

**MINUTES OF THE HEALTH AND WELLBEING BOARD
TUESDAY 24 MARCH 2015**

Board Members Present: Councillor Peter Morton (Cabinet Member for Health and Wellbeing - Chair), Councillor Claire Kober (Leader), Tamara Djuretic (Public Health - Substitute for Dr Jeanelle de Gruchy), Zina Etheridge (Deputy Chief Executive LBOH), Sir Paul Ennals (Chair of Haringey LSCB), Sharon Grant (Chair, Healthwatch Haringey) , Dr Helen Pelendrides (Vice-Chair Haringey CCG), Sarah Price (Chief Operating Officer, Haringey CCG), Jon Abbey (Interim Director of Children’s Services), Beverley Tarka (Interim Director Adult Social Care) and Cllr Ann Waters (Cabinet Member for Children, LBOH).

Officers Present: Philip Slawther (Principal Committee Coordinator LBOH), Stephen Lawrence-Orumwense (Assistant Head of Legal Services), Cassie Williams (Assistant Director of Primary Care Quality and Development – Haringey CCG), Sarah Barron (Interim Manager, Primary Care – NHS England), Sarah Hart (Senior Commissioning Manager – Haringey CCG), Tim Deeprise (Interim Assistant Director for Mental Health Commissioning – Haringey CCG).

MINUTE NO.	SUBJECT/DECISION	ACTION BY
CNCL101.	WELCOME AND INTRODUCTIONS In the absence of the Chair Cllr Morton took the Chair. The Chair welcomed those present to the meeting.	
CNCL102.	APOLOGIES The following apologies were noted: <ul style="list-style-type: none"> • Dr Jeanelle de Gruchy (Director of Public Health, LBOH) • Cathy Herman (Lay Member, Haringey CCG) • Dr Sherry Tang (Chair, Haringey CCG) In addition, Cllr Kober sent apologies for late arrival.	
CNCL103.	URGENT BUSINESS None.	
CNCL104.	DECLARATIONS OF INTEREST There were no declarations of interest made.	

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<p>CNCL105.</p>	<p>QUESTIONS, DEPUTATIONS, PETITIONS</p> <p>There were no questions, deputations or petitions tabled.</p>	
<p>CNCL106.</p>	<p>MINUTES</p> <p>Sir Paul Ennals, the Chair of Haringey LSCB, queried that one of the actions contained in the previous minutes was to bring the Health and Wellbeing Strategy back to the March meeting of the Board.</p> <p>Zina Etheridge, the Deputy Chief Executive responded that the matter would be briefly covered at the meeting but, as the item was out to public consultation, legal advice was that the Board should not formally consider the Item until the following meeting in June.</p> <p>Sharon Grant, Chair of Healthwatch Haringey, noted that the Board agreed to keep the future makeup of the Board under review, particularly in terms of the patient/user representation. Ms Grant requested clarification on how the makeup would be kept under review. The Chair agreed to address the issue outside of the meeting and come back via correspondence; If necessary the item would be brought back to the following meeting.</p> <p>RESOLVED:</p> <p>That the minutes of the meeting held on 13th January 2015 be confirmed as a correct record.</p>	<p>Chair/ Director of Public Health</p>
<p>CNCL107.</p>	<p>TRANSFORMING HEALTH & WELLBEING IN HARINGEY</p> <p>The Board received a presentation, from Ms. Zina Etheridge and Ms. Sarah Price, the Chief Operating Officer of Haringey Clinical Commissioning Group, giving an overview of key developments related to Health & Wellbeing in Haringey. Ms. Etheridge noted that the Mental Health and Wellbeing Framework was tabled as an appendix to the report in the agenda pack. Following the presentation the Board discussed the findings.</p> <p>The Board noted that the Care Act 2014 involved the biggest change to adult social care since the foundation of the Welfare State in 1948. Included in the Act was a provision that the Council had a duty to promote an individual's wellbeing. It was noted that the Care Act 2014 made the principle of wellbeing a cross-Council, cross-partner and cross-third sector concern; which created a community based definition of wellbeing.</p> <p>Ms. Etheridge outlined the key elements of the Children and Families Act 2014. The Board noted that the Act involved changes to adoption and reforms to the way Looked after Children were cared for. It was</p>	

