

Health and Wellbeing Board - Wednesday, 20 April 2016

Minutes of the meeting of the Health and Wellbeing Board held at Committee Room 1, Town Hall, Upper Street, N1 2UD on Wednesday, 20 April 2016 at 1.00 pm.

Present: **Councillors:** Richard Watts (Chair) and Janet Burgess
Alison Blair, Chief Executive, Islington Clinical Commissioning Group
Dr. Josephine Sauvage, Chair, Islington Clinical Commissioning Group
Sorrel Brooks, Lay Vice-Chair, Islington Clinical Commissioning Group
Simon Pleydell, Chief Executive, The Whittington Hospital NHS Trust
Emma Whitby, Chief Executive, Islington Healthwatch
Julie Billett, Director of Public Health
Sean McLaughlin, Corporate Director of Housing and Adult Social Services

Also Present: Angela McNab, Chief Executive, Camden and Islington NHS Foundation Trust
Melanie Rogers, Director of Quality and Integrated Governance, Islington Clinical Commissioning Group
Carmel Littleton, Corporate Director of Children's Services

Councillor Richard Watts in the Chair

77 WELCOME AND INTRODUCTIONS - COUNCILLOR RICHARD WATTS (ITEM NO. A1)

Councillor Richard Watts welcomed everyone to the meeting.

78 APOLOGIES FOR ABSENCE (ITEM NO. A2)

Apologies for absence were received from Councillor Joe Caluori.

It was noted that Wendy Wallace, Cathy Blair, Martin Machray and Dr Gillian Greenhough had left their respective positions. Wendy Wallace was represented by Angela McNab, Cathy Blair was represented by Carmel Littleton, and Martin Machray was represented by Melanie Rogers. It was noted that Dr Jo Sauvage was the new Chair of the Islington CCG.

79 DECLARATIONS OF INTEREST (ITEM NO. A3)

None.

80 ORDER OF BUSINESS (ITEM NO. A4)

As per the agenda.

81 MINUTES OF THE PREVIOUS MEETING (ITEM NO. A5)

RESOLVED:

That the minutes of the meeting held on 20 January 2016 be agreed as a correct record and the Chair be authorised to sign them.

82

ISLINGTON CCG COMMISSIONING INTENTIONS FOR 2016/17 (ITEM NO. B1)

Alison Blair introduced the report which set out Islington CCG's commissioning intentions for 2016/17.

The following main points were noted in the discussion:

- The One Year Operational Plan for 2016/17 was still under discussion with NHS England and the Sustainability and Transformation Plan was being developed collaboratively across the North Central London Strategic Planning Group.
- It was noted that Islington was well represented in North Central London governance arrangements, with Dr Jo Sauvage being the lead CCG Chair, and Julie Billett being the lead Public Health representative. The Board considered it essential that local initiatives were acknowledged and supported through the Sustainability and Transformation Plan.
- It was requested that a further report be made to the Board on progress with both plans in due course.
- It was commented that the enhanced access to primary care offered through the iHub service was funded through the Prime Minister's Challenge Fund and this funding was to due cease at the end of the current year. It was not known if the funding would be continued.
- It was advised that Islington CCG was considered to be overfunded against the national funding formula. The Board noted the financial pressures on the CCG and its savings target of 3%.
- The Board welcomed that the primary care budget had been allocated a per capita growth of 10% for the next two years, equivalent to around £2,000,000. The CCG was in discussion with NHS England about using this funding to improve the sustainability of services in 2016/17, and then using the 2017/18 allocation for transformation projects. In particular, it was expected that the funding would assist with extending access to primary care, immunisation programmes and integration projects.
- Initial feedback from partners on the draft Sustainability and Transformation Plan had been broadly positive. Although North Central London was considered to be slightly behind some other areas, the development of the plan was gaining momentum. It was considered essential to engage clinicians from across all five boroughs in the development of the programme. Public Health was keen to ensure that the plan had a strong focus on prevention. It was also crucial that wellbeing issues were embedded within the plan and not seen as a parallel activity.
- The Board considered the appropriateness of addressing health and wellbeing issues across the North Central London area. Members recognised the need for financial sustainability and the merits of addressing issues such as heart disease and stroke on a city-wide basis, however commented that many other issues were best dealt with at a more local level. It was commented that a level of flexibility was required to ensure that health needs were able to be met locally where appropriate. It was suggested that greater devolution of how health funding is spent would be welcomed.

RESOLVED:

That the development of the Sustainability and Transformation Plan for North Central London and the Islington CCG Operating Plan for 2016/17 be noted.

83 **REFRESHING ISLINGTON'S JOINT HEALTH AND WELLBEING STRATEGY (ITEM NO. B2)**

Julie Billett introduced the report which set out the proposed approach to developing a new Joint Health and Wellbeing Strategy.

