# MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON MONDAY, 3RD OCTOBER, 2016, 12:30

**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), Susan Otiti (Assistant Director of Public Health, substitute for Dr Jeanelle de Gruchy), Sharon Grant (Chair, Healthwatch Haringey), Sarah Price (Chief Operating Officer, Haringey CCG), Dr Peter Christian (Chair, Haringey CCG) Cathy Herman (Lay Member, Haringey CCG) Beverley Tarka (Director Adult Social Care LBOH), Sarah Alexander (Head of Safeguarding, Quality Assurance and Practice, substitute for Jon Abbey) Geoffrey Ocen (Bridge Renewal Trust – Chief Executive).

**Haringey Officers Present:** Zina Etheridge (Deputy Chief Executive LBOH), Charlotte Pomery (Assistant Director of Commissioning), Tim Deeprose (Interim Director - Wellbeing Partnership), Will Maimaris (Consultant in Public 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), Lucy de Groot (Lay Member, Islington CCG, substitute for Sorrell Brookes), Simon Pleydell (Chief Executive, The Whittington Hospital NHS Trust), Julie Billett (Joint Director of Public Health - Camden and Islington), Sean McLaughlin (Corporate Director of Housing and Adult Social Services).

**Islington Officers Present:** Lesley Seary (Chief Executive, Islington Council), Andy Stopher (Deputy Chief Operating Officer - Camden and Islington NHS Foundation Trust, substitute for Angela McNab), 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:

- Jon Abbey, Director of Children's Services, London Borough of Haringey (substitute Sarah Alexander).
- Sir Paul Ennals, Chair of Haringey's LSCB
- Dr Jeanelle de Gruchy, Director of Public Health, London Borough of Haringey (substitute Susan Otiti)
- Dr Dina Dhorajiwala, Vice Chair Haringey CCG
- Sorrel Brookes, Lay Member, Islington CCG (substitute: Lucy de Groot)
- Emma Whitby, Chief Executive, Healthwatch Islington
- Angela McNab, Chief Executive, Camden and Islington NHS Foundation Trust (representative: Andy Stopher)
- Carmel Littleton, Corporate Director of Children's Services, London Borough of Islington

In addition, apologies for lateness were received from Cllr Joe Caluori, Executive Member for Children, Young People and Families, London Borough of Islington)

## 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. POPULATION HEALTH - CHALLENGES, SIMILARITIES AND DIFFERENCES ACROSS HARINGEY AND ISLINGTON

The Board received a presentation which set out the key health challenges faced by Haringey and Islington. The presentation slides were included in the agenda pack at pages 5-20 and the presentation was given by Julie Billet, Director of Public Health Camden and Islington. Some of the key points raised in the presentation were:

- Life expectancy was a really good indicator of overall health outcomes across the two boroughs. Life expectancy at birth had increased in both Islington and Haringey over the past decade and Haringey was now comparable to London and England for both males and females. Male life expectancy in Islington remained significantly lower than London and England. In both boroughs residents spent on average the last 20 years of their life in poor health. A key challenge going forward was to address the gap in life expectancy between the less affluent and more affluent areas of the population of both boroughs.

- Resident population was close to 500k across the two boroughs with a projected growth of 8% by 2016. Population growth would be concentrated amongst older age groups, which had particular consequences for health and social care services in the future.

- Deprivation was a key influence on Health and Wellbeing and overall both boroughs had similar levels of deprivation.

- Both boroughs had ethnically diverse populations seeing an increase in that diversity between 2001-2011. Both boroughs would see a reduction in the Black Caribbean and Bangladeshi populations, according to population projections.

- Both boroughs had similar prevalence of health behavioural risk factors, although Islington had significantly more alcohol-related hospital admissions compared to Haringey. Prevalence of smoking in Islington and Haringey was significantly higher than the London average.

- Both boroughs had a similar prevalence of diagnosed and undiagnosed long term conditions.

