

MINUTES OF MEETING HARINGEY AND ISLINGTON HEALTH AND WELLBEING BOARDS JOINT SUB-COMMITTEE HELD ON Monday, 9th October, 2017, MEETINGACTUALTIMERANGE

PRESENT:

Councillors:

ALSO ATTENDING:

- 15. AGENDA AND REPORTS FOR THE HARINGEY AND ISLINGTON HEALTH AND WELLBEING BOARDS JOINT SUB-COMMITTEE**

MINUTES OF THE MEETING OF THE Haringey and Islington Health and Wellbeing Boards Joint Sub-Committee HELD ON MONDAY 9 October 2017 AT 2.00 pm.

PRESENT:

Cllr Richard Watts, Leader of the Council, LB Islington [Chair]
Cllr Claire Kober, Leader of the Council, LB Haringey [Vice-Chair]
Cllr Janet Burgess, Executive Member for Health and Social Care, LB Islington
Cllr Joe Caluori, Executive Member for Children, Schools and Families, LB Islington
Tony Hoolaghan, Chief Operating Officer, Haringey and Islington Clinical Commissioning Groups
Dr Jo Sauvage, Chair, Islington Clinical Commissioning Group
Dr Peter Christian, Chair, Haringey Clinical Commissioning Group
Sorrel Brookes, Lay Vice-Chair, Islington Clinical Commissioning Group
Emma Whitby, Chief Executive, Healthwatch Islington
Sharon Grant, Chair, Healthwatch Haringey
Julie Billett, Director of Public Health, LB Islington
Sean McLaughlin, Corporate Director of Housing and Adult Social Services, LB Islington
Tracie Evans, Interim Deputy Chief Executive, LB Haringey
Jeanelle De Gruchy, Director of Public Health, LB Haringey
Beverley Tarka, Director of Adult Social Care, LB Haringey
Margaret Dennison, Interim Director of Children's Services, LB Haringey

ALSO PRESENT:

Helen Taylor, Clinical Director and Deputy Director of Strategy, Whittington Hospital
Rachel Lissauer, Director of the Haringey and Islington Wellbeing Partnership
Zina Etheridge, Interim Chief Executive, LB Haringey

15 FILMING AT MEETINGS (Item 1)

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

16 WELCOME AND INTRODUCTIONS (Item 2)

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

17 APOLOGIES FOR ABSENCE (Item 3)

Apologies for absence were received from Councillor Weston, Councillor Arthur, Dr Katie Coleman, Carmel Littleton, Angela McNab, Cathy Herman, Geraldine Gavin, Geoffrey Ocen and Siobhan Harrington (representative: Helen Taylor, Clinical Director and Deputy Director of Strategy, Whittington Hospital).

18 NOTIFICATION OF URGENT BUSINESS (Item 4)

There were no items of urgent business to consider.

19 DECLARATIONS OF INTEREST (Item 5)

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

20 MINUTES OF THE PREVIOUS MEETING (Item 6)

RESOLVED:

That the minutes of the previous meeting held on 19 June 2017 be agreed and the Chair be authorised to sign them.

21 QUESTIONS AND DEPUTATIONS (Item 7)

No questions or deputations were received.

22 JOINT WORK ON OBESITY (Item 8)

Julie Billett and Jeanelle De Gruchy introduced the report and presented on a cross-borough approach to tackling obesity. It was proposed that the Joint Sub-Committee agree to six pledges to improve healthy food choices in Islington and Haringey, and that Islington and Haringey Councils sign up to the Local Government Declaration on Sugar Reduction and Healthier Food.

The following main points were noted in the discussion:

- It was queried if the removal of sugar sweetened soft drinks could have unintended consequences, for example an increase in the sale of sugar-rich fruit juices and unhealthy 'zero calorie' beverages. In response, it was advised that consideration was

- needed to ensure that messages around the health benefits of fruit were consistent with messages around reducing sugar consumption.
- Dentists were particularly concerned about dental decay in children and this was attributed to the consumption of sugar-rich food and drink, including fruit.
 - It was suggested that further work was needed on communicating the benefits of avoiding sugar.
 - A discussion was had on how sugary food and drink is advertised to children, particularly through the use of brand characters. Children felt an attachment to certain products and brands because they were advertised in a “fun” way.
 - Work was needed to address the idea of home cooked food always being a healthier option, as home cooked food could contain high amounts of sugar and fat.
 - It was suggested that communications on sugar reduction should be customised for different ethnic and cultural groups, otherwise key messages may only reach a narrow section of the population and health inequalities may be enhanced, particularly among non-English speakers.
 - The Sub-Committee considered the difficulties of encouraging local business to reduce the supply of sugar-rich food and drink. It was noted that there was a high profit margin on these items and several small businesses were struggling in the difficult economic climate. In response, there was an appreciation of these challenges, and it was also noted that the greatest impact would potentially be realised through a focus on major retailers.
 - It was suggested that communications on reducing sugar consumption and healthier eating should be also related to communications on physical activity, including sustainable transport options such as walking and cycling.

