MINUTES OF THE HEALTH AND WELLBEING BOARD
THURSDAY 19 MAY 2016

Board Members Present: Cllr Claire Kober (Chair), Councillor Jason Arthur (Cabinet Member for Finance and Health), Cllr Elin Weston (Cabinet Member for Children & Families), Dr Jeanelle de Gruchy (Director of Public Health), 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) Geoffrey Ocen (Bridge Renewal Trust – Chief Executive).

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

MINUTE NO.	SUBJECT/DECISION	ACTION BY
CNCL101.	**WELCOME AND INTRODUCTIONS** The Chair welcomed those present to the meeting and the Board introduced themselves. The Chair formally thanked Cllr Moron and Cllr Waters for their contributions to the Board.	
CNCL102.	**APOLOGIES** The following apologies were noted: • Sir Paul Ennals. • Dr Peter Christian	
CNCL103.	**URGENT BUSINESS** There were no items of Urgent Business.	
CNCL104.	**DECLARATIONS OF INTEREST** No Declarations of Interest.	
CNCL105.	**QUESTIONS, DEPUTATIONS, PETITIONS** No Questions, Deputations or Petitions were tabled.	

CNCL106.	MINUTES RESOLVED: That the minutes of the meeting held on 23rd February 2016 be confirmed as a correct record.	
CNCL107.	DISCUSSION ITEM IMMEDIATE CARE AND INTEGRATION A report outlining the importance of intermediate care in achieving Haringey's vision for integrated person-centred services, as well as the findings from a local review of intermediate care provision in Haringey was included as part of the agenda pack (pages 17-21). A copy of the presentation was also included in the agenda pack (pages 23-46). Dr Will Maimaris, Public Health Consultant introduced the report. Other contributors to the presentation were: Lynn Carrington Designated Nurse Children in Care Nurse – Whittington Health; A slightly updated version of the presentation slides was distributed as hard copies to the Board. Following the presentation the Board discussed its findings. Dr Maimaris advised the board that an aging population, where the majority of older patients had at least one long term condition, placed huge demand on hospital services and residential care placements. Furthermore, a significant proportion of older patients were being admitted to hospital when they did not necessarily need to be admitted, intervention at an earlier stage could have prevented those admissions or services could have been provided which meant that the person was supported in their own home. Integrated or person-centred care could improve quality of care for residents and also save money. In the vision for the Better Care Fund (BCF) submission 2016/17, the Council set out it's ambition to improve health and care through a reorientation of the way health and social care was provided in the borough, moving away from the model of reactive hospital-based care to a more proactive and integrated care in the community model. The Board noted clear synergies with Priority 2 in the Haringey Health and Wellbeing Strategy (increasing healthy life expectancy) and objective 1 of Haringey Council's Corporate Plan 2015-18; 'enable all adults to live healthy, long and fulfilling lives'. Dr Maimaris advised the Board that intermediate care was an extra layer of support in between low level GP-based community care services and long term care provided by hospitals. This extra support	

was ideally community based and was needed in response to when a patient had an escalation of need, such having had as a fall. The aim of which was to either keep that person out of hospital all together or to reduce the amount of time spent in hospital, whilst still receiving the required care. Other parts of the country had succeeded in boosting Intermediate care and had seen success in terms of reducing hospital admissions. The Board were advised that LB Waltham Forest had a very large rapid response service with over 20 nurses and it also had the lowest rate of hospital admissions across London. Evidence was starting to emerge from a number of authorities around the effectiveness and cost-effectiveness of intermediate care.

Dr Maimaris introduced Sue Gibbs, who managed the Rapid Response and the Ambulatory Care services at Whittington Hospital. Ms Gibbs outlined a number of examples of good practice in relation to intermediate care currently being undertaken in Haringey. The Board were advised that these were two stand alone teams, however they did work collectively. The Rapid Response service was a seven day service which provided health and social care to patients in their own homes, with the aim of reducing unnecessary hospital admission. The Service was staffed with community matrons who oversaw the recovery process and also provided short-term case management. The service normally provided care for a maximum of 5 days and could respond almost immediately with a visit by a matron who could initiate the nursing care management. As part of the service, Haringey Council could provide experienced care assistants; including over night carers for up to two nights and a carer visiting during the day for up to 4 visits. Ms Gibbs advised that the admission criteria were that the person had to live in the borough of Haringey and they had to be cleared as medically stable and by a GP or an A&E department. The referral to the Rapid Response service was via a phone call made from the GP, the A&E department or the Acute Admissions Unit.

