

Health and Wellbeing Board - Wednesday, 16 September 2015

Minutes of the meeting of the Health and Wellbeing Board held at Committee Room 4, Town Hall, Upper Street, N1 2UD on Wednesday, 16 September 2015 at 1.00 pm.

Present: **Councillors:** Richard Watts (Chair), Janet Burgess and Joe Caluori

Board Members: Martin Machray, Director - Quality & Integrated Governance, Islington Clinical Commissioning Group
Dr. Gillian Greenhough, Chair, Islington Clinical Commissioning Group
Dr. Josephine Sauvage, Joint Vice Chair (Clinical), Islington Clinical Commissioning Group
Paul Sinden, Director of Commissioning, Islington Clinical Commissioning Group
Wendy Wallace, Chief Executive, Camden and Islington NHS Foundation Trust
Sean McLaughlin, Corporate Director of Housing and Adult Social Services, Islington Council

Also Present: Lucy de Groot, Chair of Audit, Islington Clinical Commissioning Group
Jeni Kent, Volunteer Coordinator, Islington Healthwatch
Charlotte Ashton, Public Health Consultant, Islington Council
Dr Greg Battle, Medical Director for Integrated Care, The Whittington Hospital NHS Trust

Councillor Richard Watts in the Chair

58 WELCOME AND INTRODUCTIONS (ITEM NO. A1)

Councillor Richard Watts welcomed everyone to the meeting.

59 APOLOGIES FOR ABSENCE (ITEM NO. A2)

Apologies for absence were submitted on behalf of Alison Blair, Islington Clinical Commissioning Group (substitute: Paul Sinden); Sorrel Brookes, Islington Clinical Commissioning Group (representative: Lucy de Groot); Olav Ernstzen, Islington Healthwatch (representative: Jeni Kent); Dr Henrietta Hughes, NHS England; Julie Billett, Public Health (representative: Charlotte Ashton); Cathy Blair, Children's Services; and Simon Pleydell, The Whittington Hospital NHS Trust (representative: Dr Greg Battle).

60 DECLARATIONS OF INTEREST (ITEM NO. A3)

None.

61 ORDER OF BUSINESS (ITEM NO. A4)

No changes were proposed to the order of the agenda items.

62 MINUTES OF THE PREVIOUS MEETING (ITEM NO. A5)

RESOLVED:

That the minutes of the meeting of the Board held on 15 July 2015 be confirmed as a correct record and the Chair be authorised to sign them.

63

JOINT STRATEGIC NEEDS ASSESSMENT - EXECUTIVE SUMMARY (ITEM NO. B1)

Charlotte Ashton introduced the updated executive summary of the Joint Strategic Needs Assessment, which included the latest evidence on health and wellbeing needs in the borough.

The following main points were noted during the discussion:

- The Joint Strategic Needs Assessment had been updated to reflect new evidence in relation to children's health, the relationship between health and employment and mental health. All evidence was available on the Islington Evidence Hub.
- The Board noted the new approach of making a 'call for evidence' which provided all relevant local agencies with the opportunity to contribute to the evidence base.
- Councillor Burgess noted that the significant population increase of 9% over the past four years described in the executive summary was based on GLA estimates and officers were investigating the accuracy of the figures. It was also noted that the childhood mental health evidence included comparisons to a national survey which was around ten years old and therefore the data should be considered in this context.
- Although the Board queried the significant population increase described, it was noted that the new figure of 224,600 was closer to the GP registered population of 228,000, whereas there had previously been a significant difference between the two figures. It was commented that the CCG's own population estimate was somewhere in between the two figures.
- It was commented that the population statistics were partially based on the estimated number of new births in new housing developments; however the Council knew that 40% of new properties in the borough were currently empty.
- It was noted that challenges arose not just from an increased population, but from considerable churn in the private rented sector, with residents constantly moving in and out of the borough. The result of which was that residents were less well connected to local services than in other areas.
- The Board noted the importance of encouraging new residents to register with local GPs as population numbers had an influence on the funding available to health services.
- The Board considered the difficulties associated with carrying out a new national child mental health survey, however noted that local agencies had a great deal of useful local data on this topic.
- The Board commented on the 'What does this mean for Islington?' sections of the executive summary, suggesting that the current list-based approach could be replaced or supplemented by a single, shorter, prioritised and action-based list. It was thought that this would be more useful as it would help to focus local agencies with limited financial resources on key activities. It was agreed that a further document would be submitted to the January 2016 meeting.
- The Board emphasised the need to identify 'quick wins' which would allow local agencies to make a significant impact in a short time period.
- To maximise the financial resources available to local agencies, it was considered important to evaluate areas where the health and wellbeing of the local population had improved to such an extent that specialist programmes could be de-commissioned.
- The Board concluded that it had a detailed and clear evidence base of the health and wellbeing problems faced by local people however needed to further consider how these problems can be prioritised and how the underlying causes of these problems can be addressed. It was suggested that Board

