

**MINUTES OF THE HEALTH AND WELLBEING BOARD  
TUESDAY, 8 APRIL 2014**

**Board Members:** 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), Sarah Price (Chief Office, Haringey CCG), Jill Shattock (Director of Commissioning - CCG), Beverly Tarka (Deputy Director Adults and Community Services), Cllr Bernice Vanier (Chair - Cabinet Member for Health and Adult Services, LBOH) and Cllr Ann Waters (Cabinet Member for Children, LBOH)

**Also present:** Xanthe Barker (Principal Committee Officer, LBOH), Andy James (DAAT Programme Manager LBOH), Zina Etheridge (Deputy Chief Executive, LBOH), Victoria Wyatt (Senior Corporate Lawyer, LBOH).

<b>MINUTE NO.</b>	<b>SUBJECT/DECISION</b>	<b>ACTION BY</b>
<b>CNCL72.</b>	<p><b>APOLOGIES</b></p> <p>Apologies for absence were received from the following:</p> <p>Lisa Redfern Dr Sherry Tang Mun Thong Phung</p>	
<b>CNCL73.</b>	<p><b>URGENT BUSINESS</b></p> <p>There were no items of urgent business.</p>	
<b>CNCL74.</b>	<p><b>DECLARATIONS OF INTEREST</b></p> <p>There were no declarations of interest made.</p>	
<b>CNCL75.</b>	<p><b>QUESTIONS, DEPUTATIONS, PETITIONS</b></p> <p>A written question was submitted by Mr Robert Lindsay-Smith (set out below) and the Chair noted that the Director of Public Health would provide a response to this in writing.</p> <p>'My question relates to Item 10 on the agenda (Immunisation and Screening Performance Report for NHS England):</p> <p>In the supplementary document pack, pages 9 and 10, section 2.2.1, the report notes that coverage is currently 65.8% for the whole of Haringey, with no figures available for different areas. The national standard is 70%.</p> <p>Section 2.2.2 discusses locations for the North London Breast Screening Service. There is only one actually in Haringey – currently a mobile unit at St Ann’s Hospital – but a move to a static site model is envisaged over the next 3 to 5 years.</p>	<p>Dir Public Health</p>

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	<p>My question is: Could the Board note that unless a mobile or static Breast Screening site is provided in any development of St Ann's Hospital the uptake in the east of the borough is likely to deteriorate further?'</p>	
<b>CNCL76.</b>	<p><b>MINUTES</b></p> <p>A document was circulated that provided an update with respect to actions agreed at the previous meeting and this is attached at Appendix 1.</p> <p><u>Minutes of the Meeting Held on 7 January 2014</u> Sharon Grant noted that further discussion was required with regard to safeguarding training and that there was agreement that this was 'ongoing'. It was also noted that Healthwatch would be invited to the relevant 'Haringey Stat' sessions, as outlined Appendix 1.</p> <p><u>Minutes of the Meeting Held on 11 February 2014</u> In response to a question it was noted that Healthwatch would become a member of the Integrated Management Board Advisory Group and would also be invited to attend meetings of the Integrated Management Board when appropriate.</p> <p>With regard to a question raised with respect to the impact of ten thousand more homes in the borough and how NHS England would plan for this; it was noted that Zina Etheridge and Sarah Price has met with NHS England to discuss the issues raised and that work was now being undertaken to form a process to assesses the impact of this and the additional facilities that may be required.</p> <p><b>RESOLVED:</b></p> <p>That the minutes of the meetings held on 7 January and 11 February 2014 be confirmed as correct records of the meetings.</p>	
<b>CNCL77.</b>	<p><b>OUTCOME 3 DELIVERY GROUP UPDATE</b></p> <p>The Board considered a report that provided an update with respect to the work being undertaken by the Outcome 3: Improving Mental Health and Wellbeing Board (one of three delivery groups established to cover the three specific outcomes of the Health and Wellbeing Board's strategy for 2012-2015).</p> <p>It was noted that the majority of the actions contained within the delivery plan had been met and that the group had discussed commissioning arrangements across health and social care and that a detailed mapping exercise was underway. In addition discussion had begun with regard to how commissioning arrangements might need to be revised in the light of the new organisational structures that had now been implemented. In terms of the group's priorities for 2014/15 a full refresh and update of the delivery plan would be undertaken to ensure that patient 'flow' issues were dealt with. In addition a joint CCG and Council</p>	

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framework for mental health would be developed, which would form the basis for the HWB strategy refresh later in the year.