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also noted that the act integrated educational training provision with health care and social care provision in the context of promoting wellbeing. This duty provided a much greater emphasis of health care and social care providers to work in a more joined-up fashion and, as a result, engendered joint commissioning arrangements between the Council and the CCG in relation to children and young people with those needs.

Ms. Price noted that the Five Year Forward View for the NHS was set out in October last year and this document brought together all of the health care organisations such as NHS England, Public Health England and the Trust Development Agency to jointly set out what those organisations wanted to achieve over the next five years. The document showed how the transformation of services was to be delivered, in order to make it both affordable and also improve the quality and ensure sustainability going forward. The key consideration was noted of changing health demographics, with a rise in long term conditions and associated costs involved. The Board noted that Haringey CCG was awarded an additional £5m (including £1.7m to assist with additional demand pressures during winter) from the £1.95B announced in the Autumn Statement to support the changes set out in the Five Year Forward View. Additionally, £200m was allocated for pump priming the new models of care set out in the report and £250m a year, for a four year period, was set aside to improve primary care. Ms Price advised that the local outcome of those two bids would be known around Easter time.

Ms. Price outlined the main elements of the Haringey CCG Five Year Plan, which was coming to the end of the first year of its planning cycle. The plan had been developed locally and discussions had also been undertaken with Camden, Islington, Barnet and Enfield to ascertain what their plans were and what could be achieved through a collaborative plan. The CCG was looking to explore and commission some the alternative models of care through this plan. The overall mission of the plan was to make primary care and care closer to home really work for all Haringey's residents, and in doing so reduce the pressures on hospitals. The plan also set out how models of primary care might be set out more innovatively bringing GP's, Trusts, community and voluntary organisations into the new ways of working.

Ms. Etheridge commented that in Priority 2 of the Council's Corporate Plan 2015-2018, the Council was committed to "empowering all adults to live healthy, long and fulfilling lives". Ms. Etheridge also commented that the Council was consulting on Haringey's new Health and Wellbeing Strategy for 2015-2018, but that the three main priorities for the strategy were:

- Reducing obesity;
- Increasing healthy life expectancy; and
- Improving mental health and wellbeing

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Ms. Etheridge introduced Tamara Djuretic, Assistant Director of Public Health, and Tim Deeprise, Interim Assistant Director for Mental Health Commissioning, and they presented the Mental Health and Wellbeing Framework to the Board. Dr. Djuretic commented that the Mental Health and Wellbeing Framework was jointly produced by the CCG and LBH and articulated joint vision and strategic commissioning intentions for the next three years. It was noted that dementia was excluded from the framework as it had a different set of strategies required to deliver it. The framework takes a life course approach and reflected the shifting current model of care from acute and residential care towards community care, focused on prevention and early health. The vision for the framework was: "All residents in Haringey are able to fulfil their mental health and wellbeing potential." The Board noted that this focused on the population as a whole not just high risk cases and identified wellbeing, as defined in the Care Act 2015, as a key element.

Mr. Deeprise outlined the four priorities of the framework to the board. The Board noted that each of the four priorities was to have a task and finish group established to assist in the implementation of the framework.

The priorities were noted as:

- Promoting mental health and wellbeing and preventing mental ill health across all ages.
- Improving the mental health outcomes of children and young people by commissioning and delivering effective, integrated interventions and treatments and by focusing on transition into adulthood.
- Improving mental health outcomes of adults and older people by focusing on the three main areas: meeting the needs of those most at risk; improving care for people in mental health crisis; improving the physical health of those with mental-ill health and vice versa.
- Commissioning and delivering an integrated enablement model which used individuals, families and communities' assets as an approach to support those living with mental illness to lead fulfilling lives.

