London Borough of Islington

Health and Wellbeing Board - Tuesday, 4 July 2023

Minutes of the meeting of the Health and Wellbeing Board held at Council Chamber, Town Hall, Upper Street, N1 2UD on Tuesday, 4 July 2023 at 1.00 pm.

Present: Councillor Turan, Councillor Ngongo, Jon Abbey, John Everson, Jonathan O'Sullivan, Clare Henderson, Emma Whitby

Also Present: Emily Van Der Pol.

1 WELCOME AND INTRODUCTIONS (ITEM NO. A1)

It was agreed that Councillor Turan would Chair the meeting in Councillor Comer-Schwartz absence.

Everyone was welcomed to the meeting and introductions were made.

Councillor Turan in the Chair

2 APOLOGIES FOR ABSENCE (ITEM NO. A2)

Apologies for absence were received from Cllr Comer-Schwartz, Helene Brown, Michael Clowes and Darren Summers.

Emily Van Der Pol attended on behalf of Darren Summers.

3 DECLARATIONS OF INTEREST (ITEM NO. A3)

None.

4 ORDER OF BUSINESS (ITEM NO. A4)

Items were considered in the order they appeared on the agenda.

5 MINUTES OF THE PREVIOUS MEETING (ITEM NO. A5)

RESOLVED:

That the minutes of the meeting held on the 14th of March 2023 be agreed as an accurate record of the meeting.

6 DAMP, AND MOULD REPORT (ITEM NO. B1)

Ian Swift, the Director of Housing Needs and Strategy and Rebecca Nicholson Head of Integrated Services and programme manager for the damp and mould response at Islington Council introduced the item.

The following points were noted in the discussion:

- The report outlined the overview of the work since November 2022, this focused on the urgent response with tenants reporting damp and mould. Phase 2 work focused on reaching residents we were unable to contact, this work is underway, as well as analysis tenants linked to Children's and Adult Social Care services.
- Pilot work around tenancy and property visits were conducted, phase 2 of the pilot to reach other areas in the south and north of the borough.
- Work was underway to import property data into a dashboard to consider the risks of damp and mould. This would also consider vulnerabilities of residents where known.
- Islington Council was also liaising with housing associations around damp and mould issues. There were 17,000 housing association properties and 36,000 Islington Council properties in the borough. Four of the largest housing associations had attended the Housing Scrutiny Committee meeting in June to explain their work around damp and mould and reducing inequalities in their stock.
- The Council was working with health partners to fast-track cases where appropriate.
- The Board noted the council's enforcement powers in relation to private landlords. The council has a duty to make sure all types of housing are in a decent standard for residents.
- Some residents had raised concerns around damp and mould in temporary accommodation. Officers summarised the standards that private landlords had to meet to provide temporary accommodation, as well as the right to inspection and the safety rating system.
- The Director of Housing Needs and Strategy informed the Board that there was a meeting every eight weeks with key partners to discuss how to improve social housing for residents. A partnership agreement with housing associations was being developed and this would set expectations around health and wellbeing. It was commented that the council would work with residents to raise awareness about lifestyle factors that can increase instances of damp and mould.
- Officers were developing a referral mechanism which will be piloted with GPs to fast track action where damp and mould was having an impact on health. If successful, this could be rolled out to other agencies.
- Officers will be attending other board meetings as they recognised the need for critical appraisal of the work.
- It was suggested that a future Health and Wellbeing Board meeting could consider a deep-dive on this topic.

RESOLVED:

a) That the report on damp, condensation and mould in homes managed by Islington Council be noted, and phased progress to improve the situation be noted.

b) That consideration be given to other actions which health and social care services can make together with the Homes and Neighbourhoods

team to further tackle the issue of damp, condensation and mould and its effect on the quality of life and health and wellbeing of tenants.

c) That the Board schedule a wider and deeper dive into health and housing at a future Health and Wellbeing Board meeting, to assist with developing partnership approaches and working around this wider determinant of health and wellbeing, including other issues currently under review such as overcrowding.

7 INCLUSION HEALTH IN ISLINGTON AND NORTH CENTRAL LONDON (ITEM NO. B2)

Sarah D'Souza, Director of Communities, NHS North Central London ICB introduced the presentation on NCL Inclusion Health Needs Assessment alongside Alexandra Levitas from Public Health at Islington Council.

The following points were noted in the discussion:

- People in Inclusion Health groups face the most significant health inequalities of any group in our population; often compounded by the impact of intersectionality/multiple disadvantage. The average age at death was 46 years for people experiencing homelessness. This is 30 years below national average. There were high levels of early frailty across this group.
- Please in inclusion health groups also had a high level of complex health needs. This could be associated with childhood trauma, mental health issues, drug and alcohol use, sexual health, infectious diseases, poor perinatal outcomes, or the impact of violence.
- There could be complex barriers to accessing planned healthcare, including stigma and discrimination, lack of trust, trauma triggers, rigid appointment systems, digital exclusion, language barriers, and travel costs. These were compounded by lack of visibility within our system. Early intervention and joined up approaches were needed to support those with complex needs.
- The Inclusion Health Needs Assessment included three phases in the work which aimed to solidify our understanding of the inclusion health groups. Phase 1 included a rapid evidence review which reviewed over 100 local and national data sources and meetings and correspondence with 20 stakeholders. Phase 2 included a frontline staff survey and key stakeholder interviews. This considered overlaps of severe multiple disadvantages using existing data and lived experience interviews and considering service user journeys. Phase 3 involved the preparation of the final report to synthesise all evidence sources.
- There was a high prevalence of multiple disadvantages among those in inclusion health groups. The needs of the homeless community were well understood but there was a gap in understanding and service provision for sex workers and GRT communities.

