North East London Integrated Care Partnership

18 July 2024; 10:00-11.30; **Venue** F01, 4th Floor, Unex Tower, Stratford

AGENDA

	Item	Time	Lead	Attached/ verbal	Action required
1.0 1.1. 1.2. 1.3.	**Welcome, introductions and apologies** Declaration of conflicts of interest Minutes of last meeting – 25 April 2024 Matters arising and action log	10:00	Chair	 Attached Attached Attached	 Note Approve Note
2.0	**Questions from the public**	10:05	Chair	Verbal	Discuss
3.0	**Wider determinants of health: Housing and how the Integrated Care Partnership can support improved health and wellbeing outcomes with a focus on children, young people and families**	10:20	Redbridge and Newham local authorities	Attached	Discuss
4.0	**System approach to co-production**	10:50	Dianne Barham / Charlotte Pomery	Attached	Discuss
5.0	**Any other business**	11:20	Chair	Verbal	Discuss
6.0	**Close**	11:30	Chair		
Date of next meeting: 24 October 2024					

North East London Integrated Care Partnership Register of Interests

- Declared Interests as at 10/07/2024

Name	Position/Relationship with ICB	Committees	Declared Interest	Name of the organisation/business	Nature of interest	Valid From	Valid To	Action taken to mitigate risk
Caroline Rouse	Member of IC Board (VCS rep) Member of VCSE Collective	ICB Board ICP Committee	Financial Interest	Compost London CIC	As part of the VCSE Collective we may receive funds to promote and carry out activities as part of the VCSE Collective	2023-12-01	2023-12-30	
Christopher Kennedy	Councillor	City & Hackney ICB Sub-committee City & Hackney Partnership Board ICB Board ICB Finance, Performance & Investment Committee ICP Committee	Non-Financial Professional Interest	London Borough of Hackney	Cabinet Member for Health, Adult Social Care, Voluntary Sector and Leisure in London Borough of Hackney	2020-07-09		Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	Lee Valley Regional Park Authority	Member of Lee Valley Regional Park Authority	2020-07-09		
			Non-Financial Personal Interest	Hackney Empire	Member of Hackney Empire	2020-07-09		
			Non-Financial Personal Interest	Hackney Parochial Charity	Member of Hackney Parochial Charity	2020-07-09		
			Non-Financial Personal Interest	Labour Party	Member of the Labour Party	2020-07-09		
			Non-Financial Personal Interest	Local GP practice	Registered patient with a local GP practice	2020-07-09		
			Non-Financial Personal Interest	Hackney Joint Estate Charities	Sit in the board as trustee	2014-04-07		
			Non-Financial Personal Interest	CREATE London	LBH appointed rep	2023-04-05		
Dr Paul Francis Gilluley	Chief Medical Officer	Clinical Advisory Group ICB Board ICB Population, Health & Integration Committee ICB Quality, Safety & Improvement Committee ICP Committee ICS Executive Committee Mental Health, Learning Disability & Autism Collaborative sub-committee Primary care contracts sub-committee	Non-Financial Professional Interest	British Medical Association	I am a member of the organisation.	2022-07-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Royal College of Psychiatrists	Fellow of the College	2022-07-01		
			Non-Financial Professional Interest	Medical Defence Union	Member	2022-07-01		
			Non-Financial Professional Interest	General Medical Council	Member	2022-07-01		
			Non-Financial Personal Interest	Stonewall	Member	2022-07-01		
			Non-Financial Personal Interest	National Opera Studio	Member	2023-08-01		
Eileen Taylor	Joint Chair, East London NHS Foundation Trust and North East London NHS Foundation Trust	ICP Committee Mental Health, Learning Disability & Autism Collaborative sub-committee	Non-Financial Professional Interest	MUFG Securities EMEA PLC	Non Executive Director	2019-04-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	North East London NHS Foundation Trust	Chair from 1 January 2023	0202-01-31		
			Non-Financial Professional Interest	Mid and South Essex ICS	Chair Community Collaborative	2023-07-01		
Elspeth Paisley	Member of B&D Place Based Partnership	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board ICP Committee	Non-Financial Personal Interest	Healthwatch	Member of the Healthwatch board	2021-01-04		Declarations to be made at the beginning of meetings
			Indirect Interest	Community Resources	Health Inequalities Funding 2022-23 from NHS North East London to Community Resources for Change as the incumbent secretariat for the BD Collective	2022-07-06		

Name	Position/Relationship with ICB	Committees	Declared Interest	Name of the organisation/business	Nature of interest	Valid From	Valid To	Action taken to mitigate risk
Gillian Ford	Councillor Deputy Leader, Cabinet Member for Adults and Wellbeing	Havering ICB Sub-committee Havering Partnership Board ICP Committee	Non-Financial Personal Interest	Avon Road surgery	Patient of the practice	2012-06-30-	2023-08-16	Declarations to be made at the beginning of meetings
Ian Buckmaster	Member of Committee	Havering ICB Sub-committee Havering Partnership Board ICB Finance, Performance & Investment Committee ICP Committee	Non-Financial Personal Interest	Healthwatch Havering	I am a director of Healthwatch Havering, which receives some funding from NHS NEL.	2023-04-01		Declarations to be made at the beginning of meetings
Jenny Ellis	Member of Redbridge Partnership Board and ICB Sub committee, ICP Committee and NEL VCSE Collaborative Leadership Group	ICP Committee Redbridge ICB Sub-committee Redbridge Partnership Board	Financial Interest	Redbridge Council for Voluntary Service (Redbridge CVS)	Some RedbridgeCVS services are funded by NEL ICB and Redbridge Placebased Partnership.	2020-01-19		Declarations to be made at the beginning of meetings
			Financial Interest	Odd Eyes Theatre Company	Trustee of a charity that may be eligible for some NEL ICB and partnership committee funding schemes	2018-05-24		
Johanna Moss	Chief strategy and transformation officer	Acute Provider Collaborative Joint Committee ICB Board ICB Population, Health & Integration Committee ICB Quality, Safety & Improvement Committee ICP Committee ICS Executive Committee Primary Care Collaborative sub-committee	Non-Financial Professional Interest	UCL Global Business School for Health	Health Executive in Residence	2022-09-01		Declarations to be made at the beginning of meetings
John Gieve	Chair of Homerton Healthcare	Acute Provider Collaborative Joint Committee City & Hackney ICB Sub-committee City & Hackney Partnership Board ICP Committee	Non-Financial Professional Interest	Homerton Healthcare NHS Foundation Trust	I am Chair of Homerton Healthcare whose interests are affected by ICP and City and Hackney Partnership decisions	2019-03-01		Declarations to be made at the beginning of meetings

Name	Position/Relationship with ICB	Committees	Declared Interest	Name of the organisation/business	Nature of interest	Valid From	Valid To	Action taken to mitigate risk
Marie Gabriel	ICB and ICP Chair	ICB Board ICB Finance, Performance & Investment Committee ICB Population, Health & Integration Committee ICB Quality, Safety & Improvement Committee ICB Remuneration Committee ICP Committee NEM Remuneration Committee	Non-Financial Personal Interest	West Ham United Foundation Trust	Trustee	2020-04-01		Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	East London Business Alliance	Trustee	2020-04-01		
			Financial Interest	Race and Health Observatory	Chair of the Race and Health Observatory, (paid). The Race and Health Observatory are now considering the potential to enter into contracts with NHS organisations to support their work to tackle racial and ethnic health inequalities	2020-07-23		
			Non-Financial Personal Interest	Member of the labour party	Member of the labour party	2020-04-01		
			Non-Financial Professional Interest	NHS Confederation	Trustee Associated with my Chair role with the RHO	2020-07-23		
			Financial Interest	Local Government Association	Peer Reviewer	2021-12-16		
			Non-Financial Professional Interest	UK Health Security Agency	Associate NED, (paid), UKHSA works with health and care organizations to ensure health security for the UK population	2022-04-25		
			Non-Financial Professional Interest	Institute of Public Policy Research (IPPR)	Commissioner on the IPPR Health and Prosperity Commission	2022-03-13		
Mark Santos	Redbridge Cllr & Cabinet Member Adult Services & Public Health	ICP Committee Redbridge ICB Sub-committee Redbridge Partnership Board	Financial Interest	Positive East	I am the Executive Director of the HIV Charity Positive East. Positive East receives statutory income via NEL Local Authorities & NHS via London HIV Fast Track Cities & via ICB supporting opt out HIV testing in Emergency Departments	2022-04-01		Declarations to be made at the beginning of meetings
			Indirect Interest	Bart's Health	My sister is a Finance Manager at Barts Health	2022-04-01		
			Non-Financial Professional Interest	North East London Foundation Trust (NELFT)	I am an LA Governor for NELFT	2023-08-02		
			Non-Financial Professional Interest	Redbridge Rainbow Community	Trustee Redbridge Rainbow Community previously received funding from Redbridge Council	2023-07-02		

