MINUTES OF THE MEETING OF THE HARINGEY AND ISLINGTON HEALTH AND WELLBEING BOARDS JOINT SUB-COMMITTEE HELD ON MONDAY, 29TH JANUARY, 2018, 2pm

Attendees

Cllr Claire Kober – Leader of Haringey Council and Co-Chair
Cllr Jason Arthur, Cabinet Member for Finance and Health, LB Haringey
Sharon Grant, Chair, Healthwatch Haringey
Dr Peter Christian, Chair, Haringey CCG, Beverley Tarka, Director Adult Social Care, LB Haringey
Geoffrey Ocen, Chief Executive, the Bridge Renewal Trust.
Catherine Herman Lay CCG Member.

Councillor Richard Watts – Leader of Islington Council and Co-Chair
Councillor Janet Burgess - Executive Member for Health and Care, LB Islington
Councillor Joe Caluori – Executive Member for Children, Young People and Families, LB Islington
Josephine Sauvage, Chair, Islington Clinical Commissioning Group
Sorrel Brookes, Lay Vice-Chair, Islington Clinical Commissioning Group
Emma Whitby, Chief Executive, Islington Health watch
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 Council
Sean McLaughlin - Corporate Director of Housing and Adult Social Services

Lesley Seary - Chief Executive – Islington
Tracie Evans, Interim Deputy Chief Executive, LB Haringey
Rachel Lissauer, Acting Director of Commissioning, Haringey CCG
Dr Jeanelle de Gruchy - Director for Public Health Haringey

17. FILMING AT MEETINGS

Councillor Kober referred to information on the agenda and members noted the guidance in respect of filming at meetings.

18. WELCOME AND INTRODUCTIONS

Councillor Kober and Watts welcomed everyone to the meeting and the members of the Sub-Committee introduced themselves.

19. APOLOGIES FOR ABSENCE

Apologies for absence were received from: Councillor Weston, Tony Hoolaghan, Margaret Dennison, Stephen Lawrence Orumwense, Jennie Williams, Dr Katie Coleman, Carmel Littleton, Dr Dina Dhorajiwala and Geraldine Gavin.

20. ITEMS OR URGENT BUSINESS

There were no items of urgent business to consider.

21. DECLARATIONS OF INTEREST

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

Dr Peter Christian declared a personal interest as a GP provider in Haringey.

22. MINUTES OF THE PREVIOUS MEETING: 9 OCTOBER 2017

RESOLVED:

That the minutes of the previous meeting held on the 9th of October be agreed as a correct record of the meeting.

23. QUESTIONS AND DEPUTATIONS

No questions or deputations were received.

24. PREVENTION AT SCALE PROJECT IN HARINGEY AND ISLINGTON: CARDIOVASCULAR DISEASE PREVENTION

Dr Will Maimaris and Charlotte Ashton introduced the report and set out details concerning this prevention at scale joint project which focused on cardiovascular disease prevention. The project concentrated on enabling local efforts for improving the identification and management of high blood pressure and arterial fibrillation for the prevention of cardiovascular disease. Comments were sought from the Joint Sub Committee on how they could support this important initiative.

The following main points were noted in the discussion:

- This joint project was focused on tackling the biggest cause of death, after cancer in Islington and Haringey, and a major contributor to health inequalities in both boroughs. The project fully exemplified the purposes of the Health and Wellbeing board partnership. There were real and tangible activities outlined to achieve positive outcomes quickly. This project was important in improving health and ensuring that there were less years spent of being less well. In relation to the objective of accountability, it was important to understand how members of the joint board work with their organisation to get absolute coverage.
- With regards to residents knowing what their blood pressure numbers were, it was important for GP's to share these blood pressure numbers with patients as often patients were only told if they had good or high blood pressure.
- It was prudent, when writing up progress, to extrapolate the support and focus on mental health patients. These hard to reach groups would be important to focus on to ensure that they were included in screening activities and that there was support for them in the community. This support was still not joined up as it should be. It was important to assess, in the outcomes, on what has been

achieved and raise the profile of mental health patients to ensure that they were factored in plans going forward.

