London Borough of Islington

Health and Wellbeing Board - Monday, 3 October 2016

Meeting in common with the London Borough of Haringey Health and Wellbeing Board

Minutes of the meeting of the Health and Wellbeing Board held at Haringey Civic Centre on Monday, 3 October 2016 at 12.30 pm.

Present: Councillors Richard Watts (Chair), Janet Burgess and Joe Caluori (in part).

Alison Blair, Chief Executive, Islington Clinical Commissioning Group
Dr. Josephine Sauvage, Chair, Islington Clinical Commissioning Group
Melanie Rogers, Director of Quality and Integrated Governance, Islington Clinical Commissioning Group
Lucy de Groot, Lay Member, Islington Clinical Commissioning Group
Simon Pleydell, Chief Executive, The Whittington Hospital NHS Trust
Julie Billett, Joint Director of Public Health (Camden and Islington)
Sean McLaughlin, Director of Housing and Adult Social Services

Also Present:

Members of Haringey Health and Wellbeing Board:

Cllr Claire Kober, Chair of Haringey Health and Wellbeing Board
Cllr Jason Arthur, Cabinet Member for Finance and Health, LB Haringey
Cllr Elin Weston, Cabinet Member for Children & Families, LB Haringey
Susan Otiti, Assistant Director of Public Health, LB Haringey (substitute for Dr Jeanelle de Gruchy)
Sharon Grant, Chair, Healthwatch Haringey
Sarah Price, Chief Operating Officer, Haringey CCG
Dr Peter Christian, Chair, Haringey CCG
Cathy Herman, Lay Member, Haringey CCG
Beverley Tarka, Director of Adult Social Care, LB Haringey
Sarah Alexander, Head of Safeguarding, Quality Assurance and Practice, LB Haringey (substitute for Jon Abbey)
Geoffrey Ocen, Chief Executive, Bridge Renewal Trust

Other representatives:

Andy Stopher, Deputy Chief Operating Officer, Camden & Islington NHS Foundation Trust
Lesley Seary, Chief Executive, Islington Council
Zina Etheridge, Deputy Chief Executive, LB Haringey
Charlotte Pomery, Assistant Director of Commissioning, LB Haringey
Tim Deeprose, Interim Director – Wellbeing Partnership
Dr Will Maimaris, Consultant in Public Health
Stephen Lawrence-Orumwense, Assistant Head of Legal Services, LB Haringey

Councillor Richard Watts in the Chair

96 FILMING AT MEETINGS (ITEM NO. A1)

The Chair referred those present to Item 1 as shown on the agenda and asked that they review the information on filming at meetings.

97 WELCOME AND INTRODUCTIONS (ITEM NO. A2)

The Chair welcomed everyone to the meeting and introductions were given.

98 APOLOGIES FOR ABSENCE (ITEM NO. A3)

Apologies for absence were received from Sorrel Brookes (substitute: Lucy de Groot), Emma Whitby, Angela McNab (representative: Andy Stopher) and Carmel Littleton.

Apologies for lateness were received from Cllr Joe Caluori.

It was noted that the following members of LB Haringey's Health and Wellbeing Board were not present: Jon Abbey, Director of Children's Services, LB Haringey; Sir Paul Ennals, Chair of Haringey's LSCB; Dr Jeanelle de Gruchy, Director of Public Health, LB Haringey; Dr Dina Dhorajiwala, Vice Chair of Haringey CCG.

99 NOTIFICATION OF URGENT BUSINESS (ITEM NO. A4)

None.

100 DECLARATIONS OF INTEREST (ITEM NO. A5)

None.

101 QUESTIONS FROM MEMBERS OF THE PUBLIC (ITEM NO. A6)

None.

102 POPULATION HEALTH - CHALLENGES, SIMILARITIES AND DIFFERENCES ACROSS HARINGEY AND ISLINGTON (ITEM NO. B7)

Julie Billett, Director of Public Health, made a presentation to the Board setting out the key health challenges shared by Haringey and Islington.

The following main points were noted in the discussion:

- Life expectancy was a good overall indicator of health outcomes across the two boroughs. Although life expectancy at birth had increased in both boroughs over the past decade, male life expectancy in Islington remained significantly lower than London and England averages. It was thought that life expectancy across both boroughs could be extended by addressing health inequalities in the most deprived communities.
- The population across the two boroughs was close to 500,000 with a projected growth of 8% by 2026. Population growth would be concentrated amongst older age groups, which would have particular consequences for health and social care services in the future.
- Both boroughs had similar levels of deprivation, which was a key influence on health and wellbeing.

