

Health and Wellbeing Board - 15 April 2015

consideration, had yet to be convened by the Corporate Director of Housing and Adult Social Services.

44 **ISLINGTON CCG OPERATING PLAN 15/16 (ITEM NO. B1)**

Alison Blair introduced the report which set out the CCG operating plan for 2015/16 and requested its approval.

The following main points were noted during the discussion:

- The Operating Plan set out the CCG's strategic and financial objectives for the year.
- Islington CCG had received a relatively small uplift in funding for 2015/16 as it was considered overfunded by the national formula.
- The CCG was intending to achieve an overall surplus and deliver savings of £12million. This was to be achieved by reducing duplication of services, smarter procurement of medicines, and reducing services which did not impact on clinical care or quality of service, amongst other savings proposals.
- The operating plan included proposals for some investment in mental health services. The importance of achieving parity of esteem between mental and physical health was emphasised.
- The plan aimed to improve the resilience of NHS services during peak periods.
- The CCG was to utilise funding of £1.8million obtained through the Prime Minister's Challenge Fund to extend access to primary care. This would include extending opening hours at GP practices. The CCG intended for three geographic "hubs" to operate in the evenings and weekends, and for these to be integrated with other services through shared use of ICT and a single access point. It was also intended for the hubs to be integrated with the 111 non-emergency telephone service. A significant increase in the number of appointments was expected as a result.
- The CCG was to implement a digital record plan which would assist with integrating NHS services and the exchange of information. Service users would also be able to access their own records.
- It was queried if any of the proposed savings should be of concern to the local authority. It was explained that the CCG had already made savings of £15million in the 2014/15 financial year and, although the proposals were not without risk, they had been through a quality assurance process which had identified no significant impact on the safety or quality of services.
- It was queried if more could be done to improve the integration of local mental health services. Integration helped to reduce pressures in acute care and work was currently being carried out on improving the transition between child and adult mental health services. It was suggested that the Council could help to ease this transition through services such as Families First. The CCG was also working to develop partnerships with the Police.
- It was commented that, despite some capacity and access issues, mental health services in Islington were already of a good standard compared to other areas.
- It was advised that integrating mental health services with other support services was a priority of the Council.
- The CCG already had joint working protocols in place with public sector partners. It was noted that, for example, the fire service and housing were interested in carrying out joint work on hoarding. It was considered that greater joint working would increase the quality and decrease the cost of services.
- Although the CCG would welcome greater engagement with RSLs, engaging with these organisations was not as straightforward as engaging with the Council.

Health and Wellbeing Board - 15 April 2015

- It was agreed that further discussion was required to ensure that there was a clear, single pathway for other services to refer to mental health services.
- The voluntary sector could be useful in helping to promote integration of services.
- A discussion was had on the structure of the CCG's work, and how services which were commissioned across CCG boundaries could remain integrated with local authorities and responsive to local issues.
- It was advised that the CCG worked in partnership with Barnet, Camden, Haringey and Enfield CCGs as part of a North Central London partnership. Although some services were commissioned across boroughs, such as the 111 telephone service, this was only pursued when the service would benefit from a cross-borough approach. The CCG recognised the differences between boroughs and the importance of strong local relationships.
- It was queried if it would be helpful for local authorities to work more collaboratively. It was speculated if future devolution to London would require new local authority health partnerships.

RESOLVED:

- (a) That the overall direction of the Operating Plan for 2015/16 be approved, subject to any post-assurance adjustments;
- (b) That the Corporate Director of Housing and Adult Social Services and other relevant partners discuss how mental health services can be best integrated with other services to provide a clear pathway for service users.

45

ISLINGTON AND HARINGEY HEALTH AND CARE VANGUARD APPLICATION (ITEM NO. B2)

Jo Sauvage introduced the report which provided an overview of the Islington and Haringey joint application to become a vanguard site for new models of care.

The following main points were noted during the discussion:

- It was considered that working across boroughs would develop local services by enabling faster and larger scale service improvements. The application sought to deliver improvements in 2016/17, which was considered ambitious.
- The application had been shortlisted, but was not successful. London was only awarded two vanguard sites out of a total of 29 nationally.
- Although the application was not successful, the application was intended to support established local strategic objectives and for this reason the service improvements and collaborative work detailed in the application would be pursued regardless of the outcome.
- The Board noted that, without the vanguard funding, there was a risk that the improvements would not be realised at the same scale or pace. It was commented that partners needed to finance any improvements in a collaborative and transparent way.
- There was no one authority or borough due to lead the transformation. All partners needed to be engaged in the transformation to secure improvements in all areas.
- Service improvements would be enabled by shared ICT. In particular, shared record keeping would help residents receiving care across boundaries and would also enable patients to access their own records.

RESOLVED:

- (a) That the expression of interest to become a vanguard site be noted;
- (b) That the intention to work collaboratively with the proposed vanguard partners, despite the application being unsuccessful, be noted.

46

CAMDEN AND ISLINGTON ANNUAL PUBLIC HEALTH REPORT - HEALTHY MINDS, HEALTHY LIVES: WIDENING THE FOCUS ON MENTAL HEALTH (ITEM NO. B3)

Julie Billett and Jonathan O'Sullivan introduced the Annual Public Health Report, which provided an overview of the health and wellbeing of the local population.

The following main points were noted during the discussion:

- The report had a particular focus on mental health, which was one of the most significant health issues in the local area.
- Mental health issues had a broad range of causes and required a holistic response from local services.
- The need to reduce health inequalities was emphasised. Those in poverty were more likely to develop mental health issues.
- The Board was asked to reflect on the approach to addressing mental health outlined in the report, which was based on four themes; (i) best start in life, (ii) addressing economic conditions, (iii) improving mental health in the community and (iv) addressing physical and mental health conditions.
- Anecdotal evidence was provided which indicated that the prevalence of young people with mental health conditions had increased. It was suggested that the recession, consequential employment difficulties and austerity was particularly damaging to young people.
- Substance abuse was considered to be both a cause and a consequence of mental health problems.
- There was a particular concern for the mental health of international students.
- It was reported that approximately 40% of admissions to mental health services were new patients, whereas it would usually be expected that 90% of patients would already be known to such services.
- The Board discussed the impact of loneliness upon mental health. The Cripplegate Foundation had undertaken some useful research into social isolation, and the need for further research into the most effective ways to remedy loneliness was highlighted.
- An early intervention and prevention approach to mental health was suggested. It was considered that further discussion on if changes are required to existing services would be required at a later date.

RESOLVED:

That the contents of the report and the comments made in the bullet points above be noted.

47

ISLINGTON CHILDREN AND YOUNG PEOPLE'S HEALTH STRATEGY 2014-19 (ITEM NO. B4)

Katie Coleman presented the report which provided an overview of the strategy. Thanks was expressed to Sabrina Rees and Jason Strelitz for their work on the strategy.

It was reported that since the strategy was last considered by the Board, it had been considered by the CCG and an action plan was being drafted.

RESOLVED:

That the Islington Children and Young People's Health Strategy be approved.

48 **REVIEW OF THE ISLINGTON HEALTH AND WELLBEING BOARD PROTOCOL
(ITEM NO. B5)**

The Board welcomed the updated Health and Wellbeing Board protocol and the changes to quorum.

RESOLVED:

- (a) That the revised Protocol be agreed, as set out in Appendix 1 to the report submitted;
- (b) That the membership details in the Protocol be updated by the Assistant Chief Executive, Governance and HR from time to time to reflect changes to the Board.

MEETING CLOSED AT 2.15 pm

Chair