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Corporate Resources
Town Hall, Upper Street, London, N1 2UD

Agenda for the INTERIM HEALTH AND WELLBEING BOARD

The meeting of the **INTERIM HEALTH AND WELLBEING BOARD** will be held at the Town Hall, Upper Street, N1 2UD on **Wednesday 16 January 2013** at **1:00 p.m.**

John Lynch
Head of Democratic Services

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Despatched : 9 January 2012

Membership

Councillors
Councillor Catherine West (Chair)
Councillor Janet Burgess
Councillor Richard Watts

Islington LINk representative
Olav Ernstzen – Islington LINk

NHS NCL representative
Anne Weyman - NHS NCL Non-Executive Director

Clinical Commissioning Group representatives
Dr. Gillian Greenhough
Dr. Josephine Sauvage
Dr. Robbie Bunt
Alison Blair – Chief Officer

Officers
Eleanor Schooling - Corporate Director for Children's Services
Marian Harrington - Service Director Adult Social Care
Julie Billett - Corporate Director of Public Health

A G E N D A

A Formal Matters

1 Welcome and Introductions – Councillor Catherine West

2 Apologies for Absence

3 Order of business

4 Minutes of the Health and Wellbeing Board held on 22 November 2012

B Items for Decision/Discussion -

1 Governance of the Board

2 Joint Health and Wellbeing Strategy

3 Work Programme

C Urgent non-exempt matters

Any non-exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be agreed by the Chair and recorded in the minutes.

D Exclusion of press and public

To consider whether, in view of the nature of the remaining items on the agenda, any of them are likely to involve the disclosure of exempt or confidential information within the terms of Schedule 12A of the Local Government Act 1972 and, if so, whether to exclude the press and public during discussion thereof.

E Urgent Exempt Matters

Any exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be agreed by the Chair and recorded in the minutes

F Confidential/exempt items for information

G Any other business

London Borough of Islington
Health and Wellbeing Board – 22 November 2012

Minutes of the meeting of the Health and Wellbeing Board held at the Town Hall, Upper Street, N1 2UD on 22 November 2012 at 12:00pm

Present: Councillor Catherine West – Leader of the Council
Councillor Janet Burgess – Executive Member for Health and Adult Social Care
Dr. Gillian Greenhough - Clinical Commissioning Group representative
Marian Harrington - Service Director Adult Social Care
Olav Ernstzen - Islington LINk representative
Penny Bevan – Interim Corporate Director of Public Health
Martin Machray – Director, Quality & Integrated Governance, Islington CCG
Dr. Josephine Sauvage - Clinical Commissioning Group representative

Councillor Catherine West in the Chair

85 WELCOME AND INTRODUCTIONS (Item A1)
Councillor West welcomed everyone to the meeting. Members of the Board introduced themselves.

86 APOLOGIES FOR ABSENCE (Item A2)
Councillor Richard Watts – Executive Member for Children and Families
Eleanor Schooling – Corporate Director for Children's Services
Alison Blair – Clinical Commissioning Group Chief Officer
Dr. Robbie Bunt – Clinical Commissioning Group representative
Anne Weyman - NHS NCL Non-Executive Director

87 ORDER OF BUSINESS (Item A3)
The order of business would be as per the agenda.

88 CONFIRMATION OF THE MINUTES OF HEALTH AND WELLBEING BOARD HELD ON 19 SEPTEMBER (Item A4)

RESOLVED:
That the minutes of the meeting of the Board held on 19 September 2013 be confirmed and the Chair be authorised to sign them.

89 GOVERNANCE OF THE BOARD (Item B1)

During the discussion the following points were made:

- The Act established new bodies but it was important to recognise that the local authority scrutiny function was still separate.
- The integration of senior management teams was important and an infrastructure to support that system.
- Commissioning and pooled budgets would be useful to look at and needed to be discussed openly.
- It was important that the LINk/Healthwatch were able to discuss Board business and feed into the work of the Board as they had a clear consultation remit and would not want to be constrained.
- Ensuring consistency of priorities was important and identifying any possible sub-committee structure.
- It was suggested that if the Board had confidential matters to discuss they could have a confidential premeeting followed by a public session including time for questions.
- It was also suggested that there should be a session at the end of the meeting for questions.
- The Board would invite providers to come to an annual meeting in the summer. It was suggested that this should happen when the JSNA was available before the Commissioning Intentions were prepared.

RESOLVED:
That the revised Terms of Reference set out at Appendix A be noted.

That the proposed meeting dates of the HWBB be noted and the proposal that the Board meet in public from January be agreed.

90 COMMISSIONING INTENTIONS – ISLINGTON CLINICAL COMMISSIONING GROUP (Item B2)
Martin Machray – Director, Quality & Integrated Governance, Islington CCG presented the commissioning intentions to the Board.

The CCG wanted to look at providing services in different places and had started this process with services such as community dermatology.

The CCG had been successful in driving efficiencies with larger providers, for example by ensuring correct billing for follow up and first appointments.

They were doing research into diabetes admissions as the length of stay in Islington was much shorter than in Haringey.

During the discussion the following points were made:

- There had been big improvements in engagement with GPs and thanks were given to GPs for their hard working in building links with the CCG.
- A specialist member of staff for learning disabilities was now in post.

RESOLVED:
That the commissioning intentions be noted.

91 ANNUAL PUBLIC HEALTH REPORT – PUBLIC HEALTH (Item B3)
Penny Bevan, Interim Corporate Director of Public Health introduced the report.

The report identified key concerns including alcohol which was a major issue. Actions for tackling these problems were also outlined in the report.

During the discussion the following points were made:

- The council was still consulting on the Licensing policy.
- The 2007 figures were the most recently available.
- The Board thanked the Public Health team for contributing to the Licensing process by commenting on applications.
- Thanks were also extended to Charlotte Ashton for her work in preparing the report.

RESOLVED:
That the report be noted.

92 ISLINGTON'S EVIDENCE HUB – PUBLIC HEALTH (Item B4)
Baljinder Heer gave a presentation to the Committee.

The Evidence Hub was intended to allow sharing of information with all of the relevant data in one place. It would replace the Joint Strategic Needs Assessment.

The site was now live but was still being developed. Professionals in relevant jobs could register with the site and access information that was not available to the general public.

Previous JSNAs would be available and all information would be launched in January. Factsheets would replace the JSNA chapters.

The Public Health Team were looking at accessibility of the site and would like to receive feedback on

any issues.

During the discussion the following points were made:

- The site needed to be updated to ensure it was a sustainable resource long term.
- Practitioners needed to be able to print off data and access up to date information.
- Work should be done looking at what was already available on the council's website and to make sure information was readily available.

RESOLVED:
That the presentation be noted.

93 JOINT HEALTH AND WELLBEING STRATEGY (Item B5)

Baljinder Heer gave a presentation to the Committee.

The majority of respondents agreed with the outcomes and proposals in the document. It had been emphasised that this was an overarching strategy and that comments would be taken into account when drafting the final version.

During the discussion the following points were made:

- The next stage would be responding to comments and redrafting the strategy as required.

RESOLVED:
That the report be noted.

94 WORK PROGRAMME (Item B6)

That the work programme be noted.

95 ANY OTHER BUSINESS (Item G)

There was to be an event for Pharmacists with the Mayor at 3pm on 23 November and Board members were welcome to attend.

The meeting ended at 2:00 pm

Chair

ISLINGTON

Consultation Report

Islington's Joint Health and Wellbeing Strategy 2013 -2016

January 2013

Summary

Islington's Health and Wellbeing Strategy sets out our commitment and approach to tackling health inequalities and promoting health and wellbeing in the borough. Our priorities have been set in response to the issues we face, which are most starkly demonstrated by the gap in life expectancy between different parts of the borough.

Through the implementation of the strategy, we will seek to achieve real and measurable improvements in the health and wellbeing of residents. We will invest in prevention and early intervention activities, and we will provide a coordinated approach to ensure that all of our activities contribute towards health improvements and reduced inequality.

It is not intended to be a detailed plan of action but instead sets out those areas that are of the greatest importance to the health and wellbeing of Islington's population and will be used to inform the setting of priorities including those within local commissioning processes. Informed by our Joint Strategic Needs Assessment (JSNA), which describes Islington's population and the current and future health and wellbeing needs of residents, we have prioritised three outcomes to achieve our vision. These are:

1. Ensuring every child has the best start in life
2. Preventing and managing long term conditions to enhance both length and quality of life and reduce health inequalities
3. Improving mental health and wellbeing

Why we consulted

The purpose of the consultation was to engage with the public, voluntary and community sector and statutory partners so that they could provide feedback on the proposed actions and measures illustrated within the strategy, to meet the overarching priority outcomes. The consultation period ran for one month from the 01 October 2012 to 31 October 2012.

Who we consulted and how

We consulted local stakeholders, partners and the wider community including Councillors, NHS and GPs, schools, children's centres, the community and voluntary sector, and residents. The strategy was widely circulated and cascaded through several routes including websites, newsletters, e-bulletins, twitter, meetings and public forums.

The strategy was sent to/discussed at relevant meetings as appropriate with all of the following:

- Statutory partners
- Strategic planning groups
- All relevant service providers, 3rd sector organisations, user and carer groups
- Islington LINk
- Management groups within the NHS and the Council

Engagement activity on the draft Joint Health & Wellbeing Strategy also took place at a number of external meetings at various organisations across the borough.

A consultation questionnaire was available in hard copy and online including a plain English summary version.

There was a dedicated email address and all key documents were posted on both the CCG and council websites.

We received a total of 28 responses. Appendix 2 gives a full list of all respondents.

We would like to thank everybody who contributed to the consultation. The comments will help us to develop the final version of the strategy. Appendix 1 shows how each of the issues, suggestions and concerns raised in the consultation will be included in the final strategy and the future work on improving services.

Response to the consultation

A wide range of views were collected during the consultation. The majority of people agreed with the draft proposals and the draft outcomes. Respondents also made a number of suggestions for additional priorities/areas that should be included in the strategy. Further detail of these responses can be found in Appendix 1.

Key themes were:

- More focus on mental health issues across the 3 priorities.
- Inclusion of mental wellbeing and helping communities tackle the impact of isolation/loneliness.
- More emphasis on physical activity across all 3 priorities.
- A wider focus on young people's sexual health in conjunction with teenage pregnancy.
- Meeting the needs of children and adults with disabilities.
- A greater focus on wider determinants such as poverty, housing and air quality.
- Setting out how the different council departments will contribute and support this strategy.
- The importance of on-going joined up engagement with the voluntary sector.
- Accident prevention in children and young people, older people aged over 65 years, people with dementia and as part of alcohol harm reduction.

