



Report of: Director of Public Health

Health and Wellbeing Board	Date: 25 January 2017	Ward(s): All
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SUBJECT: Islington Joint Health and Wellbeing Strategy (JHWS) 2017-2020: Consultation Responses and Final Strategy

1. Synopsis

- 1.1 Islington's Joint Health and Wellbeing Strategy (JHWS) 2017-2020 sets out the Health and Wellbeing Board's (HWB) continued commitment and approach to tackling health inequalities and promoting health and wellbeing for the population of Islington. It builds on the successes of the previous JHWS over the past three years and looks to the future to focus on those issues which have a big impact on health and wellbeing outcomes and which require a multi-agency partnership approach. The HWB agreed a draft version for public consultation on 19 October 2016.
- 1.2 The draft JHWS went out for public consultation for six weeks (26 October 2016 to 7 December 2016) and was widely circulated through a range of engagement mechanisms to reach local stakeholders, partners and the wider community, including local councillors, NHS partners and GPs, schools, children's centres, the community and voluntary sector, and residents. Respondents were able to engage with the consultation through a variety of means, including an online survey, verbal response, email response, and a paper response form.
- 1.3 113 people clicked on the online survey link and reviewed the JHWS. Of these, 24 people submitted a survey response. 17 people also submitted responses by email. The draft JHWS was also presented and discussed at six stakeholder meetings (see appendix 2 for details). The responses were largely positive and show support for the priorities outlined in the draft JHWS, along with some additional suggestions for areas to include in the JHWS.
- 1.4 This report summarises the consultation responses and our response to that feedback, and presents the final Joint Health and Wellbeing Strategy 2017-2020 for the Board's approval.

2. Recommendations

- 2.1 To note the findings of the consultation and subsequent changes made to the Joint Health and Wellbeing Strategy.
- 2.2 To approve and adopt the final version of the Joint Health and Wellbeing Strategy.

3. Background

- 3.1 Islington's JHWS 2017-2020 sets out our commitment and approach to tackling health inequalities and promoting health and wellbeing in the borough.
- 3.2 Through the implementation of the JHWS, we will seek to achieve real and measurable improvements in the health and wellbeing of residents. We will invest in prevention and early intervention activities, and we will provide a coordinated approach to ensure that all of our activities contribute towards health improvement and reduced inequalities.
- 3.3 It is not intended to be a detailed plan of action but instead sets out those areas that are of the greatest importance to the health and wellbeing of Islington's population and where a partnership approach across and beyond Islington Health and Wellbeing partners can make the biggest impact. It has been informed by a range of sources of knowledge and intelligence, including the Joint Strategic Needs Assessment (JSNA), which describes Islington's population and the current and future health and wellbeing needs of residents.
- 3.4 The Islington Health and Wellbeing Board has chosen to continue focusing on the previous JHWS's three priorities in order to build on successes achieved so far and to work on areas where challenges remain. The three priorities are:
 - 1. Ensuring every child has the best start in life
 - 2. Preventing and managing long term conditions to enhance both length and quality of life and reduce health inequalities
 - 3. Improving mental health and wellbeing.

Purpose of the consultation

- 3.5 The purpose of the consultation was to engage with residents, the voluntary and community sector and statutory partners so that they could provide feedback on the proposed actions and measures drafted in the JHWS. The views, knowledge and insight from a range of stakeholders across Islington are vital in order to ensure the JHWS is meeting the needs and reflects the commitment of our residents and partner organisations.

Consultation approach

- 3.6 The draft JHWS was out for consultation for six weeks between 26 October 2016 and 7 December 2016.
- 3.7 Local stakeholders, partners and the wider community, including councillors, local NHS partners, GPs, schools, children's centres, the community and voluntary sector, and residents were all engaged through this process. The JHWS consultation was widely circulated and promoted through a number of routes, including websites, newsletters, e-bulletins, twitter, and meetings.
- 3.8 A consultation questionnaire was available in hard copy and online. There was a dedicated email address and all key documents were posted on the Council website.
- 3.9 113 people clicked on the survey link and reviewed the strategy. Of these, 24 people submitted a survey response. An additional 17 responses were submitted by email. The draft JHWS was also presented and discussed at six stakeholder meetings and the feedback from those discussions is included here. Appendix 2 gives a full list of all respondents and meetings attended.

