

Health and Wellbeing Board - Wednesday, 14 January 2015

Minutes of the meeting of the Health and Wellbeing Board held at the Town Hall, Upper Street, N1 2UD on Wednesday, 14 January 2015 at 1.30 pm.

Present: **Councillors:** Richard Watts (Chair), Janet Burgess and Joe Caluori
Alison Blair, Chief Executive, Islington Clinical
Commissioning Group
Martin Machray, Director - Quality & Integrated
Governance, Islington Clinical Commissioning Group
Dr. Gillian Greenhough, Chair, Islington Clinical
Commissioning Group
Dr. Josephine Sauvage, Joint Vice Chair (Clinical),
Islington Clinical Commissioning Group
Emma Whitby – Healthwatch Islington
Anne Weyman - Islington Clinical Commissioning
Group
Julie Billett – Joint Director of Public Health Camden
and Islington
Sean McLaughlin – Corporate Director of Housing
and Adult Social Services
Eleanor Schooling – Corporate Director of Children’s
Services

In the absence of a quorum, the members present decided to proceed on an informal basis, pending the arrival of a representative from Islington Healthwatch.

Councillor Richard Watts in the Chair

- 27** **WELCOME AND INTRODUCTIONS - COUNCILLOR RICHARD WATTS (ITEM NO. A1)**
Councillor Watts welcomed everyone to the meeting, including Wendy Wallace, Chief Executive of the Camden and Islington NHS Trust and Simon Pleydell, Chief Executive of the Whittington NHS Trust.
- 28** **APOLOGIES FOR ABSENCE (ITEM NO. A2)**
Received from Dr Henrietta Hughes, NHS England.
- 29** **DECLARATIONS OF INTEREST (ITEM NO. A3)**
Dr Sauvage and Dr Greenhough declared personal interests as shareholders in SIGPAL and because their surgeries were located in the Bunhill area.
- 30** **ORDER OF BUSINESS (ITEM NO. A4)**
No changes were proposed to the order of the agenda items.
- 31** **MINUTES OF THE PREVIOUS MEETING (ITEM NO. A5)**
RESOLVED:
That the minutes of the meeting of the Board held on 15 October 2014 be confirmed as a correct record and the Chair be authorised to sign them.

32

PRIMARY CARE STRATEGY AND CO-COMMISSIONING (ITEM NO. B1)

Alison Blair introduced the report which set out the context for primary care and updated the Board on progress with co-commissioning. The preferred care model for co-commissioning was joint decision-making for NHS England and CCGs, which would require the establishment of a joint committee.

- Any new arrangements would need good quality care and sufficient, trained, staff to deliver it.
- In order to ensure that the right decisions were made for Islington within any new arrangements with NCL, all evidence for proposals would be looked at jointly and governance processes would make it clear that Islington wanted control of its spend.
- It was likely that decisions would be delegated in the future, which would strengthen Islington's influence
- Historical issues with sub-regional meetings in other areas were noted and to be avoided

RESOLVED:

That the contents of the report of the Chief Officer, Islington CCG, and the comments made in the bullet points above be noted.

33

RESPONSE TO "BETTER HEALTH FOR LONDON" - THE REPORT OF THE LONDON HEALTH COMMISSION (ITEM NO. B2)

Julie Billett, Joint Director of Health for Islington and Camden, introduced the report, which provided an overview of the London Health Commission's final report, "Better Health for London". The Commission had made a number of recommendations for consideration, including measures to combat the threats posed by alcohol, tobacco, obesity and pollution.

The following points were noted during discussion:

- Some of the Commission's outcomes were innovative and in line with much in Islington. However, there was no new money for a "transformation fund" and no revenue from NHS property plans.
- Para 3.15 referred to the Commission viewing inner London CCGs "being over-funded", whereas Islington's view was that they were over deprived and under-funded
- The report made little reference to the health economy and the effect of local authority savings on health services
- Although Islington had the highest level of mental health provision in London, it was insufficient to cope with demand. The new and contemporary therapies for supporting young people with mental health issues were supported. Employers' attitudes to staff with mental health issues also needed to be addressed.
- Islington's young people should be encouraged to walk more eg to school and college. The availability of travel passes meant that children and young people were disincentivised from walking, or taking physical activity.
- Land was a valuable asset and could be used for more affordable housing and better health facilities for Islington's residents. Sean McLaughlin, Corporate

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Director of Housing and Social Services undertook to convene a meeting of interested partners to consider proposals for the NHS estate and land assets for the Commission's consideration

RESOLVED:

- (a) That the contents of the report of the Joint Director of Health for Islington and Camden, detailing the aspirations, ambitions and recommendations in the London Health Commission's report "Better Health for London" and the comments made in the bullet points above be noted.
- (b) That a time-limited multi-partner working group be established to consider and respond to the recommendations of the London Health Commission, on behalf of Islington's Health and Wellbeing Board.
- (c) That it be noted that the Corporate Director of Housing and Social Services had undertaken to convene a meeting of interested partners to consider proposals for the NHS estate and land assets for the Commission's consideration.

