

**MINUTES OF THE HARINGEY WELL-BEING PARTNERSHIP BOARD (HSP)  
MONDAY, 2 MARCH 2009**

**Present:** Councillor Bob Harris (Chair), Margret Allen, Abdool Alli, Councillor John Bevan, Eugenia Cronin, Councillor Dilek Dogus, Keith Edmunds, John Forde, Michael Fox, Angela Manners, John Morris, Lisa Redfern, Naeem Sheikh, Richard Sumray.

**In Attendance:** Xanthe Barker, Will Evans, Eve Pelekanos, Helena Pugh, Susan Oti.

MINUTE NO.	SUBJECT/DECISION	ACTON BY																		
<b>OBHC117</b>	<p><b>APOLOGIES AND SUBSTITUTIONS</b></p> <p>Apologies for absence were received from the following:</p> <table border="0"> <tr> <td>Tracey Baldwin</td> <td>Keith Edmunds substituted</td> </tr> <tr> <td>Councillor Gideon Bull</td> <td></td> </tr> <tr> <td>Robert Edmonds</td> <td></td> </tr> <tr> <td>Dave Grant</td> <td>John Forde substituted</td> </tr> <tr> <td>Paul Head</td> <td></td> </tr> <tr> <td>Cathy Herman</td> <td></td> </tr> <tr> <td>Sue Hessle</td> <td></td> </tr> <tr> <td>Marion Morris</td> <td></td> </tr> <tr> <td>Mun Thong Phung</td> <td>(represented by Margaret Allen &amp; Lisa Redfern)</td> </tr> </table>	Tracey Baldwin	Keith Edmunds substituted	Councillor Gideon Bull		Robert Edmonds		Dave Grant	John Forde substituted	Paul Head		Cathy Herman		Sue Hessle		Marion Morris		Mun Thong Phung	(represented by Margaret Allen & Lisa Redfern)	
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<b>OBHC118</b>	<p><b>DECLARATIONS OF INTEREST</b></p> <p>Councillor Dilek Dogus declared a personal interest in Item 7 as she was an employee of the Barnet Haringey and Enfield Mental Health Trust.</p>																			
<b>OBHC119</b>	<p><b>URGENT BUSINESS</b></p> <p><b>RESOLVED:</b></p> <p>That partners should be invited to provide an update on the current financial outlook for their respective organisations under agenda Item 16.</p>																			
<b>OBHC120</b>	<p><b>MINUTES</b></p> <p><b>RESOLVED:</b></p> <p>That the minutes of the meeting held on 12 December 2008 be confirmed as a correct record.</p>																			
<b>OBHC121</b>	<p><b>COMMUNITY ENGAGEMENT FRAMEWORK</b></p> <p>The Board received a report and presentation setting out the role of the new Community Engagement Framework (CEF) and how it was being</p>																			

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developed.

It was noted that there were three key reasons for establishing a CEF:

- To reaffirm the HSP's commitment to community engagement
- To promote and share partnership understanding of principles and community engagement
- To identify and prioritise areas for development

There were several national and local drivers for forming the CEF including the Local Government and Involvement in Public Health Act and Local Area Agreement (LAA) targets.

The Board was advised that the HSP Performance Management Group (PMG) had established a multi agency sub group to lead on the delivery of the CEF.

The first phase of the consultation process had now concluded and the second phase was due to commence on 5 March. This would include publishing the consultation document on the Council's website and circulating it to Voluntary and Community Sector groups for feedback. A questionnaire would also be circulated seeking specific comments in relation to the vision, definition and principles of the CEF.

During the second phase of consultation each of the Thematic Boards would also be provided with an opportunity to discuss and comment on the draft CEF.

It was noted that the third phase would take place in the Autumn and would focus primarily on the development of the Action Plan.

Members of the Board representing community groups were encouraged to complete the online questionnaire and the Board was advised the closing date for submission was 21 April.

The Board discussed the CEF and it was noted that engagement and empowerment were particularly relevant to the Well-Being agenda. It was contended that effective engagement with communities could offer real health benefits and help address health inequalities and this should be a primary driver for the CEF.

