

MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON TUESDAY, 31ST JANUARY, 2017, 9.30am

Haringey Board Members Present: Cllr Claire Kober (Chair of Haringey Health and Wellbeing Board), Councillor Jason Arthur (Cabinet Member for Finance and Health), Cllr Elin Weston (Cabinet Member for Children & Families), Dr Jeanelle de Gruchy (Director of Public Health), 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 LBOH), Jon Abbey (Director of Children's Services) Geoffrey Ocen (Bridge Renewal Trust – Chief Executive).

Haringey

Officers

Present: Zina Etheridge (Deputy Chief Executive LBOH), Charlotte Pomery (Assistant Director of Commissioning), Tim Deeprise (Interim Director - Wellbeing Partnership), Dr Helen Taylor (Clinical Director and Deputy Director of Strategy – Whittington Health), Stephen Lawrence Orumwense (Assistant Head of Legal Services), Philip Slawther (Principal Committee Coordinator LBOH).

Islington Board Members Present Cllr Councillor Richard Watts (Chair of Islington Health and Wellbeing Board), Councillor Janet Burgess (Executive Member for Health and Social Care), Cllr Joe Caluori (Executive Member for Children, Young People and Families), Alison Blair (Chief Executive Islington CCG), Melanie Rogers (Director of Quality and Integrated Governance, Islington CCG), Dr. Josephine Sauvage (Chair of Islington CCG), Sorrell Brookes (Lay Vice-Chair, Islington CCG), Simon Pleydell (Chief Executive, The Whittington Hospital NHS Trust), Angela McNab (Chief Executive, Camden & Islington Foundation Trust), Public Health - Camden and Islington), Jason Strelitz (Assistant Director Public Health. Substitute for Julie Billet), Carmel Littleton (Corporate Director of Children's Services), Emma Whitby (Chief Executive, Islington Healthwatch), Sean McLaughlin (Corporate Director of Housing and Adult Social Services).

Islington

Officers

Present: Lesley Seary (Chief Executive, Islington Council), Brenda Scanlan (Interim Service Director of Adult Social Care), Jonathan Moore (Senior Democratic Services Officer, Islington Council).

**** Clerk's Note** - The meeting was held as a 'meeting in common' of the Haringey and Islington Health and Wellbeing Boards. As a joint committee had not been established, this was two separate meetings of the Boards, held concurrently.

Each Board could make decisions related to its own functions, but functions could not be exercised jointly. The usual procedure rules governing each meeting were applicable, including quorum and voting rights. **

1. FILMING AT MEETINGS

The Chair referred those present to Agenda Item 1 as shown on the agenda in respect of filming at this meeting and asked that those present reviewed and noted the information contained therein.

2. WELCOME AND INTRODUCTIONS

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

3. APOLOGIES FOR ABSENCE

The following apologies were noted:

- Cathy Herman, Lay Member, Haringey CCG
- Sir Paul Ennals, Chair of Haringey's LSCB
- Julie Billett, Joint Director of Public Health - Camden and Islington (substitute: Jason Stellar)
- Sean McLaughlin, Corporate Director of Housing and Adult Social Services (substitute: Brenda Scanlan)
- Dr Helen Brown

4. NOTIFICATION OF URGENT BUSINESS

There were no items of urgent business.

5. DECLARATIONS OF INTEREST

No Declarations of Interest.

6. QUESTIONS, DEPUTATIONS, PETITIONS

No Questions, Deputations or Petitions were tabled.

7. UPDATE ON THE NORTH CENTRAL LONDON SUSTAINABILITY AND TRANSFORMATION PLAN

The Board received a report which updated the Health and Wellbeing Board on the development of the North Central London Sustainability and Transformation Plan

(STP). The report was introduced by Zina Etheridge, Deputy Chief Executive Haringey and was included in the agenda pack at pages 5-17.

The Chair advised that the draft Sustainability and Transformation Plan and the joint statement were published in October on all 5 NCL council websites following submission to NHS England. The Chair raised concerns with the overall lack of public engagement that had been undertaken around the STP and welcomed the opportunity to hold a discussion in public with both Health and Wellbeing Boards. The Board were advised that they were not being asked to endorse the STP, instead this was an opportunity to raise any concerns or seek clarification, and that a note of the discussion would be sent to those leading and managing the STP process for NCL.

