MINUTES OF THE HEALTH AND WELLBEING BOARD
MONDAY 12 SEPTEMBER 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 Peter Christian (Chair 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.	
CNCL102.	**APOLOGIES** The following apologies were noted: • Sir Paul Ennals.	
CNCL103.	**URGENT BUSINESS** There were no items of Urgent Business.	
CNCL104.	**DECLARATIONS OF INTEREST** Dr Christian informed the Board that, in respect of commissioning primary care, one of the applications for central funding for new premises involved the Muswell Hill practice where he worked.	
CNCL105.	**QUESTIONS, DEPUTATIONS, PETITIONS** No Questions, Deputations or Petitions were tabled.	

CNCL106.	**MINUTES** The Board commented that there was a typographical error on page 2 of the minutes; the heading should read 'Intermediate Care and Integration.' The Board also noted that, on page 17 of the pack, the 4th paragraph should refer to the Chair of Healthwatch, not the Director. **RESOLVED:** That the minutes of the meeting held on 19th May 2016 be confirmed as a correct record.	
CNCL107.	**DISCUSSION ITEM** **FUTURE HEALTH AND WELLBEING OF THE POPULATION** A cover report was included in the agenda pack (pages 21-22), which updated the board on the work being undertaken at a local level around health and social care within Haringey; jointly between Haringey and Islington through the Wellbeing Partnership and, across North Central London through the Sustainable Transformation Plan. Zina Etheridge, Deputy Chief Executive introduced the report. A presentation was also given jointly to the Board by the Deputy Chief Executive and Sarah Price, Chair Haringey CCG. Hard copies of the presentation were tabled at the meeting. The Board were advised that together, Haringey & Islington were best placed to tackle local issues and lead transformational change at pace. However, the Board needed to start considering next steps to ensure the right structures were in place to work with communities to deliver better health and care over the long term. Some of the key considerations outlined in the presentation included: Whether there was a need for a more formal, shared governance structure with shared accountabilities, risks and incentives; should there be a more radical approach to pooling financial resources; how to improve the commissioner/provider relationships; and how to embed incentive structures aligned to outcomes rather than processes. The Board considered that any new approach would need to enable the Wellbeing Partnership to deliver improvements for residents, front-line change and financial efficiencies faster and more effectively. In summary, the Deputy Chief Executive advised that development of the STP for North Central London led to a series of questions about how best to deliver ongoing improvements to health and care in Haringey. The Board was informed that the next step was to start exploring	

whether a more formal arrangement for the Wellbeing Partnership could help achieve these improvements. The Deputy Chief Executive acknowledged that there was a significant amount of information to consider and suggested that the Board might want to consider and discuss its initial findings, and that subsequent conversations could be held either on a one-to-one basis or potentially at the next Joint Health and Wellbeing Board with Islington.

Cllr Weston, Cabinet Member for Children and Families commented that the increasingly formalised nature of joint working with both Islington and across NCL created the need for an overarching structure in place in order to ensure successful delivery. This was especially apparent given the resources already invested and the risks involved. The Chief Officer, Haringey CCG agreed that the process needed to be embedded and become more formalised, and advised that the focus was very much on the population as opposed to the organisations that sat within them. It was advocated that that this was crucial in making sure the services delivered met local needs.

The Deputy Chief Executive outlined that the initial emphasis for forming the Wellbeing Partnership was the application to become a vanguard organisation for the NHS's New Models of Care programme which, whilst unsuccessful, elicited further discussions around developing a new model of care that brought in Islington and a host of new providers and led to the establishment of the Wellbeing Partnership. The Deputy Chief Executive suggested to the Board that there was a spectrum of different models that could be used; from developing an Accountable Care Partnership to a much looser coalition governed by a Memorandum of Understanding. The Board noted that an Accountable Care Partnership tended to have budgets based on a per-head of population basis and that as a system, there would be a focus on what was the best way of spending that money to achieve the objectives required. Separate arrangements were likely to be required for specialist commissioning.