Conclusion and Next Steps

We will now review the priorities and targets in the draft Strategy and amend the final version of the Strategy to reflect the consultation findings, suggestions and feedback.

This consultation report and the revised strategy will be circulated to key stakeholders and those who participated in the consultation, following formal approval by the Health and Wellbeing Board. A summary of the strategy will also be made available in plain English.

The outcomes measures detailed in the strategy will be monitored over the life of the strategy and the strategy will be refreshed annually.

Finally, we would like to thank those that participated in the consultation for their helpful and constructive comments.

APPENDIX1 – Consultation responses

PRIORITY OUTCOME ONE: Ensuring every child has the best start in life

The first question asked ”Do you agree that improving maternity outcomes, childhood immunisation rates, oral health, and reducing childhood obesity and teenage pregnancy rates are the right priority areas for ensuring every child has the best start in life?”. 24 people responded to this and 17 (71%) of these explicitly expressed their agreement with these as the right priority areas. None expressed that these should be changed but several respondents made suggestions for further priority areas, see table below.

Key themes that emerged from the responses are described below in Table 1;

TABLE 1: PRIORITY OUTCOME ONE Ensuring every child has the best start in life	
Consultation response	**What we will do/ are doing**
Mental health	
• Improving mental health and wellbeing, including self esteem should be included • We recommend that maternal mental well-being is key factor in ensuring wellbeing of children, family and individuals. • Supporting parental mental health, parent/child attachment should also be included (could link to priority outcome 3) • Increasing social interaction and cohesion through a wide range of activities that can increase the self-esteem and emotional resilience.	The first 21 months action plan recognises the importance of maternal (and parental) wellbeing, and the importance this plays in the child’s own attachment and emotional development. It also includes a focus on making mental health services and pathways more accessible especially in relation to postnatal depression; raising awareness of postnatal depression and tackling the stigma and discrimination associated with it; improving links and communication between Children Centre’s and Children Services, and adult mental health services including referral routes into the iCope (Islington’s IAPT) service) In addition, the Direct Action project delivered by Manor Gardens and the Peel Centre, works specifically with young people and parents of young children, particularly those from disadvantaged backgrounds to raise awareness of mental health and wellbeing. It promotes messages for wellbeing and good mental health and raises awareness

	of mental health problems and where to access help if needed. It uses a variety of creative formats including music, spoken word, art and other approaches to engage hard to reach communities. Children Centres actively promote opportunities for social contact and linkages with the aim of increasing social capacity and resilience. This work will be continued through the Healthy Children's Centres programme and the first 21 months programme. These programmes will be referenced in the strategy.
Healthy eating and obesity	
• A specific focus on nutrition and access to wholesome food should be included as this has an impact on all other areas of health and wellbeing throughout life • The emphasis on childhood obesity ought to be extended to childhood malnutrition. • Physical activity deserves to be prioritised as a separate indicator rather than being combined with healthy eating. We would welcome a description of proposed interventions to increase physical activity, rather than the wording 'initiative specific measures'. • More emphasis and stronger targets and actions regarding reducing childhood obesity and improving diet.	Current activities focussing on healthy eating cover all aspects of nutrition with messages on having a varied diet, the importance of all nutrients, specifically vitamins and iron and the dangers of high salt diets. We will continue to build on this through the Islington Food Strategy group and the group will be advised of this feedback. This is an overarching strategy that feeds into and informs related core strategic commissioning and delivery plans, helping to consolidate action on these areas of importance. The Islington Proactive Partnership is currently developing a physical activity strategy which will build on the success of the last strategy which saw that all Islington schools have developed and approved school travel plans with 21 achieving Transport for London's sustainable accreditation level, and one achieving the higher standards accreditation level. This has included training in cycling skills for children. The Islington Food Strategy group will be advised of this feedback; the Healthy Schools and Healthy Children's Centre programmes accreditation processes each include robust actions to address childhood obesity and improving diet.

Teenage pregnancy and sexual health	
• We generally agree that these are the right areas for ensuring every child has the best start in life. However, we suggest that instead of teenage pregnancy, this should be 'teenage pregnancy and sexual health' because of the rise in sexually transmitted diseases in young people.	Islington's teenage pregnancy strategy is comprised of several strands encompassing sex and relationship education (SRE), access to contraceptive and sexual health services in a range of settings and support to young parents. It is a joint strategy between health and children's services. The strategy aims to provide universal provision of SRE and access to services alongside targeted provision to those at most risk of teenage pregnancy. As well as the well-established young people's sexual health service PULSE on Holloway Road, new satellite sexual health services have been established at Canonbury Youth Service and the new youth hubs. There is an outreach programme targeted to at risk groups, including work with Children Looked After and the Youth Offending Service. The Public Health Outcomes Framework for England 2013-2016 includes two indicators on sexual health which will be used to measure progress on this area; • Indicator 3.2: Chlamydia diagnoses (15-24 year olds) • Indicator 3.4: People presenting with HIV at a late stage of infection These will be referenced in the strategy.
Inequalities and wider determinants	
• Child Poverty has a huge impact on health outcomes so this should be included. • Poor housing conditions should be seen as a priority. • My team has made the important point that disabled children often miss out on health promotion – making sure that those in need of specialist services also get the basics needs re-emphasising.	This strategy recognises the impact wider determinants have on health and will provide strategic direction to council strategies and action plans, including on housing, regeneration and poverty. Poverty and health are inextricably linked. Good physical and mental health equips individuals with the capacity to address difficulties that could lead to poverty and marginalisation. Poor health, alternatively, can deprive individuals of the capacity to cope with their problems. This strategy recognises that to improve the health and wellbeing of

	the population of Islington in the long-term, there must be a focus on tackling the wider determinants of health. Poor housing and overcrowding are key determinants of health of children, young people and adults. The Public Health and Housing teams in the council are working jointly on approaches to tackle this. This feedback will be relayed to the Healthy Children's Centres and Healthy Schools programmes to look at recent and future contracts to address the inclusion of disabled children.
Other	
• The strategy appears very centred upon the child's outcome being determine by input from agencies outside the home and family environment. Little emphasis is shown to be placed upon supporting parents and carers in understanding that they are their child's biggest influence in lifestyle choice.	The environments in which children are raised are key to their long term health outcomes. The first 21 months programme actively works to support parents and carers to make informed and healthy choices.
• Why would we only be concerned about tooth decay for children aged five? Why not older?	Evidence shows that this age group has the poorest oral health and is therefore highlighted as a priority group.

PRIORITY OUTCOME TWO: Preventing and managing long term conditions to enhance both length and quality of life and reduce health inequalities

The question asking respondents whether they agreed that we have selected the right areas to focus on for preventing and managing long term conditions received 20 responses with 14 (70%) expressing their agreement. All other responses were neutral. Suggestions for further priority areas included;

TABLE 2: PRIORITY OUTCOME TWO: Preventing and managing long term conditions to enhance both length and quality of life and reduce health inequalities	
Mental Health	
• We agree that you have selected the right areas to focus on for preventing and managing long term conditions, and would recommend including the mental health in women and in particular mothers who as carers can affect the well-being of the whole family. • There is clear evidence that loneliness and social isolation can have a detrimental effect on both morbidity and mortality.	The first 21 months action plan recognises the importance of maternal (and parental) wellbeing, and the importance this plays in the child's own attachment and emotional development. It also includes a focus on making mental health services and pathways more accessible especially in relation to postnatal depression; raising awareness of postnatal depression and tackling the stigma and discrimination associated with it; improving links and communication between Children Centre's and Children Services, and adult mental health services including referral routes into the iCope (Islington's IAPT) service) Children Centres actively promote opportunities for social contact and linkages with the aim of increasing social capacity and resilience. This work will be continued through the Healthy Children's Centres programme and the first 21 months programme. Islington has recently introduced Health Checks for people aged over 75 years of age (which will complement the NHS Health Checks national programme already in place for people aged between 40-74). This health check for over 75s will include identifying and working with housebound patients to tackle social isolation, mental health problems, including dementia, and support with daily activities with signposting into health, social care and voluntary organisation interventions. Islington's strategy for physical activity recognises the importance of social isolation and its effects on mental health and well being. A number of programmes are being developed that will increase engagement opportunities that will address this. The current exercise on referral model offers exercise in groups which has proved popular

	with participants that find traditional gym facilitates isolating.
Healthy lifestyles	
• We feel that other areas of focus that seem to fall off the health and well-being radar are back-pain and other muscular-skeletal disorders which prevent people from accessing services, which lead to poor lifestyles (i.e. home delivered fast food, no exercise, unemployment, poor mental health). • While the priority areas outlined are important, transport, travel behaviour and active travel are areas which have a significant impact on health equality.	We are aware of the evidence that advocates exercise as a treatment for back pain and other muscular-skeletal conditions and the benefits of regular exercise for people living with some mental health conditions, and in the maintenance of positive mental health. Both categories are already within the referral criteria for the Providers of the Exercise on Referral Service in Islington. The Islington Proactive Partnership is currently refreshing its physical activity strategy which includes actions to increase walking, cycling, active travel and reducing sedentary behaviours. This feedback will be relayed to the working group.
Children and Young People	
• I think this priority could be extended to include children and young people with long term conditions – e.g. asthma, epilepsy and diabetes, all of which are referred to in the Operating framework.	There were 128 children aged less than 18 years registered with Islington's GPs and diagnosed with a long term condition in March 2011. These are an important group and NHS works with these children and their families to manage their conditions. However this priority was selected on the basis that the gap in inequalities in life expectancy between Islington and England is not closing and Islington continues to have the lowest life expectancy in London for men. We know from our previous work that the early deaths of people living with long term conditions are driving these inequalities.
Other	
• Early diagnosis of HIV reduces morbidity and mortality associated with HIV, and can reduce onward transmission to partners and children, so access to non-judgemental HIV testing services is important.	• The Public Health Outcomes Framework for England 2013-2016 includes an indicator on HIV on sexual health which will be used to measure progress on this area; Indicator 3.4: People presenting with HIV at a late state of infection

• Fuel poverty needs to be prioritised	There are targeted programmes in Islington which encourage people who may be infected to have an HIV test. • We recognise the importance of fuel poverty as a wider determinant of health. This Joint Health and Wellbeing Strategy will link into the Affordable Warmth Strategy Board which leads on fuel poverty. The Public Health Outcomes Framework will include an indicator on fuel poverty.

