

54 **'SYSTEM CHANGE' ON HEALTH AND WORK IN ISLINGTON (ITEM NO. B1)**

Lela Kogbara and Graeme Cooke introduced the report, which proposed the establishment of a dedicated Health and Work programme in Islington, jointly run by the Council and the CCG, in partnership with Jobcentre Plus.

The following main points were noted during the discussion:

- It was explained that employment was generally beneficial to people's health and wellbeing. A coordinated multi-agency approach was required to improve residents' health and employment outcomes.
- The Board noted recent developments which had contributed towards addressing health and employment issues. This included that Islington Council's Assistant Chief Executive (Strategy and Community Partnerships) had recently been appointed as the Director of the Learning Disabilities Employment Programme at NHS England.
- NHS England had agreed to trial partnership work with Islington Council, Islington CCG, and Jobcentre Plus to improve employment outcomes among people with a health condition or a disability. It was noted that this trial presented a significant opportunity to implement system changes as part of a wider Health and Work programme, which would re-focus services around addressing health and employment issues.
- The Board considered the challenges that the Health and Work programme would face. It was commented that such a programme would require senior officer engagement, consideration of how those with health conditions can be best supported into work, information sharing arrangements, and reviewing the role of the Council and NHS as major local employers.
- The CCG confirmed its support for the proposed Health and Work programme, and noted that work would be required to develop a narrative to underpin changes to systems and structures.
- Further thought was required as to the mechanisms of how the health service would support the Health and Work programme. For example, it was suggested that the current arrangements did not provide sufficient time for a GP to fully assess a patient's employment status during a standard consultation.
- It was commented that the programme presented an opportunity to look widely at how all local services support employment and health outcomes. It was suggested that the programme could seek to work with schools to ensure that related support was universally available to young people. Engagement with the voluntary sector was also proposed.
- A discussion was had on the structural changes required to support the programme and the need to avoid duplication. It was suggested that primary care services, such as GPs and pharmacies, may be best placed to ensure universal access to the programme; however it was noted that this could alter the dynamic between healthcare professionals and patients.
- The importance of the multi-disciplinary Expert Reference Group was emphasised, which was helping to shape the programme trial in Islington by providing ideas and challenge to authorities. This group included mental health professionals and representatives of the CCG, DWP, Public Health England, and the Business Disability Forum, amongst others.
- It was considered important to establish clear governance arrangements to ensure confidence in the programme.
- It was queried if the programme could maximise its available budget by drawing on various external employment and health funding streams. It was advised that this would be explored further; however officers would need to review the entitlement conditions attached to each source of funding.

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- It was clarified that the Health and Work programme was a system change as opposed to a series of initiatives. This approach would ensure that the programme was sustainable, as it was not subject to additional funding, and the changes made to systems would become embedded into the work of each organisation.
- It was suggested that the programme could consider the merits of peer support sessions, as research conducted through the Islington Employment Commission indicated that residents found such sessions to be therapeutic and empowering.
- The Board noted the importance of communicating the programme clearly. The programme needed to adopt the right tone and language to inspire people into addressing health and employment issues.
- It was suggested that the programme could be supported in future by the devolution of employment support to local authorities.
- Staff training was considered crucial to the success of the programme.
- The programme would need to engage local employers to ensure that those with disabilities or health conditions were encouraged into appropriate, flexible and accessible jobs which paid the living wage.
- In response to a query, it was advised that the success of the programme would be evaluated on an ongoing basis by reviewing the number of residents on Employment and Support Allowance and Incapacity Benefit. It was suggested that other robust evaluation metrics would be required to evaluate how effectively each part of the programme was working.
- A further report to the next Board meeting was requested. It was expected that progress would have been made on the programme structure, communications, and bid to the European Social Fund to support the development of local employment support hubs.

RESOLVED:

1. That Islington Council's new corporate equality objective, *'to increase the proportion of disabled people in employment, by supporting people with long term health conditions, mental health problems, and other disabled people into work, which can only be achieved in partnership with health services, Jobcentre Plus and other partners'*, be noted.
2. That the key actions planned and underway to improve employment outcomes for local residents with a health condition or disability, in particular those aimed at promoting and embedding a focus on employment within the local health and social care system, be noted.
3. That the establishment of a Health and Work programme for Islington, to be run jointly between the Council and the CCG, in partnership with Jobcentre Plus, be agreed as set out in the report submitted.
4. That the establishment of a 'task and finish' group of senior representatives from the Council, CCG and relevant external partners including Jobcentre Plus, to take responsibility for establishing the programme before the NHS England supported trial is ready to be implemented, be agreed.
5. That the ongoing development of the Joint Strategic Needs Assessment on Health and Work be noted.
6. That a report on the programme's progress be made to the next meeting of the Board.

ISLINGTON SAFEGUARDING CHILDREN BOARD ANNUAL REPORT (ITEM NO. B2)

Eleanor Schooling introduced the annual report on behalf of the Independent Chair of the Islington Safeguarding Children Board (ISCB).