Ms. Etheridge noted that there was a considerable amount of change outlined in the paper. The paper and the Mental Health Wellbeing Framework in particular, contained a number of key principles and outcomes:

Principles:

- Wellbeing at the core of all we do.
- Prevention and early help – including supporting children to get

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the best start in life.

- Strong, collaborative partnership.
- Promoting independence, underpinned with the right support.
- Working with communities.
- A holistic approach, putting individuals, not institutions, in control.
- Reducing health inequalities.

Outcomes:

- Better wellbeing.
- Better health, for longer, for everyone.
- Independence and self managed support – enabling people to be in control of their lives.
- High quality services that are joined up around individuals, and community needs, not those of the institutions providing services.
- Resilient communities.
- Safety.

The Chair commented that a huge body of work had gone in to the paper and underlined that the report made clear that the delivery of these changes required a significant change in the way organisations worked, including greater cooperation between the public and voluntary sector. The Chair requested clarification on what some of the key challenges would be in that regard. Ms. Etheridge responded that there were some very significant challenges involved, but at the centre of this was placing early intervention and prevention at the core of everything that Council and partners undertook. Significant resources were tied up in acute provision and resources focused on people in beds as oppose to enabling people to live in the community, so transitioning would be a key challenge including the work force transformation required to support this. Officers also responded that a further key challenge was ensuring that community and voluntary sector organisations were involved and operated as strong partners with the Council and CCG. Doing so would involve a level of support to those organisations to enable them take on those opportunities. Furthermore, the Care Act 2015 outlines a duty to ensure that there was a sustainable market available for delivering the goals of the Care Act.

Ms. Price noted that from the NHS' perspective, the workforce issues would require some further joint work; particularly as both the Council and NHS would be looking to recruit from the same pool of resources. In addition, reduced duplication through the better alignment of resources was also identified as a challenge. Officers also noted that people being helped to understand what the vision was across Haringey as a whole, was also a key challenge.

Jon Abbey, Interim Director of Children's Services, commented that the Care Act 2015 and the Children and Families Act 2014 should not be seen in isolation and that there were substantial crossovers, particularly

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in terms of the transitional period between when a young person becomes an adult. Possible concerns were noted in terms of the negotiation of Education Health and Care Plan and also Child Needs Assessment. The link between the two was highlighted and consideration would be required on with how best to utilise resources to ensure best outcomes. Joint commissioning was central to the overlap being tackled.

Beverley Tarka, Interim Director Adult Social Care, commented that health and social care integration was key to transformation of the health and social care economy. Ms. Tarka reiterated that significant resources were trapped in the acute sector and emphasised the need to shift activity to prevention and early intervention. Ms. Tarka also identified a number cross-cutting themes and enablers such as staff, IT and interoperability. The centrality of the communities' theme was highlighted particularly in relation to the Care Act 2015, Children and Families Act 2014 and the NHS Five Year Forward View. In order to develop the shift required the Council and partners would need to facilitate the community to self manage, which would be a huge task. The commitment to develop a diverse and sustainable market was identified as one of the key challenges in the Care Act 2015 and it was noted that this would necessitate close cooperation between the Council and its partners.

Dr. Djuretic commented that the increasing population and the effects of an ageing population were also an important consideration as this would place an increasing strain on health and social care providers.

Sir Paul Ennals, Chair of Haringey LSCB, commented that the work that had been done so far including the Mental Health & Wellbeing Framework in Haringey was a very impressive body of work, particularly in terms of its scope and the fact that all of the different stands had been brought together. Sir Paul advised that whilst the pace of change had been swift in the previous three years, the next three years would be even more difficult. Sir Paul noted that the theme of integration including integrated planning, commissioning and delivery of services would only be increased over time. Sir Paul enquired what the overall arching strategy document was, given the number of strategic documents being developed by the Board. Sir Paul also queried what the role of the draft Health and Wellbeing Strategy was in relation to these other documents. The Board needed a central strategy to bind all of the other strategies together. The Health and Wellbeing Strategy should be the central strategy, which pulled together the outcomes and principles from which all of the strategies of the Health and Wellbeing Board flowed.

