

Health and Wellbeing Board - Wednesday, 19 October 2016

Minutes of the meeting of the Health and Wellbeing Board held at Committee Room 1, Town Hall, Upper Street, N1 2UD on Wednesday, 19 October 2016 at 1.00 pm.

Present: **Councillors:** Burgess and Caluori
Dr. Josephine Sauvage, Chair, Islington Clinical Commissioning Group
Sorrel Brooks, Lay Vice-Chair, Islington Clinical Commissioning Group
Melanie Rogers, Director of Quality and Integrated Governance, Islington Clinical Commissioning Group
Emma Whitby, Chief Executive, Islington Healthwatch
Julie Billett, Director of Public Health
Sean McLaughlin, Corporate Director of Housing and Adult Social Services
Siobhan Harrington, Deputy Chief Executive, The Whittington Hospital

Also Present: Jill Britton, Associate Director of Integrated Commissioning, Islington Clinical Commissioning Group
Alan Caton, Independent Chair of the Islington Safeguarding Children Board
Dr Katie Coleman, Vice-Chair, Islington Clinical Commissioning Group
Finola Culbert, Director of Targeted and Specialist Children and Families Services
Marian Harrington, Independent Chair of the Islington Safeguarding Adults Board
Andy Stopher, Deputy Chief Operating Officer, Camden and Islington NHS Foundation Trust

Cllr Janet Burgess in the Chair

107 ELECTION OF CHAIR

RESOLVED:

That, in the absence of the Chair, Councillor Janet Burgess be appointed as Chair for the meeting.

108 APOLOGIES FOR ABSENCE (ITEM NO. A2)

Apologies for absence were submitted on behalf of Councillor Richard Watts; Angela McNab (representative: Andy Stopher); Simon Pleydell (substitute: Siobhan Harrington); Alison Blair (substitute: Paul Sinden); Carmel Littleton (representative: Finola Culbert) and Henrietta Hughes.

109 DECLARATIONS OF INTEREST (ITEM NO. A3)

Dr Jo Sauvage declared a personal interest as a GP provider in the borough.

110 ORDER OF BUSINESS (ITEM NO. A4)

No changes were proposed to the order of agenda items.

111 MINUTES OF THE PREVIOUS MEETING (6 JULY 2016) (ITEM NO. A5)

RESOLVED:

That the minutes of the meeting held on 6 July 2016 be agreed as a correct record and the Chair be authorised to sign them.

112 REFRESHING ISLINGTON'S JOINT HEALTH AND WELLBEING STRATEGY (ITEM NO. B1)

Julie Billett introduced the report, which set out progress made in refreshing the Joint Health and Wellbeing Strategy.

The following main points were noted in the discussion:

- The current Joint Health and Wellbeing Strategy would expire at the end of 2016 and required refreshing. The Board considered a draft of the new strategy for 2017-2020 and the proposed consultation form.
- The three priority areas set out in the 2013-2016 strategy were still of relevance. It was important for the strategy to continue to address cross-cutting themes.
- It was suggested that references to 'domestic violence' be amended to 'domestic abuse'.
- It was suggested that the strategy should have a greater focus on outcomes rather than processes. In particular, an increased emphasis on substance abuse and young people's mental health was requested.
- The Board noted the multiple challenges affecting vulnerable young people, including domestic abuse, gang affiliation, and knife crime. It was considered that the strategy could clarify links to these areas by taking a whole system approach.

RESOLVED:

- (1) That progress on the development of the draft Joint Health and Wellbeing Strategy be noted;
- (2) That, subject to the changes suggested by the Board, the draft strategy be approved for a six week period of public consultation from October to December 2016.

113 ISLINGTON CCG AND ISLINGTON COUNCIL'S COMMISSIONING INTENTIONS FOR 2017-18 (ITEM NO. B2)

Julie Billett, Sean McLaughlin, Finola Culbet and Paul Sinden introduced the report, which set out commissioning intentions for Public Health, Adult Social Services, Children's Services, and Islington Clinical Commissioning Group.

The following main points were noted in the discussion:

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- Commissioning needed to be strategically coherent within the framework of the council's Corporate Plan, the Joint Health and Wellbeing Strategy, the Wellbeing Partnership, and the emerging Sustainability and Transformation Plan.
- Public Health and Children's Services were working to integrate family support and health visiting services.
- The Council and CCG were working with Whittington Health to deliver child weight management services.
- A new model of smoking cessation support was being developed which included intensive face-to-face support where appropriate.
- Following a review of the intermediate care pathway, Adult Social Services was exploring co-commissioning with the London Borough of Haringey.
- Work was underway to re-procure the council's home-care services to provide a greater quality and range of services.
- Adult Social Services was seeking to provide last years of life services within more community settings.
- Islington CCG was developing two year operating plans with providers and seeking to improve performance at known pressure points in the system.

RESOLVED:

That the CCG and Council commissioning intentions for 2017/18 be noted.

114 HEALTHWATCH ISLINGTON DRAFT WORK PLAN 2017 - 18 (ITEM NO. B3)

Emma Whitby introduced the report, which set out Healthwatch Islington's work plan for 2017-18.