Name	Position/Relationship with ICB	Committees	Declared Interest	Name of the organisation/business	Nature of interest	Valid From	Valid To	Action taken to mitigate risk
Michael Armstrong	Co-Chair Care Providers Voice	Havering Partnership Board ICP Committee	Financial Interest	Havering Care Homes	Director of Havering Care Homes	2014-01-03		
			Non-Financial Professional Interest	Havering Care Association/ CPV	Non exec Director	2018-11-01		
			Non-Financial Professional Interest	NHS England - London Region	Care Home special advisor to Health and care in the community team	2018-11-01		
			Financial Interest	NEL ICB	I am a paid Clinical and Care Lead in NEL ICB in Havering.	2023-04-01		
Neil Wilson	Cabinet Member for Health and Adult Social Care	ICP Committee	Non-Financial Professional Interest	London Borough of Newham	Cabinet Member for Health and Adult Social Care	2022-05-25		Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	The Labour Party	Member of The Labour Party	1981-09-01		
			Non-Financial Personal Interest	The Co-operative Party	Member of the Co-operative Party	1990-01-01		
			Indirect Interest	Barts Health	My nephew is a ST5 Registrar, Cardiology	2022-10-01		
Tony Wong	Chief Executive, Hackney Council for Voluntary Services	City & Hackney ICB Sub-committee City & Hackney Partnership Board ICP Committee	Non-Financial Professional Interest	Hackney Council for Voluntary Services	Chief Executive for Hackney Council for Voluntary Services	2021-10-04		Declarations to be made at the beginning of meetings
Vanessa Morris	Member of City and Hackney Neighbourhood Health and Care Board	ICP Committee Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub committee	Financial Interest	Mind in the City, Hackney and Waltham Forest	Employer	2019-12-09		
			Financial Interest	Mind in North East London/ Mind in London	Direct and indirect potential interests through business and campaigning partnerships	2024-01-01		
Zina Etheridge	Chief Executive Officer Designate of the Integrated Care Board for north east London	Acute Provider Collaborative Joint Committee Clinical Advisory Group ICB Audit and Risk Committee ICB Board ICB Population, Health & Integration Committee ICB Remuneration Committee ICP Committee ICS Executive Committee Mental Health, Learning Disability & Autism Collaborative sub-committee NEM Remuneration Committee	Indirect Interest	Royal Berkshire NHS Foundation Trust	Brother is employed as Head of Acute Medicine at Royal Berkshire hospital	2022-03-17		
			Non-Financial Professional Interest	UCL Partners	Member of the Board of UCLP on behalf of NHS NEL and by extension a Director	2023-09-18		Declarations to be made at the beginning of meetings

- Nil Interests Declared as of 10/07/2024

Name	Position/Relationship with ICB	Committees	Declared Interest
Dianne Barham	Healthwatch, Tower Hamlets	ICP Committee Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indicated No Conflicts To Declare.
Charlotte Pomery	Chief Participation and Place Officer	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board City & Hackney ICB Sub-committee City & Hackney Partnership Board Community Health Collaborative sub-committee Havering ICB Sub-committee Havering Partnership Board ICB Audit and Risk Committee ICB Board ICB Population, Health & Integration Committee ICB Quality, Safety & Improvement Committee ICP Committee ICS Executive Committee Newham Health and Care Partnership Newham ICB Sub-committee Patient Choice Panel Redbridge ICB Sub-committee Redbridge Partnership Board Tower Hamlets ICB Sub-committee Tower Hamlets Together Board Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indicated No Conflicts To Declare.
Maureen Worby	Member of committee	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board ICB Board ICB Population, Health & Integration Committee ICB Quality, Safety & Improvement Committee ICP Committee	Indicated No Conflicts To Declare.
Cathy Turland	Member of a committee	ICP Committee Redbridge ICB Sub-committee Redbridge Partnership Board	Indicated No Conflicts To Declare.
Paul Rose	Chair of the Havering Compact	Havering Partnership Board ICP Committee	Indicated No Conflicts To Declare.
Matthew Adrien	Partnership working	ICB Quality, Safety & Improvement Committee ICP Committee Tower Hamlets ICB Sub-committee Tower Hamlets Together Board	Indicated No Conflicts To Declare.
Catherine Perez Phillips	Committee member	ICP Committee	Indicated No Conflicts To Declare.
Gulam Kibria Choudhury	Member	ICP Committee	Indicated No Conflicts To Declare.
Jenny Hadgraft	Partnership working	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board ICB Board ICP Committee	Indicated No Conflicts To Declare.

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Minutes of the North East London Integrated Care Partnership

Thursday 25 April 2024; 10:00-12:00 4th floor, Unex Tower, Stratford

Members:		
Marie Gabriel	(MG)	Chair, NHS North East London
Cllr Neil Wilson	(NW)	Cabinet Member, London Borough of Newham (Vice Chair)
Cllr Maureen Worby	(MW)	Cabinet Member, London Borough of Barking & Dagenham
Cllr Mark Santos	(MS)	Cabinet Member, London Borough of Redbridge
Rt Hon Jacqui Smith	(JS)	Chair in Common, Barts Health and Barking Havering and Redbridge University Hospitals Trust
Sir John Gieve	(JG)	Chair, Homerton Healthcare
Zina Etheridge	(ZE)	Chief Executive Officer, NHS North East London
Eileen Taylor	(ET)	Joint Chair, East London Foundation Trust and NELFT
Sally Beaven	(SB)	Healthwatch Hackney
Rachel Cleave	(RC)	Healthwatch City of London
Cathy Turland	(CT)	Healthwatch Redbridge
Matthew Adrien	(MA)	Healthwatch Tower Hamlets
Dianne Barham	(DB)	Waltham Forest Healthwatch
Jenny Ellis	(JE)	Redbridge CVS
Vicky Scott	(VS)	Tower Hamlets CVS
Mike Armstrong	(MA)	Care Providers Voice
Attendees:		
Charlotte Pomery	(CP)	Chief Participation & Place Officer, NHS North East London
Diane Jones	(DJ)	Chief Nursing Officer, NHS North East London
Anne-Marie Keliris	(AMK)	Head of Governance, NHS North East London
Keeley Chaplin	(KC)	Minutes – Governance Systems Lead, NHS North East London
Dan Hopewell	(DH)	Director of Knowledge and Innovation London Region Social Prescribing - for item 6
Apologies:		
Cllr Gillian Ford	(GF)	Cabinet Member, London Borough of Havering
Cllr Mary Durcan	(MD)	Cabinet Member, London Borough of City of London
Cllr Christopher Kennedy	(CK)	Cabinet Member, London Borough of Hackney
Cllr Naheed Asghar	(NA)	Cabinet Member, London Borough of Waltham Forest
Jasmine Smith	(JS)	Healthwatch Newham
Jenny Hadgraft	(JH)	Healthwatch Barking & Dagenham
Ian Buckmaster	(IB)	Healthwatch Havering
Pip Salvador-Jones	(PSJ)	Barking & Dagenham CVS
Elspeth Paisley	(EP)	Barking & Dagenham CVS and ICP steering group rep
Tony Wong	(TW)	Hackney CVS
Paul Rose	(PR)	Havering Compact
Caroline Rouse	(CR)	Newham CVS
Vanessa Morris	(VM)	Waltham Forest CVS
Johanna Moss	(JM)	Chief Strategy & Transformation Officer, NHS North East London
Paul Gilluley	(PG)	Chief Medical Officer, NHS North East London

Item No.	Item title	Action
1.0	**Welcome, introductions and apologies**	
	The Chair welcomed everyone to the meeting of the Integrated Care Partnership (ICP) which was held in person at Unex Tower. Apologies were noted as above.	
1.1.	**Declaration of conflicts of interest**	
	The Chair reminded members of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the Integrated Care Partnership. Declarations made by members of the ICP are listed on the Register of Interests. The Register is available from either the Governance Team or on the ICB's website (northeastlondonicb.nhs.uk)	
1.2.	**Minutes of last meeting**	
	The minutes of the meeting held on 10 January 2024 were noted as a correct record.	
1.3.	**Matters arising**	
	The action log was noted.	
2.0	**Questions from the public**	
	No questions were submitted in advance of the meeting.	
3.0	**Success measures and the integrated care strategy: developing an outcomes framework across north east London**	
	ZE introduced the item setting out the ambition to get to the final agreed success measures for the integrated care strategy. CP then detailed the success measures and associated outcomes, for discussion and agreement, as follows: 1. We want to receive trustworthy, accessible, competent and person-centred care from health and care staff • Increase in people experiencing good care: across the dimensions of trustworthy, competent, accessible and person-centred 2. We want to see agencies/organisations working well together and to know where they can go to get help/answers • People living longer and healthier lives • Improved health equity amongst all communities in north east London 3. We want more ways to support people's wellbeing - to be physically and mentally well - in their local communities • Reduction in people reporting that they are socially isolated • Reduced rates of childhood obesity in each of the Places across north east London • Reduction in the rate of increase in long term conditions across north east London 4. We want it to be easier to find work within the north east London health and care system • Reduction in numbers of local people in employment in health and care who experience in work poverty. These are most likely to be disabled people and households with children	

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Item No.	Item title	Action
	• % increase in numbers of people who enter and remain employed (on a paid or voluntary basis) in health and social care locally who also live in north east London 5. We want straight forward access to care, especially to primary care • People living longer and healthier lives • Improved health equity amongst all communities in north east London Members discussed the presentation and the following comments were raised: • Assurance that collaboratives have had the opportunity to feed into the discussions. • It should include non NHS outcomes. • Review language used to make it more inclusive of social care providers. • Community insights will be brought into the good care framework. • An important area that is missing is utilisation of IT and AI and an acknowledgement of digital exclusion. • Timescales attributed to the outcomes framework and an engagement strategy would be useful. • Create a 'you said, together we will' report to feedback to communities which could ensure continued engagement. • To understand the wider determinants of health and consider outcomes external to the NHS relating to areas such as air quality, families in social housing or temporary accommodation. Local authority representatives could discuss and agree a collective housing measure with their CEOs. • The outcomes need to come back to what residents have asked for. • Consider the voice of people in care homes in future engagements. **Action:** CP and DB to discuss detail to feedback to communities and to the collaboratives. Members noted the approach proposed in the report and supported the proposed selection of Success Measures for the Integrated Care Strategy to be used as a feedback tool noting that further refinements will be made. Members supported next steps, including further development of the outcomes framework alongside segmentation as a way of better meeting need.	CP/DB
4.0	**Care provider voice introduction**	
	MA gave a presentation on the work that Care Providers' Voice (CPV) are involved in across north east London highlighting the following: • CPV was set up in 2020 to give Social Care Providers a network of support and to share good practice during Covid. • As of the 1 April 2024 it is funded by north east London local authorities and is free to social care providers to be involved and become members. • CPV is also funded and supported by the Greater London Authority (GLA) as one of the Mayor's Skills Academies. • Its main objectives are to collate and provide resources for care providers; ensure care providers are represented and support care providers' recruitment.	

