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Resources Department
Town Hall, Upper Street, London, N1 2UD

AGENDA FOR THE HEALTH AND WELLBEING BOARD

Members of Health and Wellbeing Board are summoned to a meeting, which will be held in on, **4 July 2023 at 1.00 pm.**

Enquiries to	:	Boshra Begum
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Despatched	:	26 June 2023

<u>Membership</u>

Councillors:
Councillor Kaya Comer-Schwartz (Chair)
Councillor Nurullah Turan
Councillor Michelline Safi Ngongo

NHS Integrated Care Board:
Dr Clare O'Brien, Governing Body representative
Clare Henderson, Executive Director representative

Islington Healthwatch:
Emma Whitby (non-voting)

Other NHS Representatives:
Dr Helene Brown, NHS England (non-voting)
Darren Summers, C&I NHS Trust (non-voting)
Helen Brown, Whittington Health (non-voting)

Islington GP Federation:
Mike Clowes (non-voting)

Council Officers:
Jon Abbey, Corporate Director, Children & Young People
John Everson, Director of Adult Social Care
Jonathan O'Sullivan, Director of Public Health

Voluntary Sector Representative:
To be appointed

A.	**Formal Matters**	**Page**
1.	Welcome and Introductions	
2.	Apologies for Absence	
3.	Declarations of Interest	

If you have a Disclosable Pecuniary Interest* in an item of business:

- if it is not yet on the council's register, you must declare both the existence and details of it at the start of the meeting or when it becomes apparent;
- you may choose to declare a Disclosable Pecuniary Interest that is already in the register in the interests of openness and transparency.

In both the above cases, you must leave the room without participating in discussion of the item.

If you have a personal interest in an item of business and you intend to speak or vote on the item you must declare both the existence and details of it at the start of the meeting or when it becomes apparent but you may participate in the discussion and vote on the item.

*(a)Employment, etc - Any employment, office, trade, profession or vocation carried on for profit or gain.
(b)Sponsorship - Any payment or other financial benefit in respect of your expenses in carrying out duties as a member, or of your election; including from a trade union.
(c)Contracts - Any current contract for goods, services or works, between you or your partner (or a body in which one of you has a beneficial interest) and the council.
(d)Land - Any beneficial interest in land which is within the council's area.
(e)Licences- Any licence to occupy land in the council's area for a month or longer.
(f)Corporate tenancies - Any tenancy between the council and a body in which you or your partner have a beneficial interest.
(g)Securities - Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

This applies to all voting members present at the meeting.

4.	Order of Business	
5.	Minutes of the previous meeting	TO FOLLOW
B.	**Discussion/Strategy items**	**Page**
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The next meeting of the Health and Wellbeing Board will be on 31 October 2023

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www.democracy.islington.gov.uk

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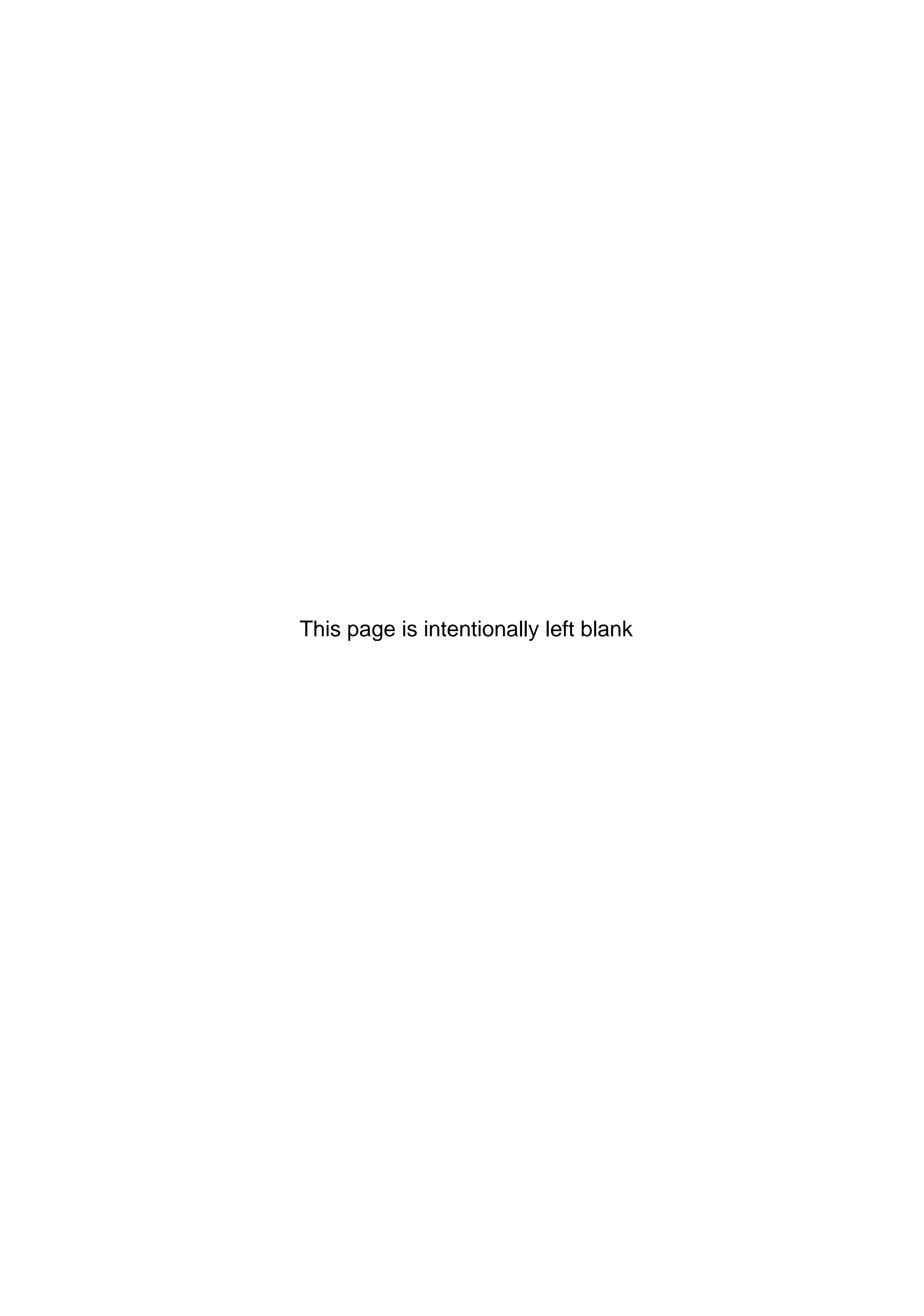
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Public Health

4th Floor, 222 Upper Street, N1 1XR

Report of: Director of Public Health

Meeting of: Health and Wellbeing Board

Date: 4th July 2023

Ward(s): all wards

Subject: Damp, and mould report

1. Synopsis

This report outlines the work conducted by Islington Council following national reaction and response to the publication of a coroner's report concerning the tragic and preventable death of a two year old child in Rochdale.

The report details the work conducted since November 2022, in partnership with health, adult social care, children's services and other external and internal partners to address damp and mould in the 36,000 homes managed by Islington Council.

The report also highlights the general importance of housing and health to each other.

2. Recommendations

The Health and Wellbeing Board is asked to:

Note the accompanying report on damp, condensation and mould in homes managed by Islington, and phased progress to improve the situation.

Consider whether there are other actions which health and social care services can make together with the Homes and Neighbourhood 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.

Consider whether a wider and deeper dive into health and housing at a future Health and Wellbeing Board would assist with developing partnership approaches and working around this wider determinant of health and wellbeing, including other issues currently under review such as overcrowding.

3. Background

Mould and damp indoors is caused by an excess of moisture, which may be caused by design or maintenance issues of properties and can also be caused by condensation. Depending on the cause of damp and mould, repairs or alterations may be needed and/or other steps or changes followed to reduce the amount of moisture in the air. It is important that the mould is removed.

Mould can cause ill health through allergens and irritants that it releases, and may also sometimes release toxic substances. These can cause allergic reactions and can trigger asthma impacts among other impacts; people living in homes with damp and mould are more likely to have respiratory conditions and are more vulnerable to respiratory infections. Groups which are particularly vulnerable include babies and children, older people, people with respiratory problems, skin problems and/or weakened immune systems, including those undergoing chemotherapy.

The attached report aims to provide the Health and Wellbeing Board with information and progress made to date on damp, condensation and mould programme in homes managed by the council. Of the 3,471 homes (close to 10% of all properties) that have reported damp and mould between January 2020 to Dec 2022, all have been attempted to be contacted as part of a first phase which sought to rapidly identify affected homes, including those with vulnerable tenants, and to act on and remedy damp, condensation and mould in those affected properties

This work is now moving into a second phase to develop longer term intelligence, systems and responses to this key housing and public health issue, including developing a deeper understanding of demographics and disproportionality of those affected.

4. Implications

4.1. Financial Implications

There are no financial implications arising from this report. The measures and recommendations proposed in this report are not currently quantifiable. Any recommendations from this report, if adopted, will need to be expanded upon and reviewed with the financial implications assessed.

4.2. Legal Implications

There are no new legal implications arising, after consideration and as part of this report on council housing.

4.3. **Environmental Implications and contribution to achieving a net zero carbon Islington by 2030**

There are no known environmental implications associated with this report.

The environmental implications could relate to the improvement of the living environment for households once the damp and mould has been resolved.

A new assessment of environmental impact can be considered once the implementation of the measures and recommendations proposed in this report are in place.

4.4. **Equalities Impact Assessment**

This report positively promotes the council statutory duties relating to Equalities and Human Rights and addresses inequality in Islington through the improvement of services and homes for our residents.

5. Conclusion and reasons for recommendations

The recommendations have been made to improve the health and wellbeing for our residents, reduce inequality, promote higher education attainment, increase the enjoyment of life and provide good quality homes and housing services for the 40% of the population of Islington who live in homes managed by the council.

Appendices:

Damp, condensation and mould in council housing in Islington report

Background papers:

None

Final report clearance:

Signed by: Jonathan O' Sullivan

Director of Public Health

Date: 20nd June 2023

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Homes and Neighbourhoods

Islington Council

222 Upper Street

N1 1XR

Report of: Ian Swift Director of Housing Operations

Meeting of: Health and Wellbeing Board

Date: 8th June 2023

Damp, condensation and mould

1. Recommendations

1.1. This report aims to provide the Health and Wellbeing Board with information and progress made to date on the damp, condensation and mould programme since the previous update to the Housing Scrutiny Committee in May 2023.

1.2. Officers encourage the Health and Wellbeing Board to appraise this work and make suggestions of how the council's work in this critical area can be improved.

1.3. Officers would welcome suggestions for further improvements in the delivery of these important services to promote health and well being across all 36,000 residents who occupy a home managed by Islington Council.

1.4. Consideration is given to the Health and Wellbeing Board receiving a report at a future meeting relating to the 12 month review on overcrowding conducted by the Housing Scrutiny Committee outlined in section 3.1.14 of this report

2. Update overview

2.1. We have received feedback on key performance indicators, and this has informed headline key performance indicators. A sub-set of indicators are being scoped. See section 3.3. for more details. The views of the Health and Well-Being Board on these proposed indicators would be welcomed.

2.2. Further demographics data and "known to" Adult Social Care and Children Social Care has been added to the One View dashboard, which is the dashboard created

specifically for the damp, condensation and mould programme's urgent response. See sub-section 3.1.2. for more details.

2.3. Phase two of our Urgent Response is being designed using the data we have matched, the learning from our on-going engagement with residents the learning from benchmarking and Housing Ombudsman special investigation reports. The council is also studying the outcomes of all Housing Ombudsman investigation reports into other council's and housing associations to learn from these reports to ensure Islington Council continuously improves the services for our residents.

2.4. Analysis of equalities data is underway to identify if there are any disproportional impacts to residents in our service delivery, ensuring we also integrate qualitative data into this work so that the voice of resident is front and centre.

2.5. Discussions have begun to integrate dashboards as part of our continued mission to improve services and monitor what is important.

2.6. The findings from the tenancy and property visit pilot at Halton Mansions have been presented to the Housing Management Team. See section 3.2. for more details.

2.7. A dedicated referral form for local partners like health and social services has been designed and a proposal paper to the Damp and Mould Taskforce Board with further engagement with partners to refine the process.

2.8. Members training on the programme has been scheduled, see sub-section 3.4.2 for more detailed.

2.9. Remote monitoring sensors, that measure humidity, temperature and air quality, are being piloted on various estates.

2.10. New and existing policies and procedures relating to damp, condensation and mould service activity are being created or amended based on evidence-led learning to improve service delivery and joint working. These are due to be completed in the upcoming months and will go through the relevant governance processes.

2.11. In June there will be a meeting with University College London to discuss a research project to inform the services we deliver in relation to damp, condensation and mould. This will be an academic input and review of damp techniques and processes to ensure the most up to date and rigorous systems are adopted. Reusing Net Zero Carbon data to prepare funding/investment bids targeting damp and Net Zero Carbon.

2.12. Islington Council's Homes and Neighbourhoods service aims to be the best Housing service in England within the next three years. The service will ensure everyone deserves a quality home that provides them with the opportunity to live a better life, and our purpose is to provide homes and neighbourhoods everyone can be proud of. We'll do this by delivering safe, high-quality homes, and support for all our residents.

This will be achieved by working in partnership with all agencies to meet this ambition. The strategic approach of the service will ensure residents are always placed at the heart of our service, as we strive to make the best use of our resources. Therefore the contribution from the Health and Wellbeing Board to improve our services is of the greatest importance and any feedback would be welcomed.

2.13. Establishment of the Tenant Empowerment framework continues. The proposed framework structure (appendix 1) is in the process of consultation with leads.

2.14. The council is piloting the Regulator of Social Housing new Inspection Framework to help further improve our services to our residents. The findings of this work will provide the council with an action plan to deliver further improvements.

2.15. We recently commissioned Housing Quality Network (HQN) to conduct a complaints benchmarking exercise, to carry out a survey of HQN's member organisations to understand whether the level of complaints we receive related to housing is consistent with other organisations, especially those of a comparable size and/or similar location. HQN also set out to understand whether there may be any correlation (in terms of percentages) between stock numbers, repairs volumes and complaints. For local authorities, in particular, we further sought to understand whether there may be a correlation between complaints received and numbers on the housing register, numbers of homelessness approaches and numbers in temporary accommodation.

HQN received 25 responses, including that from Islington. Those who responded included 8 Local Authorities, 2 Arm's Length Management Organisations (ALMO) and 15 Housing Associations from across England and Wales.