RESOLVED:

- (i) That the Haringey and Islington Health and Wellbeing Boards Joint Sub-Committee agree to the pledges set out in the report submitted;
- (ii) That Islington and Haringey councils sign up to the Local Government Declaration on Sugar Reduction and Healthier Food.

23

STP UPDATE (Item 9)

Tony Hoolaghan introduced the report and presented on the progress of the North Central London Sustainability and Transformation Plan (NCL STP).

The following main points were noted in the discussion:

- The NCL STP was transitioning to the implementation phase. It was intended for some joint acute commissioning to be carried out across North Central London in the near future.
- A new CCG leadership team had been appointed across Haringey and Islington.
- NCL STP arrangements had been subject to scrutiny at a local level and at the NCL Joint Health Overview and Scrutiny Committee.
- The STP was a complex and ambitious plan and capacity was needed to deliver the work identified in the plan. It was intended for the STP to enhance prevention, primary care, and community resilience, however, capacity to deliver the ambitious plans set out in the STP will be drawn largely from within existing resources and capacity.
- In response to a question on voluntary sector engagement, it was advised that engagement with the sector had increased as the STP process had developed.

- A member queried how hospital discharge could be improved through the STP. In response, it was advised that national guidance would be followed and patients would be categorised into streams. Work was in progress for patients to be dealt with in a consistent way across Islington and Haringey. Once a patient had been admitted to hospital, it was intended for the patient to be safely discharged as soon as possible.
- It was commented that those with complex care needs were best assessed in their normal place of residence, as those in need of care may have different capabilities in different environments.
- A discussion was had on hospital discharge arrangements. It was emphasised that hospital discharge should only occur when the patient is able to care for themselves independently or with appropriate support. It was commented, for example, that the discharge of patients with mental health conditions should not take place while patients are still vulnerable.
- The Sub-Committee noted the work of the National Housing Federation, which was working with housing providers to support hospital discharge. It was suggested that housing officers should be contacted at the point of admission so bespoke arrangements can be made, if required.
- The Sub-Committee considered examples of patients who did not require acute care, however were returning home to a hazardous environment. It was considered that engagement with housing providers was essential to ensure that vulnerable patients were appropriately supported.
- In Haringey, multi-disciplinary team conferences were held weekly, which considered the needs of vulnerable patients planned for discharge.
- The Sub-Committee noted concerns about the STP process, and on the financial pressures of public bodies. Whilst it was welcomed that progress had been made, it was commented that honest conversations were needed between partner bodies about how services can improve and work closer together within existing resources. It was suggested that the STP needed a stronger focus on social care services and would benefit from a more system-wide approach.
- The importance of public consultation was emphasised. It was commented that engagement with the public must be pitched appropriately.
- The Sub-Committee noted concerns that the need for financial savings was driving short-term approaches rather than long-term solutions in the health and care sector. It was important to ensure that the needs of all STP partners were appreciated and system-wide solutions were found, otherwise positive work to improve services and make savings could be undermined.
- It was suggested that STP processes had previously delayed meaningful conversations taking place, however it was thought that there would be opportunities for all partners to contribute to the STP in the near future.

RESOLVED:

That the report be noted.

24 WELLBEING PARTNERSHIP PROGRAMME UPDATE (Item 10)

Rachel Lissauer, Director of the Haringey and Islington Wellbeing Partnership, introduced the report.

The following main points were noted in the discussion:

- The Wellbeing Partnership was recognised within the NCL STP as a positive example of cross-borough partnership work.

