MINUTES OF THE HEALTH AND WELLBEING BOARD
TUESDAY 24 NOVEMBER 2015

Board Members Present: Cllr Claire Kober (Chair), Councillor Peter Morton (Cabinet Member for Health and Wellbeing), Cllr Ann Waters (Cabinet Member for Children & Families), Dr Jeanelle de Gruchy (Director of Public Health), Sir Paul Ennals (Chair of Haringey LSCB), Sharon Grant (Chair, Healthwatch Haringey), Sarah Price (Chief Operating Officer, Haringey CCG), Dr Dina Dhorajiwala (Vice Chair Haringey CCG), Cathy Herman (Lay Member, Haringey CCG) Beverley Tarka (Director Adult Social Care LBOH), Jon Abbey (Director of Children's Services LBOH), Paul Leslie (HAVCO - Interim CEO).

Officers Present: Zina Etheridge (Deputy Chief Executive LBOH), Philip Slawther (Principal Committee Coordinator LBOH), and Stephen Lawrence-Orumwense (Assistant Head of Legal Services).

MINUTE NO.	SUBJECT/DECISION	ACTION BY
CNCL101.	**WELCOME AND INTRODUCTIONS** The Chair welcomed those present to the meeting and the Board introduced themselves.	
CNCL102.	**APOLOGIES** The following apologies were noted: • Dr Sherry Tang – Vice Chair • Sarah Price gave apologies for lateness • Sir Paul Ennals advised that he had to leave the meeting at 7pm.	
CNCL103.	**URGENT BUSINESS** The Board noted that there was one item of Urgent Business, on the London Health and Care Collaboration Agreement which would be tabled at Item 11.	
CNCL104.	**DECLARATIONS OF INTEREST** None	
CNCL105.	**QUESTIONS, DEPUTATIONS, PETITIONS** No Questions, Deputations or Petitions were tabled.	

CNCL106.	**MINUTES** **RESOLVED:** That the minutes of the meeting held on 24th September 2015 be confirmed as a correct record.	
CNCL107.	**BUSINESS ITEM** **ANNUAL SAFEGUARDING REPORTS, CHILDREN'S ADULTS** Sir Paul Ennals, the Chair of the Haringey Safeguarding Children's Board, presented a report to the Board that was included in the agenda pack at pages 107 -155. The report was for information purposes and provided an overview of Haringey LSCB's activities and achievements during 2014-2015; it summarised the effectiveness of safeguarding activity in Haringey and provided an overview of how well children in Haringey were protected. The Chair of the Haringey Safeguarding Children's Board drew the Committee's attention to the Chair's Foreword, especially the last paragraph; Section 6 on Board effectiveness, and the summary in Section 8. The Board noted that safeguarding arrangements within Haringey were broadly robust and effective and that the partnership had demonstrated its willingness to confront and respond to issues that arose. In terms of areas for improvement, the partnership needed to; improve its data sharing, improve its engagement of children and young people in the work it undertook and to think radically about how services would be delivered in the years ahead. The Chair of the Haringey Safeguarding Children's Board highlighted considerations for the Board to note in relation to the report: • The Board considered itself to be broadly effective, providing challenge and scrutiny across partners and actively encouraging partnership working. • Services in Haringey were at least as good as in most areas. • Schools in Haringey were better than most and the Board noted that this was a significant indicator as good schools tended to keep children safe. • The last year saw a significant increase in the number of referrals to Children's Social Care, increases in the number of Children in Need, and increases in the number of children on Child Protection Plans. • Significant improvements have been made in the way the Board tackled some of the biggest risks such as CSE and missing children. • The Board were monitoring the introduction of Early Help	

services, which would be crucial in reducing the impact of a reduction in resources in years to come.

- The partnership was showing that it was ready to be open, frank and honest with each other; acknowledging when cuts were coming in and the impact this would have on children and families but try to mitigate the impact as much as it could in a multi-agency way.

