



Governance and Human Resources
Town Hall, Upper Street, London, N1 2UD

AGENDA FOR THE HEALTH AND WELLBEING BOARD

Members of Health and Wellbeing Board are summoned to a meeting, which will be held in Committee Room 1, Town Hall, Upper Street, N1 2UD on, **6 July 2016 at 1.00 pm.**

John Lynch
Head of Democratic Services

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Despatched : 28 June 2016

Membership

Councillors:

Councillor Richard Watts (Chair)
Councillor Janet Burgess MBE
Councillor Joe Caluori

Local NHS Representatives:

Angela McNab, Chief Executive, Camden and Islington NHS Foundation Trust
Simon Pleydell, Chief Executive, The Whittington Hospital NHS Trust

Clinical Commissioning Group Representatives:

Alison Blair, Chief Executive, Islington Clinical Commissioning Group
Melanie Rogers, Director of Quality and Integrated Governance, Islington Clinical Commissioning Group
Dr. Josephine Sauvage, Chair, Islington Clinical Commissioning Group
Sorrel Brookes, Lay Vice-Chair, Islington Clinical Commissioning Group

Islington Healthwatch Representative:

Emma Whitby, Chief Executive, Islington Healthwatch

NHS England:

Dr Henrietta Hughes, NHS England

Officers:

Julie Billett, Joint Director of Public Health (Camden and Islington)
Carmel Littleton, Corporate Director of Children's Services
Sean McLaughlin, Corporate Director of Housing and Adult Social Services

A. Formal Matters

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1. Welcome and Introductions - Councillor Richard Watts
2. Apologies for Absence
3. Declarations of Interest

If you have a Disclosable Pecuniary Interest* in an item of business:

- if it is not yet on the council's register, you must declare both the existence and details of it at the start of the meeting or when it becomes apparent;
- you may choose to declare a Disclosable Pecuniary Interest that is already in the register in the interests of openness and transparency.

In both the above cases, you must leave the room without participating in discussion of the item.

If you have a personal interest in an item of business and you intend to speak or vote on the item you must declare both the existence and details of it at the start of the meeting or when it becomes apparent but you may participate in the discussion and vote on the item.

*(a)Employment, etc - Any employment, office, trade, profession or vocation carried on for profit or gain.

(b)Sponsorship - Any payment or other financial benefit in respect of your expenses in carrying out duties as a member, or of your election; including from a trade union.

(c)Contracts - Any current contract for goods, services or works, between you or your partner (or a body in which one of you has a beneficial interest) and the council.

(d)Land - Any beneficial interest in land which is within the council's area.

(e)Licences- Any licence to occupy land in the council's area for a month or longer.

(f)Corporate tenancies - Any tenancy between the council and a body in which you or your partner have a beneficial interest.

(g)Securities - Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

This applies to all voting members present at the meeting.

4. Order of Business
5. Minutes of the previous meeting

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B. Discussion/Strategy items	Page
1. Update on the Islington and Haringey Wellbeing Programme	7 - 14
2. Update on the development of the Sustainability and Transformation Plan for North Central London (<i>presentation</i>)	15 - 16
3. The health and wellbeing impacts of changes to social housing (<i>presentation</i>)	

C. Business items	Page
1. Work Programme	17 - 26

D. Questions from Members of the Public

To receive any questions from members of the public.

E. Urgent Non-Exempt Matters

Any non-exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be agreed by the Chair and recorded in the minutes.

F. Exclusion of Press and Public

To consider whether, in view of the nature of the remaining items on the agenda, any of them are likely to involve the disclosure of exempt or confidential information within the terms of Schedule 12A of the Local Government Act 1972 and, if so, whether to exclude the press and public during discussion thereof.

G. Urgent Exempt Matters

Any exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be agreed by the Chair and recorded in the minutes.

H. Confidential/Exempt Items for Information

I. Any other business

The next meeting of the Health and Wellbeing Board will be on 19 October 2016

Please note all committee agendas, reports and minutes are available on the council's website: www.democracy.islington.gov.uk

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Agenda Item A5

London Borough of Islington

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.

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.