It was suggested it would be useful if the 'Making a Positive Contribution' sub-group looked at ways of linking into the CEF and officers agreed to take this forward.

In response to a query the Board was advised that the list of suggested engagement mechanisms was not exhaustive and was intended to provide a 'snap shot' rather than a description of all of the actions being taken to engage with the local community.

It was noted that although the CEF provided a framework for engagement it may not be obvious to the public what it was intended to

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	<p>achieve. It was suggested that this should be set out more explicitly within the document.</p> <p>There was also agreement that there needed to be stronger collaboration between partners to ensure that duplication was minimised and that existing mechanisms for engagement were used as effectively as possible.</p> <p><b>RESOLVED:</b></p> <ol style="list-style-type: none"> <li>i. That the report and presentation be noted.</li> <li>ii. That the points raised above be taken forward by the Head of Corporate Policy.</li> </ol>	<p>Helena Pugh</p> <p>Helena Pugh</p>
<p><b>OBHC122</b></p>	<p><b>COMPREHENSIVE AREA ASSESSMENT</b></p> <p>The Board received a presentation on the forthcoming Comprehensive Area Assessment (CAA).</p> <p>An overview was given of the scope of the CAA and it was noted that this was comprised of two key strands:</p> <p><u>Area Assessment</u></p> <p>This strand would consider how effectively local public services delivered local priorities, economic prospects, community safety and potential for future improvement.</p> <p><u>Organisational Assessment</u></p> <p>The second strand would consider the use of resources and performance management and how the Council delivered value for money through the combined use of resources and performance management.</p> <p>It was noted that Partners would be inspected by their own inspection regimes and that these would liaise with the Audit Commission.</p> <p>In assessing this four key themes would be considered:</p> <ul style="list-style-type: none"> <li>• Management of finances</li> <li>• Governing business</li> <li>• Managing resources</li> <li>• Managing performance</li> </ul> <p>In terms of the Area Assessment the following key areas would be focussed upon:</p> <ul style="list-style-type: none"> <li>• How well do local priorities express community needs and aspirations?</li> <li>• How well are the outcomes and improvements needed being</li> </ul>	

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	<p>delivered?</p> <ul style="list-style-type: none"> <li>• What are the prospects for future improvements?</li> </ul> <p>It was noted that the Local Authority would be required to produce and publish an Annual Summary, which would include an overview of key priorities, overall successes, challenges and future prospects. It was envisaged that these would form a tool for members of the public wanting to obtain an overview of the Borough.</p> <p>In addition to this a system of red and green flags would be used to indicate areas where arrangements were considered inadequate to deliver improvement or where exceptional or innovative practice was demonstrated.</p> <p>The Board was advised that that the CAA would take a more holistic approach to assessing performance and would gather evidence over the course of a year rather than focussing on a limited period.</p> <p>In terms of the specific implications for the Well-Being Strategic Partnership Board, it was noted that the NHS World Class Commissioning framework would be aligned to the CAA and that the NHS would be assessed against this. The respective Ofsted and Care Quality Commission inspections of Adult Learning and Adult Social Care would also be considered within the CAA.</p> <p>The Board discussed the report and presentation and was advised that in addition to the sources listed above the Place Survey and other relevant surveys would be used as evidence by the CAA team.</p> <p><b>RESOLVED:</b></p> <p>That the presentation be noted.</p>	<p>All to note</p>
<p><b>OBHC123</b></p>	<p><b>MENTAL CAPACITY ACT -DOLS IMPLICATIONS</b></p> <p>The Board received a presentation setting out the implications of the Deprivations of Liberty Safeguards, which formed part of the Mental Capacity Act 2007 and will come into force in April 2009.</p> <p>It was noted that the these measures were intended to prevent arbitrary decisions being made that would deprive vulnerable people in hospital and care homes of their liberty. Staff working in the sector were being prepared for the implementation of the new measures via training and briefing sessions.</p> <p>The Board was advised that under the Act Local Authorities and Primary Care Trusts were now able to enter into a range of shared operational and administrative arrangements that were intended to assist them in carrying out duties placed on them by the Deprivation of Liberty Safeguards. It was confirmed that under the new partnership arrangements Local Authorities and Primary Care Trusts would be able to carry out any of their functions on each others behalf.</p>	

