

Health and Wellbeing Board - Tuesday, 9 July 2024

Minutes of the meeting of the Health and Wellbeing Board held at Committee Room 5, Town Hall, Upper Street, N1 2UD on Tuesday, 9 July 2024 at 1.00 pm.

Present: Councillor Comer-Schwartz (Chair), Jonathan O'Sullivan, Jon Abbey, Clare Dollery, Emma Whitby, Miriam Bullock and Michael Clowes

Councillor Kaya Comer-Schwartz in the Chair

28 WELCOME AND INTRODUCTIONS (ITEM NO. A1)

The Chair welcomed everyone to the meeting and made introductions.

It was noted that the meeting was not quorate, however it was agreed to continue the meeting on an informal basis, noting that any formal decisions could not be implemented until agreed at a future meeting of the Board.

29 APOLOGIES FOR ABSENCE (ITEM NO. A2)

Apologies for absence were received from Councillor Safi-Ngongo, Councillor Williamson, John Everson and Clare Henderson.

30 DECLARATIONS OF INTEREST (ITEM NO. A3)

There were no declarations of pecuniary or other interests made at the meeting.

31 ORDER OF BUSINESS (ITEM NO. A4)

The discussion items were considered in the following order:

- B3. North Central London (NCL) Integrated Care Board; New Operating Model.
- B2. Age Friendly Islington.
- B1. Smokefree Islington.

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

As the meeting was inquorate, the minutes of the previous meeting held on 12 March 2024 would be deferred to the next meeting.

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NORTH CENTRAL LONDON (NCL) INTEGRATED CARE BOARD; NEW OPERATING MODEL (ITEM NO. B3)

Steven Wells, Head of Place Development, introduced the report which provided an update on the new operating model.

The following main points were discussed at the meeting:

- The structure of the Integrated Care Board (ICB) had been redesigned to meet the needs of the population, residents and partners. The new operating model came into place on 1st of April 2024.
- The new design focused on transformation, delivery, prevention, health inequalities, pathway and service development, quality improvement, neighbourhoods, and integrated teams.
- The Board was advised that NHS England had given ICBs clear direction to reduce running costs by 30% by 2025/26. However, it was noted that there was a lack of visibility of finances and spend from ICB and no indication on which areas the savings would be made from. Officers advised that more details on funding and budgets were available on the forward plan. In terms of the 30% reduction on spending costs, ICB Officers advised they will report back to the board with further details.
- New Borough Integration Units had been created which aligned with the Council's services and the roles in the units were flexible, helping services to adapt to priorities as they were set.
- Islington Borough Integration Unit focused on Integration and Partnerships Capacity, as well as, Clinical and Care Leadership.
- The ICB was committed to tackling health inequalities and transforming services with Councils and the wider Borough Partnership.

RECOMMENDED:

That the contents of the report to be noted.

34

AGE FRIENDLY ISLINGTON (ITEM NO. B2)

Nikki Ralph, Assistant Director Strategic Commissioning – Age Well and Charlotte Ashton, Assistant Director Public Health, introduced the report which was accompanied by a presentation which detailed the work underway to join the Age Friendly Communities Network to become a more age friendly borough.

The following main points were discussed at the meeting:

- Islington Council had passed a motion at Full Council in September 2023 to apply to become part of the Age Friendly Communities Network, facilitated by the Centre for Better Ageing.

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- Currently the process is in the pre-application stage where information is being collated and there was a plan to submit the application to join the Network in August 2024
- The Age Friendly Communities Framework consisted of a programme cycle which included 4 main areas. The areas were Engage and understand, Plan strategically, Act and Implement and Evaluate.
- Statistics highlighted that in 2022, Islington had 22,948 residents aged 65 or over, this was around 9% of the total population of the borough and between 2022-2032, the older population of Islington was expected to increase by 35%.
- The Board noted that there was a workshop with stakeholders planned for July this year and a multi-agency steering group would be established to drive and oversee the work.
- In response to a question regarding what actions were being taken to keep the ageing population active, Officers advised that there was a Get Active strategy aimed at people who were isolated and inactive. This strategy also aimed to help people stay connected and keep their psychology health in place. It was also noted that Islington had strong culture and heritage, which meant there were a lot of diverse communities and faith forums that enabled older residents to navigate their community to stay connected with the area in which they lived in.
- The Board acknowledged that poverty could have an impact on options available for some residents in the borough. The more deprived the people were, the less access they would have to information, resources, and support. Officers also added that one of the aims was to target people in deprived areas, to ensure that the quality of the lives of residents were a priority by using preventive and methods.

RECOMMENDED:

- i. To work collaboratively with partners on this initiative, recognising becoming a more Age Friendly Borough will not be achieved by one organisation alone.
- ii. To commit to looking through an Age Friendly lens in all that Board partners do, both individually and collectively.
- iii. That reports on the collective Age Friendly Communities work to be presented at a future meeting of the Board, and for partners to consider what more could be done to drive progress in this area.

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SMOKEFREE ISLINGTON (ITEM NO. B1)

Marina Chrysou, Smokefree Project Officer, introduced the report and presentation as set out at pages 5 – 40 in the agenda pack.

The following main points were discussed at the meeting:

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- The Board noted that smoking remained the single greatest preventable cause of ill health and mortality in Islington. The new national investment would provide support to residents and would address persistent inequalities.
- The Board was advised that there was a system-wide support for new coordinated initiatives, which included a new Islington Tobacco Alliance.
- Smoking prevalence in Islington was estimated at around 13.2%, which was slightly higher than London overall.
- It was noted that higher rates of smoking were found in men, residents living in deprived areas and in some white ethnic groups.
- Smoking prevalence in people with Serious Mental Illness was around 30%.
- Stop smoking services in Islington consisted of community services, medication including dual nicotine replacement therapy and a tiered, specialist stop smoking model that offered advice and 16 weeks of personalised support at the higher tier.
- The Board noted the three priorities to end smoking in Islington. The priorities included, protecting children and young people from the harms of tobacco use, reducing health disparities caused by smoking and building further partnerships across the system, to deliver change faster and support smokers to quit.
- The Board also noted details on the delivery plan and the grant income that Islington was expected to receive, which was around £287,152 each year.
- It was noted that one of the priorities was to increase the number of people setting quit dates. The Board sought further clarification on quit dates, and Officer's advised that a quit start dates was the number of people who had accessed the service. Service users were expected to set a date they wanted to quit smoking by to ensure they were committed to quitting smoking.
- In terms of data available on smoking statistics, it was advised that there was data available nationally that covered a range of population groups including people in different employment, people living in certain areas of the borough and people living in social housing.
- Officers were asked about challenges and barriers within GP services in supporting people to stop smoking. Officers advised that the workforce in GP services were stretched, so there were challenges in having the services delivered. GP and pharmacies were encouraged to work together locally to provide the service. Different local models were explored to ensure that there were different options available in how this service is being delivered. Additionally, there were number of trained professionals who provided support the stop smoking services locally outside of GP services.

RECOMMENDED:

- i. To note the many adverse impacts of smoking in Islington, its contribution to health, social and economic inequalities, and the stop smoking support available.

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- ii. To support implementation of models of effective practice to support increases in stop smoking reach into key settings, groups and communities.
- iii. To support the establishment of a new Islington Tobacco Alliance to support and develop coordinated plans to help make Islington smokefree.

MEETING CLOSED AT: 14:19

Chair