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- 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

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Report of: Director of Housing and Adult Social Services

Health and Wellbeing Board	Date: 6 July 2016	Ward(s): All
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SUBJECT: 'Our Wellbeing Partnership' – Update on the Islington and Haringey Wellbeing Programme

1. Purpose of the report

- 1.1 This paper describes the development and delivery of a programme of joint work across the Haringey and Islington health and care system through the 'Wellbeing Partnership'. This Wellbeing Partnership is focused on supporting our populations to live healthier, happier and longer lives, improving health and care services so that people experience more joined up, better quality services at the right time in the right place, and making sure our health and care system delivers high value care, and is financially sustainable.

2. Recommendations

2.1 The Health and Wellbeing Board is asked to:

- Note progress to date in the development and delivery of the Wellbeing Partnership; and
- Support the proposals for the next phase of work as set out in Section 8 of this report.

3. Background

3.1 The 'Wellbeing Partnership' is the coming together of NHS organisations and local authorities in Haringey and Islington. It is driven by a shared recognition that major changes are needed to ensure that health and care services are of the right quality and capable of meeting the future needs of our local communities.

3.2 We know that our health and care system cannot be sustained in its current form. For Islington and Haringey that means helping our populations to live healthier lives and retain their independence for longer. It means using technology to make sure that people have the information that they need, in the way that they want it, so that they are more in control. It means taking a shared responsibility across

health, housing, education, welfare and social care rather than passing people between agencies. It means recognising the links between mental and physical health. It means never passing up an opportunity to grow and learn from great practice within and outside our Boroughs. We do not want to create a system we cannot sustain and neither do we want to cut care down to the core. That means changes for people: across public services, voluntary organisations and, most importantly, for the people living in Haringey and Islington.

4. Why have Haringey and Islington organisations chosen to work together?

4.1 Haringey and Islington have a similar population:

- Combined population c. 500,000 with expected growth of 14% in the next 15 years;
- Ageing population – highest growth in those aged 65+ (48%) although this age group remains the smallest in absolute numbers;
- Deprived and affluent neighbourhoods side by side;
- High population churn.

4.2 Our populations have similar health and care needs:

- Overall life expectancy is increasing in both boroughs however people live (on average) the last 20 years of their life in poor health;
- Similar prevalence of lifestyle risk factors;
- Similar prevalence of long term conditions (LTC) (20% of overall population living with LTC). This means more long term, complex illness and disability - increasing demand for health and social care. There is also inequality, with deprived communities experiencing more illness and shorter lives than those in more affluent areas;
- High prevalence of severe mental ill health and high rates of co-morbidities in people with mental ill health.

4.3 We have shared ambitions:

- We are committed to change: to fitting our organisations and care around people's needs. We need to focus now on people whose needs are complex and who need coordination, quick help and support to remain as independent as possible. Too often people experience form filling and multiple referrals. Currently we make people fit in and around our own organisations.
- We want to provide world class care when people need it. To do this we need enable those who are well to stay healthy and to support those whose lifestyle puts them at risk to make healthier choices. Our local plans for housing, for schools, for employment, for business as well as for health services all need to support this. But agencies alone do not drive change. People, technology, communities will drive innovation and we will respond.
- Within and across different public sector organisations we are willing to work together; to listen carefully to our diverse populations; to challenge ourselves, to innovate and to learn from our staff and our residents who hold the answers to how health and care could be improved.

4.4 We have a shared 'vision':

- Our commitment is to support our population to live healthier, happier and longer lives. We will improve health and care so people get more joined up, better quality services. There will be a focus on preventing poor health, as well as better outcomes when people need care and treatment.
- At the same time given the financial pressures on us all, we need to make sure services are of value, affordable and fit for the future.
- We will work together linking our residents and patients, hospitals, voluntary and community organisations, mental health services, social care and primary care services, in a system with one shared commitment to achieve our vision.

5. How will the Wellbeing Partnership work together?

- 5.1 The current Wellbeing partner organisations are: LB Islington, LB Haringey, Whittington Health, Camden & Islington NHS Foundation Trust, Islington Clinical Commissioning Group, Haringey Clinical Commissioning Group and Barnet, Enfield & Haringey MH Trust (joined June 2016).
- 5.2 Other health providers have been involved during the preparation work and will further join in with the partnership as the work plan is developed. We are building an extensive stakeholder group to be engaged in the workplan, including the voluntary and third sector, our workforce, Healthwatch and other community, public, patient and service user representative groups.
- 5.3 We have established some agreed principles which are summarised here:
- Partner organisations will work together for the benefit of local people;
 - We will involve local people in our design, planning and decision-making;
 - Partner organisations will find innovative ways to cede current powers and controls to explore new ways of working together;
 - We will be open, transparent and enabling in sharing data, information and intelligence in all areas including finance, workforce and estates;
 - Partner organisations have agreed to find ways to 'risk share' during transformational change;
 - We will find ways to share joint incentives and rewards;
 - Partner organisations will make improvements by striving to be the best, together;
 - We will be rigorous in ensuring value for money and financial sustainability.

