

London Borough of Islington

Health and Wellbeing Board - Tuesday, 31 January 2017

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

Minutes of the meeting of the Health and Wellbeing Board held in Committee Room 5, Town Hall, Upper Street, N1 2UD on Tuesday, 31 January 2017 at 9.30 am.

Present: Councillors Richard Watts (Chair), Janet Burgess and Joe Caluori
Alison Blair, Chief Executive, Islington Clinical Commissioning Group
Sorrel Brookes, Lay Vice-Chair, Islington Clinical Commissioning Group
Emma Whitby, Chief Executive, Islington Healthwatch
Angela McNab, Chief Executive, Camden and Islington NHS Foundation Trust
Simon Pleydell, Chief Executive, The Whittington Hospital NHS Trust
Carmel Littleton, Corporate Director of Children's 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 and Families, LB Haringey
Dr Jeanelle de Gruchy, Director of Public Health, LB Haringey
Sharon Grant, Chair, Healthwatch Haringey
Sarah Price, Chief Operating Officer, Haringey CCG
Dr Peter Christian, Chair, Haringey CCG
Dr Dina Dhorajiwala, Vice Chair, Haringey CCG
Beverley Tarka, Director Adult Social Care, LB Haringey
Jon Abbey, Director of Children's Services, LB Haringey
Geoffrey Ocen, Chief Executive, The Bridge Renewal Trust

Other representatives: Lesley Seary, Chief Executive, LB Islington
Finola Culbert, Director of Targeted and Specialist Children and Families Services, LB Islington
Brenda Scanlan, Interim Service Director of Adult Social Care, LB Islington
Jason Strelitz, Assistant Director of Public Health, LB Islington
Zina Etheridge, Deputy Chief Executive, LB Haringey
Charlotte Pomery, Assistant Director of Commissioning, LB Haringey
Tim Deeprose, Interim Director of the Wellbeing Partnership
Dr Helen Taylor, Clinical Director and Deputy Director of Strategy, Whittington Health
Stephen Lawrence Orumwense, Assistant Head of Legal Services, LB Haringey

Councillor Richard Watts in the Chair

132 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.

133 WELCOME AND INTRODUCTIONS (ITEM NO. A2)

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

134 APOLOGIES FOR ABSENCE (ITEM NO. A3)

Apologies for absence were received from Julie Billett (representative: Jason Strelitz), Sean McLaughlin (representative: Brenda Scanlan), Dr Jo Sauvage and Dr Helene Brown.

It was noted that Cathy Herman (Lay Member, Haringey CCG) and Sir Paul Ennals (Chair of Haringey LSCB) were not present.

135 NOTIFICATION OF URGENT BUSINESS (ITEM NO. A4)

None.

136 DECLARATIONS OF INTEREST (ITEM NO. A5)

None.

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

None.

138 UPDATE ON THE NORTH CENTRAL LONDON SUSTAINABILITY AND TRANSFORMATION PLAN (ITEM NO. B7)

Zina Etheridge, Deputy Chief Executive of Haringey Council, made a presentation to the Board providing an update on the North Central London Sustainability and Transformation Plan (NCL STP).

The following main points were noted in the discussion:

- The Board noted concerns with the lack of public and democratic engagement on the STP. It was commented that the STP had not been developed transparently and there was a level of scepticism about the plan as a result. It was therefore important that all local health and wellbeing partners had an opportunity to consider the STP in an open forum.
- The STP identified a financial gap in NCL NHS services of £876m by 2020/21; with an additional £300m gap in social care funding in the same time period. Given the scale of savings required, it was important to ensure that stakeholders gave sufficient focus to transformation and prevention, rather than short terms approaches to achieving sustainability. It was emphasised

Health and Wellbeing Board - 31 January 2017

that reducing demand for services would be essential to achieve savings of such a scale.

- The STP had been scrutinised by the NCL Joint Health Overview and Scrutiny Committee. This had identified several themes for scrutiny and challenges for the STP, including the need to further integrate social care and the wider health system.
- It was noted that the STP did not make specific reference to children's services. It was considered that further integration of children's and health services would allow more comprehensive early help services to be provided.
- The Board noted the strengths of the STP, which included the acknowledgement that care was best provided closer to home, and the recognition of the need to enhance primary care; however considered the lack of public engagement and democratic oversight was a challenge to the STP's legitimacy.
- The Board welcomed that the STP gave mental health conditions parity of esteem to physical health conditions.
- Concern was expressed regarding the capacity of the voluntary sector to deliver more community care. It was suggested that work would be required to build the capacity of the voluntary sector, which was not referenced in the STP.
- The STP identified urgent and emergency care as an area for transformation. The Board noted that the details of this transformation were yet to be confirmed, however indicated that a reduction in urgent and emergency care services would not be supported. It was suggested that an increase in urgent and emergency care capacity would be more appropriate.
- A&E services were often operating beyond capacity, with 318 patients visiting A&E at the Whittington the previous day, above the expected number of around 260. Work was needed to reduce the demand on A&E by treating patients in other areas of the health system. It was commented that patients presenting to A&E did not always require hospital admission, with the daily admission rate being as low as 42% on some occasions.
- The STP was a high level strategic document and delivery plans would be produced to detail how the STP would be implemented. This would provide a new opportunity to engage with the public and key stakeholders on the plans.
- It was commented that public engagement on the STP needed to be coordinated and consistent. It was queried when decisions would be made on the form of the engagement, and how engagement initiatives would be supported. In response, it was advised that this would be considered at the next meeting of the Wellbeing Partnership Delivery Board.
- The Board acknowledged that the STP did not detail the impact of service transformation on particular services. It was suggested that the implications of the STP needed to be known before meaningful public engagement could take place. It was also considered that public engagement should be an opportunity to co-design services with the public.
- It was advised that a communications and engagement lead had been appointed to improve the engagement process around the STP.
- It was advised that the governance arrangements around the STP had been altered recently and that Healthwatch was to be incorporated into the oversight group and the delivery group. It was advised that Healthwatch was developing principles of public engagement and it was suggested that these could be incorporated into an engagement plan.