Dr Maimaris introduced Marcelle Van-Tull, from BRT Home from Hospitals which also provided intermediate care services in Haringey. The Board were advised that the service looked after patients who were 50 and over and had been discharged from hospital and were also a resident in Haringey. The service provided practical support including; shopping, assisting with GP/outpatient appointments, a ‘Check and chat service’ providing friendly telephone calls to check everything is alright and signposting patients so that they did not have to return to hospital. There was a 91% non-readmission rate to hospital within 4 weeks for medical reasons.

Haringey currently invested 35% less than the national average in intermediate care services. Dr Maimaris gave the Board a summary position on the gaps within intermediate care within Haringey:

- Current services were small scale

- No integrated intermediate care pathway
- Multiple organisations involved in intermediate care
  - Often not joined up
  - Different access points to different services
  - Communication to patients and GPs about what is available is patchy
- Limited bed-based intermediate care provision at present
- Hospital teams not fully linked to community teams in the hospital discharge process.

Dr Maimaris identified a number of next steps identified from the review of intermediate care in Haringey being taken forward by the Health and Care Integration Board:

- Increasing capacity and scope of our Rapid Response service
- Commissioning dedicated rehabilitation and re-ablement beds for step-down from hospital and step-up from the community
- Increasing re-ablement capacity
- Bringing together existing services into an integrated intermediate care pathway with clear links to the hospital discharge process. Linking to Safer, Faster, Better improvement programme at North Middlesex Hospital.

The Cabinet Member for Finance and Health enquired what would be needed to adopt a transformational approach as opposed to the proposed transitional approach and how long a transformational approach would take to implement. The Cabinet Member for Finance and Health also enquired how much funding from the Council would likely be required, in addition to the funding applied for from the BCF submission. In response, Dr Maimaris advised that in order to work at a faster pace, changes would be required of the whole system such as looking at how resources were spent across the whole system including hospitals to determine the best pathway. Dr Maimaris suggested that the next agenda items of the NCL Sustainability Transformation Programme and the Haringey and Islington Wellbeing Partnership could contribute to a transformation shift.

Sharon Grant, Chair Healthwatch Haringey, applauded the idea of developing an integrated intermediate care pathway in Haringey but enquired whether the plans were sufficiently ambitious and gave her support to investing in sufficient scale to produce the transformational shift required, particularly given the potential savings involved. Ms Grant also commented that there seemed to be a policy around intermediate care without a strategy behind it.

Zina Etheridge, Deputy Chief Executive commented that in terms of funding; in order to invest in the development of an intermediate care pathway, partners would need to disinvest in other aspects of service provision as there was only a limited amount of funding available. The Board were advised that because this resulted in a slow process, there

was an unavoidable impact on the ability to effect a transformational change. Any transformational change would require the whole system to shift how it operated and this would create inevitable barriers to achieving that shift and the pace at which it was implemented. Sarah Price, Chief Officer Haringey CCG echoed the comments of the Deputy Chief Executive, acknowledging that the Board would have to look very carefully of what was already being funded. Furthermore, any scaling up of services would need to be properly evaluated to ascertain what services were perhaps not delivering in the same way as for example the Rapid Response service and where the funding for that upscaling of services would come from. It would also be important to bring the patient and wider public along with us on any transformational shift to ensure that any shift was viable. It was proposed that the next step should include dialogue with patients to ascertain what services they would value most, as well as being part of a wider goal to measure outcomes instead of inputs.

Geoffrey Ocen, Chief Executive BRT, suggested that the Board should look at how other organisations had achieved the change required whilst still operating under comparable financial restrictions. Mr Ocen also enquired how well the different pockets of intermediate care were integrated and questioned whether signposting of patients involved links to community and wellbeing services. Dr Maimaris commented that attempting to integrate those services was an ongoing process and that there were clear links between this and say the social prescribing model discussed at the previous meeting of the Board.