6. How does the Wellbeing Partnership fit with the North Central London Sustainability & Transformation Plans (STPs)?

- 6.1 NHS England has mandated all areas of the country to be part of a predetermined local footprint that will prepare health and social care sustainability and transformation plans for 2016-2021. Haringey and Islington are part of the North Central London (NCL) footprint. The Chief Officers of the Wellbeing Programme are all actively engaged and in some instances, leading, key areas of work in the NCL STP. We are well represented on the NCL Transformation Board and other key workstreams. There will be some areas of transformation and change where there will be clear benefits from working collaboratively across the wider NCL footprint. In time it will provide access to central funding for transformation activity.
- 6.2 There may well be local Wellbeing Partnership initiatives that may be more appropriate to local needs; and where the Wellbeing Partnership makes proposals for change, we will not suggest unnecessary delay because of the NCL STP where there are material benefits to local people either in terms of financial sustainability or in terms of quality of service delivery.

7. Wellbeing Partnership preparation work

- 7.1 We started working together to establish the Wellbeing Partnership late in 2015. We held a major stakeholder event in the autumn and a clinical and care practitioners' event early in 2016. We took all the information and learning found in each organisation from what our workforce and local people told us in the past about their experience of health and care. Using all available information to inform future plans, we grew our understanding of the health needs of the local population and the evidence of what is working well locally. We have identified some priority area in population segments and clinical and care pathways. We have looked at local 'good practice and innovation': to see where we might scale up across the partnership as a 'quick win' for positive change.

- 7.2 We have undertaken an outline financial analysis, identifying the precise scale of the financial challenge and are working out what the potential is for efficiencies and what requires bigger changes across the whole system. We have set up a programme structure to take forward an agreed workplan which recognises current governance and decision making within the health and care systems.

8. The Wellbeing Partnership: what next – recommended priority work programme

- 8.1 Using all the information and data described above, the Wellbeing Partnership has identified the following key priorities areas for the next phase of work. It is proposed to engage in co-production with key stakeholders, develop detailed scoping work and business cases for each of the pathways to identify the opportunities for working together in a different way.
- 8.2 Population based and health and care pathways:
- A model of care that supports independence in older people with health and social care needs;
 - A re-designed musculoskeletal care pathway;
 - An integrated model of care for people with learning disabilities;
 - A model of care that improves the prevention, identification and management of diabetes and cardiovascular disease;
 - Mental Health: Recovery & Ablement (*New – June 2016*).

Each workstream is led by a senior manager with at least 20% of time identified and freed up to work on the programme, supported by a small programme management office (PMO).

The **cross cutting themes** across all these five areas will include:

- Sustaining good mental health;
- Prevention, early identification and maintaining independence;
- Action on the wider determinants of health including housing and environment;
- Primary Care;

Each cross-cutting theme is led by a senior manager with at least 20% of time identified and freed up to work on the programme, supported by a small PMO.

- 8.3 Islington and Haringey have agreed to work together to identify opportunities to align the public estates with new service delivery models. The plan considers changes in demography, demand and service provision, including integration of health and social care, improved accessibility, new commissioning models and financial challenges. Implementation of the opportunities identified in the plan will occur through NCL Sustainability and Transformation Plan and the Wellbeing Partnership programmes of work.
- 8.4 In addition, an important area of work will focus on future care models; identifying the range of options which might be most appropriate for providing and commissioning health and care. We propose to undertake detailed financial modelling of savings and investments required across the whole system and look at additional key enablers: workforce, IT, estates.

9. Implications

Financial implications:

- 9.1 Islington Council has agreed to commit £75,000 in the current financial year to support the cost of the programme management office. There are no other financial implications arising as a direct result of this report although this will involve an element of officer time. Any plans or strategies derived or agreed in relation to this report should use existing available resources and therefore not create a budget pressure for the Council, CCG and partner organisations.