RESOLVED:

That the update on the Sustainability and Transformation Plan and its implementation in North Central London be noted.

139 **DEVELOPING THE WELLBEING PARTNERSHIP AGREEMENT (ITEM NO. B8)**

a) Presentation on the Frailty Workstream

Dr Helen Taylor provided an update on progress with the Wellbeing Partnership's frailty workstream.

The following main points were noted in the discussion:

- The level of frailty in Islington and Haringey was increasing as the population aged. However, the needs of frail people were exacerbated by factors such as deprivation and unsuitable housing. It was suggested that addressing these factors could significantly increase patient wellbeing.
- Whilst high-dependency patients were already known to the health system, it was thought that there were a number of people living with long term conditions who would only be identified as being frail once they had a health crisis and presented to A&E. It was commented that frailty usually worsened after health crises and vulnerable people often did not regain their full independence. As a result the patient's demand for health and social care, particularly emergency care, tended to increase after a crisis. Frailty therefore had considerable costs to the individual and the health and care system as a whole. It was considered that treating frailty itself as a long term condition and intervening earlier would improve outcomes for vulnerable people and achieve savings for health and care services.
- A frailty index had been developed through the Wellbeing Partnership which allowed a person's frailty to be measured against 32 deficits. This was intended to be used as a pop-up system for GPs when assessing a vulnerable person's needs. The system would allow local agencies to assess levels of frailty and ensure that vulnerable people received appropriate support before they reached a crisis point.
- It was thought that there were 10,000 people across Islington and Haringey who were either mild, moderately or severely frail. Local services needed to consider what could be done to stop those who were mild or moderately frail from becoming severely frail. For example, it was suggested that there could be a case for providing specialist care or services to frail people if they were just below eligibility thresholds if it would stop their frailty increasing.

b) Discussion on the Wellbeing Partnership

Tim Deeprise, Programme Director, Haringey and Islington Wellbeing Partnership, led a discussion on how to further develop the wellbeing partnership.

- It was thought that agreeing data sharing arrangements would be essential to providing targeted and joined-up services.
- It was thought that agreeing system-wide objectives and performance indicators would promote integration and collaboration between services.
- It was thought that joint procurement and pooling budgets would help to achieve efficiencies and service integration; however it was acknowledged that there were technical difficulties associated with financial matters.
- It was suggested that a shared health and wellbeing strategy would be useful in establishing a joint vision for health and care across Islington and Haringey.
- It was suggested that some services could be joined and operate across organisational boundaries, or could operate with shared management

Health and Wellbeing Board - 31 January 2017

structures, however each organisation would need to consider the implications of this diligently.

- It was suggested that risks and concerns associated with joining services across organisational boundaries could be minimised by taking a cautious approach, focused on making one or two joint services work effectively and then expanding to other areas, rather than immediately integrating several services.
- The Board noted that agreement had already been secured through the CCG for a joint local arrangement across the two boroughs with a shared commissioning post.
- The Board considered the proposed governance structure of the Wellbeing Partnership, as set out in the agenda pack. The proposed structure was considered sensible, however it was commented that the Wellbeing Partnership was still relatively new and revision may be required as arrangements developed.
- The Board considered the barriers faced by the Wellbeing Partnership to date, which included information sharing and communication between different parts of the health and care system. It was commented that agreeing a governance structure would assist with resolving such barriers.
- The Board considered how democratic accountability could be ensured in the Wellbeing Partnership. In response, it was suggested that a light-touch partnership model requiring decisions to be made by its constituent organisations would not require additional democratic oversight, however a more developed partnership with budgetary responsibility would require democratic representation on decision-making bodies. It was thought that over the next 12 to 18 months democratic accountability would remain with the individual statutory organisations that made up the Wellbeing Partnership Board.
- It was thought that developing joint Health and Wellbeing Board arrangements between Islington and Haringey would ensure that the Wellbeing Partnership received oversight from both elected members and professional officers.
- It was queried whether the community reference group referred to in the draft governance structure would be one group, combining voluntary and community sector groups across Haringey and Islington or whether there would be two groups. The Board also considered the need to ensure that local organisations were included in any future commissioning arrangements.
- It was emphasised that partnership arrangements needed to develop within a relatively short timescale to ensure that benefits would be realised and to enable organisations to respond to the STP effectively. It was noted that the governing bodies of partner organisations would be asked to approve the Partnership Agreement in the spring. It was requested that a more detailed proposal for governance arrangements be reported to a future meeting of the Board.

