

MINUTES OF THE MEETING OF THE HARINGEY AND ISLINGTON HEALTH AND WELLBEING BOARDS JOINT SUB-COMMITTEE HELD ON MONDAY, 19TH JUNE, 2017, 2.35pm

PRESENT:

Cllr Jason Arthur, Cabinet Member for Finance and Health, LB Haringey [Chair]
Cllr Elin Weston, Cabinet Member for Children and Families, LB Haringey
Sharon Grant, Chair, Healthwatch Haringey
Dr Peter Christian, 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.
Catherine Herman Lay CCG Member.

Councillors Janet Burgess (Vice -Chair) and Joe Caluori – LB Islington

Tony 'HOOLAGHAN, Chief Operating Officer, Islington Clinical Commissioning Group
Dr. Josephine Sauvage, Chair, 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
Julie Billett, Director of Public Health
Siobhan Harrington, Deputy Chief Executive, The Whittington Hospital NHS Trust

Tracie Evans, Interim Deputy Chief Executive, LB Haringey
Rachel Lissauer, Acting Director of Commissioning, Haringey CCG
Stephen Lawrence Orumwense, Assistant Head of Legal Services, LB Haringey
Tamara Djuretic- Assistant Director for Public Health, LB Haringey

1. **FILMING AT MEETINGS**

The Haringey Cabinet Member for Finance and Health referred to agenda item 1, as shown on the agenda in respect of filming at this meeting and members noted this information.

2. **WELCOME AND INTRODUCTIONS**

In the absence of Councillor Watts and Councillor Kober, Councillor Arthur, Haringey Cabinet Member for Finance and Health, was nominated and agreed as Chair of the meeting and Councillor Janet Burgess was nominated and agreed as co-chair.

The Chair welcomed those present to the meeting and the Board introduced themselves.

3. **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Islington Health and Wellbeing Members: Councillor Richard Watts Leader of Islington Council and Jennie Williams.

Apologies for absence were received from Haringey Health and Wellbeing Board Members: Councillor Claire Kober, Leader of Haringey Council, Dr Dina Dhorajiwala, Dr Jeanelle de Gruchy and Zina Etheridge.

4. NOTIFICATION OF URGENT BUSINESS

There were no items of urgent business to consider.

5. DECLARATIONS OF INTEREST

There were no declarations of interest put forward.

6. QUESTIONS AND DEPUTATIONS

No questions or deputations were put forward.

7. NORTH LONDON SUSTAINABILITY AND TRANSFORMATION PLAN

The Haringey and Islington Health and Wellbeing Boards Joint Subcommittee was asked to consider the latest version of the STP [Sustainability and Transformation Plan] which aimed to promote discussion and consideration of the implications of the STP for the Wellbeing Programme and for Haringey and Islington as boroughs.

The Acting Director of Commissioning, Haringey CCG, introduced the report, emphasising that this was not a plan for achieving financial balance as there was more work being completed on finances and partner contributions at a time of significant budget pressures. However, the report contained a lot more detail on the individual workstreams, than previously provided, Sanjay Mackintosh was completing further work on the terms of references and reporting mechanisms within the workstreams and nominated directors had been invited to reflect on the Adults element.

The Board noted that, to address the previously perceived democratic deficit around the STP, a Health and Social Cabinet had been established which was envisaged to be reflective of the Haringey and Islington partnership approach to health and work in an advisory capacity, acting as a sounding board for the implementation of STP plans.

A position was being reached where local authorities and CCG's can establish how their work fits in with the responsibilities of the STP and how the Haringey and Islington partnership work as a sub system.

Further information was provided as follows:

- Population based approach being taken forward by Haringey and Islington following approval of the partnership agreement.
- Partnership to initiate what happens at STP level, showing best practice.
- In relation to urgent care services, making sure that there was standardisation and overview ownership at the STP decision making level.
- Considering integrated model delivery and STP position with the development of the out of hospital care.
- STP required close working by agencies, in particular to support the intermediate services.

- Tier services to reduce the reliance on institutional care. The Partnership had already identified areas of working together in this respect.
- STP was an agent for quality care to ensure that this was provided to the required standard.
- Preventative approach to be routed in the communities.

In response to consideration of the report and presentation, the following comments/ issues were made:

- In relation to the STP role in urgent care, admissions to Accident and Emergency service for young people had risen and this was attributed to the rapid access initiatives in hospitals. To mitigate this rise, there would need to be same day access to GP's. Also there was work to do on improving access hubs in GP practices and discussing with paediatricians on how to provide more advice/learning to parents to prevent admissions. Noted that there was also a peak in attendance at A&E, related to respiratory conditions and low level re-current problems such as constipation and reflux in children. These were everyday examples of needing to provide the right care at the right times and this required a financially viable care system. This also involved the STP understanding the issues and developing a bespoke solution where needed. Going forward, it was essential for partner services to have a narrative about developing solutions with consistencies.
- With regard to the decision making role of the STP, there was a vital need for equalities impact assessments to accompany planning and decision making. There was a need to have an understanding of whether the different methods of data collection by the partnership would have an impact on meeting the local population needs of Haringey and Islington residents.

Equalities considerations should also have an essential role in shaping the STP and should be part of the decision making. It was important to identify a mechanism to enable this influence. It was also important to understand where accountability was in the STP and where efforts should be focused.

Haringey Healthwatch and Islington Healthwatch representatives continued to reiterate the importance of equalities considerations in planning and delivering services as public organisations had a public duty, under the equalities act, to give due regard to the needs of people with protected characteristics and this seemed absent from current considerations. It was imperative to ensure that there were safeguards in place, with the STP, for protected groups.