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	<p>In response to a query it was confirmed that where services were commissioned to other organisations they could be assessed by the commissioning body.</p> <p>The Board was advised that the Local Authority had begun to look at putting systems in place to capture data and there was agreement that there should be discussion between NHS Haringey and the Local Authority to determine whether a joint approach could be formulated.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>i. That the presentation be noted.</li> <li>ii. That there should be discussion between the NHS and the Local Authority to determine whether a joint approach to could be formulated for capturing data in relation to the Deprivation of Liberty Safeguards.</li> </ul>	<p>Keith Edmunds/ Lisa Refern</p> <p>Keith Edmunds/ Lisa Refern</p>
<p><b>OBHC124</b></p>	<p><b>REHABILITATION AND INTERMEDIATE CARE STRATEGY</b></p> <p>The Board considered a report that provided an update on progress of the development of the Intermediate Care and Rehabilitation Strategy.</p> <p>It was noted that the Strategy had been identified as a priority area for development in the Primary Care Trust's (PCT) Investment Plan and as a result an external review of the existing Strategy had been commissioned, the results of which were set out in the report.</p> <p>In response to a query, as to whether funding would be available to Voluntary and Community Sector groups under the Strategy, the Board was advised that investment was already committed under existing contracts. As the initiative was being led by the Department for Health the PCT did not have the usual flexibility to consult with the Voluntary and Community Sector.</p> <p>In terms of the recommendation that Greentrees on the St Ann's site could be improved in terms of efficiency the Board was advised that options for increasing the number of beds available were being considered with a view to raising the number of people who could be treated at any one time.</p> <p>The Board was advised that the Strategy focussed on the delivery of primary care rather than mental health. However, there were areas such as primary care for the elderly where there would be cross over.</p> <p>There was agreement that once contracts had been agreed further information should be circulated to the Board along with the overarching Investment Strategy.</p>	<p>Keith Edmunds</p>

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	<p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>i. That the progress made in relation to the Strategy be noted.</li> <li>ii. That once contracts had been agreed further information should be circulated to the Board along with the overarching Investment Strategy.</li> </ul>	<p>Keith Edmunds</p>
<p><b>OBHC125</b></p>	<p><b>ALCOHOL STRATEGY IMPLEMENTATION PLAN UPDATE AND PRESENTATION ON ANALYSIS OF THE HOSPITAL EPISODE STATISTIC DATA</b></p> <p>The Board received an information report setting out progress in relation to the Alcohol Strategy Implementation Plan. A presentation was also given that provided statistical data relating to alcohol related hospital admissions.</p> <p>It was noted that one of the contributing factors towards alcoholism was often boredom and a lack of prospects. It was suggested that work should be carried out with local communities to ensure that there were volunteering and training opportunities for local people. This was particularly relevant in the current economic climate where people may be vulnerable to redundancy and experiencing additional pressures, due to financial problems.</p> <p>The Board was advised that this was recognised as being an important issue and that measures were included within the Action Plan to address this. In addition work was being carried out with primary care providers to ensure that all of the pathways into care were able to recognise and appropriately refer patients with alcohol problems.</p> <p>It was acknowledged that there were conditions where alcohol consumption was a contributory factor, rather than the primary cause of an admission, and this meant that it was often difficult to gauge how an admission should be classified. Consequently any statistical information arising from this may provide a distorted picture.</p> <p>It was noted that the rate of chronic admissions were not included within the data and it was suggested that in order for the data to be as comprehensive as possible a broader context should be provided.</p> <p><b>RESOLVED:</b></p> <p>That presentation and report be noted.</p>	<p>Susan Oti</p>
<p><b>OBHC126</b></p>	<p><b>SUMMARY OF HARIACTIVE REPORT</b></p> <p>The Board received a report that provided an update on the HariActive Programme.</p> <p>The Programme contributed towards four of the Local Area Agreement (LAA) National Indicators (NI's) within the Board's responsibility:</p>	

