

London Borough of Islington  
**Health and Wellbeing Board - Tuesday, 8 November 2022**

Minutes of the meeting of the Health and Wellbeing Board held at Council Chamber, Town Hall, Upper Street, N1 2UD on Tuesday, 8 November 2022 at 1.00 pm.

**Present:**           **Councillors:**           Turan (Vice-Chair, in the Chair)

**Also Present:**           Jonathan O’Sullivan, Clare Henderson, Dr John McGrath, Emma Whitby and Jon Abbey.

**Cllr Turan in the Chair**

**12           WELCOME AND INTRODUCTIONS (ITEM NO. A1)**

Councillor Turan chaired the meeting in Councillor Comer-Schwartz absence. Everyone was welcomed to the meeting and introductions were made.

**13           APOLOGIES FOR ABSENCE (ITEM NO. A2)**

Apologies for absence were received from Cllr Comer-Schwartz, Cllr Ngongo, Helen Brown, Amy Buxton-Jennings, John Everson and Frances O’Callaghan.

**14           DECLARATIONS OF INTEREST (ITEM NO. A3)**

There were no declarations of pecuniary or other interests.

**15           ORDER OF BUSINESS (ITEM NO. A4)**

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

**16           MINUTES OF THE PREVIOUS MEETING (ITEM NO. A5)**

As the minutes were incomplete, they would be approved at the next meeting.

**17           HEALTH DETERMINANTS RESEARCH COLLABORATIVE (ITEM NO. B1)**

Jonathan O’ Sullivan, Director of Public Health for Islington introduced the item. The National Institute for Health and Care Research (NIHR) were a major funder of health research and evaluation and had announced a major initiative to invest in local government to build research capacity and the evidence base for addressing determinants of health and care inequalities. In October it had announced that Islington was one of thirteen successful sites across the UK to become a Health Determinants Research Collaboration (HDRC). It was an opportunity for Islington to become a pioneer site, working in collaboration with academics, the voluntary and community sector, other partners and across the Council to develop capacity and capability in research and related activities.

It provided a significant opportunity to accelerate initiatives that were underway in Islington. The NIHR had conditionally approved implementation of a five-year HDRC in Islington starting in October 2023, subject to delivering an agreed programme of development activities over the next year. Development was requested in governance and engagement; the range of activities and methods for dissemination of learning; exploration of the ethical and methodological approaches for use of data and a specific action for the monitoring framework required for the five-year programme.

It was highlighted that a board of a few key partners could be brought together for the development year to work on the development plan, with a full delivery board being brought together after the development process. The Health and Wellbeing

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Board were asked to provide governance and accountability for the HDRC Board and their progress against the delivery plan, to help with difficult issues and to support engagement work.

Healthwatch were keen to bring housing data and wider key determinants together; for the opportunity to train community members; the involvement of voluntary sector organisations and the opportunity for shared learning. They hoped to bring diversity to the work through their diverse community health voice partners and through work with Disability Action in Islington. They highlighted residents were particularly concerned by housing inequality and wanted opportunities for young people.

In the discussion the following main points were made:

- Whether there would be an opportunity for the Safeguarding Board and the Children's Partnership to benefit from some of the learning around data.
- Whether there was scope for looking at dementia care across Islington.
- It was confirmed that there was one developmental year and the potential for five funded years.
- That the Health and Wellbeing Board and the Islington Leaders Together Forum could be key places for governance and oversight.
- That the early focus would be on the cost of living crisis and debt.
- In terms of housing, there was separate funding to look at solutions around overcrowding and health and they were considering how this opportunity could link with the overcrowding initiative.

### **RESOLVED:**

- 1) To note the opportunities presented with the success of the HDRC proposal
- 2) To note the development year proposals which had to be addressed in order to progress to a full HDRC from October 2023.
- 3) To receive progress updates on the HDRC Development Year plan
- 4) To offer support and advice on the plan as it was progressed, particularly as it related to strategic leadership and had a link with resident engagement work across partners.

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### **ISLINGTON HEALTH AND SOCIAL CARE SECTION 75**

#### **ARRANGEMENTS: ANNUAL REPORT 2021/22 (ITEM NO. B2)**

Clare Henderson, Integrated Care Programme Director introduced the report. It was explained to the Board that under Section 75 of the NHS Act 2006 local authorities and NHS bodies could enter into partnership arrangements to provide a more streamlined service and to pool resources, with the aim of improving services for residents and patients. Islington's Section 75 agreement was designed to enable the ambitions stated in Islington's Joint Health and Wellbeing Strategy and in the Health and Social Care Act 2022.

The report set out the arrangements between the NHS and the local authority and the details of the pooled schemes. The funding was just under 100 million pounds for the year. It was highlighted that additional benefits of pooling funds were the sharing of risk between organisations and having more joined up care for residents. They met quarterly to review the budgets.