Sharon Grant, Chair of Healthwatch Haringey, reiterated Sir Paul's comments about the need to have a central strategic document that outlined all of the changes that are being brought about in health and wellbeing. Ms. Grant also commented that she would like to see some

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	<p>indication in the document of how our strategies had been informed by the particular problems in Haringey, including our engagement with communities.</p> <p>The Leader, Cllr Kober, also agreed with Sir Paul's and Ms. Grant's comments about the need for an overarching strategy document. The Chair stated that there was a great deal of worth in the draft Health and Wellbeing Strategy and that the challenge over the next three months was to refine some of the issues and to make clear the Haringey specific elements. Mr Abbey commented that in terms of the tabled report, the draft Health & Wellbeing Strategy and the recent Overview & Scrutiny review of Mental Health and Wellbeing, there was a strong Haringey specific flavour to the work that was being undertaken. Ms. Etheridge advised that the Joint Strategic Needs Assessment was the place where the specific information that related to Haringey was brought together. Ms. Etheridge also commented that perhaps the report needed to better reflect the JSNA.</p> <p>Ms. Grant fed back that Healthwatch Haringey felt that the Mental Health and Wellbeing Framework in Haringey lacked sufficient emphasis on drugs and alcohol related issues. Ms Djuretic agreed to take these comments on board and agreed that this would be incorporated into the delivery plan developed through the task & finish groups.</p> <p>It was</p> <p>RESOLVED:</p> <p>I). That the impact of the Care Act 2014 and the Children and Families Act 2015 be noted; and</p> <p>II). That the Council, NHS England and Haringey CCG Strategic Plans and Priorities referred to in the report be noted; and</p> <p>III). That the progress on the consultation for the Health and Wellbeing Strategy be noted; and</p> <p>IV). That the Mental Health and Wellbeing Framework in Haringey be agreed.</p>	<p>Assistant Director of Public Health</p>
<p>CNCL108.</p>	<p>PRIMARY CARE TASK AND FINISH REPORT</p> <p>Sarah Barron, Interim Manager, Primary Care at NHS England & Cassie Williams, Assistant Director of Primary Care Quality and Development, gave a presentation to the Board on the interim findings from the Strategic Plan for Primary Care. Ms Barron emphasised that the findings were interim as the Strategic Plan was due for completion in April.</p>	

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The key finding was identified as reinforcement of the shortfall in primary care capacity issue which had been previously identified by the Board in the area around Tottenham Hale, Tottenham Green and Bruce Grove. Ms Barron argued that although the issue had been raised previously, there was a lack of evidence of strategic need to take to the NHS Finance Committee. The findings of the report and the capacity analysis would be used to develop that strategic need. Ms Barron commented that the minutes of the Board in September, along with the Healthwatch report that was tabled was to be used as evidence to support an application for additional primary care capacity. The Board were invited to put forward any other items that may help evidence the strategic need.

Board to note

Ms Barron advised that the data was complex and that a significant gap existed between the GP registered population in that area and the resident population. As a result, the Board was advised that it was difficult to make a commitment on exactly how much additional capacity was to be commissioned. However, Ms Barron estimated that, based on the figures in the Healthwatch report, there was a shortfall of around 4500 patients which equated to roughly 3 GP's. The capacity analysis would be taken to the Primary Care Decision Making group next which would recommend a commissioning option; either an additional primary care practice procured, or a new premises would be commissioned and an existing practice moved in to that premises. After having been through the primary care decision making group, the decision would then be taken forward to the NHS finance committee for approval. The Board noted that the process was likely to take 2-3 months. The second option to commission a new premises and then move a new existing practice into that site was identified as problematic due to the deficit in primary care capacity identified in the area.