- Islington had the second highest prevalence of serious mental health conditions in London (1.5%) and Haringey had the 10th highest. Both boroughs were significantly above the England and London average.

- Both boroughs had amongst the highest numbers residents of working age claiming out of work benefits.

- Both Haringey and Islington had significantly higher proportion of their working age population claiming sickness/disability benefits due to physical and/or mental ill health.

In summary, Director of Public Health Camden and Islington advised that the key challenges were:

- The complexity in provider landscape and patient flows and a lack of neat system boundaries.
- Different organisational cultures and ways of working across the partners
- The need to balance continued focus and work at a local level with work across the Wellbeing Partnership and at a sub-regional level.

The key opportunities were identified as:

- Similar population health and care needs
- The shared challenge of improving population health outcomes, care quality and system sustainability in the face of significant financial constraints.
- Possessing shared ambitions for the residents of the boroughs, along with shared values and a commitment to working in partnership.

## 8. HARINGEY AND ISLINGTON WELLBEING PARTNERSHIP

### 8A. Update on the Wellbeing partnership.

The Board received a verbal update on the Haringey and Islington Wellbeing Partnership by Sarah Price, Chief Officer Haringey CCG. The Chief Officer, Haringey CCG advised that over the summer, Haringey and Islington had consolidated their position in relation to the other boroughs within NCL; the work that was occurring across the two boroughs was widely recognised as being a key component of the sustainability and transformation of health and care in the five boroughs. A lot of work had been undertaken behind the scenes to clarify what the partnership was trying to achieve, and to set out its principles and objectives.

The Board was advised that the work that was being undertaken around Cardiovascular Disease and Diabetes would be significant in helping to deliver sustainable health and care services, both across the two boroughs and more broadly. The Board was also advised that the work being undertaken around mental health was also important and that work on MSK was due to start in earnest following the appointment of an MSK lead. A children's and young people project was also being developed under the partnership, in response to feedback from staff that they wanted to see its inclusion as one of the initial workstreams. It was noted that Tim Deeprose had recently been appointed as the Interim Programme Director for the Wellbeing Partnership, and that establishing a team to support the work was a key task to help drive the project forwards.

In response to a request for clarification, the Chief Officer Haringey CCG gave some further background information on the reasons why it had taken longer to get the work around MSK going. The Board was informed that part of the reason was due to capacity and the need to identify resources to lead on delivery of the project, particularly in terms of coordination across the different organisations involved. A lead had been appointed and work was underway to develop this work stream. The

Assistant Director of Public Health LBOH, outlined some of the main factors behind why the MSK piece of work was so important. The Board noted that representatives from CCGs, local authorities and the Whittington and North Middlesex hospitals had met the previous week to look at the agenda around children and young people. The Board also noted that the work plan for children and young people would be reviewed to support the wider work of the STP around the demands on acute care and A&E, as well as to look at the pathways for children with long term conditions with community support needs. As a result of these discussions, Whittington Health agreed to lead on putting together a proposed work plan and this would be presented to the next Haringey Health and Wellbeing Board. The Assistant Director of Public Health reiterated that there were clear links between the children and young people workstream and acute community services.

Simon Pleydell; Chief Executive, the Whittington Hospital NHS Trust commented that it was felt that not having a dedicated work stream around children and young people was an anomaly. The Chief Executive of the Whittington Hospital NHS Trust suggested that it was an encouraging sign that those contributing to the partnership were identifying additional areas, and that they were willing to put in the additional work to support. In response to a question on the pressures involved on A&E services at the Whittington, the Chief Executive of the Whittington Hospital NHS Trust advised that the issue was around what was the most suitable setting to receive care and whether that was in a community setting or whether this was at an emergency department. This was a key challenge faced across the health sector and it was commented that the whole of North Central London had some ambitious thoughts about how this could be achieved.

**8B. Developing an Accountable Care Partnership**

The Board received a report which provided an update on the work being undertaken to develop an Accountable Care Partnership. The report was included in the agenda pack at pages 21-28. The report was introduced by Zina Etheridge, Deputy Chief Executive LBOH and Charlotte Pomery, Assistant Director of Commissioning LBOH.

