

**London Borough of Islington  
Health and Wellbeing Board – 10 October 2013**

Minutes of the meeting of the Health and Wellbeing Board held at the Town Hall, Upper Street, N1 2UD on 10 October 2013 at 1:00pm.

**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  
Julie Billett – Corporate Director of Public Health  
Dr Henrietta Hughes, NHS England  
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, Children’s Services  
Emma Whitby – Healthwatch Islington

**Councillor Catherine West in the Chair**

**128      WELCOME AND INTRODUCTIONS (Item A1)**

The Chair welcomed everyone to the meeting. Members of the Board introduced themselves.

**129      APOLOGIES FOR ABSENCE (Item A2)**

Olav Ernstzen, Healthwatch Islington.

**130      ORDER OF BUSINESS (Item A3)**

The order of business was as the agenda.

**131      CONFIRMATION OF THE MINUTES OF HEALTH AND WELLBEING BOARD HELD ON 3 JULY 2013 (Item A4)**

**RESOLVED:**

That the minutes of the meeting of the Board held on 3 July 2013 be confirmed and the Chair be authorised to sign them.

Matters Arising

Minute No. 123 – Domestic Violence

It was noted that some referrals to MARAC may have been made through agencies that would not have been included in their figures. However, further training did need to be provided in order that more direct referrals be made. Community Safety had already carried out some work on this and results from this would be useful if circulated.

It was also noted that dentists were often the first place that victims of domestic violence would attend and they could be reminded of their duty to share information with other organisations.

**RESOLVED:**

- 1) That the Corporate Director of Housing and Adult Social Services discuss ways in which this matter can be taken forward with the Head of Community Safety.
- 2) That the new Chair of the Board be briefed about this and other Health and Well-being matters prior to the next meeting of the Board.

**132**      **FEEDBACK FROM SEPTEMBER SUMMIT (Item B1)**

Sean McLaughlin presented the report on the Health and Wellbeing Summit on Housing and Health.

In the discussion the following points were made:

- Family Mosaic were confident that savings would be achieved. Priorities would need to be considered.
- The summit provided an opportunity to consider how housing and health be linked into integrated care.
- The Housing Strategy would be presented to Council early 2014.
- The focus for the summit was on social housing however it was recognised that a third of residents lived in the private rented sector and should not be overlooked.
- That the summit meetings be well publicised, have a question and answer session and be held in large enough venues.

**RESOLVED:**

That the reported be noted and action arising from the summit be progressed.

**133**      **JOINT STRATEGIC NEEDS ASSESSMENT EXECUTIVE SUMMARY 2013/2014 AND PUBLIC HEALTH OUTCOMES FRAMEWORK 2013 (Item B2)**

Julie Billett provided an executive summary of Islington's Joint Strategic Needs Assessment (JSNA) for 2013/14.

In the discussion the following points were made:

- Life expectancy for men had now improved although it still remained lower in Islington than England generally.
- There had been many improvements in the figures for Islington eg for cardiovascular disease, excess weight in children, measles vaccinations, suicide numbers and smoking reduction.
- The aim was to show Islington in comparison with other areas of similar need.

**RESOLVED:**

That the report be noted.

**134**      **ADULT SOCIAL CARE OUTCOMES FRAMEWORK PERFORMANCE 2012/13 (Item B3)**

Sean McLoughlin presented the highlights of adult social services performance against the national Adult Social Care Outcomes Framework for the financial year 2012/2013.

In the discussion the following points were made:

- Islington were in the top quartile for London Boroughs for service users and carers receiving direct payments and also for rehabilitation services post hospital discharge.
- There were concerns regarding the responses for quality of life and the rise in mental health admissions. It was considered that the quality of life measurement needed further enquiry particularly regarding the questions asked.
- It was noted that Islington were in the lower quartile for mental health employment but this was expected to improve with the introduction of a new employment service and the introduction of Hillside Clubhouse.
- Self-reported feelings of safety were comparatively low, however, 80% of service users reported that they felt safer with the services received from social

services.

- There was evidence that the use of personal budgets did achieve good health and wellbeing outcomes including reduced hospital admissions and stress reduction for service users as there was greater control of life decisions.
- People with mental health needs would need to be known to the community health team in order to help them to obtain employment. Ways in which this could be achieved would need to be considered.

**RESOLVED:**

- (1) That the report be noted.
- (2) That focus groups look at the worst performing areas and consider what improvements can be made and report back to a future meeting.