Jon Abbey, Director of Children's Services commented that the non-readmission rate given in the presentation in relation to the Home from Hospital service was compelling. The Director of Children's Services also asked what LB Waltham Forest had done in order to create that shift in intermediate care. Dr Maimaris responded that they had been working on an integrated footprint in that part of London for the last four or five years and in order to achieve that transformative shift, there would have to have been some engagement with other services such as hospitals.

Cathy Herman, Lay Member Haringey CCG, commented that there seemed to be big pluses to be achieved from an integrated approach and from looking at the pathway as a whole. Ms Herman advised that in terms of looking at the transformation, the Board would need to consider this in the context of the whole North Central London area and the application for transformational funding due to the clear synergies involved. The Board were also cautioned that the challenge would be finding the upfront investment required to implement these changes and the clear savings involved.

Beverley Tarka, Director of Adult Social Services advised that she

	attended a recent finance and performance meeting around the Better Care Fund and that there had been an agreement in principle to increase investment based on an evidence based assessment of the intermediate care pathways. Enabling people to remain at home after discharge from hospital was a key outcome for Adult Social Services and the Board was advised that performance around this had risen from 76% to 91% in the last year, which was considered to be directly attributable to the intermediate work that had been undertaken. The Board were advised that a lot of detailed business case work and evidence base had been undertaken by Dr Maimaris and his team and this had enabled the Council to invest in additional funding for pathways for intermediate care. The Director of Adult Social Services advocated that further development of intermediate care services should be a key outcome for the Council and partners but acknowledged the critical element of being able to release money from the system in order to invest money more effectively. Carol Gillen, Chief Operating Officer Whittington Health NHS Trust advised that often hurried decisions were made in acute care about people going into long term care because beds were at a premium. Ms Gillen advocated that intermediate care allowed patients to get home quickly and to maintain their independence. Ms Gillan also advised that she worked at Waltham Forest throughout the development of their intermediate care programme and that the present arrangements were a result of a lot of joint working that was initiated around 2003. The Board were informed that it took a long time to build those relationships in order to for the system to work. Richard Gourlay, Director of Strategic Development North Middlesex University Hospital NHS Trust, echoed the comments of Ms Gillen and emphasised the need to make decisions about long term patient care and ensuring that this was done in a joined up fashion, involving the families and in the most appropriate setting. Dr Maimaris was asked to consider how the development of an integrated intermediate care pathway could be best monitored by the Board going forwards, particularly in terms of the Board playing a key role in ensuring a step change in intermediate care provision. Dr Maimaris stated that there was an existing project sitting within the CCGs governance structure and agreed to bring back an update on intermediate care to either September or December Board. In regards to the development of a strategy, officers advised that there was an intermediate care strategy developed as part of the Better Care Fund and that this along with the recommendations from the review, formulated a strategic approach to developing and scaling-up an integrated intermediate care pathway in Haringey. The Chair thanked those present for their contributions.	Will Maimaris

	RESOLVED: I). That the HWB supports the approach being taken by Haringey Council and Haringey CCG to develop and scale up an integrated intermediate care pathway in Haringey. II). That the Board members were asked to consider how their organisations could contribute to the development of an integrated intermediate care pathway in Haringey.	
CNCL110.	DISCUSSION ITEM HARINGEY AND ISLINGTON WORK A report was included in the agenda pack at page 47. Zina Etheridge introduced the report to the Board which provided information about a partnership that was being formed between NHS organisations and local authorities in Haringey and Islington. Ms Etheridge introduced Anni Hartley-Walder, Programme Director for the Wellbeing Partnership to the Board. Following the presentation the Board discussed the findings. The Board were advised that the partnership was made up of representatives of Haringey & Islington Councils, Haringey & Islington CCGs, Whittington Hospital and Camden and Islington Mental Health Trust and built upon some work that had been undertaken around bidding for NHS innovation funding. The Wellbeing Partnership looked at whether there were ways for the organisations to work together more effectively; to make sure that they were reshaping the health and social care economy across Haringey and Islington to support better quality outcomes for service users and to do so in a more financially stable way. The Deputy Chief Executive advised that the report was brought to the Board to outline the proposed governance arrangements, reflect on next steps and to highlight that there were significant benefits for residents in both boroughs to continue to work in a more joined up way. It was proposed that the Haringey & Islington Health and Wellbeing Boards would provide the overall governance for the programme and that on occasion the two Health and Wellbeing Boards would come together and meet as a joint body to provide high level governance. The Board noted that the constitutional arrangements for any joint meetings would need to be determined. The Deputy Chief Executive advised that the Wellbeing Partnership was a really important part of the overall NCL Sustainability & Transformation Plan and formed a key platform for governing and taking forward the reshaping of the health and social care economy locally. The Chief Officer Haringey CCG suggested that the Wellbeing Partnership would be an obvious home for some of the work being	