The report set out the work achieved to date and the Deputy Chief Executive advised that the partnership was working sufficiently well that the consideration should be given to developing more formal governance arrangements. It was reiterated that there were significant issues with organisations making the transition to a more integrated model, given the piecemeal approach undertaken so far. However, there were also significant areas of commonality across the system. The system wide basis had been clearly set out through the STP case for change and the issues highlighted during the presentation at item 7, however the Deputy Chief Executive suggested that at present there was no the system wide response available to tackle them effectively.

The fact that each organisation had its own funding streams and its own contracting and commissioning arrangements was highlighted and, as a result significant inefficiencies existed. The Board considered that both commissioners and providers were increasingly moving towards pooled budget arrangements. The way funding flowed within an accountable care partnership was often significantly different from current, organisationally based funding. The Wellbeing Partnership was currently looking into what a single control mechanism across organisations could look like. The

Deputy Chief Executive advised that there were challenges in working out pooling arrangements between two organisations, not least consideration of at what level budgets would be pooled, and that moving to new ways of thinking about population level pooling would add further complexity to the picture.

The Deputy Chief Executive outlined the Wellbeing Partnership had created a partnership at two levels; with a top strategic layer and also a number of work strands that existed from the bottom up. The proposals in the report would aim to facilitate the 'bottom-up' work of scaling up areas of good practice so that there was a constant iteration between new ways of planning, resourcing and delivering services and an organisational form that facilitated these approaches. The Deputy Chief Executive advised that it would be really important to ensure that there was sufficient leadership from clinicians, social care organisations and other professionals. It was commented that there was a significant amount of learning available about different organisational forms, but that the development of models of accountable care organisations was still at an early stage.

The Deputy Chief Executive suggested that the evidence base around aspects such population size was not strong and that a lot of the international examples were working with very different systems to those that existed locally. The Board was advised that they needed to be mindful of the huge complexity that existed within NCL; with a number of different providers serving different populations, as well as the different local authorities and different commissioning organisations that also existed. As a result, there was no existing model of an accountable care partnership that could be used. Furthermore, the Board was advised that any different sort of partnership that Haringey and Islington set up would have to be able to work with other models, partnerships and providers that existed within North Central London and across other organisational boundaries more generally.

The Deputy Chief Executive emphasised that the Board was not being asked to agree to become an accountable care partnership at this stage but instead it was being asked to make a formal commitment to undertaking the next stage of work. Any formal move to becoming an accountable care partnership would need to be taken by a series of constituent bodies of the groups present. Agreement in principle to move to an accountable care partnership type organisation was sought by the Board. Work would be undertaken in the coming months in order to get to a position by next spring whereby the constituent bodies could start reviewing the proposals and taking them through their decision making processes.

The Assistant Director of Commissioning, LBOH outlined the role of an accountable care partnership to the Board. Accountable care partnerships were a fairly new and innovative structure, and the AD Commissioning commented that a key consideration was to ensure that the particular form of partnership chosen was right for the population of Islington and Haringey. The Board was advised that some of the feedback received during the formation of this report was around the need to ensure that it linked to local communities and also linked in to the wider STP and NCL work. The AD Commissioning advised that an accountable care partnership differed from a single accountable care organisation and that the Wellbeing Partnership was seeking to build on the assets and strengths of the different organisations involved. The Board

was also advised that officers were keen to ensure stakeholder engagement was undertaken with local communities around this work.

Dr Josephine Sauvage, Chair of Islington CCG welcomed the commitment around engagement with local residents and commented that feedback from the recent Joint Overview and Scrutiny Health Committee was that there was a real appetite from the local population to be involved in the development of this process. The Chair of Islington CCG also added that the STP work undertaken could feel quite distant and removed to residents and that this offered an opportunity for engagement in a meaningful way, specifically to agree how to embed the process of co-production.