PRIORITY OUTCOME THREE: Improving mental health and wellbeing

Of those who provided a response to the question "Do you agree that alcohol and dementia should be the major focus of efforts to support improvements in mental health and wellbeing" 82% (14/17) explicitly expressed their agreement with these as the right priority areas. Table 3 below illustrates the key themes that emerged;

TABLE 3: PRIORITY OUTCOME THREE: Improving mental health and wellbeing	
Mental Health	
• Our experience and research has identified depression and anxiety as two of the major concerns, leading to social isolation and poor physical health. • It seems there should be more improvements/measures for improving mental health and well-being. When compared the other two priorities which have at least 6 focuses for improvement, the mental health strategy seems quite limited. • In the section outlining 'What we are doing' we would expect to see reference to the Mental Health Champions. • High priority needs to remain on prevention and anti-stigma. It is stigma and discrimination that often stops people accessing help and early intervention which evidence shows makes a crucial difference in long term recovery. High priority needs to	NHS Islington Public Health, in partnership with key stakeholders and commissioners, has been working hard to increase the capacity and capability of communities to help themselves and others when experiencing mental health distress and to tackle stigma and discrimination around mental health. Working to raise awareness around mental health issues and mental health services will help to encourage more people to access support for mental health problems in primary care, particularly IAPT and help prevent suicides. The programme of activities encourages earlier identification of mental health problems and help-seeking behaviour. Islington has a team of over 120 Mental Health Champions, who work to promote mental health wellbeing in Islington. Mental Health

be given to providing holistic services for people who cannot access mainstream services because of cultural and language barriers.	Champions are volunteers who are supported and trained to work with their local communities and organisations to increase knowledge of mental health, address the myths, stigma and discrimination which can act as barriers to seeking or offering help, and signpost people to appropriate services. This programme will be referenced in the strategy. Islington's Joint Commissioning Strategy includes actions, priorities and key goals on mental health and older people.
Children and young people	
• What about the very high rates of mental ill health among children and adolescents? • The statistics for childhood, mental health is worrying. We feel this should be addressed by schools and community settings, and different approaches need to be considered to a growing problem • Parental mental health (including peri-natal mental health) should be included. • This priority should include the early intervention and prevention approach for child and adolescent mental health (CAMHS); supporting young people at Tier 3 to avoiding hospital placement and supporting those discharged; and joint working in CAMHS for looked after children.	The first 21 months action plan recognises the importance of maternal (and parental) wellbeing, and the importance this plays in the child's own attachment and emotional development. It also includes a focus on making mental health services and pathways more accessible especially in relation to postnatal depression; raising awareness of postnatal depression and tackling the stigma and discrimination associated with it; improving links and communication between Children Centre's and Children Services, and adult mental health services including referral routes into the iCope (Islington's IAPT) service) Healthy Children's Centres and Healthy Schools play an important role in promoting good emotional health and wellbeing in children, young people and families. In addition, the Direct Action project delivered by Manor Gardens and the Peel Centre, works specifically with young people and parents of young children, particularly those from disadvantaged backgrounds to raise awareness of mental health and wellbeing. It promotes messages for wellbeing and good mental health and raises awareness of mental health problems and where to access help if needed. It uses a variety of creative formats including music, spoken word, art and

	other approaches to engage hard to reach communities. Children Centres actively promote opportunities for social contact and linkages with the aim of increasing social capacity and resilience. This work will be continued through the Healthy Children's Centres programme and the first 21 months programme. The CAMHS strategy is currently being refreshed and these comments will be fed into the process.
Alcohol	
• On the evidence presented, alcohol seems to have been given undue priority. • A blunter instrument could be used to reduce alcohol harm in the same was as that proposed with fast food outlets near schools, i.e. use the Licensing and Planning teams to reduce the number of alcohol licences issued in communities.	A recent review of the evidence indicates that alcohol related harm is a significant issue for Islington (Islington's Annual Public Health Report) and is a priority area across the Council. Under new legislative powers, Islington includes assessment of impacts on health in new licensing requests. There are also programmes on licensing standards and enforcement (e.g. underage sales).
Physical activity	
• We advocate for the inclusion of active travel promotion as a priority but would give this equal, rather than higher priority to the existing focus areas. Surveys show that physically active people feel happier and more satisfied with life.	This is an overarching strategy that feeds into and informs related core strategic commissioning and delivery plans, helping to consolidate action on these areas of importance. The Islington Proactive Partnership is currently refreshing its physical activity strategy.
Dementia	
• Dementia care pathways ought to be channelled through community settings. Community providers such as St Luke's should be given training and resources in identifying and dealing with people who they feel are already suffering from very early dementia (but not yet necessarily diagnosed), as our long term relationship with these changes.	Islington's Joint Commissioning Strategy sets out its objectives for more effective service models and pathways for people with dementia, including early diagnosis, dementia advisors and the dementia cafe. We agree training and resources for key stakeholders working with this group would be a good idea.
Inequalities and wider determinants	

• While alcohol and dementia are important, the impact of poverty, insecurity, isolation and exclusion on mental health are crucially important and must be tackled. • We suggest adding an outcome measure for the above of 'Reduced fuel poverty amongst people with mental health conditions'. This would be achieved by energy efficiency works targeted at such households and increased referrals to the Seasonal Health Interventions Network (SHINE) from or on behalf of that group. • Because housing can be shown to be an important factor in the local population's mental health and wellbeing, indicators should be introduced to ensure that any person suffering from a long term mental health condition has a home that has been inspected and is free from serious hazards. • Focus also on isolation of the elderly and single mums.	• This strategy recognises the impact wider determinants have on health and will provide strategic direction to council strategies and action plans, including on housing, regeneration and poverty. • We recognise the importance of fuel poverty as a wider determinant of health. This Joint Health and Wellbeing Strategy will link into the Affordable Warmth Strategy Board which leads on fuel poverty. The Public Health Outcomes Framework will include an indicator on fuel poverty. • Poor housing and overcrowding are key determinants of health of children, young people and adults. The Public Health and Housing teams in the council are working jointly on approaches to tackle this. • Islington's mental health promotion programme works specifically with lone parents and older people, as well as other vulnerable groups to target isolation and poor mental health.

TABLE 4: Cross cutting themes, gaps and other comments	
Community Pharmacy	
• We would like to see reference to the impact Community Pharmacy has made towards the teenage pregnancy rates via local enhanced services. • Community Pharmacy has been supporting patients with Long term conditions for many years. Now with the National Pharmacy contract with Medicines Use Review and the New Medicines Service there are contractual levers to support patients with Long	We will continue to work closely with pharmacies to develop health promotion and disease prevention programmes. The valuable support provided by different stakeholders is referenced in the individual action plans for each area.

term conditions. In addition local enhanced services like the Medicines Reminder Device (MRD) provide valuable support for patients with long term conditions. We would like to see this referenced within the documentation. • Community Pharmacy via national DH support organisations has been providing a lot of education to Community Pharmacists on alcohol and dementia.	
Air pollution	
• Air pollution regularly exceeds World Health Organisation (WHO) guidelines and legal limits near London's busiest streets and roads. This key public health issue needs to be recognised in the Islington Joint Health and Wellbeing Strategy. • Good, but nothing about reducing air pollution, a very significant cause of respiratory illness. • Air pollution contributes to health inequalities, disproportionately impacting on low-income and ethnic minority groups.	Islington is revising its Air Quality Action Plan which will include measures to reduce emissions from transport, new developments, energy usage, businesses, and also promote awareness-raising initiatives. Two examples of these latter initiatives include; • airTEXT is a service providing free air pollution, UV, pollen and temperature forecasts for Greater London. Information is given for each borough and forecasts are provided for up to 2 days in advance. A pilot encouraging people with COPD (a respiratory condition) to sign up to this free service is currently underway. • The Cleaner Air 4 Schools project aims to improve the confidence, knowledge and skills of parents, teachers, pupils and school governors to understand the importance of tackling air pollution and what actions can be taken, including changing behaviour. This is going to be expanded to include an Islington School, with funding from Network Rail.
Accidents	
• Included in the list should be accident prevention in the under 5s as Islington has higher than average rates of accidents for this age group. Most of these accidents are preventable through increased awareness, improvements in the home environment and greater product safety.	We will continue to focus on accident prevention in the under5s through work done by the Children Centres and will measure progress on this through the new, accident-related indicators in the Public Health Outcomes Framework for England 2013-2016: • Indicator 4.3: Mortality from causes considered preventable

• Alcohol and dementia are increased risk factors in relation to accident prevention.	• Indicator 2.7: Hospital admissions caused by unintentional and deliberate injuries in under-18s
Inequalities and wider determinants	
• I was disappointed not to see housing as one of the key determinants, it is barely mentioned in the Strategy and yet there is growing recognition that the link between housing and health needs to be strong. The impact of poor housing conditions and overcrowding on health is well known, there is a growing gap between demand and supply of affordable housing which will exacerbate the problem. • Excess seasonal mortality and morbidity amongst people with long term conditions should be included. Improvements in the thermal efficiency of housing and tackling cold and damp housing conditions which exacerbate some long term conditions are important.	• Islington continues to have a detailed strategy for housing support that recognises the strong preventative focus. • Independent living remains a strong theme and work is underway with housing support providers to ensure there is a proactive work around the changes in welfare benefit
Creative arts	
• I find it astounding that there's no mention of the place of the arts - and music in particular in health. There is a growing body of research to back up the enormous amount of work that musicians and music therapists do with people who suffer from Dementia, COPD and Mental Health issues, as well as the musical work many are doing in the area of promoting and developing healthy parent-child relationships. • No reference to the use of creative arts as a means of intervention in any of the above. Accessible, Low cost, promotes personal health and well-being as well as social cohesion and resilience. These all have knock on effects that impact positively on children and families • Arts and cultural activity should also be included in the range of initiatives and approaches to encourage people to adopt	We recognise the important role the creative arts play in promoting health and wellbeing and we will continue to work closely with creative arts groups through projects such as the Direct Action project, the Islington Music Forum and the Dementia singing project and others, to develop health promotion and disease prevention programmes.

healthier behaviours and manage their long term conditions.	
General focus of strategy	
• Couldn't the best start in life be regarded as childhood as a whole rather than being so focussed on the First 21 months? It reads as if we are really bothered about up to the end of the first year in life and then end of life. Not enough focus on the middle. • There is not enough focus on the wider determinants • There is surprisingly little reference to primary care. • Has the council considered how all departments could contribute and support this strategy: e.g. planning and planning policy, environmental health services, etc. • The voluntary sector in Islington needs to have direct presence on and on-going contact with the Board so as to share intelligence and identify where outcomes can be enhanced by joined up strategic engagement. Link/Healthwatch is not representative of the voluntary sector in any shape or form and cannot therefore contribute beyond limited representation of individual patients' experience with local health services.	• Our programmes on maternity, children and young people recognise the importance of good health and wellbeing over this whole period of life. The first 21 months work is really focussed on maximising the positive lifelong benefits of early intervention in this period. • This strategy recognises the impact wider determinants have on health and will provide strategic direction to council strategies and action plans, including on housing, regeneration and poverty. • It also links in with the Joint Commissioning Strategy and action plans being led by the Clinical Commissioning Group to ensure primary care and secondary care • We endeavour to be open and inclusive which is why we support a range of approaches that include voluntary sector and lay representation to feed into strategy and delivery.

