

**London Borough of Islington
Health and Wellbeing Board – 20 March 2013**

Minutes of the meeting of the Health and Wellbeing Board held at the Town Hall, Upper Street, N1 2UD on 20 March 2013 at 1:00pm

Present: Councillor Catherine West – Leader of the Council
Councillor Janet Burgess – Executive Member for Health and Adult Social Care
Councillor Richard Watts – Executive Member for Children and Families
Dr. Gillian Greenhough - Clinical Commissioning Group representative
Alison Blair – Chief Officer, Islington Clinical Commissioning Group
Olav Ernstzen - Islington LINK representative
Julie Billett – Corporate Director of Public Health
Martin Machray – Director, Quality & Integrated Governance, Islington CCG
Dr. Josephine Sauvage - Clinical Commissioning Group representative
Anne Weyman – Lay Vice-Chair, Islington Clinical Commissioning Group
Sean McLaughlin, Corporate Director of Housing and Adult Social Services
Eleanor Schooling – Corporate Director for Children’s Services

Councillor Catherine West in the Chair

104 WELCOME AND INTRODUCTIONS (Item A1)

The Chair welcomed everyone to the meeting. Members of the Board introduced themselves. The Chair referred to a public question in two parts received from Mr Frank Jacobs. It was intended to adopt the same arrangements for handling public questions as applied to all other Council meetings, with ten working days’ notice of questions. This would enable the Board to ensure that replies were properly researched so that the information could be published if necessary. In the meantime the Chair assured Mr Jacobs that he would receive a written reply to his question.

105 APOLOGIES FOR ABSENCE (Item A2)

Dr. Robbie Bunt – Clinical Commissioning Group representative.
Charlotte Ashton, Assistant Director of Public Health, substituted for Julie Billett during the early part of the meeting.

106 ORDER OF BUSINESS (Item A3)

The order of business was as per the agenda.

107 CONFIRMATION OF THE MINUTES OF HEALTH AND WELLBEING BOARD HELD ON 16 January 2013 (Item A4)

RESOLVED:

That the minutes of the meeting of the Board held on 16 January 2013 be confirmed and the Chair be authorised to sign them.

108 HOUSING AND HEALTH (Item B1)

The Board received a presentation from Sean McLaughlin, Corporate Director of Housing and Adult Social Services which:

- showed how the Housing Service was tackling unfit and poor housing conditions, homelessness and overcrowding within the context of the three priority outcomes of the Health and Wellbeing Strategy;
- demonstrated some of the ways in which poor housing could have a negative impact on health and emotional wellbeing, safety and security, educational attainment and aspirations; and
- invited the Board to consider what more could be done to influence future health outcomes.

The presentation outlined a number of challenges and concluded by posing some key questions that would need to be addressed:

- How can we make our homes meet the needs of an increasingly ageing population?
- How can we balance making our housing stock more accessible whilst maintaining the architectural heritage of Islington?
- Will more mixed tenure developments result in a healthier population?
- How can the existing stock better meet the needs of our residents?
- Would a direct referral process from GPs be useful?
- Should we make new builds smoke free?
- Should the Board host a health and housing summit involving clinicians, community representatives and tenants etc.

During the discussion the following points were made:

- There was a close link between social housing tenure and the worst health outcomes.
- Large parts of the housing stock were inaccessible for older people with mobility problems.
- Too many families lived in overcrowded housing conditions, with too little play space for children.
- The Council aimed to deliver 1,800 new homes between 2011-2014, including family- sized units.
- The Council was doing more to make outside play areas more accessible. However more could be done to make better use of the communal green spaces around housing estates. We need to develop local solutions through new consultative arrangements.
- Councillors' casework suggested that dampness was a growing health problem in some areas. A programme could be developed to address this, especially in the private-rented sector. In the Council's own housing stock there was a balance to be struck between reactive repairs and more substantial construction works.
- In the private sector, the numbers of new homes built had fallen, and some planned new housing developments had not started.
- It was important to ensure that commissioners had a say in setting the priorities in the housing capital programme: health and social care must have a voice in the choices to be made.
- There appeared to be a good support system in the Housing Service which was helping to avoid more people becoming homeless. Nevertheless homelessness in the borough was rising partly as a result of the welfare benefit reform.
- The effects of the housing benefit caps and the removal of housing allowances were becoming more and more apparent in surgeries: GPs were noticing the impact on the health of patients.
- The rising numbers of direct referrals by GPs to the Housing Service was a worrying trend.

As a follow up to the presentation the Chair proposed a tour of properties and a 'walk through' the housing allocations system, perhaps with GPs leading a tour locally with housing staff in attendance.

A summit along the lines suggested in the presentation would also offer a way forward in terms of enabling a closer integration between health and housing.

RESOLVED:

That the presentation be noted.

109 PHYSICAL ACTIVITY STRATEGY

Councillor Burgess introduced the report on the new strategy which was based around five themes and aligned to the Board's three priorities in the Health and Wellbeing Strategy and mentioned in particular the Proactive Islington Partnership. Copies of the strategy document were tabled at the meeting. It was noted that an additional £750,000 had been made available for a project to develop outdoor active spaces for families in the borough. A project steering group had been developed to oversee the development and implementation of this piece of work. During the discussion the following points were made:

- Islington was one of the most active boroughs in London based on a national annual survey.
- Pavements should be regarded as a mode of transport, not just a route. Removing a number of the level changes would assist people with disabilities. Equally, improving local neighbourhoods would help to encourage people to walk further.