The Board was reminded that a HWB seminar had been held on 5 March in order to consider how 'sign up' might be obtained from partner organisations in order to embed value based commissioning for mental health. This had been well attended and had highlighted the need for partner organisations to improve 'joined up' working around mental health and to ensure that patient pathways were as seamless as possible.

The Chair opened discussion by noting that housing was clearly an area where fragmentation occurred and she requested that the Council's Interim Chief Operating Officer should be invited to attend future meetings of the HWB in order to input into discussion on how this might be improved and to assist in developing understanding around mental health and housing issues. It was also noted that the role of providing high quality advice to patients was not referred to in the report and it was suggested that this should be referred to along with the role that Healthwatch might be able to play in providing this.

Dir of  
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It was noted that the 'Equalities and Community Cohesion Comments' section of the report had not been completed and there was agreement that future reports should clearly state why these comments were not required if this was the case.

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In response to a query it was noted that work around the development of the joint CCG and Council Mental Health Framework would take into account work being undertaken as part of the refresh of the HWBB strategy and the importance of sharing resources effectively and ensuring that these pieces of work were aligned was recognised.

In conclusion it was that the development of the joint framework and the refresh of the HWB strategy would need to be reviewed by the HWB at its next meeting in July.

**RESOLVED:**

- i. That the key points arising from the recent HWB seminar, as outlined in the report, be noted.
- ii. That it be noted that multiple barriers to recovery were identified from the patient perspective, mainly due to the fragmentation and communications issues between partners agencies and it was important that HWB members continued to support all partners to contribute to the improvements necessary.

**Alternative options considered**

None listed.

**Reasons for decision**

For information only.

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<p><b>CNCL78.</b></p>	<p><b>HEALTH AND WELLBEING BOARD STRATEGY 2015-19</b></p> <p>The Board considered a report, previously circulated, which sought agreement to an indicative timetable for work to develop the HWB Strategy for 2015-2018. In introducing the report the Director of public Health noted that the new strategy would build on the current strategy whilst taking into account lessons learnt over the preceding three year period.</p> <p>There was agreement that a workshop session should be held in July to look at how partners would contribute towards the strategy and it was agreed that the Director of Public Health should contact partners following the meeting to discuss how they might contribute to the organisation and content of this session.</p> <p>In response to a question it was noted that reflecting the regeneration work being undertaken in Tottenham and ensuring that the strategy was aligned to this would be essential in order to address the significant disparity in the health of residents across the borough. Therefore the Public Health team would be working closely with the Council's Tottenham Regeneration team in developing the document.</p> <p>There was agreement that the Director of Public Health would also need to discuss, with representatives from Healthwatch, the areas where Healthwatch had been listed as providing support in order to ensure that the group had the capacity to meet expectations.</p> <p>Following on from earlier discussion with respect to the suggested workshop there was agreement that this would need to be held before the first meeting of the steering group that was being formed to pull together the strategy.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>i. That the draft timetable, as set out in section 6 and Appendix 1 of the report, be approved in order that project work could commence.</li> </ul> <p><b>Alternative options considered</b> No other alternatives have been considered. The production of the Health and Wellbeing Strategy is a legal requirement.</p> <p><b>Reasons for decision</b> The Health and Wellbeing Board has a duty to develop, upgrade and publish the Health and Wellbeing Strategy.</p>	<p>Dir Public Health</p> <p>Dir Public Health / Chair of Healthwatch</p>
<p><b>CNCL79.</b></p>	<p><b>EARLY ACCESS TO MATERNITY SERVICES</b></p> <p>The Board received a presentation, circulated within the agenda pack, on early access to maternity services in the borough.</p>	

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The Board discussed the reasons why women notified GPs of their pregnancies at a late stage, including those women who had entered the country illegally or that had no recourse to public funds to present early on in their pregnancy. This also had an impact on women from BME groups who were living in the country legitimately as there was a perception that their immigration status may be questioned. This perception also led to women presenting at a very late stage, or actually in labour, (i.e. as emergencies) meaning that they received no ante natal care.

It was noted that another common reason for not presenting early on in pregnancy were cultural beliefs that meant that women believed that it would be bad luck to discuss their pregnancy at an early stage.

The Board was advised that the collection and analysis of data in this area was also difficult as there was a large transient population in the borough that was comprised of many different BME groups. At present Somali and Romanian groups were known to be moving into the borough; however, this often shifted and changed rapidly.

In conclusion the Chair noted that the trajectory of performance was moving the right direction; however, continued work in this area was required to address the points discussed above and those outlined in the presentation. There was agreement that the Board should continue to receive regular updates with respect to the work being undertaken to improve performance in this are.

**RESOLVED:**

- i. That the current performance against the target for early access to maternity services be noted.
- ii. That Board would support the promotion of early access to maternity services, particularly amongst women from groups previously identified as likely to book late.

