



ISLINGTON

An overview of Islington's Health and Wellbeing Board

What is a Health and Wellbeing Board?

Health and Wellbeing Boards are...

A statutory function of the local authority.

The means by which the local authorities will deliver their new duties to improve strategic coordination across local NHS, social care, children's services, public health and other services that directly relate to health and wellbeing.



Key functions of the Health and Wellbeing Board.

- Assess the needs of the population through the Joint Strategic Needs Assessment
- Agree and produce a Health and Wellbeing Strategy
- Promote joint commissioning
- Promote integrated provision joining up social care, public health and NHS services with wider local authority services
- Ensure best use of resources
- Consider the wider determinants of health



Who is on the board?

- Leader of the Council
- Lead Member for Health and Adult Social Services
- Lead Member for Children's Services
- Clinical Commissioning Group representation
- Borough Director
- Director of Housing, Adult and Social Services
- Director of Children and Families Services
- Director of Public Health
- Local Health Watch representation



Governance and accountability

- Accountability for the HWBB resides with the local authority
- Members of the board will be held to account through different routes.
- The board will set priorities for health and wellbeing through the Joint Health and Wellbeing Strategy that will reflect the national outcome frameworks for Public Health, NHS and Adult Social Care currently under consultation.
- Duty to regard the NHS Commissioning Board and Secretary of State for Health through preparation of the JSNA and JHWS



Relationship between the Health and Wellbeing Board, the LINK and the Voluntary and Community Sector.



- The public and patient voice is represented by the LINK and will continue to be through Healthwatch as these are established by April 2012.
- The HWB will engage wider partners in the voluntary and community sector through assessment of local health and wellbeing needs.
- Additionally there are roles for the voluntary and community sector in supporting the work of the health and wellbeing board through:
 - Market transformation: working with communities to support change and shift demand for service provision
 - Supporting commissioners: working with commissioners to better understand voluntary sector commissioning and how processes can be improved to achieve better outcomes for beneficiaries



Benefits of engaging with public and patients and the voluntary and community sector.



- Specific benefits include
 - bringing a wider perspective; reflective of different localities and communities.
 - delivering messages to where they are needed most
 - crossing the health and social care boundaries
 - drawing together broad experience and expertise
 - providing a ‘live’ feed-back loop from experience to policy

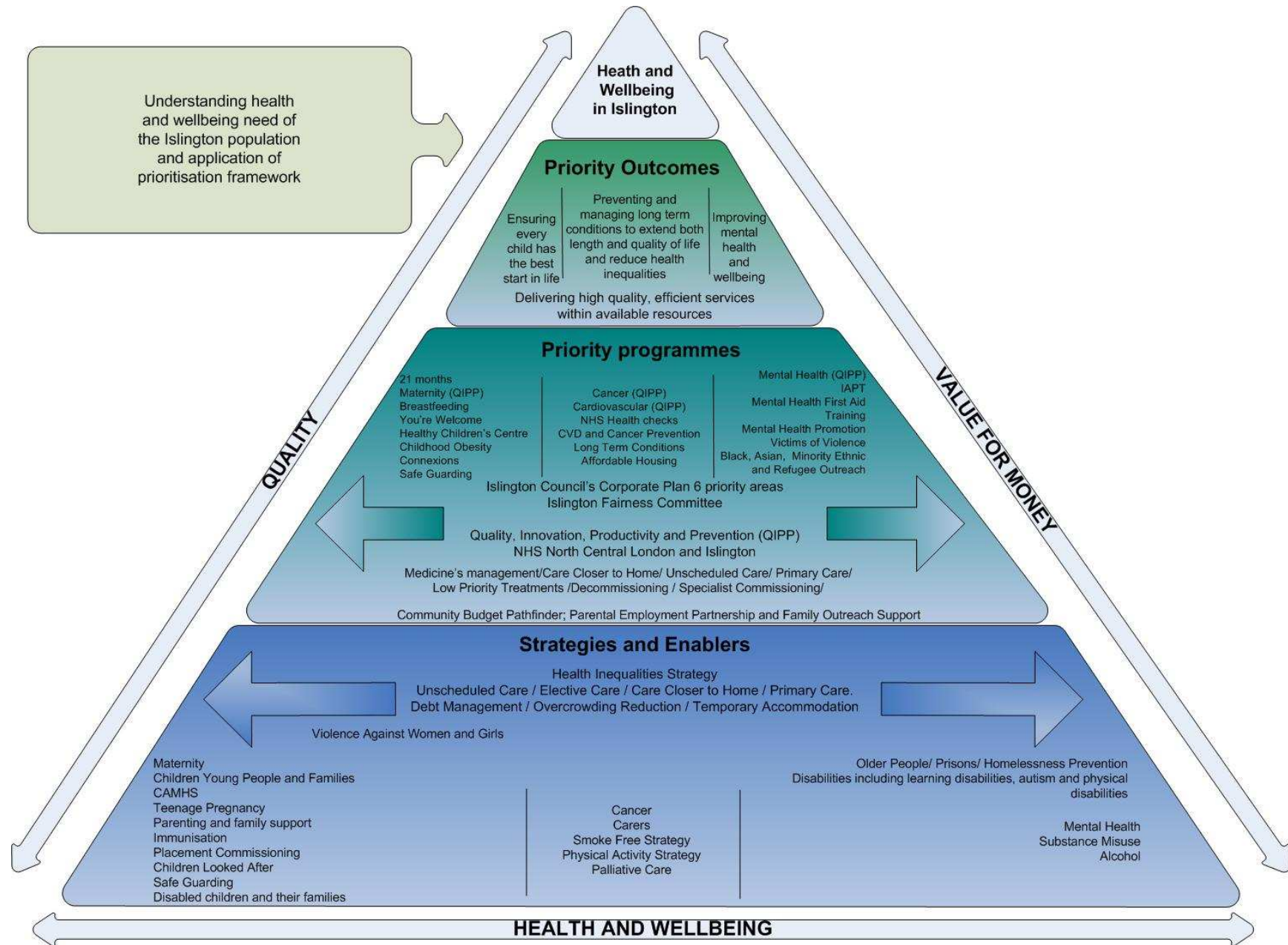


Where we are in Islington.

- The Islington Health and Wellbeing Board is in it's infancy with a membership that reflects that proposed nationally.
- There are established terms of reference and a draft forward programme that sets out key commissioning and strategy milestones.
- Based on evidence within the Islington Joint Strategic Needs Assessment the board has set 3 overarching health and wellbeing priorities for the borough.
- The board are focusing on combining their skills, knowledge and experience to identify what levers they, as a whole and as individuals, can use to bring about change



Priorities based on underpinning evidence



Ensuring every child has the best start in life

Events in early years, even pre-birth have lifelong effects on health and wellbeing from obesity, heart disease and mental health to educational achievement and economic status (Marmot, 2010).

Mortality in the perinatal period is of concern, a main risk factor being poverty.

Childhood immunisation coverage, although improving remains below national targets.

1 in 10 of Islington's Reception Year children are obese and 1 in 4 Year 6 children leave school obese.



Working together on the First 21 Months of Life

