

**MINUTES OF THE HEALTH AND WELLBEING BOARD  
TUESDAY, 1 JULY 2014**

**Board Members Present:** Councillor Claire Kober (Chair and Leader of the Council) Gill Hawken (Interim CE HAVCO), Sir Paul Ennals (Chair of Haringey LSCB), Zina Etheridge (Deputy Chief Executive LBH), Dr Jeanelle de Gruchy (Director of Public Health, LBH), Sharon Grant (Chair, Healthwatch Haringey), Cathy Herman (Lay Member, Haringey CCG), Charlotte Pomery (Assistant Director Commissioning LBH), Sarah Price (Chief Officer, Haringey CCG), Beverley Tarka (Director of Adult Services LBH), Dr Sherry Tang (GP Board Member, Haringey CCG), and Councillor Ann Waters (Cabinet Member for Families).

**In Attendance:** Xanthe Barker (Principal Committee Officer LBH), Sarah Hart (Senior Commissioner Public Health, LBH), Andy James (DAAT Programme Manager LBH), Stephen Lawrence-Orumwense (Assistant Head of Legal Services LBH), Sanjay Mackintosh (Corporate Delivery Unit LBH), Liz Marnham (Senior Policy Officer LBH).

MINUTE NO.	SUBJECT/DECISION	ACTION BY
<b>CNCL86.</b>	<p><b>WELCOME AND INTRODUCTIONS</b></p> <p>The Chair welcomed those present to the meeting</p>	
<b>CNCL87.</b>	<p><b>APOLOGIES</b></p> <p>Apologies for absence were received from the following:</p> <p>Councillor Peter Morton Dr Helen Pelendrides Lisa Redfern (substituted by Charlotte Pomery)</p>	
<b>CNCL88.</b>	<p><b>URGENT BUSINESS</b></p> <p>There were no items of urgent business.</p>	
<b>CNCL89.</b>	<p><b>DECLARATIONS OF INTEREST</b></p> <p>There were no declarations of interest made.</p>	
<b>CNCL90.</b>	<p><b>QUESTIONS, DEPUTATIONS, PETITIONS</b></p> <p>A deputation was taken from Mr Rod Wells of the group Haringey Needs St Ann’s Hospital (HaNSAH) in relation to St Ann’s Hospital and the Barnet, Enfield and Haringey Mental Health Trust’s (BEH MHT) proposed plans for redeveloping the site.</p> <p>Mr Wells began by advising that HaNSAH had been formed in order to campaign for improved and integrated healthcare facilities at the St Ann’s Hospital site. The main contention of the group was that rather than reducing</p>	

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the services currently delivered from the site, there should be a review of health needs in the east of the Borough, particularly in light of the projected ten thousand new homes expected in the area, and that the St Ann's site should be used to meet the additional demands that this would create.

Mr Wells noted that BEH MHT had now put forward a planning application for the site and contended that as designated NHS land, the Council and Clinical Commissioning Group (CCG) should support HaNSAH's call for a healthcare needs assessment to be undertaken before the planning application was considered. The group considered that this was essential in order to assess the potential increase in health care needs as a result of the anticipated increase in population in the east of the Borough.

Mr Wells noted that the Community Reference Group (CRG), which had been established as part of BEH MHTs consultation process on the redevelopment of the St Ann's site, had requested that information regarding the use of health services was used to inform the planning application and that consideration should be given to including plans for a walk in centre or minor injuries unit within the planning application. It had also been requested that a formal Healthcare Needs Assessment was undertaken by the Director of Public Health to inform the planning application in order to determine what healthcare provision was needed.

In summary there were three key questions that HaNSAH considered should be taken into account before plans for the redevelopment of the site were considered; how integrated services and care pathways could be developed on the site; the benefits for patients from the development of the site and; how the development of the site might contribute to reducing health inequalities between the east and the west of the borough. Mr Wells noted that HaNSAH had begun its own healthcare needs assessment, based on publically available data and that, in the group's view, this demonstrated a need for improved mental health services, an integrated child health centre and an urgent care centre on the St Ann's site.

In conclusion Mr Wells noted that in its role of promoting and coordinating integrated provision between the NHS, social care and public health services in Haringey, the Health and Wellbeing Board (HWB) should request that the Haringey Infrastructure Plan (HIP) was updated and that the Director of Public Health should undertake a Health Care Needs Assessment for the east of the borough before the outline planning application for the St Ann's site was considered.