- Work was underway to develop working arrangements across organisations and foster a more collaborative approach.
- Governance structures had been re-shaped to streamline decision-making. Following this preliminary work, there was a need for the Partnership to deliver real change.
- The Partnership was focusing on improving hospital flows, simplifying discharge processes, and reducing the length of admission for patients. It was previously the case that hospitals serving both boroughs had to work with separate discharge and intermediate care arrangements, however there was now a single process in place.
- Future work would focus on recruitment, workforce development, and estates strategies.
- It was queried what differences patients were experiencing in health and care services. In response, it was advised that a number of improvements were in progress, for example the availability of physiotherapy in GP surgeries. In other cases, efficiency savings would improve sustainability and protect existing services.
- It was commented that trust had developed between partner organisations and as a result positive conversations were taking place. It was thought that a more collaborative approach would improve clinical pathways and lead to a more positive patient experience.
- Whilst the positive work of the Wellbeing Partnership was recognised, it was suggested that further work was needed to demonstrate and communicate that the Partnership was making a tangible difference.

RESOLVED:

That the report be noted.

25 JOINT JSNA UPDATE (Item 11)

Julie Billett and Jeanelle De Gruchy introduced the report and presented on progress with developing a cross-borough Joint Strategic Needs Assessment.

The following main points were noted in the discussion:

- There would be practical benefits to having a joined up health analytics and intelligence function. It was suggested that this would help to determine how cross-borough services were commissioned and delivered.
- It was noted that the full JSNA would include a detailed population analysis, and would reflect the number of residents suffering from multiple disadvantages.
- The Sub-Committee emphasised the importance of a joint narrative to accompany the raw data.
- The Sub-Committee noted the importance of equalities data, and noted the importance of ensuring the needs of different communities are understood and described, in order to help shape services to better meet those needs and reduce inequalities.

RESOLVED:

That the report be noted.

26 MAYOR'S HEALTH INEQUALITIES STRATEGY (Item 12)

Julie Billett introduced the Mayor's Health Inequalities Strategy. The Mayor of London was seeking partner organisations to endorse and contribute to the strategy's five aims. It was

proposed that a joint Islington and Haringey response be submitted to the strategy consultation.

The Sub-Committee endorsed the strategy and agreed to submit a joint response, however emphasised that the GLA also had responsibilities and powers which influenced the health of local people. For example, the GLA had influence over air quality through public transport emissions and the regulation of taxis and other vehicles.

It was suggested that the strategy's objectives could be more specific, and strengthening the objectives was more likely to result in meaningful change.

RESOLVED:

That the development of a joint Islington-Haringey response to the consultation be endorsed.

27 NEW ITEMS OF URGENT BUSINESS (Item 13)

None.

The meeting ended at 3.15 pm

CHAIR

16. ADDITIONAL DESPATCH

CHAIR:

Signed by Chair

Date

HARINGEY AND ISLINGTON HEALTH AND WELLBEING BOARDS JOINT SUB-COMMITTEE

9 OCTOBER 2017

ADDITIONAL DESPATCH

Please find enclosed the following item:

Item 12 Mayor's Health Inequalities Strategy: Appendix 2 – Health Inequalities Strategy slides 1 - 12

Enquiries to : Jonathan Moore / Ayshe Simsek
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MAYOR OF LONDON