The Chair suggested that it was probable that there could be a significant devolution deal for London on the table around the time of the Autumn Statement, which would include aspects on fiscal devolution and also aspects of public service reform to make it more accountable and responsive. The Chair advised that part of the process would involve scaling up from working on a borough wide basis to a sub-regional or regional basis, and that there were clear synergies between this and the work being undertaken around further integrating health and care in Haringey. The Chief Officer, Haringey CCG suggested that there would also likely be further opportunities to apply for vanguard status and some of the pump priming funds to help get some of these new models up and running.

The Chair requested that members of the Board give further

	consideration to whether a more formal arrangement for the Wellbeing Partnership should be developed and also consider the potential models involved. Further consideration to be given outside of the meeting and in the run up to the joint Health and Wellbeing Board meeting on 3rd October. Geoffrey Ocen, Chief Executive of the Bridge Renewal Trust emphasised the need to agree a governance structure going forward, particularly in terms of the need to safeguard localised decision making. The Deputy Chief Executive acknowledged that there would be certain aspects that were best suited to being undertaken on pan-London or regional basis, some on an NCL basis and those that would be much more suited to a local basis. The Cabinet Member for Children and Families urged that an agreement would also need to contain the flexibility to allow other partners to come in when required. The Cabinet Member elaborated that as well as facilitating localised decision making, the agreement would also need to support further integration of health and care across the NCL region. Sharon Grant, Chair Healthwatch Haringey raised concerns about accountability and advocated the need to continue to make it clear to user groups where decisions were made. The Chair of Healthwatch Haringey also raised concerns around the potential for further broadening of collaborative working to harden the inequalities around the north-east of the borough and urged focusing on collaboration that tackled some of the significant health inequalities in this area. The Chief Officer, Haringey CCG agreed that a key challenge was to find how to broaden work with other partners, commissioning services together in order to deliver the range of services required for the population, including working with Enfield. The Chair advised that there had been a great deal of partnership working undertaken in recent months with Enfield around North Middlesex Hospital, which had also led to a number of discussions around the underpinning issues relating to primary care and the clear similarities between north Tottenham and Edmonton. The Chair noted the point about accountability and commented that this would be particularly important given that the STP process seemed to have taken place across the country with very little political oversight and suggested there was a clear need for transparency. RESOLVED: I). That the HWB notes developments on health and social care locally, with Islington and across North Central London.	All
CNCL110.	DISCUSSION ITEM DEVOLUTION AND PREVENTION	

A report was included in the agenda pack at page 25. Jeanelle de Gruchy, the Director of Public Health introduced the report to the Board. There was also a presentation which was included in the agenda pack at page 33. The report and presentation provided an update to the Board on progress of the Healthy Environment Strand of the Haringey Prevention Pilot. Following the presentation the Board discussed the findings.

The Board was advised that a business case outlining the proposals for the devolution pilot was presented to the London Health and Care Devolution Programme Board at the end of July. Haringey would continue to work with London partners and national government over the coming months to refine those proposals. A final business case was due to be submitted to the London Prevention Board by December 2016.

The Director of Public Health circulated three handouts which provided a conceptual approach to prevention, using a pyramid diagram to outline the primary, secondary and tertiary prevention approaches. The approaches to prevention were broken down into three types of intervention; population level, community development and personal services. The three diagrams represented the separate approaches for children and young people and for adults, as well as a version with 'I' statements i.e. how residents would experience the outcome of interventions.

The Chair enquired whether the empty boxes represented the absence of population level interventions at the secondary prevention stage or whether it suggested that there was an intervention that did not currently take place, but which might be developed in the future. The Director of Public Health advised that population level interventions also impacted as secondary and tertiary interventions. The Director of Public Health advised that this would be better illustrated in future versions of the diagram. The Board was given an example of someone recovering from a heart attack that utilised parks or council leisure services which were available to the whole population.

The Chair of Healthwatch Haringey suggested that one possibility in this area would be measures that were aimed at the whole population which increased understanding of certain conditions particularly within certain groups of the population. The Director of Public Health acknowledged that there was a cross cutting aspect of prevention around information advice and guidance and also stated that this was where the 'I' statements contained in the overview diagram were relevant.