Sharon Grant, the Chair of Healthwatch Haringey, asked for clarification on the reasons behind worsening performance around home visits to children subject to child protection plans within four weeks. The Chair of the Haringey Safeguarding Children's Board responded that the figures noted in the report reflected performance for the last 12 months to April and that more recent performance was more encouraging. The AD Safeguarding and Social Care added that one of the main reasons was difficulty in recruiting permanent staff, which led to a relatively high level of turnover of agency staff. The AD Safeguarding and Social Care advised that the performance reflected a shortfall in home visits being done within the four week timescale not that those visits were not happening at all.

Ms. Grant requested that future performance data be presented in a way that qualified how late visits were. The Chair advised that the Corporate Delivery Unit assessed performance in detail, beyond the headline performance figures, and that in-depth analysis of key safeguarding performance was undertaken on a periodic basis. The Chair of the Haringey Safeguarding Children's Board commented that a lot of the detailed data was monitored by the key agencies as it came through and that they would ensure that proper scrutiny and monitoring of fluctuations of key performance was undertaken. The Board's role was more around maintaining an overview.

Dr Adi Cooper, Independent Chair of the Haringey Safeguarding Adults Board (SAB) presented a report to the Board that was included in the agenda pack at pages 157-232. The Board noted that the report was significant as it reflected the preparations being done to ensure compliance with the Care Act 2014.

Dr Cooper advised that she had taken on the role of Independent Chair during the summer and that having an Independent Chair was helpful in terms of taking the Board on to the next level. The SAB was noted as being in a different place to the Children's Board in terms of the partnership and in terms of meeting the shift in emphasis required to meet the provisions of the Care Act. The Director of Adult Social Services agreed that the appointment of an independent Chair would bring an element of robustness and challenge to the multi-agency partnership.

Dr Jeanelle de Gruchy highlighted the synergies between both sets of safeguarding reports and the violence against women and girls agenda

	and that the Council and partners were in the early stages of developing a new violence against women and girls agenda and would be linking in with both safeguarding boards during this process. Zina Etheridge, the Deputy Chief Executive, asked for elaboration on the quality of provision of safeguarding processes and the quality of schools. Officers responded that quality had a direct relationship to prevention of safeguarding incidents occurring and that the Care Act placed a duty on the partnership to develop a multi-agency response to quality assurance. Officers added that up until relatively recently the Council had been fairly internally focused in terms of quality assurance but that a number of measures were being developed to broaden that relationship. Dr. Adi Cooper advised that there were a number of issues around service provision across London, about the nature of the market and the variability of the quality and availability, and the likely consequence was a commissioning model for both health and social care service provision. The SAB would need to maintain an overview of what the profile was locally. The Board also noted that whilst there was a lot of available data there was a lack of intelligence around the interface between quality prevention of safeguarding and the need for intervention. The Chair thanked both Sir Paul Ennals and Dr Adi Cooper for presenting their reports to the Board. **RESOLVED:** That the annual safeguarding reports be noted.	
CNCL108.	**DISCUSSION ITEM** **PRIORITY 2 INCREASING HEALTHY LIFE EXPECTANCY** A summary version of the presentation circulated as part of the agenda pack (pages 25-59) was tabled at the meeting. Dr Jeanelle de Gruchy, Director of Public Health gave the first part of the presentation on the Annual Public Health report. Hard copies of the Annual Public Health report were distributed to the Board. The second part of the presentation was delivered by Marion Morris, Head of Health Improvement, and focused on the delivery of Priority 2 of the Health and Wellbeing Strategy – Increasing Healthy Life Expectancy. Following the presentation the Board discussed its findings. The Director of Public Health introduced: Joan Curtis, Secretary Haringey Friends of Parks Forum; Wendy Thorogood - Smarter Travel Officer; Andrea Keeble - Commissioning Manager for Sports and Physical Activity; Dr Katrin Edelman, Clinical Service Director, Barnet	

Enfield Haringey Mental Health Trust.

The 2015 Annual Public Health report focused on encouraging Haringey residents to live longer, healthier lives. The Board noted that in spite of an overall improvement in life expectancy over recent years, not all had benefitted, and inequalities in life expectancy remained. There was a 7 year gap in average life expectancy between the most affluent and most deprived areas of the borough, and women were expected to live 4 years longer than men.