HQN concluded:

"It is clear that, while the London Borough of Islington receives a high level of complaints and has also received a significant number of maladministration findings from the Housing Ombudsman, when compared with the respondents to HQN's survey, it is not an outlier in terms of "performance".

In fact, in some respects it is arguably performing better than similar organisations, who took part in the survey. We expect to see lower levels of satisfaction within London-based providers, and perhaps also higher proportions of complaints.

This is borne out, to a degree, by our survey findings. However, it is also notable that LBI generally compares well with the other London-based providers who took part in the survey. We see a similar pattern in when LBI is compared with other landlords with significant numbers of homes. So, while LBI receives a higher proportion of complaints than the average for London-based providers, a lot fewer of the complaints escalate beyond stage 1 of the process. This may (though this is not a definitive finding) indicate effective complaint resolution process.

It is also clear from the survey that LBI receives fewer complaints when compared to repairs volume than similarly large providers. Clearly LBI does not get its complaints resolution right all the time and has received a number of maladministration findings from the Housing Ombudsman, so there is always room for improvement. However, again, LBI is not an outlier in this respect and among the respondents to the survey, there were organisations, which had received more maladministration findings.

While LBI should continue its efforts to reduce complaints levels, and resolve complaints that are made to the complainants' satisfaction, LBI can be encouraged by the findings of this survey."

3. Focussed update

3.1. Urgent response

3.1.1. Of the 3,471 properties that have reported damp and mould between January 2020 to Dec 2022, all have been attempted to be contacted.

3.1.2. 1,152 have responded that they do not have damp and mould in their properties.

3.1.3. 474 responded that they do have damp and mould in their properties.

3.1.4. 212 jobs have been completed,

3.1.5. 42 are in progress,

3.1.6. 175 are pending works,

3.1.7. 44 are either: the surveyor has not been able to gain access to the property, duplicate or works are no longer required, and one has been referred to the legal team.

3.1.8. 1,845 have either expressed that they do not want to engage, or we have not been able to make contact. We're going to conduct a second phase of contact to those who we have not been able to contact.

3.1.9. Further qualitative analysis on resident feedback will be analysed and used to improve services. Additional data of tenants in properties, who have reported damp and mould in the date period known to Adult Social Care and Children's Social Services has been approved and we are currently in the process of adding this to this to the existing dataset. This will improve our understanding of risk factors and guide service delivery.

3.1.10. The breakdown of the data shared with us from social services, of the 3,471 households that had reported damp and mould from January 2020 – December 2022, there are:

- 162 households (186 service users) known to Adult Social Care (ASC)

- 154 households (292 children or young people) known to Children Social Services (CSS)
- Total of 310 households are known to either ASC and/or CSS.
- 6 households are known to both ASC and CSS.

3.1.11. Public Health are supporting our deeper understanding of demographics and disproportionality and further updates relating to this work can be provided at the meeting.

3.1.12. In collaboration with the Housing Ombudsman, Islington Council hosted the Meet the Housing Ombudsman event on 30th March 2023. 150 people attended the event online and in-person. This event allowed residents to report concerns relating to the performance of the council direct to the Housing Ombudsman through a transparent framework.

3.1.13. Three Housing Association partners Peabody, Clarion and Islington and Shoreditch Housing Association's attended the Housing Scrutiny Committee on the 6th June 2023, to present the work around overcrowding, damp and mould and the obvious health and wellbeing impacts on residents.

3.1.14. The Housing Scrutiny Committee will receive a report at the September 2023 meeting on the strategic review of overcrowding following a 12 month in-depth review and the findings of this work could be considered at a future Health and Wellbeing Board meeting.

3.1.15. The results of the Housing Allocations Policy consultation, which closed on the 17th of March 2023, has been analysed and a report will be presented to the July Executive meeting of the Council to outline the proposed changes which will improve the health and wellbeing for our residents

3.1.16. 1,031 responses were received from residents, as well as 81 partner organisations also responded with only 10% of partners not supporting the proposed changes.

3.2. Tenancy and Property Audit/visit

3.2.1. The pilot started 2nd March 2023 and concluded 19th April 2023.

3.2.2. Halton Mansions estate was chosen to be the pilot because of a variety known historic issues with stock condition and tenancy related issues, the size of the estate to make this a viable pilot and recent councillor casework enquiries.

3.2.3. In the initial stages of the pilot only one housing officer was conducting the visits, on average the housing officer was carrying out 8 visits per day which averaged 30 – 40mins per visit. However, very quickly it was apparent the officer lacked time and

workload capacity to conduct this number of visits. We had to involve more housing officers who conducted over 159 visits during the pilot.

3.2.4. Following the visits, the captured information has been analysed and we identified the following trends and issues raised by residents. We recognise that the issues raised by tenants of Halton Mansions may differ from other locations in the borough due to the type and condition of stock, location, landscaping and greenery surroundings, availability of parking and other locally related issues.

- Communal heating times
- Poor quality of windows - damp and mould around the windows
- Rehousing issues – where residents did not feel they are living in suitable accommodation for their needs
- Heating and hot water complaints
- Parking issues within the estate
- Tree issues
- Anti-social behaviour
- Guttering issues

3.2.5. There are 152 properties, with 110 tenanted properties and nine blocks. Approximately 60 tenanted households completed the form during the period of time of the pilot and with appointments booked for visits in the following weeks, due to tenants receiving a letter and arranging a suitable time.

3.2.6. Some of the data we captured following the visits are as follows: 15 reported they have never been previously inspected, 6 reported they needs aids and adaptations, 22 reported damp & Mould, 28 reported other property issues conditions, 7 reported they have not been previously inspected but has damp and mould, 18 reported visible damp and mould and has other property issues, 3 did not have a working smoke alarms, 11 reported anti-social behaviour, 9 reported they are experiencing financial challenges, 6 currently receives support from supporting agencies, 7 reported additional support needs, 34 registered with the GP, 4 are carers for someone else within the household, 1 household had care assessment need carried out.

3.2.7. Feedback from tenant's who we completed the visit with, were happy to receive a visit because they appreciated that we had taken the service to them and listened to their concerns. It allowed residents to speak to us and connect with their housing officer. During these conversations, some tenants outlined currently they have no point of contact within the council and cannot contact anyone to deal with their concerns. They felt they were being passed from one person to another and could not get actions addressed.

3.2.8. On the occasions the officers did not gain access to conduct the visit we created a letter/ calling card to explain the reasons why we are visiting, and the tenant was encouraged to re-book the visit. This is understandable because majority of the

residents were working when visits were conducted during times between 9am to 5pm.

3.2.9. We included a section to record demographic data. Tenants were very forthcoming in sharing this data and when they were not, we were ok to note this down.

3.2.10. The full report of the findings from this pilot, including recommendations, was presented to the Housing Management Team on Tuesday 23rd May. To improve our evidence-base for this programme we will conduct more research/further pilots, this will provide us with a better representational understanding of differences with areas, identify different trends and feedback from tenants.

3.3. Key Performance Indicators (KPIs)

3.3.1. Table 1:

Damp and Mould Key Performance Indicator Proposal
1. Number of damp and mould cases reported every month
2. Remediation actions within timescale
3. Breakdown of cases by Cause (Tenancy Support, Repairs, Improvement, Fuel Poverty, overcrowding)
4. Number of repeat damp and mould cases
5. Number of stage 1 and 2 complaints
6. Equalities – indicator might change depending on deep dive analysis Demographics: Number of damp and mould cases by ethnicity Vulnerabilities: Number of damp and mould properties with adult social care or children social care residents

3.4. Training

3.4.1. Table 2: Housing Property Services officers

Course	Course details	Attendees	Number trained	Number pending
Damp & Mould awareness CPD	Identification/location/types/spread/ leaks/condensation/ health impacts/not blaming residents	Housing Direct & Customer Service	26	29
Condensation, damp & mould Causes, Cures and the courts	Damp: Condensation, damp and mould – causes, cures and the courts | Housing Quality Network (hqnetwork.co.uk)	Void Surveyors Chargehands	5	6
Storage Heater refresher	Maintenance issues including managing heating controls	Electricians	15	
Diagnostic Approach to Understanding Condensation and Mould	Online Training A Diagnostic Approach to Understanding Condensation and Mould	Diagnostic & Legal Disrepair Surveyors	1	10
Damp & Mould awareness CPD	Identification/location/types/spread/ leaks/condensation/ health impacts/not blaming residents	Diagnostic & Legal Disrepair Surveyors	9	
Damp & Mould awareness CPD	Identification/location/types/spread/ leaks/condensation/ health impacts/not blaming residents	Chargehands, Gas engineers, Roofers	7	10
Damp & Mould awareness TBT	Identification/location/types/spread/ leaks/condensation/ health impacts/not blaming residents	Painter & Decorators	22	4
Refresher on extractor fans	Update on product changes/heat recovery/check data on usage /trickle speed	Electricians		15
Damp & Mould	**Building defects and your health**. In depth analysis of causes of damp & mould and how to how to manage. Targeted at Surveyors & Managers	Surveyors, Team Leaders & Gas team managers	12	22
Customer Care training	In the light of D&M, look at what is quality service, impact of poor service, LBI expectations of staff. Quality conversations, understanding impact of behaviour	All staff in contact with residents	75	79

Course	Course details	Attendees	Number trained	Number pending
HHSRS	https://www.nutsandboltstraining.co.uk/hhsrs-inspection-assessment/	Surveyors	18	

3.4.2. Council Members training will be delivered on 26th June and 4th July 2023. Which will include:

- Defining Damp and Mould
- What is damp
- Mould and the health risks
- The risks in our properties
- The Law
- The process
- Your role and how you can help
- Challenges and costs

Financial Implications

There are no known new financial implications associated with this report

Legal Implications

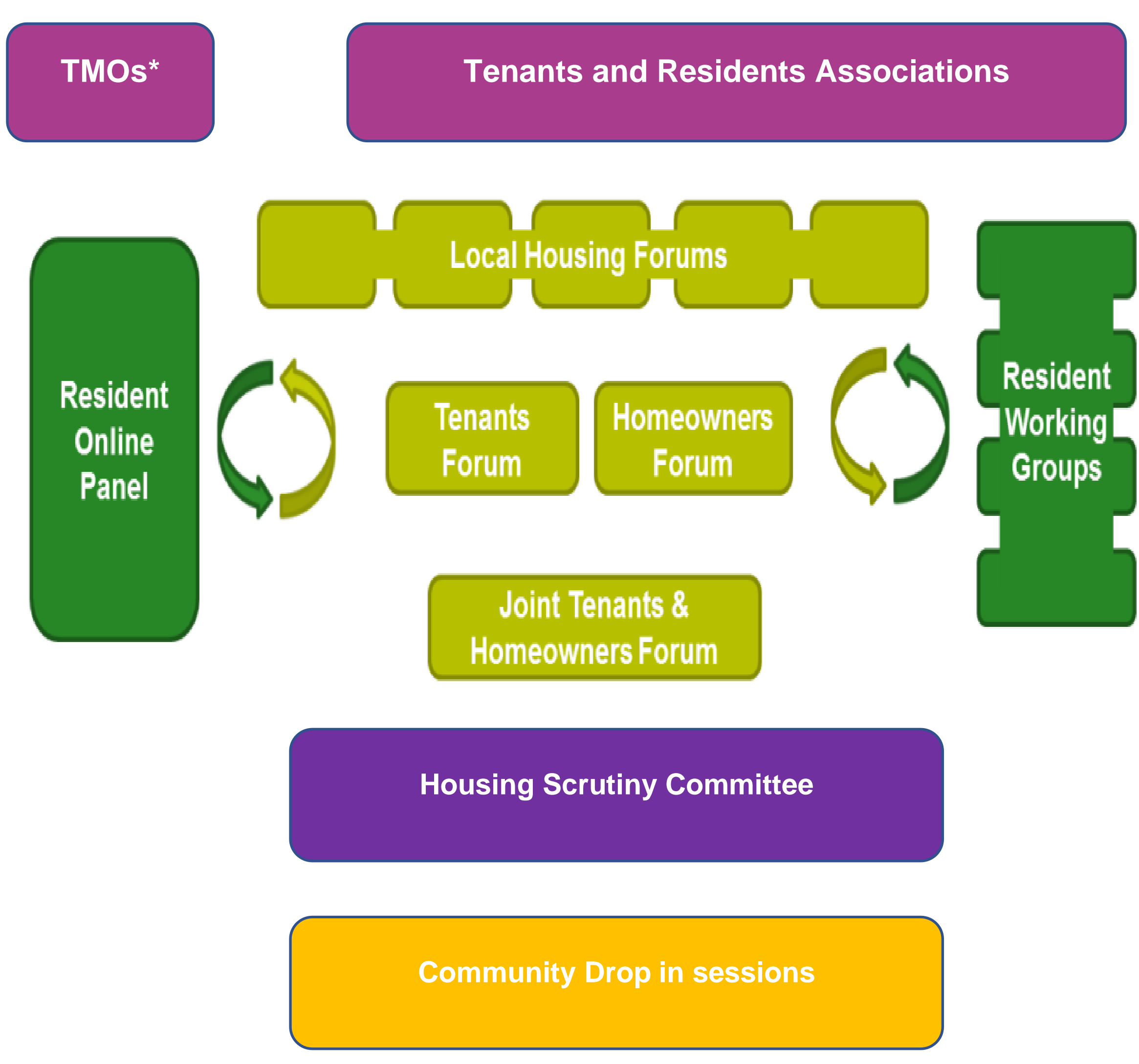
There are no know new legal implications associated with this report.

Environmental Implications

The contents of this report will improve the environment of the home and thereby the well-being of households. There are no wider environmental implications associated with this report.

4. Appendix

Appendix 1. Draft Tenant Empowerment Framework


TMOs*
Tenants and Residents Associations
Local Housing Forums
Resident
Online
Panel
Tenants
Forum
Homeowners
Forum
Resident
Working
Groups
Joint Tenants &
Homeowners Forum
Housing Scrutiny Committee
Community Drop in sessions

Public Health

4th Floor, 222 Upper Street, N1 1XR

Report of: Director of Public Health

Meeting of: Health and Wellbeing Board

Date: 4th July 2023

Ward(s): all wards

Subject: Overview of inclusion health in Islington and North Central London

1. Synopsis

1.1. North Central London's Integrated Care System (NCL) is reviewing the population needs of inclusion health groups, working with local public health teams and others.

1.2. The first phase of the work was presented to the Board in November 2022 and described the demographic profiles from local data and needs assessments; regional and national data and evidence; and examples from the service mapping.

