

MINUTES OF THE MEETING OF THE Haringey and Islington Health and Wellbeing Boards Joint Sub-Committee HELD ON WEDNESDAY, 6TH MARCH, 2019, 13:30 - 15:00

Present

Cllr Sarah James Cabinet Member for Adults and Health, LB Haringey - [Chair] – (v)
Cllr Richard Watts, Leader of the Council, LB Islington [Vice-Chair] – (v)
Cllr Elin Weston, Cabinet Member for Children and Families, LB Haringey – (v)
Cllr Janet Burgess, Executive Member for Health and Social Care, LB Islington – (v)
Cllr Kaya Comer-Schwartz, Executive Member for Children, Young People and Families, LB Islington – (v)
Tony Hoolaghan, Chief Operating Officer, Haringey and Islington Clinical Commissioning Groups
Dr Jo Sauvage, Chair, Islington Clinical Commissioning Group – (v)
Lucy de Groot, Lay Member, Islington Clinical Commissioning Group
Emma Whitby, Chief Executive, Healthwatch Islington – (v)
Sharon Grant, Chair, Healthwatch Haringey – (v)
Julie Billett, Director of Public Health, LB Islington
Katharine Willmette, Director of Adult Social Services, LB Islington
Katy Porter, Voluntary Sector Representative, Chief Executive, Manor Gardens Welfare Trust
Angela McNab, Chief Executive, Camden and Islington NHS Foundation Trust
Siobhan Harrington, Chief Executive, Whittington Health
Maggie Kufeldt, Interim Corporate Director - Housing and Adult Social Services, LB Haringey
Dr Dina Dhorajiwala, GP Board Member, Haringey CCG
Cathy Herman, Lay Member, Haringey CCG – (v)
Beverley Tarka, Director Adult Social Care, LB Haringey
Ann Graham, Director of Children's Services, LB Haringey
Geoffrey Ocen, Bridge Renewal Trust – Chief Executive
(v) = voting member

ALSO Present

Rachel Lissauer, Director, Wellbeing Partnership
David Archibald Chair, Haringey LSCB
Zina Etheridge Chief Executive, Haringey Council

1. FILMING AT MEETINGS

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

2. WELCOME AND INTRODUCTIONS

Councillor James welcomed everyone to the meeting and the members introduced themselves.

3. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Joseph Ejiofor, Dr Peter Christian, Dr Will Maimaris, Jennie Williams, Sorrel Brookes, Katy Porter, and Carmel Littleton.

Lucy de Groot substituted for Sorrel Brookes.

4. NOTIFICATION OF URGENT BUSINESS

There were no items of urgent business.

5. DECLARATIONS OF INTEREST

No declarations of interest were put forward.

6. MINUTES OF THE PREVIOUS MEETING HELD ON THE 5TH OF DECEMBER 2018

RESOLVED

That the minutes of the previous meeting held on 5th December 2018 be agreed as a correct record of the meeting.

7. QUESTIONS AND DEPUTATIONS

Written questions had been received from Haringey Keep the NHS Public. Councillor James confirmed those questions would be responded to in writing.

8. DEVELOPING LOCALITY-BASED CARE IN HARINGEY

Rachel Lissauer, Director of the Wellbeing Partnership for Haringey and Islington CCGs, introduced this report and presentation which provided an update on the progress made in developing place-based care in both boroughs.

With regard to the progress made in Haringey, the following was highlighted:

- In September 2018, there had been a launch event where the Council discussed with frontline staff and residents the concept of what was trying to be achieved.
- The Bridge Renewal Trust had carried out surveys with residents that provided the Council with a detailed understanding of how residents viewed services.
- In January 2019, the Council carried out a 'deep dive' set of interviews with a broad group of people who worked in North Tottenham. The responses provided valuable information on what frontline staff considered to be working. It also provided insight into the staffs ambitions for the services.

- There was a framework group, made up of senior managers, which received and responded to the priorities developed by frontline staff through groundwork meetings.
- Community First had received a positive response from residents and had been utilised by local area co-ordinators.
- An aim of the locality-based care was to develop on what had already had a positive impact and, where possible, expanding on that to increase its reach and scope.
- A more integrated offer needed to be developed around early years, families of young children, and older people.
- The Council had engaged with the voluntary and community sector to explore what it could do to assist them. The Council had been asked to help remove barriers that existed which prevented the voluntary and community sectors from being able to do all they could in assisting the residents of the borough.
- It had been clear that not all residents were fully aware of the services and help which was available. A key aim of the locality-based care was to improve residents understanding of what was available to them by building on the inter-connectedness of the Council services, voluntary and community services.
- Community Cook Up was praised as an event which saw health and wellbeing staff come together with residents to cook and eat healthy food.
- The shared approach to prevention and early intervention was a core theme of this work. A shared strategic approach was being developed between Haringey Council, Islington Council, Haringey CCG, Islington CCG, and other key health services, for them to sign up to.
- In North Tottenham, a prototype of the primary care network was being created, with the grouping of primary care practices having already taken place. The next stage would be how GPs integrated within that care network.
- Regarding forming integrated locality teams, operational leads from services providing both health and care had been consulted on how their services were organised and what the implications for them would be to move towards a locality-based approach in delivery of services. This work was ongoing and those operational leads would be further consulted on what working together more effectively meant to them, such as sharing office space or information systems.
- Beverly Tarka, Director of Adults and Health for Haringey Council, noted the people theme was the overarching strategy within locality-based care. Working together with partners to deliver shared outcomes was the key approach to the delivery of the locality-based care. The next step would be to meet with those partners to discuss what programme resources were required to implement the locality-based support.