The Board also noted that, in terms of healthy life expectancy for Haringey, women were on average living the last 25 years of their lives in poor health, and men the last 16 years of their lives in poor health. The main reason people were living in poor health was because they had one or more long term health conditions. Long term health conditions were usually preventable and were often caused by a small number of lifestyle factors. These factors included; an unhealthy diet, low levels of physical activity, smoking and excessive alcohol intake. These factors were also the most important risk factors for people dying early. The impact of these factors on the provision of health and social care was significant.

In response to ensuring that residents lived long, healthy lives, the Board noted that the focus was on three key areas: Making it easier for people to make the healthy choice; working with communities and giving support to those who need it most.

The Director of Public Health drew the Board's attention to the recommendations at the back page of the Annual Public Health Report. Some of the key recommendations were noted as:

- Build on and expand the 'Health in all Policies' approach.
- Ensure that plans for the regeneration of Tottenham address factors related to healthy life expectancy such as employment, poor quality housing and ease of walking of cycling.
- Taking a multi-agency approach to prevention including tighter tobacco control.
- Ensuring prevention was everyone's business from primary care through to hospital care.

The Chair queried why West Green ward had significantly higher levels of life expectancy than some of its neighbouring wards in Tottenham. In response, officers advised that the numbers were estimates and that the numbers in individual wards could fluctuate, given the relatively small numbers of people dying in any particular ward. Officers advised that the most striking aspect of the graph contained in the Annual Public Health report was the clear disparity between east and west in terms of life expectancy.

Cathy Herman, Lay Member Haringey CCG, asked whether there was

an inequality factor involved in women leading longer parts of their lives in poor health across different parts of the borough. Officers responded that whilst there was no ward level data available, the risk factors involved in contributing to healthy life expectancy would be more prevalent in certain areas or wards and therefore there would be an inequality in healthy life expectancy, for example, from the west to the east of the borough.

Ms. Grant asked to what extent these figures were broken down by say, ethnicity. In response, the Director of Public Health commented that there was a lot more data available and a lot more analysis was undertaken on the Joint Strategic Needs Assessment.

The Board noted that there were three ambitions within the Health and Wellbeing Strategy that supported Priority 2.

- Ambition 4 - Every resident enjoys long lasting good health. The target for Ambition 4 was a 25% reduction in early deaths from stroke by 2016-2018 from 92 to 68 deaths.
- Ambition 3 – Haringey is a healthy place to live. The target for Ambition 3 was to increase the number of people who walk and cycle to the top quartile of London Authorities by 2018.
- Ambition 2 – More adults will be physically active. The target was a reduction in inactive adults to 25% by 2018.

The Head of Health Improvement clarified that being physically active amongst adults was measured by 30 minutes or more of physical activity a day and 60 minutes a day or more for children. The Head of Health Improvement also clarified that the data was self reported survey data. In response to a query around accounting for differing levels of activity amongst different age ranges of adults and how that was reflected in inactivity levels among adults, the Director of Public Health commented that the data was age standardised in terms of the sampling. The target given was an average figure for all adults; however the data was available broken down across age bands.

The Head of Health improvement identified that the second part of the presentation would focus on two of the risk factors for early death and unhealthy life expectancy; smoking and physical inactivity, in particular walking.

Some of the key points in regards to smoking raised in the presentation were:

- Smoking prevalence had declined in the general population. However, it was now more concentrated in poorer communities and those with mental health conditions. Smoking accounted for half of the difference in life expectancy between the richest and poorest.

- People were more likely to become an addicted smoker if they started to smoke as a child and it was also harder to quit.
- People with serious mental health problems died up to 17.5 years prematurely – mostly attributable to smoking
- On average, smokers needed care 9 years earlier than non smokers and were 2-4 times more likely to have a stroke
- Over 40% of UK tobacco is estimated to be consumed by people with mental health conditions
- Costs to NHS of treating smoking related diseases in people with mental health conditions estimated as £720m in 2013
- Unequal rates of smoking were a big driver of health inequalities.
- In terms of current action on tobacco, there were a number of population level interventions such as targeting underage sales and smoke free policies in the work place and in cars.
- There were also interventions through communities such as peer-to-peer support / health champions and targeting specific communities such as shisha use within the Turkish community.
- Intervention through services was also used, both on a targeted basis such as mental health or pregnant women, and from April 2016 support will be provided by an integrated wellness service linked to wider determinates of health such as debt management.