undertaken around outcomes based commissioning. The Board were advised that the themes of frailty in older people and diabetes care would benefit from being aligned together and then pulling them in to the value based commissioning work to ensure an alignment of incentives for all the organisations involved, to provide the desired outcomes such as keeping patients at home.

The Chair advised the Board that she had met with Richard Watts, the Chair of the Islington Health and Wellbeing Board along with the Wellbeing Partnership Sponsor Board on two occasions recently. The Chair fed back that the progress made in those two meetings was fairly heartening and that there was a significant improvement in coherence from the first meeting to the second. The Chair advised that at the last meeting it was agreed that the next step was to arrange a joint meeting of the two Health and Wellbeing Boards, ideally before the summer holidays to give the impetus and oversight that the project required. Clerk to look into holding a joint Health and Wellbeing Boards and possible dates prior to summer recess. Clerk

The Lay Member Haringey CCG commented on the increasing focus on shared working between the Council and various partners and welcomed the impact of this on improving services for patients and residents. The Lay Member Haringey CCG also advised that the Board needed to be cognisant of what these proposals meant for the east of the borough and that the Board needed to acknowledge that would be a key question. The Lay Member Haringey CCG also commented on the significant number of governance structures involved in the process and advocated that this would need to be simplified in the future. The Deputy Chief Executive acknowledged the complex governance arrangements and suggested that these would only become sustainable when they became the way that the Board worked in its day-to-day functions. It was noted that the workstreams chosen were because they were absolute priorities for the authority and the Board would have to look at merging some of the governance strands to facilitate progress.

Sharon Grant, Chair Healthwatch Haringey, acknowledged the administrative benefits and financial drivers behind the Wellbeing Partnership but raised concerns about how the Board would ensure that patients and residents continued to have an input into the decision making process if decisions were increasingly taken by centralised bodies. Ms Grant also raised concerns about what would happen in the event of differing priorities and questioned how different needs across parts of the two authorities would be managed. The Board acknowledged the need for transparency and suggested that it was part of the reason behind the desire to bring the two Health and Wellbeing Boards together. The Chair advised that this would not require the merging of Haringey and Islington Healthwatch due to an acknowledgement that the two bodies would have different interests.

The Chair also commented that through being very clear about the four initial priorities for the partnership, 2 of which were more population based and 2 of which were of a clinical nature, the Board should be able to target the groups and individuals it wanted to regardless of location.

The Cabinet Member for Finance and Health enquired about the wider prevention piece and the extent to which determining factors such as housing, environment and education were fed into the governance structure. The Chief Officer Haringey CCG commented that the name Wellbeing Partnership was selected because of a desire to start with a much more preventative approach. The Chief Officer Haringey CCG advised that there was currently no incentive in the health system to tackle determining factors at a preventative level and that by aligning the two boards together it was hoped that levels of need could be driven down and risk factors tackled before they developed into more severe issues. The Deputy Chief Executive commented that a significant amount of work had been done as part of the cross-cutting mental health strand, looking at accommodation and employment pathways for people with severe and enduring mental illnesses which resulted in commissioning a support package to get those people into employment in a targeted way. The Board was advised that the partnership enabled them to understand some of the issues around determinants and the tensions contained therein, precipitating a wider conversation about what the earliest stage was that prevention measures could be in place collectively as a system. The Deputy Chief Executive acknowledged that the current work strands did not necessarily reflect these proposed developments due to it being at a an early stage but reflected that work was being undertaken to determine the pathways or population groups that required focus.