- Both boroughs had ethnically diverse populations, although there were differences in the ethnic make-up of the boroughs.
- Both boroughs had similar prevalence of health behavioural risk factors, although Islington had significantly more alcohol-related hospital admissions compared to Haringey. Prevalence of smoking in Islington and Haringey was significantly higher than the London average.
- Both boroughs had a similar prevalence of long term conditions and prevalence of serious mental health conditions above the London and England average.
- Both boroughs had among the highest rates in London of residents claiming out of work benefits or sickness/disability benefits.
- It was considered that Islington and Haringey had similar health and care needs and faced similar challenges. The boroughs operated in a complex health and care system without neat system boundaries. Patients flowed between the boroughs and across London.
- The boroughs had a shared ambition to improve population health outcomes, care quality and system sustainability in the face of significant financial constraints. Islington and Haringey had shared values and were committed to working in partnership.

103 HARINGEY AND ISLINGTON WELLBEING PARTNERSHIP (ITEM NO. B8)

Item 8a. Update on the Wellbeing Partnership

Sarah Price, Chief Officer of Haringey CCG, provided a verbal update on the Haringey and Islington Wellbeing Partnership.

It was advised that Haringey and Islington had consolidated their position in relation to the other North Central London boroughs and the work of the Wellbeing Partnership was being recognised as a key component of the North Central London Sustainability and Transformation Plan.

Work around cardiovascular disease and diabetes was underway and would be key in helping to deliver sustainability. Work undertaken around mental health would also be very important. Work around musculoskeletal conditions was due to start following the appointment of a lead officer. A children's and young people project was also being developed under the Wellbeing Partnership, in response to feedback from staff that they wanted to see its inclusion as one of the initial workstreams. It was noted that Tim Deeprose had recently been appointed as the Interim Programme Director for the Wellbeing Partnership, and that establishing a team to support the work was a key task to help drive the project forward.

Following a request for clarification, it was advised that the musculoskeletal work had not progressed at the same pace as other workstreams due to capacity and the need to identify resources and officers to lead on delivery of the project.

The Board noted that representatives from both Islington and Haringey CCGs, local authorities and the Whittington and North Middlesex hospitals had met the previous week to consider the children and young people workstream. It was thought that the workstream would review the demands of children and young people on A&E, as well as the pathways for children with long term conditions, and childhood obesity. Whittington Health had volunteered to draft a plan for the proposed work.

In response to a question on the pressures on A&E services at the Whittington, Simon Pleydell advised that the issue was around what was the most suitable setting to

receive care and whether that was in a community setting or whether this was at an emergency department. This was a key challenge faced across the health sector.

Item 8b. Developing and Accountable Care Partnership

Zina Etheridge, Deputy Chief Executive of LB Haringey, and Charlotte Pomery, Assistant Director of Commissioning at LB Haringey, presented the report which proposed the establishment of an Accountable Care Partnership.

The following main points were noted in the discussion:

- The Wellbeing Partnership was working well and it was thought that consideration should be given to developing formal governance arrangements. It was commented that a formal governance structure would assist partner organisations in making the transition to a more integrated model. The need for system-wide partnership working was recognised, however it was suggested that at present there was not the system-wide responses available to tackle them effectively.
- Whilst work was underway to rationalise services through the partnership, it was commented that duplication and inefficiencies existed in the system. For example, each organisation had its own contracting and commissioning arrangements. The result of this was that Haringey and Islington residents were entitled to different services from providers such as the Whittington.
- It was noted that commissioners and providers were increasingly moving towards pooled budget arrangements. It was suggested that this should be explored for the Wellbeing Partnership, however it was recognised that shared budgets presented challenges which would need to be carefully considered.
- The Wellbeing Partnership had created a partnership at two levels; a top-down strategic layer, and a bottom-up operational layer. It was thought that an Accountable Care Partnership could facilitate the scaling up of areas of good practice by adopting an operational form that encouraged innovation in planning, resourcing and delivering services.
- Whilst there were other Accountable Care Partnerships operating across the country, it was thought that these did not offer a ready-made model suitable for the particularly complex health and care landscape in Islington and Haringey. Further thought on governance arrangements and how to engage clinicians, social care organisations and other professionals was required. It was important for any Accountable Care Partnership to able to work effectively with local communities and the wider health and care system.
- A recent Joint Health Overview and Scrutiny Committee meeting had found that there was an appetite from local people to engage in the development of health and care services. It was thought that that the STP felt far removed from local people and the process of co-production should be embedded early in the development of any Accountable Care Partnership.

