

**MINUTES OF THE HEALTH AND WELLBEING BOARD
TUESDAY, 11 FEBRUARY 2014**

Members Robin Charnley (Partnership and Policy officer, HAVCO – substituting for Pamela Pemberton), Dr Jeanelle de Gruchy (Director of Public Health, LBOH), Sharon Grant (Interim Chair, Healthwatch Haringey), Cathy Herman (Lay Member, Haringey CCG), Mun Thong Phung (Director of Adults and Housing, LBOH), Sarah Price (Chief Officer, Haringey CCG), Lisa Redfern (Interim Director of CYPS, LBOH), Cllr Bernice Vanier (Chair - Cabinet Member for Health and Adult Services, LBOH) and Cllr Ann Waters (Cabinet Member for Children, LBOH)

Apologies Dr Helen Pelendrides (GP Member, Haringey CCG), Pamela Pemberton (Interim Chief Executive, HAVCO), Dr Sherry Tang (Chair, Haringey CCG)

Also present Helen Chapman (Principal Committee Coordinator, LBOH), Zina Etheridge (Interim Deputy Chief Executive, LBOH), Victoria Wyatt (Senior Lawyer, LBOH).

MINUTE NO.	SUBJECT/ DECISION	ACTION BY
HWB68.	APOLOGIES Apologies for absence were received from Sherry Tang, Helen Pelendrides and from Pamela Pemberton, for whom Robin Charnley was acting as substitute.	
HWB69.	URGENT BUSINESS There were no new items of urgent business.	
HWB70.	DECLARATIONS OF INTEREST There were no declarations of interest.	
HWB71.	BETTER CARE FUND (BCF): LOCAL HEALTH AND SOCIAL CARE INTEGRATION PLAN Sarah Price and Mun Thong Phung introduced the report on the proposed Better Care Fund (BCF) Health and Social Care Integration Plan, developed jointly by the Council and CCG, as set out in the report circulated. <ul style="list-style-type: none"> • The BCF would consist of a pooled budget, worth £3.8bn nationally, to be deployed locally on health and social care, and would aim to deliver transformational change towards more integrated health and social care services. • It had been determined that the initial focus of the work in 2014/15 would be older adults, with priority for those who were frail or suffering from dementia. From 2015/16, it was the intention to extend the focus of the work to all adults with mental health 	

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issues.

- For 2014/15, Haringey's allocation of the BCF would be £957k, in the form of a transfer from the CCG to the Council.
- For 2015/16, the value of the BCF would rise to £18m as a pooled budget, the precise nature of which was still to be set out in guidance. It was emphasised that this money was not new funding, but represented existing commissioned services.
- One of the aims of improving integration was to prevent service users having to repeat their stories to a range of different professionals by working in a joined up manner. It was also noted that there would be an increased role for the third sector.
- A successful event had been held with service users, and it was noted that continuing to engage with residents and service users was an essential part of the work. A reference group had already been established to continue the commitment to user engagement.

The following points were raised by the Board in discussion of the item:

- The Chair noted that this work was critical for Haringey, where work had already begun on moving towards greater integration of services. It was noted that a report on the BCF would be considered by the Council's Cabinet on the evening of 11 February, and that the Integration Plan would then be submitted to the Department of Health.
- It was felt that this was exactly the type of work that the Board should be looking at in terms of strategic direction, and the report was broadly welcomed and supported by Board members.
- It was noted that Healthwatch were very supportive of the proposals, but it was requested that consideration be given to having a separate identified workstream for patient / user engagement set out under ways of working for April 2014 – March 2015 (paragraph 6.20 of the report) and also to Healthwatch forming part of the Integrated Management Board as set out in paragraph 6.30. It was agreed that both of these issues would be looked into.
- In response to a question regarding Outcome 5 of the contingency plan – patient / service user experience – and how this would be measured, it was agreed that local, deliverable measures around this area would be developed.
- It was suggested that engagement with Healthwatch could help to reduce some of the risks as identified in the risk log at paragraph 6.46 of the report, and it was agreed that consideration would be given to this point.
- In response to a question regarding value-based commissioning, it was agreed that it was intended that there be a strong focus on this, and that elements of the Plan could be reworded if it was not felt that this was coming through with sufficient emphasis.
- It was noted that, at paragraph 6.31 of the report, reference was made to the Chief Executive of Healthwatch being a member of the Health and Wellbeing Board, whereas this should read the Chair of Healthwatch. It was agreed that this would be corrected.

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	<ul style="list-style-type: none">• In response to a question from the Board, it was confirmed that the BCF funding would be ring-fenced. <p>RESOLVED</p> <p>That the Health and Wellbeing Board:</p> <ul style="list-style-type: none">i) Approve the Integration Plan, as set out in Appendix 1 to the report, in readiness for its submission to NHS England on 14 February 2014.ii) Note that Haringey Clinical Commissioning Group's Governing Body considered and agreed the Integration Plan as set out at Appendix 1 to the report on 30th January 2014.iii) Note that Cabinet will consider the final Plan as agreed by the Health and Wellbeing Board at its meeting on 11th February 2014. <p>Cllr Waters left the meeting at 2pm, at which point the Chair advised that the meeting was no longer quorate and could not therefore proceed formally. The meeting continued on an informal basis only after this point. The notes of the informal part of the meeting are appended.</p>	MTP
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Councillor Bernice Vanier

Chair