

**MINUTES OF THE HARINGEY WELL-BEING PARTNERSHIP BOARD (HSP)
TUESDAY, 5 OCTOBER 2010**

Present: Councillor Dilek Dogus, (Chair), Margaret Allen, Councillor John Bevan, Margaret Fowler, Michael Fox, Cathy Herman, Richard Milner, Marion Morris, Susan Otit, Mun Thong Phung, Lisa Redfern, Naeem Sheikh, Richard Sumray, Councillor Ann Waters, Stephen Wish.

In Attendance: Xanthe Barker, Olivia Darby, Carmel Keeley, Sima Khiroya, Melanie Ponomarenko, Leks Omiteru, Barbara Nicholls, Helena Pugh.

MINUTE NO.	SUBJECT/DECISION	ACTON BY
WB001	<p>APOLOGIES</p> <p>Apologies for absence were received from the following:</p> <p>Stephen Deitch Paul Head - Howard Jeffrey substituted Claire Pannicker Bronagh Scott Dr. Gina Taylor</p>	
WB002	<p>URGENT BUSINESS</p> <p>There were no items of Urgent Business.</p>	
WB003	<p>DECLARATIONS OF INTEREST</p> <p>No declarations of interest were made.</p>	
WB004	<p>MINUTES</p> <p>RESOLVED:</p> <p>That the minutes of the meeting held on 10 June 2010 be confirmed as a correct record.</p>	
WB005	<p>FINANCIAL PLANNING / CHALLENGES 2010/11</p> <p>The Board received a report on the funding cuts and financial challenges facing Public Sector organisations.</p> <p>The Chair noted that the report had been brought to the Board in order to draw together all of the issues that would impact upon the financial resources available to Public Sector organisations. The restricted timetable around the implementation of funding cuts and new legislation meant that consultation with partners and local residents would not be as extensive as the Council would like and therefore providing a ‘snap shot’ of the current picture had been considered essential at this juncture. More detailed reports would be submitted to the Board in January setting out the implications of the CSR and the various White Papers being published during the autumn and their impact upon health and wellbeing.</p>	

**MINUTES OF THE HARINGEY WELL-BEING PARTNERSHIP BOARD (HSP)
TUESDAY, 5 OCTOBER 2010**

	<p>The Vice-Chair noted that the proposed changes were the most significant since the NHS's conception and represented a conceptual change to the way in which services would be delivered. In order to address the challenges, and to ensure that the Borough was as well placed as possible to deal with them, it was essential that work began swiftly to plan for how these would be implemented now.</p> <p>Given the scale of the financial challenges ahead all options would have to be considered and this would inevitably result in redundancies and a change in the role the VCS may play in delivery services.</p> <p>Establishing clear principals and priorities at the outset would be essential in order to plan the best use of resources around these. Large Public Sector organisations such as the Council and NHS Haringey would need to work together to form these principals and priorities to ensure that the funding available to the Public Sector was used as effectively as possible.</p> <p>RESOLVED:</p> <p>That the report be noted.</p>	
<p>WB006</p>	<p>'EQUITY AND EXCELLENCE: LIBERATING THE NHS' - WHITE PAPER 12 JULY 2010</p> <p>The Board received a report that provided a briefing on the White Paper published on 12 July 2010 entitled 'Equity and Excellence: Liberating the NHS'.</p> <p>The one of the key changes arising from this was the abolition of Primary Care Trusts (PCTs) and the creation of an NHS Commissioning Board and GP collaboratives. The new GP collaboratives would take over responsibility for the commissioning of services by 2013. Other significant changes included allowing patients to register with the GP of their choice, rather than restricting them to their local GP and opening up health provision to allow private providers to compete to deliver services.</p> <p>In terms of performance and strategic priorities the White Paper proposed that a new outcome focused framework should be established for health and social care to replace existing targets. The Secretary of State would be responsible for setting national objectives for health improvement. The Care Quality Commission (CQC) would regulate the quality of health and social care and the National Institute for Clinical Excellence (NICE) would set standards.</p> <p>Local Authorities would take over responsibility for Public Health and as part of this would be required to appoint a Director of Public Health and a ring fenced budget for 'Health Improvement' would be allocated to Local Authorities to support this function. As part of this shift in responsibilities Local Authorities would be required to establish Health and Well Being Boards by April 2012 and these would have four key functions:</p>	