Consultation channels	Number of responses
Online responses	113 clicked on the Survey link and looked at the JHWS; 24 submitted a response
Email responses	17 (13 individuals and 4 organisational responses)
Feedback from meetings	6*

*Includes feedback from individuals, groups or organisations

Response to the consultation

- 3.10 A range of views were collected during the consultation. The majority of people agreed with the draft priorities, proposals and indicators of success. Many also helpfully described how they could contribute towards achieving the priorities set out in the JHWS. Respondents also made a number of suggestions for additional priorities and areas that should be included in the JHWS. Further detail of these responses can be found in Appendix 1.
- 3.11 Common themes emerging from suggestions for additional areas to be included were:
- More information on how we will integrate children's services
 - Wider focus on air pollution, parks and the built environment
 - More focus on substance abuse/misuse
 - Recognition of cancer as a long term condition
 - Include children's long term conditions
 - Wider focus on active travel, healthy streets and physical activity
 - More emphasis on housing
- 3.12 Feedback also focused on the indicators proposed for monitoring progress with implementation, with a specific suggestion for shortening the number of indicators and prioritising outcome indicators over process indicators.

Conclusion and Next Steps

- 3.13 The JHWS has now been reviewed and amended to incorporate the feedback received, wherever possible. As programmes of work are developed and implemented to achieve the ambitious outcomes set out within the JHWS, residents, service users and voluntary and community sector (VCS) organisations will continue to be proactively engaged to help shape this process. The revised final draft JHWS is now presented for approval.
- 3.14 This consultation report and the final JHWS will be circulated to all key stakeholders and to those who participated in the consultation, following formal approval by the Health and Wellbeing Board.
- 3.15 The indicators detailed in the JHWS will be monitored over the life of the strategy, with regular progress reports to the Health and Wellbeing Board.

4. Implications

Financial implications:

- 4.1 Any plans or strategies derived or agreed in relation to this report should use existing available resources and therefore not create a budget pressure for the Council or partner organisations.

Legal Implications:

- 4.2 A requirement of the Health and Wellbeing Board is to produce a Joint Health and Wellbeing Strategy to direct the major strategic work on health and wellbeing in the borough. Section 195 of the Health and Social Care Act 2012 requires the Health and Wellbeing Board to encourage integrated working. Section 195 (1) specifically provides that the Health and Wellbeing Board must, for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner.

- 4.3 Section 195(4) further provides that the Health and Wellbeing Board may encourage persons who arrange for the provision of any health or social care services in its area and persons who arrange for the provision of any health-related services in its area to work closely together.
- 4.4 Reference is made to the Joint Strategic Needs Assessment (JSNA) Joint Strategic Needs Assessment on health and employment in Islington. Section 116 of the Local Government and Public Involvement in Health Act 2007 (“the 2007 Act”), as amended by section 192 of the 2012 Act, requires a responsible local authority and each of its partner clinical commissioning groups (CCGs) to prepare a JSNA. Section 196(1) of the 2012 Act requires that this function is to be exercised by the Health and Wellbeing Board of the local authority. The JSNA informs the Joint Health and Wellbeing Strategy (“JHWS”) which sets out joint priorities for local commissioning. The purpose of JSNAs and JHWS is to improve the health and wellbeing of the local community and reduce inequalities for all ages. In preparing JSNAs, the Health and Wellbeing Board must have regard to guidance issued by the Secretary of State. The “Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies” (March 2013) states that in producing the JSNA, Health and Wellbeing Boards are required to consider wider factors that impact on their communities health and wellbeing, (such as community safety, transport, housing). The statutory guidance also states that JSNAs are a continuous process and an integral part of local authority and CCG commissioning cycles, and that Health and Wellbeing Boards are required to decide for themselves when to undertake a fresh process to ensure they are able to inform local commissioning plans over time.

Environmental Implications:

- 4.3 Actions taken as a result of the JHWS to reduce air pollution will have a positive environmental impact. The link between poor housing conditions and poor health is also addressed in the JHWS and, where this addresses fuel poverty through improving the energy efficiency of homes, there will also be a reduction in carbon emissions.

Resident Impact Assessment:

- 4.4 The Council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The Council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The Council must have due regard to the need to tackle prejudice and promote understanding.
- 4.5 A Resident Impact Assessment has not been completed because this work describes different streams of work rather than being a new project. Equality Impact Assessments and public engagement are undertaken for programmes/services as and when needed and will continue to be part of this process. The proposals outlined in this report should have an overall positive impact for the residents of Islington in terms of health and wellbeing.

5. Conclusion and reasons for recommendations

- 5.1 The Health and Wellbeing Board is asked to note the findings of the consultation and the subsequent changes made to JHWS, and to approve and adopt the final version of the JHWS.