In terms of what the Board could do to help deliver a reduction in smoking as part of Priority 2, the following outcomes were highlighted:

- Ensuring smoke free work places in hospitals and Mental Health Trusts and all work places.
- Supporting work with secondary care – Acute, Maternity and Mental Health sites to ensure NICE guidance on smoking was implemented
- Signing and support of the Declaration on Tobacco Control & NHS Statement of Support.
- Championing the Making Every Contact Count (training across frontline staff working in Haringey).

Sarah Price, Chief Officer – Haringey CCG, highlighted that the CCG had the ability to allocate an element of the contract value to incentivise quality improvement and that smoking was one of the issues that the CCG had incentivised NHS trusts to undertake. The Board noted that this was an opportunity to refine how those schemes were set up in the run up to the new financial year to ensure the best value from that investment.

Paul Leslie, Interim CEO – HAVCO, asked for the clarification on whether certain communities pushed back on schemes that were targeted to them and if so, how this was addressed. Officers responded that there was some push back, for instance a misconception that shisha was not tobacco and therefore was not as harmful, and that the

solution was through education of the harm involved. The Head of Health Improvement commented that the Council had been effective around enforcement of shisha bars but a more joined-up approach across Council partners was required.

The Chair enquired about consideration of the inter-relationship between tobacco and cannabis and how much work had been done to understand the prevalence, particularly amongst young people, around cannabis use. Officers responded that there were a number of particular health concerns related to cannabis usage and that understanding the prevalence may require clearer questions around smoking tobacco as appose to cannabis. This would also likely impact the types of interventions required to tackle it.

Dr Edelman, advised the Board on the difficulty of bringing in smoke free policies and also how to work with particular groups so that they didn't feel personally targeted. The Board noted that the BEH Mental Health Trust attempted to go smoke free at the same time as acute hospitals, however significant difficulties were encountered, particularly with detained patients in wards wanting cigarette breaks and not wanting to use nicotine replacement products. Dr Edelman advised that it was felt that this contributed towards an increase in violent incidents as well as uncertainty as to whether this constituted a breach of their human rights. The ban lasted for a few months and the Board was advised that the inside of premises were now smoke free and that patient were permitted to smoke outside.

Dr Edelman commented that the numbers of BEH MET patients smoking was very high, as was evidence of poor physical health. Forensic services were due to go smoke free from 1st January, which was an NHS England initiative. This provided an opportunity to monitor its implementation as something of a pilot for other services. Dr Edelman advised that they had recently been making use of the mobile stop smoking service and that this had some limited success in engaging patients on a one-to-one basis, as well as raising the profile of stopping smoking campaigns.

Sir Paul Ennals commented that, given the strong evidence around people who smoke at a young age smoke for longer and find it harder to quit, there were strong implications around even deferring the age at which people start smoking. Sir Paul also commented that there were some very good materials produced by different agencies around the different information approaches required to bring about behaviour change in children rather than adults. The Head of Health Improvement commented that a number of targeted engagement activities had taken place with young people around smoking such as development of the 'Young and Healthy' app.

Some of the key points in regards to walking raised in the presentation were:

- Need to shift the common perception of exercise being about gyms.
- Walking decreases the risk of obesity by 4.8% for each additional KM walked per day and can be easily incorporated into everyday activities.
- GLA indicators of a healthy street have been developed which were helpful in assessing how walking friendly Haringey's streets were.
- In Haringey, 26% of people in lower socio-economic groups are inactive compared to 21% of those in higher-socio-economic groups.
- In terms of current action on walking, there were a number of population level interventions such as outdoor green space, 20 MPH speed limits and the LIP targets for reduced car use.
- There were also interventions through communities such as Smarter Travel programmes and a Sports and a Physical Activity Framework.
- Intervention through services included targeted walk programmes such as Walk for Life.