Ms Barron noted that details of the Primary Care Infrastructure fund of around £1B over four years had been released since the last meeting. Bids from across London had been assessed under the scheme, however it was noted that the results were not available until 27th March. The Board noted that seven bids in Haringey had been approved subject to significant clarification, 5 of which were in east Haringey. It was noted that some of these bids might be in a position to support capacity in the area. These bids would be developed further in April in conjunction with the commissioning plans described earlier to ensure that a solution was found in the next three months.

Ms Barron stated that a piece of work was being undertaken which involved a detailed investigation of the primary care needs over the next five to ten years. A baseline of Haringey GP capacity identified that further investigation was required in the following areas;

- Noel Park
- Green Lanes
- Tottenham Hale

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- Northumberland Park

Ms. Barron identified that NHS England had taken contractual action with underperforming practices in the areas concerned and would continue to do so given the capacity deficit that existed.

Nicky Hopkins of North London Estate Partnerships gave an update to the Board on the strategic premises development planning process. The Board noted that two stakeholder meetings had been held at which an options appraisal was undertaken for immediate/short term options for Tottenham Hale, and a set of valuation criteria was agreed. The valuation criteria was used to assess a number of temporary options including at Tamar Way, Hale Village and Board Lane. These sites were to be developed further. In addition, the Welbourne Centre scored quite highly as a more longer term solution

The Board noted the following timescales for completion of the project:

Complete:

- **Stage 1- Creating a baseline:** stakeholder engagement & analysis of data. Identify urgent needs.

In progress:

- **Stage 2- Developing a solution:** gap analysis & identification of options, develop options assessment criteria. Identify short term solutions.
- **Stage 3 – Options appraisal;** assess & prioritise the options.

To do:

- **Stage 4 – Sign off & agree next steps.** (Mid-April 2015)
NHS England approval process (May/June 2015 for temporary solution and July 2015 for full report)

The Chair welcomed the engagement from NHS England on this issue and thanked the presenters for their contribution. The following questions and comments were noted.

Sir Paul outlined that the current shortage of GP capacity provided a real and present danger to the child protection measures that were available in the borough. The families that were having the greatest difficulty in accessing primary care services were the ones most likely to present child protection risks. Sir Paul gave an example of a recently published Serious Case Review in which one of the factors was difficulties in relation to GP provision. A lack of GP capacity impeded the ability to take corrective measures when working with a very vulnerable family.

Cllr Kober commented positively on the inclusivity, and on the overall progress that had been made and fed back similar comments from one of the Ward Councillors for Tottenham Hale. The Board noted that what was crucial was that this was now pushed on through the further stages to fruition.

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	<p>Ms Grant welcomed the evidence that had been collected and reiterated the fact that there were residents that were unable to get appointments. The example of the impact of late cancer diagnosis on recovery rates was given.</p> <p>The Chair welcomed the engagement from NHS England throughout the process and expressed a desire that NHS England would continue to engage with the Board going forward.</p> <p>It was:</p> <p>RESOLVED:</p> <p>l). That the progress by the Task and Finish Group against the key aims be noted.</p>	
<p>CNCL109.</p>	<p>PHARMACEUTICAL NEEDS ASSESMENT</p> <p>The Board received a presentation, from Dr. Djuretic, on the Pharmaceutical needs Assessment. Following the presentation the Board discussed the group's findings.</p> <p>Dr. Djuretic noted that production of a Pharmaceutical Needs Assessment (PNA) was a statutory duty of the Health and Wellbeing Board. The PNA was the document that NHS England requested when it decided if new pharmacies were needed and to make decisions on which NHS funded services need to be provided by local community pharmacies. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 require every Health & Wellbeing Board to publish its first PNA by 1st April 2015.</p> <p>The Board noted that there were 59 pharmacies in Haringey and the PNA report concluded that Haringey was well resourced in terms of pharmaceutical services and that there were no current needs for either extension, enhanced or advanced services identified. The PNA also highlighted that there was good alignment with GP surgeries in areas of population and there was a reasonable correlation between population and number of pharmacies. The area of north east Tottenham does have a below average number of pharmacies available. In addition, given the expected population growth in Tottenham over the next ten years, there will be need for additional pharmacies going forward. It was proposed that Public Health would maintain the PNA and review the needs going forward as the Tottenham regeneration programme progressed. The Board noted that the average number of prescriptions dispensed in each pharmacy was lower than both the London and England average.</p>	