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Item No.	Item title	Action
	• There are care borough leads in Barking & Dagenham, Havering, Redbridge (BHR) and Waltham Forest and the roles are out to advert in Newham and Tower Hamlets. Further engagement work is required before a lead for City and Hackney can be pursued. • There are a number of vacancies in the social care workforce with a big difference in turnover in different areas. • Membership has increased with over 500 members now, with the majority from domiciliary carers. • The trusted assessor scheme in BHR is based at Queens Hospital and King George Hospital and assessors carry out care homes pre admission assessments on behalf of the care homes which helps to speed up hospital discharge. The chair thanked MA for the presentation and members raised the following: • Members asked if funding was linked to the London Living Wage. The service can act as an advocate of the London Living Wage however there are variances across NEL e.g. in one borough the contract pays £2 less an hour than in another but requires commitment to the London Living Wage. • Most local authorities have announced their fee increase but it does not equate with the fair cost of care. Funding discussions will become more difficult as all partner organisations have financial challenges. A discussion on market retainability may be needed. • All local authorities are reviewing their budgets and the ICB is working closely with providers. • The Better Care Fund supports this joint working and there are regular meetings with the Directors of Adult Social Services. • The NEL Workforce Strategy should also cover this element of workforce. There are pilots with domiciliary providers on how they can provide enhanced care and support. Members noted the report.	
5.0	**Voluntary Sector update**	
	CP provided progress on the establishment of the Voluntary, Community and Social Enterprise sector (VCSE) Collaborative, as requested at the last meeting. • Good progress is being made and work currently being undertaken includes agreeing the initial focus and areas of work. • There is an advert out to recruit a partnership development director to drive forward this work. • Once the collaborative has been formally established work on a strategy can commence. **Action:** VS to circulate the advertised role to members to help to promote it. **Action:** To add a further voluntary sector update on progress to the forward planner in October. Members noted the verbal update.	VS KC

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Item No.	Item title	Action
6.0	**Reducing health inequities by improving access to social welfare advice**	
	Dan Hopewell, Director of Knowledge and Innovation London Region Social Prescribing gave a brief introduction to his role and work with the Greater London Assembly and set out how integrating social welfare legal advice with healthcare, social prescribing and in other settings can help to address the needs of those with the poorest health outcomes and the greatest health inequalities. The backdrop to this work is an independent report commissioned by the London Health Board and funded by the Mayor of London whose foundational recommendations are: 1. Creating a commitment at London and ICS level, that Londoners should have access to social welfare advice, and that ICP partners will commit to funding a level of advice to meet their needs. This commitment should include the development of training programmes and career pathways for social welfare legal advisors and or hybrid advice/link workers, which should be seen as a counterpart to social prescribing. 2. The development of a pan London network and/or ICS level networks to encourage the implementation of the recommendations and the sharing of good practice should be considered. 3. That each ICP should develop guidance for implementation of the commitment at Place (Borough) and Neighbourhood (PCN) levels. 4. ICP guidance to include encouragement for the formation of borough level task and finish groups consisting of Local Authority, Healthcare, CVS/VCSE, and community to take forwards the borough level recommendations. Such task and finish groups to include advice providers (and borough based advice provider networks where they exist), and social prescribing link workers. 5. To carry out Place (Borough) level assessments of the need for advice with consideration of varying levels of deprivation etc, and current provision of welfare advice. To assess the funding required to meet demand for social welfare legal advice in healthcare settings, the high street and other relevant settings. The London Health Board asked that all ICSs consider the principle of availability of free social, welfare and legal advice and report back in November 2024. To explore this, DH is providing dedicated support to the London ICBs. Demand for social welfare legal advice has increased and social prescribers have indicated that over 50% of people they see need legal advice. Link workers have found it difficult to refer people with a social welfare worker due rising demand. NEL ICB has commissioned some initial Social Welfare Advisor training for up to 15 social prescribing link workers to become hybrid advice-social prescribing link workers during 2024. NEL places have developed different approaches to social welfare advice, although there is a consistent core response through social prescribing. In Tower Hamlets they will have a welfare benefits advisor in each GP practice. In Barking and Dagenham the GPs pay the local authority to provide social prescribing. Combined community clinics have	

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Item No.	Item title	Action
	been successful providing health checks, financial advice, social engagement and many more services in one place. Members comments included: • In Healthwatch they have seen an increase in complexities of people that can no longer just be signposted but are working outside of scope to help people. • A return on investment includes savings for the local authority to prevent people becoming homeless. • It would be useful to see the mapping of services in NEL with the categories of advice being offered. • It was noted that a range of organisations provide advice in different ways, for example through part of their core offer. • The learning exercise and development exercise the coming together of difference advice agencies offering different aspects. • Members agreed that an initial mapping exercise should take place and then a discussion on quick wins with gaps. The Local Authorities should be the lead partner. Members noted the report.	
7.0	**Any other business**	
7.1.	Integrated Care Partnership development The ICP steering group have discussed development of the ICP and building on its effectiveness, priorities and impact. It agreed that a development session will take place following the next meeting scheduled on 18 July 2024.	
7.2.	London Living Wage Employer accreditation NEL ICB has been officially recognised as a Living Wage employer by the Living Wage Foundation, in line with its commitment to equality. It is understood to be the first ICB in the country to receive this recognition. The Living Wage is an hourly rate set independently by the Living Wage Foundation, updated annually and is calculated according to the basic cost of living in the UK	
	Date of next meeting – 18 July 2024	

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Integrated Care Partnership Actions Log

OPEN ACTIONS

Action ref:	Date of meeting	Item no	Action required	Lead	When	Status
ACT014	10/01/24	4.0	**Community Cohesion** It was suggested that the VCSE Collaborative be invited to a future meeting of the ICP to facilitate a discussion on the state of the voluntary sector in NEL and the role of both the wider sector and the Collaborative. Aligned to this, it was recommended that a VCSE Strategy for north east London could be a useful way forward.	CP	Completed	This has been programmed in for October meeting.
ACT015	10/01/24	5.0	**Supporting Equity and Sustainability in north east London** Healthwatch offered to provide a joint statement detailing concerns of Healthwatch and residents	DB/ JM	Completed	Campaign for equity and sustainability in NEL will continue following general election.
ACT016	10/01/24	7.3	**Financial position** Reflect on the discussions held on patient discharge and implications for social care and where to take this next, given the existing high level of focus on UEC at Place, Collaborative and System	CP	July 2024	System discussion on finance now moved to May, from 16 April and to ensure wider health system representation (DPH and DACS)
ACT017	25/04/24	3.0	**Success measures** To discuss detail to feedback to communities and to the collaboratives.	CP/DB	July 2024	Update at July meeting
ACT018 ACT019	25/04/24	5.0	**VCSE update** Circulate the advertised role to members to help to promote it. To add a further voluntary sector update on progress to the forward planner in October.	VS KC	Completed Completed	Detail circulated Added to forward planner and action close

Integrated Care Partnership

18 July 2024

Title of report	Wider determinants of health: Housing and how the Integrated Care Partnership can support improved health and wellbeing outcomes with a focus on children, young people and families
Author	Gladys Xavier, Director of Public Health, London Borough of Redbridge London Borough of Newham (to follow)
Presented by	Gladys Xavier, Ian Diley and Gita Hargun London Borough of Redbridge London Borough of Newham
Contact for further information	Charlotte Pomery: charlotte.pomery@nhs.net
Executive summary	Over the two years of its formal existence, the Integrated Care Partnership has recognised the importance and impacts of the wider determinants of health on health and wellbeing outcomes for local people. It is proposed that the Partnership will consider these impacts at every meeting through a standing item on Environmental Impact and with a focus at the July meeting on housing. Acknowledging the breadth of housing as an area, the focus here is on the impact of poor quality and unstable accommodation on children, young people and families, with a particular highlight on: • Quality of housing and the effect of damp and mould on children's health including respiratory conditions • How temporary and unstable accommodation affects children and young people's general health and wellbeing outcomes (looking at access to green spaces and leisure; feeling of belonging and identity; etc) We recognise the broader set of issues we could cover under this item and would propose returning to them in the future, issues which would include: • Design of healthy homes and neighbourhoods • Street homelessness • Impact on asylum seekers and refugees • Overcrowding