- In response to a further query, the work of the integrated preventative unit was recognised and there were good results connected with mental health patients in lifestyle services such as the stop smoking project.
- It was interesting to note that in the West of Haringey the main cause of death was old age and cardiovascular disease death frequency had reduced over the years. Agreed this reflected that cardiovascular disease was a disease of inequality and it was important to be able to replicate the reduced frequency of this disease in the east of Haringey.
- It was suggested that primary schools should be included in engagement plans for measuring blood pressure as these were places where there was a congregation of a wide range of ages and demographics. Agreed that this suggestion be explored with partners**.[Dr Will Maimaris]**
- Commented that this was a good project to portray the impact of two boroughs working together, agreement was sought to include community services as they were keen to have a bigger role in healthy lifestyle activities.
- There was a need to have an understanding of the conditions around the funding, the timescales for completion for this project and how equalities issues will be tackled i.e. was the project targeting communities most at risk of cardiovascular disease. Agreed, that the equalities issues need consideration and understanding developed of the required conversations and opportunities further explored on how to engage with hard to reach groups. There was not a significant amount of funding from the LGA but the project would be taking forward focus group session in May/June while working on pathways for hard to reach groups.
- The Joint Chair summarised the discussion and emphasised the need to provide additional thought on how the project could fully reach all communities to have a significant impact on cardiovascular disease. Agreed that outreach work in primary schools should be explored and it was essential that the team had the right tools to reach communities in order to have most impact.**[Dr Will Maimaris]**

25. GOOD THINKING - LONDON'S DIGITAL WELLBEING SERVICE

Dr Jeanelle De Gruchy introduced the report and presentation on “Good Thinking” which was an innovative new digital service for improving the mental wellbeing, available to all Londoners. It was noted that all London CCG’S fund this new digital service and half of London Councils – including Islington and Haringey which have gone live with this new service. Following a presentation, the following comments were made:

- Link to the website was good and relatable to this topic. It was good to identify groups most at risk of anxiety, including groups that were harder to reach.
- Suggested that the outcomes from this digital service would be difficult to demonstrate and there would likely be a longer term assessment of whether there had been a reduction in referrals to mental health services.

- Agreed that this was a good deal for Londoners. Noted that there was a free trial access to the 'headspace' website but there was a question on whether there would be a further follow up payment required to continue the service. There was a need to be mindful about the perception of an additional cost being associated with an NHS related website and also having equalities considerations if there was a payment involved. Therefore, important to have clarification on the type of deal sought for Londoners**.[Dr Jeanelle De Gruchy]**
- Noted the need to keep in mind the ongoing cost of maintaining the quality of information on the website and have a regard to safeguarding responsibilities.
- There was a query about the research completed on the use of data and whether apps were more popular. In response, it was noted that the website option had offered a better financial option when considering this London wide service alongside the option of an app. The website also allowed better linking to local services through the use of algorithms.
- There was concern that people with mental health issues associated with loneliness may not feel the website can offer them support. Also older people may not benefit from the website. The Kings Fund assessment was referred to and it was hoped that the demographics of mental health had been explored and there was trust developed in the support that the website could provide. In response it was noted that there had been a user research on this project spanning 3 years to reach this launch stage. The Director for Public Health in Haringey advised that ethnic communities in London did get involved with social media groups related to mental health and provided examples of this.
- With regards to branding of the services, there was a move away from NHS branding in response to user research on this. The website was not intended to fully solve all problems in relation to the points raised on loneliness and isolation but was a facility which was aimed at responding to people who will use the internet for guidance and advice.
- In further response to concerns expressed about loneliness, interaction with digital communities can also be encouraged as these social media websites often contain links to local projects i.e. Voluntary sector groups and Silver fit.
- In response to the query relating to ongoing charges for accessing the website, agreed there was a need to check that the website clearly indicated that there were no costs associated with accessing the website. **The Director for Public Health agreed to check this.**

26. HARINGEY AND ISLINGTON WELLBEING PROGRAMME PARTNERSHIP AGREEMENT

Rachel Lissauer introduced the report, which set out progress with the Wellbeing Partnership in relation to the ambitions set in the Partnership Agreement and the aims of individual work streams. The Partnership Agreement would be refreshed in April 2018. The report further recommended a process for discussing and agreeing next steps for the Partnership.