APPENDIX 2 – List of respondents

Name (organisation or individual)

- Paul Thurlow (Islington resident)
- Viginia Low
- Sarah Little, Commissioning Lead and Project Manager for NHS Continuing Healthcare, Islington Shadow Clinical Commissioning Group
- Yvonne Arrowsmith, Group Operations Director, Family Mosaic, Albion House,
- Dr Elizabeth Simpson
- The Maya Centre
- Simon Vallance, FOCUS Manager (IOM), Community Safety Partnership Unit,
- Helen Cameron, Health and Wellbeing Manager, Healthy Schools Team, Cambridge Education @ Islington
- Mrs Robyn Litchfield
- Rosemary Brown, Infant Feeding Coordinator, Whittington Health NHS
- Martyn Craddock, Chief Executive, St Luke's Centre & Trust
- Aroha Rangi, Arts Development Officer Strategy and Partnerships Division, Islington Council
- Angela Reith (music therapist)
- Healthy Air UK (Twitter)
- Ferelyth Watt
- Simon Birkett, Founder and Director, Clean Air in London
- Camden & Islington Pharmaceutical Committee (LPC)
- Sustrans
- Sabrina Rees, Senior Commissioning Manager, Islington Children's Partnership
- Phillip Watson, Chief Executive, Manor Gardens Welfare Trust
- Danielle Mercey, Clinical Director, Sexual Health, CNWL Sexual Health Services
- Healthy Air Campaign
- Brigid Brennan – Regional Consultant, Royal Society for the Prevention of Accidents (RoSPA)
- Rahel Geffen, Chief Executive, Disability Action in Islington,
- Affordable Warmth Strategy Board, John Kolm-Murray, Islington Council
- Public Protection Division, Islington Council
- Tania Townsend, Children's Partnership Development and Strategy Manager, Islington Council: Children's Services / Children and Families Partnership
- Nigel Gansell (secretary), Islington Pensioners' Forum

ISLINGTON

Islington's Joint Health and Wellbeing Strategy 2013 - 2016

January 2013

Executive summary

This strategy has been developed by Islington's shadow Health and Wellbeing Board (sHWB). It is our overarching plan to improve the health and wellbeing of children and adults in our borough and to reduce health inequalities.

The vision of this strategy is to:

Reduce health inequalities and improve the health and wellbeing of the local population, its communities and residents.

We have identified three outcomes that will help deliver this vision. They are:

1. Ensuring every child has the best start in life
2. Preventing and managing long term conditions to enhance both length and quality of life and reduce health inequalities
3. Improving mental health and wellbeing

The focus for this strategy is predominantly on the health and social care related factors that influence health and wellbeing. The important underlying determinants of health and wellbeing are addressed through other key strategies which this document feeds into. This strategy emphasises the importance of partnership working and joint commissioning of services to achieve a more focused use of resources and better value for money

This strategy has been informed by our Joint Strategic Needs Assessment (JSNA) and in consultation with residents, strategic partners and other stakeholders.

We expect this strategy to be a "living document". As priorities change, our focus for action will need to change with it. We want to make sure that our planning stays in touch with the changing needs of Islington's people.

Islington's Joint Health and Wellbeing Strategy

1. Introduction.

Islington has a vision to:
Reduce health inequalities and improve the health and wellbeing of the local population, its communities and residents.

The Health and Social Care Act requires Islington (London Borough of Islington) to set up a Health and Wellbeing Board to act as the principle structure responsible for improving the health and wellbeing of the local population through partnership working. In Islington, the Board's membership includes the Leader of the Council, local Councillors, Directors of Islington Council, the Chair of the Islington Clinical Commissioning Group and local GPs and representation from the Islington Local Involvement Network (the LINk), soon to be Healthwatch.

A requirement of the Health and Wellbeing Board is to produce a Joint Health and Wellbeing Strategy which will steer the major strategic work on health and wellbeing in the borough.It will be the duty of the Health and Wellbeing Board to balance needs carefully and to make difficult decisions about strategic priorities given the resources available.

Purpose of Joint Health and Wellbeing Strategy
This Joint Health and Wellbeing Strategy (JHWS) will provide a focus for the board and assist in setting priorities locally.

It is not intended to be a detailed plan of action but instead sets out those areas that are of the greatest importance to the health and wellbeing of Islington's population and will be used to inform the setting of priorities including those within local commissioning processes.

Informed by our Joint Strategic Needs Assessment (JSNA), which describes Islington's population and the current and future health and wellbeing needs of residents, we have prioritised three outcomes to achieve our vision. These are:

2. The context

Islington is a borough with significant health challenges and stark health inequalities. This strategy sets out our approach to improving the health and wellbeing of children and adults in Islington, and reducing health inequalities.

Although the strategy predominantly focuses on the health and social care related factors that influence people's health and wellbeing, clear recognition is also given to the importance of addressing the wider determinants of health and wellbeing including: education, employment, poverty and welfare. These wider determinants can both impact on and be impacted by the health and wellbeing of an individual or population. For example poverty and health are inextricably linked. Good physical and mental health equips individuals with the capacity to address difficulties that could lead to poverty and marginalisation. Poor health, alternatively, can deprive individuals of the capacity to cope with their problems. This strategy recognises that to improve the health and wellbeing of the population of Islington in the long-term, there must be a focus on tackling the wider determinants of health.

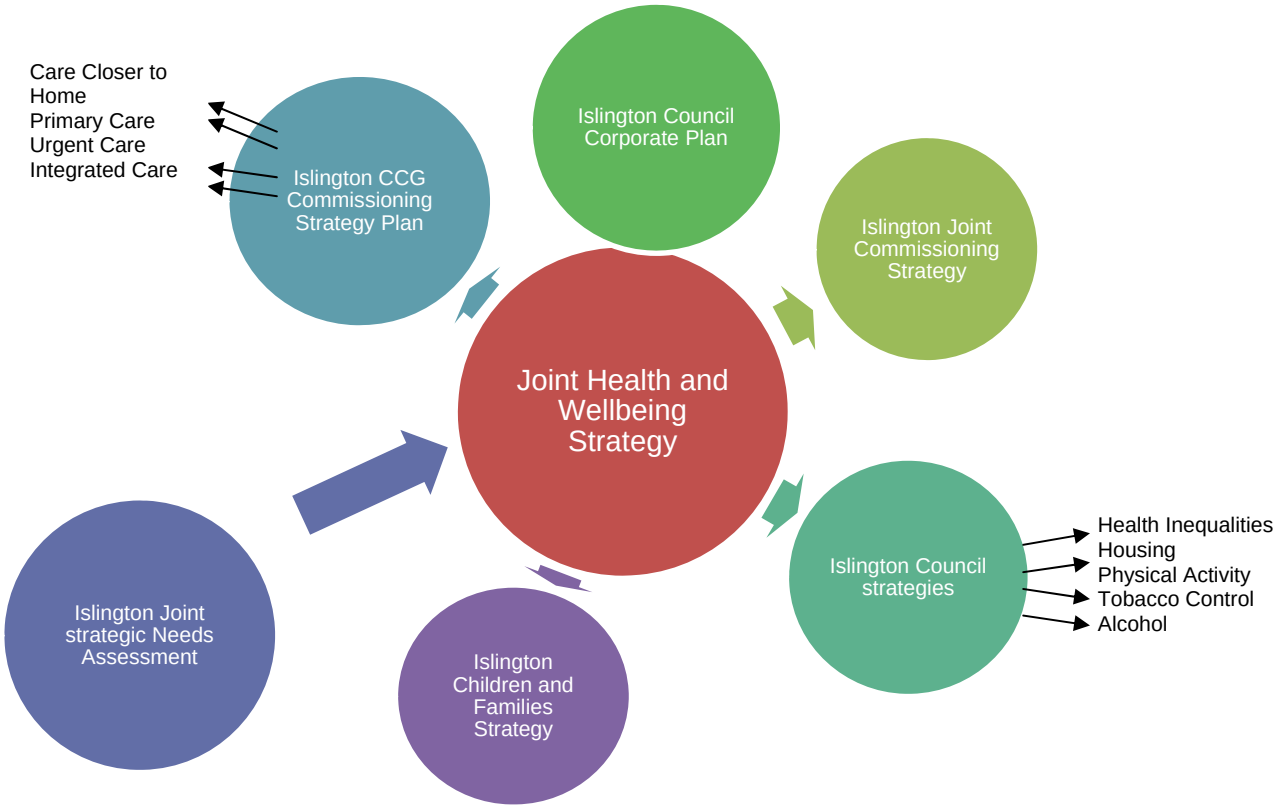
We recognise that influencing these key factors requires joined up working, shared vision and effective collaboration across a range of partners including but not restricted to, the NHS, local authority and community and voluntary organisations. The Health and Wellbeing Board brings together the key stakeholders for commissioning this strategy which will enable action to be taken to address the underlying determinants of health and wellbeing.

This strategy will provide strategic direction to council strategies and action plans, including those on housing, regeneration and poverty.

A set of underlying principles have informed the development of the strategy. These include how to best meet need earlier, improve outcomes, and improve quality and equity, while making cost-effective use of limited resources at a time of rising demand, rising expectations and financial constraint. They directly inform those actions required to bring about change to the health and wellbeing of our local residents and communities.

2.1 Relationship with other strategies

The Joint Health and Wellbeing Strategy does not sit alone. The priorities set out in the strategy will inform related core strategic commissioning and delivery plans, helping to consolidate action on these areas of importance.