The financial impact of any plans or strategies need to be assessed and understood with particular attention in understanding what the effect on Health and/or Social Care will be and how this affects each organisation.

Legal Implications:

- 9.2 The proposal complies with the need for the closer integration of health and social care services and complies with the Health and Social Care Act 2012 which makes provision for the establishment of Health and Wellbeing Boards for the advancement of the health and wellbeing of the community.

Environmental Implications:

- 9.3 There are no significant environmental impacts related to the programme. However, improved integration and joint working can help reduce duplication, which in turn can have a positive environmental impact.

10. Resident Impact Assessment:

- 10.1 The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.
- 10.2 No resident impact assessment has been undertaken during this initial phase of programme scoping and development. RIAs will now be undertaken as part of the next phase of work to further scope, develop and implement the work in relation to each of the priority work streams and pathways.

11. Reasons for the recommendations / decision:

The Health and Wellbeing Board is asked to note progress to date in the development and delivery of the Wellbeing Partnership and support the proposals for the next phase of work as set out in Section 8 of this report.

Signed by:



Director of Housing and Adult Social Services

Date 28 June 2016

Appendices

- Wellbeing Partnership Governance Map

Background papers:

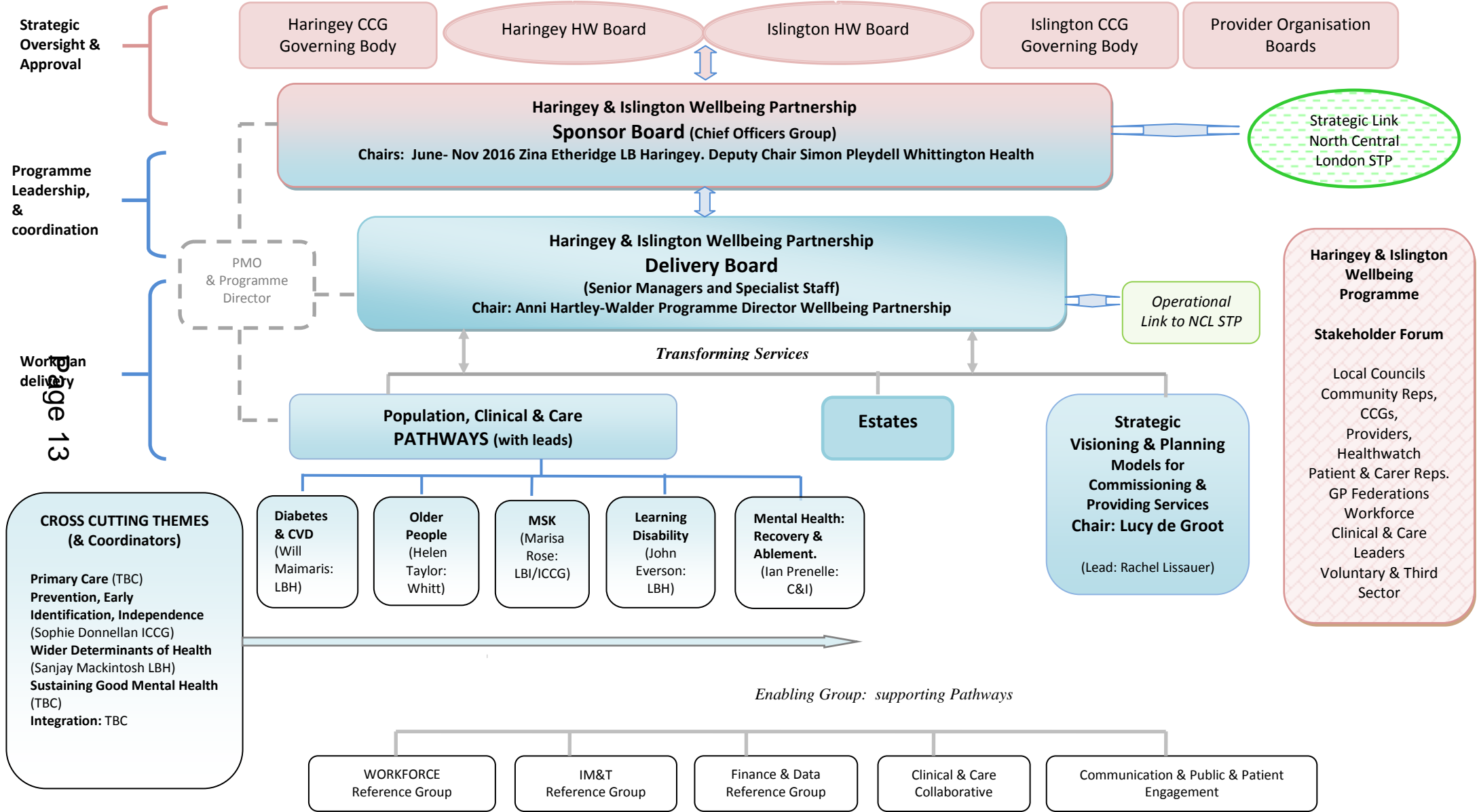
- None.