******Clerk's Note*** *– Cllr Caluori entered the meeting. ***

The Chair advised that the key benefits of exploring more formalised arrangements around joint working were around the need to for both boroughs to have a significant influence going forwards; particularly as part of the STP process, and also to ensure that incentives within the system were in the correct place. The Chair suggested that this would be would be a very powerful tool for local authorities and NHS providers in terms of facilitating a more sustainable future. It was commented that the pressures on organisations through the health and care system were so severe that some form of structural fix was necessary in the medium term. It was felt that this was the best opportunity available to develop that fix, whilst ensuring that organisations also maintained control over their own destiny.

The Chair of Healthwatch Haringey cautioned that service users were having difficulty in keeping up to date with the number of changes that were going on within the health and care landscape. The Chair of Healthwatch Haringey commented that the governance issues raised in the report were going to be very important going forward as service users needed to be able to understand how and where decisions were being made and be given an opportunity to influence those decisions. The Chair of Healthwatch Haringey also suggested that service users would likely want to see more information in relation to the comments of the Chief Finance Officer with regards to the amount of money spent on setting up this additional partnership and what the additional costs were. In response to the query around the additional costs, the Deputy Chief Executive, LBOH advised that a business case would need to be developed before any changes were implemented, and that the costs involved would vary significantly dependant on the type of partnership sought.

The Chair acknowledged that clarity around governance arrangements was something that all partners were concerned about and that a key consideration was ensuring the transparency and accountability of any organisation established to the wider community. The Chair advised that the sponsor board would be tasked to focus on accountability issues in tandem with work that was underway on governance and that this would be brought back early in the new year. The proposal would be based around a decision on whether a joint committee was established and would also set out clear expectations and parameters around accountability. The Board was advised that it was important to get the structures right in order to ensure that the accountability and decision making capacity were there.

The Chair of the Islington CCG cautioned the need to consider where the other big health providers would sit within the context of the partnership, as service users would want to see that there was an equitable service offer across both boroughs. The Deputy Chief Executive, LBOH advised that both UCLH and North Middlesex Hospital were on the sponsor board and that both providers had attended the last meeting.

The Chief Executive, the Whittington Hospital NHS Trust commented that, in partnership with social care, this was a unique opportunity to form something which was appropriate and relevant to the populations of both boroughs. Whilst acknowledging that the accountability issue was very important for services users, the Chief Executive of the Whittington Hospital NHS Trust urged the Board to seize the opportunity of developing their own model of service provision and the rules and governance arrangements around that.

**RESOLVED**

I. To adopt the principles and high level outcomes as developed by the Sponsor Board of the Haringey and Islington Wellbeing Partnership
II. To agree in principle to the development of a form of accountable care partnership which best supports the outcomes sought by the Haringey and Islington Wellbeing Partnership
III. To endorse further work to develop the detail of such a partnership, with the aim of gaining agreement on the final structure and form from constituent decision making bodies by April 2017
IV. To require the Sponsor Board to report back on progress in developing and implementing a project plan
V. To request the Sponsor Board to consider as a matter of priority how community and stakeholder engagement will be undertaken and involve key stakeholders including Healthwatch

**8C. Workstream on Cardiovascular Disease and Diabetes in Haringey and Islington**

The Board received a report and presentation which gave an overview of health and care needs relating to diabetes and cardiovascular disease (CVD) in Haringey and Islington. The report was included in the agenda pack at pages 29-36. The presentation was given by Dr Will Maimaris, Consultant in Public Health and Claire Davidson who was lead on self-management support and behaviour change at Whittington Health. Some of the key points raised in the presentation were:

- Haringey had the 2nd highest rate of early death from stroke in the country. There were 23,000 people diagnosed with diabetes in Haringey and Islington and 1 in 5 of these people was likely to have depression.

- 1 in 5 people had high blood pressure in Haringey and Islington and half of these would not have been diagnosed. People living in the most deprived parts

of Haringey and Islington were more than 3 times more likely to die young from cardiovascular disease than people living in the most affluent areas.