RESOLVED

1. To note the emerging themes and to comment on priorities, opportunities and challenges.

2. To note areas of common focus and areas of different emphasis between boroughs.

9. PROGRESS ON DEVELOPING PLACE-BASED CARE AND SUPPORT IN ISLINGTON

Councillor Watts, Leader of Islington Council, introduced the report on progress on developing place-based care and support in Islington. The JHWBSC was informed the key aspiration was to centralise and bring together services in order to more effectively tackle the issues faced by residents.

Maggie Kufedlt, the Corporate Director for Housing and Adult Social Services for Islington Council, outlined the progress made in Islington. The following was highlighted:

- There had been workshops and events held with staff and residents.
- The five key developments in the localities programme in Islington focussed on building connections between teams, engaging the voluntary and community sector, the strategic approach to prevention and early intervention, supporting primary care networks, and forming integrated locality teams.
- Islington had a successful integrated network in health and care where staff came together to discuss various issues, such as residents who presented with complex needs, and assisted them together. The aim was to expand on that existing integrated network and increase the number of professionals represented, such as those from housing.
- There was concern at the lack of understanding by residents of what services were being provided in North Islington. The Council sought to address that by having staff and elected members inform residents at a street level of available services.
- There had been a Frontline Managers OD event where 20 frontline managers discussed what needed doing and existing barriers which prevented staff from being able to do their work. They also discussed how they could work together as leaders to overcome those barriers and challenges.
- A market place event would be held in April 2019, which would inform residents of the services and what was available.
- Engaging the voluntary sector was a key part of the development in the localities programme in Islington. The Council would be meeting with the voluntary and community sector collectively and then individually to discuss their role in the localities programme.
- There would be eight smaller networks across the three locality areas and the GP federation would be leading on that work.
- Islington Council sought to have an operating prototype model by April 2019.

Following both presentations by Haringey and Islington on their integrated care progress, the following was noted in discussion:

- Members of the JHWBSC welcomed the progress made by both Haringey and Islington.

- Any operating model created needed to be needs driven and not criteria driven.
- The voluntary sector welcomed the proposed initiatives that increased their involvement within the locality based care plans. In order for the voluntary sector to deliver the maximum potential, it was encouraged that any obstacles which prevented their involvement, should be removed at a strategic level.
- Staff on the ground had been energised by the proposals, particularly within community services in North Islington and North Haringey.
- There was concern that GP staff were not as actively engaged within communities as they could be and this needed to be addressed for the locality-based care to succeed. It was noted that the impending proposed change to the GP contract provided recurring funding for individual GP practices to take part in primary care networks.
- Regarding the NHS Long-Term Plan, both boroughs had already carried out a substantial amount of work surrounding integration and primary care networks. It was important that the boroughs did not start over but developed on the parts that had been successful.
- A critical element of Council involvement in the locality-based care was having housing involved in the discussions.
- Members felt historical learnings should be considered when looking at what had previously worked in similar locality-based plans.
- Islington neighbourhood services of the 1980s was highlighted as being a scheme which could provide valuable lessons on what worked well within an integrated care system. Cllr Watts had reservations about that joint working model and he noted the negative aspects of that service should be avoided in any future model created. Haringey's Director of Children Services informed that a positive learned from that service was the connections it built between different services and agencies which should be replicated in any future model.
- The methodology of developing an integrated care system should emulate that of Greater Manchester's which, similarly, created a prototype and looked at how that could be developed and built upon.
- There was a significant amount of funding provided for the integrated and place based systems work. This would allow the Councils to create an effective system from the groundwork upwards.

RESOLVED

To note the report and slides and comment on key opportunities, challenges and priorities within the work – as well as similarities and differences and opportunities for collaboration between the two boroughs' approaches.

10. NHS LONG-TERM PLAN AND IMPLICATIONS FOR DEVELOPMENT OF INTEGRATED CARE

Rachel Lissauer, Director of the Wellbeing Partnership for Haringey and Islington CCGs, introduced this report and presentation to the JHWBSC. This report provided a

summary of the NHS Long Term Plan with a particular focus on its implications for the development of integrated Care Systems in both boroughs.

