

**MINUTES OF THE HEALTH AND WELLBEING BOARD
TUESDAY, 9 JULY 2013**

Members Fitzroy Andrew (Chief Executive, HAVCO), Dr Jeanelle de Gruchy (Director of Public Health, LBOH), Sharon Grant (Chair, Healthwatch Haringey), Cathy Herman (Lay Member, Haringey CCG), Dr Helen Pelendrides (Chair, Haringey CCG), Lisa Redfern (Deputy Director Children’s Commissioning, LBOH), Jill Shattock (Director of Clinical Commissioning, Haringey CCG) Beverley Tarka (Acting Deputy Director – Adult and Community Services, LBOH) and Cllr Bernice Vanier (Chair - Cabinet Member for Health and Adult Services, LBOH)

Apologies Libby Blake, Director of Children’s Services
Mun Thong Phung, Director of Adult and Housing Services
Sarah Price, Chief Officer, Haringey CCG
Dr Sherry Tang, GP Board Member, Haringey CCG
Councillor Waters, Cabinet Member for Children

MINUTE NO.	SUBJECT/DECISION	ACTION BY
HWB24.	APOLOGIES Apologies for absence were received from: Cllr Waters Mun Thong Phung (for whom Beverley Tarka was substituting) Libby Blake (for whom Lisa Redfern was substituting) Sarah Price (for whom Jill Shattock was substituting) Dr Sherry Tang	
HWB25.	URGENT BUSINESS There were no items of urgent business.	
HWB26.	DECLARATIONS OF INTEREST There were no declarations of interest.	
HWB27.	QUESTIONS, DEPUTATIONS, PETITIONS There were no deputations, questions or petitions submitted.	
HWB28.	MINUTES <u>Matters arising</u> <u>Director of Public Health Annual Public Health Report</u> Further to the discussion on how to engage specific groups in a more targeted way, as set out in the seventh bullet point on page 2 of the minutes of the meeting held on 21 May 2013, it was agreed that there would be discussion outside the meeting around how Healthwatch could assist with this.	

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With regard to the action indicated on page 3, the Director of Public Health reported that there was sufficient capacity within alcohol treatment services, for which there was currently no waiting list. It was reported that there had been investment in HAGA to maximise the accessibility of services.

Further to the discussion around how primary care services could do more on alcohol-related harm, it was reported that analysis had been undertaken of alcohol-related hospital admissions by GP practice and that meetings would be held with each of the GP collaboratives to look at the data and identify further action. In addition, practice profiles would be issued very shortly and these would include information around alcohol. The Board asked to be kept informed of developments in this area.

Mental Health in Haringey

Further to the discussion around the definition of a 'low' number of beds, it was clarified that benchmarking was based on 43 Mental Health Trusts in the country, 75% of all the trusts. Variation was from 15 beds per 100,000 population to 53 beds per 100,000 population, with the median position for the country 23 beds per 100,000 population. BEHMHT have 22.4 beds, which was the lowest number in their peer group. It was noted that the exact make-up of the peer group was not known, but was from trusts in London.

Data requested by the Board on ethnicity in relation to the Mental Health statistics had been received from the Trust, and was contained within the agenda pack under the HaringeyStat item.

RESOLVED

That the minutes of the meeting held on 21 May 2013 be approved and signed by the Chair.

HWB29. CHILDREN AND YOUNG PEOPLE'S PLAN

The Chair agreed to vary the order of the agenda to take the Children and Young People's Plan next, presented by Lisa Redfern and Helena Pugh, Strategic Partnership Manager.

