

Health and Wellbeing Board - Wednesday, 20 January 2016

Minutes of the meeting of the Health and Wellbeing Board held at Committee Room 1, Town Hall, Upper Street, N1 2UD on Wednesday, 20 January 2016 at 1.00 pm.

Present: **Councillors:** Richard Watts (Chair), Janet Burgess [in part] and Joe Caluori [in part].

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
Sorrel Brooks, Lay Vice-Chair, Islington Clinical Commissioning Group
Wendy Wallace, Chief Executive, Camden and Islington NHS Foundation Trust
Simon Pleydell, Chief Executive, The Whittington Hospital NHS Trust
Emma Whitby, Chief Executive, Islington Healthwatch
Cathy Blair, Interim Corporate Director of Children's Services, Islington Council
Julie Billett, Director of Public Health, Islington council
Sean McLaughlin, Corporate Director of Housing and Adult Social Services, Islington Council

Councillor Richard Watts in the Chair

69 WELCOME AND INTRODUCTIONS (ITEM NO. A1)

Councillor Richard Watts welcomed everyone to the meeting.

70 APOLOGIES FOR ABSENCE (ITEM NO. A2)

Apologies for absence were received from Dr Henrietta Hughes, NHS England. Councillor Janet Burgess submitted apologies for having to leave the meeting early. Councillor Joe Caluori offered his apologies for lateness.

71 DECLARATIONS OF INTEREST (ITEM NO. A3)

None.

72 ORDER OF BUSINESS (ITEM NO. A4)

It was agreed that Item C1, Health and Work Programme – Update, would be considered prior to items B1 and B2.

73 MINUTES OF THE PREVIOUS MEETING (ITEM NO. A5)

RESOLVED:

That the minutes of the meeting held on 16 September 2015 be agreed as a correct record and the Chair be authorised to sign them.

74 HEALTH AND WORK PROGRAMME - UPDATE (ITEM NO. C1)

Lela Kogbara, Assistant Chief Executive (Strategy and Partnerships), and Graeme Cooke, Head of Strategic Change (Employment), introduced the report which provided an update on the Health and Work Programme agreed at the July 2015 meeting.

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The following main points were noted during the discussion:

- It was reported that good progress had been made in developing the programme.
- Lela Kogbara was Chair of the Programme Board; however this responsibility was to pass to health colleagues. It was suggested that this would increase the Programme Board's emphasis on clinical matters.
- A multi-agency programme structure had been established by the council, CCG, JobcentrePlus and health colleagues. Objectives, outcomes and monitoring arrangements had been agreed. The programme had been implemented on a small scale, with the *Working Better* employment service operating from seven primary care settings. Although the small scale of this trial was recognised, it was commented that this was useful in resolving preliminary matters related to integration and data collection.
- It was commented that the CCG had been particularly helpful in liaising with health services and work was underway to develop joint training for health and employment professionals.
- A priority and challenge for 2016 was to procure a provider for the supported employment trial. It was reported that the trial would aim to work with 500 residents who were out of work with either a long-term condition or disability. It was intended for the trial to commence in summer 2016 and run for two years.
- The importance of engagement with residents was emphasised. Resident experts were being sought to participate in a steering group to help shape the design and delivery of the programme. To date 20 residents had been identified.
- The Board considered the national policy context of the programme and noted that the government had announced further support to those with long-term conditions in the 2015 spending review and autumn statement. In particular, £115 million funding had been announced for a Joint Work and Health Unit, which had been established by the Department for Work and Pensions and Department for Health.
- Whilst it was too early to evaluate the effectiveness of the programme, it was reported that the primary care services engaging with the *Working Better* employment programme had approached the programme with enthusiasm, recognised the benefits for patients and health and employment services and overall positive feedback had been received.
- Some initial feedback had been received which commented that agencies had to be careful in forming the narrative of the programme. The Board was keen to emphasise that the programme was not connected to national benefit cuts and was not seeking to "force" people back into work.
- A discussion was had on national health and work initiatives. It was reported that some Islington residents requiring health assessments by the Department for Work and Pensions had been contacted by the Health Assessment Advisory Service to advise that their assessment was in Milton Keynes. The Board noted that the nearest assessment centre was in Highgate and expressed concern at the impact that such administrative errors could have on vulnerable people.

RESOLVED:

- 1) That progress in developing the local Health and Work Programme be noted;
- 2) That future programme plans, including the procurement of a supported employment service trial in partnership with NHS England, be noted; and
- 3) That the issues, challenges, opportunities and wider policy context for the programme, as set out in the report submitted, be noted.

75

A ROAD MAP FOR INTEGRATED HEALTH AND SOCIAL CARE (ITEM NO. B1)

Alison Blair introduced the report which provided an update on proposals for greater integration between Islington Council, Islington Clinical Commission Group, their counterparts in Haringey, Whittington Health NHS Trust and Camden and Islington NHS Foundation Trust.

