

**MINUTES OF THE HEALTH AND WELLBEING BOARD  
TUESDAY, 8 OCTOBER 2013**

**Members** Fitzroy Andrew (Chief Executive, HAVCO), Dr Jeanelle de Gruchy (Director of Public Health, LBOH), Sharon Grant (Interim Chair, Healthwatch Haringey), Dr Helen Pelendrides (GP Board Member, Haringey CCG), Mun Thong Phung (Director of Adults and Housing, LBOH), Sarah Price (Chief Office, Haringey CCG), Lisa Redfern (Interim Director of Children’s Services), Dr Sherry Tang (Chair, Haringey CCG), Cllr Bernice Vanier (Chair - Cabinet Member for Health and Adult Services, LBOH) and Cllr Ann Waters (Cabinet Member for Children, LBOH)

**Apologies** Cathy Herman

**Also Present** Helen Chapman (Clerk), Althea Cribb (Strategic Domestic and Gender Based Violence Lead), Andy James (HWB Manager), Helena Pugh (Strategic Partnership Manager), Beverley Tarka (Acting Deputy Director, Adult and Community Services) and Mike Wilson (Interim Director – Healthwatch Haringey)

<b>MINUTE NO.</b>	<b>SUBJECT/ DECISION</b>	<b>ACTION BY</b>
<b>HWB40.</b>	<b>APOLOGIES</b>  Apologies for absence were received from Cathy Herman.	
<b>HWB41.</b>	<b>URGENT BUSINESS</b>  There were no items of urgent business.	
<b>HWB42.</b>	<b>DECLARATIONS OF INTEREST</b>  There were no declarations of interest.	
<b>HWB43.</b>	<b>QUESTIONS, DEPUTATIONS, PETITIONS</b>  No such items had been received.  Mr M. Petrou made a verbal request to address the meeting and this request was declined by the Chair.	
<b>HWB44.</b>	<b>MINUTES</b>  <b>RESOLVED</b>  That the minutes of the meeting held on 9 July 2013 be approved as a correct record and signed by the Chair.	
<b>HWB45.</b>	<b>HARINGEY CLINICAL COMMISSIONING GROUP COMMISSIONING INTENTIONS 2014/15</b> The Board considered the report regarding the CCG Commissioning	

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Intentions for 2014/15, presented by Sarah Price.

In response to a question regarding public engagement, it was reported that the CCG had held two public meetings in June 2013, one in the east and one in the west of the borough. Networking events had been held with patient groups, and a large stakeholder event was scheduled to take place at White Hart Lane to seek comments on the emerging proposals. Comments and suggestions were particularly being sought around the areas where there was significant scope for shaping proposals. With regard to more detailed discussions around specifications, it was reported that patients were being involved in discussions about three specific care pathways (mental health, frailty, diabetes) with workshops being held to determine agreed outcomes.

**NOTED**

**HWB46. INTEGRATED HEALTH AND SOCIAL CARE - ADULTS**

The Committee considered the report on integrated health and social care – Adults, a joint report between the Council and CCG, presented by Mun Thong Phung. The report covered: current joint service areas; areas where joint working arrangements were in place but not formalised; and future integration. The Board was asked to note that the timetable around stakeholder engagement had changed from August-September 2013 as set out in the report to October-November 2013.

The Board noted the challenging timetable for developing the local Integration Transformation Fund plan and that officers at both the Council and CCG were working hard to ensure that all deadlines were met. It was anticipated that the operating plan requirements were likely to be announced in December 2013. The Health and Wellbeing Board would be required to sign off the plan when developed, and an update would be reported back to the Board in January 2014. It was noted that the funding required would come from the existing CCG budget for services which were already commissioned, and that the Board would have the opportunity to consider the options around use of funding, including any decommissioning, once further clarification was received from central Government around the funding requirements. The Board emphasised the need for the implications of all the options to be made very clear when they were being asked to make decisions around use of this funding.

**RESOLVED**

That the HWB:

- i) Note the content of the report;
- ii) Note the new Integration Transformation Fund (ITF) and the timetable for implementation, including HWB input and sign-off;