The Chair thanked Mr Wells for his deputation and responded to the points raised. She began by noting that BEH MHT had now submitted a planning application for the St Ann's site and that there was a process that the application would now be subject to before it was determined by the Planning Committee. As part of this process there would be the opportunity for people to comment on the application at the Development Management Forum and at the Planning Committee meeting itself. In terms of the content of the

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	<p>planning application the Chair noted that of the existing sixteen acres that the site covered the application proposed that almost ten acres would be retained and could be used for clinical space in the future if required.</p> <p>With regard to the group’s calls for a Healthcare Needs Assessment to be undertaken by the Director of Public Health, the Chair noted that the Joint Strategic Needs Assessment set out the health care needs of the borough and that the commissioners of health and social care used the information contained within this to commission services. In response to the assertion that the HIP should be reviewed, due to the large number of new homes that were likely to be built in Tottenham, the Chair noted that the HIP was a high level overarching plan covering the period 2011 – 2026 and that this would not be reviewed. The Council and NHS would continue to work together to monitor growth trends and the corresponding need in terms of needs as part of the Core Strategy and the Community Infrastructure Plan and other health plans.</p> <p>In conclusion the Chair thanked Mr Wells again for his deputation and noted that he and other members of the deputation were welcome to remain for the duration of the meeting.</p>	
<p><b>CNCL91.</b></p>	<p><b>MINUTES</b></p> <p><b>RESOLVED:</b></p> <p>That, subject to the inclusion of Gill Hawken in the list of those present, the minutes of the meeting held on 8 April 2014 be confirmed as a correct record.</p>	
<p><b>CNCL92.</b></p>	<p><b>HEALTH AND WELLBEING STRATEGY OUTCOME 1 DELIVERY UPDATE</b></p> <p>The Board considered a report, previously circulated, which provided an update with regard to the progress made by the Delivery Group for Outcome 1 of the HWB Strategy (2012-15).</p> <p>The Board discussed the report and it was noted that the terms ‘early years’ and ‘early help’ referred to different areas of focus and that these should not be used interchangeably.</p> <p>In response to a question around provision for children aged 0 to 4 years of age and whether specific reference would be made to this within the universal Healthy Child Programme (HCP), the Board was advised that it would. Ensuring that all children in the borough received a healthy start in life was a key driver for the strategy. There was agreement that the Board should receive more detail with respect to the provision being made for children aged 0 to 4 years of age as the HCP was developed.</p> <p>It was noted that although the recent Big Lottery Fund bid had not been successful, the data and the analysis work that had been done would be utilised across a range of projects including the creation of an operating model for early years provision.</p>	<p>AD Commissio ning / Dir Children’s Services</p>

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	<p><b>RESOLVED:</b></p> <p>That the content of the report and the proposed direction of travel for the Early Years Strategy be noted.</p>	
<p><b>CNCL93.</b></p>	<p><b>PERFORMANCE ON CHILDHOOD OBESITY: PUBLIC HEALTH UPDATE</b></p> <p>The HWB received a presentation, previously circulated as part of the agenda pack, which provided an update on analysis work being undertaken by the Public Health team in relation to childhood obesity in the borough. Following this the HWB discussed the work being undertaken and how this might be taken forward.</p> <p>In response to a question as to whether there had been any analysis of the specific issues contributing to the high prevalence of childhood obesity in BME groups, the Director of Public Health advised that this had not been done in Haringey to date. Developing a better understanding around different cultural attitudes to physical activities and sport, particularly in relation to women and girls, would also be useful in tackling should obesity. The HWB was in agreement consideration should be given to undertaking a piece of work analysing the specific issues affecting BME groups order to enable interventions and services to be better targeted.</p> <p>The HWB discussed the use of targeted interventions and examples of this and it was noted that the Mayor’s London Health Commission (LHC) was looking at how these might be introduced to tackle a range of public health issues on a pan-London basis. It was noted that in some areas of America there had been a targeted drive by health officials and public organisations to raise awareness of the levels of sugar in soft drinks and to limit the sale of these in schools. There was agreement that the possibility of adopting one or two areas for targeted interventions should be focussed on in a coordinated way by all partners to create behavioural change and that the HWB should discuss this in more depth at a future meeting.</p> <p><b>RESOLVED:</b></p> <p>That the need for a whole-system approach to tackling childhood obesity be noted.</p>	<p>Dir Public Health</p> <p>Dir Public Health</p>
<p><b>CNCL94.</b></p>	<p><b>HEALTH AND WELLBEING STRATEGY UPDATE</b></p> <p>The HWB considered a report, previously circulated, which provided an update on the current status of the Health and Wellbeing Strategy (2015-18) refresh project and the actions taken to date.</p> <p>It was noted that a refresh steering group had been established and that this met on a monthly basis and that a separate strategy writing team had been formed to write the strategy itself. The membership of the strategy writing</p>	