	The Partnership will maintain a focus throughout on how health, housing and wider partners can work together to address some of the poor outcomes for children, young people and families in our localities and Places.
Action / recommendation	The ICP is asked to note and comment on the report and to discuss ways the Partnership can contribute to improving health and wellbeing outcomes for those most affected by poor quality and insecure housing. The ICP is also asked to agree that the Environmental Impact item should be a standing one on its agenda going forward, returning to housing at some point in the future in recognition of the breadth of the issue.
Previous reporting	ICP Steering Group recognised the breadth of housing as a topic and proposed the discussion should be focused
Next steps/ onward reporting	To be determined, subject to the discussion and next steps agreed.
Conflicts of interest	None identified
Strategic fit	This report touches on and aligns with all aims to: • improve outcomes in population health and healthcare • tackle inequalities in outcomes, experience and access • enhance productivity and value for money • support broader social and economic development
Impact on local people, health inequalities and sustainability	The availability, quality and security of accommodation have a fundamental impact on the health and wellbeing of local people as highlighted in the slide deck attached.
Has an Equalities Impact Assessment been carried out?	This paper is for discussion, any proposals agreed will be subject to an Equalities Impact Assessment.
Impact on finance, performance and quality	This paper is for discussion and highlights the impacts on outcomes for local people of poor quality and insecure accommodation. There are significant finance, performance and quality impacts of these issues which will be considered during the discussion.
Risks	There are risks in not considering how the Partnership can together support work in this area, recognising its membership and purpose.

London Borough of Redbridge

Damp and Mould in Housing and Health

July 2024

Health Concerns 1

There is strong research evidence to suggest the following health conditions can be exacerbated by damp and mould in housing:

- Asthma symptoms.
- Hypersensitivity pneumonitis (reaction to allergens).
- Upper respiratory tract symptoms.
- Wheeze.
- Coughs.

There is more limited evidence for an association with:

- Lower respiratory illness in otherwise healthy children.
- Dyspnoea (shortness of breath).
- Development of asthma.

Health Concerns 2

Individuals who may be most vulnerable are:

- People with pre-existing respiratory conditions (including asthma and COPD).
- People with cardiovascular disease.
- People with allergies.
- Pregnant women and their unborn babies.
- Children under 5 years of age.
- People over 65 years of age.
- People with skin conditions (e.g. eczema).
- People living in poor quality housing and/or poverty.
- People exposed to tobacco smoke in their homes.

The key message is dampness and mould likely exacerbate existing conditions so we can identify people at most risk in these environments. Frequently this is children and people with pre-existing respiratory and immune system conditions

Environmental Hazards

We need to ask the following questions to identify hazards for these conditions within the home:

- Is there condensation on windows or surfaces in the home?
- Are there visible patches of damp or water damage on walls or ceilings?
- Is there any visible mould growth on windows or surfaces?
- Are there leaks inside the property or faulty pipes or guttering outside the property?
- Are there working extractor fans fitted in all bathrooms and the kitchen?
- Is the property able to be sufficiently ventilated (e.g. can windows be opened?)
- Are the residents concerned about inaction on damp and mould from their landlord?
- Is the property able to be sufficiently heated regularly (between 18-21^{0}C)?

How Can We Mitigate Risks?

We can follow the following steps to prevent illness and disability:

Primary prevention

- Prevent or remove persistent dampness and mould growth in the interiors of homes (control leaks, indoor humidity, condensation; ensure heat and ventilation).
- Provide advice and guidance to residents on the key risks.

Secondary prevention

- Identify people at risk - people in homes with damp problems, people in high risk health categories.
- Provide an affective pathway for housing assessment (LA and private tenancy) and multi-organisational response.

Tertiary prevention

- Support tenants and homeowners to remove indoor dampness and mould.
- Support tenants and homeowners to mitigate existing risks within the home.
- Ensure effective information sharing on identified risks with primary care.
- Provide appropriate training/education for health and social care professionals.

Challenges and Actions

Key challenges for prevention in this area:

- Cost of living crisis – how can people who are unable to afford current high energy costs adequately heat and ventilate the home?
  - This is exacerbated by needing to open windows even in cold weather.
  - Drying clothes indoors without tumble drying can significantly increase humidity.
- There is potential for this problem to increase health inequalities and increase the overall burden of ill health.
- There is risk of increasing pressure on primary and secondary healthcare services this winter.

Risk assessment tool

ADPHL working group was set up to create a London-wide risk assessment tool.

- The tool is based on the primary/secondary/tertiary
- Consulted with housing and social care colleagues, police and with London-wide public health and primary care peers.

https://www.mecclink.co.uk/media/1216/final-london_damp-and-mould-checklist-20240102-v10.pdf

Gladys Xavier (Director of Public Health)
Ian Diley (Consultant in Public Health)

The Impact of Temporary Accommodation on Outcomes for Children and Young People

Gita Hargun

Head of Service Early Help & Prevention

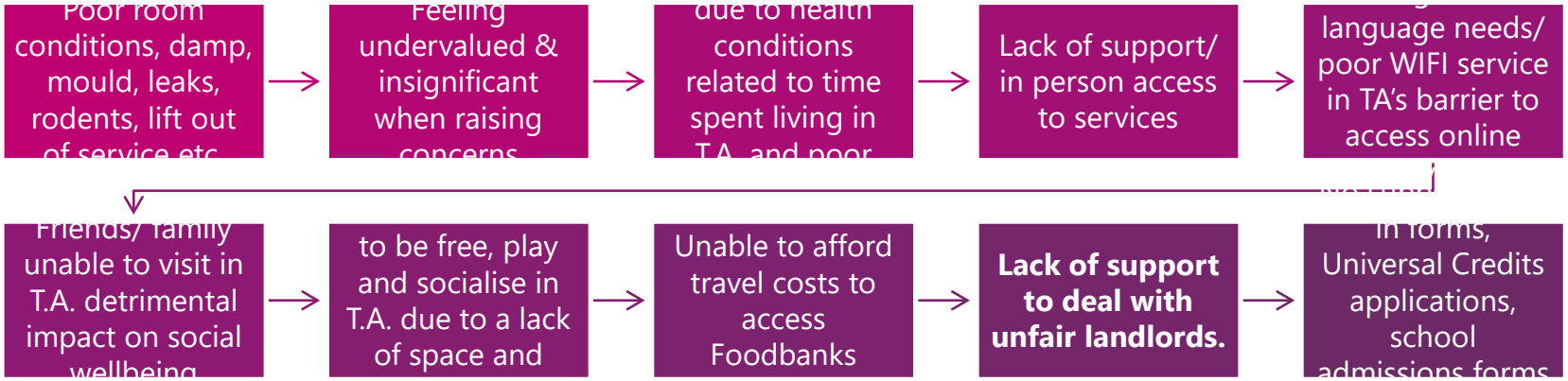
Health	Education	Mental Health	Social Impact	Exploitation Risks	Family Dynamics
•Respiratory issues from poor ventilation and mold exposure •Higher accident rates due to overcrowding •Unsafe sleeping arrangements for babies – risk of SID's	•Frequent school changes disrupt learning and academic progress •Lack of quiet space hinders homework completion and concentration	•Chronic stress and anxiety from housing instability •Potential developmental delays in babies due to unsuitable environments •Trauma from witnessing increased parental conflict	•Difficulty maintaining friendships due to frequent relocations •Limited space for play and social interactions stunts social development	•Increased vulnerability to criminal exploitation in unstable environments •Higher risk of sexual exploitation due to lack of safe spaces	•Cramped conditions and financial stress lead to more parental conflicts •Parent-child relationships strained under difficult living circumstances

Early Help & HOUSING SUPPORT

Feedback from Perth Terrace 11th June 2024

- Many residents expressed a desire to return to work, but their health has deteriorated while staying in the hostel, leaving them unmotivated.
- The living conditions in the hostel are causing significant stress for the residents.
- Residents requested that a food bank van visit the hostel, as it would be more accessible for those without sufficient funds to travel to the food bank centre.
- During the meeting, a resident's expressed being overwhelmed by the living standards and their **inability to discuss their living conditions with anyone**. Some were brought to tears due to their distress.
- Currently, residents at Perth Terrace must seek advice from various sources.
- Residents believe that having a dedicated advice service within the hostel would:
  - **Would make things much easier**
  - **Less headache**
  - **Avoid confusion**

Feedback from families in other TA:



What support did families in TA say they need?

‘Work together in central locations such as Community Hubs to provide in person support’.

‘Provide access to form filling services and basic interpreting services. ‘

‘Help moving out of temporary accommodation at earliest opportunity. ‘

- Improve temporary accommodation conditions
- Valuing TA Residents, delivering services onsite
- Provide courses such as ESOL/ Basic Skills.
- Provide in person form filling support.
- Community Hubs, Access to GP’s, CC’s, CAB, Foodbank, Housing, Early Help etc. in one location
- Provide better WIFI connections in TA and suitable areas for children to complete homework
- Provide training and employment support
- Access to mental health/ wellbeing support.