- The intention was for this to be a full partnership plan. Partners were encouraged to contribute, and those who had already done so were thanked. The Board was also asked to think about its role in developing and refining the plan.
- It was noted that the plan represented a shift in core focus towards early intervention and prevention, and was underpinned by the vision 'Haringey is known to be a place where children and young people are known to thrive and achieve'.
- Outcome 1 of the Health and Wellbeing Strategy 'Every child has the best start in life' had been taken as the starting point for developing the Children and Young People's Plan.
- The report outlined the partner discussions that had taken place to date around the development of the plan, which sought to build

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	<p>a picture of the needs of children and young people in the borough within the national context.</p> <ul style="list-style-type: none"> • Five initial outcomes had been proposed: Every child has a healthy start in life, thriving families, raised educational attainment, children and young people are safer from risk of harm and quality services. Details of these outcomes and the associated priorities and principles were set out in the report. • It was noted that a number of the issues covered in the Children and Young People’s Plan were cross-cutting, for example housing and domestic violence. • In respect of the outcome ‘Children and young people are safer from risk of harm’, Claire Kowalska, Community Safety Strategic Manager, suggested that there was scope to strengthen this with regards to the work of the Youth Offending Service and agreed to discuss this with Helena Pugh outside the meeting. • Sharon Grant suggested that Healthwatch may be able to assist with regards to engaging with some of the communities within the Borough that it had traditionally been harder to engage with, particularly the Muslim community. It was agreed that she would speak with Helena Pugh outside the meeting regarding how to progress this. • Fitzroy Andrew suggested that HAVCO might be able to facilitate a meeting with the Council and relevant people within the voluntary sector for an in-depth discussion on the strategic approach to voluntary sector involvement in the Children and Young People’s Plan, and it was agreed that this would be valuable. • An event organised <i>by</i> young people <i>for</i> young people had been proposed at a previous meeting of the Board, and it was suggested that linking consultation on the Children and Young People’s Plan in with such an event could be explored. • Board Members were invited to provide any thoughts or comments on the Plan after the meeting directly to Helena Pugh, for incorporation into the draft plan. 	
<p>HWB30.</p>	<p>HEALTH AND WELLBEING STRATEGY AND JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) The Board received a report seeking formal approval of the Health and Wellbeing Strategy and Joint Strategic Needs Assessment (JSNA). Both documents had been approved by the Board when it was in shadow form, but as statutory requirements, both needed to be approved by the Board now that it was formally constituted.</p> <p>RESOLVED</p> <p>That Haringey’s JSNA 2012 and Health and Wellbeing Strategy and Delivery Plans be approved by the Board for adoption.</p>	
<p>HWB31.</p>	<p>ESTABLISHING THE HWB DELIVERY GROUPS The Board received a report proposing Chairs for the three delivery groups that had been proposed at the previous meeting of the Board.</p>	

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Each delivery group corresponded with one of the outcomes of the Health and Wellbeing Strategy, and the intention was to provide a mechanism for the delivery, monitoring and reporting of the Strategy. It was noted that further work was needed around wider mapping of the current partnership structure and how the delivery groups would link in with this.

- It was suggested that, as the Children and Young People's strategy shared the same outcome as Outcome 1 of the HWB Strategy, the same delivery group should work on this issue in order to avoid duplication.
- It was felt that the work of the existing Mental Health Partnership Board needed to be looked at alongside the proposed remit of the Outcome 3 delivery group, in order to deliver an integrated approach and avoid duplication.
- It was agreed that Claire Kowalska and Jeanelle de Gruchy would discuss the way in which Community Safety could link in effectively with this structure outside the meeting. It was noted that the delivery groups would need to be flexible in order to deal with cross-cutting issues.
- The Board requested to see the terms of reference of the delivery groups as these emerged. In order not to delay the development of the groups, it was agreed that these would be circulated by email so that Board Members could comment before the next scheduled Board meeting in October.
- It was noted that Adults Services had been undertaking work recently around aligning with the partnership boards, and would submit some comments and proposals on how this might work in respect of the HWB delivery groups.
- The Board discussed the accountability of the delivery groups to the Board, and how the work of the groups would be reported up to the Board. It was proposed that the delivery groups would report into the senior officers group, who would then report into the Board. The format of the reporting was under discussion, but it was anticipated that this would be on an exception basis so that the Board could consider any concerns or barriers to delivery that had been identified, and look at how these could be addressed.
- It was agreed that the role of Healthwatch in relation to the delivery groups would be explored further, as this would be a useful link.