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Ms. Grant noted that the report was particularly relevant given the increasing role that pharmacies play in health care. The fact that there was additional capacity within Haringey was welcomed. Cllr Waters, Cabinet Member for Children & Families, welcomed the report and thanked the report author for their work.

RESOLVED:

- I. That Haringey's Pharmaceutical Needs Assessment 2015 be approved.

CNCL110. HEALTH AND HOMELESSNESS REPORT

The Board received a report from Sarah Hart, Senior Commissioning Manager Haringey CCG, which updated the Board on the work undertaken around health and homelessness. The task and finish group that was set up to look into this issue had previously identified three key issues in terms of health barriers facing homeless people in Haringey:

- The process of GP registration was not transparent which allowed some practices to ask for photo ID as part of the registration process.
- It was not clear what type of primary care model should be adopted for homeless people in Haringey.
- There was a homeless discharge pilot at the North Middlesex Hospital which had no links into Council or primary care services.

The Board noted that the following progress had been achieved:

- Guidelines had been published on registering with a GP which were homeless friendly including some discretion that GP's could use in terms of establishing place of residence.
- The Homeless Health Charter was signed by Cllr Morton on behalf of the Board.
- A multi-agency workshop including partners from across the spectrum was established.

The Board noted that in terms of the actions that are still unresolved, a key consideration was which model the Board wanted to adopt for primary care for homeless people. Ms. Hart noted that the workshop agreed that some form specialist primary care provision would be required and so a full JSNA would need to be undertaken. In addition, surveys would be undertaken amongst Haringey's homeless population to ascertain need.

The Board also noted that feedback from the pilot at North Middlesex Hospital suggested that Haringey didn't have a particular problem with homeless people without GP access. Ms. Hart advised that the workshop found this very hard to believe. The consensus from the

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	<p>workshop was that that the pilot was aimed towards indentifying a traditional Westminster rough sleeper; however this wasn't reflective of Haringey. Haringey's homeless population was characterised by a number of people who were vulnerably housed, including those either sofa surfing or who were housed in hostels. Hostels had fed back that a key issue was inappropriate discharge of patents from hospitals. It was recommended that the Board set up a small working group to look at what the local hospital discharge strategies were for the homeless population.</p> <p>The Chair commented that he recently visited a St Mungo's Broadway premises and emphasised the quality of care offered and the work that was done to put people back on their feet. Ms Etheridge commended the report and noted that it was a very thorough comprehensive piece of work. Dr. Helen Pelendrides, Vice-Chair Haringey CCG, commented that there was a model adopted in Barnet that did not use a specialist service but had developed a GP who had become very interested in homeless service and had set up a separate service for homeless patients. Officers agreed to liaise with Barnet around this service, it was agreed that a key consideration was around capacity and the number of primary care practitioners required.</p> <p>It was:</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> i. An expert group consisting of the Council and CCG homeless commissioners, providers, GP's and Public Health be established to develop and complete the single homeless person needs assessment; and ii. A request that commissioners and providers adopt the cross government operational guidance; Hospital Admission and Discharge: People who are homeless or living in temporary or insecure accommodation – as part of the measure to ensure better integrated services for homeless people leaving hospital be agreed. 	<p>Senior Commissi oning Manager Haringey CCG</p>
<p>CNCL111.</p>	<p>HEALTH AND CARE INTEGRATION PROGRAMME</p> <p>Ms. Etheridge tabled a report updating the Board on the progress of the Health and Care integration Programme. It was noted that monthly programme board meetings were underway. The Board noted that the programme had agreed three key themes, integrated care for adults, children, and mental health and wellbeing. These themes aligned with the outcomes set out in Haringey's Health and Wellbeing Strategy, the Council's Corporate Plan and the 5 year strategy for CCGs in North Central London</p>	

