

Health and Wellbeing Board - Wednesday, 6 July 2016

Minutes of the meeting of the Health and Wellbeing Board held at Committee Room 1, Town Hall, Upper Street, N1 2UD on Wednesday, 6 July 2016 at 1.00 pm.

Present: **Councillors:** Janet Burgess (in the Chair), Joe Caluori and Kaya Comer-Schwartz

Alison Blair, Chief Executive, Islington Clinical Commissioning Group
Dr. Josephine Sauvage, Chair, Islington Clinical Commissioning Group
Melanie Rogers, Director of Quality and Integrated Governance, Islington Clinical Commissioning Group
Lucy de Groot, Lay-Member, Islington Clinical Commissioning Group
Emma Whitby, Chief Executive, Islington Healthwatch
Julie Billett, Director of Public Health
Sean McLaughlin, Corporate Director of Housing and Adult Social Services

Also present: Councillor D Ward

Councillor Janet Burgess in the Chair

87 ELECTION OF CHAIR

RESOLVED:

That, in the absence of the Chair, Councillor Janet Burgess be elected as Chair for the meeting.

88 APOLOGIES FOR ABSENCE (ITEM NO. A2)

Apologies for absence were received from Councillor Richard Watts (substitute: Councillor Kaya Comer-Schwartz), Sorrel Brookes (substitute: Lucy de Groot) and Simon Pleydell.

89 DECLARATIONS OF INTEREST (ITEM NO. A3)

Dr Jo Sauvage declared a personal interest as a GP provider in the borough.

90 ORDER OF BUSINESS (ITEM NO. A4)

No changes were proposed to the order of agenda items.

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

RESOLVED:

That the minutes of the meeting held on 20 April 2016 be agreed as a correct record and the Chair be authorised to sign them.

92 **UPDATE ON THE ISLINGTON AND HARINGEY WELLBEING PROGRAMME (ITEM NO. B1)**

Sean McLaughlin introduced the report which set out progress in the joint work between Islington and Haringey through the 'Wellbeing Partnership'.

The following main points were noted in the discussion:

- Islington and Haringey had chosen to work together as they faced similar challenges. The boroughs had a similar demographic profile, similar health and care needs and shared ambitions in regards to transforming services to best meet people's needs and provide world class care.
- The Wellbeing Programme was a partnership of local authorities and NHS organisations and would also seek to work with residents, patients and the voluntary and community sector. It was thought that a partnership approach would develop more joined up and better quality services and assist with meeting financial challenges. It was commented that the strength of the programme was that all partners were highly committed to working together.
- The Board noted that the programme should not be considered in isolation, and should instead be viewed in the context of the North Central London Sustainability and Transformation Plan. There was a need to ensure that the programme was an integral part of the STP.
- The parameters and ground rules of the programme had been agreed with partner organisations and five priority workstreams had been identified which would also address cross-cutting themes.
- A small project management office had been established to support the programme and assist the partner organisations in developing a more collaborative working culture. A joint workshop for members of the Islington and Haringey Health and Wellbeing Boards had been arranged for 26 July.
- Alison Blair reported that a similar paper had been strongly endorsed by the Islington CCG governing body. It was recognised that the challenges faced in the health and care sector required radical proposals and collective action to best meet the needs of the local population.

RESOLVED:

- (1) That progress in the development and delivery of the Wellbeing Partnership be noted; and
- (2) That proposals for the next phase of work be supported, as set out at Section 8 of the report submitted.

93 **UPDATE ON THE DEVELOPMENT OF THE SUSTAINABILITY AND TRANSFORMATION PLAN (STP) FOR NORTH CENTRAL LONDON (ITEM NO. B2)**

Julie Billett introduced the report and presentation which provided an update on the North Central London Sustainability and Transformation Plan.

The following main points were noted in the discussion:

- The Plan would seek to improve health outcomes, reduce inequalities in the quality of care and support the sustainability of services across North Central London. There were robust governance arrangements surrounding the development of the Plan in which Islington was strongly represented.

Health and Wellbeing Board - 6 July 2016

- An initial plan had been submitted to NHS England. Although this did not include specific details, it did indicate the broad areas of transformation, which would be developed further over the coming months.
- A Clinical Cabinet had been appointed to develop the Case for Change. Work was underway to establish a shared understanding of the clinical challenges faced across North Central London and a unified vision of how these should be addressed. Initial messages agreed by the Clinical Cabinet included an emphasis on prevention and early intervention. There was a need to reduce the demand on acute services by supporting people in staying well and delivering services in community and primary care settings.
- It was commented that there were variable outcomes and a variable quality of care across North Central London. It was hoped that the STP would identify best practice to raise standards and improve consistency across the area. This work had already commenced through bringing clinicians and medical directors together in the Clinical Cabinet.
- It was intended for the STP to provide a fully integrated system in which patients accessed the right services, at the right place and time, supported by the right systems. A review of the most effective use of estates, workforce and ICT systems would be crucial to this.
- It was commented that analysis of the financial pressures facing the health and care sector typically focused on NHS services and it was queried why local authorities were not included. In response, it was advised that local authorities were required by law to set a balanced budget and therefore accounted differently to NHS bodies which could operate a managed deficit. Furthermore, the pressures on local government finances were more generalised and it was difficult to attribute specific shortfalls to particular services.
- It was reported that the Directors of Adult Social Services in the North Central London area met regularly, including in London-wide settings. The budgets of local authority social services departments varied considerably depending on demographic factors and local priorities. Although it was thought that some social care services could be implemented at a cross-borough level, it was suggested that more specialist services generally needed a more localised focus, as this eased integration into other local services.
- Public engagement activity was to commence in the autumn. It was suggested that the national Healthwatch network could be approached about the most effective way to engage residents in the production of STPs. Detailed proposals and clear messages would be needed in advance of any engagement activity on both the STP and the Haringey and Islington Wellbeing Partnership. The Board noted that patient feedback often commented on the need for more integrated services.