The Lay Member Haringey CCG commented that the fuel poverty and work intervention captured on the adults diagram appeared to be

marooned between secondary and tertiary areas of prevention but could be considered to be more of a counterbalance to the whole of the population level activities. The Director of Public Health responded that the fuel poverty work tended to be targeted more toward older people. The Lay Member Haringey CCG elaborated that her concern was that by looking at specific interventions at the secondary and tertiary levels there was a risk of missing some of the wider determinants at a primary prevention level. The Lay Member Haringey CCG also commented that there were some issues around mental health that may not have been captured and that domestic violence was missing from the adults strand. The Director of Public Health acknowledged that the diagram was not comprehensive and agreed that the domestic violence strand could be added into the adults model. The Director of Public Health agreed that the broader point around work and employment could be captured under the existing intervention on place shaping through regeneration and planning; and done in way that reflected the overlap across primary, secondary and tertiary levels of intervention.

Jeanelle de Gruchy

The Director of Public Health went through the presentation with the Board. The devolution 'asks' were summarised as:

- Powers to address areas of problem gambling through greater local control of Fixed Odd Betting Terminals and devolved funding for local solutions to tackle problem gambling.
- Establish health as a 5th licensing objective to enable local authorities to take all health impacts into account when considering licensing applications.
- Tobacco control powers: Extending smokefree areas to smokefree outdoor restaurants, cafes and pubs; and introducing positive licensing of tobacco products.

The Board was reminded that Priority 2 of the Health and Wellbeing Strategy was to increase healthy life expectancy. The two ambitions that sat underneath this priority were: Ambition 3 - Haringey as a healthy place to live; and Ambition 4 – every resident enjoys long lasting good health. The Board considered that the Healthy Environment strand of the Prevention Pilot had clear links to Priority 2; particularly the performance measure for Ambition 4 around achieving a 25% reduction in early death from stroke by 2016-2018. The Board were invited to have a discussion, focusing particularly on the tobacco and smoke free outdoor restaurants, cafes and pubs 'ask'.

The Lay Member, Haringey CCG asked whether, in light of changing attitudes to smoking more generally, there was any information on how attitudes had changed to people smoking outside. The Director of Public Health responded that she didn't possess any specific information, but that she was aware of similar schemes which would have gathered significant feedback such as, Brighton's smoke free beaches scheme. The Director of Public Health agreed that some work

needed to be undertaken to gather all of that information together. The Lay Member, Haringey CCG commented that it would be a shame to have moved public opinion so far on smoking generally only to lose it with smoking outside, particularly as people may be equally concerned with air pollution caused by motor vehicles, for instance.

The Chair suggested that it would also be interesting to understand perception levels across different parts of the borough, as there could be parts of the borough or particular communities where smoking was much more prevalent and there would be an increased likelihood of push back to this type of intervention. The Chair also suggested that attitudes to smokefree restaurants may be different to say smokefree beaches or outdoor spaces more generally, as it was a defined space.

The Chair, Haringey CCG commented that the issue of perception was an interesting one and that Highgate and Muswell Hill had high levels of alcohol related illness, but that this was less obvious than in other less affluent areas of the borough. The Chair of Haringey CCG also suggested that the provision of alcohol for sale had become easier to access in recent years not harder, and that this was in stark contrast to tobacco.

The Director of Public Health advised that the business case was being further developed and that dialogue was ongoing with various government departments, therefore this piece of work was evolving quickly. The Director of Public Health suggested that she would keep Board members involved via email and welcomed any further feedback on the devolution feedback.

The Chair enquired whether there was any way of looking at licensing decisions that had been taken in the last two or three years for instance, to ascertain whether the presence of a fifth licensing objective around the health impact would have had a significant influence on determining those applications. The Director of Public Health responded that there was a piece of work underway looking into this, and that as part of this process Public Health had been challenged to look at what powers the local authority already had and whether these were being fully exercised.

The Chief Executive of the Bridge Renewal Trust sought clarification on the legal position of these powers and whether the Council had the power to carry out the proposed regulatory changes. Officers responded that this was part of the negotiation process with the DCLG and other government departments, and that any additional powers would need to be conveyed as part of the proposed Bill.

