

MINUTES OF THE MEETING OF THE HARINGEY AND ISLINGTON HEALTH AND WELLBEING BOARDS JOIN SUB-COMMITTEE HELD AT ISLINGTON TOWN HALL ON WEDNESDAY 5TH DECEMBER 2018, 1.30PM

Attendees:

Cllr Richard Walls – Leader of Islington Council and Co-Chair
Cllr Janet Burgess – Executive Member for Health and Social Care, LB Islington
Dr Josephine Sauvage – Chair, Islington CCG
Sorrel Brookes – Lay Vice-Chair, Islington CCG
Emma Whitby – Chief Executive, Healthwatch Islington
Julie Billett – Director of Public Health, LB Islington
Maggie Kufeldt – Corporate Director of Housing and Adult Social Services, LB Islington
Katy Porter – Chief Executive, Manor Gardens Welfare Trust (Voluntary Sector Representative)
Siobhan Harrington – Chief Executive, Whittington Health NHS Trust

Cllr Peray Ahmet – Cabinet Member for Adults and Health, LB Haringey
Cllr Elin Weston – Cabinet Member for Children and Families, LB Haringey
Dr Peter Christian – Chair, Haringey CCG
Sharon Grant, Chair – Healthwatch Haringey
Dr Will Maimaris – Interim Director of Public Health, LB Haringey
Beverley Tarka – Director of Adult Social Care, LB Haringey
Ann Graham – Director of Children's Services, LB Haringey
Geoffrey Ocen – Chief Executive, The Bridge Renewal Trust (Voluntary Sector Representative)

Also present:

Zina Etheridge – Chief Executive, LB Haringey
Rachel Lissauer, Director of the Haringey and Islington Wellbeing Partnership

Councillor Richard Watts in the Chair

1 FILMING AT MEETINGS (Item 1)

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

2 WELCOME AND INTRODUCTIONS (Item 2)

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

It was noted that, in the absence of Councillor Joseph Ejiofor, Councillor Peray Ahmet would co-chair the meeting with Councillor Richard Watts.

3 APOLOGIES FOR ABSENCE (Item 3)

Apologies for absence were received from Councillor Joseph Ejiofor, Councillor Joe Caluori, Tony Hoolaghan, Jennie Williams, Carmel Littleton, Angela McNab, Dr Dina Dhorajiwala and Cathy Herman.

4 NOTIFICATION OF URGENT BUSINESS (Item 4)

No items of urgent business were declared.

5 DECLARATIONS OF INTEREST (Item 5)

None.

6 MINUTES OF THE PREVIOUS MEETING (Item 6)

RESOLVED:

That the minutes of the previous meeting held on 29 January 2018 be agreed as a correct record of the meeting.

7 QUESTIONS AND DEPUTATIONS (Item 7)

None.

8 CONTEXT AND ACHIEVEMENTS OF THE WELLBEING PARTNERSHIP (Item 8)

Rachel Lissauer, Director of the Haringey and Islington Wellbeing Partnership, made a presentation which summarised the achievements of the Partnership to date.

The following main points were noted in the discussion:

- Haringey and Islington had a shared conviction and determination to tackle health inequalities and improve the health of the local population. Joint work was underway in a number of areas to improve health and care services. This included developing shared infrastructure and connecting pathways of care.
- It was important to make best use of public estates. The Wellbeing Partnership was submitting a bid to One Public Estate to maximise the use of estates for housing.
- There were new opportunities arising from developing shared professional networks and training opportunities across Islington and Haringey. It was suggested that improvements to workforce practices may assist with retention and recruitment.
- It was commented that quality improvement work was underway across community health services.
- Multi-agency access to shared digital records would improve services for residents, particularly those with multiple conditions who work with several different professionals.
- Front line staff did not want to work within traditional service boundaries and were keen to break down barriers between services.
- Events would be held with public sector staff across North Central London to consider service integration.
- The Sub-Committee commented on the progress that had been made so far and the positive benefits this had for residents. A member of the Sub-Committee commented

that the improvements to hospital discharge arrangements had been particularly positive.

- It was commented that services for children and young people should be included in the transformation work being carried out by the Wellbeing Partnership; it was thought that further integration between health and care and early help and preventative services would provide more holistic support to children and young people.
- A member commented on the importance of resident engagement and co-production, noting that it was vital for the local community and service users to be involved in the development of services. In response, it was commented that co-production had been limited to date as the majority of work had related to internal staffing and technical arrangements, however resident engagement would be critical to the development of place-based services. Members would be keen to review an action plan for community service user engagement.

RESOLVED:

1. To note the progress made on integrating pathways of care with a focus on people with diabetes, frailty, musculo-skeletal conditions and people needing immediate care.
2. To recognise ongoing work on enablers to integrated care, particularly integrated digital care records, estates and community services.
3. To note the learning to date and plans for the next phase of work.

9 LOCALITY WORKING (Item 9)

Maggie Kufeldt introduced the report setting out the progress made in developing place-based services in North Islington.