1.3. The accompanying report summarises the findings from the second phase of work which brings together lived experience, insights from senior system stakeholders and staff experience. This information complements the evidence collated in phase 1 to provide a comprehensive health needs assessment for inclusion health groups in NCL.

1.4. NCL would like to work with local Health and Wellbeing Boards and borough partnerships in further developing how the needs of these groups are met in local plans, drawing on strategies, services and work already in place.

2. Recommendations

2.1. The HWBB is asked to

2.1.1. note the scope and the Phase 2 report findings and an overview for developing plans for taking forward recommendations and actions.

2.1.2. consider what are the additional opportunities for Islington to use the insights from the Inclusion Health Needs Assessment to improve outcomes for inclusion health groups.

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

3. Background

3.1. Inclusion health is a term used to describe people who are in groups who are significantly socially excluded, and whose health needs and access to health services are significantly worse than the general population. People in these groups frequently suffer from multiple health issues, including mental and physical health issues. This includes people who experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system and victims of modern slavery. They are often 'invisible' in electronic records and routine data.

3.2. People who are in these groups often experience multiple overlapping risk factors for poor health, such as poverty, violence and complex trauma, and experience stigma, discrimination and disadvantage. These experiences frequently lead to barriers in access to healthcare and health outcomes. Evidence shows that people who are socially excluded underuse some services, such as primary and preventative care, and often rely on emergency services such as A&E when their health needs become acute. This results in missed opportunities for preventive interventions, serious illness and inefficiencies, which amplifies the health inequalities already being experienced by these groups. Cumulatively, this leads to extremely poor health outcomes, often much worse than the general population, and – where we have data - much lower life expectancy.

3.3. The groups which the NCL review is focusing on are: people experiencing homelessness; vulnerable migrants; Gypsy, Roma and Traveller communities; sex workers; and people who have been imprisoned. The needs of these groups are addressed in a number of local strategies and targeted services in Islington – examples are described in the attached report. The NCL review is an opportunity to further consider the needs of these groups in the light of this updated analysis and review.

4. Implications

4.1. Financial Implications

There are no financial implications arising from this report. The measures and recommendations proposed in this report are not currently quantifiable. Any recommendations from this report, if adopted, will need to be expanded upon and reviewed with the financial implications assessed.

4.2. Legal Implications

Nil, the implications of any recommendations are outside the remit of this report.

4.3. Environmental Implications and contribution to achieving a net zero carbon Islington by 2030

Nil, the implications of any recommendations are outside the remit of this report.

4.4. Equalities Impact Assessment

4.4.1. The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

4.4.2. An Equalities Impact Assessment is not required in relation to this report, because it represents the second phase of a larger programme of work to develop a strategy. The strategy in its development will need to include an Equalities Impact Assessment.

5. Conclusion and reasons for recommendations

5.1. Health inclusion groups have significantly greater and more complex health and care needs than other population groups; they are more likely to access services later or on an emergency/urgent basis and experience issues with access, including to primary care and other preventive services. Islington has a clear focus through a variety of strategies and services to meet the needs of these groups, including dedicated services for people experiencing homelessness and people seeking asylum in Home Office accommodation. The NCL wide review is looking at these groups, and is presenting findings from the first phase of its review.

Appendices:

- Overview of Inclusion Health in Islington and North Central London (Needs Analysis), Islington Public Health and NCL Communities Team

Final report clearance:

Signed by: Jonathan O' Sullivan, Director of Public Health

Date: 20nd June 2023

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NCL Inclusion Health Needs Assessment
Islington Health and Wellbeing Board

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July 2023

Why is Inclusion Health important for NCL?

North Central London Integrated Care System

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- 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:
  - Average age at death 46 years for people experiencing homelessness. This is 30 years below national average. High levels of early frailty across groups.
  - High level of complex health need – childhood trauma, mental health issues, drug and alcohol use, sexual health, infectious diseases, poor perinatal outcomes, impact of violence.
  - Complex barriers to accessing planned healthcare – stigma and discrimination, lack of trust, trauma triggers, rigid appointment systems, digital exclusion, language, travel costs
  - Compounded by lack of visibility within our system/early intervention/joined up approaches to complex need
- Tackling inclusion health inequalities requires integrated service approaches and **partnership working at system, place and neighbourhood level** to address the complex set of needs these populations experience.
- Integrating care around these underserved groups is fundamentally linked to improving **how we use our resources most effectively**. The annual cost of unplanned care for patients experiencing homelessness is eight times that of the housed population and homeless patients are overrepresented amongst frequent attenders in A&E
- Addressing health inequalities faced by inclusion health groups is a key component of the **NCL Population Health and Integration Strategy** and one of our **locally identified PLUS populations.**

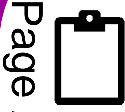
NCL Inclusion Health Needs Assessment

Phase 1 (April-May June 2022)

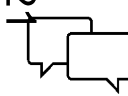
Rapid evidence review

- Reviewed over 100 local and national data sources
- Meetings and correspondence with ~20 stakeholders

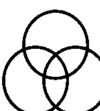
Phase 2 (July–December 2022)



Frontline staff survey (n=142)



Key stakeholder interviews (n=24)



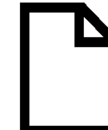
Estimates of overlaps of severe multiple disadvantage using existing data

Conducted by Groundswell Sept-Dec 2022

Lived experience interviews / Service user journeys (n=24)

The needs assessment aims to synthesize evidence on the health needs of targeted populations across the five boroughs, identifying the size and demographic profile, health needs, services and gaps in order to inform ICS plans

Phase 3 (December 2022-January 2023)

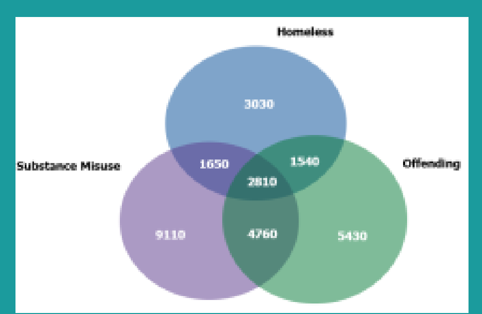


Final report to synthesise all evidence sources

Develop recommendations

Inclusion health groups (IHGs)

- People experiencing homelessness
- Vulnerable migrants
- Gypsy, Roma and Traveller communities
- Sex workers
- People with a history of imprisonment
- Intersectionality



Key findings summary

Inclusion health group

- Greatest awareness and provision for people experiencing homelessness
- High prevalence of multiple disadvantages
- Gap in understanding and service provision for sex workers and GRT communities
- Gaps in services for sex workers and vulnerable women

Service area

- Many examples of specialist services
- Gaps in access and experience:
  - mainstream primary care
  - mental health services
  - dental services
  - dual diagnosis
- Experience in hospitals and discharge pathways can be improved
- Better coordination of release from prison

Enablers

- Pockets of excellent integrated working
- Improve cross-borough collaboration and partnership with mental health services
- Greater education and awareness of inclusion health groups
- Role of place-based delivery and system-leadership

Intersectionality:
People Experiencing Multiple Disadvantage

Housing and Sleeping Rough

Substance Dependency & Mental Health

Discrimination eg race, sexuality, transgender

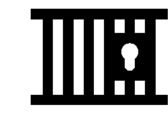
Methadone Access

"Okay, so I've been struggling with homelessness and my drug addiction on and off for 10 years. I've been in and out of jail for things like shoplifting and theft. I've just come out of prison, on tag and had to use the tag agencies in prison because I didn't have an address to go to.
(Enfield resident, multiple disadvantage)

Personal Safety

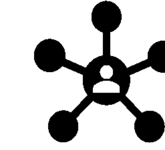
Other Healthcare Needs

Social Distrust



Transition out of Criminal Justice

Lack of Support Networks & Estrangement



Lack of Recognition by Services

Lack of Formal Identification

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Individuals Experiencing Multiple Disadvantage
CASE STUDIES

Mike, sleeping rough after exit from criminal justice system

CAMDEN

Mike came to London from Manchester and has a history of both serious **mental health needs** (schizophrenia) and **epilepsy**. He has also struggled with **substance dependency,** and has been in-and-out of prison for multiple years. **Upon release from prison he often finds himself street homeless** and **lacking any support for his physical and mental health.**

Most recently he was **approached while rough sleeping** by a support organisation and moved into **supported accommodation** in Camden, where he feels much better due to helpful staff and provision of food. It is also through this supported accommodation that he has been **directed to a psychologist, psychiatrist, and some medical support**. However, he struggles to stay in supported accommodation and has **moved hostels frequently.**

Mike **continues to struggle with substance dependency** and is **waiting for detox** and rehab services; he expresses some **frustration at the amount of time he's needed to wait.** His **physical health is also deteriorating** due to alcohol and other drugs, but he finds it difficult to take care of his physical health while still dependant on substances. Due to his experiences sleeping rough, he has **PTSD and a lot of social anxiety**, making group therapy such as AA meetings incredibly difficult. He finds **that people treat him differently or judge him due to his circumstances**, making in **especially difficult to engage.**

"Sometimes, yeah, sometimes people look at you different and you can just tell they're judging. Some people shouldn't be in a job what they're in because their attitude and things like that. Not everybody – most of them are all right. It's just there's a bad few […] they look down on you and stuff like that."

"I feel everywhere is closed. They tell me, "Hi, you need ID". I don't have address, "OK, you need address", bye-bye. You need […]to make it, I don't have it, so how I …? Even they told me, "How I can help you?"

Andrei, Romanian man disengaged from all services

ENFIELD

Andrei **arrived to the UK from Romania** some time ago, and has since **lost his job and house**. His relationship has also deteriorated and he is **currently alone rough sleeping** on the streets of London. He suffers from **severe depression and has engaged in self-harm** but is not receiving any support for this. In the past he received some medication but **could no longer afford the £12 fee he was charged per box.**

Given Romania's EU status, it is likely Andrei entered the UK on a EU passport and he could **apply for pre-settled or settled status** and access benefits such as universal credit. However, Andrei has **no passport, ID, or formal documentation** and has thus struggled with accessing any support. He had a GP in the past, but has since struggled with access because of lack of address and ID. The lack of ID has also left him without a bank account and he is worried he will not be able to rent a flat. He uses the words **"handcuffed" and "gridlocked" to describe his situation.**

Andrei has attempted to apply for support using the **internet connection at his local library.** He has also **tried to contact his council's housing services, however after making an application he has never heard back.** He currently is not in touch with any services and expresses bitterness that UK citizens and those with drug dependencies seem to get more support.

Individuals Experiencing Multiple Disadvantage
CASE STUDY which includes sex work

Sarah, experiencing multiple disadvantage with a history of sex work

HARINGEY

Sarah rebelled against her parents in her teenage years and has since been **dependant on alcohol and other drugs,** as well as experiencing **domestic violence from male partners**, including her daughter's father. She has been **separated from her daughter** who now lives with extended family. She has **experience with the criminal justice system** and has spent time in prison for multiple drug abuses. She has also spent time in prison abroad for fraud. Time in prison led Sarah to lose her property, making her **street homeless** for multiple years. Sarah feels that **coming out of jail put her in a very vulnerable place** with no support to address housing insecurity, substance dependency, or mental health needs.

Sarah now **lives in supported accommodation** after being **approached by StreetLink** and helped into accessing homelessness services. Before that she sometimes slept in a church charity on the floor, but she disliked this as there were too many men sharing the space. She is now also being supported by her **probation officer and key worker** who coordinate around her care. She **uses a methadone replacement service** and **walk-in GP surgery;** however, she also feels that in the past she has experienced poor medical care, for example when she was prescribed morphine despite her substance dependency.

Sarah has also **engaged in on-street sex work** to make money in order to buy alcohol and drugs. While she describes this as **a choice she made to be in control of her own finances**, she also mentions this generating **trauma and leading to PTSD**. **Violent experiences while rough sleeping**, including witnessing a murder, have also contributed to poor mental health. Because of these experiences she **values women-only spaces and services**, including ones that help with social integration by providing a casual social environment.

Sarah feels that de-stigmatization of experiences like hers are incredibly important, and hopes that in the future, the system will become more compassionate and focused on individual needs.

"Because you know in jail there's no security, nowhere to live, nowhere to find yourself because remember you're coming out of jail, you're being forced to come off methadone, you're being forced to come off ... You've got emotions that you forgot you even had in jail, they all start coming back again because you're not supressed anymore. So when you come out you're just like, "Hey wow, what's going on, let's go and have a smoke quick," because you don't know no better."

"The [professionals] need to be all put in a room or you know, like a virtual reality, put them in one of them on a day I live in my life for the last 30 years, a GP or a certain key professional, put them in a virtual reality room of whatever I've done with my life, then they will have understanding of what I'm trying to say to you. They think, "You chose that." We might have chose that, we don't know where we're coming from, we don't know why we chose that life. You know like Star Trek where you could press the button and it goes into any scenario you want to go into, virtual reality, make them see what it is. Because technology that is easy. […] Yeah, put them in my world, make a day of a female who's a prostitute and a drug addict and what they go through, sleeping rough at night time in the bushes, you know, plant that scene as a dramatic drama scene, put that down. […] I really should hope so because if it doesn't [change perceptions] then there's no hope for us. There is no hope for the system. If that doesn't change your perception of trying to do something like that with someone, it doesn't make sense because there's no hope."