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members could give further consideration to these issues at the informal Health and Wellbeing workshop in November 2015.

RESOLVED:

1. That the Joint Strategic Needs Assessment 2015/16 Executive Summary be noted and agreed;
2. That a further action-based document setting out the priorities for local agencies be submitted to the January 2016 meeting.

64

ISLINGTON CCG AND ISLINGTON COUNCIL COMMISSIONING INTENTIONS FOR 2016-17 (ITEM NO. B2)

The report was presented by Sean McLaughlin on behalf of Adult Social Care, Paul Sinden on behalf of Islington CCG and Charlotte Ashton on behalf of Public Health.

The following main points were noted during the discussion:

- It was advised that Adult Social Care would be prioritising autism and learning disabilities in 2016/17.
- The CCG's commissioning intentions were framed in the context of local priorities, the Five Year Forward View published by NHS England, the recommendations of the London Health Commission, and collaboration priorities for North Central London CCGs.
- It was advised that Islington CCG needed to ensure balance between primary care, hospital services and community care; review contracts to ensure they are as efficient as possible; consider how to best support and incentivise hospitals to deliver new models of care; increase both physical and mental health; and further integrate primary and hospital care.
- It was advised that Public Health would be prioritising drug and alcohol services, sexual health services, and adult and child health improvement.
- There was some concern that the report considered the commissioning intentions of the CCG and each Council service separately; it was suggested that further integration was required and the Board should be considering such issues collectively.
- A discussion was had on the integration of services. It was confirmed that local agencies were coordinating commissioning intentions, with drug and alcohol services given as an example. The Board considered that members of the Health and Wellbeing Board were functioning well together however further work was needed to create a unifying narrative. It was suggested that agreeing a joint statement of strategic commissioning intentions would help to clarify the priorities and role of all Board members. The relevant strategies of each agency could then align to this overarching statement. It was thought that making the links between strategies more explicit would be useful to staff, partner organisations, the public, and NHS England.
- Integration was considered vital to ensure the financial stability of local health services. Additional joint-working agreed to through the local vanguard application was expected to increase the pace of integration.
- The need to consider services from a patient perspective, as opposed to a provider perspective, was emphasised. This would help to identify duplication and gaps in service provision. It was considered that local agencies had a great knowledge of the health needs of local people and services should be planned with these in mind, especially for those with multiple health needs.
- The Board considered the NHS vanguard programme and speculated that future NHS reforms may require further integration, including integrated governance. Members of the Board agreed that it would be preferable to develop an effective integrated health service locally, rather than be required

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to integrate in accordance with centrally prescribed models. This would allow services to be best tailored to the needs of local people.

RESOLVED:

That the approaches to commissioning for 2016/17 be noted.

65 UPDATE ON HEALTHWATCH ISLINGTON'S WORK PLAN FOR THE CURRENT YEAR (ITEM NO. C1)

Jeni Kent introduced the report which provided an update on the work of Healthwatch Islington.