In the discussion the following main points were made:

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- Pressure on informal carers was raised. In particular, that funding was not spent but there was a low number of assessments and the likelihood of underreporting. Work had been carried out to look at the carers offer and how to reach more carers however carers were dealing with more complex situations with high safeguarding risks so this should be considered in more detail. Ms Henderson agreed to ask John Everson, Director of Adult Social Care about this.
- That inequalities should be articulated throughout.
- The importance of understanding the amount of resource, what the priority schemes were and how they served residents. To ensure the biggest impact.
- The importance of the scheme maintaining some continuity for partners and having funding available for new issues that arose.

### **RESOLVED:**

- 1) To note the progress in 2021/22 between health and social care under Section 75 arrangements including key achievements
- 2) To note priorities for 2022/23 and receive future annual reports on these arrangements

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### **PARTNERSHIP ARRANGEMENTS FOR THE NEW NATIONAL ALCOHOL AND DRUGS MISUSE STRATEGY (ITEM NO. B3)**

Jonathan O'Sullivan presented the report. Central government had published a drugs and alcohol misuse strategy earlier in the year that included national investment and governance requirements. The strategy aimed to tackle drug supply chains, increasing the capacity for treatment and recovery and encouraging a long-term shift in demand for drugs to improve health, save lives and reduce criminal activity. Local areas needed to establish drug and alcohol misuse partnership arrangements, ensuring that senior representatives of relevant services and teams came together to deliver strategic goals. It was proposed that the partnership formally report into the Health and Wellbeing Board and that plans, and updates also go to the Safer Islington Partnership.

In the discussion the following main points were made:

- How the strategy could tie in with alcohol misuse and the number of young people with respiratory illness caused by smoking cannabis.
- How partners could use their learning to inform the strategy and the opportunity for them to assist with the delivery.
- That funding had increased by 20% but a 50% increase was estimated to be required so how could deliverability be ensured and who else could be engaged to affect the most robust action.

### **RESOLVED:**

- 1) To note the contents of the report, including the priorities for the new national strategy and the requirement to establish a new, senior level partnership for local implementation.
- 2) To agree to be the formal reporting line from the Partnership into the wider local borough partnership, with the Partnership working in close communication and co-operation with the Safer Islington Partnership.
- 3) To agree to receive, review and provide input and guidance into the local needs analysis and the Partnership's plans for taking forward the national

strategy, to be shared also with the Safer Islington Partnership, once developed.

- 4) To agree to receive annual updates on progress once plans were agreed, and more frequently if the Senior Responsible Officer and Partnership and/or the Health and Wellbeing Board identify the need, shared also with the Safer Islington Partnership.

**20 OVERVIEW OF INCLUSION HEALTH IN ISLINGTON AND NORTH CENTRAL LONDON (ITEM NO. B4)**

Priyal Shah, North Central London ICB and Hannah Jones, Knowledge and Information Analyst Public Health presented the report. The Board were informed that the North Central London Integrated Care System (NCL) was reviewing the population needs of inclusion health groups, in collaboration with local public health teams. It was explained that inclusion health was an umbrella term used to describe people who were socially excluded from their communities and who often experienced multiple overlapping risk factors for poor health, such as poverty, violence, discrimination and complex trauma. The report described the groups covered and the scope and purpose of the review, which was to develop an NCL Homelessness and Inclusion Health Strategy.

The aim of the strategy was to bring together a coherent picture of the health needs of this population, which would inform future commissioning and service delivery models for the different excluded groups. It was highlighted that this was about building on the services that were already in place.

The findings from the first phase of work brought 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 service mapping. Phase two had begun, which included engagement and interviews with people who had the relevant lived experience and the staff who worked with them. The use of data to estimate severe multiple disadvantages within those groups and a workshop with stakeholders across NCL. This would culminate in an NCL-wide strategy for homelessness and health inclusion groups. The NCL wanted to work with local Health and Wellbeing Boards and borough partnerships to further develop how the needs of the groups were met in local plans, drawing on strategies, services and work already in place.

In the discussion the following main points were made:

- The report was about establishing the size of the issue and how the evidence could be used to support commissioning decisions that built on what was already in existence.
- Local priorities and intersectionality were important and it would be interesting to compare Islington to other London Boroughs to identify whether they were considering high level political interventions and specific commissioned services or if the focus was on the intersectionality of need.

**RESOLVED:**

- 1) The HWBB noted the scope and the Phase 1 report findings.
- 2) The HWBB received an updated report including the Phase 2 findings and draft NCL plans in 2023, and proposals for taking plans forward locally.

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MEETING CLOSED AT 2.25 pm

Chair