**Alternative options considered**  
Not applicable.

**Reasons for decision**  
Not applicable.

**CNCL80. NHS ENGLAND - PERFORMANCE OF IMMUNISATION AND SCREENING PROGRAMMES IN HARINGEY**

The Board considered a report, previously circulated from NHS England, which set out the performance of NHS screening programmes within the borough and the actions being taken by NHS England and other stakeholders to address areas of underperformance.

As set out in the report there had been a slight decrease in childhood immunisation and a larger decrease in cervical screening coverage for women aged twenty-five to forty-nine years of age during Quarter 2. The

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Board was reminded that the Director of Public Health (DPH) had statutory responsibilities with regard to local health protection arrangements and that DPH had to be satisfied that there was adequate provision for immunisation and screening plans in place. As such NHS England had been asked to provide further information with regard to the arrangements that they were putting in place to improve performance in these areas.

Following a presentation from NHS England the Board discussed the report and the following points were made:

It was noted that the information presented was for quarter two and that this was now likely to be out of date and therefore was not helpful for GPs trying to measure their own performance and for CCGs making commissioning decisions.

The Board was advised that NHS England had dedicated officers in place to liaise with GP practices in terms of data collection and performance; however, in many cases, the Cover Data collected by GPs did not match the information collected by NHS England. This had been an ongoing issue and it was suggested that the information collected by GPs was often more up to date than that collected by NHS England.

NHS  
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It was requested that GPs were sent information regarding the systems and structures in place for collecting data and that this should include contact details for the officers responsible for liaising with GPs on the collection of data.

There was discussion with regard to screening undergone privately and in other countries and the impact of this upon local GP screening rates. The Board was advised that NHS England accepted screening results provided privately and from other countries with the proviso that patients should also book in for an appointment with their local GP for a further test. Concern was expressed that this approach meant that people who had been tested privately were unlikely to want to come and have another test or pass on the results of their initial test to their GPs if they were clear and that this would impact on screening rates. There were also concerns with regard to the effectiveness of screening carried out in countries outside the UK.

NHS  
England

There was agreement that it would be useful if performance data was shared with the CCG and it was confirmed that NHS England were able to do this and would contact the CCG following the meeting. It was also agreed that immunisation data in relation to children should also be included in future performance reports from NHS England.

In conclusion the Director of Public Health noted that in order for the information gathered to be used effectively, and for GPs and the CCG to monitor performance in a meaningful way, it needed to be shared in a timely and consistent way and collected effectively. It was also clear that the liaison role with GPs needed to be strengthened and that more discussion was required with GP practices.

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	<p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>i. That the new governance arrangements for immunisation and screening programmes across London aimed at providing assurance to the Directors of Public Health on the overall performance of these programmes be noted;</li> <li>ii. That the progress with regard to screening and immunisation programmes in Haringey, as set out in the report from NHS England, be noted.</li> <li>iii. That the slight decrease in childhood immunisation in Haringey in Quarter Two and a larger decrease in cervical screening coverage for women aged 25 to 49 (from 69% in Quarter 1 to 63% in Quarter 2) be noted.</li> <li>iv. That it be noted that the Director of Public Health had advised NHS England to provide further information on the arrangements they were putting in place to improve performance referred to in iii) above.</li> </ul> <p><b>Alternative options considered</b> None listed.</p> <p><b>Reasons for decision</b> None listed.</p>	<p>NHS England</p>
<p><b>CNCL81.</b></p>	<p><b>HEALTHWATCH PROGRAMMES</b></p> <p>The Board considered a report, previously circulated, which set out Healthwatch’s proposed Strategy and Work Programme for 2014/15.</p> <p>An overview was provided of how the challenges and priorities for year two had been identified and it was noted that these were aligned to the Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy. A ‘hub and spoke’ model had been developed to illustrate priorities for year two and this approach allowed cross cutting themes and broad priorities to be articulated. Although these were stated in general terms within the document there would be prioritisation within each of these areas in order to ensure that the organisation’s impact was maximised. The proposals also aimed to ensure that the resources were used as effectively as possible by deploying staff, volunteers and board members strategically to engage with the refresh of the Health and Wellbeing Strategy and other key areas of work.</p> <p>In response to a question as to how Healthwatch would ensure that the appropriate weight and focus was attached to each of the ‘spokes’ the Board was advised that data was collected and that this would be analysed and patterns of need would be identified. The Director of Public Health noted that it would be important that focus and resources were channelled to those areas of most priority.</p>	