- There was a growing awareness of the value of physical activity and exercise as a component of self-care and self-management of disease. The importance of setting personal health goals jointly with patients in primary care, rather than telling them what to do, was noted. For older people these goals might include going out every day or walking to the local shops. It was very much about promoting small life-improving changes.
- A marketing programme was needed to raise awareness of the benefits of physical activity and exercise to personal health and wellbeing.
- The needs of people with learning difficulties was emphasised and older people too.
- There was a lot that could be done with young parents: this required a culture change.
- Growing financial pressures on the Council's budget had squeezed out the discretionary spend on minor highway improvements and it was hoped that the Council's approach to development might be met with an additional budget allocation from the Mayor

RESOLVED:

That the Proactive Islington Strategy 2012 -17 be welcomed.

110 DEMENTIA (Item B3)

Islington was a national leader amongst CCGs for proactive case finding and early diagnosis for people suffering from dementia. A good range of services was available. However, after diagnosis many patients with dementia may not experience some of the more serious symptoms of their condition for between five and eight years. A more proactive case management approach to their care was proposed during this period in the interests of providing better community support for patients after diagnosis. This might also avoid costly long-term care solutions.

Islington was benefitting in this work from the expertise of two local GPs under the NHS London Dementia Leadership Development Programme.

A useful seminar had taken place on 6 March 2013 with partners and providers to discuss and agree how to make the best possible use of the funds available and achieve a more robust service than that offered by the present safety net.

It was acknowledged that some excellent work was being done by the CCG and the Council to develop a range of services along the patient pathway, and to provide an integrated approach to dementia care.

RESOLVED:

That the achievements in Islington to support dementia care and the current developments to improve dementia care in the community be noted.

111 NHS SOCIAL CARE INVESTMENT 2013/14 (Item B4)

In 2013/14 the Department of Health funding allocation to support adult social care was being transferred from the new National Commissioning Board to local authorities rather than from CCGs as has been the case for the last couple of years. A condition of this transfer of funding was that councils and local health partners agreed between them how the funding would best be used within the social care service and what outcomes were expected as a result of the additional investment. Health and Wellbeing Boards were seen as the fora for approving joint spending plans.

The Board supported the draft plan set out in the schedule to the report which included allocations for transition, supporting more people to live independently in the community, prevention services like community alarms and telecare, as well as additional funding for demographic growth pressures.

It was acknowledged that there was not always a clear transition from child to adult health and social care services. The funding for the transition from children's to adult services had this in mind. Plans were now in place for the 16-25 age group following consultations between children's and adult services and were working reasonably well.

RESOLVED:

That the approach outlined in the report be supported and that a further report on the programme be made to a future meeting of the Board.

112 ISLINGTON CCG OPERATING PLAN (Item B5)

The Board received a presentation from Dr Gillian Greenhough on the operating plan for 2013/14 outlining Islington CCG's vision for commissioning health services and how they were going to deliver their priorities, their promise to put patients and the public first, their joint strategic priorities, the four long-term 'strategic' priorities and the process for financial control.

The plan demonstrated a commitment to the highest quality standards in services, improving health in all of the agreed priority areas and the achievement of financial balance. The baseline allocation was £302 m. A 1% surplus had been identified (£3m) rising to 2% next year and 2% headroom had been set aside (£6m) which could be used to fund one-off costs around transformational change.

Dr Greenhough referred to the approach to developing primary and integrated care which underpinned all of CCG's objectives. She also stressed that she and colleagues were determined to do all that they could to avoid the perverse incentives which often arose where the financial benefits from interventions to reduce activity and cost, tended to fall elsewhere in the system. They were also determined to promote joint working in partnership no matter how difficult it might be to do that under the new health system arrangements, and deliver improved health outcomes. It was encouraging that some of the results of planned improvements were being seen much earlier than hoped, such as more patients giving up smoking and the earlier diagnosis of respiratory disease.

The operating plan was a high level summary backed up by a more detailed document.

RESOLVED:

That the Operating Plan for Islington CCG for 2013/14 be approved.

113 HEALTH AND WELLBEING BOARD GOVERNANCE (Item B6)

It was noted that there would be minor changes to the CCG membership in the 2013/14 year with Martin Machray, Director of Quality and Integrated Governance joining the Board and Dr Robbie Bunt leaving. The Chair undertook to write a letter of thanks to Dr Bunt.

The Chair advised that four formal meetings of the Board were proposed each year with Q&A style meetings out in the community, possibly starting with a meeting at the Andover Estate in a few months' time. On that basis eight public meetings could take place over the four year life of the Council, spread across the 16 borough wards with local ward councillors invited to attend. In addition, the HWBB would convene a number of summits or workshops focusing on specific themes or topics, to which a range of stakeholders would be invited. These meetings would link into the three priorities in the Health and Wellbeing Strategy and other identified, linked priorities such as housing and health. A facilitated workshop could also be scheduled for Board members on the 3rd priority area of preventing and managing long term conditions, as specific sessions on the other two priority areas, the first 21 months and mental health, had been held previously. A stakeholder engagement event with providers was also proposed, linked either to a formal meeting of the Board or to one of the topic-based summits or workshops.

RESOLVED:

That the revised governance arrangements for the Board be noted for consideration by the Council at its meeting on 26 March 2013 .

114 WORK PROGRAMME (Item B7)

RESOLVED:

That Councillor Janet Burgess and the Joint Director of Public Health be requested to revise the work programme taking into account existing scheduled dates as far as possible

115 QUESTIONS FROM MEMBERS OF THE PUBLIC (Item C)

The Chair again thanked Mr Frank Jacobs for notice of his question and promised a written reply.

The meeting ended at 2:55 pm

Chair