MINUTES OF THE HEALTH AND WELLBEING BOARD
TUESDAY, 7 JANUARY 2014

Members: Fitzroy Andrew (Chief Executive, HAVCO), Libby Blake (Director of CYPS, LBOH), 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), Mun Thong Phung (Director of Adults and Housing, LBOH), Sarah Price (Chief Office, Haringey CCG), Dr Sherry Tang (GP Board Member, Haringey CCG), Cllr Bernice Vanier (Chair - Cabinet Member for Health and Adult Services, LBOH) and Cllr Ann Waters (Cabinet Member for Children, LBOH)

Apologies: Councillor Helen

MINUTE NO.	SUBJECT/DECISION	ACTION BY
CNCL56.	**APOLOGIES** Apologies for absence were received from Helen Pelendrides. The Board thanked Fitzroy Andrew for all his work on the Board as the HAVCO representative, and wished him the best of luck for his future work. Confirmation of the new HAVCO representative on the Board was awaited.	
CNCL57.	**URGENT BUSINESS** The Chair admitted two new items of business for discussion under agenda item 13.	
CNCL58.	**DECLARATIONS OF INTEREST** There were no declarations of interest.	
CNCL59.	**QUESTIONS, DEPUTATIONS, PETITIONS** There were no such items.	
CNCL60.	**MINUTES** **RESOLVED** That the minutes of the meeting held on 8 October 2013 be approved and signed by the Chair. It was agreed that Lisa Redfern and Sharon Grant would pick up the action from the previous meeting for a discussion of Healthwatch support for safeguarding work outside the meeting. Jeanelle de Gruchy would also look into the arrangements for inviting Healthwatch to future Haringey Stat sessions – it was confirmed that no	LR/SG JdeG

	Haringey Stat sessions relating specifically to health matters had been held since the previous meeting, although other topics had been covered.	
CNCL61.	**PERFORMANCE HIGHLIGHT REPORT** The Board considered the report and a tabled briefing note on Childhood Obesity in Haringey – 2013, as presented by Jeanelle de Gruchy, which covered the following issues: • It was noted that the relatively small numbers in Haringey meant that there was greater fluctuation in the figures for year to year. • The Board noted the close link between childhood obesity and deprivation in Haringey, which was also reflected in the geographical variations for the borough. Links between childhood obesity, ethnicity and gender were also noted. • Childhood obesity remained a priority area for action, and it was noted that there had been significant media attention on this issue since the publication of the last annual public health report. • The briefing note gave an overview of current activity aimed at reducing childhood obesity in Haringey. The following points were raised by the Board in discussion of this issue: • It was confirmed that headline findings from the research into fast food were now available, and that a launch event for the findings was scheduled to take place in June 2014 and would involve Haringey schools. Work was also taking place with schools on implementing the actions arising from this research. It was noted that planning and environmental services within the Council were also undertaking work regarding the proliferation of fast food outlets in the borough. • With regard to school meals, it was felt that there was an opportunity to influence what was provided and to drive towards a healthy meals policy in all Haringey schools. Cllr Waters advised that there had been proposals to commission out the school meals service, but this had been withdrawn following the Government's announcement on expanding free school meals until more was known about the funding that would be provided. In the meantime, a working group had been established to support schools in delivering the changes with free school meals. • The Board agreed that it was important for health and lifestyle issues to be factored into the Council's regeneration strategy. • Emotional health and wellbeing needed to be acknowledged as an important factor in considering childhood and adult obesity, and this was something that was often overlooked. It was noted that emotional health and wellbeing, including issues such as anxiety and bullying, formed a part of the work with schools around the issue of obesity. • It was emphasised that a whole family approach was essential, and this was supported by the important work taking place with Early Years and Children's Centres.	