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	<p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>i. That the overall proposals for 2014/15 and the detailed work set out in the plan attached to the report be noted.</li> <li>ii. That it be noted that comments made by the Board would be referred to the Councils contract manager responsible for managing the Healthwatch contract for consideration.</li> </ul> <p><b>Alternative options considered</b> Not applicable – submission of the report to the HWB is a statutory requirement.</p> <p><b>Reasons for decision</b> For information only.</p>	
<p><b>CNCL82.</b></p>	<p><b>LSCB ANNUAL REPORT</b></p> <p>The Board considered a report, previously circulated, which presented the Local Safeguarding Children Board’s (LSCB) Annual Report 2012/13 and Business Plan 2013/14 for noting.</p> <p>The Board was reminded that under the Children Act 2014 the LSCB was required to submit its annual report to the HWB in order to strengthen the links between the two bodies and to assist them in coordinating the arrangements for safeguarding and promoting the welfare of children in Haringey.</p> <p>There was discussion with regard to work being undertaken in relation to addressing Female Genital Mutilation (FGM) and there was agreement that the DGBV strategic group and LSCB should coordinate a response to the issues raised.</p> <p>There was agreement that formalising the process for learning from Serious Case Reviews (SCRs) was an area that needed to be developed and that this should encompass all partners in order to ensure that this was meaningful. It was also noted that recognising good practice and positive outcomes and learning from these was also important and it was suggested that this should be strengthened too.</p> <p><b>RESOLVED:</b></p> <p>That the content of the Haringey LSCB Annual Report 2013 and Business Plan 2013/14 be noted.</p> <p><b>Alternative options considered</b> Statutory guidance provides for the Annual Report to be reported up to the Board and therefore no alternative options have been considered.</p> <p><b>Reasons for decision</b> Not applicable – the report is for noting only.</p>	<p>Dir Public Health / Dir CS's</p>



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<p><b>CNCL83.</b></p>	<p><b>AUTISM INCLUDING SELF-ASSESSMENT</b></p> <p>The Board considered a report, previously circulated, which set out progress made in Haringey’s response to the Autism Strategy 2010.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>i. That the progress made in Haringey’s response to the Autism Strategy be noted.</li> <li>ii. That it be noted that outcomes for people with autism would continue to be actively monitored and reviewed.</li> <li>iii. That it be noted that progress reports would be made to the Health and Wellbeing Board annually.</li> </ul> <p><b>Alternative options considered</b> Not applicable. The statutory guidance accompanying the Autism Strategy states that Health and Wellbeing Boards will play a key part in the planning, commissioning and reviewing of services for people with autism.</p> <p><b>Reasons for decision</b> This is a non-key decision; however, as the Autism Strategy guidance is statutory, local Council’s and local health bodies have a legal duty to implement it.</p>	
<p><b>CNCL84.</b></p>	<p><b>NEW ITEMS OF URGENT BUSINESS</b></p> <p>There were no new items of urgent business.</p>	

The meeting closed at 3.50pm.

Councillor Bernice Vanier

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Chair

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**APPENDIX 1**

<b>Meeting Date</b>	<b>No</b>	<b>Action Description</b>	<b>Lead</b>	<b>Action Taken</b>
07/01/2014	1	It was agreed that Lisa Redfern and Sharon Grant would discuss Healthwatch support for safeguarding work outside the meeting.	Lisa Redfern	Discharged - ongoing
07/01/2014	2	Can Healthwatch be invited to relevant Haringey Stat sessions?  Jeanelle de Gruchy to discuss with Zina Etheridge  <i>In process of doing HaringeyStat and inviting Healthwatch to appropriate sessions</i>	Jeanelle de Gruchy	
07/01/2014	3	Clarification required over drug performance on report.	Jeanelle de Gruchy	Discharged
07/01/2014	4	<b>Homelessness:</b> Complex issues around those without recourse to public funds and the current status of migrants from the EU. Greater clarity is required for the board to fully understand this issue issues around those without recourse to public funds, and the current status of migrants from the EU.	Jeanelle de Gruchy	Report to come to the board in July 2014
07/01/2014	5	<b>Screening and Immunisation:</b> 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.	Jeanelle de Gruchy	Tamara to bring performance data to April Meeting

