

Camden and Islington Public Health

222 Upper Street

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Report of: Directors of Communities, North Central London Integrated Care Board

Meeting of: Health and Wellbeing Board

Date: 8th November 2022

Ward(s): All



## 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 accompanying report describes the groups covered; the scope and purpose of this review (the development of an NCL Homelessness and Inclusion Health Strategy); and summarises the findings from the first phase of work which brings together data and insights on the needs of inclusion health groups from local data and needs assessments; regional and national data and evidence; and examples from the service mapping.
- 1.3. A second phase has begun which involves: engagement and interviews with people with lived experiences, and staff in the organisations that work with them via a survey; interviews with senior stakeholders; use of data to estimate severe, multiple disadvantages within these groups; and a workshop with stakeholders across NCL. This will culminate in an NCL-wide strategy for homelessness and health inclusion groups, with a set of NCL-wide recommendations. 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 note the scope and the Phase 1 report findings.
- 2.2. The HWBB is asked to receive an updated report including the Phase 2 findings and draft NCL plans in 2023, and proposals for taking plans forward locally.

## 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**

- 4.2.1. Health and Care Act 2022 has made some substantial reforms in health and social care. Since July 2022, CCGs are now integrated care boards (ICB). An ICB and each responsible LA within the board's area must establish a joint committee to be known as integrated care partnership (ICP). Both ICBs and ICPs collectively form Integrated Care Systems (ICS) placing the latter on a statutory footing for the first time.

Integrated care systems (ICSs) are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. The purpose of integrated care systems is to improve outcomes in population health and healthcare, tackle inequalities in outcomes, experience and access, enhance productivity and help the NHS support broader social and economic development.

Under s14Z34 The National Health Service Act 2006 (as amended by s25 Health and Care Act 2022), each integrated care board (ICB) has a duty to improve quality of services in connection with prevention, diagnosis or treatment of illness. In doing so, there is a duty on the ICB to reduce inequalities between persons with respect to their ability to access health services and with respect to outcomes achieved for them by the provision of health services (s.14Z35 of the NHS Act 2006 as amended). In addition, each ICB has a duty to promote integration to not only improve the quality of those services but also to reduce inequalities between persons with how they access those services and the outcomes achieved by the provision of services (s.14Z42 NHS Act 2006 as amended).

The relevant provisions of the Health and Care Act 2022 came into force on 1<sup>st</sup> July 2022

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

- 4.3.1. No environment implications.

## 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 first 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. 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:



**Director of Public Health**

Date: 12 October 2022

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