The following main points were noted in the discussion:

- The key themes for the year would be set in March/April 2017. The work plan would be developed in detail alongside the Healthwatch network and voluntary sector organisations to ensure that there was no duplicity of work.
- Healthwatch was building a mutually beneficial relationship with London Metropolitan University. It was intended for students to carry out research activities to inform the Joint Strategic Needs Assessment.
- Healthwatch would also be training volunteers to carry out research. It was advised that the council was keen for its staff to carry out voluntary activities and suggested that council officers could contribute to this work.
- Themes for the year would be identified in conjunction with Public Health and with reference to the latest health data.
- The Board considered that qualitative research about residents' opinions of health and health services was valuable.
- Members of the Board indicated that caution had to be exercised when obtaining evidence on referrals to secondary care services, so as not to build false expectation in the community that referral processes were to be relaxed. In response, it was advised that community organisations had identified that experiences of referral varied between practices and there was a level of cynicism in the community about referral processes.

RESOLVED:

That the Healthwatch Islington draft work plan for 2017-18 be noted.

115 **ISLINGTON SAFEGUARDING ADULTS BOARD ANNUAL REVIEW (ITEM NO. B4)**

Marian Harrington, Independent Chair of the Islington Safeguarding Adults Board, presented the report which set out the work of the Board in 2015-16.

The following main points were noted in the discussion:

- 2015-16 was the first full year since the Care Act was enacted and the Board had a statutory footing for the first time.
- Recent changes to legislation had defined new types of abuse, such as modern slavery, and the Board had developed practice guidance on this, as well as female genital mutilation, self-neglect, and radicalisation.
- Work was underway to raise awareness of modern slavery to frontline staff throughout public authorities. It was commented that other authorities had worked with refuse collection operatives, who were often well placed to identify the signs of modern slavery.
- A conference on fire safety had been held, as vulnerable people were at greater risk. It was important for staff to know how to make referrals to the Fire Service.
- It was reported that Islington had made good progress on processing deprivation of liberty safeguards applications; it was known that many other local authorities were experiencing delays in processing.
- Work was underway to improve outreach and prevention work. It was essential for the public to be able to recognise abuse. It was also important to communicate what happens to the perpetrators of abuse. Although the number of prosecutions was low, other interventions were used regularly.
- Regular quality meetings had been held with care providers to ensure that good quality care was maintained.
- The Safeguarding Adults Board was to review the unexpected deaths of people with learning disabilities who had been admitted to hospital. Although no instances of this had been recorded in Islington, this was a problem elsewhere and the Board was keen to learn lessons from this.
- The Board noted the importance of providing safe spaces for vulnerable people, particularly due to the increase in reported hate crime.
- The Health and Wellbeing Board commended the Safeguarding Adults Board's commitment to challenging domestic abuse. It was suggested that the Safeguarding Board could review the sexual exploitation of young adults. The Children's Safeguarding Board knew that this was a problem faced by some young people in Islington; however their responsibilities towards young people stopped at age 18.
- It was advised that adult social services directors across London were concerned about how the quality of provider services can be ensured. The Safeguarding Adults Board's role in reviewing the quality of care was welcomed. It was suggested that a cross-borough approach to care quality was required, and this could potentially be addressed through the STP process.
- Members considered safeguarding in the borough's prisons, noting the recent murder at Pentonville Prison and the poor results of its recent inspection. In response, it was advised that only limited engagement took place between Pentonville and the Safeguarding Adults Board and it was known that the prison was experiencing staff shortages and problems with the quality of the building.
- It was noted that Marian Harrington was retiring from her role on the Safeguarding Adults Board. On behalf of the Health and Wellbeing Board, the Chair thanked Ms Harrington for her work on the Board and wished her well for the future.

RESOLVED:

That the contents of the Islington Safeguarding Adults Board Annual Review be noted.

116 ISLINGTON SAFEGUARDING CHILDREN BOARD ANNUAL REPORT (ITEM NO. B5)

Alan Caton, Independent Chair of the Islington Safeguarding Children Board, presented the report which summarised the Board's work in 2015/16.

The following main points were noted in the discussion:

- Safeguarding children was a complex and challenging area of work. Although the local authority played a role in safeguarding children, protecting children was everybody's responsibility.
- It was important for safeguarding work to contribute to the Joint Strategic Needs Assessment and for the Safeguarding Board to work with partner boards, such as the Health and Wellbeing Board, to ensure that actions were not duplicated.
- Over the last year the Safeguarding Board had focused on complex areas such as serious youth violence, radicalisation and the Prevent agenda.
- It was important for the Safeguarding Children Board and partner organisations to engage with young people effectively. The Chair of the Safeguarding Children Board had attended meetings of the Corporate Parenting Board and the Youth Council.
- The council needed an increased awareness of private fostering arrangements. Only five cases were known to the council, however it was suspected that there were many more.
- Multi-agency audits informed action plans and helped to develop partnership working. Following a review of a child falling from a balcony, an audit of housing protocol for children living at height found that a new protocol between children's social care, housing and health was working well. However, another review found that health partners were only appropriately involved in children's social care strategy discussions in 4 out of 10 cases. As a result systems had been put in place to make improvements.
- Multi-agency training was being held to disseminate learning from case reviews and child death overview panels.
- The Health and Wellbeing Board noted the key messages for partner agencies and the Safeguarding Children Board's priorities as set out in the report.
- Following the government response to the Wood report on Local Safeguarding Children Boards, it was expected that the national safeguarding framework would change in the near future, which would impact on the role of the Board and how it operated.
- Members of the Health and Wellbeing Board commended the Chair of the Safeguarding Children Board for the Board's sustained focus during a challenging year in which there were a number of child fatalities due to knife crime and police pursuits. Violence was considered to be a serious risk to young people's health.
- A member commented on the risks to those aged 16 to 19 missing from education. It was confirmed that the council did work to engage with these young people and that the Children's Services Scrutiny Committee was carrying out a review of Post-16 Education, Employment and Training.
- It was noted that NHS England had not contributed funding to the Safeguarding Children Board for the past two years. The Chair of the

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Safeguarding Board explained that NHS England understood that funding responsibilities had passed to Islington CCG; however the CCG did not recognise this. The CCG members present advised that this would be investigated and it was suggested that the Health and Wellbeing Board could make representations to NHS England if required. The Board requested that an update be provided to the next meeting.

RESOLVED:

- (1) That the work of the Islington Safeguarding Children Board be noted;
- (2) That an update be provided to the next meeting on the Islington Safeguarding Children Board's funding arrangements.

117 INTEGRATED DIGITAL CARE RECORD ("CARE MY WAY") UPDATE (ITEM NO. B6)

Dr Katie Coleman introduced the report which provided an update on the Care My Way project.

The following main points were noted in the discussion:

- Care My Way would have two system interfaces, 'professional' for health professions, and 'personal' for residents to access their health records.
- The system would work on a model of implied consent, and it was advised that all residents would receive a letter advising them how to opt out over the next month. It noted that 1.5% of people had chosen to opt out of such schemes nationwide, and a similar level would be expected in Islington.
- The project was a joint venture between the council and the CCG and was supported by a Department of Health grant. It would be essential for funding to continue beyond implementation to ensure sustainability and that the proposed benefits were fully realised.
- Care My Way Professional was to launch imminently and Care My Way Personal was to be launched in January 2017.
- In response to a question, it was advised that the project was supported by 33 of the 34 GP surgeries in the borough. As a result, patients at one surgery would not be able to access the system. Engagement with the surgery was ongoing.
- It was confirmed that patients would not be able to access sensitive data from third parties contained in social care files.
- The Board considered Care My Way to be a significant opportunity to improve self-care in the borough.

RESOLVED:

That the report be noted.

118 HEALTHWATCH ISLINGTON REPORT - MENTAL HEALTH SERVICES FOR YOUNG ADULTS: COMMISSIONER UPDATE (ITEM NO. B7)

Jill Britton, Associate Director of Integrated Commissioning at Islington CCG, presented the report which responded to the recommendations of the Healthwatch Islington review of mental health services for young adults.

The following main points were noted in the discussion:

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- Work was being carried out to improve transitions from child to adult mental health services. It was suggested that personal health budgets could be used to help support transitions between services.
- The Wellbeing Service had been established to address the stigma associated with mental health services. The service was encouraging access to services and Mental Health Champions were being appointed to engage with their peers.
- Co-location and further partnership working was taking place, particularly between the iCope service, Job Centre Plus, GP practices and community settings.
- Public Health had commissioned Mental Health First Aid training, which was available to all residents and employers in Islington.
- Further work would include raising awareness with other agencies and delivering a consultation exercise with local mental health providers. It was noted that staff turnover was a particular challenge, as connections between agencies could be lost.
- The Board noted that a number of events were well attended on 10th October for World Mental Health Day.
- NHS England was supportive of integrated personalised commissioning and joint health budgets and Islington CCG had been invited to be part of a forthcoming pilot. It was intended for this to support the mental health of looked after children.
- A member suggested that, although Mental Health First Aid training increased knowledge and awareness, more could be done to empower people to offer support.

RESOLVED:

That the progress made towards addressing the findings of the Healthwatch Islington report be noted.

119 PRIMARY CARE COMMISSIONING (ITEM NO. B8)

Paul Sinden presented the report which provided an update on the consultation undertaken by North Central London CCGs on full delegation of primary care commissioning.

The Board noted the opportunities and risks as set out in the report. It was commented that there was broad support for the proposals; however a vote to adopt delegated commissioning by Camden member practices had not succeeded. Engagement with Camden practices was ongoing.

RESOLVED:

That the contents of the report and consultation undertaken to date be noted.

120 WORK PROGRAMME (ITEM NO. B9)

RESOLVED:

That the updated work programme be approved.

MEETING CLOSED AT 2.30 pm

Chair