The Cabinet Member for Finance and Health further enquired whether, in feeding those issues into discussions, it would be primarily the Council that would be responsible for achieving this or whether the Board would look to bring specialists in, such as community sector representatives. In response, the Deputy Chief executive suggested that other Health and Wellbeing Boards regularly involved outside organisations and that hopefully this process would afford the Board more scope in determining whether it needed to involve specific groups for specific programmes.

The Chief Executive BRT commented that the BEHMHT did not seem to be included in the partnership and suggested that it seemed as though mental health did not appear as prominent in the work streams as physical health. The Chief Executive BRT also sought clarification on the stakeholder forum and how that might work. Clarification was sought how the process would link into the community and voluntary sectors.

The Chief Officer Haringey CCG responded that the officers were in discussions with mental health providers including BEHMHT about how they would tie into the process. The Board was given assurances that mental health would be at the heart of each of the areas looked at and that initial discussions had suggested that because it was so fundamental and overlapping to each area it was felt that having it as a specific work stream would have been unsuitable. The Chief Officer Haringey CCG agreed to ask Dr Maimaris' team to look at better reflecting the crucial role that mental health would play in the partnership's priority setting process. In relation to the stakeholder forum, the Chief Officer Haringey CCG advised the Board that a lot of groups had already been involved in the forum, particularly the disease based groups. The Chief Officer Haringey CCG acknowledged the ongoing need to develop a robust forum in which ideas could be tested out and a broad array of opinions included.

Sarah Price

The Chair of Healthwatch Haringey sought clarification around the integrated model of care for people with learning disabilities proposed as an immediate area of work, and how that would interact with the existing work being done in the borough and the role of the current steering group. Dr Maimaris advised that over the coming weeks and months partners would be looking to more detailed scoping of each of these proposals to try and build on what was happening in the borough. Dr Maimaris argued that in terms of mental health, they would consider which areas of work could really benefit from the added value of working on a shared Haringey and Islington footprint. Dr Maimaris also reassured the Board that mental health and wellbeing would be a key work stream undertaken. The Deputy Chief Executive commented that the physical health outcomes for people with learning disabilities were really poor and the partnership would be looking at the pathway as a whole, such as the transition from children to adulthood and the connection to physical health.

The Vice-Chair, Haringey CCG enquired about the extent to which links to schools had been considered, given the importance of promoting health and wellbeing from a young age. The Director of Children's Services responded that prevention was a key priority within the early help arena and acknowledged the need to work with partners to reach out to school children at a fairly early age. The DCS also commented on the need to capitalise on some of the existing work that was already being done in local schools and within the wider community.

The Programme Director for the Wellbeing Partnership commented that the wellbeing partnership gave partners the opportunity to upscale projects to make them transformational, utilising the combined focus of the local authority and health organisations. The Programme Director for the Wellbeing Partnership highlighted that the timing of this piece of work also seemed to be right given the clear links with the NCL STP and the need to have a repertoire of well developed schemes, on a

transformational footprint, in place in order to access funding once it becomes available in April 2017.

RESOLVED:

I). That the Board note the immediate areas of work:

- Developing care that supports independence in older people with health and social care needs
- A re-designed pathway for people needing musculoskeletal care (ranging from physiotherapy to treatment for chronic pain and rheumatology)
- An integrated model of care for people with learning disabilities
- A model of care that improves the prevention, identification and management of diabetes and cardiovascular disease.

The cross-cutting themes across all these four areas will include: sustaining good mental health, prevention, action on the wider determinants of health (including housing and the environment), early identification of illness and maintaining independence.

II). That the Board support the approach being taken by the Haringey and Islington Health and Wellbeing Partnership, noting the principles underpinning the joint work and recognising the value in working across organisations in Islington where this offers scope for increased impact and pace of change for people in Haringey.