Developing the London Health Inequalities Strategy

August 2017

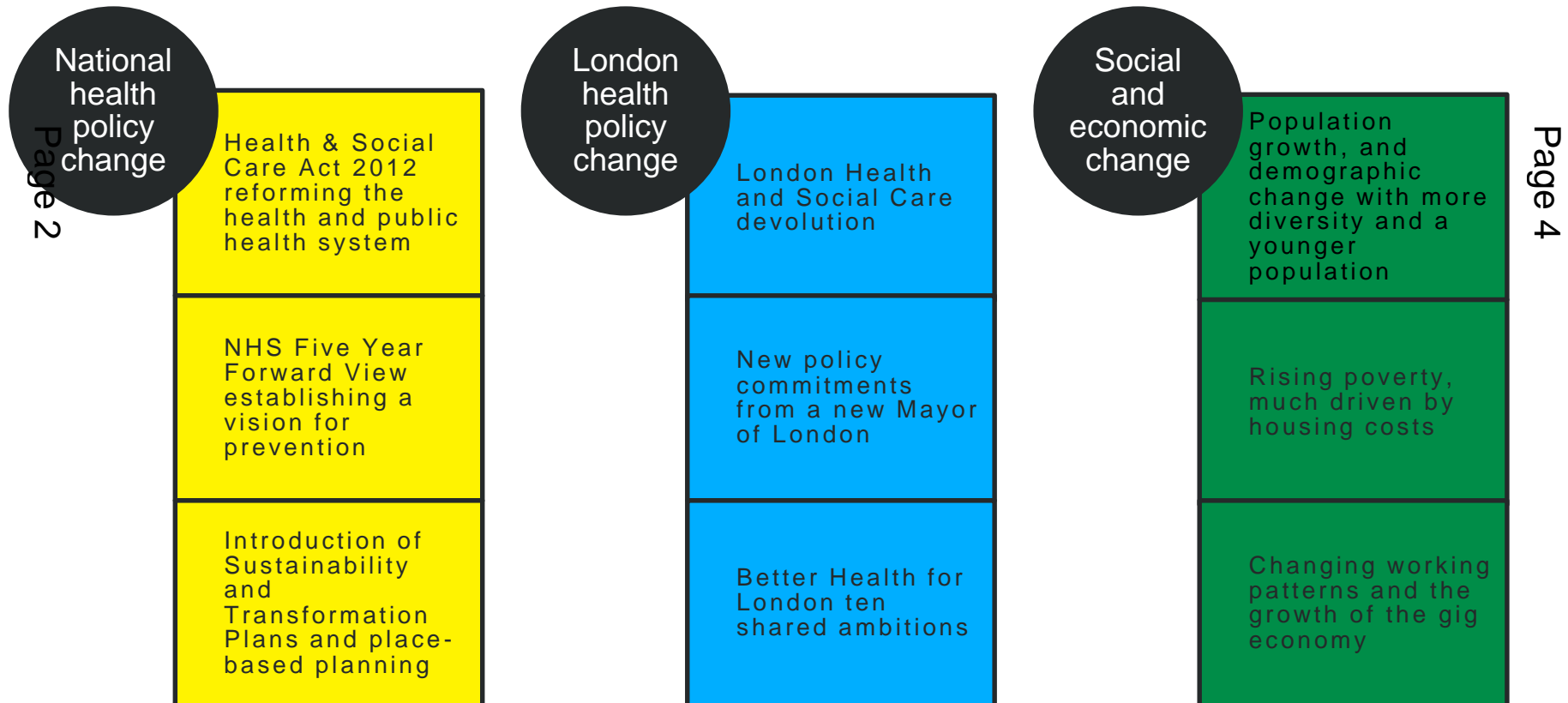
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Agenda Item 12



Why do we need a new health inequalities strategy?

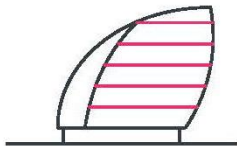


MAYOR OF LONDON

What is the Mayor's role in health inequalities?

ENSURING ALL THE MAYOR'S WORK CONTRIBUTES

- Environment
- Planning
- Housing
- Transport
- Economic development
- Culture
- Policing



CHAMPIONING WORK FROM ACROSS LONDON

- Speaking out about health inequalities
- Challenging and championing the health sector to reduce inequalities
- Generating consensus from others as chair of the London Health Board