RESOLVED:

I). That the Board note the development of the Haringey devolution

	prevention pilot.	
CNCL111.	DISCUSSION ITEM VIOLENCE AGAINST WOMEN AND GIRLS The Board received a report and the Violence Against Women and Girls (VAWG) draft strategy as part of the agenda pack at pages 45 and 51 respectively. The strategy was out for public consultation and the Board were asked to give its views with a particular focus on the impact of VAWG on children and young people. The report was introduced by Fiona Dwyer, the Strategic Lead for Violence Against Women and Girls. The Board also received a presentation from the Strategic Lead for Violence Against Women and Girls with additional input received from Emily Sayer from the Highgate Woods Young Feminist Group. Ms Sayer outlined the role of the organisation and their experience of engaging schools around VAWG. Sean Thrasher and Celina Guler, two young people who had undergone training through the council-funded VAWG prevention project called Protect Our Women, also spoke to the Board as part of the presentation. Ms Sayer advised the Board that she had recently taken over responsibility for the Highgate Woods Young Feminist Group and that the group was established to provide a space for the girls at the school to discuss issues that were affecting them and to also make them aware that the issues involved affected society as a whole. Ms Sayer commented that discussions during meetings were often quite advanced and that examples of topics ranged from the school's uniform policy to casual sexism and cat-calling in the street. The students who attended the meetings ranged from years 7-13 and Ms Sayer considered that the students' awareness of, and ability to engage around, those issues was clearly beneficial. However, it was also worrying that students at such a young age were so affected by these issues and this demonstrated the need for a group of this type. The group was in the process of arranging for a workshop session with the Strategic Lead for Violence Against Women to come to the school and speak to pupils. The Deputy Chief Executive asked what the impact was on the children of being able to have these discussions. Ms Sayer responded that the Head Teacher had spoken to staff on the first day of term around the way in which the uniform policy was enforced and that this was a tangible demonstration that the discussions had had an effect. Less tangible impacts were around offering them advice on how to deal with particular situations and creating a sense of community; reassuring them that other people were feeling the same way as them.	

The Cabinet Member for Children and Families asked whether boys were able to and encouraged to join the group. Cllr Weston elaborated that part of the proposed strategy around VAWG was to focus on perpetrators and that in the instance of cat-calling most perpetrators would be boys and young men. Ms Sayer responded that some of their sessions were targeted at particular groups and that some of these sessions were open to both boys and girls but that it was a case of seeing what the students felt most comfortable with.

The Strategic Lead for Violence Against Women and Girls introduced Sean Thrasher and Celina Guler and advised that the Protect our Women programme was a 12 week programme funded by Public Health looking at the whole spectrum of VAWG and supporting young people to become champions around prevention work, which was one of the four key priorities contained in the VAWG Strategy. The Board was advised that whilst undertaking the programme, Mr Thrasher realised how much he was unaware of the issues surrounding VAWG. The first lesson incorporated a TED talk on domestic abuse by an author named Lesley Steiner and it was noted that what was striking was that despite being very intelligent and successful she was completely oblivious to the fact that she was a victim of domestic abuse. Complete ignorance about the subject was typical of the experience of most people living with domestic abuse. As well as introducing the young people to a variety of topics that they may not have otherwise had exposure to, the programme also offered practical advice about what to do and where to go if the students suffered from domestic violence or abuse.

Ms Guler reiterated that undertaking the programme had helped her to come in to contact with and explore a number of issues, such as FGM and forced marriage that she had previously known nothing about. The topics discussed were very important and the programme offered a forum to engage with these issues in an environment that the young people were comfortable with. In response to a question, the Board was advised that the course was a voluntary course based after school with around 10-20 people in each group. Approximately 200 young people in Haringey had been through the programme; across a number of schools and sixth form, and the take up was around 55% girls and 45% boys.