The Board were advised that the STP estimated a financial gap in NCL NHS Services of £876m by 2020/21. For social care, the combined social care budget gap across NCL's boroughs would be in excess of £300m by 2020/21. A number of opportunities for public engagement had been carried out since publication of the NCL STP, including via each respective council and CCG website, a public event convened by Keep Our NHS Public on 15th December, meetings with the voluntary sector and respective CCG meetings held in public. In addition the NCL Joint Health Overview & Scrutiny Committee undertook a review of the draft NCL STP, they received written and verbal evidence from a range of stakeholders and published a report which set out a number of recommendations to challenge and inform development and delivery of the plan going forward.

The aim of the STP was to set out how to transform the whole system in order to improve both system sustainability and to make financial savings, whilst also improving outcomes. The Deputy Chief Executive advised that a key concern with the STP was a failure to consider the implications for wider care services within the overall health care system.

The Chief Executive, Bridge Renewal Trust reiterated concerns raised around a lack of public consultation and a lack of clarity about what exactly the STP would look like.

The Haringey Cabinet Member for Finance and Health welcomed the fact that the STP gave equal consideration to mental health and wellbeing and physical health but commented that further consideration needed to be given on how to support the voluntary sector in providing more community level care, given the significant financial constraints on the voluntary sector. The Cabinet Member for Finance and Health further commented that the STP needed to set out how to capacity build within the voluntary sector to support the development of community level mental health and wellbeing services. The Cabinet Member for Finance and Health sought clarification on what the next steps were in terms of the formal sign off process and the process of public consultation, given the lack of visibility and public scrutiny.

In response, the Chief Officer Haringey CCG acknowledged that the CCG shared the concerns raised around public consultation and suggested that the Wellbeing

Partnership may want to consider the lessons learnt from this. The Board considered that the document published in October set out the key concepts and was orientated at a fairly high level. Over the next few months, more detailed delivery plans were being developed and that this process offered an opportunity for broader public engagement. The Chief Officer Haringey CCG, advised that the CCG were developing stakeholder plans to set out a clear engagement process going forward. The Board was advised that the plans would not be completed by the end of March and that the wider STP sign-off process was ongoing. It was anticipated that there would be further opportunity to involve the voluntary sector.

The Chief Executive LB Islington, emphasised some of the concerns raised in the report and commented that the looming spectre of an £800m funding gap resulted in the STP having a disproportionate focus on the sustainability element at the expense of transformation and system change. The concern was that funding for adopting a preventative approach and provision of care services would be swallowed by a short-term approach to bridging the funding gap. The Chief Executive LB Islington advised that transformation was a key focus for local authorities and that there were a significant concerns with getting social care and issues around Children's Services recognised as part of the process.

The Chair welcomed that the report and highlighted the social care funding gap of around £300m against the back drop of the STP's overall focus on sustainability. The Chair advised that the both increased sustainability and the transformation of the social care system was going to necessitate much greater integration.

Cllr Watts reiterated that there were well documented frustrations with the STP process, such as the very top down approach and what felt like unnecessary levels of secrecy which was damaging to public consultation. It was noted, that there were also some significant positives to highlight, such as the parity of esteem between physical and mental health services, the care close to home proposals and the facilitation of conversations on the long term sustainability of the health and care system. Cllr Watts raised concerns that at present the STP was not a long term strategic transformation plan but more a short term deficit funding plan for the NHS. Cllr Watts suggested that social care and a focus on what integration of health and care meant in practice was key to the STP being a long term strategic transformational plan. The Committee considered there were significant issues across the two boroughs around the demand for urgent and emergency care and Cllr Watts commented that the STP did not present a case for a reduction in urgent and emergency care services across NCL, instead it was advocated that NCL needed an increase in urgent and emergency care services due to a long term failure to manage demand in this area.

The Chair, Healthwatch Haringey commented that there was a lack of public engagement around the STP process and also questioned what kind of model of public engagement might be used. The Chair, Healthwatch Haringey queried whether the Board could agree a sense of what kind of level of public engagement might be

undertaken and how that might be structured. Cllr Kober responded that it was not possible to undertake a satisfactory discussion at this juncture but acknowledged that the Board was keenly aware that the process had not been handled well enough, and from the outset the need for greater transparency and accountability had been pressed on the NHS. The Chair commented that the Board would ensure that a process of public engagement was put in place locally if it was not done through NCL.