The following main points were noted during the discussion:

- The Islington Safeguarding Children Board, an independent multi-agency body, was required by law to submit its annual report to the Chair of the Health and Wellbeing Board.
- Given the limited resources available to all local agencies, it was suggested that there was a need to ensure resources were focused on the most vulnerable children. A discussion was had on the prioritisation of targeted and universal services.
- The Board commented on the ISCB priorities and how these could align with the Joint Health and Wellbeing Strategy and the work of Health and Wellbeing Board members. It was noted that there was no specialist programme in the Borough to support children with the impact of domestic abuse.
- A discussion was had on the sensitivities surrounding child sexual exploitation. For example, it was queried if agencies should question teenagers about their relationships when providing free contraception. It was noted that authorities had a duty to safeguard all children against sexual exploitation, including those over the age of consent.
- Attention was drawn to high profile cases of child sexual exploitation identified in other areas. The Board noted the national cultural change in regard to child sexual exploitation and agreed that it was important to learn from mistakes made elsewhere.
- It was suggested that the Health and Wellbeing Board should also consider the Safeguarding Board's priorities in light of the Council and CCG's Child Health Strategy; as safeguarding children was essential to ensuring the wellbeing of children and maximising their life chances.
- There were also linkages to be made to the Youth Crime Strategy, as it was known that young offenders were often vulnerable people who may either be suffering from abuse, mental health conditions, or parental drug and alcohol dependency.
- The importance of early intervention to both protect children and secure their health and wellbeing was emphasised. It was commented that the ISCB priority to 'address the consequences and harm that children and young people suffered as a result of domestic violence, parental mental ill-health and substance abuse' was being addressed through the Council's early intervention and prevention approach set out in its Corporate Plan.
- It was advised that local healthcare professionals had recently received IRIS (Identification Referral to Improve Safety) training, which aimed to detect and support victims of domestic violence through General Practice. It was commented that although healthcare professionals may be able to identify abuse and neglect through physical symptoms, it was more difficult to identify cases of emotional abuse.
- Although the CCG could facilitate safeguarding training for healthcare professionals, further thought was required as to how safeguarding matters could be taken into account when commissioning other health services.
- The importance of schools in identifying abuse and neglect was highlighted. In response to a query, it was advised that it can be more difficult to identify instances of abuse and neglect of Islington children attending schools in neighbouring boroughs.
- The Board was advised of the Pause project which supported women who had multiple children taken out of their care.

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- It was noted that child exploitation was not only sexual. Children could also be exploited through radicalisation, or groomed into committing crime.

RESOLVED:

1. That the draft Islington Safeguarding Children Board annual report be received.
2. That the future Islington Safeguarding Children Board priorities be noted.
3. That members of the Health and Wellbeing Board submit annual reports to the Islington Safeguarding Children Board on their work to safeguard children, in light of the Islington Safeguarding Children Board's annual report.

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UPDATE ON PROGRESS AGAINST THE JOINT HEALTH AND WELLBEING STRATEGY PRIORITIES: DECEMBER 2014 - JUNE 2015 (ITEM NO. B3)

Julie Billett introduced the report, which provided an update on progress against the Health and Wellbeing Board's priorities.

The following main points were noted during the discussion:

- Particular attention was drawn to the launch of the Young People's Sexual Health Network, the recent performance of the Long Term Conditions Locally Commissioned Service, and the forthcoming review of mental health promotion programmes.
- In response to a query, it was advised that it had historically been difficult to collect data on breastfeeding prevalence at 6-8 weeks. It was advised that this relied on collecting data from new parents who understandably had other concerns at the time. Anecdotal evidence suggested that the borough performed well in this area.
- Councillor Janet Burgess advised of a recent meeting with Islington Youth Councillors in which she was advised of long waiting times for accessing the Child and Adult Mental Health Service (CAMHS). It was advised that there was always a high level of demand for this service, however officers would investigate and report back to the relevant executive members.

RESOLVED:

That progress against the Health and Wellbeing Board's priorities be noted.

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PEOPLE WITH LEARNING DISABILITY OR AUTISM SELF-ASSESSMENT AND IMPROVEMENT/COMMISSIONING PRIORITIES FOR 2015/16 (ITEM NO. B4)

Simon Galczynski introduced the report, which provided an overview of two separate self-assessments completed relating to services for people with learning disabilities and autism.

The following main points were noted during the discussion:

- Islington performed favourably in terms of partnership working, employment outcomes for those with learning disabilities, personal budgets, and providing accommodation to those with learning disabilities.
- Further work was required to close the health inequalities faced by those with learning disabilities, as there was no evidence that their health outcomes were improving.
- The Board noted the problems faced by adults diagnosed with autism who do not also have learning disabilities.

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RESOLVED:

1. That the findings of both self-assessments be noted.
2. That the priorities for service improvements and commissioning in 2015/16 be endorsed.
3. That the national drivers, including statutory duties relating to services for people with autism and the need for improved accountability and leadership, be noted.
4. That the importance of data collection as a crucial area for improvement in order to evidence outcomes, particularly as they relate to health, be noted.
5. That a full report on people placed in hospitals for treatment and assessment be presented to a future meeting of the Health and Wellbeing Board.

MEETING CLOSED AT 2.20 pm

Chair