- The highest level of spending was currently on those who had already developed diabetes, CVD and complex health needs. Dr Maimaris suggested that the biggest impact could be made by targeting interventions at the wider population such as Healthy high streets, as all of the interventions that made Haringey and Islington a healthier place applied to everyone including those with existing conditions.

- The self-management support approach at the Whittington was seen as a golden thread through all services for integrated care. This involved patient programmes which focused on building knowledge skills and confidence so that patients could effectively self-manage their health conditions. Support for clinicians was also involved, to build knowledge skills and confidence to support self management and build coaching and communication skills. The approach also included providing support to services to embed the approach into their way of working.

- It could often take a significant amount of time for people to build up to being able to self manage their conditions. At present services were set up so that patients received short interventions and consideration needed to be given to think about how the system as a whole could operate to facilitate self-management and become more integrated.

- The diabetes self management programme could achieve a reduction in HbA1c (blood sugar control) of 0.6% which was equivalent to the reduction achieved through anti-diabetic drugs but was considerably cheaper. There were currently 200 places available per annum on the programme.

- Dr Maimaris advised that engagement with clinicians and partners to find the main opportunities for improving outcomes and value for money was already underway and that the Wellbeing Partnership was had the potential to be a vehicle to help drive improvements in CVD and diabetes.

- Two main opportunities for collaborative working were identified in the report: Working as a whole system to develop a sustainable integrated model of clinical and social care for people with diabetes and cardiovascular disease; and, developing whole population approaches to preventing cardiovascular disease and diabetes.

- Dr Maimaris advised that gaps identified locally were also highlighted within the NCL STP case for change: Challenges in primary care provision; a lack of focus on prevention across North Central London; gaps in early detection of disease and Lack of integrated care and support for people with long-term conditions. Whilst the NCL STP would provide a framework to tackle some of the challenges identified, many of the solutions would need to be implemented at a local level.

Following the presentation the Board discussed its findings and was asked to consider: How could improvements be made to outcomes and value for CVD and diabetes through working in partnership; and, in which areas could the biggest impact be made by working together. The Chair, Islington CCG commented that one of the first opportunities identified was around working collaboratively to pull strings and that diabetes and CVD was one of those opportunities for both authorities to exact greater control through working collaboratively. The Chair, Islington CCG also advised that she had recently attended a public engagement event around the STP during which the importance of building on social capital was discussed, particularly through engaging local communities in activities such as the prevention work.

The Deputy Chief Executive, LBOH emphasised the need for a whole community approach to activities such as healthy high streets and the Daily Mile, issues like this would never be solved from a hospital or GP's surgery. The Deputy Chief Executive stressed that the Board needed to consider how the whole community and all council services could be genuinely engaged to resolve these problems. The Chair commented that both she and the Cabinet Member for Finance and Health, LBOH were very supportive of the Daily Mile and welcomed the fact that 15 primary schools in Haringey had signed up to the event but, given there was around 72 primary schools in the borough, there was still a way to go. The task for the Board was how to ensure that they sold the wider wellbeing benefits of schemes such as the Daily Mile got the buy-in from schools and fostered that culture across the two boroughs. The Executive Member for Health and Social Care, LBOI also shared her enthusiasm for the initiative and advised that work was also being undertaken around the Daily Mile in Islington along with work to support this, though mapping out how far a mile was in parks.

Joint Director of Public Health - Camden and Islington commented that the preventative work required to tackle the cardiovascular disease and diabetes on a population level was also fundamentally important to improving the whole health of the population. The same risk factors were present for mental health and cancer as cardiovascular disease and diabetes, and therefore the potential impact was huge and further reiterated the need for population level leaders. The Cabinet Member for Finance and Health, LBOH commented that the Haringey Obesity Alliance had been set up a year previously and that in terms of the preventative work, that there was an opportunity to bring together voluntary sector organisations and health organisations across the two boroughs to combine to tackle issues such as CVD and obesity.