3. Monitoring and Refresh process

The Joint Health and Wellbeing Strategy will be monitored through the Health and Wellbeing Board against the indicators outlined within this strategy. These outcome indicators align with those within the Public Health, Adult Social Care, NHS Commissioning and Children's outcome frameworks. The Health and Wellbeing Board will monitor delivery of the strategy every six months and refresh this three year strategy on an annual basis.

4. Priorities, actions and measures.

In order to achieve Islington's strategic vision and outcomes it is necessary to identify those key priorities actions needed to bring about the greatest change. This section briefly describes the key issues, where we are now, the gaps and challenges and outlines the priority actions required to improve the health and wellbeing of our residents and communities.

Different levels of support will be required of the Health and Wellbeing Board to ensure delivery of the actions outlined. Some of the actions require new ways of working, changing how local health and social care services work together to bring about change.

PRIORITY OUTCOME ONE: Ensuring every child has the best start in life

What is the issue?
Early influences on health and wellbeing affect lifelong outcomes and life chances. Children and young people in Islington experience significant disadvantage and poverty, with child poverty the second highest in the country. Poverty and education are two important wider determinants of health, and the priority actions for children and young people in this strategy are intended to complement and drive actions in support of these key areas

Where are we now?
The proportion of women who have their first antenatal appointment by 12 weeks has significantly improved, but inequalities remain with some groups more likely to book late. Deaths in infancy in Islington are similar to London and national averages, but there are important risk factors including: levels of poverty, lone mother status, low birth weight, mothers born in countries which have high infant mortality rates, and smoking in pregnancy and within the household.

A range of factors that can impact on the health and wellbeing of children and young people are improving across Islington, notably in immunisations, breastfeeding, teenage pregnancy, physical activity and mental health and wellbeing. Children and young people's mental health and wellbeing is covered later under priority three which focuses on mental health.

Childhood **immunisations** at 12 months are among the highest in London, and compare favourably with other deprived boroughs. There is continuing need to improve uptake, particularly for Measles Mumps Rubella and booster immunisations.

Breastfeeding initiation and continuation at 6-8 weeks have continued to increase, with 76% (Q4 2011/12) of babies breastfeeding at 6-8 weeks. Local analysis shows that women aged under 25 and women from Asian communities are less likely to breastfeed than other groups.

National surveys on levels of **physical exercise** among children and young people show that a higher proportion of school children of all ages in Islington participate in at least three hours of physical exercise a week compared to London or nationally.

By the time children reach Reception class, more than one in ten are found to be **obese** (11.7% in 2010/11); by Year 6, this rises to more than 1 in 5 (21.7% in 2010/11), which is among the highest proportions in the country. Although the trend in increasing childhood obesity appears to have halted, high levels of childhood obesity represent serious long term risks to health, as described under Priority 2.

Islington's **teenage pregnancy** rate has fallen significantly, currently below the London and England averages. However, Islington has the fifth highest rate of diagnosed sexually transmitted infections in London among young people, particularly linked to deprivation.

Dental health of young children in Islington is among the poorest in London, with a third of five year olds and 15% of 0-3 year olds experiencing tooth decay. Oral health is strongly linked to deprivation, and the fact that oral diseases are largely preventable, makes oral health a particularly important public health issue in Islington.

Although Islington's uptake of **Vitamin D** supplementation in pregnancy and in younger children is above national averages, there is a need to improve uptake.

An estimated 500 Islington children and young people aged under 16 **smoke** regularly, equivalent to approximately 6% of all 11-15 year olds. Smoking during pregnancy in Islington has been

between 7-9% over the last three years (7.3% in Q4 2011/12), although it remains significantly lower than national averages. Approximately 25% of under 1s in Islington are exposed to second hand smoke at home.

An estimated 9% of 11-17 year olds will have been drunk at least once in the last 4 weeks. The rate of alcohol admissions to hospital in the under-18s is the highest in London, although the actual number of young people admitted is small.

What are we doing?

Direct action by the Health and Wellbeing Board: The Health and Wellbeing Board have prioritised action on the First 21 Months – from conception to first birthday, designed to coordinate and improve outcomes in this crucial early period of development. It is a new initiative but builds upon existing work and services. It needs the coordinated support of all members of the Health and Wellbeing Board, as well as other stakeholders, to bring about change.

The role of universal services / settings – including maternity, health visiting, primary care, and Children's Centres – are important in the first 21 months period. There is an active community and voluntary sector in Islington which provides services and support to many people during this period. Stakeholders, including maternity, health visiting, primary care, children's services, children's centres, parent representatives and public health have developed an action plan to facilitate increased delivery of maternity care in the community, and to develop the links and communication between services in order to promote better outcomes for children and families.

Examples of other programmes include:

- Islington's breastfeeding peer support programme provides advice and support to new mothers in Islington to enable them to initiate and maintain successful breastfeeding. It trains local volunteers as well as working with local services, community locations and businesses to ensure breastfeeding mothers are welcomed.
- Healthy weight programmes for children and families, such as MEND (Mind, Exercise, Nutrition, Do It) for 2-4 year olds and 7-11 year olds, are offered locally.
- Healthy Schools and Healthy Children's Centre programmes accreditation processes each include robust actions to address childhood obesity and improving diet. These issues are further addressed through the Islington Food Strategy and Proactive's Physical Activity Strategy.
- Islington's community-based fluoride varnish programme is targeted to children aged 3-10 in children's centres, community nurseries and schools with a high uptake of free school meals to significantly reduce the risk of dental decay.
- The Healthy Children's Centre and Healthy Schools programmes supports an active programme of health promotion in Islington, including areas such as smoking, alcohol and drug prevention in children and young people and sex and relationship education.
- Children Centres actively promote opportunities for social contact and linkages with the aim of increasing social capacity and resilience and reducing social isolation. This work is being supported through the Healthy Children's Centres programme and the first 21 months programme.
- The teenage pregnancy programme has concentrated on both prevention (for example through sex and relationship education, availability and promotion of contraception, young people's services) and teenage parent support (for example through the Family Nurse Partnership and multi-agency coordination of support).
- The first 21 months action plan recognises the importance of maternal (and parental) wellbeing, and the importance this plays in the child's own attachment and emotional development. It also includes a focus on making mental health services and pathways more accessible especially in relation to postnatal depression; raising awareness of postnatal depression and tackling the stigma and discrimination associated with it; improving links and

communication between Children Centre's and Children Services, and adult mental health services including referral routes into the iCope (Islington's IAPT) service)

- In addition, the Direct Action project delivered by Manor Gardens and the Peel Centre, works specifically with young people and parents of young children, particularly those from disadvantaged backgrounds to raise awareness of mental health and wellbeing. It promotes messages for wellbeing and good mental health and raises awareness of mental health problems and where to access help if needed. It uses a variety of creative formats including music, spoken word, art and other approaches to engage hard to reach communities.

Gaps and challenges

A focus on early years and pre-conception will improve outcomes not only in childhood but also in later life. There is an overall need to support greater linkage, coordination and improved communication between services during this early period of life. There are important opportunities to detect risk and intervene in the development of problems earlier. Improving registration and use of Children's Centres can provide access to a variety of services designed to support needs in maternity and of families with children under 5. They also provide a place where children and families can be involved in social networks and mutual support which can build strengths and reduce social isolation, and so help to promote better mental health and resilience.

Other challenges for improving outcomes in this area include the need to increase the uptake of vitamin D supplementation both during and after pregnancy, childhood immunisations, increasing breastfeeding, promoting physical activity and healthier diets, addressing and promoting mental health need, and achieving Healthy Children's Centre status.

As well as the focus on the early years we will continue to work on improving the health and wellbeing of children and young people to help ensure a good start in life for all. For example there is a need to improve pathways for the prevention and management of obesity in children and young people and to work on the related wider determinants such as reducing the proliferation of fast food outlets near schools and increasing the opportunities for physical activity. Other areas of focus will include improving dental health, reducing teenage pregnancy and promoting good sexual health.

What is our focus for improvement?	What will we measure to show we have improved?	How will we make improvements?	Who will lead on this work?
Reduce infant mortality	Rate of infant deaths	First 21 Months programme is profiling current pathways, identifying best models of care through Children's Centres, and levers to improve outcomes across the first 21 months from conception.	First 21 Months Advisory Group
Improve maternity and infant outcomes	Registration with Children's Centres	First 21 Months: Improve the offer for parents and children through better communication and links between services and developing how services work together to meet the needs of parents-to-be, children and families.	First 21 Months Advisory Group
	% of women who had accessed first booking appointment by 12 weeks + 6 days.	First 21 months: Promote early access to maternity services	First 21 Months Advisory Group
	Uptake of healthy start vitamins.	First 21 months: Improve the uptake of Healthy Start vitamins, including vitamin D, starting with women in pregnancy and mothers of under 1s.	First 21 Months Advisory Group
	Coverage of screening programmes	Ensure robust pathways for ante-natal new born screening.	Antenatal New Born Screening Committee
Increase childhood immunisation rates	Population vaccination coverage.	Promote immunisations through schools and children's centres with a focus on MMR and booster vaccinations.	Immunisation Steering Group
Reduce childhood obesity through increasing opportunities for healthy eating and physical activity	Excess weight in 4-5 and 10-11 year olds.	Improve pathways for prevention and management of obesity in childhood and adolescence.	Obesity care pathway Working Group.
		Reduce the proliferation of fast food outlets near schools	LBI planning
	Breastfeeding initiation and prevalence.	Sustain the breastfeeding peer support programme.	Infant Feeding Group.
	Initiative-specific.	Increase opportunities and avenues for physical activity.	Pro-Active Islington
Improving the oral health of children and their families	Tooth decay in children aged five.	Fluoride varnish programme Brushing for life scheme Improving access to dental care ("first tooth, first visit" programme, community engagement) Promoting healthy eating and reducing sugar consumption.	Oral Health Promotion steering group
Teenage Pregnancy and sexual health	Under 18 conceptions. Rates of Chlamydia diagnoses (15-24 year olds)	Continue to roll-out the healthy schools programme across the borough including the promotion of sex and relationship education.	Teenage Pregnancy Mainstream Group.
		Improve access to contraception advice and services in a range of settings	Teenage Pregnancy Mainstream Group.

PRIORITY OUTCOME TWO: Preventing and managing long term conditions to enhance both length and quality of life and reduce health inequalities

What is the issue?
Employment, income, the environment and access to services such as good housing are all important wider determinants of health that impact on an individual's health and wellbeing. In Islington poverty is the most profound factor contributing to poor health and wellbeing, with two-thirds of Islington's population within the most deprived fifth of the population nationally. Deprivation is an important predictor of whether a person is living with a diagnosed long terms condition: 31% more of those living in the poorest areas of Islington are living with a diagnosed long term condition compared to those in the richest areas.