Simon Pleydell, Chief Executive of Whittington Health acknowledged that NCL was under significant strain in terms of the numbers of patients presenting at an emergency department and that the system was near the limit of how far it could be stretched, as a result it was not envisaged that there would be a reduction to urgent and emergency care services. The Board considered that the overall objective in urgent & emergency care was to keep more people out of hospital and to treat more patients locally in the community. The Chief Executive of Whittington Health advised that the STP was currently at such a high level that it was difficult to undertake any meaningful consultation with either users or the public as it was not possible to say what the impact would be in terms of local service provision. It was anticipated that NHS partners would be reviewing the high level numbers over the coming two to three months following which a process of meaningful public and user engagement would be developed.

The Chief Officer Haringey CCG advised that a communications and engagement lead had been appointed to improve the engagement process around the STP and the Chief Officer, Haringey CCG agreed to speak to the communications and engagement lead and arrange a meeting. **Action: Sarah Price.**

The Director of Children's Services advised that the governance arrangements around the STP had been altered recently and that Healthwatch were going to be part of the oversight group and the delivery group. The Director of Children's Services also raised concerns that the parts of the STP process had felt transactional rather than transformational.

Cllr Watts summarised that there was a balance to be struck between the need for meaningful public engagement and having firm proposals to be able to consult upon. Cllr Watts urged that as more practical considerations began to emerge that there would need to be a high level of engagement with both the public and with local politicians and welcomed the Chief Officer, Haringey CCG's offer to lead on engagement with NHS bodies. The Chief Executive, Islington Healthwatch agreed to draft some principles of engagement. **Action: Emma Whitby.**

8. DEVELOPING THE WELLBEING PARTNERSHIP AGREEMENT

The Board received a presentation from Dr Helen Taylor on the frailty workstream of the Wellbeing Partnership. Following the presentation the Board discussed its findings.

The Board considered that in addition to age, there were a number of factors that determined health needs such as; social housing, possessing long term conditions,

reduced mobility and mental health issues. In determining how to care for these people it was evident that there was a cohort of patients who received a high level of care and were known to the system. Dr Taylor advised that in developing the frailty workstream it was hoped that the partnership could intervene in cases where people may be developing long term conditions or have reduced mobility but only became known to the system once they had suffered a crisis and were admitted to an A&E department. The Board was advised that the proposal was to mirror schemes undertaken by south west academic health science networks and in places like Humberside in which frailty was considered as a long term condition. Frailty was described as a loss of reserve, due to factors such as a loss of mobility and the presence of other long term conditions etcetera, which would result in a period of hospitalisation following a crisis.

Using this definition, a cohort of service users had been identified through workshops and pathways were sought to reduce their level of potential vulnerability and to intervene before they reached a crisis point. In determining what was already in place, the Board was advised that there were already a significant amount of interventions available but the challenge was to connect these together and think strategically at a population level. Dr Taylor also advised that the task was to deliver the correct outcomes, that the patient wanted, and to do so before they suffered a health crisis. An e-frailty index had been developed to that effect which provided a way of identifying frailty across a range of factors and categorising them in terms of mild, moderate and severe frailty which would then be linked to GP records. The Board was advised that the proposal was due to be taken to the sponsor board and Dr Taylor invited the Board to provide comments and consider what the next steps were. In response to a request for clarification, Dr Taylor advised that a key consideration was how to take the work done by the Wellbeing Partnership and get it to the point where this could work at a population level. The Chair commented that there were some interesting pilot schemes involved, and the question was at what point was there enough of an evidence base to incorporate into them into mainstream service provision.

The Board also received a report from Tim Deeprise, Programme Director for the Wellbeing Partnership which sought views on the extent of the collaboration involved in the establishment of the Wellbeing Partnership Agreement, which was to be presented to Council Cabinets, Trust Boards and CCG Governing Bodies in April and May 2017. Support was given to establish a Haringey & Islington Wellbeing Partnership at the 3rd October meeting in common and the Board was asked to consider areas for greater joint working.