The Director of Public Health asked whether the POW programme had had an effect on challenging or changing behaviour. The Board were advised that there had been a noticeable impact on students and that the course had allowed the students to learn significant life skills. In addition, it was noted that although 200 students had undertaken the programme, they were also discussing it with their wider social groups and that the cumulative impact would be much greater than just those who attended the programme. In response to a question about whether there would be an appetite for groups targeted specifically at

	males, the Board was advised that this would be useful in certain topics but that maintaining the overall format of mixed groups was preferred. The Lay Member Haringey CCG, asked whether during discussions, the students had identified areas where there wasn't enough being done, especially in terms of some of the agencies who were present at the Board. Mr Thrasher responded that he was unaware of any specific areas but suggested that there was always scope to do more. The Director of Public Health drew the Boards' attention to Appendix 2 of the report which set out the health impacts of violence on young people and the scale involved. The Director of Public Health emphasised that this was a key link for the Health and Wellbeing board to consider. The Board noted that the consultation on the strategy was due to run from 1st August to 30th September 2016. The Chair, Healthwatch Haringey asked whether the consultation period could be extended; particularly given that it was due to take place over the summer holidays and the need to fully engage with the voluntary and community sector. The Board was advised that this consultation was a top level strategic approach to VAWG and that there would be subsequent opportunities to engage with a variety of groups around implementation and delivery plans. Future engagement exercises would be done on a community level basis. It was planned that there would be seven survivor focus groups based around each of the key areas of VAWG, as well as working closely with children's centres and community engagement teams to access smaller groups that council services may not necessarily come into contact with. The Chair requested that the Clerk circulated the VAWG Strategy consultation plan to the Board, including details of the different survivor focus groups proposed. The Board to consider whether there were any other groups that should specifically be targeted as part of the consultation process. The Chief Officer, Haringey CCG enquired how the consultation would fit in with the Community Safety Partnership and what their engagement with the process was. The Director of Public Health responded that the Community Safety Partnership had ownership of the strategy and the VAWG strategic group fed into the Community Safety Partnership. The Director of Children's Services advised that an independent diagnostic evaluation was undertaken in July with police, health, social care, early help and other strategic leads. The Board considered that the lines of enquiry included: how services responded to domestic abuse, what the quality and impact of assessment and decision making was, whether there was effective leadership and management	Clerk/ Board

	across partners, and a number of cases were also reviewed. There were ongoing challenges identified around the need for better joining up of services and the need to strengthen the strategic focus on domestic abuse, as well as the need to put in place an alternative service model to undertake first response. The Board considered that there was significant amounts of work being done on an operational as well as strategic level, and the need to join up the two levels. The Cabinet Member for Finance and Health commended the strategy and suggested that the strategy would be developed further, with further engagement undertaken on delivery of the overarching principles and an action plan. The Cabinet Member for Finance and Health advised that the strategy seemed to omit faith groups from the consultation progress. The Chair acknowledged that the Cabinet Member for Communities had already picked up on this point and that faith groups would be included in the consultation. RESOLVED: I). To note the VAWG Strategy, and how the Board could contribute to the delivery of the Strategy.	
CNCL112.	BUSINESS ITEMS REVIEW OF MEMBERSHIP AND TERMS OF REFERENCE The Board received a report which outlined proposed changes to the Board's membership and terms of reference following a review undertaken, as agreed at the Board meeting of 26th February 2016. The report was introduced by Stephen Lawrence-Orumwense, Assistant Head of Legal and was included in the agenda pack at page 77. The aim of the review was to ensure the right level of representation to provide system leadership for Haringey and its residents, and to take account of wider developments across the local health and care system. The developments mentioned in the review included the introduction of five year Sustainability and Transformation Plans, the increasing collaboration between Haringey and Islington health and care economies, and the statutory footing of the Safeguarding Adults Board under the Care Act 2014. The review also considered the Board's terms of reference to ensure that they reflected current operations and supported its future ambitions. The Board was advised that following consideration of the paper, any revisions to membership would go forward to Full Council for approval. The Board was advised that one of the key findings of the review was that the Board should consider maintaining its existing terms of reference as they provided clear mechanisms for engagement, but that	