RESOLVED:

- (1) That the update on the North Central London Sustainability and Transformation Plan be noted; and
- (2) That the final STP be received at a future meeting.

94

THE HEALTH AND WELLBEING IMPACTS OF CHANGES TO SOCIAL HOUSING (PRESENTATION) (ITEM NO. B3)

Hannah Bowman, Head of Housing Partnerships and Communities at Islington Council, made a presentation to the Board on changes to national social housing policy and the associated health and wellbeing impacts.

Health and Wellbeing Board - 6 July 2016

The following main points were noted in the discussion:

- The Housing and Planning Act enabled a significant amount of national housing policy to be enacted through secondary legislation. As regulations had not yet been published only limited details were available. It was expected for the legislation to have a negative impact on the supply of affordable housing and council tenants.
- Due to the very high land values in the borough and the large number of council-owned homes, Islington was expected to be one of the areas most affected by the annual levy to be paid to the government which was intended to be funded through the sale of higher value empty properties. It was thought that the council could be required to pay a levy of around £200m each year, equivalent to the sale of around 300 homes. The levy was to fund discounts being offered to housing association tenants as part of the new Right to Buy.
- As the council did not routinely collect data on the incomes of its tenants the impact of the Tenant Tax was not yet known, however it was advised that this would not include adult children if they were not on the tenancy of the property. At one stage it was expected for any household with an income of over £50,000 to pay market rent on their council home, however it was now thought that a taper mechanism would be introduced. Income raised through the tax was to go towards national deficit reduction.
- The national emphasis on the delivery of 'Starter Homes' was expected to reduce the amount of new housing being developed for social rent. Due to the sale of council housing the council was expected to have a third fewer properties available, and the supply of housing association properties would also decrease due to the new Right to Buy.
- It was commented that the requirement for all new tenants to be subject to fixed term tenancies would reduce tenant security. It was suggested that residents with lifetime tenancies would stay put, potentially in overcrowded or inappropriate housing, as a means of ensuring security.
- It was thought that the sale of council properties on the open market would speed up the polarisation of communities; due to the high property prices in Islington only the wealthy would be able to purchase the council's homes. This would alter the demographic profile of the borough and change the demand for services.
- Requiring income information to administer the Tenant Tax and implementing tenancy reviews could make the council's relationship with tenants more adversarial which may impact on service delivery.
- The council's housing service was experiencing increased financial pressure due to the annual 1% reduction in social rents introduced through the Welfare Reform and Work Act. The council was previously expecting to implement 5% rent increases. The rent deduction would lead to a £1.7billion shortfall over the life of the Housing Business Plan. The policy presented a risk to the sustainability of supported housing, although it was exempt from the policy for one year.
- The Welfare Reform and Work Act capped housing benefit to the shared accommodation rate for those aged under 35. As 40% of the council's properties were one bedroom flats this could result in difficulties letting these properties to the most vulnerable people and increase the number of people in temporary accommodation. This would have a disproportionate impact on those with health needs.
- It was estimated that the NHS spent £2.5billion a year treating illnesses linked to living in cold, damp and dangerous homes. It was known that those living in social housing had a higher prevalence of health conditions. It was suggested that shortages of appropriate accommodation and the potential for overcrowding and tenants staying put in unsuitable accommodation would

Health and Wellbeing Board - 6 July 2016

intensify such issues. An increase in housing stress for people with mental health issues was also anticipated.

- The changes would significantly reduce the council's ability to rehouse vulnerable people. Reduced opportunities to move people out of supported housing into their own properties was expected to lead to the silting up of supported housing.
- It was queried if the sale of council properties could impact on the council's ability to house tenants with disabilities in accessible and appropriate accommodation. In response, it was advised that the council would need to adopt a strategic approach to property disposals, taking access and other factors into account.
- It was suggested that the challenge of providing supported housing could be considered across North Central London alongside the STP process.
- It was suggested that an increase in tenants inappropriately living in overcrowded or shared homes could result in safeguarding issues and compound problems for vulnerable tenants, contributing to the financial pressures on public services.
- The Board considered that a greater awareness was needed of the health impacts of housing policy. It was suggested that engagement with GPs and coordination with other CCGs would be useful.
- The importance of incorporating the implications of housing policy into local health profiles was recognised.

RESOLVED:

That the health and wellbeing impacts of changes to social housing be noted.

95

WORK PROGRAMME (ITEM NO. C1)

RESOLVED:

That the updated work programme for 2016/17 be approved, subject to the following amendments:

- (i) A response to the Healthwatch review of mental health services for young adults be scheduled for a future meeting;
- (ii) An update on progress with the STP be reported to every meeting;
- (iii) An update on the health effects of housing policy be reported annually.

MEETING CLOSED AT 2.15 pm

Chair