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Our Wellbeing Partnership

Health & Care: working together with the people of Haringey and Islington



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Report of: Director of Public Health

Health and Wellbeing Board	Date: 6 July 2016	Ward(s): All
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SUBJECT: Update on the development of the Sustainability and Transformation Plan (STP) for North Central London

1. Synopsis

- 1.1 The NHS Shared Planning Guidance for 2016/ 17 has asked every health and care system to come together to create Sustainability and Transformation Plans (STPs), an ambitious local blueprint for accelerating implementation of the Five Year Forward View.
- 1.2 STPs are place-based, multi-year plans built around the needs of local populations. There are 44 footprints nationally and Islington is part of the North Central London (NCL) footprint which also includes Camden, Barnet, Haringey and Enfield.
- 1.3 A presentation will be given at the meeting to update the Islington Health and Wellbeing Board on the development of the Sustainability and Transformation Plan for North Central London, in line with NHS Planning Guidance. Guidance sets out how NHS organisations (CCGs and providers) will work with local authorities to improve health and wellbeing outcomes, improve care quality and achieve financial sustainability. The presentation will update the Board about the current status of the NCL STP, its objectives, governance arrangements, priority work-streams and the next steps in its development.

2. Recommendations

- 2.1 It is recommended that the Islington Health and Wellbeing Board:
 - Notes the North Central London Sustainability and Transformation Plan presentation;
 - Provides feedback on the broad objectives of the STP, its direction and implications for Islington;
 - Receives the final STP at its July 2016 meeting.

3. Implications

Financial implications:

- 3.1 None identified. Any plans or strategies derived or agreed in relation to this report should use existing available resources and therefore not create a budget pressure for the Council, CCG and partner organisations.

Legal Implications:

- 3.2 The proposal complies with the need for the closer integration of health and social care services complies with the Health and Social Care Act 2012 which makes provision for the establishment of Health and Wellbeing Boards for the advancement of the health and wellbeing of the community.

Environmental Implications

- 3.3 There are no significant environmental impacts related to the development of the STP for North Central London. However, improved integration and joint working can help reduce duplication, which in turn can have a positive environmental impact.

Resident Impact Assessment:

- 3.4 The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding. No specific resident impact assessment is required in regards to this report.

4. Reasons for the recommendations / decision:

- 4.1 The Board is asked to note the North Central London Sustainability and Transformation Plan presentation and provide feedback on the broad objectives of the STP, its direction and implications for Islington.

Signed by:



Director of Public Health

Date 15 June 2016

Appendices

- None.

Background papers:

- None.

Report Author: Julie Billett
Tel: 020 7527 1221
Email: Julie.Billett@islington.gov.uk



Report of: Director of Public Health

Health and Wellbeing Board	Date: 6 July 2016	Ward(s): All
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SUBJECT: Work Programme Update

1. Synopsis

- 1.1 This report introduces the work programme for discussion and approval by the Health and Wellbeing Board.

2. Recommendations

- 2.1 That the updated work programme for 2016/17 be approved, subject to any amendments of the Board.

3. Strategic Context

- 3.1 The focus of the Health and Wellbeing Board is on responding to the needs identified by the Joint Strategic Needs Assessment (JSNA) and on the delivery of the priorities identified in Islington's Joint Health and Wellbeing Strategy (JHWS).
- 3.2 The Board is responsible, on behalf of the council and CCG, for promoting the health and wellbeing of local residents and it must encourage integrated working and commissioning between health and social care services in order to secure the best possible health outcomes for all local people and reducing health inequalities, based upon the JSNA and JHWS

4. Background

- 4.1 The work programme is a key document for the Health and Wellbeing Board. It has the dual function of directing the focus of the formal meetings of the Board for the present year and enables the public and wider stakeholders to understand the Board's planned activity.
- 4.2 Forward planning is necessary to ensure issues of strategic importance are responded to in an appropriate and timely fashion and to enable the Board to achieve its strategic objectives and the transformational changes necessary for both the council and the CCG.