Journey: Individuals Experiencing Multiple Disadvantage

Possible traumatic pasts

"It started from my teenage days really. […] I was [pause], before me was my brother who died of cot death. I came along, my parents wrapped me up in cotton wool when I was growing up. I rebelled, ended up rebelling, in and out of care."
[Haringey resident, sleeping rough, with criminal justice history & history of sex work]

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Homelessness & Sleeping Rough

Some women may turn to sex work

Most will struggle with destabilizing substance dependency

Unstable life sleeping rough leads to an inability to focus on long-term support

Personal safety on the street is a huge concern

Fragmented service engagement

"No, they kept on telling us we needed to sort out housing, but I was struggling to sort it out, I was struggling with addiction and things like that, I missed one appointment, and they only gave me one chance."
[Enfield resident in temp. housing, with criminal justice history]

Criminal justice interactions

Upon release many lack support

Creates vulnerability during transition

Lack of formal documentation

Emerging recommendations

- Integrated approaches for sex workers and vulnerable women from inclusion health groups
- Co-ordinated prison release
- Dual diagnosis – mental health and substance use
- Improved offer for dental and MSK care
- Access to mainstream primary care
- Co-design/coordination of services around multiple disadvantage
- Partnership working and integrated models of care
- Workforce training and awareness on inclusion health

Activities in progress

Area	Activities
NCL	Asylum seekers LCS Co-occurring conditions programme Community of Practice for homelessness health and care Cancer screening for people experiencing homelessness Out of Hospital Care Model Pan-London Find and Treat for inclusion health groups
Barnet	Borough of Sanctuary application for migrants and refugees Homeless health LCS
Camden	Homelessness Transformation Programme Camden Adult Pathway Partnership, CHIP Homelessness GP
Enfield	Enfield homeless health GP outreach service, sex workers outreach pilot, Doctors of the World outreach to GRT communities
Haringey	Homeless Health Inclusion Team Inclusion Health Summit
Islington	Homeless health GP outreach service Wellbeing support for contingency hotels

Islington

Inclusion Health

History of imprisonment

No local estimates, 80K currently in prison in the UK

96% male, 50% low literacy, 20x more likely to be excluded from school, 13x more likely to have been in care, be unemployed

Sex workers

No local estimates, ~32K in London

30-40% male or trans, profile varies by worksite (off or on-street)

		Barnet	Camden	Enfield	Haringey	Islington
Gypsy & Travellers	Census (2011)	151	167	344	370	163
	GP registered	421	69	784	1,113	82
Vulnerable migrants	Receiving LA Section 95 support (Home Office 2021)	706	292	1,639	921	335
	Receiving LA NRFP support (NRFP Network 2021/22)	46	12	159	184	92
	Asylum seekers in Home Office Initial Accommodation Centres (IAC) (Feb 2023)	1453	602	0	145	775
Experiencing homelessness	Rough Sleepers (CHAIN 2020/21)	282	630	326	405	388
	Statutory Homelessness (MHCLG 2020/21)	2,030	1,098	1,905	2,383	1,623
	HealtheIntent (GP)	77	916	64	113	155
	CCG/LA (Oct-Nov 2021)	282	847	550	633	533

Rough sleepers: 80% male, majority 26-45 years old

Statutory homeless: 13-20% main applicant 16-24 years old, 18-40% dependent children, dominant ethnicity varies by borough

Homeless health

Islington Hostel Outreach GP Service Clinical Model

4 x GP sessions per month

- Islington divided into four geographical clusters; Angel, Highbury, Hilltop and Holloway

- Each GP works exclusively with a dedicated cluster of hostels
- GPs visit their cluster of hostels once per month on an agreed day
- Clients can book to see the GP in advance or opportunistically during the visit
- Monthly GP drop-in hub clinic every third Wednesday of the month at Solidarity Hub, Seven Sisters Road

2 x Nurse sessions per week

- Nurse works pan-Islington and supports all GPs with their cluster hostels
- Weekly nurse drop-in clinic every Monday for women at Solidarity Hub, Seven Sisters Road
- Facilitates joint visits with cluster GP to assess street homeless clients

Services provided by our outreach nurse

- ✓ Wound care surveillance and wound dressing
- ✓ Phlebotomy
- ✓ Point of Care Hepatitis and HIV testing
- ✓ Cervical screening
- ✓ Long term condition reviews
- ✓ Routine diagnostic screening (B/P, urinalysis, BMI)

Migrant health

Asylum seekers in Home Office Initial Accommodation Centres (IACs)	Primary Care Locally Commissioned Service to offer initial holistic healthcare assessments for individuals and families accommodated in IACs. Wellbeing support, advocacy and counselling services provided by the VCS within the hotels: - Legal and health access workshops - Wellbeing activities and volunteering opportunities - English classes (ESOL) - Mental health is a key concern Outbreak management and safeguarding support through partnership between ICB and PH LBI Find and Treat service provides COVID testing, vaccination, flu vaccination. Coordinating NCL health response to Home Office Asylum Seeker increases
Ukraine arrivals	Primary Care Locally Commissioned Service to offer initial holistic healthcare assessments for individuals and families
Vulnerable migrants	Mid 2019-20, 8,870 new migrant GP registrations completed in Islington (Source: ONS/Patient register data from NHS digital)

Proposed next steps

	Q1	Q2	Q3	Q4	24/5
System	Complete strategic needs assessment	Develop NCL delivery plan aligning provider, borough and system priorities	Establish accountability arrangements for NCL delivery plan	• Enable shared system learning • Convene discussions on system resourcing new models	
	Stakeholder engagement on high impact system priorities		• Develop network of inclusion health leadership across system • Enable cross borough/system working on priorities		
Place	Develop local priorities through engagement with Place Partnerships and wider Place governance	Contribute to system prioritisation based on local engagement	Implementing Place plans, integrating service offers Drawing down system and provider support		
Providers	Develop organisational responses to IHNA	Identify leadership of cross provider work	Implementing Provider plans and collaborating around place and system priorities delivery		

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Next steps and discussion

The Inclusion Health Needs Assessment supports **Islington's Joint Health And Wellbeing Strategy,** in particular, the programme to improve outcomes for people with multiple and complex needs through partnership working and greater focus on prevention.

We are working with **Islington Borough Partnership** to identify connections with existing programmes of work on addressing inequalities, particularly:

- Improving engagement, healthcare provision and community connection for **asylum seekers** in Home Office accommodation
- Developing approaches for meaningful **co-production** with people in inclusion health groups and learning from previous programmes
- Connections with VAWG services to improve services and support for **vulnerable women in inclusion health** groups

What are the additional opportunities for Islington to use the insights from the IHNA to improve outcomes for inclusion health groups?

What would it be helpful for the system to do around Inclusion Health which would support the borough?

Appendix

1) Phase 1 Rapid Evidence Review Summary
2) Case studies

Homelessness

Includes
- Street homeless community
- Statutory homelessness people meeting specific criteria to whom LA has a duty,
- Single homelessness
- Hidden homelessness

Insight into lived experience and COVID response

- **Women's homelessness** is unique and often 'hidden' compared to men. Women have high levels of support needs and experienced sustained homelessness. Contact with child protection systems were widespread, as were experiences of domestic abuse and poor health.
- **Families with children under 5 living in temporary accommodation** faced a range of health impacts during the pandemic including limited access to primary care, higher hospital admission, poor nutrition, substance use, suicide risk, and other mental health impacts.
- **Barriers to healthcare** include stigma and discriminatory practices by healthcare professionals, lack of trauma informed approaches, limited integration of health and social care services, particularly for people facing multiple disadvantage, fixed appointment times and lack of awareness around GP registration and entitlement to healthcare.
- **During Covid**, people experienced isolation and loneliness, digital exclusion and a lack of meaningful activities to keep them engaged; there was also a need for supported accommodation and additional increased emotional support.

Health service landscape

- Specialist GP provision in all 5 NCL boroughs.
- Haringey Health Inclusion Team (HHIT) and Camden Adult Pathway Partnership (CAPP) provide multi-agency care and support.
- Move on coordination following hospital discharge, part of the NCL Out of Hospital Care Model for improving discharge for people experiencing homelessness
- UCLH Find and Treat service providing outreach Covid-19 and flu vaccination and screening for infectious diseases

Borough	Street homeless community (CHAIN 2020/21)	Statutory Homelessness (2020/21)	HealtheIntent (GP)	NCL LA** (Oct-Nov 2021)
Barnet	282	2,030	77	282
Camden	630	1,098	916	847
Enfield	326	1,905	64	550
Haringey	405	2,383	113	633
Islington	388	1,623	155	533

* LA estimates based on RS, single homelessness and those in temporary accommodation

Single homelessness approaches in Haringey (2018-20)
- Relative to the general population, there were a disproportionately higher number of people ages 18-30 and of black ethnicity
- Residents identifying as female, trans and Black/Black British were likely to be younger compared to their counterparts

Crisis estimates that **62%** of homeless people are **hidden homeless** and 75% have never stayed in temporary accommodation organised by the local authority, nor stayed in a hostel (57%).

Mental health needs	Physical health needs
• Suicide • Bipolar disorder, personality disorder, schizophrenia, PTSD, major depression • Substance misuse	• Lower average age of death; **Average age of death is 30 years lower than the national average**; 46 overall and 43 for homeless women. • Joint & muscular problems, dental issues, chest pain, breathing problems, eye problems, skin and wound conditions

Vulnerable migrants

- Migrant: who leaves their country of origin to reside in another for the purpose of work, study or closer family ties.
- Forced migrants: who has been forced to leave their country of origin due to war, conflict, persecution or natural disaster.
- Asylum seeker: have applied for asylum under the 1951 Refugee Convention on the Status of Refugees on the grounds that they have a well-founded fear of persecution should they return to their home country.
- Refugee: status of refugee has been conferred under the 1951 Refugee Convention on the Status of Refugees.
- Undocumented migrant: who has entered the UK in a forced or unforced manner but has lost or never obtained the right to residence.

Barriers in accessing healthcare nationally

In the UK, all asylum seekers, refugees and victims of modern slavery/human trafficking are entitled to primary care NHS services free of charge. However many face barriers to access including:

- Denial of GP registration if applicant does not have identification or proof of address
- Transport costs
- Language barriers and digital exclusion
- Lack of understanding or knowledge of their health rights and healthcare system
- Fear of arrest or immigration enforcement if they access healthcare services.
- Trauma triggers that may not be considered when providing healthcare.

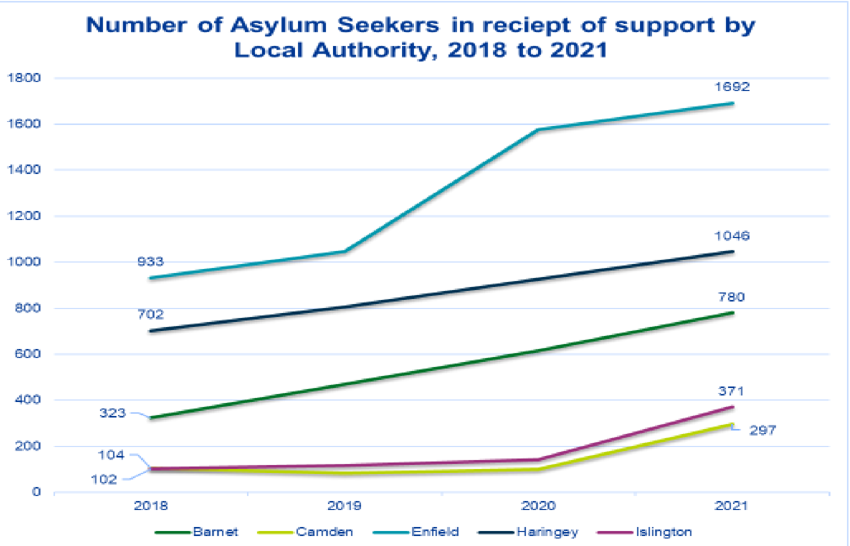
Mental health needs

- Depression, anxiety, PTSD, psychotic disorders
- Additional negative impact for those in contingency hotels: lack of social spaces, repeated Covid lockdowns without opportunities to take part in meaningful activities, feeling isolated and lonely in confinement, with some reports of residents self-harming or experiencing suicidal ideation

Physical health needs

- TB, Hep B & C, HIV; other communicable diseases
- Diabetes; Cancer diagnosed at later stage
- Poor perinatal outcomes

The number of asylum seekers in receipt of LA support has risen in all NCL boroughs



Source: MHCLG Resettlement Statistics

Among asylum seekers that are not part of the Afghanistan or Ukraine responses:

- 84% are male
- 85% are between 18-64 years old
- 11% are of school age, predominantly primary and early years
- Kurdish, Arabic and Farsi are the most common languages spoken

Service landscape

- Primary care healthcare assessments for adults and children arriving from Ukraine and asylum seekers accommodated in Home Office accommodation
- UCLH Find and Treat team providing Covid vaccination and screening for infectious diseases in Home Office accommodation
- Data available form NHS digital Patient Register reports that there were a total of 43,176 new GP migrant registrations between Mid-2019 and Mid 2020 across NCL.

Gypsy, Roma and Traveller community

North Central London Integrated Care System

Romany Gypsies, Irish Travellers and Roma People are recognised in law as being an ethnic group protected against discrimination by the Equality Act 2010.

Additionally Travelling show people, New Travellers and Liveaboard boaters may have a nomadic lifestyle.

Barriers in accessing healthcare
Nationally, among Gypsy and Traveller communities:

- GP registration rates are low, between 50-91%, with some evidence of higher rates of use of A&E services
- This is often related to lack of proof of identity and permanent address, low literacy, language barriers and fear of stigma and discrimination.
- Compared to the general population, they are less likely to visit the practice nurse, a counsellor, chiropodist, dentist, optician or alternative medical workers, or to contact NHS Direct or visit walk-in centres than their counterparts.