The Chief Executive, Bridge Renewal Trust suggested that a key consideration should be where were the areas that the biggest impact could be made, and that this would likely include early work with school children and work around obesity. The BRT was working with the Healthy London Partnership to involve children and parents in a scheme to raise awareness of healthy eating and to make healthy food available at an affordable rate. One of the issues raised as a result of engagement with the wider voluntary sector was the number of disparate but small initiatives and how to scale those up.

The Chair remarked on the correlation between some of these issues and poverty and deprivation across both boroughs. The Board was advised that between health organisations and local authorities there was the capacity to use levers to effect change but, in order to utilise these levers fully, it was imperative that organisations worked collaboratively. By doing so, it was felt that there was a real opportunity to tackle broad issues of inequality and social justice.

The Director Adult Social Services, LBOH highlighted the impact of the prevention work at the front end of the system on budgets and outcomes for residents. The Board was informed of an ongoing dialogue that she had with Corporate Director of Housing and Adult Social Services at Islington around a reciprocal peer review. The aim was to look at areas for collaboration following the peer review of the two respective Adults Social Services. Haringey Adult Social Services were looking at a new target operating model which embraced the prevention and population level approach rather than focusing just on the delivery of services. The Director of Adult Social Services, LBOH advised that this would likely create a number of opportunities for Islington and Haringey to develop joint working. The Corporate Director of Housing and Adult Social Services, LBOI suggested that the mutual peer review piece of work was something that should be brought back to a future meeting of the Health and Wellbeing Boards. The Chair agreed to bring this item back to the next meeting of the Board **(Action: Beverley Tarka & Sean McLaughlin)**.

**RESOLVED**

I. To note the issues raised and the areas of good practice highlighted.
II. To note the opportunities for improving population health outcomes and value for money for cardiovascular disease and diabetes prevention and care through the Haringey and Islington Wellbeing Partnership

## 9. UPDATE ON NORTH CENTRAL LONDON SUSTAINABLE TRANSFORMATION PLAN (STP)

The Board received a report which was included at pages 37-40, copies of the NCL STP progress report and the case for change were also included in the agenda pack at pages 41 and 69 respectively. The report provided an update to the Board on the development of the STP, which was a five year, strategic plan for the health and care system across the five boroughs of North Central London. The report was introduced by Julie Billet, Joint Director of Public Health Camden and Islington.

The Chair commented that they welcomed that the Board had the opportunity to put some of the information involved with the STP into the public domain and expressed frustration with the level of transparency around the process to date. The Chair also commented that it was clearly in the interests of both populations that the two Health and Wellbeing Boards were engaged and sat round a table discussing the STP, as the impact would be very significant. The Chair furthered that whilst the Board was happy to engage, they would reserve judgement until more concrete proposals were in place and the outcomes were known.

The Joint Director of Public Health Camden and Islington identified that as part of the STP process, officers were developing a plan on how to improve outcomes and financial sustainability across the health and care system. An initial high level STP plan was submitted in June 2016. Over the summer, further work was undertaken to further develop the STP and a final plan would be submitted to NHS England on 21st October. Following submission on the initial plan in June, partners across the health and care system continued to develop the 'case for change' and to develop plans across the following key workstreams:

- Population health and prevention
- transforming primary care
- mental health
- urgent and emergency care
- optimising planned care pathways
- consolidation of specialties
- organisational-level and system-level efficiencies

Discussions around transitioning to an accountable care partnership model were also being discussed through the NCL STP process. The Joint Director of Public Health Camden and Islington advised that there had been an initial engagement process around the STP, with a series of public events taking place in September. Although the final plan was due to be submitted in October, this version would not have been formally endorsed by any of the statutory constituent bodies of the STPs and would need to be approved by the individual Health and Wellbeing Boards.