- 4.3 The present Work Programme covers both the statutory duties of the Health and Wellbeing Board and the key projects that have been identified as priorities by the Board. It covers the period until Spring 2017.
- 4.4 The Board should seek to align its work programme with the strategic work programmes of other relevant Boards and Committees of the CCG and Council as appropriate.
- 4.5 The HWB will consider and approve the work programme at each meeting. When proposing items to the work programme, Board members agree to clearly specify the information and analysis required and who will author the report/s in question.
- 4.6 The Health and Wellbeing Board Agenda Setting Group will meet periodically and will have the right to amend or propose items for inclusion on the work programme as appropriate.
- 4.7 The Work Programme is attached at Appendix A.

5. Implications

Financial implications:

- 5.1 There are no financial implications arising directly from this report.

Legal Implications:

- 5.2 The Health and Social Care Act 2012 states that every local authority must establish a Health and Wellbeing Board for its area. The Islington Health and Wellbeing Board is responsible, on behalf of the Council, for promoting the health and wellbeing of local residents. It must encourage integrated working and commissioning between health and social care services in order to secure the best possible health outcomes for all local people and reducing health inequalities, based upon the joint strategic needs assessment and the joint health and wellbeing strategies. Health and Wellbeing Boards have a number of statutory duties designated through the Health and Social Care Act (2012) that will inform what items should be taken to the Health and Well-Being Board meetings.

Environmental Implications

- 5.3 There are no significant environmental implications arising directly from this report.

Resident Impact Assessment:

- 5.4 The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding. An RIA has not been completed because an assessment is not necessary in this instance

6. Reasons for the recommendations / decision:

- 6.1 The Health and Wellbeing Board is asked to note the Work Programme; approve the work programme for the next meeting of the Board; and propose additions and amendments to the Work Programme for 2016/17.

Signed by:



Joint Director Public Health

Date: 27 June 2016

Appendices

- Work Programme 2016/17

Background papers:

- None.

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**Islington Health and Wellbeing Board
DRAFT Work Programme 2016/17**

April 20 th 2016 13:00 - 15:00 Town Hall, Upper Street, N1 2UD		
Item	Purpose/ Decision	Responsible officer
For Discussion/comment		
1. CCG's Commissioning plan for 16/17 and update on the NCL Sustainability and Transformation Plan (STP)	<ul style="list-style-type: none"> • Overview of CCG commissioning plans and strategic priorities for 16/17 • Update on the development of the Sustainability and Transformation Plan (STP) for North Central London, in line with NHS Planning Guidance, which sets out how NHS organisations (CCGs and providers) will work with local authorities to improve health and wellbeing outcomes, care quality and financial sustainability. The presentation will include emerging strategic plans for system transformation and reform, as well as the timetable and process for sign off of the plan. • The Board is asked to: (1) NOTE the commissioning plans and (2) AGREE whether commissioning plans take proper account of the JSNA and JHWS • The Board is asked to (3) NOTE progress on the development of the Sustainability and Transformation Plan (STP) for North Central London 	Chief Officer, ICCG
2. Joint Health and Wellbeing Strategy Refresh	<ul style="list-style-type: none"> • This paper sets out a proposed process and timetable for refreshing the Islington JHWS, and seeks an initial steer from the Board on key priorities and areas of focus as we start to develop the new strategy. • The Board is asked to; (1) PROVIDE a strategic steer to the development of Islington's new Joint Health and Wellbeing Strategy, reflecting on achievements of the previous strategy and its focus on three high level priorities – giving every child the best start in life, preventing and managing long term conditions and improving mental health and wellbeing; (2) DISCUSS potential priorities, themes or areas of focus in order to provide a framework to the process of strategy refresh; (3) AGREE the approach to refreshing the JHWS set out in this report, subject to any changes discussed and agreed by the Board. 	Director of Public Health, LBI