The following main points were noted in the discussion:

- The Board considered that a pragmatic and proportionate approach to renewing the strategy was required. It was agreed that the current strategy had served the Board well and should be the basis for the new strategy.
- It was suggested that the new strategy could list clearer sub-priorities under the three main priorities and create stronger links between priorities.
- It was commented that the strategy should have a focus on prevention and early intervention, particularly in regard to mental health issues. The Board noted the link between mental health issues and long term conditions and drug and alcohol abuse.
- It was suggested that the strategy should have clear links to other corporate documents and programmes, such as the council's corporate plan and the wellbeing programme.
- It was commented that the strategy could make reference to cross-cutting issues, such as access to employment and changes to social housing. It was agreed that an item on the possible health and wellbeing impacts of changes to social housing be reported to a future meeting of the Board.
- It was considered that the strategy should include reference to community resilience as a platform for preventing mental health conditions.
- It was suggested that a draft strategy be considered at a future health and wellbeing seminar.

RESOLVED:

That the approach to refreshing the Joint Health and Wellbeing Strategy be agreed.

84 **BETTER CARE FUND 2016/17: PLANNING UPDATE (ITEM NO. B3)**

Sean McLaughlin and Alison Blair introduced the report which summarised the implementation of the Better Care Fund and plans for 2016/17.

The following main points were noted in the discussion:

- Plans for spending the Better Care Fund were required to be signed off by the Chair of the Health and Wellbeing Board by 3 May 2016.
- Feedback from NHS England on draft proposals for 2016/17 had been positive.
- It was noted that proposed funding increases to the Better Care Fund were attributable to population growth and did not represent additional funding.

RESOLVED:

- 1) That the integrated working in 2015/16 and key achievements for local people be noted; and
- 2) That the planning assumptions for 2016/17 be reviewed and agreed in principle.

85 **REVIEW OF MENTAL HEALTH SERVICES FOR YOUNG ADULTS BY HEALTHWATCH ISLINGTON (ITEM NO. B4)**

Emma Whitby and Sarah Lee, Information, Learning and Development Manager at Healthwatch Islington, introduced the report which set out the findings of a review of mental health services for young adults.

The following main points were noted in the discussion:

Health and Wellbeing Board - 20 April 2016

- The feedback received on mental health services was very broad and highlighted the impact of employment and housing on mental health.
- Healthwatch had asked 50 qualitative questions to a range of young adults; some had acute mental health conditions. Respondents had been identified by working with local organisations including homeless charities and cultural groups. Young adults had been trained to interview their peers and it was thought that this process was particularly successful.
- Issues identified included stigma associated with mental health issues, a lack of trust in support services and a lack of access to services. The review also highlighted issues experienced by certain groups: some LGBT respondents identified that they were particularly vulnerable to social isolation; a lower proportion of Black men tended to access services; and Bangladeshi women reported a high level of stigma and that mental health issues were primarily dealt with within the family.
- Many interviews highlighted the role of the family as being either positive or negative, depending on the circumstances. Some young people felt isolated and that they could not discuss their condition with their family or employer.
- It was suggested that improvements could be made through greater integration of services. In particular, access and trust could be improved by using non-medical organisations as an entry point to mental health services. It was thought that holistic approaches to mental wellbeing and delivering more services in community settings would be beneficial.
- It was recommended that mental health services should be packaged in such a way that they could be accessed without the individual identifying themselves as someone in need of mental health support. It was commented that local services should be shaped to the needs of service users.
- The Board noted the potential for integrated personal budgets to be used creatively when addressing mental health issues. Some young adults had not engaged with traditional treatments and an alternative approach was required.
- It was suggested that young people regularly moved between local areas and there was a need to improve transitional arrangements between different localities. There was also a need to improve transitions between child and adult mental health services; it was thought that this would be best achieved by co-designing transition mechanisms with young people.
- It was noted that Public Health and Adult Social Services were reviewing the support available to people with multiple vulnerabilities, including mental health needs. The Board considered the notion of 'Mental Health First Aid' and the role of local communities in improving mental health. Peer to peer support was a particular area of interest.
- The Board welcomed the report and advised that a full response would be made at a future meeting. It was noted that Camden and Islington NHS Foundation Trust would be keen to contribute to the response.
- The Board noted that non-specialist NHS staff were receiving training on mental health issues.

RESOLVED:

That the findings and recommendations of the Healthwatch Islington review of mental health services for young adults be noted.

86

WORK PROGRAMME (ITEM NO. C1)

The Board requested that the following items be added to the work programme:

- An update on progress with CCG commissioning intentions.
- An item on the possible health and wellbeing impacts of changes to social housing.

Health and Wellbeing Board - 20 April 2016

- A response to the Healthwatch Islington review of mental health services for young adults; to be received by the Board in July or October.
- An update on the Wellbeing Programme; to be received by the Board in July.

RESOLVED:

That the work programme for 2016/17 be approved.

MEETING CLOSED AT 2.05 pm

Chair