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RESOLVED

That the changes to the governance structure as recommended in May 2013 be agreed, and that the Chairs of the delivery groups be agreed as follows:

Outcome 1 Delivery Group (Giving every child the best start in life) – Jan Doust (Deputy Director Prevention and Early Intervention, CYPS)
Outcome 2 Delivery Group (Reducing the life expectancy gap) – Fiona Wright (Assistant Director of Public Health)
Outcome 3 Delivery Group (Improving Mental Health and Wellbeing) –

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Jill Shattock (Director of Commissioning, Haringey Clinical Commissioning Group)

HWB32.

JOINT STRATEGIC PLAN (WINTERBOURNE VIEW CONCORDAT DELIVERY PLAN) AND ACHIEVEMENT OF CARE REVIEWS

The Board received the report on the implementation and progress of the Haringey Winterbourne Review Joint Action Plan, against targets set by the Department of Health's Winterbourne View Review Concordat Programme of Action. The report was presented by Beverley Tarka and Tristram Brice, Adult Commissioning Manager.

The Board was asked to note progress against the key targets and the following were highlighted:

- The compilation of a register of people with learning disabilities in NHS funded care had been completed on time, and the cohort of clients with learning disabilities in Assessment and Treatment Units had been identified.
- It was important to ensure systems were in place to enable the CCG and Local Authority to have oversight of clients within forensic services.
- Appendix 3 set out the plans for facilitating the discharge of service users into the community. Of the service users listed, it was anticipated that 50% would have moved on by the end of 2013, which was a positive development.
- The Winterbourne Joint Improvement Programme was keen to share practice and challenges, and to discuss and share information nationally.
- It was noted that Haringey had developed areas of good practice, for example the joint establishment concerns process which was now being rolled out as part of the pan-London procedures.
- In terms of engagement with families, questionnaires had been developed, interviews had taken place and focus groups were planned as part of a process of reflective learning. It had been identified that some families were not aware of how to recognise early signs of neglect, and also what to do about it if signs had been recognised, and officers were looking at how these issues could be addressed.
- The importance of there now being a pathway for people in Assessment and Treatment Units was emphasised, as this had not been the case previously. Progress was also recognised in terms of clinical oversight for people placed in Assessment and Treatment Units out of borough, and the facilitation of discharge back into the community.
- A key piece of work was gathering information on the needs of this particular cohort in order to identify gaps; this work would help to inform commissioning and the JSNA.
- Funding was identified as a challenge, as there was the risk of a potentially significant cost-shunt to the local authority. Funding arrangements in this area were complex, and there was concern that this had not been fully taken into account at a national level.
- The Board congratulated the team for the progress they had

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	<p>made within the timescales set out by the Government, and noted the financial concerns, which would need to be addressed nationally.</p> <ul style="list-style-type: none"> • With regard to addressing the financial challenges, it was reported that the Council was looking at more innovative ways of delivering services and greater use of partnership working, but it was acknowledged that this was an ongoing challenge. One of the approaches that had been successful in delivering greater value for money was integrated working and commissioning around health and housing, which had led to several projects for helping people into supported housing with tailored care. The Local Authority was doing what it could to minimise the impact on services, but it was recognised that there may come a time when greater impact on services would become unavoidable. • The Board asked to be kept up to date with this work. <p>RESOLVED</p> <p>That the content of the report be noted.</p>	
<p>HWB33.</p>	<p>COMMUNITY SAFETY STRATEGY</p> <p>The Board received a report on the new Community Safety Strategy, which had been produced in response to changes promoted by the Mayor of London as well as financial pressures on local authorities and partners. Claire Kowalska presented the report, and the following points arose during discussion of the item:</p> <ul style="list-style-type: none"> • Six principal outcomes were proposed within the strategy; rebuild and improve public confidence in policing and maintaining community safety, prevent and minimise gang-related activity and victimisation, break the cycle of domestic and gender-based abuse by working in partnership to promote healthy and safe relationships, reduce re-offending with a focus on 16 – 24 year olds, prevent and reduce acquisitive crime and anti-social behaviour (to include residential burglary, personal robbery, vehicle crime, fraud and theft) and deliver the PREVENT strategy in Haringey. • It was agreed that the delivery plan, which was almost finalised, would be circulated to the Board after the meeting for information and feedback. A performance monitoring group had been established to oversee the implementation of the delivery plan. It was agreed that the wording of the relevant sections of the Children and Young People’s Plan would be amended in order to align with the Community Safety Strategy delivery plan more closely. • The prevention plan, alcohol, violence and drug intervention work were highlighted as key areas of overlap between the work of the Health and Wellbeing Board and Community Safety Partnership. • It was noted that there had been a change in the structure of the Community Safety service to align with the new strategy. • The strategy was going to Full Council on 15 July for approval. 	<p>Clerk / CS Mgr</p> <p>Str. P/ship Mgr</p>