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Mental health needs	Physical health needs
Anxiety, depression Suicide	Lower life expectancy, fewer years in good health LTC or disability Poor birth outcomes & maternal health Low childhood immunization

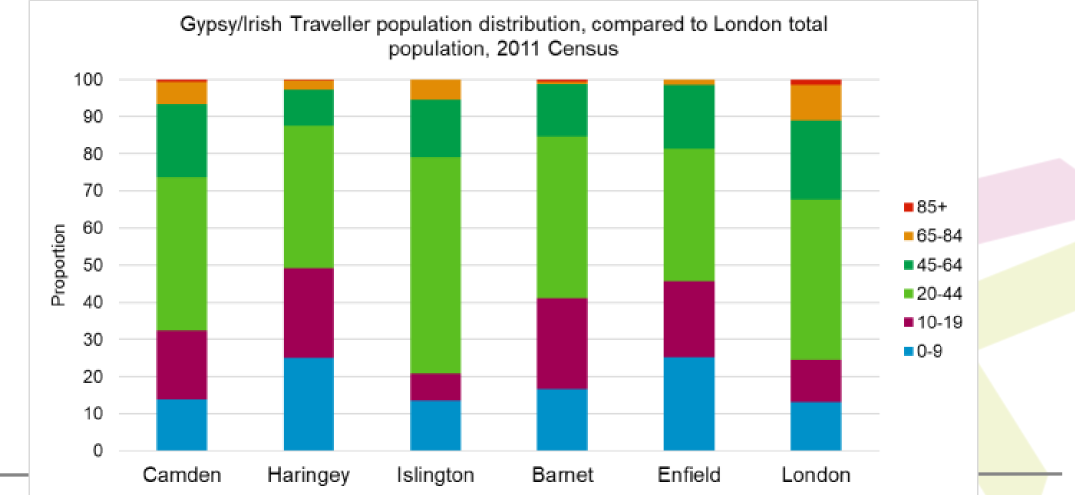
Service landscape

- Over a third of GP Practices have signed up to be Safe Surgeries, registering individuals without requirement of ID and address

Gypsy and traveller population

Borough	2011 Census	GP Registered (HealtheIntent)	Traveller caravan count (2018 – 2021) MHCLG
Barnet	151	421	11
Camden	167	69	39
Enfield	344	784	0
Haringey	370	1,113	43
Islington	163	82	0

- In NCL, the majority are aged between 20-44 and compared to London, there is a higher proportion of under 19s in all boroughs apart from Islington.
- The 2011 census shows that 88% of Gypsy and Travellers were born in the UK and 74% currently reside in bricks and mortar.
- It has been estimated that there were at least 197,705 migrant Roma living in the UK in 2012



Source: Census 2011

Sex workers

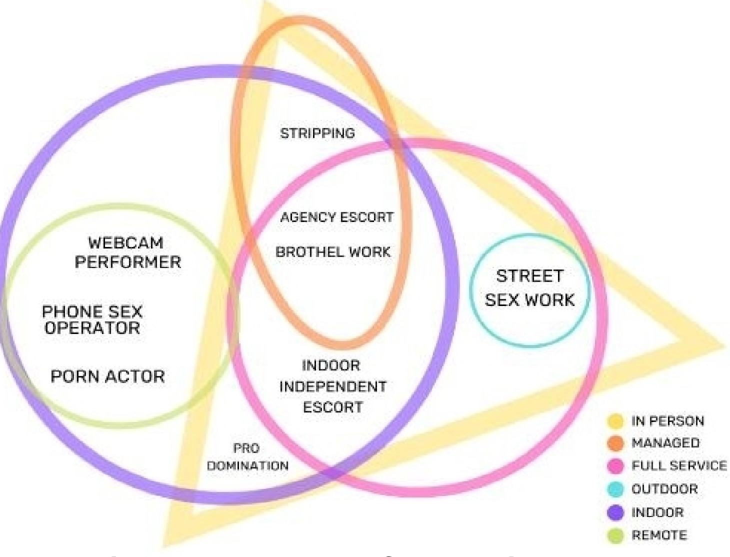
The term "sex worker" refers to any person who provides sexual services in exchange for money or other basic necessities such as food or shelter. This includes direct sex work, survival sex work and indirect sex work.

Demographics

No local estimates available; from October 2020 to March 2021 (Q3/Q4) sexual health services (Haringey) engaged with a total of 86 sex workers through their clinics and outreach, as well as 137 on-street workers

London demographics show that

- Approximately 32,000 of sex workers are estimated to work in London. London has a higher proportion (30-40%) of male and trans sex workers. Many are from Latin America and are more likely to have completed higher education.
- A study conducted by the Hackney Open Doors service found:
  - **On-street workers**: Mostly female of white, black, or mixed UK heritage; local borough residents, age 25-45, often struggle with homelessness, substance misuse, and poor mental health.
  - **On street migrant workers:** Mostly female Eastern European, mobile across London, living in HMOs, age 19-35, less likely to struggle with drugs, but often experience immigration issues and language barriers
  - **Off-street:** Mostly migrant, more likely to be male or trans compared on on-street workers, mix of nationalities depending on changes in visa restrictions.



Intersections across types of sex work.

Barriers in accessing healthcare nationally

- Fear of stigma and discrimination leading to avoidance of care or not disclosing their work status.
- Fear of prosecution and zero-tolerance policies
- Gender insensitivity, particularly for trans sex workers
- Lack of flexibility around appointment times
- GP registration. Data on GP registration varies, with some services reporting low-levels of registration (especially among sex workers experiencing homelessness), while others point to relatively high GP registration
- Sexual health and substance misuse services were perceived to be the most accessible, and mainstream general practice and mental health services less accessible. Sex workers are likely to present with severe health needs in A&E settings

Health Need	UK	Migrant	Common to Both
GP Registration			✓
Contraception			✓
GU Screening			✓
Termination of pregnancy		✓	
Pregnancy Tests			✓
Dental Services	✓		
Skin conditions, abscesses, cellulitis	✓		
Domestic Violence Injuries	✓		
Mental Health Needs	✓		
Opiate substitute prescribing	✔		

Common health needs among London sex workers by place of birth

People with a history of imprisonment

- A person with a history of imprisonment, or a person with a history of contact with the criminal justice system are preferred terms for individuals who have spent time in dentation or custody.
- Individuals with experiences of a variety of criminal justice institutions, including
  - Prisons (both private and public)
  - Young offenders institutions
  - Secure colleges or secure training centres
  - Parole or probation protocols
  - Immigration Removal Centres (IRCs)

Demographics

No local estimates available; 80K currently in prison in the UK

National demographics data shows that:

- 96% are male
- Nearly a third are 30-39 years old (32.7%), however older people are the fastest growing group among the prison population, with 17% already being over 50 years old.
- 46% re-offend within a year of release
- Most are sentenced for less than 12 months (74%), with almost half (43%) sentenced for less than 6 months, though they will still experience the negative effects of incarceration on health.
- Compared to the general population, those with a history of imprisonment are:

20x more likely to have been excluded from school

13x more likely to have been in local authority care

13x more likely to be unemployed

And 50% have low literacy levels

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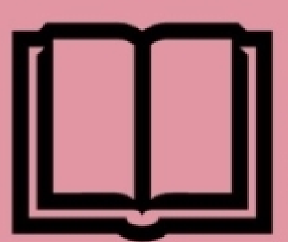
Mental health needs	Physical health needs
• Suicide, suicide attempt and self-harm rates • Personality & psychotic disorders • Substance misuse	• Mortality • TB, Hep A, B, C, syphilis, HIV • Chronic illness

Barriers in accessing healthcare nationally

- **Fear of stigma and discrimination**
- **GP registration**, with 50% lacking a GP on release[10]
- Inadequate **mental health services** both in and post prison
- **Lack of continuity of care** once leaving prison:
  - Particularly for drug treatment, methadone maintenance and dental health
  - Because of this gap in care and the huge level of vulnerability post-prison, in terms of physical health, time in prison may almost act as a protective factor, with health likely to deteriorate further upon release[3]
  - Sexual health is an exception, with robust pathways between prison and specialized services leading to an uptake of STI testing and treatment



Research into '*Adverse Childhood Experiences*'[2] and neuro-adversity[3] identifies common risk factors between poor health and criminal justice outcomes

Sources: [1]Reading Borough Council's Troubled Families Programme; [2] Bellis et al. BMC Medicine 2014, 12:72; [3] Office of the Children's Commissioner for England, 2012. Nobody Made the Connection: The prevalence of neurodisability in the youth justice system

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Islington Public Health
222 Upper Street, London N1 1XR

Report of: Director of Public Health

Meeting of: Health and Wellbeing Board

Date: [4 July 2023]

Ward(s): All

Subject: Health Determinants Research Collaboration (Evidence Islington)

1. Synopsis

1.1. On the 8th of November 2022 the committee received a paper on Islington Council 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.

1.2. The NIHR conditionally approved implementation of a full five-year HDRC in Islington starting October 2023, subject to delivering an agreed programme of development activities over the next year.

1.3. Our interim programme of development progress report (submitted 31 March) had encouraging NIHR feedback (dated 5 May) having noted that much progress had been made in relatively short timeframe.

1.4. The NIHR is scheduled to carry out a review of the Islington Council's progress of the Work Programme on or about the first anniversary of the Contract. NIHR have brought forward the first anniversary reporting timeline by 3 months, to 1 July 2023. As a result of the findings of this forthcoming review, the Authority shall either: confirm the continuation of the Contract for the remaining term; or not, in accordance with contractual arrangements.

1.5. Further to our previous 14 March 2023 presentation to the Health and Wellbeing Board, this paper provides further progress on the action plan agreed between NIHR and LBI during the course of the developmental year.

2. Recommendations

2.1. To note the progress made against the development year activities.

3. Background

3.1. 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.

3.2. If successful, pending the outcome of the development year review, in attaining the Full-HDRC status, Islington Council would receive further 5-year funding (of £4,999,663), totalling up to £5,233,552 for the 6-year period including the development year.

Developmental year programme support and branding

3.3. We have been working with Islington communications department and Healthwatch Islington to create a more accessible brand and name for the HDRC.

3.4. Evidence Islington (EI) is our working title for the HDRC.

3.5. A page about EI has been set up by Healthwatch What is Evidence Islington? | Healthwatch Islington, which succeeded in recruitment of 14 Islington residents who are part of a co-design group and have commenced monthly meetings to create the resident engagement and dissemination strategy for 2023-28.

3.6. A webpage describing the overall EI initiative, including the resident co-design group, is now on the Islington council website, the webpage has gone live: Evidence Islington | Islington Council

Progress on developmental year activities

3.7. Table 1 outlines the areas identified by the NIHR as requiring further development, alongside the agreed activities and outputs required for evidence of successful delivery.

Table 1. Development year goals and progress (reference NIHR151399)

Development year goals	Planned activities (July to September 2023) to respond to feedback	Progress (April to June 2023)	Agreed outputs by September 2023
1. Further development of some aspects of strategic leadership, governance and operating model for the local HDRC	Undertake further consultations with elected councillors, senior council officers, Health & Wellbeing Board, and other relevant committees such as Scrutiny Committees, to further engage on and explain the aims and objectives of the HDRC and use these discussions to strengthen political buy-in to our strategic direction and priorities. In light of these discussions, we will review the current proposal and it may lead to refinements to proposals for our engagement, governance and dissemination plans. **July '23-September '23 Plan** 1.6 Focused member event round table showcasing data & evidence/research opportunities (Census 2021, cost of living, quality of housing & health) and consulting our plans on communication and engagement for the full HDRC. 1.7 Housing management team focused discussion on evidence-based approach to housing. The purpose of this meeting will	We have made significant progress in socialising the HDRC in the organisation over the past months. We have presented the purpose and aim of Islington HDRC to Islington's leadership network (see point 1.1) and conducted some targeted engagement with political members at a fresher's fair (see point 1.2). We have also been working with senior members of the housing management team on developing further insight and research ideas on quality of housing, specifically looking at overcrowding and damp and mold (see point 1.3). These engagement sessions have led to further planned sessions with members and the Housing Management team to have focused discussions about the HDRC (see 1.4 and 1.5). A paper to the Islington Together Board will be taken in July to discuss the governance of the HDRC and how we strengthen our approach to data and evidence (see 1.6). We are piloting different engagement mechanisms with partners/members through development year member events, activities and networks – to feed into developing the HDRC engagement and communication strategy so that it will have input from members, partners inside and outside of LBI. 1.1 Data & Insights Marketplace, 20th of April – n= 85. The event was attended by leaders (Heads of Services and above) across the organisation representing all departments. The event consisted of 2 keynote speeches, one of which was about the HDRC attendees were encouraged to visit the different stalls showcasing data and the HDRC in a "speed dating" style set up so that senior LBI leaders could engage with and learn how we are using data & evidence in many different ways. We also collected data on the day	A summary document of feedback from engagement produced, with indicated changes. If indicated from the feedback: A revised governance structure of HDRC will be presented, setting out how delivery and development of the HDRC will involve and engage elected members and operate across the council. A refined set of aims and objectives of the set of HDRC priorities to ensure that the HDRC and LBI plans continue to be aligned The communication and engagement plan for the delivery of the HDRC with elected members.

	be to collectively engage the housing management team in the various research strands involving housing and test ways of working in terms of building up evidence/research approach for housing. 1.8 Islington Together Board (Islington's 2023 Plan) presentation and discussion (original March 2023 meeting rescheduled to July 2023). Revised governance structure (draft version attached) pending discussion at Islington Together Board 1.9 Update to Health & Wellbeing Board in July - chaired and supported by Executive Member for Health and Care and the Leader of the Council.	from participants on their thoughts around the use of data and evidence in the organisation and gaged interest from colleagues who would like to be involved/know more about the HDRC through a live Slido poll and evaluation of the event. 1.2 Freshers Fair (n= 20 attendees including ward councilors, members and executive members to provide them with a flavour of what directorates do and other capabilities in the organisation. Stall on data & insights with HDRC information, which gave us the opportunity to speak directly with councilors about their evidence needs and how HDRC could support their work. They asked questions about community safety, including differences between trends in reported crime and perceptions of safety, childhood obesity, air pollution, sustainability, exclusions, physical activity and social options for young people, including lively discussions about data availability and quality to inform resource allocation decisions (based on a current, high-profile consultation about changes to a local leisure centre). 1.3 Health & Wellbeing Board (scheduled 4 July 23) - chaired and supported by Executive Member for Health and Care and the Leader of the Council 1.4 Diverse Communities Health Voice (DCHV) meeting (19 June 2023). DCHV is a partnership of 12 organisations working with minoritised communities. They are seen as an intrinsic partner in supporting LBI-HDRC to reach inclusively out into our communities. 1.5 Focus on housing and health research. We have had meaningful conversations with the Director of Housing Needs and Strategy on supporting several of the directorates' workstream using a data and evidence approach. These have resulted in support on the development of a questionnaire regarding overcrowding and some specific research on overcrowding and wellbeing alongside working with the NHS in developing a proposal for linking housing and health data. An internal communications plan is being developed to aid the organisation in understanding what the HDRC is and how it will help the organisation to deliver its ambitions on creating a fairer Islington.	
2. Developing a monitoring framework	ARC North Thames have shared their data capture systems and processes and to provide mentoring at leadership and strategic (Raine) and operational (Galea Holmes and Edwards) levels to assist us	We have developed a monitoring plan and data collection form for the development year (interim 6-month report dated 31 March 2023 refers). Progress against objectives in the plan and data on engagement are discussed at fortnightly meetings. More detailed review of progress and strategic direction are conducted through in-person meetings held every 2 months.	A monitoring and performance management plan, including how to capture data on progress, will be produced for when we become a full HDRC. This will be linked to our evaluation plans and also include more defined

	in developing performance metrics and monitoring framework. July '23-September '23 Plan 2.1 To develop a full Programme Monitoring & Evaluation Framework, inclusive of VCS collaborator and HEI partners, to include the Full-HDRC programme planning which will be validated, and where applicable updated, on an annual basis 2.2 This will follow once each workstream team has revisited the Full-HDRC business plan to update the sections incorporating adjustments from the lessons learned during the development year activities, which will feed into the performance monitoring and evaluation framework. If funded, trajectory is to 2.3 identify the need for project management training to all core staff (ie away from Excel to MS Projects) 2.4 Align capacity and culture measures to measures used in other HDRCS to enable comparison between areas as well as over time in Islington Establish the development-year rudimentary baseline by 2.5 Schedule first HDRC staff survey to align with timing for all staff survey, which will follow developments in LBI (I.e. with sufficient time for changes in leadership to take effect)	Once we have confirmation of full-HDRC, we intend to develop a five year detailed project plan (microsoft project) which will inform and refine our evaluation objectives and evaluation plan for the full HDRC. Our programme manager has explored various project management options for use in the full HDRC and their alignment with ways of working in Islington, including whether staff regularly use a particular PM methodolgoy and software, whether they have the training and so on. She has identified the need for more sophisticated approaches to MS Excel, to one that will identify parallel and/or sequential workstreams (ie task dependencies), manage resource allocation (financial and HR for respective workstream) which will enable us to monitor the 'critical path' (the strategic critical tasks) to mitigate risks, track milestones and address arising issue(s) in a timely manner. We have concluded that Microsoft Project best meets our needs. We intend to develop the full HDRC monitoring framework using Microsoft Projects and populating this will begin once we are given the green light for progressing to a full HDRC.	measures of performance management, in line with ARC recommendations.