DAMP AND MOULD CHECKLIST

December 2023

Housing checklist to support identification of housing and clinical concerns related to mould and damp exposure

This resource has been developed through the collaboration of London's Public Health System partners; the Mayor of London, Association of Directors of Public Health (London), NHS England (London), Office for Health Improvement & Disparities, UK Health Security Agency.

Acknowledgements: Julie Billett, Shelley Aldred, Emer Forrest, Gladys Xavier, Georgie Herskovits, Christine Kirkpatrick, Philip Williams, Ian Diley, Nicky Brown, Lindsay-Jane Merrett, Emer O'Connell, Emma De Zoete, Josie Garrett, Sara Nelson, Anna Martinez, Jane Simmons, Rachel Knowles, Ingrid Barnes, Josephine Ozols-Riding, TechUK Damp and Mould Innovators Network, Association of London Environmental Health Practitioners, London Local Authority Chief Executives Group, London Directors of Housing and the Health and Housing Impact Network, UCL Centre for Access to Justice.

What is the London Damp & Mould Checklist?

This checklist resource is designed for use by **health and social care professionals** who visit residential properties as part of their management and care of patients. It provides a checklist and guidance to support the identification of internal damp and mould as well as people at risk of poor health due to damp and mould exposure in their home. Where concerns are identified this resource provides guidance on actions to take in the form of advice, signposting, and template letters to inform local authority housing teams, housing associations, landlords and health services of any concerns.

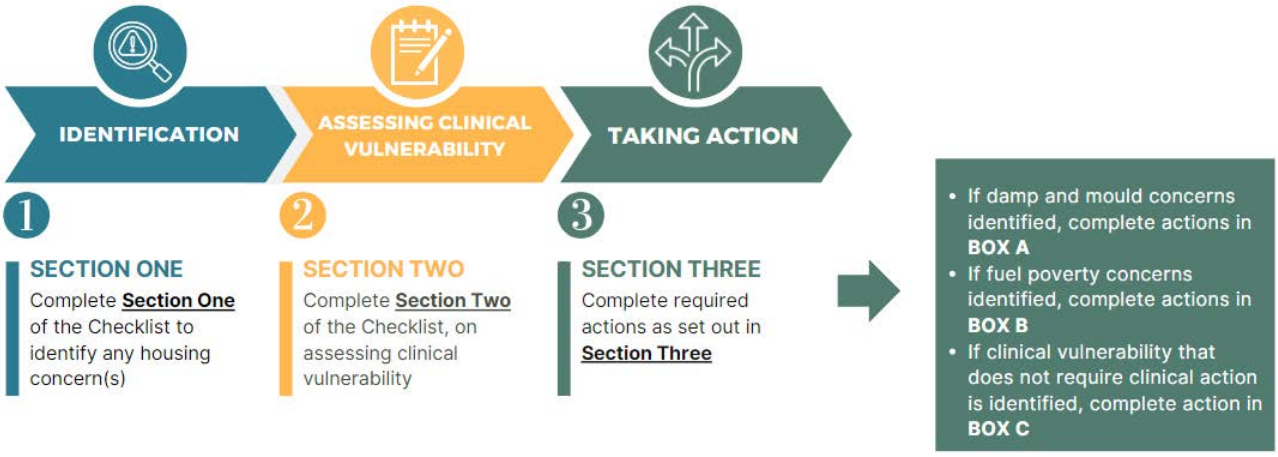
This is not intended as a tool for use beyond health and care professionals (e.g., landlords) owing to its focus on assessing clinical vulnerability alongside housing concerns. However, this checklist may also serve as a useful awareness raising tool amongst other frontline staff working in services beyond health and social care.

How to use the London Damp & Mould Checklist?

This London Damp and Housing Checklist is designed to support frontline health and social care professional in identifying and assessing clinical risks in the context of housing concerns relating to damp and mould.

The Checklist is divided into the following sections:

- Identifying housing concerns
- Assessing clinical vulnerability
- Taking action.



Section 1: IDENTIFICATION

SECTION ONE: IDENTIFYING HOUSING CONCERNS

Complete Q1-8 below to identify possible concerns related to mould, damp, and fuel poverty (see Appendix 1 for a factsheet and Appendix 3 for visual examples of concerns)

		YES	NO
Q1	**Is there visible condensation on windows or surfaces in the house?**		
Q2	**Are there visible patches of damp or water damage on walls or ceilings?**		
Q3	**Is there any visible mould growth on windows or surfaces or a smell of damp?**		
Q4	**Has the householder reported known leaks inside the property, faulty pipes or guttering outside the property, bridged damp-proof course or visible structural/ facade defects?**		
Q5	**Do any of the bathrooms or kitchen lack a working extractor fan?**		
Q6	**Are there concerns about adequate ventilation in the property?** For example: windows cannot be opened; windows do not have (operational) trickle vents; concerns about opening windows owing to high levels of outdoor air pollution, noise or for safety reasons.		
Q7	**Have the residents raised issues about damp and mould with their landlord?** (e.g., concerns have been ignored or the response to concerns is slow)		
Q8	**Are there concerns about the adequacy and effectiveness of the heating system for the property? Are the occupants struggling to heat their home?**		

Comments:

SECTION TWO: ASSESSING CLINICAL VULNERABILITY

If any housing concerns relating to damp and mould are identified in Section One, complete Section 2 below to identify any clinical concerns.

		YES	NO
Q9	**Are any residents/ tenants at increased risk from damp and mould, due to the following:**		
	Respiratory condition (Such as asthma and Chronic Obstructive Pulmonary Disease COPD, cystic fibrosis, other chronic lung conditions)		
	Skin conditions (such as eczema)		
	Cardiovascular conditions (e.g., angina, heart failure)		
	Immunocompromised or have a weakened immune system (e.g., immunosuppressants or undergoing chemotherapy, had a transplant, taking medication that suppresses the immune system)		
	People living with a mental health condition		
	Pregnant women, their unborn babies and women who have recently given birth, who may have weakened immune systems		
	Children and young people up to age 16 years (whose organs are still developing and are therefore more likely to suffer from physical conditions such as respiratory problems)		
	Older people, aged 65+		
	People who are bedbound, housebound or have mobility problems making it more difficult for them to get out of a home with damp and mould and into fresh air		
	Other……		
Comments			
Q10	**If your residents/ tenants are not at increased risk from damp and mould as listed in Q9, have they experienced any of the following in the last 6 months?**		
	Repeated instances of coughing, wheezing or breathing difficulties or throat infections		
	Repeated instances of dry, itchy, cracked, or sore skin		
	Recurrent irritation of the eyes		
	Recurrent nasal congestion, runny nose or sneezing		
	Frequent worry about damp and mould impacting mental health		
	Any A&E or hospital admissions due to breathing concerns or tightness of chest		
Comments			

SECTION THREE: TAKING ACTION

If concerns are identified in Section One and Section Two, see below for summary of recommended actions to be completed.

All individuals to receive a copy of the factsheet (see Appendix 1)

If any housing concerns are identified, but no clinical vulnerabilities or concerns, then complete the following actions:

- If damp and mould concerns identified ("YES" to any of Q1-Q8') - complete actions in **Box A.**
- If fuel poverty concerns identified ("YES" to Q8) – complete actions in **Box B.**
- If answered no housing concerns identified ("NO" to Q1-Q8) – no further action to be taken.

If clinical concerns or risk factors are identified in addition to housing concerns, then complete the following actions:

- If "YES" to any of Q1-Q8 **AND** "YES" to any of Q9 or Q10, complete actions in **Box C.**

Box A: Actions for exposure to damp and mould without clinical vulnerabilities or concerns present

1. **Signpost all individuals to the following resources:**
    a. NICE factsheet for professionals on improving indoor air quality
    b. NHS patient guidance on impact of mould and damp on health
    c. Guidance from Shelter (select England) and Citizens Advice on how to prevent damp and mould.
2. **If individual is a social tenant, consider template Letter C (see Appendix 2) to the landlord** and signpost to the following resources:
    a. National guidance on understanding and addressing damp and mould, which covers the responsibilities of social and private landlords
    Understanding and addressing the health risks of damp and mould in the home - GOV.UK (www.gov.uk)
    b. Guidance from Citizens Advice on responsibilities of social landlords and actions to take if damp is not addressed.
3. **If individual is a private tenant, consider template Letter C (see Appendix 2) to the landlord** and signpost to the following resources:
    a. National guidance on understanding and addressing damp and mould, which covers the responsibilities of social and private landlords
    Understanding and addressing the health risks of damp and mould in the home - GOV.UK (www.gov.uk)
    b. If concerns about a private landlord, consider reporting them through the GLA's rogue landlord process.
    c. Guidance from Citizens Advice and Shelter UK and on responsibilities of private landlords to address damp/mould and actions if landlord does not take action (including template letters for the tenant to raise concerns).

Box B: Actions for fuel poverty concerns.