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	<p>III) Agree to receive for consideration the ITF plan at the HWB in January 2014, to sign off the plans.</p>	
<p><b>HWB47.</b></p>	<p><b>SECTION 256 AGREEMENT - HEALTH AND SOCIAL CARE - ADULTS</b></p> <p>The Board considered the report on the Section 256 Agreement for Health and Social Care – Adults, presented by Mun Thong Phung. The report sought formal approval from the Board of a number of schemes to enable the Council to enter into a formal Section 256 Agreement with NHS England for the transfer of funds from the NHS to social care for 2013/14.</p> <p>It was clarified that the decision to enter into the Section 256 Agreement would be made by the Cabinet, but formal agreement from the Health and Wellbeing Board was required with regard to the way in which the funding would be spent. It was noted that funding for social care had already been agreed as part of the Council’s budget process.</p> <p><b>RESOLVED</b></p> <p>That the HWB:</p> <ul style="list-style-type: none"> <li>i) Agree the Section 256 schemes as set out in section 5 of the report.</li> <li>ii) Note that a report on approval of the Section 256 Funding Transfer would be considered by Cabinet on 15 October 2013.</li> </ul>	
<p><b>HWB48.</b></p>	<p><b>HEALTHWATCH HARINGEY PROGRESS REPORT</b></p> <p>The Committee considered the Healthwatch Haringey Progress Report, presented by Sharon Grant. In addition to the report circulated, the presentation covered what a successful local Healthwatch would look like, once fully up to speed, including:</p> <ul style="list-style-type: none"> <li>• Having a clear vision and identity; to this end the Healthwatch Haringey Board was to be appointed very shortly.</li> <li>• Being independent, inclusive and accessible to the local community; it was intended that there would be links with local libraries, and work was underway on the development of the Haringey Healthwatch website.</li> <li>• Empowering local people; Healthwatch would play a role in recruiting, training and supporting local volunteers for help in scrutinising local health services.</li> <li>• Raising awareness and ensuring that engagement was a key factor in all local health and social care decision-making processes.</li> <li>• Building networks, information sharing and helping to overcome any communication barriers; there was a need to gather information on local people’s views about their local health services. Healthwatch was working to gather together existing</li> </ul>	

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information, such as that held by the CQC and the Patient Opinion website, as well as exploring new ways of gathering data. There was also a need to look at how best to use the data in a meaningful way once it had been collected. Volunteers were being trained on how to best use their 'enter and view' rights: software was being developed to enable local residents to provide information about themselves and their circumstances in order to participate in appropriate consultations, and Healthwatch was speaking with HAVCO around information sharing between Healthwatch and the voluntary sector. Healthwatch would also feed back to Healthwatch England, and would from time to time be tasked with undertaking specific pieces of research, a forthcoming example of which was looking at complaints systems.

- Having good relationships with partner organisations; Healthwatch would need to work constructively with the health and Wellbeing Board and CCG amongst others, and would aim to meet regularly with key partners and to contribute to the JSNA.
- Having good governance, accountable and transparent processes.
- The main proof that Healthwatch was working well would be to start seeing changes as the result of the group's work.

The Board expressed thanks for the comprehensive overview provided, and asked whether it would be possible for the Board to see Healthwatch's work programme and priorities at its next meeting, in order to consider how partners could work with them on their key priorities. It was also suggested that it would be useful for Healthwatch to attend the monthly provider forum within Adult Social Care.

The Board felt that it would be useful to hear about how local Healthwatch organisations were engaging with Health and Wellbeing Boards elsewhere in London, and it was therefore agreed that the minutes of the London-wide Healthwatch network would be circulated to Members of the Health and Wellbeing Board.

Clerk

It was noted that Sharon Grant would speak to Lisa Redfern outside of the meeting regarding the most efficient way in which Healthwatch could support work around safeguarding.

SG/LR

It was agreed that a valuable task for Healthwatch would be to communicate to local residents how health decisions were made, and how and when people could get involved in these decision-making processes. Healthwatch would also promote the use of plain English in public information about health, including the papers for the Health and Wellbeing Board, so that information was clear and easy to understand.

The Board welcomed the progress that Healthwatch Haringey were making, and looked forward to considering their work plans at the next meeting of the Board.

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	NOTED	
<b>HWB49.</b>	<p><b>DOMESTIC AND GENDER-BASED VIOLENCE - HARINGEY STAT REPORT</b></p> <p>The Board considered the report on the HaringeyStat data regarding domestic and gender based violence (DGBV), which was introduced by Jeanelle de Gruchy. It was noted that this was a key issue for the Board, as victims of this type of violence tended to speak out to health providers more than other agencies. It was also noted that this was an area around which there was very little data available, and that further work was needed to ensure that partners were dealing with this issue in a joined-up way.</p> <p>Althea Cribb, Strategic Domestic and Gender Based Violence Lead, presented some of the information that had been covered at the HaringeyStat session, including why DGBV was an issue, data around the prevalence of DGBV, information around repeat DV offences, police data, children’s safeguarding, Hearthstone clients, actions arising from the HaringeyStat session and the work of the Strategic DGVB Lead officer.</p> <p>Jeanelle de Gruchy reported back on the further ‘mini HaringeyStat’ session with health partners that had been held earlier in the day. One of the issues that had been covered was ways in which health services could do better at identifying those at risk of serious harm from DGBV, especially when they had a disclosure relating to this issue. It was agreed that the key actions arising from the afternoon session would be circulated to the Board for information.</p> <p>In response to a question from the Board, it was confirmed that the current strategic mapping work would include looking at relationships with the MASH, safeguarding team and First Contact to consider how effective these working relationships were in dealing with DGBV issues. It was confirmed that Althea Cribb was talking to CYPS regarding these areas, and would be looking at pathways etc, as well. Lisa Redfern suggested that these issues should be picked up as part of the case-file audit exercise, and it was agreed that she would speak with Althea Cribb outside the meeting about this.</p> <p>The Board discussed maternity services and health visiting, and the role these services could play in identifying issues around DGBV. It was confirmed that these services were included in the strategic mapping work, and that discussions had been started with representatives from the North Middlesex and Whittington hospitals around how confident staff were in addressing DGBV issues, and what processes were currently in place. The Board agreed that it was important for DGBV issues not to become a ‘tick-box’ exercise for services, i.e. general screening in all services, but that there were particular services or circumstances that could act as indicators that targeted enquiry would be valuable.</p>	<p>JdG / Clerk</p> <p>LR/AC</p>