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11/02/2014	6	<b>Better Care Fund:</b> Consideration be given to having a separate identified work stream for patient / user engagement set out under ways of working for April 2014 – March 2015 (paragraph 6.20 of the report.)	Sarah Price/ Phung Mun Thong	Reference groups to be established (one already in place) and consideration to incorporating patient/service user representation in the BCF governance structure
11/02/2014	7	<b>Better Care Fund:</b> Consideration to be given to Healthwatch forming part of the Integrated Management Board as set out in paragraph 6.30	Sarah Price/ Phung Mun Thong	Healthwatch to be part of advisory group. Advisory Group currently being set up which already represented on the HWB which has executive and policy oversight of the BCF
11/02/2014	8	<b>Better Care Fund:</b> consideration to be given 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	Sarah Price/ Phung Mun Thong	Risk log to be taken to the Advisory Group providing its members, including Healthwatch, with an opportunity to contribute to the mitigation of risks and issues.
11/02/2014	9	<b>Better Care Fund:</b> 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.  Rachel Lissauer paper to be circulated.	Sarah Price/ Phung Mun Thong	
11/02/2014	10	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. To be corrected.	Sarah Price/ Phung Mun Thong	Discharged
11/02/2014	11	<b>Tottenham Strategic Regeneration Framework:</b> Health impact assessments should be carried out on key policies and	Jeanelle de Gruchy	On going


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		programmes to assess their health and wellbeing impact.		
11/02/2014	12	<p><b>Tottenham Strategic Regeneration Framework:</b> 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.</p> <p>Meeting to be arranged between Cllr Vanier, Jeanelle de Gruchy, Malcolm Smith, Zina Etheridge and Jan Doust</p>	Jeanelle de Gruchy, Malcolm Smith	
11/02/2014	13	<p><b>Tottenham Strategic Regeneration Framework:</b> 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.</p> <p>Meeting to be arranged between Cllr Vanier, Jeanelle de Gruchy, Malcolm Smith, Zina Etheridge and Jan Doust</p>	Jeanelle de Gruchy, Malcolm Smith	
11/02/2014	14	<p><b>NHSE Performance in Primary Care:</b> In response to question a) <i>Would you agree that the planned development of around 10,000 extra homes in Tottenham under the current</i></p>	Vanessa Lodge	

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		<p><i>regeneration plans will require between 14 and 19 GPs, or between 3 and 5 average sized GP practices, to serve the additional population?</i></p> <p>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.</p> <p>12/03 – Vanessa Lodge has passed on the strategy documents to the primary care commissioning team so they can review the plans for increase in housing. At some appropriate point in the process do need formally for the LA to contact NHS England primary care commissioning team so that they can formally engage.</p> <p>Zina Etheridge and Sarah Price to meet NHSE outside of meeting.</p>		
11/02/2014	16	<p><b>NHSE Performance in Primary Care:</b> In response to question from the public: <i>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?</i></p> <p>It was noted that this was a question of capital allocations, and that information on this would be provided after the meeting.</p> <p>12/03 - paper circulated by Vanessa Lodge.</p>	Vanessa Lodge	<i>ongoing</i>

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		 NHSE Commissioning NHS Premises.pdf		
11/02/2014	17	<p><b>NHSE Performance in Primary Care:</b> In response to question from member of the public: <i>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?</i></p> <p>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.</p> <p>12/03 – Vanessa Lodge reported back: This relates to early point about formal engagement with NHS England about plans.</p> <p>Zina Etheridge and Sarah Price to meet NHSE outside of meeting.</p>	Vanessa Lodge	
11/02/2014	18	<p><b>NHSE Performance in Primary Care:</b> 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</p>	Vanessa Lodge	

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		<p>with GP practices had been arranged to improve local capacity for dealing with complaints</p> <p>12/03 - Training plan in place for GP practices. Vanessa Lodge has checked that all practices were advised about new complaints contact details prior to April 2013. We will put a reminder in the next GP newsletter.</p>		
11/02/2014	19	<p><b>NHSE Performance in Primary Care:</b> With regard to complaints, it was further suggested that there be a specific NHSE work stream around getting information out to the public about how to make feedback about the services they received, and informing people about the revalidation programme.</p> <p>It was agreed that this suggestion would be fed back to NHSE.</p> <p>12/03 - Have fed this into the medical director who lead the revalidation programme. Feedback from patients is not yet a requirement.</p>	Vanessa Lodge	
11/02/2014	20	<p><b>NHSE Performance in Primary Care:</b> The member of the public 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.</p> <p>Ms Lodge advised she would take these concerns back to NHSE, and then report back</p>	Vanessa Lodge	

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		on the mechanisms to address these issues.		
11/02/2014	21	<p><b>NHSE Performance in Primary Care:</b> It was suggested that there should be an NHSE representative on the Health and Wellbeing Board, as primary care commissioning was not currently represented.</p> <p>Jeanelle de Gruchy to discuss with Cllr Vanier.</p>	Jeanelle de Gruchy	Ongoing

Key

	<b><i>Action Discharged</i></b>
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