RESOLVED:

That the report be noted.

140 HARINGEY AND ISLINGTON: TACKLING OBESITY TOGETHER (ITEM NO. B9)

Jeanelle de Gruchy, Director of Public Health and LB Haringey, introduced the report and made a presentation on a joint approach to tackling obesity across Islington and Haringey.

The following main points were noted in the discussion:

Health and Wellbeing Board - 31 January 2017

- Haringey and Islington faced similar challenges with over 1 in 3 children aged 10-11 classed as overweight or obese. It was emphasised that obesity had a significant impact on overall health outcomes and wellbeing.
- The Board considered joint approaches to tackling obesity across Islington and Haringey. It was explained that public health initiatives could not rely on individual willpower alone and it was important to create healthier environments to support residents in tackling obesity. For example, it was reported that Haringey Council had removed 'no ball games' signs from public spaces to encourage physical activity. The Board supported removing these signs in Islington also.
- The Board considered the need to create healthier food environments and noted the Sugar Smart campaign, developed in conjunction with the Jamie Oliver Foundation and Sustain, which aimed to increase awareness and reduce sugar consumption. The Board noted the proposal to undertake an audit of public buildings to review the food offer and develop a food standards policy and toolkit to ensure the provision of healthier options.
- The Board noted the Healthy Workplace Charter, which was a framework which recognised employee health and wellbeing initiatives. It was noted that Islington Council already offered several initiatives for staff including reduced price gym membership, running clubs, lunchtime walks, as well as providing showers to support physical activity.
- The Board was keen to develop anti-obesity initiatives at a cross-borough level, including Play Streets schemes. The Board considered the importance of 'making every contact count' by promoting health initiatives to the public at every opportunity. It was proposed that a high profile campaign should be launched to generate public interest; it was suggested that a campaign against a particular product may be effective.

RESOLVED:

That Haringey and Islington work together to:

- (i) Create healthier food environments and reduce sugar consumption:
 - To sign up to London's Sugar Smart Campaign and to agree a joint pledge to make healthier food more affordable and accessible for our residents.
 - To encourage sign up to the Sugar Smart Campaign from our partners (including schools and community organisations).
 - To undertake a snapshot audit of the current food offer in public sector facilities across both boroughs in order to understand the quality and nutritional value of food on sale to our residents.
 - To develop a food standards policy and toolkit to work with providers to improve the food offer for all our residents.
 - That all organisations on the joint board work towards Healthy Workplace Charter 'Excellence'.
- (ii) Build capacity and knowledge within the wider public health workforce
 - To promote Making Every Contact Count (MECC) within all organisations represented in the Haringey and Islington Health and Wellbeing Board.
- (iii) Identify joint funding to increase levels of physical activity

Health and Wellbeing Board - 31 January 2017

- To support a joint Haringey and Islington bid for the Local Area Fund pilot.

141 **HARINGEY AND ISLINGTON JOINT HEALTH AND WELLBEING BOARD - TERMS OF REFERENCE (ITEM NO. B10)**

Stephen Lawrence-Orumwense, Assistant Head of Legal Services at LB Haringey, introduced the report which set out the terms of reference for a Joint Islington and Haringey Health and Wellbeing Board.

The Board agreed two minor amendments to the proposals as set out in the report. It was agreed that the committee should be a joint sub-committee of each borough's respective Health and Wellbeing Boards; and that voluntary sector representation should be added to the membership of the joint committee. It was proposed that the voluntary sector representative of LB Haringey's Health and Wellbeing Board could represent the interests of the voluntary sector across both boroughs, and it was agreed that Healthwatch Islington would liaise with the voluntary sector representative in regards to this.

RESOLVED:

That the following be recommended to the Council for approval:

- (i) That the Haringey and Islington Joint Health and Wellbeing Board (i.e. a Joint Committee) be established to discharge on behalf of both boroughs the function of encouraging integrated workings between commissioners and providers of health and care in the two boroughs in so far as it relates to areas of common interest and for the purpose of advancing the health and wellbeing of their populations
- (ii) That the Terms of Reference of the Haringey and Islington Joint Health and Wellbeing Board which is attached as Appendix 1 be approved.
- (iii) That the Terms of Reference of the Health and Wellbeing Board be amended to permit when appropriate delegation of more functions to the Haringey and Islington Joint Health and Wellbeing Board.

142 **DATES OF FUTURE MEETINGS (ITEM NO. B11)**

To be agreed.

MEETING CLOSED AT 11.00 am

Chair