1. **Signpost all individuals to their local Warmer Homes Advice service** for further advice and to the following resources:
    - Citizens Advice guidance on support for energy bills.
    - OFGEM summary of schemes and grants related to fuel poverty.
    - Mayor of London's Warmer Homes scheme (periodic) for private tenants/owner occupier

Box C: Actions for exposure to damp and mould AND a clinical vulnerability or concerns present

1. **Signpost all individuals to the following resources:**
    - NICE factsheet for professionals on improving indoor air quality
    - NHS patient guidance on impact of mould and damp on health
    - Guidance from Shelter (England) and Citizens Advice on how to prevent damp and mould.
2. **If individual is a social tenant, then complete and send template Letter A and/or Letter C (see Appendix 2) to the local authority and landlord** and signpost to the following resources:
    - National guidance on understanding and addressing damp and mould, which covers the responsibilities of social and private landlords
    - Guidance from Citizens Advice on responsibilities of social landlords and actions to take if damp is not addressed (need to check this and replace with an alternative link if recommended by the national guidance)
3. **If individual is a private tenant, then complete and send template Letter B and/or Letter C (see Appendix 2) to the local authority and landlord** and signpost to the following resources:
    - National guidance on understanding and addressing damp and mould, which covers the responsibilities of social and private landlords
    - If concerns about a private landlord, consider reporting them through the GLA's rogue landlord process.
4. Guidance from Citizens Advice and Shelter (England) and on responsibilities of private landlords to address damp/mould and actions if landlord does not take action (including template letters for the tenant to raise concerns
5. Health and care professionals should **follow their usual care pathways and protocols for the management of any clinical concerns and promote Making Every Contact Count using resources on MECCLink**
6. Cold Weather Payment giving support for individuals receiving certain benefits or Support for Mortgage Interest (SMI). A payment will be received if the average temperature in the household's area is recorded as, or forecast to be, zero degrees Celsius or below over 7 consecutive days.
7. Warm Home Discount Scheme is a one-off discount on electricity bills. The scheme reopened in October 2023.

APPENDIX 1 – FACT SHEET ON DAMP AND MOULD AND PREVENTATIVE ACTIONS

Fact Sheet: Impact of damp and mould on health and actions you can take.

- Landlords have a legal responsibility to address damp and mould when reported to them and to ensure the underlying causes are addressed, such as structural or ventilation issues and defects.
- Tenants should not be blamed for damp and mould.
- It is unavoidable that everyday domestic tasks, such as cooking, bathing, washing and drying laundry will contribute to the production of indoor moisture.
- In some circumstances and where appropriate, small reasonable adjustments by tenants can help to reduce their damp and mould risk. However, it is essential that any tenant actions sit alongside – are not a substitute for – tackling the root causes of the issue (building deficiencies, inadequate ventilation, or low indoor air temperature).

How can damp and mould affect your health?

Mould is a common form of fungus that can grow indoors, particularly in damp, cold and poorly ventilated spaces. To grow, mould produces small airborne particles known as spores. When inhaled these spores can cause irritation, allergic reactions and breathing difficulties, particularly in those who are most vulnerable[1]. Damp and mould primarily affect the airways and lungs, but they can also affect the eyes and skin. The respiratory effects of damp and mould can cause serious illness and, in the most severe cases, death.[2] [3]

Who is most at risk of poor health from being exposed to damp and mould?

Some people may be at increased risk of the health impacts of damp and mould exposure. This could be due to health-related or age-related vulnerabilities, or because they are less able to report and act on guidance relating to damp and mould, or simply because they are more likely to live in a home with damp and mould. These include babies and young children and older people, as well as those with respiratory conditions (such as asthma or chronic obstructive pulmonary disease (COPD)), cardiovascular disease, allergies, skin conditions (such as eczema) and those with weakened immune systems (for example those undergoing chemotherapy or who are immunocompromised).

What actions can you take to reduce damp and mould in the home?

- **Try to maintain good ventilation.**
  - Ensure extractor fans in the bathrooms and kitchen are working and are used whenever cooking or showering and for a period of time afterwards.
  - Regularly open windows and doors throughout the day, even for short periods, or partially open windows for longer periods, to improve ventilation and get rid of excess moisture. If your windows cannot open and there are not trickle vents, please ask your landlord to ensure the home is ventilated.
  - Keeping window trickle vents open
- **Try to reduce excess moisture and dampness;**
  - Where possible, try to dry any washing outside the home or in a well-ventilated room.
  - Wipe down any condensation that forms on windows each morning.
  - Ask your landlord to address any sources of water damage, both inside and outside the home.
  - Report leaks and damp where you detect it.

[1] Can damp and mould affect my health? - NHS (www.nhs.uk)
[2] Understanding and addressing the health risks of damp and mould in the home - GOV.UK (www.gov.uk)
[3] https://www.gov.uk/government/publications/damp-and-mould-understanding-and-addressing-the-health-risks-for-rented-housing-providers

- T**enants cannot be expected to reduce moisture levels if their home does not enable them to do so.** Landlords should work with tenants to understand how best to address the issue collaboratively.

- **Try to heat your home sufficiently.**
  - Landlords should ensure the property is heated effectively with functioning heating and that heating controls work.
  - Heating your home to a reasonable level of warmth can help prevent damp from forming. The UK government recommends heating rooms that are in use to a minimum of 18°C as spending time in a room below this temperature may be harmful to your health.

Where to go for further information:

- **Health concerns:** If you have any further concerns about how damp and mould are affecting your health, please discuss this with your GP or appropriate clinician.

- **Tenant and landlord responsibilities:** For further information on the responsibilities of tenants and private and social landlords (including complaints processes) please see the Citizens Advice page below or scan the QR code to the right: https://www.citizensadvice.org.uk/housing/repairs-in-rented-housing/

SCAN ME

- **Support with heating your home:** If you are struggling to heat your home to a reasonable temperature, please contact your local Warmer Homes Advice Service for further advice. For the contact number for your borough, please see the page below or scan the QR code to the right: *https://www.london.gov.uk/programmes-and-strategies/environment-and-climate-change/energy/warmer-homes-advice-service/warmer-homes-advice-service-your-borough*

SCAN ME

- National guidance has been developed with a multidisciplinary group of experts in housing and health. Members of the government's expert Committee on the Medical Effects of Air Pollutants were also consulted. It makes sure that social and private sector landlords have a thorough understanding of their legal responsibilities, and of the serious health risks that damp and mould pose.

- You may wish to consider pursuing legal action if your landlord is not fixing the disrepair. You may be able to get legal aid to help you do this. To find a legal aid lawyer https://find-legal-advice.justice.gov.uk/
  Check if you qualify for legal aid here: https://www.gov.uk/check-legal-aid

APPENDIX 2 – TEMPLATE LETTERS

TEMPLATE LETTER A: LOCAL AUTHORITY REFERRAL - HOUSING CONCERNS IDENTIFIED FOR SOCIAL TENANT

[INSERT SENDER'S DETAILS / ADDRESS]

CC: [INSERT SIGNATURE AND DETAILS OF LOCAL DIRECTOR OF PUBLIC HEALTH & GP]

Date:

Re: Concerns about mould and damp in residence (request for environmental health assessment for social tenant)

Dear colleagues (local authority social housing team),

Name of resident/s	*DOB*	*Address*	*Housing association*

Following a recent home visit to the above individual's residence, I have concerns about the presence of damp and mould in the property and the potential for a negative impact on their health**. I am writing to you to request that an environmental health assessment be completed for this property and that your team follow-up these concerns as appropriate to ensure these issues are addressed.**

I have attached a checklist completed with the individual which summarises the environmental issues identified as well as a completed brief health assessment. This has identified the following:

- The environmental assessment identified concerns relating to damp and/or mould (see section 1 of the enclosed checklist)
- The health assessment identified one or more individual living in the property who is at greater risk of negative health impacts from damp and mould exposure (see section 2 of the enclosed checklist).

Additional issues (for information only):

The following additional issues were identified, and I have signposted the household to further information:

- Fuel poverty (Delete as appropriate) Present/Not present

I have shared the attached factsheet with the patient and discussed ways they can reduce the risk of damp and mould in the property in the short-term.

Yours sincerely,

[NAME /POSITION / CONTACT DETAILS OF SENDER]

[ATTACH COMPLETED CHECKLIST AND FACTSHEET TO LETTER/EMAIL FOR INFORMATION]

[CC: INSERT GP NAME]

TEMPLATE LETTER B: LOCAL AUTHORITY REFERRAL - HOUSING CONCERNS IDENTIFIED FOR PRIVATE TENANT

[INSERT SENDER'S DETAILS / ADDRESS]

CC: [INSERT SIGNATURE AND DETAILS OF LOCAL DIRECTOR OF PUBLIC HEALTH & GP]

Date:

Re: Concerns about mould and damp in residence (request for environmental health assessment for private tenant)

Dear colleagues (local authority private rental team),

Name	*DOB*	*Address*

Following a recent home visit to the above individual's residence, I have concerns about the presence of damp and mould in the property and the potential for a negative impact on their health**. I am writing to you to request that your team follow-up these concerns as appropriate to ensure these issues are addressed by the landlord.**

I have attached a checklist completed with the individual which summarises the environmental issues identified as well as a completed brief health assessment. This has identified the following:

- The environmental assessment identified concerns relating to damp and/or mould (see section 1 of the enclosed checklist)
- The health assessment identified one or more individual living in the property who is at greater risk of negative health impacts from damp and mould exposure (see section 2 of the enclosed checklist).

Additional issues (for information only):

The following additional issues were identified, and I have signposted the household to further information:

- Fuel poverty (Delete as appropriate) Present/Not present

I have shared the attached factsheet with the patient and discussed ways they can reduce the risk of damp and mould in the property in the short-term.