Joan Curtis updated the Board on a programme of organised walks that was being developed by the Friends of the Parks organisation, in conjunction with the Parks Service and Public Health. Refurbishment work was undertaken in Lordship Rec including works to uncover the Moselle river, this became a catalyst to utilising Haringey's extensive network of parks and historical locations to promote physical activity through organised walks. Ms. Curtis advised that a book, Walk in Haringey, was being produced which contained a number of different walks and this would be supplemented by asking each of the Friends groups to organise a walk in their local area for a Haringey Walk Weekend on 1 & 2 October 2016. The Haringey Walk Weekend would form part of a wider Year of Walking Campaign and would link to other projects such as walk to work week. The campaign would be accompanied by a communications campaign and a dedicated web page on the Council's web site.

In terms of what the Board could do to help deliver increased physical activity through walking as part of Priority 2, the following proposals were suggested:

- Support for the proposal for a Year of Walking Campaign and walk weekend in October 2016.
- Championing the GLA's 'Ten Indicators of a Health Street' programme.
- Championing walk to work week and walking generally in the work place.

Mr Leslie commended the proposed Year of Walking campaign and

	walk to work weekend and requested elaboration of how the campaign would engage with residents in the east of the borough who may be less engaged generally, as well as communities who may not ordinarily engage in community based activities. Officers advised that one example was the Moselle river walk which connected the east and the west of the borough. Officers also advised the Friends Groups were made up of a variety of people from different backgrounds. Mr Leslie requested that HAVCO's website be utilised to advertise the campaign. Ms. Curtis advised that an updated version of the Moselle walk was being reprinted to include Tottenham Marshes and that this would be available online in due course. Electronic versions of maps were also being developed. Ms Grant also commended the proposed campaign and requested that consideration be given to expanding these proposals to include encouraging walking in areas of surrounding countryside, particularly for people who tended not to leave their particular area, and advocated the benefits that this would have in tackling some of the biggest health inequalities. Cllr Morton, Cabinet Member for Health and Wellbeing paid tribute to the work that the Friends groups and others had done in the borough. Cllr Morton suggested that some of the new resources that Councillors had been given could be utilised to help scale up a walking programme. Cllr Morton reflected that the numbers involved around the gap in healthy life expectancy gap were a fairly longstanding concern and queried how much of the activities proposed here were new. The Director of Public Health responded that nationally the boundaries were constantly being pushed on smoking, such as the smoke free work place. The challenge locally was to ensure that these policies were enforced and to examine how best to enforce these policies. In terms of walking, policies on this scale were a new undertaking and the challenge for the Board was to bring together the existing pockets and to encourage a concerted effort and focus on the issue across partners. The Deputy Chief Executive asked whether GP's surgeries could do more to recommend people to local walking groups and also emphasised the number of walking resources that existed, such as TFL's map that shows the distance between Tube stations. The Deputy Chief Executive questioned if there was an opportunity to collectively find a small amount of resource to bring all of those walking related elements together. The Board also noted that the Smarter Travel team produced a map that covered all of the walking routes in Haringey, copies of which were being reprinted. Ms. Herman emphasised the need for community development and queried how the Board could encourage a culture which facilitated people to help each other. In this respect, the Board noted, GP's probably had a significant role as they were in contact with quite isolated people.	Marion Morris

Ms Grant advocated the use of social prescribing to connect General Practice with the rest of the community, to ensure that everyone who worked in General Practice was aware of what else was available in the community. Ms Grant suggested the Board should organise holding a symposium on social prescribing, determining what it would mean in the borough and how the different ambitions and outcomes would be advanced by adopting such a model.

The chair thanked those present for their contributions.

RESOLVED:

I). That the Local Government Declaration on Tobacco Control & the NHS Statement of Support for Tobacco Control, be endorsed.

II). That the roll out of Making Every Contract Count Training be encouraged.

III). That support be given to the proposal for a dedicated & coordinated walking programme & walk weekend.

IV). That the Board champion the GLA's 'Ten Indicators of Healthy Street' programme.

