

Notes of the informal Health and Wellbeing Board – Tuesday 11 February 2014

Members of the HWB: 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)

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

Tottenham Strategic Regeneration Framework

Malcolm Smith (Interim Programme Director, Tottenham – LBOH), introduced the emerging Tottenham Strategic Regeneration Framework and sought feedback on the draft document.

- The Framework would be going to Cabinet for approval in March 2014 and, if approved, the intention would be to start working on the priority areas straight after the May elections.
- Mr Smith indicated that the main area where more focus was needed was the 'people' aspect. The health inequalities issues across different areas of Haringey was known, and this document should focus on addressing key underlying issues such as improving wellbeing and raising aspirations.
- Physical regeneration also had significant role to play in health and wellbeing issues, and the sense of 'place', how spaces were looked after and managed, all needed to be looked at.
- Mr Smith advised that colleagues working in health and social care both within the Council and partners were being asked what they felt the toughest areas to get right were, within the framework.

The following points were raised during the discussion of the item, and in response to questions:

- It was noted that every aspect of regeneration had an impact on health and wellbeing, for example housing, employment, health services, GPs and developing resilient communities.
- It was suggested that the draft Framework was currently a bit light on health and wellbeing aspects at the moment, and the fact that health partners were being consulted about the developing draft was welcomed. In response to concerns that health issues were not yet strongly represented in the draft, Mr Smith advised that a key challenge was to identify key deliverable targets for strategic outcome 1 'Build a strong, safe and healthy community' so that the final document did contain a detailed plan for how this would be achieved.
- Mr Smith advised that he did not feel it would be easy to achieve strategic outcome 1, but that the Council would be looking for 3 to 6 key interventions that would have the best chance of having an impact on some of the social

issues identified. These key interventions had not yet been identified, and the intention was for the advice of colleagues and partners to help guide towards those that could have the greatest impact. It was noted that there was a complicated network of issues that needed to be addressed – it was not possible to pinpoint a concern such as ‘health’ and try to tackle this in isolation.

- It was suggested that health impact assessments should be carried out on key policies and programmes to assess their health and wellbeing impact.
- Officers from the Council and CCG confirmed that they intended to work with the Council’s Regeneration team as part of the Better Care Fund work.
- It was suggested that the Health and Wellbeing Board should have a role within the governance structure for the Tottenham regeneration programme, and it was agreed that this should be the case, although further discussions would be needed outside the meeting regarding what form this should take.
- It was agreed that the Health and Wellbeing Board needed a clear outline of the process for developing this framework, and a timetable setting out where the document was going, and the points at which the Board would have the opportunity to have input. It was felt that the Board needed to be involved in the development of the document, and was in a position to offer robust challenge around health and wellbeing aspects. The way forward on this would be discussed outside the meeting.

Action: Cllr Vanier, Jeanelle de Gruchy, Malcolm Smith

NHS Planning – draft 2 year plan

Sarah Price (Chief Officer, Haringey CCG) presented a tabled report on the CCG’s draft 2 year operating plan, covering the first 2 years of the 5 year strategic plan for 2014/15 – 2018/19.

- It was noted that it was important for the draft plan to align with the Council’s Health and Wellbeing Strategy. The aim was to increase the focus and effectiveness of primary care services for residents, and to transform services particularly around mental health, life expectancy and services for young people.
- As part of the transformation of services and the move towards integrated working arrangements, consideration needed to be given to questions such as who else the CCG needed to be working with, and how they could work differently.
- It was important to look at how to engage communities in a more innovative way, for example making use of new technologies.
- There was a need to look at new models for primary care, for example with GP practices working together in new ways to deliver services jointly.
- The 2-year plan needed to deliver services to NHS standards, with a focus on quality. Outcomes included reducing emergency hospital admissions, addressing mental health needs and increasing levels of patient satisfaction.

The following points were covered in discussion, and in response to questions:

- In response to a question submitted by the public: *'What assessments have been made of the other health facilities (e.g. child health clinics, dental care, urgent/out of hours care, mental health clinics and beds) which will be needed by the additional population and where will these be provided?'* it was reported that this would be addressed by a combination of physical use of buildings, and different ways of working. GPs were keen to work in a more networked way, which would mean access to primary care in a different way, and there was also the potential to use children's centres, etc, in order to deliver primary care services, rather than just traditional GP surgeries.
- It was suggested that the wording around integration and joint working could be strengthened in the Plan, in order to convey a stronger sense of partnership working.
- It was noted that one of the benefits of working in a more integrated way was that it gave the ability to identify areas where earlier intervention would be beneficial; Sarah Price advised that this was a key driver of the Plan, and that the wording would be reviewed to see how this could be brought out more.