**MINUTES OF THE HARINGEY WELL-BEING PARTNERSHIP BOARD (HSP)
TUESDAY, 5 OCTOBER 2010**

- Leading on a Joint Strategic Needs Assessment (JSNA) to assess local needs
- Promoting integration and partnership working (including joint commissioning)
- Supporting joint commissioning and pooled budget arrangements
- Overview and Scrutiny

Following the presentation the Chair noted that the scale of change made it difficult to visualise how health and social care would be delivered once all of the changes had bedded in. However, certain aspects, such as the shift in responsibility for Public Health from PCTs to Local Authorities were welcomed, provided the necessary funding was attached.

In response to concerns as to whether there would be a merger of the five North London Boroughs, in order to reduce management costs, the Board was advised that Primary Care Trusts (PCTs) were being required to make a 50% reduction to management costs, which meant that a range of options to achieve this were being considered at present.

In addition to reducing management costs the PCT would also need to provide support to Local Authorities and GPs in preparation for the hand over of responsibilities for Public Health and Commissioning. Therefore the organisation's capacity to support other functions would diminish.

It was noted that whilst many of the changes had the potential to have a positive impact upon the delivery of health care, particularly moving towards a more outcome based approach; the speed with which changes were being implemented may lead to good aspects of the current system being lost. This, combined with heavy redundancies and lack of capacity, meant that the support the PCT could give to additional work would be minimal. The PCT would need to focus much of its remaining capacity assisting with the implementation of the new arrangements.

The Board was advised that emerging proposals suggested that GP commissioning bodies were likely to be responsible for commissioning 40% of the total budget, rather than 80% as previously suggested. Therefore the national NHS Commissioning Board would hold the majority of the budget.

It was noted that proposals to transfer health scrutiny to statutory Health and Wellbeing Boards would have an impact on the way Overview and Scrutiny operated. New mechanisms would need to be established to ensure that there was effective scrutiny in place.

In response to concern raised that the speed with which changes were being implemented would result in the Voluntary and Community Sector (VCS) being sidelined; the Chair advised that the Council recognised and valued the expertise and the skills within the VCS. However, the magnitude of the changes proposed meant that there may need to be patience while the new plans were worked through.

**MINUTES OF THE HARINGEY WELL-BEING PARTNERSHIP BOARD (HSP)
TUESDAY, 5 OCTOBER 2010**

There was discussion around how the issues arising from the White Paper should be taken forward and the implications for partnership working. There was agreement that the Board had a key role to play in providing leadership around these issues moving forward and that retaining the good aspects of partnership working was vital.

It was noted that work would be required to ensure that GPs with commissioning skills understood the role of Local Authorities in public health and service provision. There was agreement that the Board should consider hosting a workshop for GPs on Local Authorities and health and social care issues (including Total Place agenda). As GPs leading on collaboratives had many demands placed on their time at present it was suggested that the invitation should be issued to all GPs.

The Board was advised that officers would also look at other areas where it could provide leadership locally.

Concern was raised that services provided on a 'block contract' basis by Barnet, Enfield and Haringey Mental Health Trust (BEH MHT) may be more vulnerable to cuts than acute services (paid based on activity) if services were too rapidly.

The Board was advised that guidance from the Department of Health noted that the children's agenda would form an important part of the new Health and Wellbeing Board and that therefore the Board would need to consult with the Children's Trust as the new arrangements were implemented.

The Chair concluded by noting that there would be a further report on this topic in January by which point the CSR would have taken place and further information would have been received with respect to the White Paper.

There was agreement that officers should look at options for establishing a Health and Wellbeing Board and the implications for the existing Well Being Strategic Partnership Board.