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	<p>It was recommended that a more comprehensive update was brought back to the Health and Wellbeing Board for discussion in the Summer.</p> <p>Ms Grant commented that Healthwatch would like to be involved a number of the projects undertaken in relation to this item. Officers responded that there were a number of projects underway at a variety of different stages. Officers would take this request away and give consideration as to which projects might be suitable and when they were evaluated.</p> <p>RESOLVED:</p> <ul style="list-style-type: none">i. That the progress made to date around Health and Care integration be noted; andii. That a further update around Health and Care integration be brought back to a future meeting of the Health and Wellbeing Board.	<p>Deputy Chief Executive</p> <p>Deputy Chief Executive</p>
CNCL112.	<p>CQC REPORT/COMPLAINTS</p> <p>Ms. Grant presented a report to the Board that outlined the CQC's new approach to raising concerns and complaints, following the Francis Inquiry Report. The Board noted that the CQC had adopted a new key line of enquiry towards complaints which was in the process of being implemented across the board from April 2015. The Parliamentary & Health Service Ombudsman, the Local Government Ombudsman and Healthwatch England had set out universal expectations of good complaints handling and developed a user-led vision for raising concerns and complaints which the CQC adopted.</p> <p>Dr. Pelendrides fed back that discussions had been undertaken with Healthwatch, as a GP provider, on what an adequate display of a complaints procedure was and how to make the complaints process more patient friendly. Dr. Pelendrides welcomed the opportunity to input into this process. Stephen Lawrence-Orumwense, Assistant Head of Legal Services, suggested a minor change to the report so that recommendation 2.2 asked commissioners to 'note' the new complaints framework, as appose to 'adopt it', as recommending an external body adopt the recommendation was outside the terms of reference of the Board.</p> <p>Ms. Price commented that the NHS contract stipulated that providers took on board and reported on serious complaints. This would form part of the performance management framework for health care providers and the CGG would liaise with practices about the new complaint standards.</p> <p>It was:</p>	<p>Chair Healthwat ch Haringey</p>

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	<p>RESOLVED:</p> <ul style="list-style-type: none"> i. That the new CQC key line of enquiry relating to complaints be noted; and ii. That commissioners from the CCG and local authority be asked to note the new complaints framework as appropriate in their provider contract specifications, to achieve a consistent approach in Haringey. iii. That agreement for the CQC complaints framework to inform CCG and local authority commissioners in monitoring existing contracts be given; and providers be encouraged to improve their existing complaints system. iv. That NHS England's use of the new user led complaints framework as a performance management tool, to be built into the NHS Outcomes Framework be noted; and v. That Healthwatch Haringey's adoption of the new CQC user led framework when reviewing complaints processes in provider organisations be noted. 	
<p>CNCL113.</p>	<p>NEW ITEMS OF URGENT BUSINESS</p> <p>No new items of urgent business were tabled.</p>	
<p>CNCL114.</p>	<p>FUTURE AGENDA ITEMS AND DATES OF FUTURE MEETINGS</p> <p>It was noted that the date of the next meeting was 9th June at 13:30</p> <p>The following agenda items were agreed for the next meeting:</p> <ul style="list-style-type: none"> • Health and Care Integration update • Health & Wellbeing Strategy <p>The Chair noted that this was the last Health and Wellbeing Board that Dr Pelendrides would attend and thanked Dr Pelendrides for her contribution to the Board.</p>	

The meeting closed at 20.00pm.

COUNCILLOR CLAIRE KOBER

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Chair