Yours sincerely,

[NAME /POSITION / CONTACT DETAILS OF SENDER]

[ATTACH COMPLETED CHECKLIST AND FACTSHEET TO LETTER/EMAIL FOR INFORMATION]

[CC: INSERT GP NAME]

TEMPLATE LETTER C: NOTIFYING LANDLORD OF HOUSING DISREPAIR/ DEFECTS

Dear

RE: (TENANT'S NAME AND ADDRESS OF PROPERTY)

I write regarding housing conditions at the above address.

Following a recent home visit to the above address/consultation with the tenant* I have concerns about the presence of damp and/or mould* in the property.

Housing Conditions
The following defects appear to exist at the property since **[insert date if known or indicate rough duration if known]** and the tenant has told you about them on **[insert date if applicable].**

List of problems at the property **[delete or add to as needed – see section 1 of the checklist to complete this list]:**

- Visible condensation on windows and/or surfaces
- Visible patches of damp or water damage on walls and/or ceilings
- Visible mould growth on windows and/or surfaces
- Smell of damp
- Leaks inside property **[state where]**
- Faulty pipes or guttering outside property **[state where]**
- Visible structural or facade defects
- Bathroom(s) or Kitchen lack a working extractor fan
- Windows in **[state room(s)]** cannot be opened
- Windows in **[state room(s)]** do not have operational trickle vents
- Concerns about the adequacy and effectiveness of the heating system for the property
- **[insert other concern(s) as applicable]**

The defects at the property present a risk to the health and wellbeing of your tenants, including **[describe impact on health where applicable - see section 2 of the checklist].**

Please arrange to inspect the property as soon as possible and arrange for remedial works to be carried out. Access will be available by contacting the tenant on **[insert contact number for tenant/patient].** You should also inform the tenant of what remedial works you intend to undertake and the timescales for completion.

Your duty
In accordance with sections 9A, 10 and 11 of the Landlord & Tenant Act 1985 and section 4 of the defective premises act 1972, you have a legal duty to:

- maintain the property in state that is fit for human habitation,
- rectify any defects,
- Take steps to ensure the tenant and their occupants would be reasonably safe from personal injury or from damage to their property caused by any defect(s).

Please respond to the tenant in 14 days to let them know what action you intend to take to remedy the issues and information about any compensation you will provide.

Yours faithfully,

[Name]
[Job Title]
* delete as appropriate

APPENDIX 3 – VISUAL EXAMPLES OF EVIDENCE OF MOULD AND DAMP EXPOSURE IN HOMES

Examples of visible condensation on windows or surfaces:


Examples of visible mould in homes:


NOTE: If there is observable evidence of dampness in a building, such as visible mould, mould odour or water damage, including condensation, this is sufficient to indicate the need to remedy the issue to protect the health of tenants and prevent proliferation of the issue. These are just indicative images; even small areas of mould present a health risk.

The smell of mould without visible evidence of mould may indicate that there is mould behind a surface, such as on the back of wallpaper, panelling, ceiling tiles, the underside of carpets, behind pipes, furniture or inside heating and ventilation units.

Even if visible mould is not present, dampness alone can increase the risk of health problems.

Please refer to the national guidance for more information https://www.gov.uk/government/publications/damp-and-mould-understanding-and-addressing-the-health-risks-for-rented-housing-providers

We welcome feedback from colleagues on this new tool and are committed to reviewing this document periodically. Please feel free to send comments to LondonDampandMould@dhsc.gov.uk

Integrated Care Partnership

18 July 2024

Title of report	System approach to co-production
Author	Dianne Barham, HealthWatch Waltham Forest and Charlotte Pomery, Chief Participation and Place Officer, NHS NEL
Presented by	Dianne Barham and Charlotte Pomery
Contact for further information	Charlotte Pomery: charlotte.pomery@nhs.net
Executive summary	Set out in the slide deck attached, is a proposed approach to embedding co-production across the work of the integrated care system. The importance of taking forward co-production has been discussed and agreed in a whole raft of governance and other settings in recognition of the benefits to the commissioning cycle, and how we use our assets and resources across the system to improve health and wellbeing outcomes, as well as to local people and wider stakeholders in being agents in their own health and wellbeing. The Integrated Care Partnership Steering Group, where this proposal was discussed, was clear that co-production needs to be considered for all stages of the cycle, from strategy to prioritisation to use of resources to delivery and not solely for contributions to a specific service redesign as we already know how critical people with lived experience, and their families and carers, are to improving services and outcomes at all stages. The deck is aimed to initiate a wider discussion at the Integrated Care Partnership (ICP) on developing co-production, amidst an emerging consensus that we need to focus as a system not on developing a single model but on agreeing a consistent definition and small bundle of principles. A range of examples both locally and from further afield, are given to enable consideration of different approaches, adding depth and richness to the paper. and to support the proposal.
Action / recommendation	The ICP is asked to note and comment on the report and to endorse the direction of travel proposed: to develop a system approach and ambition for co-production centred around a shared definition and a set of principles
Previous reporting	Population Health and Integration Committee (PHIC); ICP steering group; Executive Committee

Next steps/ onward reporting	Worked up approach will be brought back through the ICP and PHIC.
Conflicts of interest	None identified
Strategic fit	This report touches on and aligns with all aims to: • improve outcomes in population health and healthcare • tackle inequalities in outcomes, experience and access • enhance productivity and value for money • support broader social and economic development
Impact on local people, health inequalities and sustainability	Embedding co-production across north east London consistently is likely to have a number of impacts for local people, including improved services and outcomes; increased sense of agency; closer alignment of need and resource; tailored responses which draw on the full range of community assets and protective factors.
Has an Equalities Impact Assessment been carried out?	Not yet although will be considered as part of developing the definition and principles as proposed.
Impact on finance, performance and quality	No direct impact on finance, performance and quality arises from the production of this report – however, it is considered that consistent co-production will over time support the optimal use of resources and improvements in both performance and quality. There may be some costs and investment of time associated with a more consistent embedding of co-production, given the time and resources which need to be allocated to support genuine co-production through the system.
Risks	There are risks in not agreeing a more consistent approach to embedding co-production which arise from missing out on the opportunities to involve fully those who draw on services and the wider local population in all aspects of the development and delivery of strategy, models of care and treatment and services. There is a risk our efforts will be fragmented causing some confusion to local people. And there is a risk that local voice becomes diluted rather than acting as a strong anchor to all that we do.

NHS
North East London

How best to enhance and embed co-production across north east London?

Reflecting on appetite and next steps

Integrated Care Partnership

18th July 2024

Working with People and Communities Strategy

Our NEL ICS Strategy: Working with People and Communities 2022 – 2025 was the first strategy agreed by our new ICB Board at its inaugural meeting on 1st July 2022, reflecting our commitment to participation as a right for all people in north east London

It set out our vision to ensure participation is at the heart of everything we do. This is rooted in a set of co-designed principles for participation, which are grouped under five overarching themes:

- Commitment
- Collaboration
- Insight and evidence
- Accessibility
- Responsiveness

We have focused on embedding the principles and commitments into our work, as an ICB, across the NEL system and through our place-based partnerships and collaboratives as we develop co-production.

Working with People and Communities Strategy

- Commitment: We will develop an infrastructure of participation within our governance and leadership – this will include people and community voice at ICS Board level through representation by a member of our NEL ICS VCSE Alliance as a voting member; senior executive leadership through the appointment of an ICS Chief Participation and Place Officer and specific leadership at place; enactment of our pledge to be people and community driven, clinically led and executive enabled through our requirements as we delegate responsibilities within each of our collaboratives, where groups of NHS providers work together. Participation will be part of the culture and individual staff development of the ICS and importantly we will develop mechanisms for our people and communities to hold the ICS to account for its commitment to participation, and the outcomes of that participation.
- Collaboration: We will work across the ICS and with our people and communities to deepen our collaboration – this will include continuing to build on the work we already undertake within primary care, the development of clinical and professional pathways and wider engagement and the work of our partners with a focus on how to integrate care, management of population health, tackle health inequalities, and ensure productivity. We will also develop how our joint standards will be delivered, resourced and evaluated.
- Insight and evidence: We will gather insight and evidence to inform our priorities and target our participation efforts – this will include identifying how to build on the commissioned Community Insights System developed and managed by our eight local Healthwatch organisations and bringing together evidence from across our collective partnership to ensure that people and communities drive our four partnership agreed flagship priorities: employment, mental health, children and young people and long-term conditions, with an emphasis on prevention. We will also use insight and evidence to identify communities most impacted by health inequalities and those seldom heard to target, encourage and specifically enable participation.

Working with People and Communities Strategy

- Accessibility: We will ensure that all people and communities are aware of and are supported to participate – this will include being clear about the role of an integrated care systems, the different ways that participation can take place, the support and training that is available and how people will be rewarded. Critically, it will also include proactively seeking to remove barriers to participation, utilising community development approaches and reducing inequity in our participation activities, enabling inclusion and positive participation for all and ensuring that we purposefully seek a diversity of people and communities. •
- Responsiveness: We will ensure that the impact of participation is clear to people, communities and partners – this will mean developing guidelines with people and communities that will ensure that participation is a meaningful and positive experience; providing clear evidence of the impact of individual and collective participation within strategies and decision making; providing ongoing feedback and supporting people and communities to evaluate participation and developing mechanisms for their oversight of the recommendation implementation.