RESOLVED:

- i. That the report be noted.
- ii. That a report setting out the options for establishing a Health and Wellbeing Board and the implications for the existing Well Being Strategic Partnership Board should be submitted to the January meeting.
- iii. That a workshop session, hosted by the Board, should be considered for GPs to provide an overview of how Local Authorities operated with respect to health and social care issues (including 'shared services' agenda).

Lisa Redfern

Mun Thong Phung

Lisa Redfern

All

**MINUTES OF THE HARINGEY WELL-BEING PARTNERSHIP BOARD (HSP)
TUESDAY, 5 OCTOBER 2010**

<p>WB007</p>	<p>NHS HARINGEY AND COUNCIL: APPROACH TO PERFORMANCE MANAGEMENT</p> <p>The Vice-Chair apologised for the absence of an appropriately briefed officer to present this report and it was agreed that the item should be deferred until the next meeting.</p> <p>RESOLVED:</p> <p>That the report be included within the agenda for the next meeting.</p>	<p>Xanthe Barker</p>
<p>WB008</p>	<p>SAFEGUARDING ADULTS: UPDATE ON IMPLEMENTATION PLAN</p> <p>The Board received a tabled report that provided an update on the Safeguarding Adults Implementation Plan (SAIP).</p> <p>It was noted that the permanent Head of Safeguarding and (DoLS) had been in place since August and that a new Safeguarding Panel, had been established, which was Chaired by Councillor Gina Adamou and attended by Councillor Joanna Christophides and Councillor David Winskill.</p> <p>In addition the Cross Borough Peer Challenge Group, which was comprised of representatives from the following London Boroughs; Camden, Hackney, Haringey and Sutton, was near to completing its work on Risk Assessment and Screening and the Case file Audit Tool and these had now been piloted. In terms of implementation the group would meet and agree recommendations around the adoption on 11 October.</p> <p>The Board was advised that the number of alerts being received by the Safeguarding and DoLS team had increased more than was anticipated during the last year. Analysis of the alerts indicated that there was confusion around the terms Safety and Safeguarding. In order to assist people to determine when it was appropriate to raise an alert and what information should be provided a 'How To' guide was being compiled.</p> <p>It was noted that the guide would be particularly useful to the Ambulance Service as staff routinely attended situations where Safeguarding issues became apparent. The Board was advised that training specifically for Ambulance Service staff was being planned.</p> <p>RESOLVED:</p> <p>That the report be noted.</p>	
<p>WB010</p>	<p>QUARTER 1 PERFORMANCE SUMMARY / EXCEPTION REPORT</p> <p>The Board received a report that provided an overview of performance against Local Area Agreement (LAA) National and Local Performance Indicators (PIs) within the Boards responsibility during the first quarter of 2010/11.</p>	

**MINUTES OF THE HARINGEY WELL-BEING PARTNERSHIP BOARD (HSP)
TUESDAY, 5 OCTOBER 2010**

	<p>An overview of the report was provided and it was noted that despite the turbulent political and financial backdrop overall performance during the first quarter of 2010/11 had been good.</p> <p>It was noted that NI 39, which related to hospital admission rates for alcohol related harm, continued to be a challenging. These had risen across London and Haringey was particularly affected due to the number of dependent drinkers resident in the Borough.</p> <p>The Board was advised that NI 40, which related to the number of drug users recorded as being in effective treatment against a 2007/08 baseline, was comprised of two components; the number of people entering and the number completing treatment. Therefore this measure of performance did not fully reflect the effectiveness of the treatment systems in place.</p> <p>In response to concerns that there was insufficient dialogue with people receiving treatment around how the service could be improved, the Board was advised that there were mechanisms in place to facilitate this. The Drug and Alcohol Action Strategic Manager advised that she would discuss this issue with the manager of the integrated service and it was also agreed that this should be discussed by the Mental Health Partnership Board.</p> <p>The Board placed on record its thanks to all of the people that had contributed to the work that had been undertaken in partnership during the last year.</p> <p>RESOLVED:</p> <p>That the report be noted.</p>	<p>Marion Morris / Lisa Redfern</p>
<p>WB011</p>	<p>WELL-BEING PARTNERSHIP BOARD RISK REGISTER (AS AT 30 JUNE 2010)</p> <p>The Board received a report that presented the status of risks associated with its running and against the achievement of key LAA targets as measured within the Well Being Risk Register as of 30 June 2010.</p> <p>Due to the political climate and the pace with which new policies and legislation were being implemented, unknown areas of risk, such as the Comprehensive Spending Review (CSR) and two White Papers, could not be measured at present. It was noted that the Joint Leadership Team (JLT) was in the process of agreeing three key principals going forward and there was agreement that the Risk Register should be redrafted based around these priorities and presented to the Board at the January meeting.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> i. That the report be noted. ii. That the risk register should be redrafted as set out above and submitted to the January meeting for discussion. 	<p>Margaret Allen / Helen Constantine</p> <p>Margaret Allen / Helen Constantine</p>