- There were gaps in access and experience to services for those in inclusion health groups, including mainstream primary care, mental health services, and dental services. Experiences in hospitals and discharge pathways could be improved. Better coordination was needed around release from prison.
- There were pockets of excellent practice, including integrated working, collaboration, and partnership with mental health services.
- There was a need for greater education and awareness of inclusion health groups.
- The Board noted case studies of those in inclusion health groups experiencing multiple disadvantage.
- There was a need to consider how health partners worked together to address the issues raised in the report. It was recommended to consider how services are provided to inclusion health groups, particularly access to dental health and physiotherapy. There was a need to consider integrated approaches for sex workers and vulnerable women from inclusion health groups, as well as a coordinated approach to prison release and access to mainstream primary care.
- The proposed next steps included building on existing work with asylum seekers to develop an approach to inclusion health groups, to further consider co-production, to further develop services for sex worker and vulnerable women in light of the Violence Against Women and Girls work. On a system-wide level, there was a need a build an accountability network of inclusion health leadership and enable cross borough/system working on priorities.
- The Board considered the need for more information on looked after children and further information on financial resourcing and how this is allocated across the ICB and NCL, as well as the joining up of resources and the priorities. It was suggested that a business case could be developed by working with partners to set out priorities, pressures and set out financial investments.
- It was suggested that this work be taken to the Police, prisons and probation service for review.

RESOLVED:

a) That the scope and the Phase 2 report findings, and an overview for developing plans for taking forward recommendations and actions, be noted;

b) To consider the additional opportunities for Islington to use the insights from the Inclusion Health Needs Assessment to improve outcomes for inclusion health groups;

c) To consider how support from the wider North Central London system can assist with Inclusion Health within the borough.

8 HEALTH DETERMINANTS RESEARCH COLLABORATION (EVIDENCE ISLINGTON) UPDATE (ITEM NO. B3)

Jonathan O'Sullivan, the Director of Public Health introduced the report.

The following points were noted in the discussion:

- On the 8th November 2022 the committee received a paper detailing that Islington Council had been selected as one of thirteen successful sites across the UK to become a National Institute for Health Research (NIHR) Health Determinants Research Collaboration (HDRC), following a highly competitive process.
- Islington Council was awarded £233,553 for the period October 2022 to September 2023 to spend on developing foundations for research ahead of the award for the full HDRC. If successful, pending the outcome of the development year review, in attaining the Full-HDRC status, Islington Council would receive further 5-year funding.
- The report outlined various actions taken, including the governance strategic leadership and the operating model. A data and insights marketplace was being developed which sought to identify those most vulnerable and act on this to make a real difference for our residents.
- The main focus of the work so far had been on housing and debt and cost of living following feedback from residents. Public Health was working with Healthwatch Islington around these issues. Officers were also working with young people to develop an engagement strategy.
- The work would be co–designed with residents. It was important to prioritise the voice of our residents to ensure this is captured in the design phase and to create action plans together.
- Consideration was given to using data ethically and how data can be combined to address issues such as damp and mould.
- Officers had conducted audit exercises of the data we currently hold to ensure we can describe the inequalities in the borough accurately.

RESOLVED:

That the progress made against the development year activities be noted.

9 NCL DELIVERY PLANNING - POPULATION HEALTH STRATEGY (ITEM NO. B4)

Penny Mitchell, Director of Population Health Commissioning at NCL Integrated Care Board, the introduced the report.

The following points were noted in the discussion:

- This report outlined the emerging thinking regarding delivery planning for the Population Health & Integrated Care Strategy. System-ownership will be at the heart of this work therefore proposals should be seen as early-stage proposals with the aim to refine with partners from across the health and care system.
- The strategy had been considered by a range of partners and a more digestible version of the strategy would be prepared for residents too.
- The Population Health Strategy would focus on prevention, early intervention, tackling inequalities across communities, intersectionality

of equality, and putting communities' voices at the heart of the ongoing great work with partners.

- The Board asked how partners can continue to work together collaboratively to develop the plan locally, and also how to identify when it is appropriate to work more systematically across NCL. It was considered how a regional approach can be helpful in some cases, whereas other issues needed a more localised response. The Board considered the importance of continuing to have regular local conversations on the borough partnerships.
- A Board member commented that population health work can take a significant amount of time to come to fruition, especially when budgets are planned and executed on an annual basis. Continued investment in local services was key, and there was clarity around priorities locally, however it was thought there was a lack of detail on the implications of a system-wide approach to some issues and it was important to consider the differences between boroughs across the issues raised.
- It was commented that the language in the strategy could be revised for accessibility and to be jargon-free for residents.

RESOLVED:

To consider the approach to delivery planning in relation to the Population Health and Integrated Care Strategy.

The meeting finished at 2.30pm.

Chair