	the board should seek to utilise these frameworks in order to engage with other stakeholders. Furthermore, the review also identified some minor changes in order to better reflect its current way of working; including formalising the inclusion of the Deputy Chief Executive to the Board and the inclusion of the Independent Chair of the SAB. The review further proposed that the terms of reference should be amended to reflect the Board's ambition to collaborate across borough boundaries and to enter into joint working arrangements with other HWB's. The Chair of Healthwatch Haringey suggested that the review raised questions about the role of the Health and Wellbeing Board and advocated that there was a serious problem of local accountability in terms of Health and Social Care. The Chair of Healthwatch Haringey commented that the recent review of the workings of the partnership boards was fairly critical of the way those boards represented the users of health and social care services and suggested that the Health and Wellbeing Board had minimal representation of patients and service users in its current format. The Chair of Healthwatch Haringey suggested that one solution might be to undertake supplementary activities under the auspices of the Health and Wellbeing Board to enable further patient and user engagement. The Board was advised that there had been significant changes to health and social care in the last year, particularly around the closure of residential homes and services for people suffering from conditions such as autism and dementia. The Board considered that the relatives and families of those affected had to go through a very stressful process, addressing a number of different forums to voice their disapproval. The Cabinet Member for Health and Finance commented that in relation to the recommendations contained in the above mentioned report there was a cafe meeting planned in order to discuss the best way to ensure the voice of residents was heard through the partnership board process. The Cabinet Member for Health and Finance acknowledged the need to engage with users and residents more broadly but suggested that inclusion of a further representative on the Board could be tokenistic and suggested that engagement might be best done outside of the confines of Board meetings. The Leader commented that she was concerned about where the strategic partnership space would be if it wasn't through this Board. In addition, the Leader responded that those who had objections to the closure of services were now involved in the process, as well as having given a number of deputations to Council bodies such as Cabinet, Full Council and Overview & Scrutiny, as well as numerous other informal groups. The Lay Member, Haringey CCG advocated that the role of the Board was to challenge all of the organisations to consult and engage with	

residents and to ensure that they did it well. It was also suggested that it was undesirable to get one or two people to fully represent a diverse range of service users and that instead the Board as a whole should be responsible for facilitating engagement across different levels and holding each other to account for this.

The Director of Adults Social Services advised that the review of the workings of the partnership boards was commissioned by the Council in recognition of the need to make partnership boards operate more effectively. A co-production steering group had been established where users had been encouraged to engage and have a meaningful voice in terms of design and delivery of service. In response to a question around how residents accessed the Board, the Chair advised that there was the ability for residents to come and give deputations, bring petitions or ask questions of the Board. The Board noted the presentation on primary care capacity in Tottenham Hale, in response to the Healthwatch report, by way of an example which demonstrated a clear outcome.

RESOLVED:

I. That the existing framework in the Board's terms of reference should be used to engage other partners or stakeholders to contribute to the workings of the Board as systems leaders;

II. That the HWB reviews reporting links between the Board and other relevant partnerships or forums and considers ways in which these links could be strengthened to contribute to the workings of the Board;

III. That the current Local Authority membership of the HWB should be amended to include the Deputy Chief Executive who has the strategic oversight of children and adult social care and public health;

IV. That the current membership of the HWB should be amended to include the Independent Chair of the Safeguarding Adult Board (with attendance at meetings when appropriate) and the membership of the Independent Chair of the Local Safeguarding Children Board should be on the same footing; and

V. That the HWB terms of reference should be amended to reflect the Board's ambition to collaborate across borough boundaries and pan London and to enter into joint working arrangements in its area of responsibility with other HWBs and for the benefit of residents of the borough.

COMMISSIONING PRIMARY CARE

The Board received a report which set out the ongoing work in Haringey in relation to Primary Care, specifically around General Practice. The report was introduced by Cassie Williams AD Primary Care Quality and Development, Haringey CCG and was included in the agenda pack at page 91 and the Haringey General Practice Development Programme 2016-17 was also included in the agenda pack as an appendix to the report at page 97.

The report included an update on Primary Care premises development, particularly in relation to the new zero list practice in Tottenham Hale, which opened on 31st August, and additional work being progressed to secure adequate and appropriate premises for general practice in Haringey. This work was developed out of the Haringey Strategic Premises Development Plan which was presented to the Health and Wellbeing Board on 23rd June 2015. The report further detailed the current and future options for Haringey in relation to primary care commissioning. Haringey CCG, in collaboration with the other 4 CCGs of North Central London, currently jointly commissioned General Practice together with NHS England but was being invited to consider whether to submit an expression of interest to take on Level 3, delegated commissioning from April 2017.