Action: Sarah Price

NHSE Performance in Primary Care

Vanessa Lodge, Director of Nursing, Central and North East London, NHS England, spoke about NHSE performance in primary care. A copy of the presentation was attached to the agenda for the HWB meeting.

- It was noted that NHS England was now a national organisation, which was a significant change from the previous model of local PCTs; performance lists were now held nationally, and there was also now a requirement for all GP practices to be compliant with the CQC.
- There was a need for all GPs to undertake an appraisal for revalidation, and a mechanism was in place to undertake the appraisals.

The following points were raised in discussion and in response to questions:

- There was concern that the CCG had responsibility for improving quality in primary care, but that NHSE held the information regarding GP performance. Information around concerns or complaints about GP performance was felt to be held by NHSE until such time as this could be made public. Ms Lodge advised that there was a need for NHSE to discuss with the CCG how best to share information related to concerns related to the concerns.
- Four questions had been received from the public as follows:
 - a) *Would you agree that the planned development of around 10,000 extra homes in Tottenham under the current regeneration plans will require between 14 and 19 GPs, or between 3 and 5 average sized GP practices, to serve the additional population?*
 - b) *What steps are being taken, and by whom, to ensure that adequate premises will be available for the new GPs who will be needed?*

c) How will the HWB and/or the CCG ensure that additional GPs actually do come and practice in the area to serve the additional population?

d) What assessments have been made of the other health facilities (e.g. child health clinics, dental care, urgent/out of hours care, mental health clinics and beds) which will be needed by the additional population and where will these be provided?

- In response to question a) it was reported that this was not an uncommon situation, and that processes were in place regarding the way in which patients would register with GPs.
- In response to question b), it was noted that this was a question of capital allocations, and that information on this would be provided after the meeting.

Action: Vanessa Lodge

- In response to question c), it was noted that there had not historically been a problem encouraging GPs to work in London, but that there was a need to ensure that the right people were performing the right roles for them, and this was being addressed as part of the performance framework.
- In response to question d), it was reported that there was a need to make the most of existing facilities for the local population, and that additional detail on this point could be provided after the meeting.

Action: Vanessa Lodge

- A question was raised around what happened if problems were identified in respect of a GP practice by the CQC. It was reported that the CQC would advise NHSE immediately, and would then prepare a report for the GP practice concerned, which would also be published online. CQC would undertake a follow-up visit within three months of the last-dated action identified in the report to ensure that required actions had been implemented. It was noted that there was no formal system in place for liaising with the CCG. It was suggested that Vanessa Lodge speak to the NHSE about ensuring that there was some mechanism in place for the CQC to advise the CCG of issues more routinely.
- In response to a question around how the CQC chose practices to visit, it was reported that this was random, except for where specific concerns had been raised about a practice. Before planning where to visit, all available intelligence was taken into consideration.
- The system for making complaints about a GP was felt to be very complex, and Ms Lodge was asked whether it would be possible to feed back to NHSE and/or the CQC that there was a need to make the system easier for the public to understand. Ms Lodge advised that training with GP practices had been arranged to improve local capacity for dealing with complaints, but agreed that she would feed this back.

Action: Vanessa Lodge

- With regard to complaints, it was further suggested that there be a specific NHSE workstream around getting information out to the public about how to make feedback about the services they received, and informing people about the revalidation programme and it was agreed that this suggestion would be fed back to NHSE.

Action: Vanessa Lodge

- In response to a question regarding the connection between information held by Healthwatch, NHSE and the CQC, it was reported that Healthwatch was a member of NHSE's quality surveillance groups, and would raise issues via this route. It was not known what form of relationship there was between Healthwatch and the CQC. Concern was expressed that Healthwatch was not listed in the presentation as one of NHSE's sources of information when it should be. It was confirmed that Healthwatch would be gathering information regarding GP performance, and would feed this directly through to NHSE.
- In response to a question regarding where the responsibility for strategic planning for primary care lay, it was reported that this was something that needed to be looked at further.
- The member of the public who had submitted questions in advance of the meeting, spoke to express concern regarding the mechanisms in place to ensure that there were sufficient premises for GP practices to meet the demand from new homes being built, and also for making GPs aware of the new opportunities being developed. Ms Lodge advised she would take these concerns back to NHSE, and then report back on the mechanisms to address these issues. It was felt that the way in which services was delivered was as important as delivering the right level of services.
Action: Vanessa Lodge
- It was suggested that there should be an NHSE representative on the Health and Wellbeing Board, as primary care commissioning was not currently represented. It was agreed that this would be looked into.
Action: Cllr Vanier, Jeanelle de Gruchy
- Cllr Vanier thanked Vanessa Lodge for attending the meeting, and for agreeing to come back for a future meeting.

The informal meeting closed at 3.30pm.