**MINUTES OF THE HARINGEY WELL-BEING PARTNERSHIP BOARD (HSP)
TUESDAY, 5 OCTOBER 2010**

		ne
<p>WB012</p>	<p>THEME BOARD PRIORITIES 2011/12 - RESOURCING AND SUSTAINABLE COMMUNITY STRATEGY REFRESH</p> <p>The Board received a briefing note setting out the process that would be followed with respect to tackling reductions to the Area Based Grant (ABG) and the refresh of the Sustainable Community Strategy (SCS).</p> <p>As part of the process the Joint Leadership Team (JLT) been asked to identify three key priorities going forward and the following had been agreed in principal:</p> <ol style="list-style-type: none"> 1. Developing locality based commissioning 2. Joint working on priority areas with measurable outcomes 3. Early intervention and prevention <p>The Board discussed the priorities set out above and it was suggested that the first priority should be amended to GP locality based commissioning and the priorities reviewed to ensure they are aligned with the new NHS White Paper.</p> <p>It was noted that the process required Theme Boards leads to work up proposals based on a 25%, 50% and 100% reduction to the ABG.</p> <p>The Chair noted that there was still a great deal of uncertainty at present with respect to the ABG and arrangements in place around the Board moving forward. The Board would receive more detailed information and proposals at its next meeting in January.</p> <p>RESOLVED:</p> <p>That the paper be noted.</p>	
<p>WB013</p>	<p>MINUTES OF SUB GROUPS</p> <p>The Board was advised that the minutes of each of the subordinate Partnerships Boards had been included within the agenda for governance purposes and to provide an overview of the work they were undertaking and the issues of concern to each Board.</p> <p>The Chair noted that the Partnership Boards played an important role in shaping policy, influencing the health and wellbeing agenda and demonstrating good engagement. It was requested that a summary of the key issues for each Partnership Board was also provided.</p> <p>RESOLVED:</p> <ol style="list-style-type: none"> i. That the minutes of the sub groups appended to the agenda be noted. ii. That in future it would be helpful to just give the Board key highlights from each Partnership Board. 	<p>Lisa Redfern</p> <p>Lisa Redfern</p>

**MINUTES OF THE HARINGEY WELL-BEING PARTNERSHIP BOARD (HSP)
TUESDAY, 5 OCTOBER 2010**

WB014	NEW ITEMS OF URGENT BUSINESS No new items of Urgent Business were admitted.	
WB015	ANY OTHER BUSINESS It was noted that the Overview and Scrutiny Committee would be setting up a Scrutiny Review of the implications of the new White Paper and that anyone was interested in participating should contact Melanie Ponomarenko, Principal Scrutiny Support Officer.	All to note
WB016	DATES OF FUTURE MEETINGS The dates of future meetings, set out below, were noted: <ul style="list-style-type: none"> • 11 January 2011, 7pm, Council Chamber, Civic Centre • 7 April 2011, 7pm, Council Chamber, Civic Centre <p><i>Once the Council's Calendar of Meetings for 2011/12 (which runs from 1 May – 30 April) has been agreed members of the Board will be advised.</i></p>	

The meeting closed at 9pm.

COUNCILLOR DILEK DOGUS

Chair