	2.6 Make use of LBI's quick polling technology capability for targeted 'pulse checks' on specific HDRC initiatives		
3.Co-produce the community engagement and dissemination activities with residents and VCS groups and widen engagement and awareness from elected members	In the development year, we proposed to co-produce the community engagement and dissemination activities but ensure that they are aligned with the Council's PPIE strategy. We also plan to widen engagement and awareness from elected members, residents & VCS groups. We will convene and support regular sessions with a core group of ten residents and VCS to develop co-produced engagement and dissemination activities. Together, we will look at ways which will best work with community groups and residents to be involved and actively contribute to the HDRC, and what types of dissemination strategies are most effective for different groups. Second, we will undertake a programme of awareness raising and engagement on the proposed HDRC activities, including some translation considerations and innovative capturing of workshops (through eg visual scribing). These discussions will centre on what is an HDRC, why does it matter to residents, and how it might benefit them. These sessions will offer the opportunity to bring the co-produced strategy to a wider group for additional ideas and feedback. **July '23-September '23 Plan** 3.5 Continue monthly co-design meetings (17th July, 21st August & 18th September) to continue to develop and test the PPIE	3.1 Established a mixed and engaged co-design panel with 12 residents. 3.2 Run the first three monthly sessions (17th April, 22nd May, 19th June), which have focused on the group getting to know each other and establishing ground rules for inclusive participation, understanding EI and explaining it in their own words, brainstorming ideas for ways in which residents can be involved in EI (based on resident-identified 'hot topics': housing, safety and parking), learning about the current composition of the borough (through a 'Who is Islington' quiz with updated demographics from the latest Census data), brainstorming ideas for way to reach subgroups who are underrepresented in previous council engagement and preparing for an upcoming discussion with council housing staff about how evidence is used to inform decision-making. Since June, several co-design members are helping to develop the agenda for the monthly group meetings, as we work towards co-production. Several recuring questions have been consistently raised by the co-design group i) what has been done with feedback they have provided in previous consultations, ii) how evidence leads to action and iii) who has the power to influence what types of change – for example, differences across council tenants, those living in housing associations and private renters. As a result, we are planning to test this out with housing colleagues (a topic the group frequently refer to) – to run a pilot 'evidence to action' discussion where residents can interact directly with decision-makers about an issue that is important to them, hear firsthand what the council has more and less influence over, reflect on how evidence is used and advise how the council can better communicate with different groups of residents. We are thus testing out components of the strategy as we are developing the plan itself. As a result of the initial three months with the co-design group, we have adapted our approach in 3 key ways:	An HDRC PPIE and dissemination strategy will be co-produced, updating our proposed engagement, involvement and dissemination activities and methods with VCS and residents Compile a directory of residents and organisations who we engage with during the development year who express an interest in being involved in the full HDRC to enable us to start recruitment at the start of Year 1.

	strategy and discuss options for the group from October onwards. 3.6 Finalise the EI PPIE strategy and action plan to support the 5-year HDRC 2023-28	I. Shifted the orientation of the strategy from engagement and dissemination to a much stronger emphasis on channels of influence and pathways from evidence to action II. Identified the need for both an overarching strategy and a more detailed action plan that is grounded in resident experiences of areas that are particularly important in their daily lives (e.g. housing, safety and transportation) III. Identified the value of continuing a co-design group beyond the development year and the opportunity to work more closely with the umbrella VCS organisation in the borough: Voluntary Action Islington (VAI) as a way to reach more residents and VCS 3.3 Convened a workshop (13th June) with members of the Diverse Communities Health Voice (DCHV) network (12 VCS organisations). In the development year we are seeking DCHV leads views on our wider engagement strategy. They will incorporate their ideas into the PPIE strategy, specifically feed in on how we can ensure that people from specific ethnic minorities and people with disabilities can be supported to be heard, involved and made aware of Evidence Islington. 3.4 Meet monthly with LBIs Engagement team to align their strategic ambitions with the HDRCs, and to enable learning to be shared across. For example, LBI are planning a Citizen Group to input into the Net Zero strategy, and they are using an independent organisation to recruit a representative sample. LBI have also launched an online consultation presence (https://www.letstalk.islington.gov.uk/), in which residents are asked if they would like to be contacted in the future for other consultation/engagement activities. To date 272 residents have consented into this process, and we will use this database with our EI recruitment for the 5-year HDRC PPIE plans.	

4.Undertake pilot work on the data challenges including the ethical and practical considerations.	In the developmental year we will undertake a scoping review of ethical considerations and good practice in using primary and secondary data for analytics and decision making. This review will inform the setup of the ethics function in the full 5-year HDRC. The plan we outlined in our HDRC bid to link datasets across council systems depends on good quality data. To provide evidence on the methodological feasibility of the plans we proposed in our HDRC, we will use the developmental year to conduct an audit of the main council data sets to understand 1. completion rate of the main inequality characteristics for residents in the main council systems. This will provide us with insight into the extent to which we can confidently analyse data by inequalities. 2. which council systems do not have a unique property reference number (UPRN) that allows linkage at a household level across different datasets We will also complete a data privacy impact assessment on a test use for linking different council datasets at a person level and household level to understand the potential methodological challenges. July 2023 – September 2023 Plan **Data linkage:** Submit a DPIA on the proposal to link housing and health data to the Information Governance Committee in North Central London, with representation from Council Information Governance.	Review of ethical considerations: In February we received UCL Ethics Committee approval to conduct the review of ethics processes in approx.15 LAs. in collaboration with colleagues from Cornwall and Middlesborough Councils. Data collection is currently ongoing and planned to conclude in July, with preliminary findings due to be presented at the Research Ethics Association Conference in Bath, 7th July 2023, and discussed Local Authority Public Health Research Network 3 July. We have continued to strengthen cross council ethics review processes through periodic working group sessions with members from the Information Governance and Participation & Engagement teams and a series of dedicated sessions with Children's Services to discuss processes when other departments are engaging under 18s. We presented the ethics review process to an expanded council-wide engagement leads group on 6th June and are currently recruiting staff to serve on a peer review panel that will trial bimonthly meetings to provide joint review and feedback on new projects. This is a shift from the previous informal process, which only involved 1 reviewer, with review timelines dependent on that person's schedule. Alongside the council's IG lead, we will present and discuss data protection and ethics review processes at the next participation and engagement community of practice meeting to increase awareness across the council, particularly for staff whose roles are not dedicated to but involve resident engagement. Unique Property Reference Number: Digital services team have identified 49 applications that have people and/or address data. 12 have been identified as having no UPRN field and will be prioritised for improvement. These include systems related to children and adult social care. Data Linkages: We have agreed to prioritise the feasibility of linking data on quality of housing with health data. A proposal on this linkage was presented to the NCL population health management group on the 24th of May 2023 and supported by Islington Housing Management Team. The proposal is to link a set of housing data variables to health data in HealtheIntent, NCL's population health management system, to be able to discern prevalence of conditions exacerbated by damp and mould such as respiratory conditions, in LBI properties.	A review of ethical considerations and good practice in use of data in the public sector. A plan to locally address key ethical issues from the review and how they relate to existing council processes, including data protection and equalities impact assessments (DPIA, EQIA). A report detailing the main council systems and the proportion of records in these systems that have a unique property reference number (UPRN). A plan to attach UPRN to records that do not have one and a proposal of how these systems can be kept up to date. A report detailing the rate of completion of equalities characteristics fields for individual records in main council systems and considerations of how this could be improved, depending on findings. A data linkage and analytical plan for a test use case e.g., to understand extent of overcrowding or

	UPRN audit. Complete the UPRN audit and cost of implementation of improvement to systems without UPRN.	Equality Characteristics: An audit of equality characteristics on the main council systems on completion of fields for ethnicity, disability and religion has been completed. A key finding is that where equality characteristics are mandated for a statutory return the field has a high rate of completion compared to very low completion rates for non-mandated collection. The next steps will be to prepare a report on how the collection of these protected characteristics could be improved. The report is likely to make recommendations on 1) training for frontline staff on the purpose and benefits of collecting these data 2) Annual audits on completion of equalities data from main people facing council systems/services and 3) Promoting the benefits and purposes of equality data collection amongst residents	financially vulnerable residents in the borough

4. Implications

4.1. Financial Implications

4.1.1. There are no financial implications arising from this report. The measures and recommendations proposed in this report are not currently quantifiable. Any recommendations from this report, if adopted, will need to be expanded upon and reviewed with the financial implications assessed.

4.2. Legal Implications

4.2.1. There are no legal implications resulting from this report.
It is recommended research is shared with participants of any research which is outside of the remit of this report and for future consideration.

4.3. Environmental Implications and contribution to achieving a net zero carbon Islington by 2030

4.3.1. The implications of any recommendations are outside the remit of this report.

4.4. Equalities Impact Assessment

4.4.1. An Equalities Impact Assessment is not required in relation to this report. It describes an overall research and development plan and a number of actions to develop the plan over the coming year. Actions that require an Equalities Impact Assessment will be assessed accordingly as part of their development and implementation.

Final report clearance:

Signed by:

Jonathan O' Sullivan, Corporate Director of Public Health

Date: 20nd June 2023

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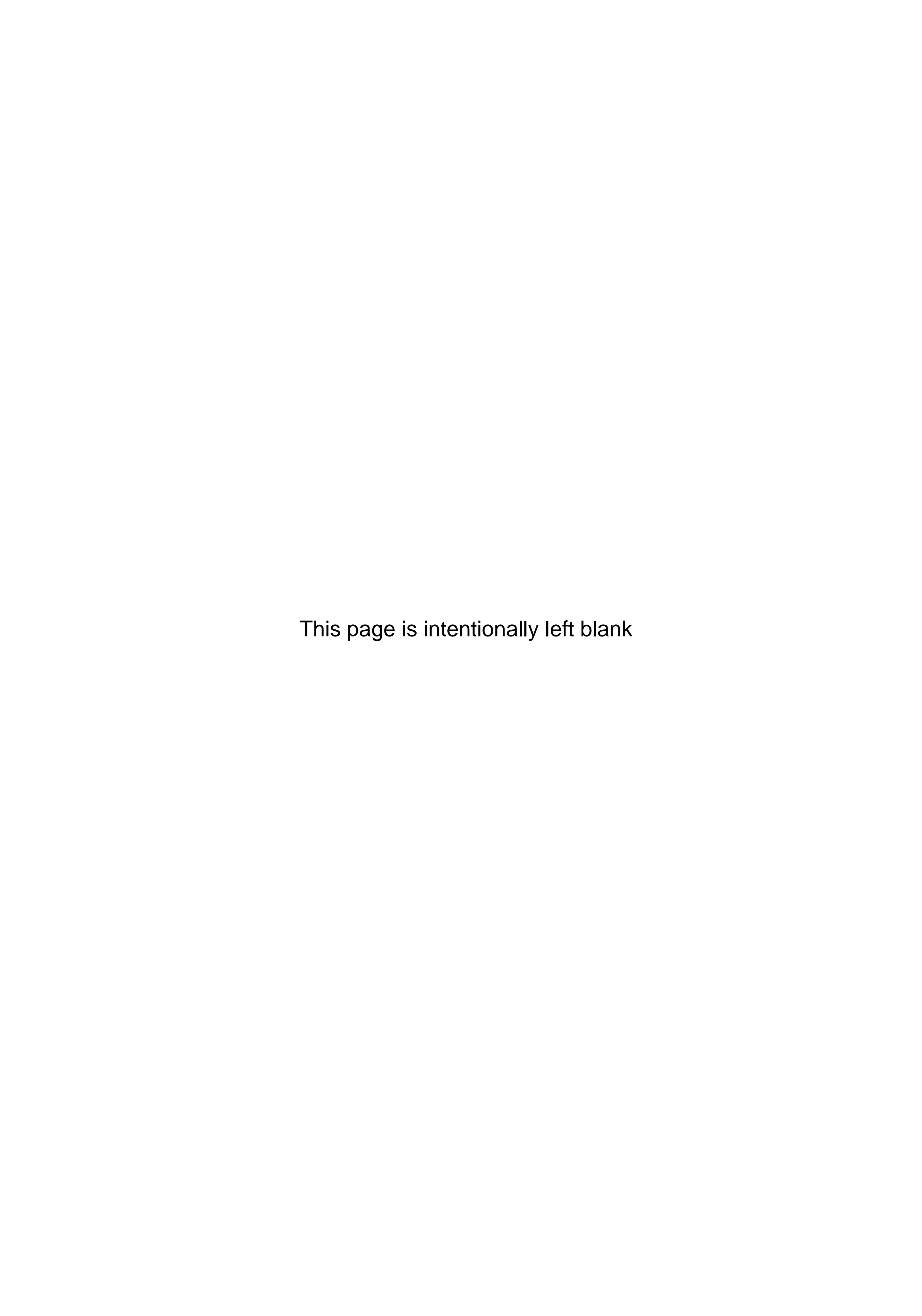
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Public Health

4th Floor, 222 Upper Street, N1 1XR

Report of: Director of Public Health

Meeting of: Health and Wellbeing Board

Date: 4th July 2023

Ward(s): all wards

Subject: 1. NCL Delivery Planning - Population Health Strategy

1. Synopsis

This report and attached slideset summarises emerging thinking regarding delivery planning for the Population Health & Integrated Care Strategy. System-ownership will be at the heart of this work therefore the detail in this pack should be seen as early stage proposals with the aim to socialise and refine with system partners.