CNCL111. DISCUSSION ITEM

NORTH CENTRAL LONDON SUSTAINABILITY & TRANSFORMATION PLAN (STP)

The Board received a report which provided an update on a new strategic planning approach being taken by NHS England and partners to ensure a whole system focus across health and social care. The new STPs will be produced in partnership with providers of health and care services, Councils and CCGs. The report was introduced by the Chief Officer CCG and was included in the agenda pack at pages 57-59. A presentation on the North central London STP was also included in the agenda pack at pages 61-70.

Along with Barnet, Camden, Enfield and Islington, Haringey was working as part of the North Central London (NCL) STP footprint area. NCL has established a Transformational Board and Programme Management Office to oversee the production of the NCL STP, which was scheduled to be submitted at the end of June. The Board noted that the plan would look at how NCL could be financially sustainable over a five year period, how they could improve the health and wellbeing of residents and how they could improve the quality of

	services delivered over that five year period. The Board was advised that the Chief Executive of Camden was pulling together the views of Councils across the five boroughs, whilst the Chief Officer of Camden CCG was the CCGs representative and the David Sloman who was the Chief Executive of the Royal Free Hospital was leading on the provider side. Meetings were taking place on a monthly basis with all representatives of health and social care from the five boroughs, with smaller groups meeting more frequently including the Director of Children's Services who was LBH's representative. The Chief Officer advised that current estimates suggested that a do nothing option would result in a funding shortfall of around £600m by 2020. The Chief Officer further advised that prior to submission of the STP the next steps were, an engagement exercise and the development of a communications plan. The Chief Officer commented that she would be speaking to individuals outside of the meeting for their inputs. The Lay Member CCG commented that there was a limit to the amount of consultation that can be undertaken on this project due to need to access transformation funding given the budgetary pressures involved and suggested that the only way to achieve the savings required was to work together collectively. The Lay Member CCG also drew the Board's attention to the Health Service Journal which contained Simon Stevens categorically backing David Sloman and highlighting that individual organisations would not be allowed to veto the STP. The article also stated that some form of consolidation across CCGs would be required. The Leader agreed with the points raised and commented that the Haringey and Islington Wellbeing Partnership was a very useful exercise in terms of laying the ground work for the STP and provided a base from which projects could be scaled up. The Chair Healthwatch Haringey advocated that a broad consultation should be undertaken with the public around what their priorities were in the face of declining resources and increased need and raised concerns with a submission deadline of the end of June in light of the need to engage. The Lay Member CCG clarified that any consultation had to be undertaken carefully and within clearly defined parameters because there wasn't really a choice involved; as people may resent being consulted on something that was already a given and being driven by a top-down approach. The Chief Officer Haringey CCG advised that the version of the plan at the end of June wouldn't necessarily be absolutely final and that there were rumours that a further submission would be required in October. In this scenario it was likely that the engagement process would primarily be undertaken in the Autumn.	Sarah Price

	RESOLVED: I). To note progress made to date with regard to the NCL STP. II). To note the finalised NCL case for change will be brought to the Health and Wellbeing Board for endorsement.	
CNCL112.	BUSINESS ITEMS NORTH MIDDLESEX UNIVERSITY HOSPITAL TRUST'S FUTURE ORGANISATIONAL MODEL The Board received a report which outlined the proposed Memorandum of Understanding that had been put in place for North Middlesex University Trust (NMUH) with the Royal Free NHS Foundation Trust to explore becoming a founding member of the Royal Free London Group. This was part of a wider stream of vanguard development work happening nationally to look at hospitals working together to develop more sustainable models of care delivery. The report was introduced by Richard Gourlay, Director of Strategic Development NMUH and was included in the agenda pack at page 71. The Director of Strategic Development also gave a presentation to the Board. The Clerk agreed to circulate the presentation slides to the Board after the meeting. Mr Gourlay advised that the work around the drafting of the Memorandum of Understanding took place in April and the next steps would involve developing more detailed project plans and the establishment of a Partnership Board from early June. The Partnership Board would have a number of work streams sitting underneath it which would start to develop and design the model for the Royal Free London Group. The Chief Executive BRT asked for clarification on what benefits could be expected from this arrangement. Mr Gourlay advised that there were a number of benefits from the care provider's perspective, particularly around resilience such as staffing and capacity in specialist areas such as A&E. Mr Gourlay also advised that this would assist in the development of additional clinical pathways that would improve the quality of care across a range of services. The Deputy Chief Executive welcomed the proposals, advocating that any steps taken to improve resilience and patient care were clear benefits. The Deputy Chief Executive cautioned that the Board continued to monitor what the implications of that change model were going forward suggesting that for instance, it was important that the hospital did not become more divorced from the wider population	Clerk.

based measures that were being proposed.