The Chair of Healthwatch Haringey raised concerns about maintaining adequate levels of accountability in General Practice going forwards and enquired what mechanisms were in place to ensure that any future gaps in primary care capacity would be addressed. The AD Primary Care Quality and Development responded that there was significant work underway in the development and use of dashboards to produce high-level data and to flag up any quality concerns in relation to practices. The CCG and partners were increasingly developing their evidence base to ensure that they had a firm understanding of the health care situation in Haringey. The Deputy Chief Executive advised that the Board had previously agreed that an assessment of primary care in the borough would come back to the Board at an appropriate point in the cycle, to ensure strategic oversight was maintained. In response to a question, the AD Primary Care Quality and Development responded that the dashboard data was reviewed through internal governance routes, such as the primary care transformation boards and was also disseminated to GP practices, and was part of the peer review process.

The Board considered the report and noted its contents.

COMMISSIONING INTENTIONS

The Board received a report which set out the Haringey CCG and local authority draft commissioning intentions for 2017/18. The report was introduced by Sarah Price, Chief Officer Haringey CCG and was

	included in the agenda pack at page 103. The Health and Wellbeing Board were advised that organisations' Commissioning Intentions were developed each year in order to signal changes to contractual process, any services to undergo procurement or any changes to strategy. For the purposes of NHS organisations formal notice of contractual changes needed to be issued to providers by 30 September. The Board considered that Haringey (LBH and CCG) had been developing joint Commissioning Intentions for 2017-2020. The Board was advised that the Commissioning Intentions would fall under the STP going forwards and that broader intentions would be developed across the five boroughs. RESOLVED: I). To note the progress on the Commissioning Intentions. SECTION 75 A report was included in the agenda pack at pages 109-220, which proposed the implementation of a model of commissioning and pooled budgets supported by a partnership agreement under S.75 of the National Health Services Act 2006. The partnership agreement set out the shared outcomes and objectives sought, and contained detailed schedules which enabled; lead commissioning and pooled budgets for specified care groups. Whilst the initial focus was on adult services, the partnership agreement would act as a framework and was designed to enable schedules to be added for other care groups, including Children's Services, as required. The partnership agreement was due to be presented to Cabinet for approval on 13th September 2016 and to the CCG's Governing Body for approval on 23rd September 2016. The implementation of pooled budgets was due to be in place by April 2016. In response to a request from the Cabinet Member for Children and Families, the Board agreed that the Cabinet Member and Director of Children's Services would be added to the oversight body at the point in which any pooling of budgets was undertaken for Children's Services; in order to ensure the requisite oversight mechanisms were in place. The Chair of Haringey CCG agreed to feed back this request. RESOLVED: The Health and Wellbeing Board was asked to consider and endorse the proposed S.75 Partnership Agreement between the Council and the CCG which provides for: I. Lead commissioning and the establishment and maintenance of	Sarah Price

	pooled fund for the commissioning of learning disability services for eligible adults resident in Haringey; II. Lead commissioning and the establishment and maintenance of a pooled fund for the commissioning of mental health services for eligible adults resident in Haringey; III. Lead commissioning and the establishment and maintenance of a pooled fund for the commissioning of older people's services, including those services identified in the Better Care Fund 2016/17, for eligible adults resident; IV. Joint commissioning and the establishment and maintenance of a pooled fund for the commissioning of children and adolescent mental health services for the residents of the London Borough of Haringey; V. Lead commissioning and the establishment and maintenance of a pooled fund for the commissioning of the Independent Domestic Violence Advocacy Service and the Identification and Referral to Increase Safety Service for eligible adults resident in Haringey: and VI. which is attached as Appendix 1 of the report and is due to be considered by the Cabinet and the CCG's Governing Body in September.	
CNCL113.	ACTION LOG The Board noted the action log.	
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: • 8th December 2016 at 18:00 • 2nd March 2017 at 18:00	

The meeting closed at 20.05pm.

Cllr Claire Kober

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Chair of the Health and Wellbeing Board