In response to concerns about equalities considerations in decision making, there was a prevention workstream which was envisaged to have a positive impact on the mechanism to monitor the impact of the STP on protected groups.

There was discussion about having an individual CCG representative for equalities and engagement under each level of the STP. However, it was also important not to duplicate discussion and have alignment of issues. There was a need to have common trajectory to make good use of resources as the work at the STP level was important.

Assurance was given that the STP was well placed to consider equalities issues, in relation to planning services, and it was envisaged that responsibility for delivery would be at the workstream level. There could be particular actions where an EQIA would

involve significant engagement and user consultation and there would be a mechanism built in that proactively delivers on this.

- Co -design initiatives were already taking place and there was a need to give thought to direction levels.
- With regard to supporting the prevention agenda at the voluntary sector level, it was important for the sector to fully understand their role in prevention and ensure that this is discussed. There was confidence that the partnership was in a good place with the voluntary services that were in place and were making more of the contracts make a difference.
- It was important to note that the STP was aspirational, and at the moment focused on the top level understanding. There will be a responsibility to make sure it works and can be delivered by the Haringey and Islington partnership as the overarching aim of the STP was to deliver quality health and social care together. The STP was the instigator for this and could offer a system solution.
- Individually, partners needed to optimise co- productions and develop the democratic work around the STP. Once the Health and Social Cabinet did choose an initiative to take forward and develop, this would provide wider understanding of how the STP would work in the future.
- In relation to the Children's and Young People's workstream there was no read across to the other work streams and there was a need to ensure that children and young people's health needs from the ages of 2 to 16 were being addressed. Agreed that appropriate wording be added to the work streams terms of reference to ensure this.

8. HARINGEY AND ISLINGTON WELLBEING PROGRAMME PARTNERSHIP AGREEMENT

Noted that the Partnership Agreement had been signed by both Islington and Haringey Councils, the CCG Governing Bodies for Islington and Haringey, University College London Hospital and Whittington Health. Haringey and Islington GP Federations have also agreed to sign the Agreement and to work with the Wellbeing Partnership, noting that the Federations are signing as organisations rather than on behalf of individual member practices.

9. CARE CLOSER TO HOME INTEGRATED NETWORKS - CHINS

The Joint Committee considered a presentation on the work underway across Islington and Haringey to develop Care Closer to Home Integrated Networks (CHINs) and Quality Improvement Support Teams (QISTs), key propositions of the North Central London sustainability and transformation plan.

The presentation further set out the case for change and provided an update of the development locally.

Comments were as follows:

- There was recognition of the importance of this work and how it supports understanding how fund flow through the partnerships; this will also help with understanding how the STP will work.

- This was a good grass roots initiative which Haringey and primary care providers were also positive about. The next theme being explored was a digital roadmap and it was hoped to have access to digital files on a shared scale to inform and utilise local working.
- With regard to a question about the decision making around commissioning of services from providers and in particular where a provider may provide one source of provision but may not be successful in gaining a contract in another related area, it was noted that this issue would be considered on a case by case basis. It may be the case that some service provision will not have a partnership solution attached but ultimately there will be consideration of cost and outcomes when commissioning the appropriate service.

10. UPDATE ON A JOINT APPROACH TO TACKLING OBESITY IN ISLINGTON AND HARINGEY

The Joint Committee noted that Haringey and Islington face similar challenges with over 1 in 3 children aged 10-11 classed as overweight or obese. Tackling obesity through the Wellbeing Partnership emerged as a priority area following the scoping of the CVD/diabetes, children's and prevention work streams of the Haringey and Islington partnership. In response, a joint approach to creating healthier environments and reducing sugar consumption was approved by the joint Health and Wellbeing Board in January 2017.

There were some bold actions for tackling Obesity highlighted in the presentation by the Islington Director for Public Health for the Joint Committee to comment on.

1. **Improve the food controlled or influenced by the Council** - Prevent any business operating on Council owned premises from selling sugar sweetened soft drinks and Introduction of a local sugar tax/levy.
2. **Support businesses and organisations to improve their food offer-** Rent relief / business rates relief for healthier retailers. Prevent ice cream vans from parking outside schools and / or playgrounds.
3. **Public events** - Provide incentives to food providers at events organised by the Council to replace unhealthy with healthier options or similar.

Comments were as follows:

- The above actions demonstrated that both Councils had an equally positive disposition to tackle obesity and there was a need to take forward bolder actions with fewer resources. In terms of the actions highlighted, there was a need to consider the resources available for enforcement and monitoring and whether both Council's had the capacity to take these actions forward. Suggested there could be separate exercise to explore the common areas of working and where actions can have an impact.
- Agreed that the report and presentation is considered by the respective partnerships and consideration given to the common actions that can have an impact, whilst also giving consideration on how they fit in with existing contracts/ services.
- The Co- Chair suggested that after consideration by the individual organisations this item is added to a future Joint HWB agenda to agree actions.

11. NEW ITEMS OF URGENT BUSINESS

None

12. EXCLUSION OF THE PRESS AND PUBLIC

Not required.

13. NEW ITEMS OF EXEMPT URGENT BUSINESS

None

14. THE NEXT MEETING OF THE HARINGEY AND ISLINGTON HEALTH AND WELLBEING BOARDS JOINT SUB-COMMITTEE WILL BE ON 9 OCTOBER 2017

Next Joint Meeting Monday 9th of October 2.00pm Islington.