

**London Borough of Islington
Health and Wellbeing Board – 15 January 2014**

Minutes of the meeting of the Health and Wellbeing Board held at the Town Hall, Upper Street, N1 2UD on 15 January 2014 at 2.30pm.

Present: Councillor Richard Watts – Leader of the Council
Councillor Janet Burgess – Executive Member for Health and Adult Social Care
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
Thanos Morphitis - Service Director, Strategy and Commissioning, Children’s Services
Olav Ernstzen – Healthwatch Islington

Councillor Richard Watts in the chair

141 WELCOME AND INTRODUCTIONS (Item A1)

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

142 APOLOGIES FOR ABSENCE (Item A2)

Received from Councillor Joe Caluori, Executive Member for Children and Families, and Eleanor Schooling, Corporate Director for Children’s Services.

143 ORDER OF BUSINESS (Item A3)

The Chair advised that agenda item B6 – Interim recommendations from the Health Scrutiny Committee on GP appointments had been postponed to the next meeting, to enable Councillor Martin Klute, Chair of the Health Scrutiny Committee, to attend for the discussion. All other items would be considered in the order they appeared on the agenda.

144 CONFIRMATION OF THE MINUTES OF HEALTH AND WELLBEING BOARD HELD ON 10 OCTOBER 2013 (Item A4)

RESOLVED:

That the minutes of the meeting of the Board held on 10 October 2013 be confirmed as a correct record and the Chair be authorised to sign them.

145 LONDON BOROUGH OF ISLINGTON’S STRATEGIC PLANS 2014/15 (Item B1)

Sean McLaughlin highlighted the key themes which defined the approach to commissioning in Adult Social Care, including: the transformation programme of the way services were delivered to ensure the achievement of the Health and Wellbeing Board priorities, whilst delivering the efficiencies required to meet the Council’s savings targets in the coming years; the development of integrated health and social care services; and the implications of the Care Bill, which would involve substantial changes for Adult Social Care commissioning.

Thanos Morphitis outlined the approach to Children’s Services commissioning, which were based on the priorities set out in the Children and Families Plan. Services for Children and Families had been refocused and recommissioned in 2011 when Islington

was selected as a national pathfinder for the community budget for families with multiple needs. The focus on this year had been on contract monitoring and evaluation of the impact of services. More recently, Islington had been selected as one of the 20 national early intervention place pioneers by the Early Intervention Foundation, which would enable the Council to benefit from support and challenge for the business case for continued investment in early years. He undertook to report to the next meeting with details of the Council's work with the Foundation.

Julie Billett outlined the priorities for Public Health commissioning which were driven by the Health and Social Care Act 2012, which placed a duty on local authorities to promote the health and wellbeing of their population and reduce health inequalities. The transformation programme in Public Health would focus on driving changes over the period from 2015 to 2019. Within that programme, there was an early focus on sexual health and substance misuse, which accounted for nearly two thirds of spend locally. Public Health would work with the Council and Islington CCG on integrated commissioning, best value and new ways of working to deliver improved health outcomes.

RESOLVED:

- (1) That the direction of travel for commissioning within Islington, as detailed in the report of the Director of Public Health, be approved.
- (2) That the requirements for the Health and Wellbeing Board to agree the plans for the Integration Transformation Fund, detailed in paragraph 3.1.5 of the report, be noted.
- (3) That it be noted that the Service Director, Strategy and Commissioning, Children's Services, will report to the next meeting of the Board detailing Islington's work with the Early Intervention Foundation.

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HEALTHWATCH ISLINGTON'S STRATEGIC PLANS 2013-14 (Item B2)

Olav Ernstzen introduced his report, which detailed Healthwatch Islington's strategic plans for 2013/14, its functions under the Health and Social Care Act 2012 and how Healthwatch would comply with these. Healthwatch's aim was to work closely with the community to gather their views to inform decisions.

In the discussion the following points were made:

- People's views on themed work by Healthwatch eg urgent care, home care and long term conditions, would be included in reports which will be accessible on the Healthwatch website, or available on request
- It would be useful for Healthwatch's future focus to include young people and not just adults, as was the case in the past. Olav Ernstzen confirmed that Healthwatch had already started their work with young people in a campaign on smoking cessation and planned future involvement
- It would be useful for an exchange of information from Healthwatch on equalities in primary care with NHS England and on secondary and tertiary services from NHS England to Healthwatch Islington
- It was noted that Islington CCG would not be visited by NHS England until later in the year, as it was not considered an immediate priority
- Islington was fortunate that Healthwatch was "part of the system" and not an outside organisation having to look in.

RESOLVED:

That the report and points made during discussion and set out above be noted.

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DIRECT COMMISSIONING BY NHS ENGLAND (Item B3)

Dr Henrietta Hughes introduced her report, which described the current position on the areas directly commissioned by NHS England, namely primary health care, health in the justice system, screening and immunisations, military and specialised commissioning. She highlighted the fact that the commissioning intentions for London had not yet been published and undertook to circulate them when they became available.