The following main points were noted during the discussion:

- The overall objective of integration was to improve health and care services for residents. It was thought that further integration of services would contribute to residents feeling supported and listened to and would mean that service users would only have to provide information once.
- In considering integration matters, partners would need to review how they communicate with each other and the public, the information they hold, how systems are managed and the changes required to achieve the best outcomes for residents. It was considered that further integration would improve efficiencies and the financial sustainability of services.
- The Board considered local services and initiatives which had benefitted from further integration, including the Integrated Community Ageing Team, iHub, locality networks and the integrated digital care record project. It was noted that there was national support for further integration of local services and, following small-scale successes, local agencies had to consider how services could be integrated further and at a greater pace.
- It was reported that discussions with Haringey had continued following the NHS Vanguard application in early 2015. Whilst there was a local and national appetite for integration, further consideration was required on how integration would impact on service providers, financial resources and the sustainability of services. The Board noted that it was crucial for local needs and priorities to be reflected in any integration arrangements.
- It was agreed that the Health and Wellbeing Boards of Islington and Haringey were best placed to lead on the integration of services and infrastructure. There was a need to move from integration on initiatives to integration at a strategic and governance level, although it was recognised that this was a greater challenge. The Board requested a further report on how integration with Haringey at a governance level could be achieved.
- To ensure integration achieved the desired outcomes, integration would need to be approached in a careful and targeted manner. All partners needed to further consider what was to be integrated and why. In addition, Islington Council would need to consider how integration with Haringey would interact with joint-working with Camden on Public Health functions. It was reported that CCG Chairs across London had recently discussed the benefits of collaboration and opportunities for shared learning.
- Although the Board recognised the potential efficiencies and benefits of integration, it was agreed that a detailed vision was required to shape the integration of local services. It was thought that once this vision was agreed the governance arrangements would follow. Partners would need to address the spatial scale of services; determining which services were best delivered at a sub-borough, borough, cross-borough, and cross-London scale.
- The importance of involving local people in developing integrated services was emphasised. In particular, it was commented that services had to reflect the differing levels of independence of service users; the level of professional involvement should be flexible to service user needs.
- It was suggested that naming the integration project would make it more tangible.
- It was hoped that integrated services would ease referral processes. It was emphasised that the focus of integration should be on securing the best

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outcomes for patients and services and achieving economic benefits over a given timescale, as opposed to secondary concerns such as the management of buildings and facilities.

- It was suggested that integration could be assisted by mapping health and care pathways across boroughs; as although local agencies had similar processes to their counterparts in Haringey, these were not identical and integrated services would need to either resolve or recognise local differences.
- The Board requested that detailed proposals for integration, including an assessment of the optimal spatial scale of services and legal implications, be prepared and reported to the Board for discussion as soon as possible.

RESOLVED:

- 1) That the principle of further integration of local agencies in Islington and Haringey be supported;
- 2) That a further report on integration at a governance level be received to a future meeting; and
- 3) That detailed proposals for integration be prepared and reported to the Board for discussion as soon as possible.

76

SMOKEFREE CAMDEN AND ISLINGTON 2016 - 2021 (ITEM NO. B2)

Julie Billett and Liz Brutus, Assistant Director of Public Health, introduced the report which presented the Camden and Islington Smokefree Strategy 2016-21.

The following main points were noted during the discussion:

- The importance of smoking cessation initiatives was noted. Islington had the highest prevalence of smoking in London which represented the biggest preventable risk factor that contributed to premature death.
- It was commented that nicotine addiction was a long-term condition which often started in childhood and disproportionately affected those who were disadvantaged.
- The Board noted successes in smoking cessation, including positive work with schools and enforcement activities such as the smokefree playgrounds initiative.
- The Board considered the three objectives of the strategy; closing the gateways in to smoking for children and young people, helping people to quit smoking, and reducing related harm. It was commented that partnership work between Public Health, Adult Social Care and the NHS, amongst others, would be required to achieve these objectives.
- Specific recommendations for consideration included all members of the Board working towards training all resident-facing staff to provide advice on smoking cessation; all members of the Board to embed support with stopping smoking into their workplace wellbeing programmes; a coordinated approach to preventing and tackling smoking in children and young people; mainstreaming stop smoking activity across commissioned NHS secondary care services; and introducing further designated smokefree areas.
- It was commented that a detailed delivery plan would be developed to support the strategy.
- The Board considered that all partners needed to support the strategy for it to be successful. Although the mainstreaming of stop smoking activity across commissioned NHS secondary care services was supported, it was commented that NHS services could not take on the sole responsibility for such activity.
- In response to a query on how smoking cessation advice can be best provided to children and young people, it was commented that increasing the knowledge and confidence of those working with children and parents on a

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regular basis was crucial. It was recognised that staff did not wish to appear judgemental; however services already working with families were well placed to have difficult conversations about smoking.

- The Board noted that those with vulnerabilities and long-term conditions, particularly mental health conditions, may require additional help to quit smoking.
- It was commented that providing resident-facing staff with the skills to deliver advice on smoking cessation could be a powerful tool, however sustained effort would be required to embed the giving of advice into working practices.
- The Board discussed the smoking of cannabis. It was noted that local agencies had focused on addressing cannabis use through drug services; however there was a need to raise public awareness of the overall health effects of smoking cannabis, particularly given its prevalence and the difficulties of enforcing its use. It was reported that up to 30% of respiratory patients at the Whittington Hospital were cannabis users. It was suggested that there can be a perception that smoking cannabis was somehow less harmful than smoking tobacco which needed to be addressed. The Board also noted the detrimental effect of cannabis use on mental health. The Board requested further information on the health effects of smoking cannabis and the work underway to reduce its use.
- It was confirmed that e-cigarettes were considered to be a legitimate tool in stopping smoking. Although e-cigarettes were not without harm, it was reported that they were significantly less harmful than smoking tobacco.

RESOLVED:

- 1) That the Strategy and its ambition for Islington to be smokefree by 2030 be endorsed and championed; and
- 2) Further information on the health effects of smoking cannabis and the work underway to reduce its use be submitted to the Board.

MEETING CLOSED AT 2.15 pm

Chair