V). That the Board champion 'walk to work week' and walking generally in the workplace

CNCL110. **BUSINESS ITEM**

UPDATE ON AMBITION 8 OF THE HEALTH AND WELLBEING STRATEGY – BASELINE AND TARGET MEASURE

A report was included in the agenda pack at page 61. Dr Tamara Djuretic, Assistant Director of Public Health, gave a presentation to the Board on the baseline measure and target for Ambition 8 of the Health and Wellbeing Strategy. Following the presentation the Board discussed the findings.

Some of the key points raised in the presentation were:

- Haringey's Health and Wellbeing Strategy's Priority 3 focuses in improving mental health and wellbeing across the borough and Ambitions 7, 8 and 9 are set to monitor progress of the implementation of Priority 3.
- Ambition 8 was more adults will have good mental health and wellbeing.
- PHE were commissioned to undertake a survey. 10,000 households were contacted and over 1,000 people completed

	the survey. 500 across the borough and an additional 500 from the most deprived areas. • The results on the Warwick Edinburgh scale were an average score of 26.10 across the borough and 26.21 in the most deprived areas. The Board noted that Haringey's baseline WE score is moderate and that there was no significant difference in the score across the borough compared to most deprived areas. • The maximum score was 35. A low score was classified as below 21, a moderate score was 22-29 and high score was 30 and over. • The national average score was 25.3. • The target for Ambition 8 was noted as increasing the average score on the short Warwick-Edinburgh mental wellbeing scale by 15% from 2015 baseline to a score of 30 by 2018. • Scores for 16-24's, over 65's in most deprived areas and women were lowest. • Factors positively impacting on mental wellbeing were; good health, time to do enjoyable activities, spending time outdoors, physical exercise, personal relationships, trust and feelings of neighbourhood belonging. • Factors negatively impacting on mental wellbeing were; childhood experience of unhappiness and violence, inability to work due to sickness and disability, poor educational attainment and financial difficulties. Ms. Grant enquired whether care had been taken in the sampling in regards to race, ethnicity, age etc. The Assistant Director of Public Health responded that care had been taken around including specific demographics including a number of factors which were linked to deprivation, such as educational attainment. **RESOLVED:** I). That the findings of the borough-wide mental health and wellbeing survey be noted; and the proposed trajectory for Ambition 8 be agreed. II). That a full report on the survey be brought back to a future meeting of the Board.	Tamara Djuretic
CNCL111.	**BUSINESS ITEM** **CLINICAL COMMISSIONING GROUP COMMISSIONING INTENTIONS** A cover report and presentation on the CCG Commissioning intentions for the forthcoming financial year were included in the agenda pack at page 67. The Chief Officer Haringey CCG gave the presentation to the Board. The Board noted that it was a requirement for the CCG to liaise with the Health and Wellbeing Board about its commissioning intensions.	

The Board noted that one of the main areas that had seen significant progress this year was the Better Care Fund. The BCF provided integrated care for people who were older and possibly frail, and who had complex needs and used hospitals frequently. A lot of work had been undertaken to ascertain how best to provide support to those patients in a more joined-up manner.

The Chief Officer, Haringey CCG advised that through joining a team of people around the individual had started to have a significant impact on people's experience of health care and reducing the number of times people had to go into hospital.

The Chief Officer, Haringey CCG also advised that going forward some real challenges remained around un-scheduled care. There was a high level of cases of children going to A&E at night and the Board noted that a priority for next year would be to look into providing alternative services for them. The Board noted that the CCG would also be looking at; 7 day services for end of life care, bereavement support, building capacity in services that were used to help avoid admissions to hospital and how community services might be used more effectively to stay out of hospitals. The other area that was being examined as part of this process was looking at long term conditions and how healthy life expectancy might be addressed in a more joined-up manner across different agencies.

The Board was advised that the CCG would be working with partners to develop those priorities and how they might be best achieved and that discussions would be ongoing between now and the beginning of the financial year.

Cllr Waters, the Cabinet Member for Children and Families asked whether it was know what proportion of residents were registered with GP's. The Chief Officer, Haringey CCG responded that there were significantly more people registered with GP's in Haringey than lived in the borough, due to people who lived near the borough boundary registering with a Haringey surgery. This made it quite difficult to ascertain how many people were not registered. The CCG's responsibility was to people who were registered with a GP in Haringey.