	With regard to the overall performance summary report, the Board asked about the additional red mark on the figure for those successfully completing drug treatment, and it was agreed that Jeanelle de Gruchy would clarify whether this was an error on the report. It was suggested that the report to the next meeting of the Board should focus on this measure. A query was also raised regarding the mortality rate for suicide and undetermined injury, and it was agreed that this should also be followed up.	JdeG
CNCL62.	**DELIVERY GROUPS UPDATE REPORT** The Board considered the update report on the work of the delivery groups, as presented by Jeanelle de Gruchy, and noted the dates of the forthcoming seminar for Outcome 2 on 21 January 2014 and for Outcome 3 on 5 March 2014.	
CNCL63.	**PRIMARY CARE DEVELOPMENT - UPDATE** The Board considered the update report on primary care development, as presented by Sarah Price. It was noted that the CCG was working with GP practices as partners within this process, and adopting a developmental approach. Update on progress was contained within section 5 of the report, and it was reported that the aim was to move towards more integrated models of care. There was a need to protect and retain what was good about the current GP practice model, but to make improvements where possible; the progress made in respect of IT and pilot programmes for increasing access were working towards these changes. Sherry Tang added that another key issue for GP practices was the constraint of their existing physical premises, and that developmental work with GP practices needed to address the issues of premises. The Board covered the following points in discussion of the report: • The Board asked whether patients had been involved in trialling initiatives such as the Minor Ailments Scheme and Doctor First, and whether they had had the opportunity to be involved in evaluation of the schemes. It was noted that Minor Ailments was an established scheme, but that Doctor First was just starting in those practices that had chosen to use it, and evaluation had yet to take place. It was felt that patients should have a role in any evaluation of the scheme, and Sharon Grant advised that Healthwatch may be able to assist in facilitating this. • With regard to the way in which these schemes were promoted, it was reported that there had been a campaign and publicity materials produced, however further work was taking place to spread information via community groups in order to reach those who would not necessarily respond to a standard publicity campaign. The importance of communicating changes and initiatives to all patients equally, in order to ensure that no groups were disadvantaged as a consequence, was emphasised.	

	• The Board noted that different groups wanted to access health services in a wide variety of ways, and that it was important to offer a diverse range of options. • Concern was expressed that it may be the most vulnerable patients who ended up using channels such as the Minor Ailments Scheme and Doctor First, rather than receiving a full face to face consultation with a GP, and asked whether there were associated risks. With regard to Minor Ailments, it was reported that pharmacists worked to a set protocol and would always refer a patient to their GP for matters that were beyond their competency. With Doctor First, GPs recognised that there was the potential for increased risk from telephone consultations and adopted a cautious approach, particularly where patients were not fluent in English, were elderly or had learning difficulties; different thresholds were therefore adopted for vulnerable groups. • The CCG had developed a local quality dashboard, to be updated quarterly, in order to help practices monitor their performance and compare it against targets and peer performance. The CCG locality directors and clinical leads were working with practices to support their development, and to facilitate joint working and learning opportunities between different practices. • It was reported that National Health Service England (NHSE) were attending the special meeting of the Board in February, and it was agreed that this would be a good opportunity to ask them about their perspective on this work, and their current and future role. • In response to a question from the Committee, it was confirmed that the £5m identified for primary care development as set out in the report was for Haringey only, but was spread over the three-year period 2013-15.	
CNCL64.	**HARINGEY ADULT SOCIAL CARE LOCAL ACCOUNT 2012-13** The Board considered the report on the 2012/13 Haringey Adult Social Care Local Account, as presented by Mun Thong Phung. It was a requirement that the Council publish its local account annually, in an easy to read format accessible to all residents, and this was the third such document produced. The report outlined the Council's adult social care activities during 2012/13, and included lots of feedback from service users. For the coming year, it was noted that there would be closer work between the Council and health partners with the introduction of the Better Care Fund (BCF) – a report on this would be brought to the next meeting of the Board on 11 February. The Board welcomed the content and readability of this year's local account.	
CNCL65.	**HOMELESSNESS AND HEALTH** The Board received a presentation on the health needs assessment of homeless in Haringey (Appendix A), delivered by Sarah Hart.	