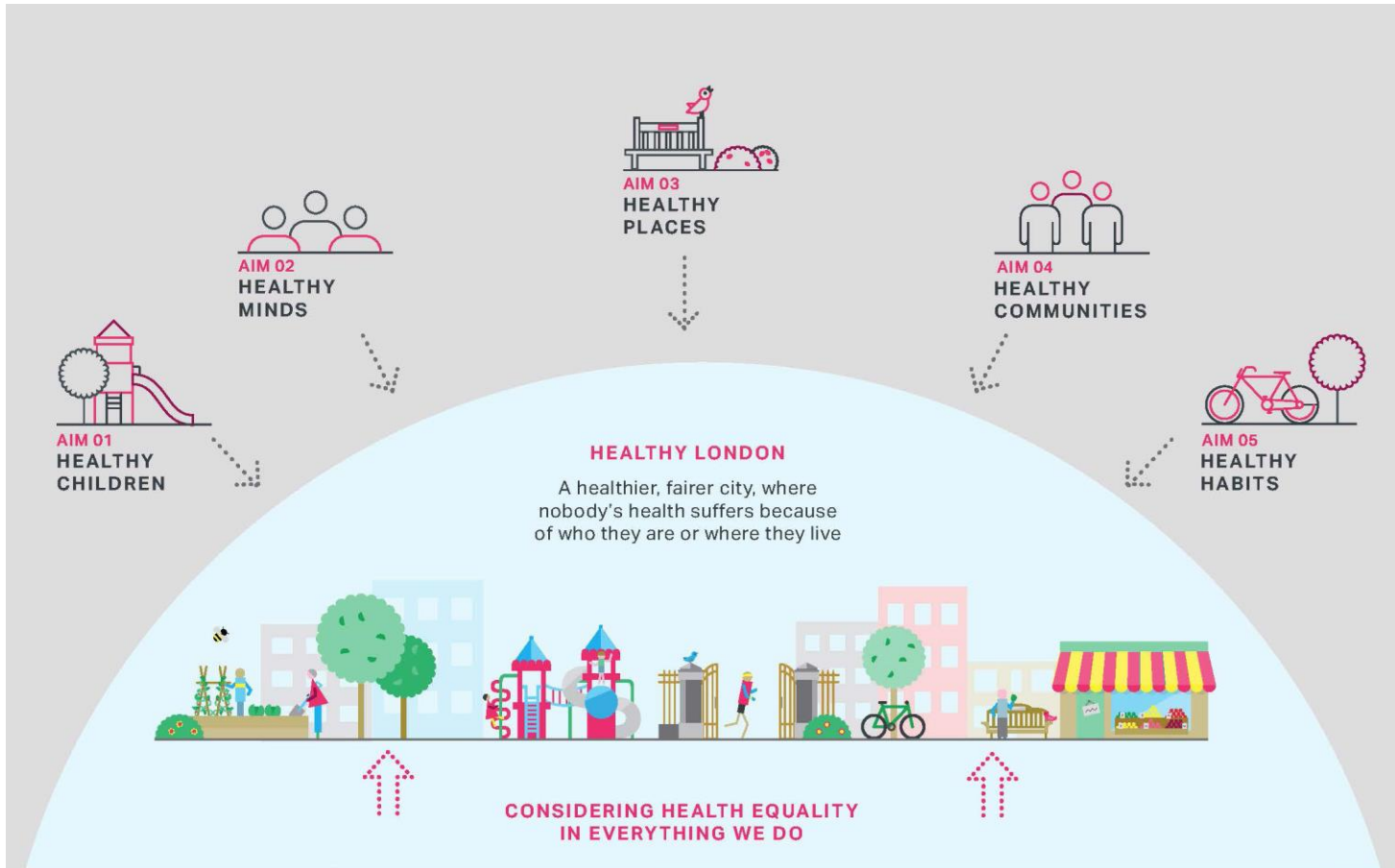
DIRECTING SUPPORT FROM CITY HALL

- Delivering City Hall's health programmes
- Consulting and engaging Londoners
- Reporting on actions and outcomes



London Health Inequalities Strategy DRAFT aims

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MAYOR OF LONDON

AIM 1, healthy children: every London child has a healthy start in life

Draft objectives:

- London's babies have the best start to their life.
- Pages 5 Early years settings and schools support children and young people's health and wellbeing.

Key Mayoral **ambition**

- Launching a new health programme to support London's early years settings, ensuring London's children have healthy places in which to learn, play and develop.



MAYOR OF LONDON

AIM 2, healthy minds: all Londoners share in a city with the best mental health in the world

Draft objectives:

- Mental health becomes everybody's business across London.
- The stigma associated with mental ill-health is reduced, and awareness and understanding about mental health increases.
- London's workplaces are mentally healthy.
- Londoners can talk about suicide and find out where they can get help.



Key Mayoral **ambition**

- To inspire more Londoners to have mental health first aid training, and more London employers to support it.