- Islington had a strong preventative model that was based on supporting the resilience of service users.
- A place-based services prototype was being developed in the north of the borough and was intended to be replicated elsewhere once arrangements had bedded in.
- Place-based care would bring together health, housing, children's, community and social services. It was intended to significantly increase the collaboration between services.
- Islington Council could not develop place-based services in isolation and was keen to work with NHS and voluntary sector partners, as well as other housing providers and the emergency services.
- Place-based working would reduce duplication between services and enable more joined up service delivery. An integrated multi-disciplinary team working across the public sector would help to address the root causes of the issues affecting residents and develop a connected and efficient workforce.
- It was expected that services would be delivered from fewer, better buildings which would increase the land available for social housing.
- Service redesign events and workshops would be held with council staff and colleagues from partner organisations. Resident engagement would begin in 2019.

Beverley Tarka and Will Maimaris introduced the report on the locality-based care pilot in North Tottenham.

- Haringey was developing locality-based care for similar reasons to Islington. The Haringey pilot had a focus on early intervention and whole-system outcomes.

- The importance of resident engagement was reiterated. Residents are important partners in developing successful locality-based arrangements.
- Haringey's pilot had focused on North Tottenham. It was commented that significant public resources were already being spent to provide services in the area; the pilot would facilitate greater coordination between services, which would make them more effective and responsive.
- Residents in North Tottenham faced significant health inequalities. There was a 17 year gap for women and a 15 year gap for men in healthy life expectancy in Haringey between the most affluent and most deprived populations.
- The North Tottenham pilot involved key partner organisations including Homes for Haringey.
- The pilot was seeking to achieve immediate improvements in the short term. A longer term plan for more transformative work had been developed.

The following main points were noted in the discussion:

- It was queried if voluntary and community sector partners would also benefit from workforce development initiatives, including access to training and information sharing. In response, it was advised that further work around this would be needed, however it was noted that partnership working with the voluntary and community sector on a locality basis would be beneficial.
- It was advised that the NHS had previously debated including voluntary and community sector organisations in Community Provider Networks. To date this had not been fully implemented, however it would be valuable for the voluntary and community sector to be involved in locality working projects.
- It was commented that the views of service users needed to be taken into account in defining measurable outcomes and on the use of public estates. It was suggested that residents may be cynical about locality working and may perceive it as a savings exercise unless they are involved in the development of the locality working pilots.
- It was commented that the use of public estates could be particularly emotive; the needs of communities needed to be considered at neighbourhood level.
- In Islington, new housing development on land currently used for community facilities tended to result in new mixed-use buildings containing both community facilities and housing. It was important to engage with local communities as plans were developed.
- Islington's model of place-based services was a prototype; it would evolve as it developed and learning would be consolidated before any future roll out of place-based services.
- A member welcomed the development of locality based multi-disciplinary teams, commenting that some residents, particularly young people, did not fully appreciate that existing services were delivered by separate local authority, NHS and community organisations.
- Islington residents had reported frustration with separate and linear public services. It was commented that residents arranged their lives around the needs of public services, whereas public services should be arranged around the needs of residents. Place-based services would enable families currently accessing multiple services to draw up a single plan for their family, rather than being told what to do by public services.
- North Tottenham and North Islington faced similar challenges, but they were separate places with unique issues. Providing services on a locality basis allowed services to develop organic structures in a local area to best meet the needs of the local community.

- Place-based working was intended to support and enhance existing local working arrangements. It was commented that front line NHS staff were particularly keen about developing new ways of working with colleagues.
- It was suggested that it would be beneficial for North Middlesex University Hospital to be involved in the development of locality working arrangements in North Tottenham.
- The Sub-Committee noted the risk that sustained financial pressures and the need to meet NHS planning requirements could result in designing out service variation from area to area. However, for locality arrangements to flourish, they would need to recognise and respond to local needs effectively. It was important for local authorities, particularly at a political level, to focus on local priorities rather than centrally set targets.
- It was commented that locality working had the potential to change perceptions about how health and care services are accessed. This would be particularly beneficial to young people, who increasingly expected quick access and convenience.
- It was queried what degree of service variation between local areas would be permissible. In response, it was suggested that all variation would have to be evidenced by local needs.
- It was not appropriate for all services and pathways to operate at the locality level. It was commented that early help and social care services would benefit from a more localised service, whereas acute health services were better provided at a pan-London level. The challenge was to have the right services operating at the right level.
- It was requested that an update on locality working be reported to the next meeting.

RESOLVED:

1. To support the development of Islington's place-based care proposal.
2. To support the development of Haringey's locality-based care proposal.

10 GOVERNANCE AND ROLE OF JOINT SUB-COMMITTEE OF THE HEALTH AND WELLBEING BOARDS (Item 10)

Rachel Lissauer introduced the report which set out the need for further development of local health and care governance arrangements.

It was noted that both Islington and Haringey Health and Wellbeing Boards were reviewing their membership and as a result the membership of the Joint Sub-Committee may be revised.

RESOLVED:

1. To note the evolving governance designed to support the delivery of more integrated care at a locality and borough level.
2. To note that national and local plans to develop more integrated health and care services are likely to prompt further consideration of governance arrangements. These will be brought back to borough Health and Wellbeing Boards and the joint Sub-Committee as appropriate.

The meeting ended at 2.40 pm

CHAIR