The following main points were noted during the discussion:

- Further to Aim 1, it was advised that the report on mental health services for young adults would be available in autumn 2015 and could be reported to a future meeting of the Health and Wellbeing Board.
- Further to Aim 4, it was reported that Healthwatch had commenced gathering the views and experiences of service users.
- Further to Aim 10, it was noted that Healthwatch had met with Children's Services and was considering how young people could be trained to give information on local health services to their peers.
- It was suggested that the report be submitted to the Health and Care Scrutiny Committee for consideration.

RESOLVED:

That the work plan of Healthwatch Islington be noted.

66 BETTER CARE FUND - UPDATE (ITEM NO. C2)

Paul Sinden introduced the report which detailed the progress with implementing the Better Care Fund. Particular attention was drawn to the work to improve access to primary care and the development of ICT systems to enable shared data and person-held records.

RESOLVED:

That the joint work being carried out to develop integrated care for local people be noted.

67 PLANNED PROCUREMENT OF AN INTEGRATED NHS 111/OUT-OF-HOURS SERVICE ACROSS NORTH CENTRAL LONDON (ITEM NO. C3)

Jo Sauvage and Paul Sinden introduced the report, which provided an update on the procurement of an integrated NHS 111 and GP out-of-hours service across the North Central London area.

The following main points were noted during the discussion:

- It was advised that the procurement process had been influenced by the feedback of service users and healthcare professionals. Although the CCGs had received a low level of response to a public consultation survey, it was known that many more had viewed the proposals on the CCG websites and had not commented. Feedback had also been received through other consultative methods.
- The Board noted the proposal for the lead provider to coordinate work with smaller local providers, including primary care clinicians and pharmacists. The value of smaller local providers was emphasised.
- It was reported that all NHS 111 and GP out-of-hours procurements nationally had been temporarily suspended while NHS England developed national

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commissioning standards based around integration, collaboration, and cross-boundary services. As the procurement had already incorporated these themes the new standards were not expected to have a significant impact for North Central London.

- It was queried how a collaborative approach would be fostered and how smaller providers would be encouraged to bid for 111 and out-of-hours work. It was commented that market engagement events and other communications had yielded a positive response, however ultimately local providers would need to be satisfied with the service before they agreed to collaborate and this is why such emphasis was given to consultation.
- It was noted that Enfield CCG was the lead authority for public communications, however all CCGs would have a role in ensuring that the service was effectively promoted in their area.

RESOLVED:

That the proposal to procure an integrated NHS 111/out-of-hours service across Barnet, Camden, Enfield, Haringey and Islington be noted.

68

ISLINGTON SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2014-15 (ITEM NO. C4)

Marian Harington, Independent Chair of the Safeguarding Adults Board, presented the report which reviewed the work of the Board in the 2014-15 year.

The following main points were noted during the discussion:

- Adult safeguarding boards had become statutory in April 2015 following the implementation of the Care Act 2014.
- The report set out that the Safeguarding Adults Board was fit for purpose and that local arrangements were bedding in.
- Particular attention was drawn to the new categories of abuse set out in the Care Act, which were modern slavery, domestic abuse, financial abuse and self-neglect. The importance of identifying abuse and sharing intelligence was emphasised.
- It was commented that 1,165 alerts had been received in 2014-15, the same number as 2013-14. There had been an increase in the number of alerts referred for investigation. It was thought that this was due to increased understanding of adult safeguarding concerns resulting in more appropriate referrals being made.
- Work had taken place to raise public awareness of adult safeguarding procedures, particularly among faith groups and BME communities.
- Islington Council was congratulated for its work on processing Deprivation of Liberty Safeguards applications.
- A discussion was had on the role of local people in identifying safeguarding concerns for vulnerable people in the community.

RESOLVED:

That the Islington Safeguarding Adults Board Annual Report 2014-15 be noted.

MEETING CLOSED AT 2.30 pm

Chair