

**MINUTES OF THE SHADOW HEALTH AND WELL BEING BOARD  
TUESDAY, 23 OCTOBER 2012**

**Present:** Cllr Bernice Vanier (Chair), Dr Jeanelle de Gruchy, Cathy Herman, Helena Kania, Mun Thong Phung, Sarah Price, Dr Sherry Tang, Cllr Ann Waters

**In Attendance:** Helen Chapman, Helena Pugh

<b>MINUTE NO.</b>	<b>SUBJECT/DECISION</b>
<b>HSP06.</b>	<p><b>APOLOGIES</b></p> <p>Apologies for absence were received from Libby Blake, Cllr Kober and Dr Helen Pelendrides.</p>
<b>HSP07.</b>	<p><b>MINUTES</b></p> <p><b>RESOLVED</b></p> <p>That the minutes of the meeting held on 11 September 2012 be approved.</p> <p><u>Matters arising</u></p> <p>It was agreed that the revised delivery plan should be brought back to the December meeting of the Board.</p>
<b>HSP08.</b>	<p><b>EVALUATION REPORT FROM DEVELOPMENT SESSIONS</b></p> <p>The Board considered the report produced by Tavistock Consulting, which was an evaluation of the development work undertaken by the Board between April and September 2012. Jeanelle de Gruchy gave a presentation summarising the findings of the report and also setting out the statutory and legislative framework around the sHWB – the presentation slides are appended to the minutes for reference.</p> <p>The Board felt that, while the report reflected the thought processes from the development sessions, they did not entirely recognise in the report the progress that was felt to have been made.</p> <p><u>Added value</u></p> <p>The Board discussed how it would add value, and the following points were raised:</p> <ul style="list-style-type: none"> <li>• It was necessary to focus on what was manageable / achievable within four meetings per year.</li> <li>• A strategy was needed on how issues arising during the year would be dealt with, where these fell outside of the time-frame for the scheduled meetings. The example of the Teenage Pregnancy Taskforce was given as one way to focus on issues of high priority as they arose.</li> <li>• The Board needed to be discussing transformation, and how this would</li> </ul>

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be delivered for residents of the borough.

- To have a real impact, priorities had to be followed through for longer than a year – sustained commitment was necessary.
- Areas should be identified where a difference could *only* be made by working together, to make the most of the Board's capacity to work across different organisations, as this was where its unique value lay.

The Board considered its existing Terms of Reference (drafted in November 2010) and provided the following feedback:

### Terms of reference - General

- The key issue was how the abstract ideas covered in the terms of reference would translate into action on the ground. Much of this work was likely to be undertaken by the sub-group structure, overseen by the main Board.
- A review of the existing sub-groups was needed, to check that these were fit for purpose and to see how these could link up effectively with one another; it was agreed that information on the existing groups should be collated before the next meeting of the Board.
- There were a number of governance issues to address, such as the decision-making powers of the Board and whether it would need to include representatives from the opposition political party; these issues could only be resolved once the regulations were issued.
- It was suggested that the Board should focus on systems and how these could be aligned to deliver transformation and integration of services.

### Terms of reference - Vision

- It was felt that an additional point should be added to reflect that the Board should be involved across the full range of the Council's activities, and not just those areas clearly related to health, in order to deliver true transformation.

### Terms of reference - Purpose

- Concern was raised regarding the terminology "oversee effective evidence based commissioning and decommissioning for children and adults..." as this wording raised the question of where accountability and responsibility for such decisions lay. It was suggested that this should refer to the overseeing of commissioning intentions, to check that these were in line with the HWB strategy and priorities, and that this should be clarified in the wording.
- Similar concern was raised regarding the point "oversee the allocation of the health improvement grant, joint commissioning and pooled budget arrangements", and where the governance for these activities was situated.
- It was suggested that the bullet point around strengthening working relationships should be reworded to "*Promote the strengthening of*

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working relationships...”

- It was suggested that the point “be accountable for co-ordinating change” should be made more specific.
- It was noted that references to the HSP should be removed; the Board would be accountable to Full Council in its capacity as a Council committee.

### Terms of reference - Responsibilities of the shadow Health and Wellbeing Board

- It was suggested that points a) and f) on the existing draft terms of reference should be swapped, so that ‘Integrated working’ became the first item on the list of responsibilities.
- It was suggested that the first bullet point under ‘c) Strategic commissioning’ should be amended to read “to advise on the commissioning of services using evidence from the JSNA”
- The Board discussed what was meant by the Board’s being a commissioning body, and it was felt that it should be made very clear that the Board’s role was in strategic commissioning, and not operational commissioning.

