

London Borough of Islington  
**Health and Wellbeing Board - Tuesday, 20 July 2021**

Minutes of the inquorate meeting of the Health and Wellbeing Board held at Council Chamber, Town Hall, Upper Street, N1 2UD - Islington Town Hall on Tuesday, 20 July 2021 at 1.00 pm.

**Present:** Cllr Kaya Comer-Schwartz, Leader of the Council (Chair)  
Cllr Nurullah Turan, Executive Member for Health and Social Care  
Cllr Michelline Safi Ngongo, Executive Member for Children, Young People & Families  
Jonathan O’Sullivan, Acting Director of Public Health for Islington  
Jonathan Gardner, Strategy Director, The Whittington Hospital Trust (substituting for Angela Mc Nab)  
Katy Porter, Chief Executive, Manor Gardens Welfare Trust  
Stephen Taylor, Interim Director of Adult Social Care Transformation

**Also Present:** Clare Henderson, Director of Integration, Islington Directorate, North Central London CCG  
Darren Summers, Deputy CEO Camden and Islington NHS Foundation Trust

**Councillor Kaya Comer-Schwartz in the Chair**

- 49 **WELCOME AND INTRODUCTIONS (ITEM NO. A1)**  
Councillor Comer-Schwartz welcomed everyone to the meeting and introductions were given.
- 50 **APOLOGIES FOR ABSENCE (ITEM NO. A2)**  
Apologies for absence were received from Dr Jo Sauvage, Cate Duffy, Angela McNab, Sarah McDonnell-Davies, Mike Clowes, Siobhan Harrington and Emma Whitby.
- 51 **DECLARATIONS OF INTEREST (ITEM NO. A3)**  
None.
- 52 **ORDER OF BUSINESS (ITEM NO. A4)**  
Agenda Item B2 was deferred to a future meeting. The order of business would be B1 and then B3.
- 53 **MINUTES OF THE PREVIOUS MEETING (ITEM NO. A5)**  
**RESOLVED:**  
As the meeting was inquorate, the minutes of the last meeting would be deferred to the next meeting.

**54**      **PROPOSED CHANGE TO HEALTH AND WELLBEING BOARD AGENDAS (ITEM NO. B1)**

Jonathan O' Sullivan, Acting Director of Public Health for Islington presented the report which set out proposals which sought to redevelop the workings of the board, with a greater thematic focus on collective problem-solving and action on health inequalities.

In the discussion the following main points were made:

- Routine reports being circulated in advance would mean questions could be submitted prior to the meetings.
- The Chair suggested that one of the thematic items should be related to children and young people as this was a key priority.
- Addressing the health inequalities angle through all thematic items would be helpful.
- Looking at themes through a geographical or community lens was suggested and the Chair suggested there could be guiding principles alongside the themes.
- It was suggested that the health and wellbeing and mental health of children and young people aged 17-18 who were transitioning to adulthood be included to identify any gaps.

**RESOLVED:**

That the decisions below be agreed in principle (as the meeting was inquorate) subject to ratification at the next meeting:-

- 1) That the proposed rebalancing of the Board's time towards thematic or deep dive looks into key health inequalities affecting people in the borough be agreed.
- 2) That there be three health inequalities themes identified each year with the Annual Public Health Report normally one of these three themes and one of the items related to Children and Young People.
- 3) That there be shorter time slots for routine reports received by the Board.
- 4) That future consideration be given to whether the proposed change in emphasis of the Board's time indicated a change in the core membership.

**55**      **NORTH CENTRAL LONDON CLINICAL COMMISSIONING GROUP STRATEGIC REVIEW OF COMMUNITY AND MENTAL HEALTH SERVICES (ITEM NO. B2)**

**RESOLVED:**

That this item be deferred to a future meeting.

**56**      **REFRESH OF ISLINGTON'S JOINT HEALTH AND WELLBEING STRATEGY (ITEM NO. B3)**

Jonathan O'Sullivan, Acting Director of Public Health for Islington presented the refresh of Islington's Joint Health and Wellbeing Strategy.

In the presentation the following points were made:

- The strategy set out the strategic priorities for improving health and wellbeing and reducing health inequalities. The strategy had been

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developed in partnership using intelligence, insight, evidence and engagement with local communities, residents and patients to find out what would make the biggest difference and help Islington become a more equal borough.

- The strategy was not simply about adding 'years to life', but also 'life to years' and improving quality of life as well as life expectancy.
- The strategy recognised and gave synergy to, but did not seek to replicate other strategies and action plans on the wider determinants of health, e.g. better air quality and the environment, improving educational attainment, employment and wealth building in the borough.
- The Health and Wellbeing Board priorities (2017-2020) were: 1) ensuring every child had the best start in life; 2) preventing and managing long term conditions to enhance both length and quality of life and reduce health inequalities; and 3) improve mental health and wellbeing.
- Since 2011-13, life expectancy had increased in Islington for both men and women. Life expectancy at birth for men in Islington was now 79.7 years, an increase of 1.8 years since 2011. However, life expectancy for men in Islington remained lower than the London average (80.9) and was the sixth lowest amongst all London boroughs. For women in Islington, life expectancy was 83.4 years, which was lower than the London average (84.7), and was the second lowest amongst all London boroughs. Both male and female life expectancies in Islington were similar to national averages.
- In Islington, men and women spent on average the last 17.1 and 21.7 years of life in poor health respectively. For both men and women, there had been a much larger improvement in healthy life expectancy since 2011-13 compared to London and England. Although healthy life expectancy (HLE) for men and women remained lower in Islington, the borough was now statistically similar to London and England. For men there had been an 8.6% improvement in healthy life expectancy compared to 1.3% improvement in London and 0.3% improvement in England and for women there had been a 6.4% improvement in healthy life expectancy compared to improvement in 1% London and 0.1% improvement in England. These figures showed the work being done to improve quality of life was making a real difference.
- Whilst some of the impacts of Covid were short term, others were long term. Impacts included: the economic and social wellbeing of residents; longer waiting lists in the NHS; later diagnosis of many conditions e.g. cancer, diabetes, risk of stroke; mental health and wellbeing impacts; the impacts on children and young people; and the particular impacts on Black, Asian and other minority ethnic groups who had had a differential health, social and economic experience.
- The changing national strategic and organisational context for health and wellbeing included: 1) the Long term NHS Plan (2019) which was looking at secondary prevention and reductions in inequalities and variations in outcomes in relation to maternity, child health, long term