Where are we now?
Life expectancy has increased over time in Islington, but it remains low compared to other London boroughs and the country as a whole. Men in Islington have the lowest life expectancy in London, and women one of the lowest. Many other London boroughs with similar levels of deprivation have managed to successfully reduce the gap in life expectancy between their local area and the national average, but in Islington the gap has not closed.

The key cause of the inequalities gap in life expectancy between Islington and England is **premature or early death** particularly amongst men living with long term conditions such as cardiovascular disease, cancer and chronic obstructive pulmonary disease. Nearly half of all deaths in the borough are in people under the age of 75. People with mental health problems or learning disabilities have a higher prevalence of long term conditions which highlights the need to ensure equitable access to services.

Around one in six adults in Islington has at least one diagnosed long term condition. Overall a third of adults with long term conditions in Islington are living with **multiple conditions** and at relatively young ages. This highlights the need for planned and integrated care for people with multiple conditions to achieve optimal health outcomes, however it should also be noted that a large proportion of the illness associated with long term conditions occurs in older people (those aged 75 and over). The most prevalent condition is high blood pressure followed by type 2 diabetes, chronic depression, psychotic disorders, cancer, coronary heart disease and chronic obstructive pulmonary disease.

Lifestyle factors can contribute to the prevalence of long term conditions. For example, in Islington, smoking contributes to around one-in-six early deaths and overweight and obesity contributes to about one-in ten. If the inequalities gap in ill health and early deaths between the most and least affluent is to be reduced, then success in tackling smoking and obesity among the boroughs poorest will need to be achieved.

Alcohol also plays a significant role in the burden of ill-health and death in adults. Islington has the highest rate of alcohol attributable hospitals admissions in London, whilst alcohol specific hospital admissions in men are the fourth highest in the capital. Islington also has the highest alcohol attributable mortality rate for men and fourth highest for women in London.

Late presentation, under diagnosis and poor management of long term conditions can also contribute to early death. **Early diagnosis** is particularly important for cancers as there is a direct link between stage of disease at diagnosis and survival. Local information clearly illustrates that there is scope for significant improvement in ensuring people receive early diagnosis across different types of cancer. Earlier diagnosis of long term conditions enables medical care to be offered at an earlier stage of disease, which may slow progression, prevent further complications and in many instances, be more cost effective. It also allows more time for individuals to be supported to adopt healthier behaviours to help prevent their condition from worsening.

What are we doing?
Islington currently provides a range of initiatives and approaches to supporting people to adopt healthier behaviours and manage their long term conditions.

Direct action by the Health and Wellbeing Board: The Health and Wellbeing Board have prioritised the role of physical activity and improvements to finding and the management of long term conditions in order to extend both length and quality of life in those with long term conditions. Further action in these areas will build and strengthen work already underway.

ProActive Islington brings together the commissioners and providers of sports, leisure and physical activity in the borough. It is responsible for promoting physical activity and its benefits and works with partners to increase participation levels for all residents of Islington. This includes providing a strategic and co-ordinated lead for sport and physical activity, and securing funding to expand the range of opportunities available. A physical activity strategy is currently being refreshed and builds on the achievements of the previous strategy, 2006-12. It sets out clear objectives for ensuring local people are aware of the benefits of physical activity, incorporating sport and physical activity into building design, increasing uptake of cycling, and targeting communities and groups at risk of poor health from sedentary lifestyles.

Individuals are supported in making behaviour changes through providing training to front line staff on behaviour change techniques and risk factors for long terms conditions, including 'Raising the Issue of Weight' and Alcohol Brief Advice training. Further support is provided through services including the Stop Smoking Service, which supports over 2000 quitters annually across a number of settings including General Practice, pulmonary rehabilitation, mental health services and respiratory, surgical and medical departments at Whittington Health to stop smoking. As well as the exercise referral programme that supports patients in Islington with specific low risk medical conditions to become more active.

The early diagnosis and care of people with long term conditions further enhances length and quality of life and reduces health inequalities. Campaigns focusing on the signs and symptoms for lung and bowel cancers help to raise awareness of the conditions within the local population. These support key programmes of work that are making an impact locally including the National Cancer Screening Programmes for bowel, breast and cervical cancers and NHS Health Checks programme, supported by an innovative and successful incentivisation agreement with local GPs.

Working closely with Islington CCG and colleagues in primary care, Islington is developing a number of new approaches to case finding undiagnosed disease, to complement the NHS Health Checks programme already in place for people aged 35-74. For older people in particular, these new approaches will help identify and address a range of issues and unmet needs, including social isolation, mental health problems and dementia, as well as case finding heart disease, diabetes, and kidney disease.

Local work has also focused on strengthening the promotion of self-management within people with a long-term condition. The Co-creating health model of self management and cardiac and pulmonary rehabilitation programmes are available to eligible people who would benefit from these services.

For many people with a long term condition a combination of lifestyle change and support in primary care will result in the greatest improvement. But high quality and integrated secondary care services are also essential for effective treatment, especially for people who present late with a condition or who have multiple long term conditions. Locally, the Integrated Care Programme Board is developing an integrated care approach that involves the whole health and social care system which aims to include coordinating care around individual service users and carers, working jointly with social care, transforming communication and relationships between GPs and specialists and providing comprehensive disease management and preventive services to our population. Locally,

four multi-disciplinary teams based in GP practices are being set up to better work with people at higher risk of deteriorating health and admission to hospital. Improved joint working, a single point of access and improved reablement services (services to help people regain independence) are all being rolled out.

Gaps and challenges

Providing programmes that are of sufficient scale and that are accessible is fundamental to addressing health inequalities. Increasing level one and level two stop smoking training in a range of settings will help to ensure smokers who do not visit their GP or Pharmacist can be reached. In addition widening local training opportunities to a greater range of front line staff in behaviour change skills and knowledge will help to promote healthier lifestyles to a wider audience.

As work progresses on the development of integrated care pathways including those for COPD and diabetes in Islington it is vital to ensure both primary prevention and early diagnosis/case finding are firmly embedded within these pathways. This will also help to address the variation in the control and management of long term conditions seen across General Practices in Islington. Part of the package of care for patients with a long term condition should, where appropriate, include the use of self-management techniques and programmes. Greater awareness and understanding of these programmes alongside integration within care pathways for long term conditions, will help to extend the benefits that can be gained from these programmes.

As well as work to identify people at risk of developing or already living with long term conditions it is important to focus on the major lifestyle risk factors such as smoking, unhealthy diet and physical activity, and alcohol consumption. Addressing these lifestyle factors will provide the greatest health gain. There are significant opportunities to promote healthier lifestyles more consistently. Options available to help people who are obese, as part of local weight management pathways, include advice and support, weight loss programmes, exercise on referral, prescribing, and surgery. However, the costs of treating obesity and obesity-related conditions are very significant and much wider action on diet, physical activity and weight is needed across society and through the life course if the issue is to be successfully addressed in the long term. The Proactive Physical Activity Strategy provides more details of the actions that will be taken locally to increase levels of physical activity among all residents in Islington.

There is growing evidence of the effectiveness of how screening and brief interventions for identifying consumption alcohol at above low risk levels in key settings and groups, including in general practice and A&E, and criminal justice system can reduce drinking and the associated harms related to health, anti-social behaviour and reoffending.

There is a key need to develop the partnership response to alcohol harm, to ensure that priorities are aligned and that opportunities to reduce harm are maximised. Successful action on alcohol harm requires a shared programme of action between many different services, particularly between health services, adult social care, children's services, the police, emergency services and the community and voluntary sector. The Alcohol Summit which was held in September 2012 brought together the Council, NHS, Police, London Fire Brigade, community representatives and other partners to consider health impacts and other drink-related problems in Islington with the aim of identifying priorities and actions to reduce alcohol related harm in Islington. It is essential that the outputs from this event are turned into tangible actions.

What is our focus for improvement?	What will we measure to show we have improved?	How will we make improvements?	Who will lead on this work?
Close the prevalence gap in long term conditions within the Islington population.	Mortality rates from causes considered preventable.	Improve case finding, treatment and management across long term conditions including: high blood pressure, atrial fibrillation and early diabetes.	Islington CCG and Public Health
		Work to further understand the variation in management of long term conditions across GP practices	Islington CCG and Public Health
		Review availability, capacity and uptake of patient education and self-management programmes.	Integrated Care Programme Board
		Achieve higher rates of seasonal flu vaccination coverage in younger people with a long term condition.	Islington CCG and Public Health
		Adopted and deliver an integrated care approach to the prevention of long term conditions including COPD and diabetes.	Integrated Care Board
Reduce early death from cardiovascular disease	Take up of the NHS Health Check Programme – by those eligible. Mortality from cardiovascular disease	Increase uptake of the Islington NHS health checks programme within Islington's eligible population.	Islington Public Health
Reduce early death from cancer	Mortality from cancer *Cancer diagnosed at stage 1 and 2.* Cancer screening coverage	Improve awareness of the signs and symptoms for breast, lung and, bowel cancer.	Islington Public Health
		Increase uptake of the national cancer screening programmes within Islington's eligible population.	Islington CCG and Public Health
Reduce early deaths from COPD	Mortality from respiratory diseases.	Sustain current improvements in the diagnosis and management of COPD in primary care.	Islington CCG
Support people in making a behaviour change and to live a healthier life.	Excess weight in adults Utilisation of green space for exercise/health reasons	Ensure health services are engaged in work around benefit maximisation and can sign post to relevant supporting services.	Poverty Board
		Develop single point multi-agency hub to help professionals and the public to gain information to support lifestyle change and self management.	Islington CCG and Public Health
		Provide training to frontline staff on promoting behaviour change and raising lifestyle issues.	Islington Public Health

		Develop and implement integrated obesity care pathway including community based programmes.	Islington Public Health
Reduce smoking	Smoking prevalence – over 18s.	Increase access to stop smoking services.	Smokefree Alliance
		Increase the number of people trained to level one smoking cessation advice from BME communities and local businesses.	
		Regulate Shisha and reduce illegal tobacco sales	
Increase physical activity	Proportion of physically active and inactive adults	Review the Islington Pro-Active Physical Activity Strategy.	Pro-Active Islington
		Increase appropriate referrals and maintenance to local exercise referral programmes.	
		Support development of physical activity friendly environment through the use of planning applications to encourage physical activity and active travel	
Reduce alcohol related harm*	Alcohol related admissions to hospital	Increase the number of those trained in providing brief advice for alcohol	Islington Public Health
		Develop a programme of wider partnership action to reduce alcohol harm	Health and Wellbeing Board
		Increasing the provision of identification and brief advice for those drinking at increased or high risk levels across a range of settings	Islington Public Health and Islington CCG
		Review the Islington Licensing Strategy	LBI
*Alcohol harm reduction cuts across two priority areas (improving mental health and wellbeing and preventing and managing long term conditions) the actions included here should be looked at in conjunction with those under the improving mental health and well-being priority area			

PRIORITY OUTCOME THREE: Improving mental health and wellbeing

What is the issue?
Life experiences and circumstances, including bereavement, pregnancy and parenthood, exams, difficulties at work and unemployment, may increase vulnerability to mental health problems across all groups in society. People with long-term mental health problems are at increased risk of long-term social exclusion, including worklessness, poor housing, isolation and poverty. Alcohol and drug use are associated with a wide range of harms, including important links to levels of crime and anti-social behaviour, as well as wider negative health and social impacts.