Following endorsement of the NCL Population Health & Integrated Care Strategy, a significant amount of work is now underway to develop initial thinking for the NCL Delivery Plan – this will be the system delivery plan for the strategy which outlines how all partners across NCL will align to deliver the strategy across the three planning horizons.

Alongside the NCL Delivery Plan, we are continuing work to update the NCL Outcomes Framework and set appropriate ambitions that we want to achieve, aligned with the milestones in our planning horizons. Delivery should ultimately focus on improving services and outcomes for residents therefore this Outcomes Framework will play a central role in monitoring our Delivery Plan and bringing the different elements of the plan together.

The NCL Delivery Plan should ultimately provide tangible and realistic delivery plans that partners across the system will understand and support – it should articulate the work going on across NCL which will deliver the ambitions of the strategy whilst providing clarity about priorities.

The proposed delivery planning approach is built from three key inputs:

- Delivery areas – Our principles guide all of the work we do however we need an approach to focus on areas where we can make the greatest impact. We have identified areas for delivery which will enable us to do this. Our third delivery area is ‘key communities – Children and Young People’ which focuses on young communities in NCL who experience greater health inequalities and poorer outcomes.
- Levers for change – Developing the context and conditions across NCL to shift towards population health and integrated care.
- Inflight transformation programmes – Our inflight transformation programmes are foundations for population health improvement and form a key component of delivery planning.

Given the broad nature of the strategy, successful delivery should encompass both existing and new work to be delivered at system, place and a combination of the two.

With this in mind, the three key inputs to delivery planning (levers for change, delivery areas, inflight transformation programmes) have been grouped into three proposed approaches.

Sitting across these three elements, and linking the work together, should be the NCL Outcomes Framework which will be central to monitoring the Delivery Plan.

- System-leaning – This work will largely be NCL-wide and create the context and conditions for our new ways working. The approach will consist of prioritising deliverables and establishing system ownership to oversee delivery
- Inflight Transformation Programmes – Defining what it means for a programme to align and speak to the strategy will ensure population health is ingrained in all we do. The approach will consist of a ‘test and learn’ approach with a series of programmes to explore what alignment means and capture the learning in a systematic way.
- Place-leaning – This work will largely be driven by the five developing Borough Partnerships in NCL. The approach will consist of mapping existing workplans against place-leaning priorities to identify opportunities for further ambitions.

2. Recommendations

We are asking for feedback from NCL ICS system partners on our approach to delivery planning:

- We need to consider the wider engagement that will be required in order to shape the delivery plan. Which forums/ stakeholders will need to be involved as part of this process?
- In addition to engagement, how should we ensure the delivery plan is system-owned with shared responsibilities across partners?
- How do Islington HWBB colleagues want to be engaged as work continues to develop the NCL Delivery Plan?

- Are there any further comments from the Islington HWBB to inform and shape the emerging thinking regarding delivery planning?

3. Background

The NCL Population Health & Integrated Care Strategy outlines our response to the growing health needs of our local population in NCL and to evidence of widening inequalities. We take stock of system pressures and opportunities in the national context that support a new approach to collaboration by health, care, the voluntary sector and wider partners. It begins defining how we work best across the whole NCL system, at Borough Partnership and neighbourhood levels to improve population health through a collective focus on prevention, early intervention and proactive care.

Following endorsement at the ICP, work is ongoing to develop the NCL delivery plan which will outline how the strategy will be delivered across the three planning horizons laid out in the strategy.

The NCL Population Health & Integrated Care Strategy sets the strategic direction across NCL in order to focus on population health improvement.

The NCL Delivery Plan will provide further detail on the programmes, projects and activities that will contribute to the priorities identified in the Population Health & Integrated Care Strategy. As our work continues, we anticipate that this will shape how all partners deploy their resources and assets to improve the health and care wellbeing of our residents.

4. Implications

4.1. Financial Implications

There are no financial implications arising from this report. The measures and recommendations proposed in this report are not currently quantifiable. Any recommendations from this report, if adopted, will need to be expanded upon and reviewed with the financial implications assessed.

4.2. Legal Implications

Nil, the implications of any recommendations are outside the remit of this report.

4.3. Environmental Implications and contribution to achieving a net zero carbon Islington by 2030

Nil, the implications of any recommendations are outside the remit of this report.

Elements of the strategy (for example delivery of the NCL Green Plan within the ‘Collaborating to Tackle the Root Causes of Poor Health’) aim to improve sustainability in health and care delivery.

4.4. **Equalities Impact Assessment**

4.4.1. The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

The focus on reducing inequalities throughout this strategy is anticipated to bring inequalities into sharp focus so as to ensure that population groups known to experience inequalities are considered as part of the planning process and resource allocations consider the needs of different populations.

5. Conclusion and reasons for recommendations

The North Central London Population Health and Integrated Care Strategy has been developed across partners. The strategy ultimately represents a significant change in how services are planned, delivered and work collaboratively to improve health, tackle longstanding health inequalities and support integrated care to meet the needs of residents and patients. This report and accompanying slide set are designed to support the next phase of work to develop an action plan which supports this transformational change.

Appendices:

- Final full and short versions of the Population Health & Integrated Care Strategy (link here).
- NCL Delivery Planning

Background papers:

N/A

Final report clearance:

Signed by: Amy Bowen, Director of system improvement, NCL ICB

Date: 16th June 2023

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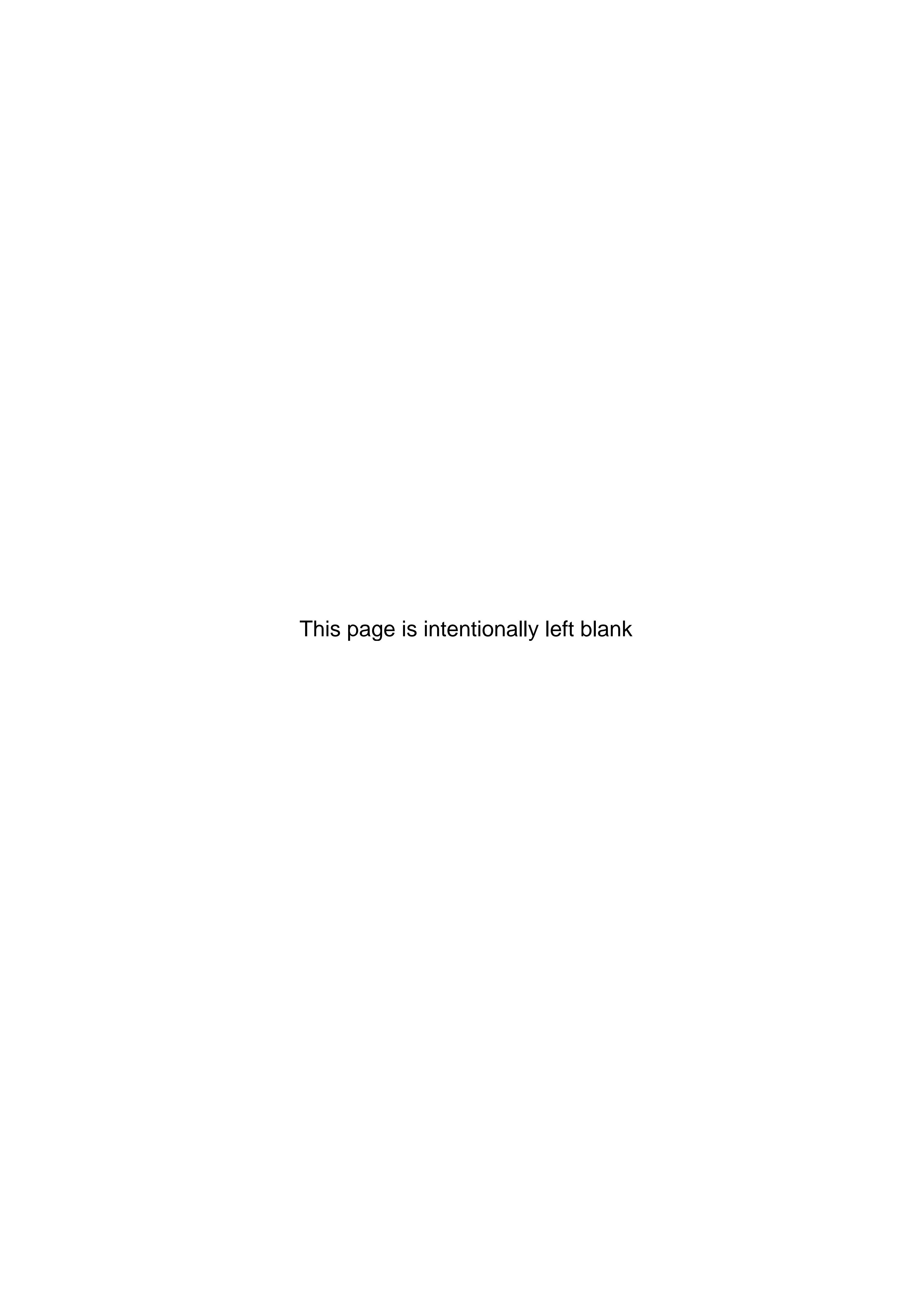
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NCL Delivery Plan – Update

Islington Health & Wellbeing Board

4th July 2023

OFFICIAL

DRAFT IN DEVELOPMENT

Summary and purpose of this pack

- This pack summarises emerging thinking regarding delivery planning for the Population Health & Integrated Care Strategy.
- Following endorsement of the NCL Population Health & Integrated Care Strategy, a significant amount of work is now underway to develop initial thinking for the NCL Delivery Plan – this will be the system delivery plan for the strategy which outlines how all partners across NCL will align to deliver the strategy across the three planning horizons
- System-ownership will be at the heart of this work therefore the detail in this pack should be seen as early stage proposals with the aim to socialise and refine with system partners.
- The ICP Board, on the 11th of July, forms a key milestone in our journey to ensure shared accountability for delivery of the strategy, where we aim to establish a system consensus on the delivery planning approach.
- As we approach this board, we are sharing emerging thinking to building the NCL Delivery Plan with a wide range of stakeholders, including Health & Wellbeing Boards and Provider Trust Boards. We are also utilising opportunities to discuss and refine the approach with senior leaders across the system.

DRAFT IN DEVELOPMENT

Wider context for delivery

- Alongside the NCL Delivery Plan, we are continuing work to update the NCL Outcomes Framework and set appropriate **ambitions** that we want to achieve, aligned with the milestones in our planning horizons. Delivery should ultimately focus on improving services and outcomes for residents therefore this Outcomes Framework will play a central role in monitoring our Delivery Plan and bringing the different elements of the plan together.
- We recognise that areas of work that will constitute the NCL Delivery Plan are at varying stages of maturity and our approach to planning will need to take this into consideration
- The **system remains extremely challenged**, including facing operational pressures and financial constraints – both within and across partner organisations. Within this context, delivery of the strategy should focus on the complex interdependencies that we need to work through as a system to make the shift the strategy calls for.
- The task of meeting the ambitions of the strategy alongside delivering work already underway (which will support the delivery of the strategy in due course, e.g. the ICB Change Programme) should not be underestimated
- The NCL Delivery Plan should ultimately provide tangible and realistic delivery plans that partners across the system will understand and support – it should articulate the work going on across NCL which will deliver the ambitions of the strategy whilst providing clarity about priorities

DRAFT IN DEVELOPMENT

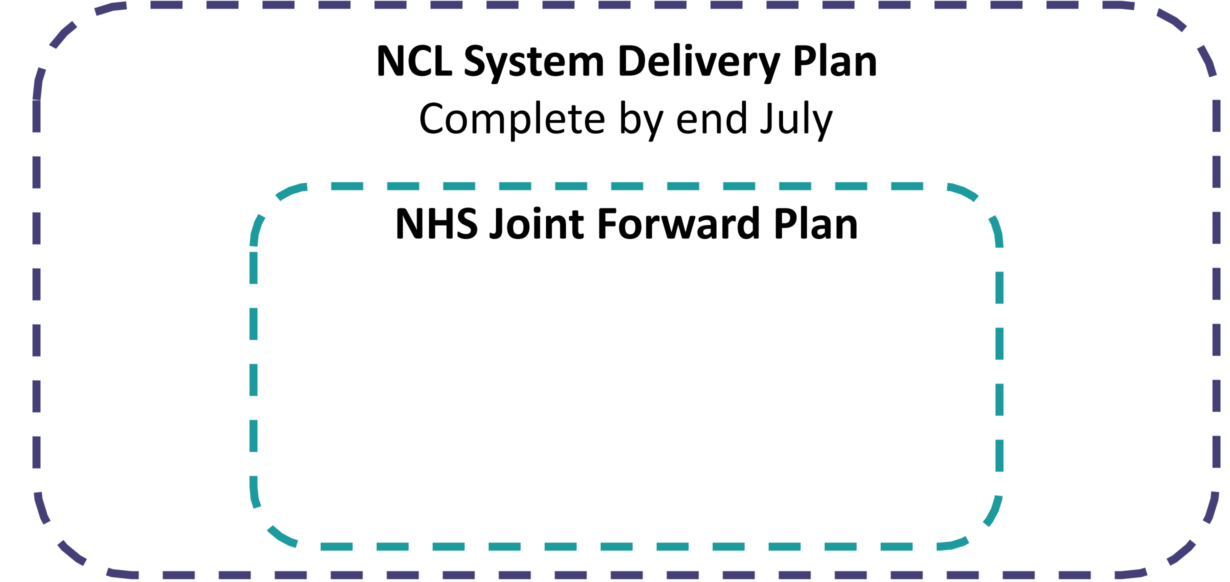
The NCL Population Health & Integrated Care Strategy is a system document that defines new ways of working

This strategy begins defining how we work best across the whole NCL system, at Borough Partnership and neighbourhood levels to improve population health through a collective focus on **prevention, early intervention and proactive care**. Our shared ambition is:

'As an integrated care partnership of health, care and voluntary sector services, our ambition is to work with residents of all ages of North Central London so they can have the best start in life, live more years in good physical and mental health in a sustainable environment, to age within a connected and supportive community and to have a dignified death. We want to achieve this ambition for everyone.'

There are two key documents that will plan the delivery of the strategy.

- **NCL Delivery Plan –** The system delivery plan for the strategy which outlines how all partners across NCL will align to deliver the strategy across the three planning horizons.
- **Joint Forward Plan –** A statutory NHS England document which relates specifically to the ICB and constituent provider Trusts. It is designed for submission to NHSE and will primarily consider NHS implications of the NCL delivery plan.



Link to the online versions of the strategy here.