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	<ul style="list-style-type: none"> <li>• NI 8            Adult Sport and Physical Activity Participation</li> <li>• NI 6            Participation in Volunteering</li> <li>• NI 56          Tackling Childhood Obesity</li> <li>• NI 57 Children and Young People’s Participation in High Quality Physical Education and Sport</li> <li>• NI 119        Overall Health and Well-Being (Local Target)</li> <li>• NI 139        Healthy Lifestyle Expectancy (Local Target)</li> </ul> <p>It was noted that proxies were now being formed to measure targets that had an annual indicator in order to enable the Board to measure progress against throughout the year.</p> <p>In response to a query, as to how the level of people who participated in physical activity three times a week or more was measured, the Board was advised that this information was taken from the Active People Survey. This was based on responses received from one thousand people from across the Borough and had been accepted by GOL as a sufficient means of obtaining data.</p> <p>The Board was advised that coaching opportunities arising as part of the Olympics would be picked up in the Club and Coaching Volunteering Programme and that the Enterprise Partnership Board was considering the wider economic legacy that the Olympics presented for the Borough.</p> <p><b>RESOLVED:</b></p> <p>That the report be noted.</p>	All to note
<b>OBHC127</b>	<p><b>USER PAYMENTS POLICY</b></p> <p><b>RESOLVED:</b></p> <p>That the report be deferred until the next meeting.</p>	Helen Constantine/ Xanthe Barker
<b>OBHC128</b>	<p><b>UPDATE ON JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)</b></p> <p>The Board received a report that provided an update on progress in relation to the Joint Strategic Needs Assessment (JSNA).</p> <p>It was noted that the first phase of Haringey’s JSNA had been published in August 2008 and that this had identified where there were gaps in knowledge. At present four under pinning needs assessments were being undertaken as part of the JSNA to assess the needs of:</p> <ul style="list-style-type: none"> <li>• Mental Health</li> <li>• Sexual Health</li> <li>• Vulnerable Children and Young People</li> <li>• Population Projections and Future Need</li> </ul>	

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	<p>The Board was advised that a Steering Group consisting of representatives from across the Partnership had been established to guide the JSNA. At present the Steering Group was developing a business case for a web-based data platform for sharing and reporting data to the Partnership.</p> <p><b>RESOLVED:</b></p> <p>That the report be noted.</p>	<p>All to note</p>
<p><b>OBHC129</b></p>	<p><b>WELL-BEING RISK REGISTER</b></p> <p>The Board received a report that provided an update in relation to the Well-Being Strategic Partnership Board Risk Register.</p> <p>At its previous meeting the Board had requested that clarification and additional information had been sought in two areas: clarification of the risk attached to NI 8 and the inclusion of financial risk element. The Board was advised that these issues had now been addressed and that this was set out in the report.</p> <p>An overview was provided of the methodology attached to the Risk Register and how it would be monitored and reported on to the Board.</p> <p>It was noted that the sub-groups beneath the Board were considered within the Register and that their SMART objectives were being assessed in terms of risk.</p> <p>Concern was expressed that there was additional financial risk attached the potential loss of the Reward Based Grant that had not been considered. The Board was advised that the budget had been calculated on the assumption that this would not be achieved.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>i. That the changes in relation to NI 8, as set out in the report, be noted.</li> <li>ii. That the financial risks set out in the report be noted.</li> <li>iii. That the Risk Register be adopted.</li> </ul>	
<p><b>OBHC130</b></p>	<p><b>AREA BASED GRANT</b></p> <p>The Board received a verbal update in relation to the Area Based Grant (ABG).</p> <p>It was noted that the Supporting People Programme would not be subsumed by the ABG in 2009/10. However, it was likely that this would be included within the ABG in future years; in order to provide stability the HSP Performance Management Group (PMG) had agreed to</p>	