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	<p>RESOLVED</p> <p>That the content of the strategy be noted.</p>	
<p>HWB34.</p>	<p>HARINGEYSTATS - MENTAL HEALTH: FEEDBACK AND NEXT STEPS</p> <p>The Board received the report on the information covered at the first HaringeyStat event on mental health, and the key outcomes of this event, which were listed in paragraph 5.2 of the report.</p> <ul style="list-style-type: none"> • It was suggested that the Board should receive an update on this work in around 6 months time in order to monitor the emerging actions. • With regard to the HWB Strategy delivery groups, the Board queried where the Children and Adolescent Mental Health Services (CAMHS) should sit; it was felt that it would probably be most appropriate for this to fall within the remit of the Outcome 1 delivery group, but that this would be discussed further outside the meeting. • The Board looked at the data on hospital admissions 2012/13 by ethnicity. While it was felt that this information was useful, it was acknowledged that there were limitations in that it related only to hospital admissions and would therefore not necessarily pick up on communities where people may tend to deal with mental health issues within the community rather than seek medical assistance. It was suggested that there may be scope for more detailed research around this area, but also that information from other national and local data sources could be applied to the information contained in the presentation to give a more detailed picture. <p>RESOLVED</p> <p>That the areas identified at the HaringeyStat session for focused actions on mental health be noted.</p>	
<p>HWB35.</p>	<p>PERFORMANCE REVIEW</p> <p>The Board received the performance report, which set out the performance summary and an exception report on suicide and undetermined injury.</p> <p>It was felt that a discussion was needed outside the meeting to determine where suicide prevention work needed to sit within the delivery group structure. It was felt that this issue could be linked with the men's health agenda and work around male access to health services.</p> <p>RESOLVED</p> <p>That the content of the performance report be noted.</p>	

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HWB36.	HARINGEY CCG PROSPECTUS The Board received the report on the CCG Prospectus. The intention of the prospectus was to make the work of the CCG more widely understandable, and comments and feedback were sought on the document. <ul style="list-style-type: none">• The Board felt that the prospectus was useful, and Fitzroy Andrew reported that HAVCO had already started using the information in the document as part of their work.• Ways of providing feedback or comments were set out in the prospectus.• The Board asked about the complaints process for the CCG – this was not in the prospectus but was on the CCG website and was set out as Frequently Asked Questions. RESOLVED That the Board note the report.	
HWB37.	HEALTH AND WELLBEING BOARD FORWARD PLAN The Board received the forward plan, and it was suggested that complaints and feedback processes should be added to the forward plan for discussion at a future meeting of the Board as an item with contributions from Healthwatch. NOTED	
HWB38.	NEW ITEMS OF URGENT BUSINESS There were no new items of urgent business.	
HWB39.	FUTURE AGENDA ITEMS AND DATES OF FUTURE MEETINGS It was noted that the next meeting of the Board on 8 October 2013 was scheduled for a 7pm start. It was intended to alternate the meetings between daytime and evening start times in order to ensure that the maximum number of people were able to attend these meetings. The meeting closed at 3.10pm.	

Councillor Bernice Vanier

Chair

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