MAYOR OF LONDON

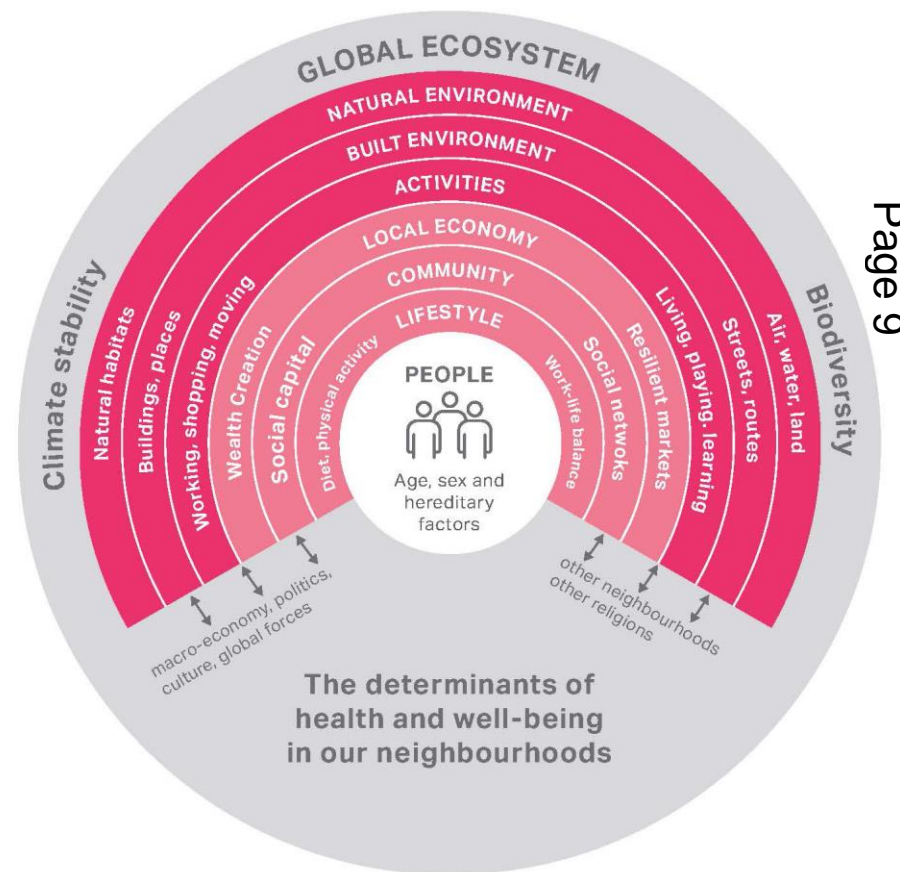
AIM 3, healthy place: all Londoners benefit from a society, environment and economy that promotes good mental and physical health

Draft objectives

- Improve London's air quality
- Promote good planning and healthier streets
- Improve access to green space and make London greener
- Address poverty & income inequality
- More Londoners supported into healthy, well paid and secure jobs
- Housing quality & affordability improves
- Homelessness and rough sleeping is addressed

Key Mayoral **ambition**

- To work towards London having the best air quality of any major global city



AIM 4, healthy communities: London's diverse communities are healthy and thriving

Draft objectives:

- It is easy for all Londoners to participate in community life
- All Londoners have skills, knowledge and confidence to improve health
- Health is improved through a community and place-based approach
- Social prescribing becomes a routine part of community support across London
- Individuals and communities supported to prevent HIV and reduce the stigma surrounding it
- TB cases among London's most vulnerable people are reduced
- London's communities feel safe and are united against hatred.



Key Mayoral **ambition**

- To support the most disadvantaged Londoners to benefit from social prescribing to improve their health and wellbeing

MAYOR OF LONDON

AIM 5, healthy habits: the healthy choice is the easy choice for all Londoners

Draft objectives:

- Childhood obesity falls and the gap between the boroughs with the highest and lowest rates of child obesity reduces
- Smoking, alcohol and substance misuse are reduced among all Londoners, especially young people

Key Mayoral **ambition**

- To work with partners towards a reduction in childhood obesity rates.



Reducing Health Inequalities in London needs a partnership effort

Therefore

- We have planned multiple & cross cutting discussions to take place across the London system during Sept - Nov to stimulate system commitment to action
- We want to work with partners to co-produce and work collectively with business, public sector and civil society partners to work on ideas/proposals to implement in the short to medium-term
- We are collectively developing a set of indicators that will help us measure our impact
- We want to stimulate action (pledges) and propose to capture these on a London pledge board available in late Autumn
- Our activity and progress will be steered by the revised London Prevention Board with its broad membership stimulating city-wide action
- We have a vision to add & grow city-wide commitment to reducing health inequalities & celebrate success throughout 2018 & beyond

MAYOR OF LONDON

How to get involved?

To find out about or respond to the consultation online go to:

<https://www.london.gov.uk/health-strategy>

If you're an individual, you can also respond via Talk London and a YouGov public poll:

<https://www.london.gov.uk/talk-london/healthstrategy>

To attend a meeting, email: healthinequalities@london.gov.uk and mark your email '**Meetings**'.

We will be offering some Drop-In sessions. To be confirmed by end of Aug and will be published on GLA website

Consultation Questions

- Are the ambitions right?
- Is there more that the Mayor can do to reduce health inequalities in London?
- What can we do together that would reduce health inequalities in London?
- What support would you need to do this?

23rd Aug 2017

- Consultation launched

Sept 2017

- System pledge online portal live

30th Nov 2017

- Consultation closes

May 2018

- Final strategy available

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