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	<p>'passport' through funding to the Programme in 2010/11.</p> <p>The Board discussed the ABG and there was agreement that the two year period agreed would offer a better degree of certainty for organisations and that this was a positive measure. Concern was raised that smaller organisations may not be as engaged or as aware of the criteria for receiving continued funding and it was suggested that additional ways of engaging with these groups should be considered.</p> <p>In response to a query it was clarified that there would be a review of the projects funded by the ABG after eighteen months and that this was seen as being good practice.</p> <p>It was noted that the Enterprise Partnership Board had produced a Commissioning Prospectus that set out the criteria for funding and provided a framework and guide for organisations bidding for this. There was agreement that the Board should develop a commissioning model to provide clarity and consistency.</p> <p><b>RESOLVED:</b></p> <p>That the verbal update provided be noted.</p>	<p>All to note</p>
<p><b>OBHC131</b></p>	<p><b>WELL-BEING SCORECARD</b></p> <p>The Board received the Well-Being Scorecard which set out performance against Local Area Agreement (LAA) targets during the Third Quarter of 2008/09.</p> <p>The Chair noted that Haringey was currently rated as fifteenth out of the sixteen London Boroughs surveyed in terms of delayed transfers of care and he expressed his concern at the position. He requested that colleagues from NHS and the Council should meet as a matter of urgency to discuss how this could be addressed jointly.</p> <p><b>RESOLVED:</b></p> <p>That the performance during the Third Quarter be noted.</p>	<p>Keith Edmunds/ Lisa Refern/ Margaret Allen/ David Sloman</p> <p>All to note</p>
<p><b>OBHC132</b></p>	<p><b>NEW ITEMS OF URGENT BUSINESS</b></p> <p><i>As agreed under Item 3 partners were invited to provide an update on the current economic outlook for their respective organisations:</i></p> <p><u>NHS Haringey</u></p> <p>The Board was advised that in order to take forward the recommendations contained within the Health Care for London report NHS London had agreed that historic deficits across London PCTs would need to be addressed. Consequently the deficit was being spread across the PCTs. In order to achieve the savings required it had been necessary to 'top slice' the budgets across London.</p>	

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	<p>A body consisting of Chief Executives, Chairs and Executive Directors of PCTs would consider business cases put forward by PCTs with the largest deficits, setting out why they should additional funding, which would be subsidised by other PCTs.</p> <p>In addition to these savings all PCTs were also being asked make efficiency savings of 0.8% during the next financial year.</p> <p>The Primary Care Strategy was developing rapidly and the next stage of consultation would begin in June.</p> <p>The Board was advised that the PCTs budget was still in flux at present and until it had been finalised the PCT was unable to provide partners with details. However, once it had been finalised details would be circulated.</p> <p><u>Council</u></p> <p>The Chair advised that the Council's budget had now been set and that details of this were publicly available.</p> <p><u>Mental Health Trust</u></p> <p>At present the MHT was consulting with NHS Haringey on changes to Mental Health provision in the Borough.</p> <p>An update would be provided at a future meeting on the progress of the Trusts application for Foundation status.</p> <p><b>RESOLVED:</b></p> <p>That the updates provided be noted.</p>	<p>Helen Constantine/ Xanthe Barker</p> <p>All to note</p>
<p><b>OBHC133</b></p>	<p><b>ANY OTHER BUSINESS</b></p> <p>No items of AOB were raised.</p>	
<p><b>OBHC134</b></p>	<p><b>DATES OF FUTURE MEETINGS</b></p> <p>Members of the Board were asked to note the provisional dates set for the new Municipal Year 2009/10:</p> <ul style="list-style-type: none"> <li>• 14 May, 7pm</li> <li>• 1 October, 7pm</li> <li>• 8 December, 7pm</li> <li>• 25 February, 7pm</li> </ul> <p>It was noted that once these had been formally agreed the Board would be advised.</p>	<p>All to note</p>

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COUNCILLOR BOB HARRIS

Chair

The meeting closed at 9.15pm.