**135** **ISLINGTON CCG COMMISSIONING GROUP ( Item B4)**

Alison Blair provided an update on the development of the five year Commissioning Strategy plan for Islington CCG.

In the discussion the following points were made:-

- That resources were particularly affected in Central London.
- That Islington would not know the financial allocation until December 2013.
- Concern was expressed that there was no adjustment for deprivation in the figures.
- It was important to build in worst case scenarios into the financial model to ensure the best resource allocations were made.

**RESOLVED:**

- (1) That the progress of the engagement in the development of the CCG Commissioning Strategy Plan be noted.
- (2) That it be noted that the Case for Change would underpin the Commissioning Strategy Plan.
- (3) That the Board would receive the final version of the CCG's Commissioning Strategy in March 2014.
- (4) That the Executive Member for Health and Wellbeing discuss the concerns of the Board with Islington MPs and the London Assembly Member.

**136** **ISLINGTON WINTERBOURNE VIEW IMPROVEMENT PLAN (Item B5)**

Laura Gordon and Sabrina Rees presented the Winterbourne Improvement Plan.

In the discussion the following points were made:

- There was a need to provide care locally. There were currently too many people in placements outside of the borough.
- 135 people with global learning difficulties were in out of borough placements and work was underway to increase the supply of supported housing.
- There were seven children in Islington who fitted the Winterbourne view criteria. All were looked after children currently. Cases were regularly monitored and double checked to ensure properly safeguarded.
- Children with learning delays were more of a challenge as definitions varied.
- It was considered that Islington was well placed with robust processes in place but could not be complacent.
- With the various agencies it was difficult to keep track of people who moved out of borough or who became the responsibility of a different agency. The information exchange between the different agencies could be improved.
- That the use of fluoride paint for children had a good impact on future health.

**RESOLVED:**

That a progress report on the Winterbourne view be submitted to the Board in June 2014..

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**PROTOCOL BETWEEN HEALTH AND WELLBEING BOARD (HWBB) AND ISLINGTON SAFEGUARDING CHILDREN BOARD ( ISCB) (Item B6)**

In discussion the following points were made:

- There were currently no serious case reviews in Islington although Islington could still learn lessons from the case reviews in other parts of the country and what had been missed.
- The ICSB acted in a scrutiny role and was able to call any agency to account.
- Lessons learned and actions required would be reported to the ICSB and also the HWBB as necessary.
- Links to GPs through Dr Henrietta Hughes and hospitals through Dr Gillian Greenhough were offered.
- It was noted that the Sexual Health Service had a website.
- Concerns regarding the hidden sexual exploitation of young people were expressed.

**RESOLVED:**

That the protocol attached as the appendix to the report be noted.

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**ISLINGTON SAFEGUARDING CHILDREN BOARD (ISCB) ANNUAL REPORT 2012/13 (ITEM B7)**

Eleanor Schooling presented the ISCB annual Report 2012/13.

In discussion the following points were made:

- The number of children with child protection plans had reduced and the length of time with a plan was short.
- There had been increased identification of young people at risk of sexual exploitation. There had been increased use of multi agency practice through partnership working and strategy and training had been developed.
- There was a need to increase the public awareness of sexual exploitation and also the need to target staff who worked in sexual health who may not be considering the wider relationships of clients.
- There was evidence that early intervention resulted in effective practice.
- Work was being carried out with young people not in education, employment and training. Skills in English and Mathematics were now required
- The Chair of the Board was stepping down and a new chair may take a different approach. It was also hoped that there would be more engagement with the Borough Commander.
- It was hoped that the new Chair would visit the Health and Wellbeing Board at a future meeting.

**RESOLVED:**

- (1) That the ISCB Annual Report 2012/13 be noted.
- (2) That the ISCB 2013/14 priorities and the work required to address them be noted.
- (3) That the new Chair of the ISCB be invited to the March meeting of the HWBB.

**139**      **HEALTH AND WELLBEING BOARD WORK PROGRAMME (ITEM B8)**

It was noted that this was the Chair's last meeting of the Health and Wellbeing Board. Catherine West thanked all the members of the Board for their work and she in turn was thanked for Chairing the Board.

It was noted that Catherine was hosting a Human Trafficking event in January jointly with the Community Safety Team.

**RESOLVED**

That the work programme be noted.

**140**      **QUESTIONS FROM MEMBERS OF THE PUBLIC (Item C1)**

None.

The meeting ended at 2.50pm.

Chair