In response to a follow up question about whether people not being registered with a GP was the main reason for pressure on A&E services, the Chief Officer Haringey CCG advised that this was not the predominant reason. Factors such as communities who are not used to using general practice and the fact that A&E is open 24 hours a day and those patients knew they would be seen, were much more significant.

RESOLVED:

I). That the report be noted.

HEALTH AND CARE INTEGRATION PROGRAMME UPDATE

A report on the progress of the Health and Care Integration Programme was included in the agenda pack at page 83. The Deputy Chief Executive presented the report to the Board. The Board noted that significant progress had been made in terms of thinking about how the commissioning could be integrated services, particularly through the Better Care Fund, for example. Signals from the government suggested that integration would continue to be pushed as the preferred model. The Deputy Chief Executive advised that a Haringey Stat meeting was being planned for the new year which would be based on a discussion of the factors that drive admissions avoidance across the whole system, both in residential and acute care.

RESOLVED:

I). That the report be noted.

HARINGEY BETTER CARE FUND PLAN UPDATE

A report on the progress of the implementation of the Better Care Fund was included in the agenda pack at page 87. Beverley Tarka, Director of Adult Social Services, presented the report to the Board. The Board was asked to note the following updates on the Haringey Better Care Fund:

- The Haringey BCF, and its associated services, was making steady progress with implementation according to its assigned budget.
- The governance of the Haringey BCF was established and included a range of stakeholders in health and social care
- Quarter 1 (April – June 2015) data was available on a number of outcomes, however it was still too early to draw conclusions on the effectiveness of Haringey BCF.

RESOLVED:

I). That the report be noted.

CNCL112. NEW ITEMS OF URGENT BUSINESS

The Director of Public Health introduced an item of Urgent Business to

	the committee, which provided an update on the London Health and Care Collaboration Agreement. The London Health and Care Collaboration Agreement was agreed by all London councils and CCGs and established a London-wide framework for the acceleration of collaboration, integration and devolution, at the local, sub-regional and city-wide levels. The launch of the agreement in early December would be accompanied by the launch of a number of pilots to test different aspects of integration and devolution – Haringey CCG and Council have signalled intent to be part of two pilots. Haringey Council and the CCG had jointly submitted an expression of interest to become a ‘prevention pilot’. The aim of this pilot was to build relationships and work intensively with London partners and national agencies (PHE, NHSE, DCLG and DWP) to explore the most effective ways of using planning and licensing powers to create healthy environments, and pilot new ways of supporting more people with health conditions (particularly mental health) into sustainable employment. Discussions were scheduled to continue over December around agreeing objectives and how the work would be supported by, the national agencies. In addition, The NCL Collaboration Board and its five Local Authority partners submitted an expression of interest in the application of devolved powers to facilitate the improved utilisation of the health and social care estate. A successful commissioners workshop recently identified potential devolution of powers and these were being evaluated and developed prior to submission of a Business Case in early December. The project was maintaining close working with the London Office of CCGs, the office of London Local Authorities and London Transformation Programmes. The Board noted the update on the London Health and Care Collaboration Agreement and agreed that a further update would be brought back to the Board in due course. The Director of Public Health advised that signatures for the pilot were required by the end of the week and that the Business Case would be built around April.	Jeanelle de Gruchy
CNCL113.	**FUTURE AGENDA ITEMS AND DATES OF FUTURE MEETINGS** It was noted that the date of the next meeting was 23rd February at 18:00. Ms. Grant requested that a future agenda item be brought to the board around Social prescribing. Ms. Grant to liaise with the Director of Public Health to agree the details of the item.	Sharon Grant

	The Director of Public Health advised the Board that Haringey partners received a Health Services Journal Award for innovation in Mental Health. The collaborative piece of work was based around the development of peer mentoring in schools, where Year 9 and Year 10 pupils recorded videos to express their own experiences and shared them with other pupils. The aim of the videos was to de-stigmatise mental health issues.	

The meeting closed at 19.50pm.

Cllr Claire Kober

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Chair of the Health and Wellbeing Board