RESOLVED:

I). That the Health and Wellbeing Board note the work that is underway between NMUH and RFL.

MENTAL HEALTH SURVEY-UPDATE

The Board received a report which outlined the main findings of the Mental Health and Wellbeing Survey undertaken in Haringey. A copy of the findings from the survey were attached as an appendix to the report. The report was introduced by Tamara Djuretic, AD Public Health and was included in the agenda pack at page 73 and the survey results were included at pages 77-155.

The AD Public Health outlined some of the key headlines from the findings:

- The survey was conducted in July last year and encompassed 1000 people being canvassed, 500 from across the borough and an additional 500 responses sought from the most deprived areas.
- The Haringey Mental Wellbeing Survey 2015 results would provide the baseline, with the specific aim of increasing the average short Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) score by 2018.
- Average WEMWBS score for adults in Haringey measured by a survey across the borough was 26.10 and in the most deprived areas was 26.21. Any score of 21 or less was regarded as low in Haringey, scores between 22 and 29, or 30 for most deprived was a moderate score and anything over 30 was regarded as a high score.
- Respondents between 16 and 24 years old were most likely to have low mental wellbeing in the “across area” sample, whilst those aged 65 years and over were most likely to have low mental wellbeing in the most deprived sample. More men than women were categorised as having high mental wellbeing across both samples.
- Good health and fewer medical conditions were associated with better mental wellbeing
- Employment was associated with better mental wellbeing, whilst those unable to work due to sickness or disability were most likely to report low mental wellbeing. Poor educational attainment was associated with worse mental wellbeing, as were financial difficulties.

The survey also explored the overall health of the residents in

relation to mental health and wellbeing. Some of the key findings identified were:

- The prevalence of smoking was 20% across the borough and increased to 24.2% in the most deprived sample. Smoking was strongly associated with lower mental health and wellbeing scores.
- The prevalence of cannabis use was approximately 6% across the borough and a further 16% of residents were ex-users.
- The most common medical conditions reported by residents were high blood pressure (12-15%), anxiety, depression and stress (9-10%) and diabetes (5.3 – 6.5%).
- Those with three or more conditions had significantly lower mental wellbeing scores.

It was proposed that the survey was repeated on annual basis.

In terms of the next steps, the AD Public Health advised that as well as taking the Mental Health Survey to the Priority 3 Board, it would also be taken to the Priority 1 and Priority 2 Boards.

The Director Healthwatch Haringey commented that there seemed to be a lack of data broken down by ethnicity, advising that this seemed to be an important dimension of the mental health picture in Haringey. The AD Public Health advised that around 200-300 of the 1000 respondents provided their ethnicity details, as a result it was felt that the analysis would have been unreliable.

The Cabinet Member for Finance and Health enquired whether there was any information broken down by ward level. The AD Public Health responded that again, this was not done due to the relatively small sample size that would be created by breaking down the data on a ward level basis.

RESOLVED:

I). That the Board note the overall findings of the borough-wide mental health and wellbeing survey and consider its implication for the overall Health and Wellbeing Strategy and Corporate Plan.

DEVOLUTION-UPDATE

The Board received a report which gave an update to the Board on the Sustainable Employment strand of the Devolution Prevention Pilot. The report was introduced by Tamara Djuretic, AD Public Health and was included in the agenda pack at page 155-161 and a copy of the

presentation slides were attached to the report, at pages 163-167 of the agenda pack. The AD Public Health introduced Vicky Clark, Head of Economic Growth and Development to the Board, who assisted in presenting this item to the Board.

The Board were advised that the pilot scheme would focus on the cohort of people with mental ill health as there was a clear need and a good evidence base that their health and employment outcomes could be improved. The main objective of the pilot was to support people who were living with/recovering from a mental health problem to have sustainable employment – an outcome evidenced by reduced numbers of people with a mental health condition claiming Employment Support Allowance (ESA) and reduced demand for health services, specifically primary care. Early intervention was at the heart of the proposed model - preventing people from becoming unemployed in the first place.