3. Islington's Better Care Fund – progress report	<ul style="list-style-type: none"> • Islington's HWB provides oversight of Islington's Better Care Fund programme delivery. This paper will provide the Board with an update on progress and plans for 16/17. • The Board is asked to; (1) NOTE and (2) COMMENT on the integrated working in 2015/16 and key achievements for local people • The Board is asked to REVIEW and AGREE in principle the planning assumptions for 2016/17 be reviewed and agreed. 	Corporate Director of Housing and Adult Social Services
4. Mental Health services for young adults in Islington. A consultation by HealthWatch Islington	<ul style="list-style-type: none"> • HealthWatch Islington carried out a consultation with young adults on their experiences of using local mental health services and have used the findings to make recommendations for key local partners. • The Board is asked to: (1) NOTE and (2) DISCUSS the recommendations set out in the HealthWatch report. 	HealthWatch Islington
5. Work programme	<ul style="list-style-type: none"> • Islington's Health and Wellbeing Board's work programme is developed by partners with oversight from the Chair of the Board. This draft programme for 2016/17 is intended to be a working document due to the fast pace of change and will be reviewed and agreed by the Board at every meeting. • The Board is asked to: (1) NOTE the draft work programme for 2016/17 and (2) CONSIDER any additional items to inclusion in the work programme. 	HWB Chair
For information (Discussion by exception)		

July 6th 2016 13:00 – 15:00 Committee Room 1, Town Hall, Upper Street, N1 2UD

Item	Purpose/Decision	Responsible officer
For Discussion/comment		
1. Update on the Islington and Haringey Wellbeing Programme	<ul style="list-style-type: none"> This report provides information about the partnership that is being formed between NHS organisations and local authorities in Haringey and Islington. It outlines the rationale for working together across Haringey and Islington; key work areas; how the Partnership fits within the North Central London Sustainability and Transformation Plan (STP) and the next stages of the programme. The Board is asked to: (1) NOTE the intention for Haringey and Islington to work as a strong partnership, where this will add value and improve outcomes for our residents, within North Central London; and (2) DISCUSS the direction of travel for the work. 	Corporate Director of Housing and Adult Social Services
2. Update on the development of the Sustainability and Transformation Plan (STP) for North Central London	<ul style="list-style-type: none"> The NHS Shared Planning Guidance for 2016/ 17 has asked every health and care system to come together to create Sustainability and Transformation Plans (STPs), an ambitious local blueprint for accelerating implementation of the Five Year Forward View. The Islington Health and Wellbeing Board is asked to: (1) NOTE the North Central London Sustainability and Transformation Plan presentation; and (2) PROVIDE feedback on the broad objectives of the STP, its direction and implications for Islington. 	Chief Officer, ICCG Director of Public Health
3. The health and wellbeing impacts of changes to social housing	<ul style="list-style-type: none"> The Housing and Planning Act will impose new duties on local authorities, including the forced sale of a proportion of empty council homes. These changes could have far reaching consequences for the health and well-being of vulnerable people and families with children who rely on social housing. The Board is asked to: (1) CONSIDER the potential impact of the Housing and Planning Act on the local population and implications for partners, and (2) DISCUSS what further reporting will be helpful to keep the Board updated. 	Corporate Director of Housing and Adult Social Services
4. Work programme	<ul style="list-style-type: none"> The Board is asked to: (1) NOTE the draft work programme for 2016/17 and (2) CONSIDER any additional items to inclusion in the work programme. 	HWB Chair
For information (Discussion by exception)		

October 19th 2016 13:00 – 15:00 Town Hall, Upper Street, N1 2UD

Item	Purpose/Decision	Responsible officer
For Discussion/comment		
1. Joint Health and Wellbeing Strategy refresh update	<ul style="list-style-type: none"> The Board is asked to: (1) NOTE progress on the development of the draft Joint Health and Wellbeing Strategy; (2) IDENTIFY potential areas for improvement to inform the final version for public consultation; (3) APPROVE the draft strategy for a period of public consultation to take place between August and October 2016, subject to any agreed changes 	Director of Public Health
2. CCG and Council Commissioning Intentions 2017/18	<ul style="list-style-type: none"> Overview of CCG and council commissioning intentions and strategic priorities for 17/18 The Board is asked: (1) NOTE joint commissioning plans; and (2) AGREE whether commissioning plans take proper account of the JSNA and JHWS 	ICCG Chair Director of Public Health Corporate Director of Housing and Adult Social Service Corporate Director of Children's Services
3. HealthWatch Islington's Strategic Plans for 2017/18	<ul style="list-style-type: none"> HealthWatch's strategic plans and priorities for 17/18 The Board is asked: (1) NOTE and (2) DISCUSS HealthWatch plans for 2017/18 	Healthwatch member
4. Safeguarding adults and safeguarding children in Islington in 2015/16 – a review of key achievements and priorities going forward	<ul style="list-style-type: none"> There is a statutory duty for the annual safeguarding reports to be presented to the chair of the HWB. Annual children and adults safeguarding reports are also presented to Islington's CCG's Governing Body. In previous years, full annual reports have also been presented to and discussed by the HWB. The board may wish to propose that both independent Chairs of the safeguarding boards present a paper (as opposed to their full annual reports) setting out key issues and achievements over the past year, and priorities going forward, drawing out how these priorities align with the strategic priorities of the HWB and how the HWB can champion and support action across the system to address these safeguarding priorities. 	Corporate Director of Housing and Adult Social Services Corporate Director of Children's Services