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	<p>team was formed from members of the steering group, the outcome delivery group chairs and the Public Health team.</p> <p>The Board was advised that the Joint Strategic Needs Assessment (JSNA) steering group had met and that the narratives for each chapter were due to be completed by 30 June. In order to ensure that the JSNA fed into the refresh the Chair of the JSNA refresh sat on both the strategy refresh steering group and the strategy writing team.</p> <p>A presentation was being developed that would be taken to stakeholder meetings in order to capture views on how the previous strategy had worked, the key challenges for the future and how success might be measured.</p> <p>A workshop session for the HWB was also being arranged for August to discuss the strategy refresh and this would provide the opportunity for the HWB to focus solely on this. There was agreement that as part of this the HWB would need to consider the provision of primary health care in the east of the borough.</p> <p><b>RESOLVED:</b></p> <ul style="list-style-type: none"> <li>i. That the actions taken to date be noted.</li> <li>ii. That the list of Health and Wellbeing stakeholders whose views would be captured as part of the strategy refresh be noted.</li> </ul>	<p>Dir Public Health</p>
<p><b>CNCL95.</b></p>	<p><b>LONDON BOROUGH OF HARINGEY CORPORATE PLAN</b></p> <p>A presentation was given setting out how the Council’s new Corporate Plan was being devised.</p> <p>The HWB was advised that the new three year Corporate Plan (CP) would run from 2014/15 to 2017/18 and that it was being prepared in consultation with Members and partners. The CP was being prepared in light of the new Administration’s manifesto commitments and resident feedback and would be aligned to the Council’s Medium Term Financial Strategy (MTFS), Workforce Plan, Performance Management Framework and Commissioning Framework.</p> <p>A workshop session had been held to look at Priority 6 ‘Reducing health inequalities and improving wellbeing for all’ at which the Director of Public Health had set out the following vision and six outcome focussed objectives:</p> <p><u>Vision</u> ‘All residents live healthy, fulfilling lives for longer’</p> <p><u>Objectives</u></p> <ul style="list-style-type: none"> <li>➤ Haringey is a place where the healthy choice is the easier choice</li> <li>➤ All children have a healthy start in life</li> <li>➤ Young people and adults have improved reproductive and sexual health</li> </ul>	

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	<ul style="list-style-type: none"> <li>➤ More people with severe health problems have good physical health</li> <li>➤ More people with health and social care needs are living full, independent lives within the community</li> <li>➤ All residents in Haringey can expect to have long, healthy lives</li> </ul> <p>The Board discussed the vision and objectives set out above and it was noted that alignment between the Health and Wellbeing Strategy, the Corporate Plan and CCG commissioning plans, would be crucial in ensuring that each was effective as possible and that the best possible use of resources was achieved. There was agreement that the HWS workshop session in August would provide a useful opportunity to discuss the objectives in more detail.</p> <p><b>RESOLVED:</b></p> <p>That the plans with respect to the new Corporate Plan for 2015/16 to 2018/19, as outlined in the presentation, be noted.</p>	
<p><b>CNCL96.</b></p>	<p><b>HEALTH AND WELLBEING - NATIONAL AND LONDON DEVELOPMENTS UPDATE</b></p> <p>The HWB received a report, for noting, that provided an update on a number of national and pan-London developments in relation to health and wellbeing including the Mayor’s London Health Commission, the London Health Board and Public Health England’s Health and Wellbeing Framework.</p> <p><b>RESOLVED:</b></p> <p>That the implications for Haringey and of the National and London developments described in the report be noted.</p>	
<p><b>CNCL97.</b></p>	<p><b>HOMELESSNESS HEALTH NEEDS ASSESSMENT TASK AND FINISH GROUP REPORT</b></p> <p>The HWB considered a report, previously circulated, which set out proposals for establishing a homelessness health pathway.</p> <p>The HWB had established a Task and Finish Group to consider how six key issues, identified by the Homelessness Health Needs Assessment, should be addressed. The group was comprised of members from Haringey CCG, Public Health and the Council’s Housing Team had met on four occasions. It was noted that the group’s fourth meeting had been attended by representatives from Healthwatch and the group ‘All People All Places’.</p> <p>The Board discussed the Task and Finish Group’s findings with regard to GP registration, models of primary care, customer service advice delivered from Apex House and hospital discharge. With regard to GP registration and the requirement for photo identification to be provided, there was agreement that consistency was needed and confirmation from the Department of Health’s Equalities Unit that this was not required was welcomed. It was suggested that this and issues with regard to hospital discharge should be raised with North</p>	<p>CCG Chief Officer</p>