The following was highlighted:

- The report set out the expectations of what would happen at integrated care systems level. There were a set of expectations surrounding health and care budget alignment. This was permissive in its approach and outlined a range of options.
- There was an expectation that integrated care systems would provide a plan of their approach for NHSE by April 2019.
- It was expected that the boroughs would be approached regarding how they saw their integrated care systems developing. Across the different boroughs in North London, a simulation event was held which considered what it meant for the boroughs to work in an integrated care system.
- The JHWBSC was asked to note the long-term plan and discuss the ways in which to use the learning from the integrate events and learning from the work already done in formulating a response to the NCL.

The following was noted in discussion:

- As it was not known at what level the integrated care system would be set, it was questioned how a response could be provided given that lack of certainty.
- Regarding budget alignment, it was queried whether the Council had any choice in the matter, and what would be the extent of the budget alignment.
- It was queried what the role of the public and democratically elected representatives would be in the integrated care systems.
- There was disappointment that social care was not mentioned within the NHS Long Term Plan.
- Whilst the NHS was seeking to increase its contribution to addressing the causes of ill health such as smoking, it was noted Council efforts in reducing smoking had been hampered by budget cuts.
- Cllr Watts stated decisions should be taken at the lowest possible level or closest to where they would have an effect in order to maximise the potential of the integrated care system. The JHWBSC felt strongly that any plan needed to be clear regarding what was being done and where. In regards to taking decisions at the earliest available level, Cllr Weston questioned where that level was set for different services and what was the process to decide where and how those decisions should be taken if the system was to be redesigned.
- The differences in the political visions of the different North London boroughs was highlighted in making it unlikely there would be a single shared approach to an integrated care system. It was recognised that boroughs in North London had differing needs and requirements across their services and therefore it would be difficult to create a single system to accommodate those.
- The change in the GP contract, which enabled them to formally work in primary care networks, was highlighted as a positive step. An issue for GPs before was that money in general practice was not recurring but with the change of GP contract, the money was now recurring to support their role in the primary care network.

- With the increasing digitalisation of the service, such as the option for patients to receive advice and care on the NHS App, there was a concern that residents who could not or did not have the ability to use these, might be left behind. Members were satisfied that the move towards digitalisation was a positive direction which would free up much needed resources.
- Regarding consultation on the Plan, partners were encouraged to consider what was useful in addressing with residents, such as programmes and services that were currently working for residents and what needed to be improved.
- The JHWBSC were encouraged to use this opportunity to create a bespoke system that fitted the needs of their residents, or have a system imposed on them. It would be up to the partners to establish solutions to the problems and obstacles.
- The Chief Executive of the Bridge Renewal Trust welcomed the emphasis and inclusion of social prescribing. However, he was concerned that primary care networks were seen in terms of its clinical leadership and not its other elements such as the voluntary sector. It was therefore important to increase the inclusivity of all the different services within the primary care network.
- It noted that the Long Term Plan was encouraging in that it had many elements that the NCL already had in practice but the extensive scope of the Plan was a potential positive and negative. There was concern that Primary Care Networks were not seen as part of the system as much as it needed to be.
- It was important that providers were encouraged to work together in sensible ways. There had been attempts to create momentum around new roles, such as the nursing associate role, which had been positively received.
- Financial issues was highlighted as being a potential concern. The JHWBSC was referred to the NHS confederation's campaign 'Health for Care – Demanding a Future for Social Care' which was a multiagency group looking at the funding surrounding social care.
- The Chair of Healthwatch Haringey raised concern that it was not clear what was able to be consulted with the public during the consultation as the parameters had not yet been set. There also needed to be work informing the public about the potential positive impact on them when the proposed system came into effect. Publicising case studies on the positive impact on individuals was encouraged. The Lay Member for the CCG Haringey concurred and stated the public had to be told clearly what they were being consulted on and what they were being informed of. It was also questioned what 'local' looked like and how local would be determined.
- Regarding the implications locally, it was important the board and similar bodies carefully considered the principles, values and behaviours that would be embedded in the new care systems moving forward. For example, increasing the engagement of the residents and patients in contributing to the formulation of any new care system.
- It would be difficult to prepare for a system where there was a degree of uncertainty in how that system might take form.
- Merging North London CCG's had been discussed as a possible option.

RESOLVED

1. To discuss responses to the Long Term Plan and to consider learning and insights from the InterGreat events.
2. To note that Haringey and Islington would be continuing to work 'on the ground' through their prototypes and would also be starting to set out at borough level, their proposed and preferred models for integration. These can then contribute towards an NCL response. The joint board approved that those responses should be developed collaboratively and brought to a future joint board meeting for consideration.

11. URGENT ITEMS [IF ANY]

N/A.

12. DATES OF FUTURE MEETINGS

To be confirmed.

CHAIR:

Signed by Chair

Date