34 HEALTH AND WELLBEING BOARD - APPOINTMENT OF ADDITIONAL NON-VOTING CO-OPTED MEMBERS (ITEM NO. B3)

The Board noted that the involvement of key providers on the Health and Wellbeing Board was integral to decisions being made on the health economy.

Islington's Assistant Chief Executive was requested to review the Regulations for Health and Wellbeing Boards to check whether the quorum for a meeting required the attendance of a representative of Islington Healthwatch.

RESOLVED:

- (a) That the Council be recommended to approve the inclusion of representatives from the following organisations as non-voting members of the Board:
 - i) Wendy Wallace – representing the Camden and Islington NHS Trust
 - ii) Simon Pleydell – representing the Whittington NHS Trust
- (b) That the amendments to the terms of reference of the Board, to reflect the new membership, detailed in Appendix 1 of the report, together with any amendment to the quorum, be approved.

35 CHILDREN AND FAMILIES PREVENTION AND EARLY INTERVENTION AND PREVENTION STRATEGY 2015 - 2025 AND THE EARLY INTERVENTION SUMMIT (ITEM NO. B4)

Eleanor Schooling, Corporate Director of Children's Services, introduced the report, which proposed the Children and Families Prevention and Early Intervention Strategy for 2015-2025. Research to inform the Strategy had indicated that:

- i) Domestic violence had been the largest reason for contact with Islington's Children and Families Service and also as a key factor on social care assessments in 2013/14.
- ii) Many Islington families had extremely complicated issues to deal with

The following points were noted during discussion:

- There was a strong approach to PHSE in schools, dealing with relationships and expectations of relationships.
- The holistic view of families was viewed as good in Islington and safeguarding training was wider and broader
- In cases where parents had recurring mental health issues, there had been work on emotional sustenance to get primary key relationships right early on as it had been proved to help
- Early intervention work needed to be embedded in Services, especially at a time of reducing finances
- Islington's Health Visitor contract included the use of a "Neglect Toolkit" to help to proactively identify early neglect of children
- Sex abuse was under-reported in Islington and there was a need for reports to be heard and recognised at the time they were occurring
- In Islington, early intervention work helped to stop the need for 24 hour urgent placements for children and the same applied to continuing care. As Services worked together, it was thought that these cases would become less unpredictable
- The Youth Council had expressed their concern about access to mental health services for adolescents, including appointments and waiting times

RESOLVED:

(a) That the Children and Families Prevention and Early Intervention Strategy for 2015-2025, appended to the reported of the Corporate Director of Children's Services, be adopted

(b) That children and young people's needs be fully reflected in the JSNA to ensure commissioning and service planning and development respond to needs.

36

ISLINGTON SAFEGUARDING CHILDREN'S BOARD ANNUAL REPORT 2013/14 (ITEM NO. B5)

Eleanor Schooling, Corporate Director of Children's Services, introduced the report, which detailed the work of Islington's Safeguarding Children's Board during 2013/14. The Safeguarding Board had identified a number of actions (page 149 of the agenda), which were endorsed.

It was suggested that information be supplied to GPs and health workers to support young people in private fostering.

RESOLVED:

That all partners be asked to pursue the action points recommended by the Safeguarding Board through their organisations.

37 **PHARMACEUTICAL NEEDS ASSESSMENT (ITEM NO. B6)**

RESOLVED:

(a) That the report on the Pharmaceutical Needs Assessment 2015, as amended, appended to the report of the Joint Director of Public Health, be noted.

(b) That the outstanding changes required to the Pharmaceutical Needs Assessment, contingent on receipt of the final pharmacy details and opening hours from NHS England, be noted.

(c) That the Chair of the Health and Wellbeing Board be authorised to approve the final Pharmaceutical Needs Assessment.

38 **JOINT HEALTH AND WELLBEING STRATEGY PRIORITIES UPDATE - JUNE TO DECEMBER 2014 (ITEM NO. B7)**

RESOLVED:

That progress against the Health and Wellbeing Board's three priorities for the period from June to December 2014, as detailed in the report of the Joint Director of Public Health, be noted.

MEETING CLOSED AT 3.00 pm

Chair