Cllr Caluori entered the meeting.

- It was thought that a formal governance arrangement would give partner organisations greater influence, particularly in regards to the STP process. It was commented that financial stability could be best achieved through a structural approach.
- The Board noted concerns that service users could not keep up to date with the number of changes to the health and care system. It was important for service users to understand how and where decisions were made, and how to influence those decisions.

- There would be both costs and savings associated with establishing an Accountable Care Partnership, however these would not be known until the form of the Partnership was decided. A business case would need to be developed and reviewed before any changes were agreed.
- The Board acknowledged that clarity around governance arrangements was required and it was important to ensure that any organisation established was transparent and accountable to the local community. The Wellbeing Partnership Sponsor Board was reviewing accountability issues in tandem with work underway on governance and its findings would be reported to a future meeting.
- It was noted that not all health providers in Islington and Haringey were engaged in the Wellbeing Partnership and consideration would need to be given to how these organisations would interact with any Accountable Care Partnership.

RESOLVED:

(1) That the principles and high level outcomes as developed by the Sponsor Board of the Haringey and Islington Wellbeing Partnership be adopted;
(2) That the development of a form of accountable care partnership which best supports the outcomes sought by the Haringey and Islington Wellbeing Partnership be agreed in principle;
(3) That further work to develop the detail of such a partnership, with the aim of gaining agreement on the final structure and form from constituent decision making bodies by April 2017, be endorsed;
(4) That the Sponsor Board report back on progress in developing and implementing a project plan;
(5) That the Sponsor Board be requested to consider as a matter of priority how community and stakeholder engagement will be undertaken and involve key stakeholders, including Healthwatch.

Item 8c. Workstream on Cardiovascular Disease and Diabetes in Haringey and Islington

Dr Will Maimaris, Consultant in Public Health, and Claire Davidson, lead on self-management support and behaviour change at Whittington Health, made a presentation to the Committee on health and care needs relating to diabetes and cardiovascular disease.

The following main points were noted in the discussion:

- Haringey had the 2nd highest rate of early death from stroke in the country. There were 23,000 people diagnosed with diabetes in Haringey and Islington and 1 in 5 of these people was likely to have depression.
- 1 in 5 people had high blood pressure in Haringey and Islington. People living in the most deprived parts of Haringey and Islington were more than 3 times more likely to die young from cardiovascular disease than people living in the most affluent areas.
- There was a high level of spending on those who had already developed diabetes, CVD and complex health needs. Dr Maimaris suggested that the biggest impact could be made by targeting interventions at the wider population, through initiatives such as Healthy High Streets, as these would support the health of everyone, including those with existing conditions.

- The self-management support approach at the Whittington involved patient programmes which focused on building knowledge, skills and confidence so that patients could effectively manage their own health conditions. Support for clinicians was also involved, to build knowledge, skills and confidence to support self-management and build coaching and communication skills. The approach also included providing support to services to embed the approach into their way of working.
- It could often take a significant amount of time for people to build up to being able to self-manage their conditions. At present services were structured so that patients received short interventions and consideration needed to be given to think about how the system as a whole could operate to facilitate self-management in an integrated way.
- The diabetes self-management programme could achieve a reduction in HbA1c (blood sugar control) of 0.6% which was equivalent to the reduction achieved through anti-diabetic drugs but was considerably cheaper. There were currently 200 places available per annum on the programme.
- Dr Maimaris advised that engagement with clinicians and partners to find the main opportunities for improving outcomes and value for money was already underway and that the Wellbeing Partnership was had the potential to be a vehicle to help drive improvements in CVD and diabetes.
- Dr Maimaris advised that gaps identified locally were also highlighted within the NCL STP case for change: challenges in primary care provision; a lack of focus on prevention across North Central London; gaps in early detection of disease; and lack of integrated care and support for people with long-term conditions. Whilst the NCL STP would provide a framework to tackle some of the challenges identified, many of the solutions would need to be implemented at a more local level.
- The Board recognised the potential benefits of collaborative working on diabetes and cardiovascular disease, and emphasised the need to engage local communities in preventative work. Initiatives such as Healthy High Streets and the Daily Mile were considered to have a positive impact on population health, but required coordinated support from local services and organisations; including schools, voluntary and community groups, and others. Preventative work in Haringey was supported through the Haringey Obesity Alliance and it was suggested that a cross-borough alliance could be developed.
- Members of the Board were aware of several disparate, small initiatives focusing on obesity and suggested that these needed to be coordinated and scaled up to have a larger impact. It was commented that effective work on diabetes and cardiovascular disease would have a positive effect on the whole health of the population, and a significant impact could be made by targeting interventions on school children. Collaborative working on such initiatives provided the opportunity to tackle broader issues of inequality and social justice.
- The Board noted that the Adult Social Services departments of Islington and Haringey were intending to carry out a reciprocal peer review, with a particular focus on prevention. It was suggested that this would create a number of opportunities for joint working and the outcomes of the review could be presented to a future meeting of the Board.