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	<p>East London NHS.</p> <p>The Chair of Healthwatch Haringey echoed points highlighted in the report with regard to the difficulties homeless people experienced accessing housing services at Apex House and noted that ongoing engagement with Healthwatch would be welcomed on this.</p> <p>There was agreement that a multi partnership workshop to help develop a homelessness pathway would be a good way of bringing partners together and that following this the HWB should receive a report setting out the conclusions of this and how the work would be taken forward.</p> <p><b>RESOLVED:</b></p> <p>That the proposals set out in paragraph 4 of the report be noted.</p>	<p>Senior Commissioning Manager Housing Related Support</p>
<p><b>CNCL98.</b></p>	<p><b>THE NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST FOUNDATION STATUS UPDATE</b></p> <p>The HWB considered a report, previously circulated, from the Deputy Chief Executive of North Middlesex University NHS Trust, on the progress in relation to its application for foundation trust status.</p> <p>It was noted that the hospital was making good progress in its application for Foundation Trust (FT) status. The application was now in its second of the three stages ‘Development and Assurance’ and these were assessed by the NHS Trust Development Authority (TDA). As part of this a twelve week public consultation had commenced on 27 May and would include a number of public events. There was also an online questionnaire that people could complete on the hospital’s website.</p> <p>The Board was advised that in order for the application to progress, letters of support from key commissioners (Enfield and Haringey CCGs) were required. The need to demonstrate that the hospital’s plans were broadly in line with the commissioning intentions of each CCG would be important and it was noted that there would be discussions at the relevant CCG governing bodies in September.</p> <p>The Board discussed the update and it was requested that there was engagement with Healthwatch outside the meeting to discuss the implications for patients that FT status might bring. It was also noted that demonstrating how patient and other stakeholders’ views were being responded to would be a very important piece of follow up work after the consultation period had ended. People that responded to questionnaires and consultation attended events often felt dissatisfied when they did not receive a response to their concerns.</p> <p>The Chair thanked the Deputy Chief Executive of the North Middlesex University NHS Trust for attending and for providing the update.</p>	<p>Healthwatch / Deputy CE North Middlesex</p>

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	<p><b>RESOLVED:</b></p> <p>That the update be noted.</p>	
<p><b>CNCL99.</b></p>	<p><b>NEW ITEMS OF URGENT BUSINESS</b></p> <p>There were no new items if urgent business.</p>	
<p><b>CNCL100</b></p>	<p><b>FUTURE AGENDA ITEMS AND DATES OF FUTURE MEETINGS</b></p> <p>The Chair noted it was important that the HWB had strategic discussions that shaped policy and there was agreement that in addition to a smaller number of formal reports there should be themed discussions at each meeting.</p> <p>The Director of PH was asked to discuss possible themes with partners outside the meeting. Given the concerns raised around the provision of primary care services in the east of the borough, as part the deputation received and concerns raised by residents at the difficulty of registering with a GP, this would be a good theme for discussion at the September meeting. The Director of PH also noted that Integration should be discussed at the next meeting.</p>	<p>Dir Public Health</p>

The meeting closed at 3.40pm.

Councillor Claire Kober

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Chair