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conditions and mental health; 2) Integration and innovation: working together to improve health and social care for all (2021) which included major changes to achieve local place and person-based integration to meet the needs of residents and communities; 3) Population health management which involved using data and evidence to identify, monitor and address inequalities and improve outcomes; 4) Beyond the Data (the 'Fenton report') PHE (2020) / ONS (2020) was looking at the long term structural inequalities that had driven the disproportionate impacts of Covid on Black, Asian and other minority ethnic groups. There would be the systematic use of ethnicity data, design and actions to improve access, preventive and treatment programmes, experience and outcomes of people from these communities and to address the wider determinants of their inequalities and poorer outcomes.

- The changing local strategic and organisational context for health and wellbeing included: 1) the Corporate Plan was being refreshed. The overarching objectives were: Decent and genuinely affordable homes for all; Jobs and opportunity: A safer borough for all; A greener and cleaner Islington. All of these impacted on health and wellbeing. 2) As part of Fairer Together strengths-based approaches were being organised and integrated to meet the needs of residents, patients and communities, and make the borough a fairer place to live – across the life course 'Start Well, Live Well, Age Well'. 3) The Challenging Inequalities Strategy - utilised the council's position as a strategic leader, as an employer and as a service provider and commissioner to create positive change to make meaningful and tangible change for staff and residents. The initial focus was on race equality, and would be expanded – next to include disability.
- Unknown future funding and the impacts on resources were significant challenges.
- It was proposed that an officer task and finish group be established, with representatives from across the Health and Wellbeing Board member organisations, that would be responsible for delivering the refreshed strategy to the Board. The review process would cover: 1) the impact of the current Joint Health and Wellbeing Strategy, and what more there was to do; 2) the needs and assets of the local population including intelligence from the Joint Strategic Needs Assessment (JSNA), which gave an overview of local needs and priorities, and this, together with other insight and engagement work, would help to develop priority areas of focus for future years; 3) the current and future health landscape within the context of local financial and other challenges, the Fairer Together partnership and wider system transformation and integration with a focus on structural inequalities; 4) Engagement with local residents and stakeholders.
- The timetable would be between now and March 2022 with a proposal development session in the autumn to look at task and finish work and identify the approach and priorities to new strategy.

In the discussion the following main points were made:

- Members were supportive of the plans.

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- Members were pleased to see the progress made over last period.
- The strategy was being produced at a time of significant change in the NHS.
- The local partnership had to have real focus on place.
- Having a clear set of priorities was helpful in leveraging the support of partners.
- In areas which were receiving higher levels of funding, there was a need to ensure community based models were being developed to respond to local challenges.
- A locality profile had shown that in Islington health inequalities were not focused in certain locations in particular but were more focused around social housing.
- High levels of social housing in Islington, the rise in preventable cancer deaths, respiratory deaths and diabetes being a contributory factor of higher premature deaths were significant challenges. The over 60s population in Islington was the most deprived in whole country and 48% children and families in the borough were deprived and this presented further significant challenges.
- In relation to improvements in healthy life expectancy it was difficult to calculate causality. It could be useful to trial pieces of work where changes in the data could be identified to prove interventions. There was a need to identify if causality could be due to shifts in population. Some interventions had shown clear results e.g. work on reducing smoking.
- It would be useful to get an understanding from colleagues in education on the educational and social development impacts of Covid on children and young people who had been unable to attend school and college.
- It was suggested that stakeholder and resident engagement be undertaken concurrently to aid in the co-production of the strategy. Jonathan O'Sullivan stated that the timing of engagement work was a balancing act and much engagement had already been undertaken. It was important that this informed future engagement. As many people were on summer breaks, consultation in the autumn and winter could be most beneficial.
- A Covid survey of 1,000 people had been undertaken last autumn/winter. This would be repeated in autumn/winter this year and could feed into the consultation.
- Part of the strategy was defining what mattered to people in the borough and why investment and resources were required.
- Focusing on the broad determinants of health and building this into local services would keep more people well in the community and reduce the impact on acute care.
- It was important to look at work already done across the council and other forums and also consider work being done across London and in particularly neighbouring boroughs. The Children's Services Scrutiny Committee had undertaken a review on impacts of Covid and a group of councillors would be undertaking work on poverty and health inequalities over the next few years. Fairer Together work should also be considered.

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- Jonathan O'Sullivan asked for any volunteers for the task and finish group to contact him.

### **RESOLVED:**

That the approach to refreshing the Joint Health and Wellbeing Strategy as set out in the report be agreed in principle subject to being ratified at the next meeting.

MEETING CLOSED AT 1.45 pm

Chair