Co-production

When the Strategy was first adopted by the Board, it was recognised that there was work to do both to develop and to embed co-production as an approach across north east London and that the Strategy could be more ambitious in this area. Since then, we have seen, supported and enabled many examples of co-production but to pull on a few:

- Tower Hamlets Together has adopted a Co-Production Framework at the Health and Wellbeing Board there, committing to working to the principles of Reciprocity, Equity and Agency.
- Barking & Dagenham is working with local people and communities on developing a Co-Production Charter which likewise will cover the work of the local partnership and all partners.
- The work of the Mental Health, Learning Disabilities and Autism and the Community Collaboratives continues to build on years of best practice on which other parts of our system can and do draw.
- Responding to End of Life Care needs in Redbridge and Waltham Forest is built around an inclusive community led Community Advisory Group which has co-produced next steps by being involved at all stages and in all conversations.

Co-production: examples of definitions

There is, currently, no shared definition of co-production for the system and there are times when the phrase is being used to describe good engagement and not the fuller process of co-production, meaning distinctions can be hard to draw. There are many definitions to consider, below are a few from across our system, and as we mentioned a number are in development:

NHSE

- Co-production is a way of working that involves people who use health and care services, carers and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation.

- Co-production acknowledges that people with 'lived experience' of a particular condition are often best placed to advise on what support and services will make a positive difference to their lives. Done well, co-production helps to ground discussions in reality, and to maintain a person-centred perspective. Co-production is part of a range of approaches that includes citizen involvement, participation, engagement & consultation.

NHS NEL

- We recognise that to deliver true co-production we must invest in supporting our people and communities to participate, ensuring that they have access to the resources, information and staff which means every interaction is positive and leads to an improvement. We have developed common standards and have been purposeful in declaring that participation is a right, as stated in our NHS Constitution

Co-production: examples of definitions

ELFT

- To improve quality, we must listen to our service user voice and work together to make sure your needs are being met. We call this co-production and here's what it can look like in practice:

- Parents, carers, and service users engage with services to collaborate on the production and delivery of projects. These projects can be Service driven or Service User driven;

- People participation is evident at all stages in service delivery;

- Collaboration is meaningful and not tokenistic; you will be assigned responsibilities and compensated for your contributions (for more information please see our Reward and Recognition Policy).

NELFT

Co-production is a way of working that involves people who use health and care services, carers and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation. Co-production acknowledges that people with 'lived experience' of a particular condition are often best placed to advise on what support and services will make a positive difference to their lives. When it's done well co-production helps to ground discussions in reality and maintain a person-centred perspective. Co-production is part of a range of approaches that includes citizen involvement, participation, engagement and consultation. It's a cornerstone of self-care, of person-centred care and of health coaching approaches.

Co-production: examples of definitions

Tower Hamlets Together

Co-production is a relationship where professionals and citizens share power to plan and deliver support together, recognising that both have vital contributions to make in order to improve quality of life for people and communities working to principles of Reciprocity, Agency and Equality

Newham

It means working together on an equal basis. In Newham this includes:

- Residents and people with lived experience, carers, councillors, community groups, officers

It allows you to be involved in every aspect of a service, including its:

- Co-design; Co-commissioning; Co-delivery; Co-monitoring; Co-evaluation

And there are many others we could set out here.

East London NHS Foundation Trust: ideas to encourage and support co-production

At East London NHS Foundation Trust (ELFT), we believe in the power of co-production. We understand that the key to successful improvement work lies in the hands of those who use our services, in addition it is 2.8 times more likely that an aim will succeed if there is Big I* service user involvement (Kostel and Shah, 2021). This is why we strive to ensure authentic and meaningful involvement of service users and carers in all our Quality Improvement (QI) projects. Below are some ideas being tested across the Trust to encourage and support coproduction across the Trust.

Training Together for Better Services

- Our staff and service users receive training together on QI learning programmes at ELFT. This joint training equips them with the necessary skills to collaborate effectively and make their services better. We also offer specific training for service users and carers as an introduction to QI to encourage involvement so they can improve where they receive care.

*Big I Involvement: Service Users as Active Members of Project Team

- Across the Trust, the QI and People Participation teams have been testing change ideas to increase the number of projects with ‘Big I’ service user involvement. This means that service users are full active members of the QI project team. While most projects have ‘little I’ involvement where service users have been consulted, ensuring ‘Big I’ requires a proactive approach. Ideas are tested using Plan-Do-Study-Act (PDSA) cycles, just as we do in any improvement work.

Collaborative Action Plans and Information Packs

- Community Health Services in London and all the mental health services across Beds and Luton have been testing out more regular meetings between People Participation and the Improvement Advisors to work together to create an action plan to recruit service users to join improvement work. In addition, London Community health services have been sending information packs about ‘Big I’ Involvement to all new project team members before they pitch to the QI Forum. This ensures that everyone is on the same page about the importance of service user involvement.

Healthwatch Hackney - Breast health project in Hackney Marshes

Scoping

- Low breast cancer screening uptake-2nd cause of death in women under 50
- required a personalised, hyperlocal approach with residents to understand barriers and solutions.

Partnership

- Healthwatch Hackney
- City & Hackney Cancer leads
- Women's health hub
- NEL Cancer Alliance
- Imperial University London
- Pan London breast screening service
- Public health

Resident engagement

10 Healthwatch reps/residents steered the project:

- Survey design and distribution.
- Scoping
- Group facilitation
- Design of a national leaflet.

Completed:

- 4 focus groups, 44 residents including Irish traveller.
- 162 survey responses
- promotion of breast health and awareness.

Resident focused change ideas

- Using arts as a coproduction tool via a facilitated arts workshop leading to an exhibition

Themes:

- Age of screening not fit for purpose
- NHS App for Irish traveller community
- Additional health promotion focused on non-screening age and more campaigns in local community locations.
- Breast health promotion in schools/universities
- More health promotion at GPs
- Community health and wellbeing events

Tower Hamlets CVS Flourishing communities – coproducing change in reproductive health with women

Partnership with Women's Inclusive Team, Limehouse, Praxis and THCVS.

- Research with women from Bangladeshi, Somali and migrant communities
- Women's steering group identifying solutions

Working with VCS organisations supporting women, GP care group, Barts Health, Sexual health services, CEPN, Public Health and university of the arts.

- Increase access to cervical screening
- Improve maternity experiences for women
- Raise awareness of contraception

Ideas for change

- Community champions raising awareness through culturally sensitive approaches in community settings
- Videos to support health literacy on access to services and making the most of your appointment
- Exploring setting up women's health equity group

Healthwatch Havering - Long COVID

Participating groups

- Healthwatch Havering
- Public Health
- Havering North PCN
- NELFT Long Covid Clinic
- BHRUT

Engaging Local People

- Initial survey by Healthwatch Barking & Dagenham, Havering and Redbridge - June 2022
- Follow up survey by Healthwatch Havering –Sept 2022
- Focus Groups with Long COVID patients – May 2024

Results so far

- Production of poster for GP practices and elsewhere
- (see right)(with patient input/feedback)
- Consideration of setting up peer support group(s) Used as evidence for ICB funding decisions

Locality leads: Barking & Dagenham Partnership

The locality leads model is a **new approach** to building community resilience in Barking & Dagenham. The borough has been divided into six localities, broadly mapped to the primary care networks which:

- Operate at the level of neighbourhoods of circa 40,000 residents; are supported by the GP health inequality leads in each locality; link networks of social sector organisations in each locality and involve residents in the design and testing of prototypes, designed to address health inequalities and the cost of living

The new model commenced in October 2022, and used the first year to prove concept with the ambition over a ten year approach to improve healthy life expectancy by an average of four years. The approach builds community system resilience (the commitment and investment by everybody living, working, studying, running a business and regularly visiting has in 'their' neighbourhood). The work is underpinned by an international evidence base that shows that health outcomes are significantly influenced by:

- Residents' sense of control over their destiny, *and* their sense of living in a community that has control over its destiny, and can hold government and public systems to account
- The strength of connection, trust and belonging (as measures of social capital and collective efficacy) to community that gives residents permission to both accept and give help to their neighbours
- A dynamic equilibrium between the 5% of work by healthcare systems and the 95% of support offered by family, friends, neighbours, work colleagues and other civil society support around healthcare interventions
- The approach seeks to increase residents' sense of control over their destiny, boost connection, trust and belonging, and break down barriers that impede the 95% of response from family and civil society.

Approach: building a Big Conversation founded on co-production and community capacity

Co-production: conclusion and proposal

We welcome the multiplicity of approaches and models, built through local partnerships and organisations and reflecting the passion and commitment to co-production across our system.

We also recognise that not all parts of our system are equally mature in approaching and embracing co-production and as ever there is much to learn from each other and from colleagues beyond north east London to build co-production into all that we do. Visibility of some of the approaches currently being adopted would be useful to see in the round.

Further to a number of conversations, any approach to develop a system level model for co-production feels unhelpful and we are proposing therefore that we work to agree a shared definition of co-production for north east London, which builds on the work already in place, reflects the diversity of our communities and embraces the inclusiveness we are keen to embed in our culture

We would also seek to agree a small set of principles beneath the definition which enables development of co-production throughout our system all within a culture of learning and improvement