutiny Committee report on CAMHS transition in 2014. A three year action plan around transition had been developed with the aim of understanding the current cohort, who was making the transition and how many wanted additional support but were ineligible. In addition, there was a pilot scheme being introduced involving BEH Mental Health Services, the voluntary sector and a group of young people at transition age. The pilot scheme involved the co-production of a manualised training package for young people about life skills and the development of peer support arrangements. The Vulnerable Children's Joint Commissioning Manager advised that this would hopefully be successful in helping those young people between tier 2 and tier 3 who would not be eligible for additional support at transition.

The Board were also advised that work was being undertaken to look at how to relax the boundary between CAMHS and adult mental health services to ensure that the young person was referred to the most appropriate treatment. There would be a joint panel with adult mental health services and CAMHS to decide the best referral pathway. In response the Director of Children's Services urged that the transitional

approach should involve a wider array of partners including Children's services and Adult Social Services.

RESOLVED:

To note the contents of the CAMHS Transformation Plan Refresh and formally sign-off the plan for publication

28. NORTH MIDDLESEX UPDATE

Clerks Note – Cllr Kober took over as Chair for the remainder of the meeting

A cover report was included in the agenda pack (pages 317-318), which updated the board on proposals being developed around the NMUH joining the Royal free London NHS Foundation Trust "Group". A presentation was also given jointly to the Board by the Richard Gourlay, Director of Strategic Development, North Middlesex University Hospital and Ron Agble, Director of Partnership & Transactions, Royal Free London Hospital.

The Board were advised that Royal Free London proposed developing as a Group in order to develop the capability and infrastructure to reduce unwarranted variation – which was intended to result in improved clinical outcomes, patient safety and patient satisfaction. The Group intended to consolidate a range of clinical support services and non-clinical activity, which should also deliver financial benefits. NMUH had experienced significant operational challenges, in terms of both quality and delivery of access standards that may have been mitigated with access to a wider workforce resource.

North Middlesex University Hospital took a decision in March 2016 to explore how joining the group would help secure the future sustainability of services – both financially and clinically. A Partnership Board was established in June 2016 to maintain an overview of the progress towards the decision and the integration of NMUH into the new group structure. This Partnership Board incorporated senior leaders from the Trusts as well as representatives from Haringey CCG, Enfield CCG, NHS England and NHS Improvement. Both trusts boards would make ultimate decisions regarding progress of the Partnership Programme, with the Partnership Board acting as the collective forum to oversee the work on behalf of both organisations. The Director of Partnership & Transactions, Royal Free London Hospital assured the Board that any decision to join the Royal Free London Group would not result in NMUH being centrally managed from RFL and that local management arrangements would be maintained.

In response to a request for clarification on the risks involved in the proposal, the Board was advised that during a leadership away day for senior managers at NMUH' one of the key areas of concern was around the need to protect the identity of NMUH. The Director of Partnership & Transactions, Royal Free London Hospital advised that the biggest risk in his opinion was around staff retention and staff recruitment.

The Director of Strategic Development, NMUH emphasised the need for any investment to deliver a return given the financial pressures facing the NHS and that getting this wrong would carry significant risks around public perception and wasting public money. The Board were also advised that there were risks to wasting the time and commitment of clinical staff and the wider impact this could have on staff morale. The Director of Strategic Development advised that whilst the group was aware of the risks involved, there was a much greater risk around not doing anything at all.

In reference to a possible Accountable Care Organisation model, the Deputy Chief Executive stressed the need to have community based services closely connected to acute services in order to build resilience and keep people out of hospitals. The Deputy Chief Executive asked whether community care providers & GP's were being considered as part of the process, alongside acute care providers. In response, the Board was advised that primary care, social care, mental health provision and community health services were all being considered as part of the process but cautioned that the extent of that consideration varied across the different sectors. The Director of Partnership & Transactions, Royal Free advised that they would be working closely with partners in each of those sectors.

The Board was also cautioned that no decisions had been taken on the model of population health care and that an Accountable Care Organisation was just one of the potential options being considered.

The Deputy Chief Executive sought clarification from the CCG as to whether it was felt that GP's were being engaged with in that conversation. The Deputy Chief Executive also urged the Director of Partnership & Transactions, Royal Free to engage with the partners around a social care perspective sooner rather than later.

The Leader enquired how the Royal Free London Group would ensure that recent improvements to the standard of care delivered at NMUH were sustained. In response the Board was advised that discussions were taking place through the NMUH Executive Board, around improvement plans and what investments needed to be made in the next 12 months. The Director of Strategic Partnership acknowledged that there was a risk around capacity within the system but advocated that by doing this at scale, there were greater opportunities available, such as being able to share consultant resources across the network.

In response to a question around the structure of clinical leadership, the Board was advised that there was a clear understanding from the group of the need to operate as a homogenous group across all of the sites. The Board noted that clinical practice groups would meet periodically, consisting of clinicians from across each of the sites, to review data on outcomes and the practices that are leading those outcomes. There would be structural resources available across the sites that would be supported at group level, in addition to the conventional structures of clinical management usually seen at hospitals.

In response to concerns raised around the complications involved in setting up an Accountable Care Organisation across such a large footprint, the Board was advised that the ACO was just one example of an approach to population health based system and it was reiterated that the group was a long way off establishing such a system. The paper set out an ambition for population health in broad terms but the details of this required significant further consideration. The Lay Member Haringey CCG urged the group to initiate conversations with the CCG at a very early stage in the process. In response to a question as to whether, in terms of commissioning, the proposals would be cost neutral; the Director of Partnership & Transactions, Royal Free commented that he would hope to see a positive return on investment to any population based system that was introduced.

In response to a request for clarification around the level of financial modelling that had been undertaken, the Board was advised that this was still very much at an embryonic stage and that further work would be undertaken with clinical and leadership teams in the coming weeks and months to try and identify what could be possible in terms of the financial modelling.

29. NEW ITEMS OF URGENT BUSINESS

None

30. FUTURE AGENDA ITEMS AND DATES OF FUTURE MEETINGS

The Board agreed in principle to holding a joint meeting of the HWB and Community Safety Partnership at the next Board meeting in March.

It was agreed that there would be short Board meeting for business items and that the main strategic item would be a joint discussion of both Boards focusing on one of the key areas of overlap such as VAWG, alcohol or mental health.

It was noted that the future meeting dates were:

- 2nd March 2017 at 18:00

CHAIR: Councillor Claire Kober

Signed by Chair ……..

Date ……