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Attitudes towards DGBV within some communities were discussed, and this was identified as an area that needed to be addressed. Work was happening to provide a more detailed breakdown of who DGBV service users were, in order to identify communities where there may be particular issues, and the Council was also working with a Turkish-speaking organisation within the borough around these issues. With regards to increasing people's willingness to disclose DGBV issues to health professionals, it was noted that many of the people experiencing DGBV would already be known to health services, even if they had not yet disclosed. It was noted that the Identification and Referral to Improve Safety (IRIS) programme, an evidence-based intervention that was focused on primary care, (commissioned in other London boroughs but not in Haringey) had been shown to be particularly effective in increasing numbers of disclosures and identifying pathways for support. It was recognised that health services were a key part of an effective response to DGBV issues, as they were often where victims of violence discussed due to the confidentiality of these services.

The Board discussed prevention initiatives, and it was noted that public health funding was being used to commission programmes in schools around DGBV prevention and what healthy relationships were like. Training was also being offered to health professionals around DGBV issues to help front line staff in identifying signs of concern.

Jeanelle de Gruchy agreed to look into whether HaringeyStat sessions were open to Healthwatch Haringey.

JdG

It was agreed that a further update on this work would be reported back to the Board in either January or March 2014.

**NOTED**

**HWB50. PHARMACEUTICAL NEEDS ASSESSMENT**

The Board considered the report on Pharmaceutical Needs Assessments, presented by Jeanelle de Gruchy, and was asked to note the timetable for the renewal of Haringey's statement, which was a statutory responsibility of the Health and Wellbeing Board. The statement would need to be published by April 2015, so the Board would need to begin to look at this during 2014.

**RESOLVED**

- i) That it be noted that from 1 April 2013 the Board assumed responsibility for the Pharmaceutical Needs Assessments (PNA) published by NHS Haringey and that it has to publish its first PNA by April 2015.
- ii) That it be noted that the inherited PNA was assessed externally as fit for purpose.

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<p><b>HWB51.</b></p>	<p><b>PERFORMANCE HIGHLIGHT REPORT</b></p> <p>The Board considered the Performance Summary report and the exception report around Physical Activity, presented by Jeanelle de Gruchy. It was agreed that there was a need to improve the way in which data was gathered on this issue and it was suggested that the database being put together by Healthwatch may be able to help in terms of looking at how to improve this.</p> <p><b>NOTED</b></p>	
<p><b>HWB52.</b></p>	<p><b>DELIVERY BOARD HIGHLIGHT REPORT</b></p> <p>The Board considered the delivery groups update report, presented by Jeanelle de Gruchy. Following the workshop held on the 19<sup>th</sup> September for the Outcome 3 delivery group, the draft terms of reference for this delivery group were appended to the report, and Board Members were invited to submit any comments on the draft to Andrew James within the next two weeks.</p> <p>It was noted that the Outcome 2 delivery group would be meeting on Friday 11 October, with the Outcome 1 meeting later in October.</p> <p><b>NOTED</b></p>	<p>All</p>
<p><b>HWB53.</b></p>	<p><b>CHANGES IN CCG BOARD REPRESENTATION ON HWB</b></p> <p>The Board considered the report on changes to the CCG representation on the Board. It was noted that Dr Sherry Tang had been voted Chair of the CCG and Dr Helen Pelendrides had taken on the role of the GP Board Member to the Health and Wellbeing Board, as of 1<sup>st</sup> October 2013.</p> <p>The Board welcomed Dr Tang to her new role as CCG Chair, and thanked Dr Pelendrides for her work in this role over the past year.</p> <p>It was noted that the CCG would advise the Board shortly of the nominated deputy for Dr Tang on the Board.</p> <p><b>NOTED</b></p>	
<p><b>HWB54.</b></p>	<p><b>NEW ITEMS OF URGENT BUSINESS</b></p> <p>There were no new items of urgent business.</p>	
<p><b>HWB55.</b></p>	<p><b>FUTURE AGENDA ITEMS AND DATES OF FUTURE MEETINGS</b></p> <p>Next meeting: 7 January 2014, 1.30pm.</p>	

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Councillor Bernice Vanier

Chair