There was an explanation of the changing context which the partnership was working within, the ongoing negotiation on the priorities and progress on compiling a transparent decision making process for the partnership.

There had been work on a shared dashboard and continuing work on an estate plan, enabling local services to work better together.

The financial systems had been looked at and there was a good view of how these would be located within in the healthcare system and in addition what could be achieved as an STP.

The meeting noted that there was more detail needed on capacity and shared control levels. Therefore, it was recommended that the partnership agreement be refreshed, providing more understanding of what the partnership can do better together.

The following comments were made:

- There was a question about whether the geography of the partnership, in terms of structures was right? For example, were having separate structures meaning less outcomes? Assurance was provided that this was a matter of interpreting and working together on existing systems along with not getting distracted by new terms. Also funding a transitional approach whilst having a clear accountable system.
- It was suggested that the partnership re-considers the priorities of the respective health and wellbeing partnership boards and ensures that the partnership is not following dissimilar priorities.

RESOLVED

1. To note good progress in many areas against the ambitions set out in the Partnership Agreement and some areas where progress has been slower than intended.

2. To note the evolving model of care in which we have 'horizontal integration' at a local level from integrated community and primary care networks, together with 'vertical integration' for managing long term conditions like diabetes.
3. To note the requirements for integrated working emerging from CQC area inspections and NHSE criteria for accountable care systems.
4. To approve the suggested process for reviewing the Partnership Agreement, particularly the recommendation that the Partnership Agreement is carried forward which will allow options to be discussed.

27. PROPOSAL FOR RESIDENT COMMUNITY AND STAFF ENGAGEMENT IN THE DEVELOPMENT OF INTEGRATED HEALTH AND WELLBEING NETWORKS

Rachel Lissauer provided a presentation setting out how Haringey and Islington were undertaking informal engagement around the development of local integrated care networks. This engagement aimed to ensure that networks were being developed in a way that was visible and responsive to local residents and patients. It was also a way of raising awareness of the Wellbeing Partnership.

In discussion, it was noted:

- Considering the suitability of the name attached to the networks to ensure that local residents understand what the network is about and how they can be involved.
- That primary and secondary services to residents should be considered and residents feel involved and able to discuss these services. Overall, it was paramount for the engagement to be felt to be meaningful by participants.
- It was essential to be clear on the partnership offer.
- Keeping with the need to be open and accessible to the community, it would be also be sensible to not use acronyms when considering the new name for the network.
- There would need to be clear involvement of the Healthwatch in the engagement process.
- Residents would need to understand what will be different for them because of the integrated health and wellbeing network. Therefore, it will be important to focus on, depicting to residents, what will happen in practice.
- Key stakeholder partners will need to assess how well their role is known in the network, ensuring they have key messages around how they will help deliver the outcomes being worked to by the network.

Cllr Watts concluded the discussion by emphasising the importance in carefully considering what the partnership were trying to construct as there was little public appetite for structures. Essentially, residents needed to feel that there were being listened to the first time when they were approaching services and not needing to relate their health story three times.

The governance around the networks also needed to be carefully considered to ensure that users of services were involved, including communities that were difficult to reach. This would mean significant thinking on how to illicit engagement and build specific relationships with communities.

Acknowledged that the supportive work around the networks was already happening and agreed that, as a public service, it was important to be responsive to the community.

Agreed the points raised on engagement would be factored in plans going forward, including a bigger conversation on how communities use services.

RESOLVED

- To note the above comments on the proposal to engage with communities about the Wellbeing Partnership.
- To note the move away from using the term Care and Health Integrated Networks (CHINs) to describe our local integrated networks and take into account the above comments.
- To approve plans for further engagement about the Wellbeing Partnership.

28. ITEMS FOR FUTURE MEETINGS

To be notified to the Clerk.

29. NEW ITEMS OF URGENT BUSINESS

None

30. EXCLUSION OF THE PRESS AND PUBLIC

Not required.

31. NEW ITEMS OF EXEMPT URGENT BUSINESS

None

32. NEXT MEETING OF THE JOINT COMMITTEE

13th of June 2018.

CHAIR:

Signed by Chair ……..

Date ……