Where are we now?
Estimates suggest that there are more than 30,000 adults in Islington experiencing **mental health problems** during any one week. Mental ill health among 5 to 17 year olds is estimated to be 36% higher in Islington than the national average with around 3,200 (or more than 1 in 8) children and young people in the borough experiencing mental health problems at any one time.

Mental health needs vary according to gender, ethnicity and age and are influenced by family, social and environmental determinants. Some groups have higher levels of mental health problems or evidence of differential access and outcomes. These include:

- Children and young people experiencing deprivation and poverty. Parental mental ill health or substance misuse is also a significant risk factor for children and young people.
- Depression and anxiety are much more common in women than men, and women are also at higher risk of self harm. Men are at greater risk of suicide, particularly younger unemployed men, and psychotic disorders, such as schizophrenia or bipolar disorder.
- Men and women from some Black and Minority Ethnic (BME) communities are over-represented in secondary care services and on primary care registers for serious mental illness, including Caribbean, African and Black British and Irish communities.
- People with disabilities or long term physical conditions, such as diabetes or heart disease, are at greater risk of depression.

There were an estimated 2,100 opiate and/or crack **drug users** in Islington in 2009/10, equivalent to 14.4 per 1,000 residents, third highest in London. Estimates of local **alcohol use** indicate around 7% of the population drink at high risk levels and a further fifth drink at increasing risk levels that may be harmful to their health and impact upon wider local services. Although alcohol has an important and positive role in social and family life and is an important part of Islington's thriving night time economy, increasingly alcohol is becoming a significant cause of personal, social and economic harm. Islington has the highest rate of alcohol-related hospital admissions; the highest rate of alcohol-specific mortality in men; and the third highest rate of incapacity claimants whose main medical reason is alcoholism.

Islington's prevalence of **dementia** is lower than national rates due to a significantly lower percentage of the population aged over 65. In 2010/11, there were an estimated 1,088 people with dementia, compared to 759 on primary care registers, indicating that 70% of the expected number of cases of dementia were diagnosed in Islington, well above the London and England averages (44%). Although treatment and support does not extend life expectancy, it can lead to an important improvement in quality of life for patients and their carers and families. The major area to focus on now is to improve community-based care that reduces or avoids the need for hospitalisation or other institutional care and crisis response in late diagnosis.

What are we doing?

Direct action by the Health and Wellbeing Board: The Health and Wellbeing Board have prioritised improvements to the dementia care pathway as well as addressing the negative impacts on physical and mental health caused by alcohol use as areas for early action.

There has been an increasing shift locally towards prevention, earlier intervention and recovery designed to improve outcomes, quality of life and reduce inequalities. NHS Islington Public Health, in partnership with key stakeholders and commissioners, has been working hard to increase the capacity and capability of communities to help themselves and others when experiencing mental health distress and to tackle stigma and discrimination around mental health. Working to raise awareness around mental health issues and mental health services will help to encourage more people to access support for mental health problems in primary care, particularly Improving Access to Psychological Therapies (IAPT) services and help prevent suicides. The programme of activities encourages earlier identification of mental health problems and help-seeking behaviour. Other initiatives include Mental Health First Aid and Youth Mental Health First Aid training, the Direct Action Project for children, young people, parents and families and the Mental Health Champions project.

- Mental Health First Aid and Youth Mental Health First Aid Training (MHFA/YMHFA) are internationally recognised programmes that are licensed to national organisations for instructor training in each of the four UK countries. They are 2 day evidenced based courses with the aim of improving the general public's and workforce's awareness and understanding of mental health and increasing skills and competencies in mental health so that help can be given to others in mental health distress or need, including suicidality. YMHFA is designed to be delivered to those working with, living with or caring for young people aged 11 to 18.
- The Mental Health Champions (MHC) project is a local initiative which aims to take the messages and skills of MHFA out to hard-to-reach communities in Islington, with a particular focus on groups overrepresented in secondary mental health services and those underrepresented in primary mental health services. The champions are volunteers who are supported and trained to work with their local communities and organisations to increase knowledge of mental health, address the myths, stigma and discrimination which can act as barriers to seeking or offering help, and signpost people to appropriate services.
- The Direct Action Project targets young people (aged 12 - 24) and parents of young children across Islington and delivers a range of evidence based interventions in partnership with CAMHS, schools, and youth hubs to increase early identification and diagnosis of mental health problems, self-help strategies and skills in recognising and supporting mental health distress in others, including suicide risk.

Islington's Child and Adolescent Mental Health Services through innovative work in a range of non-health settings, including Children's Centres and schools have improved access and equity, particularly for children and young people from BME communities.

Camden & Islington Foundation Trust is introducing a new single point of contact to improve access to timely assessment and advice. The trust's community focus supports recovery and inclusion, with care and support for the majority of patients based in the community and their own homes, together with community and voluntary sector support for people with serious mental health problems.

Implementation of the dementia care pathway, with Memory Assessment Services and dementia support, have encouraged earlier recognition and diagnosis and provision of earlier intervention, treatment and planning. Dementia liaison services within hospital settings, to support better diagnosis and care on wards, have also been implemented.

The physical health needs of people with serious mental illness have been increasingly recognised, for example the use of health checks to detect cardiovascular risk in primary care and work with the mental health trust on smoking and co-management of physical conditions in inpatients.

There is growing evidence of the effectiveness of a range of interventions to reduce alcohol harm in key settings and groups, including in general practice and A&E (also see Priority Outcome Two) when implemented together with greater access to treatment services, including hospital-based liaison services and community treatment services. Recent assessments of the needs of people with drug and alcohol misuse problems have illustrated the importance of ensuring local treatment services are accessible and that service users complete the treatment provided.

Gaps and challenges
The above represent important strategic directions of travel that we need to continue to develop in order to reduce long term harms and improve outcomes. The shift towards earlier diagnosis and intervention in the community re-emphasises the importance of primary care and links into other early intervention or support services, e.g. Children's Services or employment advice services.

Ongoing challenges include continuing to increase the proportion of people accessing Improving Access to Psychological Therapies services, recovery rates and equity of access across the population. In conjunction with this there is a need to continue the development of mental health screening and treatment as part of long term physical conditions management and within drug and alcohol services to tackle dual diagnosis. People with drug or alcohol misuse problems need to be identified and supported in services to ensure successful completion of treatment.

As discussed previously (see Priority Two) partnership working is essential to ensure effective alcohol harm reduction occurs and that opportunities are maximised.

Dementia services have seen a significant shift towards earlier diagnosis and support, designed to help improve quality of life for people with the disease and their carers. This has the potential to support a significant shift from institutionalised care in later disease, particularly in response to late diagnosis and crisis, to more community based forms of support and care, and there is a key need to review and develop pathways that support this change.

PRIORITY OUTCOME THREE: Improving mental health and wellbeing

What is our focus for improvement?	What will we measure to show we have improved?	How will we make improvements?	Who will lead on this work?
Support the shift towards prevention, earlier intervention and recovery.	Rates of people accessing services for mental health problems	Increase uptake of the Islington Psychological Therapies Service – iCope.	Mental Health Advisory Group
		Improve links and communication between Children Centre's and Children Services, and adult mental health services including referral routes into the iCope to promote good maternal and paternal mental health.	Islington Public Health
		Raise awareness of mental health problems and services, including for postnatal depression, and tackling the stigma and discrimination associated with it	Islington Public Health
		Promote Mental Health First Aid training and increase numbers being trained in the borough.	Islington Public Health
		Promote Mental Health Champions programme and increase numbers of Champions recruited into programme.	Islington Public Health
Reduce alcohol related harm*	Number of people entering treatment	Improve the number of people entering treatment and the subsequent recovery rates within alcohol treatment services	Joint Commissioning Group
Reduce prevalence of substance misuse within the local population	Number of successful completions of drug treatment	Improve recovery rates within drug treatment services	Joint Commissioning Group
Improve Dementia care pathways	Rates of diagnosis Numbers of advanced care plans	Improve rates of diagnosis through the Memory Assessment Service, the new CQUIN (an incentive scheme) for dementia in hospitals and Health Checks for over 75's	Older Adults Integrated Care Group
		Support more people with dementia through Intermediate Care, particularly the Enhanced Reablement service and increase referrals to the Dementia Advisors	Older Adults Integrated Care Group

		Support service user groups through the Dementia Advisor service to lead on this work	Older Adults Integrated Care Group
		Offer increased access to end of life care planning to people with dementia	Older Adults Integrated Care Group
		Deliver more START courses (Strategies for Relatives) to help carers in their role	Older Adults Integrated Care Group
*Alcohol harm reduction cuts across two priority areas (improving mental health and wellbeing and preventing and managing long term conditions) the actions included here should be looked at in conjunction with those under the managing long term conditions priority area			

Assistant Chief Executive - Governance and HR
Town Hall, Upper Street, London N1 2UD

Report of: **Assistant Chief Executive - Governance and HR**

Meeting of:	Date	Agenda item	Ward(s)
Health and Wellbeing Board	16 January 2013		All

Delete as appropriate	~~Exempt~~	Non-exempt

SUBJECT: GOVERNANCE OF THE HEALTH AND WELLBEING BOARD

1. Synopsis

1.1 The Islington Health and Wellbeing Board (HWBB) should consider their arrangements for governance and how best to prepare for their transition to formal committee status.

1.2 At the time this report was prepared the Health and Social Care Act regulations in respect of health and wellbeing boards have not yet been issued by the Department of Health. Should these provide any further detail into the governance of the Board this will be taken into account in the report prepared for Council in March.