RESOLVED:

(1) That the issues raised in the submitted report and presentation be noted;
(2) That the opportunities for improving population health outcomes and value for money for cardiovascular disease and diabetes prevention and care through the Haringey and Islington Wellbeing Partnership be noted.

104 UPDATE ON NORTH CENTRAL LONDON SUSTAINABILITY AND TRANSFORMATION PLAN (ITEM NO. B9)

Julie Billett introduced the report which provided an update on the development of the North Central London Sustainability and Transformation Plan (STP).

The following main points were noted in the discussion:

- Members of the Board expressed frustration with the level of transparency around the STP process to date and indicated that it was in the public interest for Health and Wellbeing Boards to review the STP.
- A high level STP had been submitted to NHS England in June and a final plan would be submitted on 21 October. Although a series of public engagement events had taken place in September, it was noted that there would not be an opportunity for the statutory constituent bodies to approve the STP prior to submission.
- The Board considered the importance of managing an effective relationship between the STP and the Wellbeing Partnership. The Wellbeing Partnership was well-placed to commission and deliver services at a local level as appropriate, while contributing to the overall aims of the STP.
- The timescales were unclear after the submission of the STP on 21st October. The STP would be reviewed and signed-off by NHS England. As the STP timescales did not allow for democratic engagement prior to submission, there would be some subsequent engagement with each of the governing bodies, provider boards and Health and Wellbeing Boards involved. Delivery plans would be developed from November onwards and there would be an opportunity for these to be reviewed by constituent bodies both individually and collectively.
- It was suggested that the submission of the STP would facilitate discussions between organisations about how services were funded, and how the best quality services could be provided. It was emphasised that as accountable statutory organisations, all partners would need to scrutinise the STP in detail and make representations on its content as appropriate.
- It was commented that the 'case for change' document was a high level plan developed at speed, and as a result there was a lack of detail on the implications of the Plan at an operational level. It was commented that North Central London was not a recognisable geographic area and it was important for the Wellbeing Partnership to be more transparent and accessible to residents.
- The Board considered that the need for transformative change across the health and care system was clear, however further work was needed to develop accountable and effective working arrangements at the local level.

RESOLVED:

(1) That the progress to date on the development of a Sustainability and Transformation Plan for North Central London be noted;

(2) That the overall objectives, vision and emerging plans for transformation of the heath and care system across North Central London, and its implications for and synergies with the Islington and Haringey Wellbeing Partnership, be noted.

105 FUTURE JOINT HEALTH AND WELLBEING BOARD MEETINGS (ITEM NO. B10)

Stephen Lawrence-Orumwense, Assistant Head of Legal and Deputy Monitoring Officer, LB Haringey, introduced the report which asked the Board to consider the frequency of joint meetings with the London Borough of Haringey's Health and Wellbeing Board and the possibility of formalising joint arrangements.

The Board considered that three or four joint meetings a year would be appropriate. It was also suggested that consideration should be given to reducing the number of Islington-only Health and Wellbeing Board meetings as a result.

It was agreed that further work would be undertaken around formalising arrangements and that a follow up report would be brought to a future meeting.

RESOLVED:

(1) That further work be undertaken with a view to potentially establishing a Joint Committee.
(2) That the frequency of joint meetings be agreed at three or four meetings per year.

106 DATES FOR FUTURE JOINT MEETINGS (ITEM NO. B11)

The Board agreed that the dates for future joint meetings with the London Borough of Haringey's Health and Wellbeing Board would be circulated by email.

MEETING CLOSED AT 2.00 pm

Chair