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The proposed delivery planning approach would consist of three elements

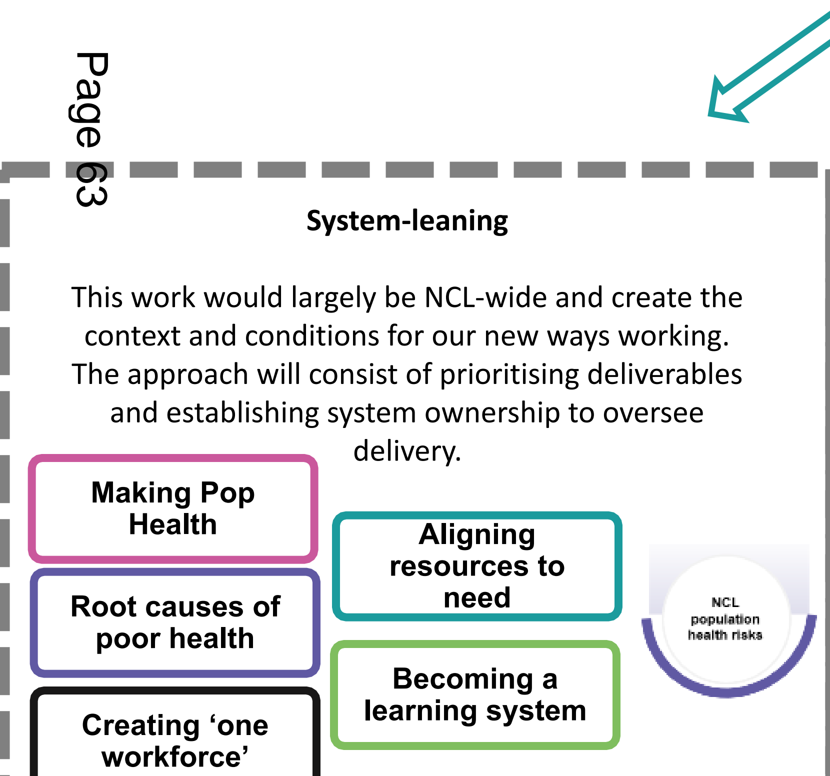
The Population Health & Integrated Care Strategy sets out the approach to improving the health of NCL's population. It describes NCL's vision for an integrated system focused on prevention, early intervention, and proactive care. Given the broad nature of the strategy, successful delivery should encompass both existing and new work to be delivered at system, place and a combination of the two.

With this in mind, we propose grouping the three key inputs to delivery planning (levers for change, delivery areas, inflight transformation programmes) into three elements. Sitting in the across these three elements, and linking the work together, should be the NCL Outcomes Framework which will be central to monitoring the Delivery Plan.

NCL Outcomes Framework

System-leaning

This work would largely be NCL-wide and create the context and conditions for our new ways working. The approach will consist of prioritising deliverables and establishing system ownership to oversee delivery.



Inflight transformation programme

Defining what it means for a programme to align and speak to the strategy will ensure population health is ingrained in all we do. The approach would consist of a 'test and learn' approach with a series of programmes to explore what alignment means and capture the learning in a systematic way.

Programmes covering ICB, LA and provider organisations

Place-leaning

This work would largely be driven by the five developing Borough Partnerships in NCL. The approach will consist of mapping existing workplans against place-leaning priorities to identify opportunities for further ambitions.

Strengthening integrated delivery

DRAFT IN DEVELOPMENT

Planning horizons

Our delivery plan will cover a 5-year period and will be revisited on a yearly basis for refinement and refresh prior to annual resubmission. The NCL delivery plan will be developed over 3 time horizons, allowing us to make rapid progress on immediate priorities that are the fundamental enablers of our system ambition. We aim to align all our partners around these three horizons to ensure system development is coordinated:

Horizon 1 – 0-18 months

- Our foundation deliverables that put the fundamentals for population health improvement and integrated care in place
- These deliverables will be prioritised and planned in detail to ensure progress.

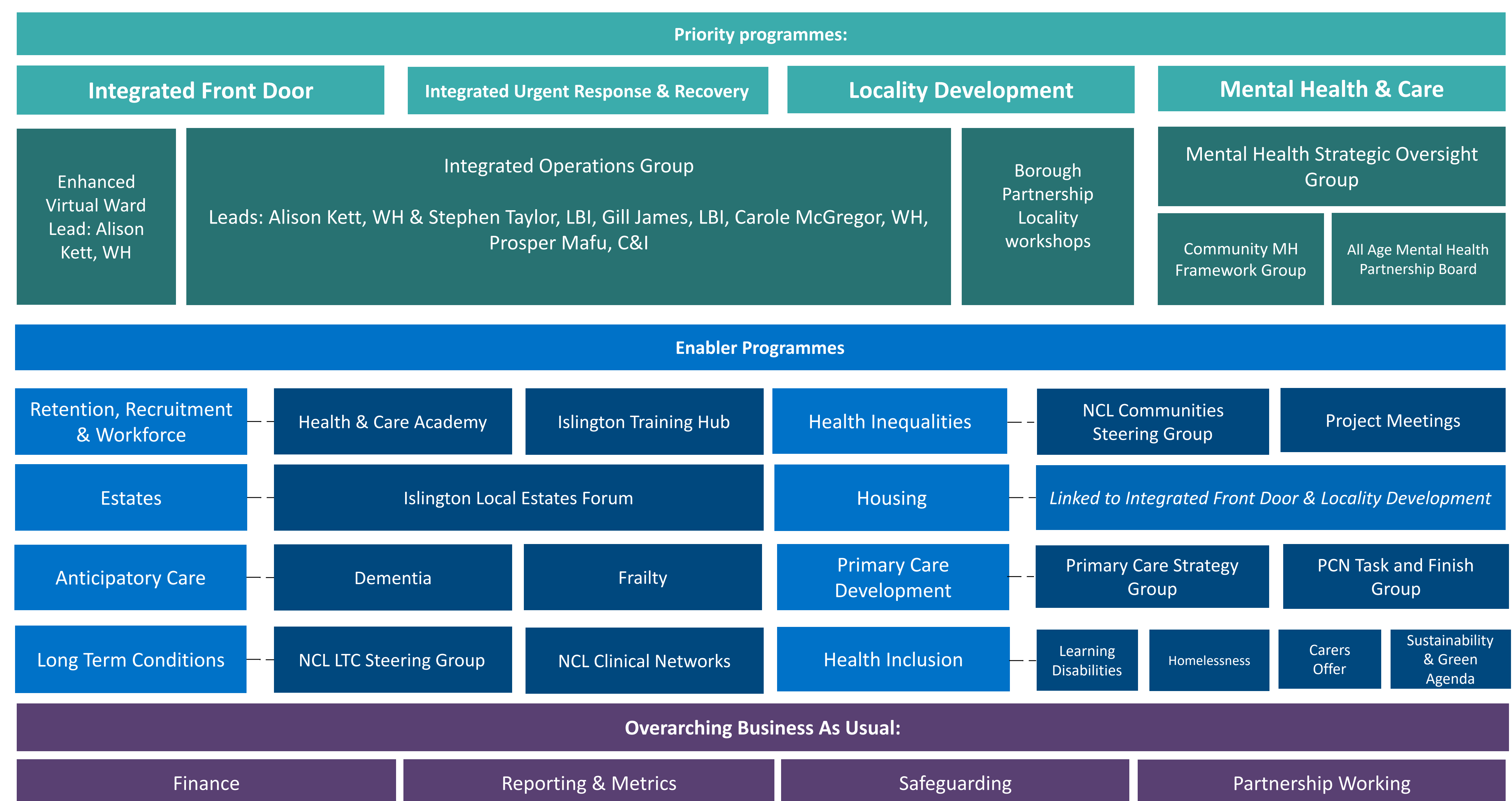
Horizon 2 – 18-36 months

- Our intermediate pieces of work that build on the foundations and early learning
- This horizon will require updating and further detailed planning in the first annual refresh.

Horizon 3 – 36+ months

- Our longer-term pieces of work which are dependent on deliverables in horizons 1 and 2.
- These will reflect consolidation of learning and greater depth of system partnership and collaboration.

Islington Borough Partnership Programme



Islington Borough Partnership Programme

Islington Children & Families Partnership Board

Chairs: Jon Abbey, LBI; Clare Henderson, NCL ICB

Priority programmes:

Family & Early Help & Supporting Families

Tania Townsend, Head of Strategic Programmes & Strategy,
Gwen Fitzpatrick, Bright Start Lead, LBI

- Supporting Families/Family Help & Family Hubs & Start for Life Leadership Group
- Maternity & Early Childhood Partnership Board
- Family Hubs Steering Group

Child-Friendly Islington

Tania Townsend, Head of Strategic Programmes & Strategy & Cllr Micheline Ngongo, Executive Member for Children, Young People & Families

- In development

Children & Young People's Health

Helen McDonald, Children's Health Commissioning Manager & Alan Loviette, SEND Joint Commissioning Manager, NCL ICB & Islington council

- Children & Young People Health Strategy Group

Education, Health & Care for Children with SEND

Candy Holder, Head of Pupil Services, Islington Council & Alan Loviette, SEND Joint Commissioning Manager, NCL ICB & Islington council

- SEND Partnership

Progression to adulthood

Jodi Pilling, Director of Strategic Commissioning & Investment & Tania Townsend, Head of Strategic Programmes & Strategy, Islington Council

- In development

Enabler Programmes

Enabler	Board
Health Inequalities	Borough Partnership Health Inequalities Programme
Retention, Recruitment & Workforce	Health & Care Academy Bright Start Strategy & Start for Life Pilot
Safeguarding	Islington Safeguarding Children Partnership
Youth Justice	Youth Justice Management Board
Education	Islington Education Board
Parenting	Islington Corporate Parenting Board

Conclusion and questions for discussion

The North Central London Population Health and Integrated Care Strategy has been developed across partners. The strategy ultimately represents a significant change in how services are planned, delivered and work collaboratively to improve health, tackle longstanding health inequalities and support integrated care to meet the needs of residents and patients. This report and accompanying slide set are designed to support the next phase of work to develop an action plan which supports this transformational change.

Questions for discussion:

- We need to consider the wider engagement that will be required in order to shape the delivery plan. Which forums/ stakeholders will need to be involved as part of this process?
- In addition to engagement, how should we ensure the delivery plan is system-owned with shared responsibilities across partners?
- How do Islington HWBB colleagues want to be engaged as work continues to develop the NCL Delivery Plan?
- Can HWBB colleagues comment the emerging thinking regarding delivery planning?

Mapping approach – Islington programmes

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Islington programme alignment with deprived communities delivery area

Most deprived communities in NCL

Health Inclusion

- LD
- Homelessness
- Carers offer

- Homelessness Health Inclusion
- Young Black Men & MH
- Community action research
- Hand in Hand Peer Support
- Childhood Imms
- Cancer Screening Outreach
- Leaving Care Counselling & Progression to adulthood
- LD & SMI health cafe
- Mental Health Inequalities Toolkit
- Better Lives Outreach

Enabler Programme

Health Inequalities

DRAFT IN DEVELOPMENT

Islington programme alignment with key communities – Adults delivery area

Inclusion Health Groups

Health Inclusion

- LD
- Homelessness
- Carers strategy
- Dementia strategy

Adults with SMI and adults with LD

MH and care

- Embedding the community MH framework and core offer
- Expansion of IPS employment offer
- Re-design of crisis offer
- Increase uptake of SMI health checks

LD & SMI Health Cafes

Mental Health Inequalities Tool Kit

Hand in Hand Peer Buddy Scheme

Young Black Men & Mental Health Programme

Family carers

Carers Strategy

Older adults with care and support needs

Pro-active Care

- Pro-active Aging Well Service (PAWs)
- Integrated Community Ageing Service (ICAT)
- Integrated Networks (INCs)
- Dementia strategy

Supporting residents at risk of hospital admission / Supporting residents to recover following hospital admission

Integrated Front door
A single place to jointly screen and triage urgent health and all social care referrals.

Rapid Access Service (RAS)
Effectively aligning urgent health services and social care professionals to prevent hospital admission and support hospital discharge.

Enhanced Virtual Ward
Supporting patients who would otherwise be in hospital to receive the acute care, monitoring and treatment they need in their own home.

Select BAME groups

Young Black Men and Mental Health Programme

Retention, Recruitment & Workforce
Islington Health & Care Academy & Training Hub

Key:
- Health Inequalities
- BP Board
- BP Enabler Programme

DRAFT IN DEVELOPMENT

Islington programme alignment with key communities – Children and Young People delivery area

SEND

Education, Health & Care for Children with SEND
SEND Partnership

CLA and care leavers

Leaving Care Counselling & Psychotherapy Service

Brandon Centre Progression to Adulthood

Select BAME

Young Black Men and Mental Health Programme

Continuing care for CYP

Safeguarding arrangements for designated doctors and nurses for Children and Young People

Islington Safeguarding Children Partnership

TBC

Family & Early Help & Supporting Families
Family hubs & Start for Life

Child-friendly Islington

Children & Young People's Health
- Children & Young People Community Service Reviews
- Health Inequalities
- Oral Health
- Paediatric integrated networks (PINCs)
- Mental Health
- Childhood Immunisations

Progression to adulthood

Islington Corporate Parenting Board

Islington Education Board

Youth Justice Management Board

Key:
- Health Inequalities
- Children and Families Partnership Board
- Children and Families Partnership Board Enabler Programme

Retention, Recruitment & Workforce
Islington Health & Care Academy & Training Hub
Start for Life Workforce Pilot

Islington programme alignment with wider determinants delivery area

Working with our communities	Working with VCSE	Other
Community research and support	Community research and support	
Community Action Research Programme	Community Action Research Programme	
Let's Talk Islington Council Engagement Programme	Hand in hand Islington	
	Childhood Imms	
	Mental Health Inequalities Toolkit	
	Cancer Screening	
	LD & SMI Health Cafes	

Key:
- BP Enabler Programme (pink box)
- Health Inequalities (teal box)

DRAFT IN DEVELOPMENT

Islington programme alignment with Strengthening Integrated Delivery lever

Creating the context and conditions for success

Locality development

- Integrated Health & Care Community Teams
- Leadership & Resources
- Infrastructure & Governance
- Accountability & Delegation

Building local integrated teams

Locality development

- Exploring creating 3 locality health and care teams to support patients with longer term complex needs.
- Enhancing and embedding Integrated Networks (INCs) MDTs into a locality partnership model
- Reviewing LTC and specialist community services offers from a locality lens.

BP Board

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