The following comments were noted in relation to piloting the proposed early intervention model:

- Evidence suggested that length of absence from work, and employer status (Public/Private sector, large company vs. small and medium businesses) were the way to segment the cohort and this was reflected in our proposed model.
- The current intention was to conduct a small pilot of this model to test whether this is the best way to segment the cohort, and whether we can identify any additional criteria that may be more relevant (e.g. factors based on social functioning, behaviour and attitudes).
- Initial conversations with Maximus – the provider of the national Fit for Work service (remote occupational health advice) – suggest that they may be interested in working with Haringey to test the impact of a more locally tailored service, which introduced face-to-face support. Maximus would potentially be the source of the additional capacity required to run a small pilot.
- It was anticipated that the evidence gathered through a small pilot would enable the development of a business case for a scaled-up invest-to-save model that we would put forward to the Government as devolution 'ask'. The Sustainability and Transformation Plan (STP) process or the Innovation Fund of the (joint DWP/DH) Work and Health Unit, were two possible vehicles for the business case.
- This would be a large 'at scale' transformation, starting with the introduction of genuinely new ways of working on the ground through a pilot.

The Chair Healthwatch Haringey commented that she had concerns about the application of the Fit for Work programme and particularly in light of some of the mistakes made by ASOS. The Chair Healthwatch Haringey requested that the Board be kept up to date with the

	progress of this work and an evaluation of its implementation. The AD Public Health commented that there would be a robust evaluation process and agreed to bring this item back to a future meeting of the Board. Ms Clark advised that the Fit for Work programme was unrelated to the previous Work Capability Assessment. The Director of Public Health advised that she recently spoke at a GLA meeting on the devolution piece, commenting that the prevention pilot demonstrated that Haringey was a borough committed to prevention and early help and that devolution was a mechanism to deliver these outcomes at a local level. The Lay Member Haringey CCG welcomed the devolution pilot. The Lay Member Haringey CCG commented that she was not surprised to see that people in deprived areas were less well, as poverty was a real factor in determining health outcomes. The Lay Member Haringey CCG suggested that there could be scope to bring together cohorts of older people in more deprived areas with younger people, particular in regards to those with lower employment outcomes in a wider intergenerational piece of work that would have the potential to be transformational. The Cabinet Member commented that he was struck by the extent to which environmental factors played a key role in physical health outcomes, such as physical health and feeling safe in your community. Cllr Arthur sought clarification on how the data might be used to prioritise these aspects and to do something differently in those areas. RESOLVED: I). To take note of the current proposed early intervention model and rationale, its potential scale and inherent risks. II). To take note of the potential to collaborate with the Joint Work and Health Unit and Maximus. III). To provide strategic support across the partnership to implement the pilot as part of the Health and Wellbeing Strategy. III). To champion the pilot as part of the Health and Wellbeing Strategy and ensure that all partners are actively engaged in planning and delivery. TRANSFORMING CARE A report was included in the agenda pack at pages 169-183, which provided an update on the joint response of the Haringey CCG and Haringey Council to the three-year Transforming Care expectations,	Tamara Djuretic / Clerk

	developed by NHS England, the LGA and ADASS and publicised in October 2015. RESOLVED: I. To note report and the joint work to develop a three year plan for the delivery of the transforming Care programme.	
CNCL113.	URGENT ACTIONS TAKEN IN BETWEEN MEETINGS The Board noted the record of Urgent Action taken following the previous meeting regarding the Better Care Fund submission 2016/17.	
CNCL114.	NEW ITEMS OF URGENT BUSINESS No new items of Urgent Business were tabled.	
CNCL115.	FUTURE AGENDA ITEMS AND DATES OF FUTURE MEETINGS It was noted that the future meeting dates were provisional: • 12th September 2016 at 18:00 • 8th December 2016 at 18:00 • 2nd March 2017 at 18:00	

The meeting closed at 19.50pm.

Cllr Claire Kober

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Chair of the Health and Wellbeing Board