The following points were made during discussion:

- For immunisations and early years, one of the key areas of focus would be an additional 621 health visitors over the next two years. It would be important for the Council to work closely with NHS England on the matter of health visiting and, looking to the future, an alignment and focus on this work. There was also a risk of insufficient numbers of health visitors being recruited and trained.
- The Council's CAMHS was based in Community Children's Services and was not part of mental health services. It was embedded in integrated services and accessed through schools and children's centres. There was some concern that there should be effective support for young people for a range of different services. If resources were to be directed to tier four services, it would be difficult to promote early intervention.
- Joint incentives across the board with hospitals and community areas was important to promote preventative work, which could lead to less overall cost for treatment. Incidences of good practice in London should be shared across London eg the use of fluoride paint on children's teeth
- Paragraph 3 of the report referred to "38 GP practices", although it was believed by members of this Board that there were 37 in Islington
- There must be wider access to services by all sections of the community by, for example, more interpreting and translation services and screening services being available outside the standard working day
- There were two prisons in Islington, Holloway and Pentonville, and they needed to be borne in mind when services were being commissioned. Sean McLaughlin offered to be a point of contact. Dr Hughes concurred and stated that NHSE had developed a learning set for GPs working in prisons and were hoping to upskill prison nurses in, for example, mental health

RESOLVED:

- (1) That the report be noted.
- (2) That the Council and its partners continue to work together, especially in early intervention work.

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LEARNING DISABILITY AND AUTISM SERVICES – EVALUATION AND IMPROVEMENT PLAN (Item B4)

Sean McLaughlin provided an overview of the report, which presented the key findings of Islington's Learning Disabilities Joint Health and Social Care Self Assessment Framework and Autism Self Evaluation, described Islington's achievements and detailed priorities for 2013/14.

The following point was made during discussion:

- There would be people who were functioning at IQ level, though possibly with autism or associated needs, who could fall into a "gap" if organisational boundaries were too stringent to pick them up

RESOLVED:

- (1) That the findings of the Islington Learning Disabilities Joint Health and Social Care Self Assessment Framework, detailed in the report of the Service Director for Adult Social Care, be noted
- (2) That the findings of the Autism Self Evaluation be noted
- (3) That the Islington Learning Disabilities Services Improvement Plan be approved
- (4) That the Autism Services Improvement Plan be approved
- (5) That the governance structure supporting the delivery of the Learning Disability and Autism Services Improvement Plans be noted

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HEALTH AND WELLBEING OUTCOMES FOR CHILDREN WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITY (Item B5)

Candy Holder, Head of Policy, Communications and Specialist Services, introduced the report, which described how children with special educational needs were faring in Islington, the effectiveness of local work and how joint commissioning could further improve outcomes for this group of children and young people. She highlighted that the reforms to provision for children with special educational needs and disabilities that would be introduced by the forthcoming Children and Families Bill would represent the most radical change in this area for 30 years, with parents having much more influence over the provision made for their children. She drew attention to the particular responsibilities for health partners, detailed in Appendix 4 of the report.

In the discussion the following points were made:

- One of the preliminary findings of the JSNA (page 59) referred to “A greater proportion of stated pupils are in lone parent families and area eligible for free school meals compared with the general Islington school population”. A question was asked whether social factors could be influencing this and whether there could be greater intervention? Candy Holder stated that this was being addressed and officers had identified that stress in these families and worklessness was high, that there were often childcare issues.
- The welfare reforms and the spare bedroom tax in particular had lead families to seek justifications to keep any spare room
- It would be helpful to have a report to a future meeting of the Board on the new reforms and how they were being implemented in Islington

RESOLVED:

- (1) That the progress on the Joint Strategic Needs Assessment for children with special educational needs and disability, as detailed in the report of the Corporate Director of Children’s Services, be noted.
- (2) That the emerging priorities for development and improvement be noted
- (3) That updates be submitted to the Board on outcomes for children with special educational needs and disabilities on an annual basis
- (4) That a report be submitted to a future meeting of the Board on the new reforms in the Children and Families Bill and how they were being implemented in Islington

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INTERIM DRAFT RECOMMENDATIONS FROM THE HEALTH SCRUTINY COMMITTEE ON GP APPOINTMENTS (Item B6)

Postponed to the next meeting of the Board.

151

HEALTH AND WELLBEING BOARD WORK PROGRAMME (ITEM B7)

Noted the work programme for 2013/14, with the addition of the Health Scrutiny Committee recommendations on GP appointments re-scheduled for 12 March 2014 and a future item detailing the new reforms in the Children and Families Bill and how they were being implemented in Islington.

The meeting ended at 3.35pm.

Chair