5. Learning Disabilities and Autism Self-Assessment Frameworks	<ul style="list-style-type: none"> Joint commissioners are required to submit the Learning Disabilities Self-Assessment Framework (SAF) on an annual basis to NHS England. It covers a range of topics regarding services to people with learning disabilities. NHS England requires the report to be submitted into Health and Wellbeing Boards for approval. 	Corporate Director of Housing and Adult Social Services
6. Integrated Digital Care Record (“Care My Way”) Update	<ul style="list-style-type: none"> The Integrated Digital Care Record (“Care My Way”) will significantly change the way that information is shared, and also how people can both hold and control their own health and care information. The Board is asked to 	ICCG Vice-Chair Service Director Adult Social Care
7. Update on workforce training and development to support integrated care	<ul style="list-style-type: none"> This paper highlights the work of Islington’s Community Education Provider’s Network (CEPN), setting out what it is trying to achieve, some of the key workforce challenges and opportunities nationally and locally in relation to supporting future models of integrated care, the development of a cross organisational / disciplinary training faculty and to describe how this work sits under the integration programme locally and could/should relate to the HWB. The Board is asked to: (1) NOTE and (2) DISCUSS Islington CEPN’s plans for 2016/17 	ICCG Chair
8. Work programme	<ul style="list-style-type: none"> The Board is asked to: (1) NOTE the draft work programme for 2016/17 and (2) CONSIDER any additional items to inclusion in the work programme. 	HWB Chair
For information (Discussion by exception)		
9. JHWS Priorities Update (April 2016 to present)	<ul style="list-style-type: none"> For information. Updates come periodically (every 6 months) 	Director of Public Health

January 25th 2017 13:00 – 15:00 Town Hall, Upper Street, N1 2UD

Item	Purpose/Decision	Responsible officer
For Discussion/comment		
1. Joint Health and Wellbeing Strategy – final version	<ul style="list-style-type: none"> The Board is asked to: (1) NOTE the findings from the public consultation; (2) CONSIDER the findings when finalising the strategy 	Director of Public Health
2. CCG's Commissioning plan for 17/18 and update on NCL's Sustainability and Transformation Plan (STP)	<ul style="list-style-type: none"> Overview of CCG commissioning plans and strategic priorities for 16/17 Update on the development of the Sustainability and Transformation Plan (STP) for North Central London, 	Chief Officer, ICCG
For information (Discussion by exception)		

April 26th 2017 13:00 – 15:00 Town Hall, Upper Street, N1 2UD

Item	Purpose/ Decision	Responsible officer
For Discussion/comment		
1. Joint Health and Wellbeing Strategy Priorities Update	<ul style="list-style-type: none"> For information. Updates come periodically (every 6 months) 	Director of Public Health
2. Islington's Better Care Fund – progress report	<ul style="list-style-type: none"> Islington's HWB provides oversight of Islington's Better Care Fund programme delivery. This paper will provide the Board with an update on progress and plans for 17/18. 	Corporate Director of Housing and Adult Social Services
3. Work programme	<ul style="list-style-type: none"> Islington's Health and Wellbeing Board's work programme is developed by partners with oversight from the Chair of the Board. This draft programme for 2017/18 is intended to be a working document due to the fast pace of change and will be reviewed and agreed by the Board at every meeting. The Board is asked to: (1) NOTE the draft work programme for 2017/18 and (2) CONSIDER any additional items to inclusion in the work programme. 	HWB Chair
For information (Discussion by exception)		

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