Lesley Seary, Chief Executive, Islington Council commented that it was important to get the relationship right between the work involved in the Wellbeing Partnership, and the work involved in the STP process and the change of commissioning arrangements across NCL. The Chief Executive emphasised the need for subsidiary in the process to be able to deliver at a local level where it was most appropriate. It was considered that one of the important messages that needed to be conveyed as part of the STP process was about the need for space to develop the Wellbeing Partnership to contribute to overall NCL and the STP goals, and for it to not be undermined by a restrictive governance structure.

In response to a request for clarification on the process following submission of the final STP on 21st October, the Joint Director of Public Health Camden and Islington advised that concrete timescales after this point were largely unclear. It was advised that the plan would be presented to NHS England and would then go through a process of assurance through NHSE's internal governance arrangements, and also to ensure buy-in and sign-off within NCL. The challenge and complexity involved and lack of democratic accountability in the process would mean that the final plan submitted on the 21st October would not have had widespread system support behind it and as a result there would need to be some subsequent engagement with each of the governing bodies, provider boards and individual HWB Boards involved. The Board was advised that delivery plans would be developed from November onwards and there would be an opportunity, both as individual organisations and collectively to review those.

The Chair of Islington CCG advised that she saw the STP not as a definitive set of objectives, but more as the beginnings of a series of conversations about how things

would need to be done differently. A key element of this would involve how services were paid for within the NHS and how some of the contractual levers that currently existed didn't necessarily result in delivering the best quality service in the best and most appropriate way. The Chief Executive of the Whittington Hospital NHS Trust reiterated that as accountable statutory organisations, all partners would get the opportunity to consider and approve the submission made on the 21st October and that they would not be doing so lightly and without proper scrutiny. In terms of how the system worked from a health perspective, it was commented that once the numbers were hardwired through the Treasury there was no going back. As a result partners needed to be quite focused on what they were committing to.

The Chair echoed some of the comments made by the Chair of Islington CCG, and stated that having re-read the case for change it was apparent that whilst the process had been pushed through at speed there were still significant gaps in the information around what it was that was going to be delivered. Furthermore, the current iteration of the plan and the information surrounding it was at a very high level. The Chair stated that the conversations that were taking place around the Wellbeing Partnership felt very important as a result, as they were at much more accessible level and based on a recognisable geographic area. The Chair of Islington CCG summarised that the case for transformative change across the health, social care and wellbeing agenda was clear. However, further consideration needed to given to how this was to be implemented and what was needed was some space to be able to develop something that worked at a local level, in contrast to some of the big changes proposed that felt unaccountable to the local area and local communities. The Chair of Islington CCG emphasised the need for the organisations around the table to be able to influence the process and be able to remain in charge of their own destiny.

**RESOLVED**

I. That the progress to date on the development of a Sustainability and Transformation Plan for North Central London be noted.

II. That the overall objectives, vision and emerging plans for the transformation of the health and care system across NCL, and its implications for and synergies with the Islington and Haringey Wellbeing Partnership be noted.

## 10. FUTURE JOINT HWB MEETINGS

The Board received a report which set out a number of considerations relating to future joint meetings of the Haringey and Islington Health and Wellbeing Boards, including the frequency of joint meetings and the possibility of formalising joint arrangements. The report was included in the agenda pack at pages 119-122, and was introduced by Stephen Lawrence-Orumwense. The Chair advised that, having discussed this with their counterpart, the sense was that the two Health & Wellbeing Boards should meet around three or four times a year. The Chair also advised that if the Board agreed to formalise joint arrangements then further consideration should be given to the frequency of individual Health and Wellbeing Board meetings. The Board agreed that further work would be undertaken around formalising arrangements and that a follow up report would be brought to the next meeting in common of the

Haringey and Islington Health and Wellbeing Boards **(Action: Stephen Lawrence-Orumwense).**

**RESOLVED**

I. That the frequency of joint meetings be agreed at three or four meetings per year
II. That further work be undertaken with a view to potentially establishing a Joint Committee.

**11. DATES FOR FUTURE JOINT MEETINGS**

The Boards agreed that the Clerks would email round future meeting dates to the two Boards. **(Action: joint-Clerks).**

**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 ……