2. Recommendations

2.1 To agree the Terms of Reference set out at Appendix A be recommended to Council for inclusion in the Council's Constitution, subject to any changes necessitated by regulations when available

2.2 To note proposed Sub-Group arrangements for advisory groups and reporting to the Board.

2.3 To note and comment on the draft work programme of the HWBB as attached at Appendix B

3. Background

3.1 **Progress on the Islington Health and Wellbeing Board ("HWBB")**
The Islington Health and Wellbeing Board has been in operation on an interim basis since October 2011. It has set its overarching priorities and the draft Joint Health and Wellbeing Strategy has been out to consultation.

3.2 **Meeting and working arrangements**
The following dates have been agreed for HWBB meetings this year -

- 16 January 2013: 13:00-15:00
- 20 March 2013: 13:00-15:00
- 22 May 2013: 13:00-15:00

Subsequent meetings will then take place every two months and will be programmed into the council's overall programme of meetings.

By the March meeting of the Board the final version of the formal terms of reference which will need to be adopted by a meeting of the Council should be complete and given the unique nature of the Board it is proposed that these be presented to the HWBB along with a brief presentation on the new working arrangements so that members can familiarise themselves with the new legislative framework that will govern their operation. The Board is asked at this stage to agree the attached terms of reference for recommendation to the Council subject to any changes that may be necessitated by regulations.

3.3 **Sub-Groups of the Board**

The Board has an important role in the support of the work of existing and new commissioning structures. These groups may have existing reporting lines in to other bodies (e.g. The CCG Governing Body) but the HWBB should be an avenue of consultation, engagement and oversight where appropriate.

At their last meeting, the Board agreed that arrangements for consultation with local NHS trusts, as set up this year, are continued with an annual consultation meeting including all trusts. Again the Board should ensure that links are in place so that NHS Trusts are able to raise issues of concern and other matters with the Board across the year.

At their last meeting Board members also indicated that there may still be a need for a Public Health Sub-Group. This would not have responsibility for exercising any council functions or have a formal role in decision-making by the Board and would not be established as a sub-committee subject to the requirements relating to publications of papers and other formal procedures. However it would allow officers a meeting point for discussion of the latest public health issues in light of the transition process that is already ongoing. This group could report to the Board on when issues arise that require input of members but will not follow a formal reporting cycle.

Concerns have also been expressed that the Board is able to focus on strategic issues and not be overwhelmed by a large volume of more operational matters. It has been suggested that an officer level group be developed to work jointly across partners and meet to consider items relating to pooled budgets and other areas of joint working. It is proposed that leads from Finance, the CCG and Joint Commissioning be involved in this group and that this will also have a reporting line into the Board to ensure that there is oversight of any decision making processes.

3.4 **Work Programme**

A draft work programme has been drawn up for the year to take account of the Board's formal role. This is attached for members' reference at Appendix B. This is not an exhaustive programme and there will be additions as required throughout the year but it is intended to form the basis for the Board's work over the next municipal year.

3.5 **Membership of the HWBB**

The regulations due to be issued in January should give clarity on any possible membership changes, although there appears to be no indication that the Board will be required to change memberships. There is still the possibility that the National Commissioning Board may send a representative in line with the provisions of the Act. The membership of the Board will be submitted to Council for agreement alongside the other council committee memberships as per the Council's formal procedures.

4. Implications

4.1 Financial implications:

There are no financial implications with setting up the HWBB. Once established, the HWBB will not

receive direct funding but will have the ability to agree to pool resources if this is deemed an effective way to achieve improved outcomes. This will build on the 'Total Place' model and will use existing mechanisms like Section 75 agreements to establish governance arrangements.

4.2 Legal Implications:

The Health and Social Care Act 2012 requires local authorities to establish HWBBs. The legal framework governing the discharge of functions allows the Executive to establish a committee to discharge its functions. Although the HWBB is established as an ordinary committee of the council, regulations are anticipated which will disapply many aspects of the law that would usually apply to such bodies. The proposals contained in this report comply with the framework expected to be in place.

4.3 Environmental Implications

None.

4.4 Equality Impact Assessment:

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

An EIA has not yet been completed. The timetable for the scheduled completion of the EIA is prior to the HWBB assuming Executive functions in April 2013.

5. Conclusion and reasons for recommendations

5.1 The requirement that Health and Wellbeing Boards are established as formal council committees from 1 April 2013 means that consideration needs to be given to how these arrangements will function. Existing arrangements are not as yet in line with the Board's more formal role and resolution on the recommendations outlined in this report, for future agreement by the Council where necessary, should ensure a smoother transition to the new arrangements.

Appendices

- Terms of Reference for the Islington Health and Wellbeing Board.

Final report clearance:

Signed by:

Assistant Chief Executive - Governance and HR Date

Received by:

Head of Democratic Services Date

Report Author: Rachel Stern
Tel: 020 7527 3308
Fax: 020 7527 3008
Email: rachel.stern@islington.gov.uk

HEALTH AND WELLBEING BOARD

Composition

- Leader of the Council
- Lead Member for Health and Wellbeing
- Lead Member for Children and Families
- Clinical Commissioning Group Representative (three members)
- CCG Chief Operating Officer
- CCG Director of Quality and Integrated Governance
- Corporate Director of Housing and Adult Social Services
- Corporate Director Children's Services
- Corporate Director of Public Health
- Local LINk/Health Watch representative (one member)
- Local National Commissioning Board representative (as determined by guidance)

The Board will be chaired by the Leader of the Council.

A deputy may be appointed in respect of each member who may attend the meeting subject to the agreement of the Chair.

The Board shall be entitled to appoint a number of people as voting or non-voting co-optees (this is subject to regulations)

Quorum

The quorum for a meeting of the committee shall be four

Terms of Reference

1. To improve the health and wellbeing of the population of Islington including to:

- Oversee development of a Joint Strategic Needs Assessment (JSNA) and to ensure that commissioning plans that relate to health and wellbeing pay due regard to local needs and priorities identified in the JSNA.
- Oversee development of a Joint Health and Wellbeing Strategy (JHWS)
- Provide steer and oversight of commissioning plans that relate to health and wellbeing including in some instances devolved responsibility from the NHS Commissioning Board for specialised services
- To ensure an integrated approach to commissioning across NHS, public health and other Council services to increase efficiency and secure best use of resources, deliver better services and ultimately improve health and well-being outcomes
- Ensure best use of resources through collaborative working, pooled budgets and joint commissioning of services
- Maintain an overview of account for improvement in and attainment of key public health outcomes in the NHS, Public Health, and Adult Social Care Outcome Frameworks.
- Consider the wider determinants of health, including housing, education and the environment and the existing public health functions within the local authority to ensure an integrated response to tackling health and wellbeing priorities and inequalities.
- HWBB will have a formal role in authorising Clinical Commissioning Groups and in their annual assessment.

2. To ensure that the JSNA and JHWS inform and underpin the Corporate Plan in Islington, and wider Council strategies

3. To link the work of the Board to the Islington Fairness Commission and successor arrangements.
4. To have oversight of emergency preparedness for health matters in the borough

APPENDIX B

HEALTH AND WELLBEING BOARD
WORK PROGRAMME 2013/14

16 JANUARY 2013: 13:00-15:00

1. Housing and Health – Public Health
2. CCG Operating Plan and Commissioning Strategy Plan
3. Work Programme 2012/13
4. Any other business

20 MARCH 2013: 13:00-15:00

1. Commissioning Strategy Plan - Formal recognition
2. Physical Activity Strategy – Public Health/E&R
3. Dementia
4. Work Programme 2012/13
5. Any other business

22 MAY 2013: 13:00-15:00

1. Annual Meeting with Stakeholders
2. Alcohol
3. Work Programme 2012/13
4. Any other business

JULY 2013

1.
2. JSNA and review of outcomes framework indicator performance
3. Budget outurn
4. First 21 months
5. Work Programme 2012/13
6. Any other business

SEPTEMBER 2013

Commissioning Intentions –CCG, PH and LA

1. Work Programme 2012/13
2. Any other business

NOVEMBER 2013

1. Work Programme 2012/13
2. Health Protection and Emergency Planning

2. Any other business

FUTURE ITEMS –
TBC

HEALTH AND WELLBEING BOARD
WORK PROGRAMME

16 JANUARY 2013: 13:00-15:00
1. Housing and Health – Public Health
2. CCG Operating Plan and Commissioning Strategy Plan
3. Work Programme 2012/13
4. Any other business

20 MARCH 2013: 13:00-15:00
1. Commissioning Strategy Plan - Formal recognition
2. Physical Activity Strategy – Public Health/E&R
3. Dementia
4. Work Programme 2012/13
5. Any other business

22 MAY 2013: 13:00-15:00
1. Annual Meeting with Stakeholders
2. Alcohol
3. Work Programme 2013/14
4. Any other business

3 JULY 2013: 12:30-14:30
1. JSNA and review of outcomes framework indicator performance
2. Budget outurn
3. First 21 months
4. Work Programme 2013/14
5. Any other business

9 SEPTEMBER 2013: 13:00-15:00
1. Commissioning Intentions – CCG, PH and LA
2. Work Programme 2013/14
3. Any other business

5 NOVEMBER 2013: 13:00-15:00
1. Work Programme 2013/14
2. Health Protection and Emergency Planning
3. Any other business

15 JANUARY 2014: 13:00-15:00
1. CCG Operating Plan and Commissioning Strategy Plan
2. Work Programme 2013/14
3. Any other business

12 MARCH 2014: 13:00-15:00
1. Work Programme 2013/14
2. Any other business

FUTURE ITEMS –
Welfare Reforms

FORTHCOMING MEETINGS OF THE HEALTH AND WELLBEING BOARD 2013-14

Wednesday 20 March 2013: 13:00-15:00, Town Hall, Upper Street, N1 2UD

Wednesday 22 May 2013: 13:00-15:00, Town Hall, Upper Street, N1 2UD

Wednesday 3 July 2013: 12:30-14:30, Town Hall, Upper Street, N1 2UD *NEW DATE*

Monday 9 September 2013: 13:00-15:00, Town Hall, Upper Street, N1 2UD *NEW DATE*

Tuesday 5 November 2013: 13:00-15:00, Town Hall, Upper Street, N1 2UD *NEW DATE*

Wednesday 15 January 2014: 13:00-15:00, Town Hall, Upper Street, N1 2UD *NEW DATE*

Wednesday 12 March 2014: 13:00-15:00, Town Hall, Upper Street, N1 2UD *NEW DATE*