London Borough of Islington
Health and Wellbeing Board – 3 July 2013

Minutes of the meeting of the Health and Wellbeing Board held at the Town Hall, Upper Street, N1 2UD on 3 July 2013 at 1:30pm.

Present: Councillor Catherine West – Leader of the Council
Councillor Janet Burgess – Executive Member for Health and Adult Social Care
Councillor Joe Caluori – Executive Member for Children and Families
Dr.Gillian Greenhough - Clinical Commissioning Group representative
Alison Blair – Chief Officer, Islington Clinical Commissioning Group
Olav Ernstzen - Islington Healthwatch 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

Councillor Catherine West in the Chair

116 WELCOME AND INTRODUCTIONS (Item A1)
The Chair welcomed everyone to the meeting. Members of the Board introduced themselves.

117 APOLOGIES FOR ABSENCE (Item A2)
Dr Henrietta Hughes, NHS England.

118 ORDER OF BUSINESS (Item A3)
The order of business was as per the agenda.

119 CONFIRMATION OF THE MINUTES OF HEALTH AND WELLBEING BOARD HELD ON 20 MARCH 2013 (Item A4)

RESOLVED:
That the minutes of the meeting of the Board held on 20 March 2013 be confirmed and the Chair be authorised to sign them subject to the following amendment:

Minute 111 – The reference to 'CCGs' in the first sentence be replaced with 'PCTs'.

120 FEEDBACK FROM MAY WORKSHOP AND NEXT STEPS (Item B1)
Dr. Josephine Sauvage presented the report on the Health and Wellbeing Summit on Integrated Care.

In the discussion the following points were made:

- Key stakeholders had worked in groups to explore themes, develop ideas and identify priorities for ongoing work for 2013 and beyond. The key themes were communication; focus on self-care and patient empowerment; resources to be developed; focus on prevention; financial considerations and areas that required immediate attention.
- The outputs of the event would inform future discussion and workstreams.
- An away day had been held and a report would be produced and sent on to Board members along with the Care Pioneer proposal. A decision on the Pioneer proposal was expected in September 2013 and if the proposal was unsuccessful the workstream would still be undertaken.

RESOLVED:

(1) That the recommendations in the report be approved.
(2) That Board members be sent the Care Pioneer proposal and report from the away day.

121 **UPDATE ON HWB PRIORITIES (Item B2)**

Julie Billett provided an update on the Health and Wellbeing Priorities.

In the discussion the following points were made:

- Work around alcohol was in the bedding down phase. Good progress had been made and work was being undertaken with licensing colleagues and the police. Having public health within the Council meant it was easier to work with colleagues in other departments.
- As part of the improving mental health and wellbeing priority, there was a focus on recognising problems regarding access to employment, education and training. Many themes around mental health were being addressed.
- In the current economic climate the success of programmes would be closely monitored.
- Tobacco was an area where there were opportunities to do more work.
- Changes were being made to the membership of the Mental Health Trust Board.

RESOLVED:

(1) That the progress made against the Health and Wellbeing Board's three priorities.be noted.
(2) That members of the Mental Health Trust Board be invited to meet the Board on an evening in September 2013.

122 **UPDATE ON JSNA AND PUBLIC HEALTH OUTCOMES FRAMEWORKS (Item B3)**

Julie Billett presented the report which provided an update on the Joint Strategic Needs Assessment (JSNA) in Islington and set out the process for refreshing it. It also set out how the report on the Public Health Outcomes Framework for Islington would be refreshed and fed into the JSNA.

In the discussion the following points were made:

- The JSNA would be updated throughout the year as new data became available.
- Dr. Gillian Greenhough explained that spreading the investment cycle throughout the year would be beneficial.
- In the last week, the mortality figures for England had been released. Islington had shifted a few places. It was important that where different population data was used, this was referenced.
- Emphasis would be placed on capturing the patient and the public voice using resources from across the partnership.
- In response to Olav Ernstzen's comment that sensory disabilities had not been included in the JSNA, Julie Billett replied that this would be included in this year's JSNA.
- Sean McLaughlin stated that the new outcome-focused approach provided more choice over local account. Sector led improvement involved peer review and Islington would be taking part in this programme in 2014.

RESOLVED:

(1) That the report be noted.
(2) That the progress on Islington's Joint Strategic Needs Assessment and plans for refreshing it be noted.

(3) That the proposed approach and timetable for feeding back to the Board on both the Joint Strategic Needs Assessment and on achievement in Islington against the three national outcomes frameworks (public health, adult social care and NHS) be agreed.

123 DOMESTIC VIOLENCE (Item B4)

Alva Bailey, Head of Service – Community Safety and Anne Clarke gave a presentation on Domestic Violence.

In the presentation and discussion the following points were made:

- Islington police recorded 3,806 incidents and 1,571 offences of domestic violence in 2012/13. This was a 23% increase in offences compared with 2011/12 which was not common across London. A focus on reducing domestic violence in Islington would take place in the next few months.
- In 2011/12 39% of child protection plans were the result of domestic violence.
- 196 high risk cases were referred to the Multi-Agency Risk Assessment Conference (MARAC) in 2012/13. The recommended volume from Co-ordinated Action Against Domestic Abuse (CAADA) was 330.
- The cost of domestic violence for Islington was £25.7million, £.7m of this was in terms of health.
- The Safer Islington Partnership (SIP) worked to reduce the impact of Violence Against Women and Girls (VAWG) on men, women and children living in Islington. The work involved prevention, provision and protection measures.
- Good practice measures in health included the Work In Treatment Service (IDVA), substance use perpetrator intervention, a domestic violence policy and training at Moorfields Hospital, the SIP/VAWG Network and Islington's named GP for Child Protection and Safeguarding Children.
- Every agency had a role to play in reducing Domestic Violence.
- Victims generally presented to A&E or the police. Victims who presented in a criminal justice setting were generally a different group of clients to those who presented in health settings. Much of Islington's current work related to criminal justice rather than health.
- Protecting People Promoting Health was a Department of Health/public health approach to violence prevention in England.
- VAWG was a health inequality.
- Local authorities and CCGs were responsible for commissioning domestic violence services in a hospital setting and voluntary sector services for victims of violence.
- Prevention outcomes included a reduction in premature death, improved infant mortality and child outcomes and improved mental wellbeing.
- Sample data of 879 victims of domestic violence from the Whittington pilot 2010 showed 53% (459) arrived by ambulance. In triage 40% (348) were categorised as urgent and 2% (21) as very urgent. 339 (39%) were categorised as assault with another 38% (332) identified with head/face injuries.
- Prevention resulted in better health outcomes.
- Intelligence was being used to address health gaps for women.
- Prevention could tackle the root causes of poor mental and physical health as well as inequality e.g. poverty.
- The IRIS System was used in GP surgeries in Tower Hamlets to identify and signpost victims. This was a database system which was combined with an expert who trained all GPs on domestic violence. This person was a link to refer people on to specialist services. Whether this would be a suitable model for Islington would be considered.
- Advocacy could be used in A&E and maternity departments.

- Islington's research focused on the Whittington Hospital. Camden was the lead for University College Hospital.
- Domestic Violence was known to increase in a recession.
- Cultural issues and attitudes towards women should be considered. Campaigns were undertaken to raise awareness and a specialist worker went into schools.
- A statistical study had been undertaken on FGM and up to 10% of girls in Islington were found to be at risk.
- Many women who were subject to domestic violence would not accept help. However it was important that help was offered each time they presented in health or criminal justice settings.
- Further work would be done on the recommendations in the officer's report.
- When a person wanted to leave their violent partner, the Council's preferred action was to evict the perpetrator as long as the victim was in agreement as, due to the lack of availability of alternative accommodation, victims could be prioritised but not necessarily placed immediately. Tenants were encouraged to sign joint tenancies at the start of their tenancies which would help simplify the process.

RESOLVED:

(1) That officers be requested to follow up on the reasons why referrals from certain agencies to MARAC was low.
(2) That further work be done on the recommendations in the report and these be submitted to a future meeting of the Board.

124 HEALTH AND WELLBEING BOARD GOVERNANCE (Item B5)

The Board received the report which outlined the protocol for dealing with various issues related to the conduct of business and the management of meetings and also dealt with membership, voting rights, the appointment of substitute members and dates of future meetings.

Olav Ernstzen requested that a pool of six Healthwatch directors be appointed as substitute members as members were volunteers and the availability of one person could not be guaranteed. Only one substitute would be able to vote in the Healthwatch member's absence.

RESOLVED:

(1) That the Health and Wellbeing Board protocol be agreed, subject to review in 12 months' time.
(2) That the current membership of the Board for the 2013/14 year be noted and that the appointment of substitute members be confirmed.
(3) That Council be asked to appoint a pool of the six Healthwatch directors as substitute members.

125 HEALTH SCRUTINY COMMITTEE WORK PROGRAMME - DISCUSSION WITH COUNCILLOR MARTIN KLUTE, COMMITTEE CHAIR (Item B6)

Councillor Martin Klute explained that a Joint Overview and Scrutiny Committee (JOSC) had been formed to provide a vehicle for structural overview. The Committee had good relationships with NCL and the PCT/CCG. During the final reorganisation the NCL/PCT roles were divided between 16 reorganisations which made it more difficult to scrutinise. However it had been decided to continue to have a Joint Overview and Scrutiny Committee. The JOSC was considering having a Healthwatch representative on the Committee.

In addition, the Council had a Health Scrutiny Committee which scrutinised health

matters at borough level. The Committee invited the Trusts, Whittington Hospital, University College Hospital, the Ambulance Service and Moorfields Hospital annually and in addition undertook mini-scrutinies.

The Health Scrutiny Committee thoroughly scrutinised the reports it received. The Ambulance Service had recently provided a report which was at odds with the views of the patients consulted and therefore had been asked to return to address their points.

The Health Scrutiny Committee was currently undertaking a review into GP appointments. The Committee had received data on the GP surgeries of patients who visited A&E. It was difficult to draw conclusions from this. The CCG would be consulted about provisional decisions as it was important to ensure they were realistic and workable. Healthwatch had undertaken work on GP appointments and could share their work.

Concerns were raised about the decision-making relating to the provision of new or extended GP services in the Borough. Planning permissions for new housing development might include provision for a new GP surgery but it was not clear how this was handled by the NHS and how decisions were taken in response to planned increases in population, especially where this related to new development. Healthwatch, under its statutory powers, could ask NHS England about the GP provision that would be put in place when there were large numbers of new residents.

The King's Fund was undertaking work on health strategy in London.

RESOLVED:
That Health Scrutiny Work Programme be noted.

126 HEALTH AND WELLBEING BOARD WORK PROGRAMME 2013/14 (Item B7)
RESOLVED:
That the work programme be noted.

127 QUESTIONS FROM MEMBERS OF THE PUBLIC (Item C)
None.

The meeting ended at 3.30pm.

Chair