The Deputy Chief Executive, LB Haringey commented that some of the questions raised in the report were easier to answer than others and that having a joint health & wellbeing strategy should be easy to agree as without a strategy it would be difficult to join up any of the other aspects that would sit underneath it. The Deputy Chief Executive suggested that the Board might want to consider whether to include all health and care services or whether there were some services that would be best placed to be delivered outside of the Wellbeing partnership, at a very local level. The Board considered the need to develop the management & leadership capability in order to facilitate greater joint working across the proposed workstreams and that in reference to the point raised by Dr Taylor about next steps; it was likely that the

Wellbeing Partnership would need to move towards joint management structures. The Deputy Chief Executive suggested that joint performance management would likely follow on from the development of a joint health and wellbeing strategy.

The Chair echoed the comments of the Deputy Chief Executive, LB Haringey and suggested that this seemed like a sensible approach. The Chair proposed that the assumption was for joint working whilst protecting the principle of subsidiarity and that partners should be able to their own due diligence and consider their own legal responsibilities.

The Chief Executive, LB Islington echoed the comments of the Deputy Chief Executive, LB Haringey around the need for a joint health and wellbeing strategy and that areas of greater joint working would flow from there, along with the principles already agreed by the Wellbeing Partnership such as the need for subsidiarity. The Chief Executive advocated being selective in the areas of joint working and focusing on getting those right before broadening the approach. The Board considered that agreement had already been secured through the CCG for a joint local CCG type arrangement across the two boroughs with shared commissioning post and that this would help develop a joint management structure. The Chief Executive, LB Islington advised that adopting a 'big bang approach' would likely scare people and generate concerns about budgets and where they would sit in future, instead the Wellbeing partnership should build confidence by focusing on a joint strategy and clear areas of focus around particular workstreams.

The Programme Director for the Wellbeing Partnership presented a draft governance structure to the Board which was included at page 27 of the agenda pack. The Board considered that the Wellbeing Partnership Board would have oversight of the system as a whole, deal with strategic issues and have sight of all of the funding being used in the area. Whereas the delivery group would be operationally focused and clinically driven, involving professionals from each of the services involved. The Board was advised that it was felt necessary to include a community reference group in the proposed governance structure in order to ensure there was enough community/service user influence across the system. The Programme Director for the Wellbeing Partnership advised that the work groups across the bottom of the structure clustered activities being undertaken by the programme and reflected the same groupings as set out in the STP. The Board were asked to provide comments on governance arrangements and the draft governance structure.

The Haringey Cabinet Member for Finance & Health commented that he felt that the proposed governance structure looked sensible but that an interim governance structure was selected for the wellbeing programme when it was adopted last year and challenged whether there was enough evidence from that period of informal collaboration to justify formalising the structures as proposed. The Programme Director for the Wellbeing Partnership acknowledged these concerns and advised that the sponsor board were meeting later that week to discuss the barriers that were being faced by each of the working groups as they have tried to establish how new services could be put in place. The Programme Director for the Wellbeing Partnership suggested that the governance structure needed to be nudged along in order to stay ahead of where the working groups had got to so that they were in a position to remove barriers as and when they arose.

The Cabinet Member sought clarification on what some of those barriers had been to date. In response, the Board was advised that a key barrier was around the need to get information governance in place in order to be able to share information across a large population base. The Programme Director for the Wellbeing Partnership also advised that workstreams to help people self manage their conditions needed to be established at a local level to support the STP, and that having a formalised governance structure facilitated this through encouraging greater interaction between constituent parts of the system.

Cllr Kober enquired where democratic accountability would sit within the proposed governance structure. The Board was advised that this would depend upon the type of partnership arrangement that was sought and what it was that the Wellbeing Partnership Board needed to do. It was envisaged that if there was a significant element of budgetary responsibility transferred over then this would likely necessitate greater political oversight. The Programme Director for the Wellbeing Partnership suggested that ultimately a very different accountability might be required but that over the next 12 to 18 months democratic accountability would remain with the individual statutory organisations that made up the Wellbeing Partnership Board.