	The following points were raised by the Board in discussion following the presentation: • The Board asked whether there was scope for a pan-London specialist team model to be explored, such that boroughs with less demand could buy in from a specialist unit such as the one operated in Westminster. • The Board noted that the requirement to provide photographic ID was a barrier for homeless people seeking to register with a GP, and asked how this issue could be addressed. It was noted that GPs would require approval from NHSE to accept alternative forms of ID, such as a letter from a hostel, and it was suggested that this was an issue that could be asked of NHSE directly. • Queenswood Practice, located on Park Road, Hornsey was known as being particularly good with regard to services for homeless patients and it was suggested that they be contacted regarding how they resolved the problem of patients requiring photographic ID to register. It was noted that Queenswood might operate a walk-in model that was more suited to homeless patients, rather than registering them on an ongoing basis. • The Board discussed the complex issues around those without recourse to public funds, and the current status of migrants from the EU. It was agreed that greater clarity was required in order to fully understand this issue and that further information on this should be brought back to the Board. • It was suggested that other north London boroughs be asked how they handled commissioning in relation to health services for the homeless, and that this question could be raised through the North London Strategic Alliance. • In addition to the work reported with the London Fire Brigade, it was suggested that Network Rail and the Canal and River Trust be approached for possible information on the location of rough sleepers. • It was agreed that there was a need for further discussion on this issue, and that a further report should be brought back to the Board. It was also suggested that a workshop session involving all stakeholders involved in this issue would be useful, with one of the outcomes to focus on the advice and information that all partners were providing to the homeless. It was further suggested that there should be a link between this work and the current scrutiny review on mental health. The Board welcomed the quality of the presentation and research in this area.	JdeG
CNCL66.	**NHS SCREENING AND IMMUNISATION PROGRAMMES** The Board considered the report on NHS screening and immunisation programmes, as presented by Tamara Djuretic. It was noted that commissioning responsibility for screening and immunisation programmes had transferred to NHSE, with Public Health England (PHE) taking an advisory role. It was further noted that performance in	

	this area had not been negatively affected during the transition of responsibilities. The following points were raised by the Board in discussion of the report: • In response to a question from the Board regarding whether there were any screening programmes that were not currently operated locally that may be of benefit to the local population, it was reported that all screening programmes that were currently available nationally were also available in Haringey. • The Board asked about the scope to target programmes according to local need. As programmes had previously been managed locally, there had been significant scope to target programmes according to the needs of the local population; while most of these programmes had continued as before since the transition to NHSE, it was important to receive assurance on an ongoing basis that programmes continued to run in a suitable format that met the needs of the population in Haringey. • In response to concern raised regarding the absence of data on screening programmes since the transition, it was reported that it was now necessary for data to be validated before it could be published publicly (for example in a report to the Board) although that data could be accessed. The Board was asked how regularly performance data should be reported up, and it was agreed that it would be appropriate for data to be provided to the Board on a quarterly basis. The CCG and GPs would require information more frequently, for example on a monthly basis, depending on the programme being reported on. It was noted that a key factor in the usefulness of the data was that it be updated and provided in a timely manner. It was suggested that these points could be fed back to NHSE when they attended the Board in February, and it was reported that ongoing discussions were being held with NHSE at a London-wide level in order to keep this issue live. • It was agreed that the first formal performance report from NHSE should be requested for the 8 April 2014 meeting of the Board, with quarterly updates thereafter.	JdeG
CNCL67.	**NEW ITEMS OF URGENT BUSINESS** The Chair admitted two new items of urgent business. <u>2014/15 NHS Planning Briefing</u> Sarah Price advised the Board of the guidance around CCG planning, with CCGs to produce 5 year strategic and 2 year operational plans. The 2 year CCG funding allocations had been published on 18 December 2013, and a timetable for the development of strategic and operational plans was proposed as follows: • Draft 2 year plan to HWB for approval 11 February 2014 • CCG to submit draft 2 year plan to NHSE 14 February 2014 • BCF plan to be submitted 15 February 2014 • Final 2 year plan and draft 5 year plan to be circulated by email to	

	HWB Members for approval/information 1 – 15 March 2014 • CCG GB to approve draft 5 year plan and final 2 year plan 26 March 2014 • CCG to submit draft 5 year plan and final 2 year plan 4 April 2014 • HWB to discuss the submitted draft of the 5 year plan 8 April • CCG to submit final 5 year plan 20 June 2014 The Board noted the proposed timetable. <u>Strategic Regeneration for Tottenham</u> The Chair advised that this would be an item on the agenda for the special meeting on 11 February, but asked the Board to approve the establishment of a working group to consider the proposed response in advance of the meeting. The Board agreed to this approach. Steve Hitchins, new Chair of Whittington Health, was introduced to the meeting and was welcomed to his new post by the Board. The meeting closed at 15:25hrs.	

Councillor Bernice Vanier

Chair