### Terms of reference - Core business

- The Board discussed what was meant by ‘partnership agreements’ as set out in the fourth bullet point under core business. It was suggested that the Board would be the appropriate place for oversight of formalised joint working arrangements.
- The Board discussed what performance was being referred to in the point “account for actions and performance through regular reports to the HSP”. It was felt that this would cover those actions which related to the Health and Wellbeing strategy.
- The practicality of “integrate, wherever appropriate, the plans and services of partner organisations” was questioned.
- It was suggested that there was a need to address how the Board would engage with the voluntary sector, and take into account funding that was delivered to voluntary bodies from external sources.

### Relationship to sub-groups, membership and meetings

- The Board discussed the structure of sub-groups reporting into the Board, and how this would work. There was an emphasis on integrated working, and the need to avoid any ‘silo’ culture, in managing the relationships between the sub-groups and the main Board.
- The existing chart of sub groups would be circulated with the minutes of the meeting, for members of the Board to comment on.
- The number of meetings was discussed, and it was felt that there should be four formal meetings of the Board per year, with two additional seminars which would engage with a wider group, including the voluntary sector and providers, and enable more informal discussion, based around specific topics.
- With regard to the topics for such seminars, it was suggested that there

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could be a list, drawn from the priorities in the Health and Wellbeing strategy, from which the topic for a particular seminar could be selected; depending on the timing of these, the issues arising from the seminars could then inform the subsequent formal meeting of the Board.

- Formal meetings of the Board would be held in public.
- The Board considered how issues arising between formal meetings of the Board would be handled, and it was agreed that a task and finish approach, as had been employed in looking at teenage pregnancy statistics last year, was the preferred option. It was suggested that this should be incorporated into the terms of reference for the Board.
- Once the work on the sub-groups had been completed, there would be a need to look at the remit of the Children's Trust, to avoid any duplication.

Workplan for the year

- The Board considered the proposed list of key developments as follows:
  - Regeneration
  - CCG commissioning plans and primary care strategy
  - ~~Safeguarding~~
  - BEH clinical strategy
  - Haringey health infrastructure plan
  - Voluntary sector commissioning and funding framework
  - (St Ann's redevelopment)

It was felt that safeguarding should be removed from this list, as this was dealt with elsewhere; it was further agreed that the St Ann's redevelopment should only be brought as an information item, in order to provide assurance that the Health and Wellbeing strategy was being taken into consideration.

It was noted that regeneration would be considered in light of how this would impact on delivery against the priorities in the Health and Wellbeing strategy, and not on the built environment aspects of regeneration.

With regard to voluntary sector commissioning, it was suggested that the new Chief Executive of Havco should be invited to attend a meeting of the Board.

- It was not felt that a formal induction process for members of the sHWB was necessary.
- It was reported that there was a meeting in November to look at formalising the level of strategic engagement with the public in respect of commissioning, with a view to advising of the specific points in the year for public input. A further meeting was being held regarding developing an engagement strategy with the voluntary sector from the bottom up.

**HSP09. ANY OTHER BUSINESS**

An item on the CCG commissioning intentions would be brought to the December meeting of the Board; a meeting had been held last week on the direction and key strategies, and how this would align with the work of the local

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	<p>authority.</p> <p>It was reported that it was unlikely that there would be a radical change of direction; the intention was transformation to deliver efficiency and a higher quality of service.</p> <p>Areas of focus were intensive care, multi-disciplinary teams, GP networks, the virtual ward and review of existing care pathways. The funding allocation would not be known until close to Christmas 2012, and this may have an impact on plans.</p> <p>December was felt to be a timely point to report back, and to check that the commissioning intentions tied in with the aims and objectives of the shadow Health and Wellbeing Board.</p>
<b>HSP10.</b>	<p><b>FUTURE AGENDA ITEMS AND DATES OF FUTURE MEETINGS</b></p> <ul style="list-style-type: none"><li>• 4 December 2012, 1.30pm</li><li>• 5 February 2013, 1.30pm</li><li>• 9 April 2013, 1.30pm</li></ul> <p>The meeting closed at 4.30pm.</p>

COUNCILLOR Bernice Vanier

Chair