The Chief Executive, LB Islington commented that she had assumed that the Wellbeing Partnership Board was an evolution of the two Haringey and Islington Health & Wellbeing Boards meeting jointly, reflecting a formalisation of existing arrangements. In doing so, it was assumed that there would continue to be a mix of democratically elected members and professional officers.

The Chief Executive of the Bridge Renewal Trust 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.

The Chair advised of the need to set some fairly short timescales to resolve some of the queries raised. The Board agreed for a proposal setting out the governance arrangements and a resolution to some answers to some of the questions raised, to come back to the next meeting of the Board.

Action: Tim Deeprise/Clerk

9. HARINGEY AND ISLINGTON: TACKLING OBESITY TOGETHER

The Board received a report and presentation which set out a joint approach to tackling obesity across Islington and Haringey. The report and presentation were included at pages 37 and 53 respectively and were introduced by Dr Jeanelle De Gruchy, Director of Public Health LB Haringey.

The Director of Public Health advised that both Haringey and Islington Public Health teams had come together to workshop what was being done locally to tackle obesity. Haringey and Islington faced similar challenges with over 1 in 3 children aged 10-11 classed as overweight or obese. Tackling obesity through the partnership emerged as

a priority area following the scoping of the CVD/diabetes, children's and prevention work streams. The Board was advised that the potential impact between a healthy and non-healthy life style was hugely significant in terms of overall health outcomes and their knock on effect. The Director of Public Health, LB Haringey outlined the areas for collaboration set out in the report and the types of approach being taken. It was emphasised that the aim was to create healthy environments to facilitate a wider culture shift within the population. The Director of Public Health, LB Haringey highlighted the removal of 'no ball-game signs' and the play weekend in April as activities designed to encourage children to be physically active.

The Director of Public Health, LB Haringey also drew the Boards' attention to the Sugar Smart campaign in conjunction with the Jamie Oliver Foundation and Sustain. The aim was to increase awareness of and reduce sugar consumption across all age groups and communities, and in doing so becoming the first Sugar Smart joint borough. As part of the campaign it was proposed to undertake an audit of all Council and commissioned properties to assess what their food offer was and to then develop a food standards policy and toolkit to help providers look at alternatives. The Healthy Workplace Charter was also highlighted to the Board, which was a structured framework to recognise and support business investment in employee health and wellbeing. Initiatives included: Promotion of 5 a day and the 'one you' website, reduced price gym membership, running clubs, walks at lunchtime, cycle to work schemes and the provision of showers and lockers for people to promote cycling and running to work.

Cllr Watts advised that he welcomed proposals to remove 'no ball-game' signs and that he and Cllr Kober were keen to include the Play Streets scheme into the proposals. Cllr Watts also proposed that a high profile campaign should be launched to generate public interest and garner momentum, and suggested that the Board might want to focus on campaigning against a particular product. The Chair requested that the Director of Public Health, LB Haringey and the Assistant Director Public Health LB Islington develop proposals around launching a profile campaign.

Action: Jeanelle De Gruchy & Jason Strelitz

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. Building 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. Work together to identify joint funding to increase levels of physical activity

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

10. HARINGEY AND ISLINGTON JOINT HEALTH AND WELLBEING BOARD - TERMS OF REFERENCE

The Board received a report which set out the terms of reference for more formal joint arrangements between the Haringey and Islington Wellbeing Boards, to strengthen governance arrangements and provide a platform for further joint working. The report was included at pages 59 and was introduced by Stephen Lawrence-Orumwense, Assistant Head of Legal Services, and LB Haringey.

The Board agreed two minor amendments to the proposals as set out in the report: The committee would be a joint sub-Committee of each borough's respective Health and Wellbeing Board and that voluntary sector representation would be added to the membership of the Board. The Board agreed that discussions would be held with the Bridge Renewal Trust to ascertain how to work with Islington voluntary sector organisations to ensure that there was representation across both Haringey and Islington voluntary sectors.

Action: Geoffrey Ocen & Emma Whitby

11. DATES OF FUTURE MEETINGS

The dates of future meetings were to be agreed.

12. NEW ITEMS OF URGENT BUSINESS

None

13. EXCLUSION OF THE PRESS AND PUBLIC

N/A

14. NEW ITEMS OF EXEMPT URGENT BUSINESS

N/A

CHAIR: Councillor Claire Kober

Signed by Chair

Date