Appendices

- Appendix 1: Consultation responses
- Appendix 2: Consultation respondents
- Appendix 3: Draft Islington's Joint Health and Wellbeing Strategy 2017-2020

Background papers

- None

Signed by:



Director Public Health, Julie Billett

11th January 2017

Date:

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APPENDIX 1 – Consultation responses

PRIORITY ONE: Ensuring every child has the best start in life

The first question asked "Do you agree that the actions are right for ensuring every child has the best start in life? Are there any actions you feel should be included or excluded, and why?" 26 people responded to this, and 18 explicitly agreed with the priority areas proposed in the draft JHWS: 6 did not disagree or agree. Key themes that emerged from the responses are described below in Table 1.

TABLE 1: PRIORITY ONE Ensuring every child has the best start in life	
Consultation responses	What we will do/are already doing
Integration of children's services	
<ul style="list-style-type: none"> The work underway in Islington around integrated children's services should be reflected in the JHWS. The services involved should be mapped out in the JHWS. Support for an integrated programme across Islington, along with a more consistent training programme to which all staff could be directed. Important to ensure that there is good transition to primary school from early childhood service for the most vulnerable under 5s. Commission services which contribute to meeting multiple outcomes from multiple priorities, involving providers from a range of settings. 	<p>A great deal of work is done involving multiple partner organisations to increase and deliver on integrated children's services, including a number of services, networks and plans in place. More information has been included about our commitment to integrated care in the JHWS.</p> <p>This priority is focused on the first few years of life as evidence points to this period being critical for later health and other attainment outcomes. However, we have included school readiness as an indicator to reflect concern about the transition period into primary school, and recognising this as a valid measure of positive engagement and outcomes during the first few years of life.</p>
Early child feeding and healthy eating	
<ul style="list-style-type: none"> Early child feeding and nurturing should be specifically mentioned in the JHWS. The UNICEF Baby Friendly accreditation should be listed as an achievement to date in Islington, along with maintained commitment to this accreditation. Include a commitment to increasing the number of families eating fresh fruit and vegetables. 	<p>There are a range of activities in Islington focusing on healthy eating, facilitated by the Islington Food Strategy Steering Group. The group will be developing their strategic plans at the beginning of 2017, which will look at a range of aspects, including ensuring children have access to healthy foods in Islington and healthy eating. The Islington Food Strategy group will be advised of this feedback. There is a commitment to increasing the number of families eating fresh fruit and vegetables through the Healthy Start and Healthy Schools schemes.</p> <p>The achievements to date with the UNICEF Baby Friendly accreditation are acknowledged and Islington Council remains committed to the accreditation.</p> <p>In addition, a commitment to healthy eating through the Healthy Early Years programme has been included in the JHWS.</p>

Air pollution and traffic	
<ul style="list-style-type: none"> • Address air pollution and the resultant health inequalities and morbidity and mortality in children should be included. • Work to minimise motorised traffic, reverse the "Roamer Parking" scheme and have campaigns to discourage the school run. 	<p>Air pollution is a very important risk factor for health. Islington's Air Quality Strategy 2014-2017 sets out a number of priorities, including encouraging changes in driver behaviour, reducing emissions from idling vehicles, and mapping and advertising safer walking and cycling routes, and we have made good progress to date with the priorities. In addition, Islington's Transport Strategy for 2011-2031 sets out how improvements will continue to be made to road infrastructure and non-motorised transport methods will be increased.</p> <p>Public Health will be inputting into the Mayor's Plan and the upcoming Transport Strategy to influence commitment across the city to reducing air pollution, improving roads and streets, and increasing active travel.</p> <p>In addition, Public Health at the London Borough of Islington will be working with Planning to promote healthy streets, and will continue looking into ways to make Islington a healthier place to live for children.</p> <p>The Healthy Schools Programme in Islington encourages active forms of travel to and from school for children, establishing healthy habits and awareness at an early age.</p>
Knowledge in the community	
<ul style="list-style-type: none"> • It might be helpful to increase knowledge about child development in the community 	<p>The JHWS describes commitment to increasing knowledge of child development amongst the workforce in Islington, including in those working in the community. Our universal and targeted services working with Islington and families and communities plan to increase knowledge and awareness.</p>
Children's achievements	
<ul style="list-style-type: none"> • More emphasis on children's achievements, specifically by ensuring every child can read and write by age 10; they learn to present viewpoints by age 12; and they start a second language at age 8. 	<p>Working towards specific achievements can be helpful, and there is therefore a commitment to a clear focus on school readiness and language development in the JHWS.</p> <p>Further details on our ambitions for children's achievements are provided in the Islington Children and Young People's Health Strategy 2015-2020, and in the Islington Children and Families Prevention and Early Intervention Strategy 2015-2025.</p>

Making the most of available resources	
<ul style="list-style-type: none"> • Make more use of Community Centres and other resources already available. • Make more use of signposting for all families, involving voluntary organisations. • Increase engagement with families who get food bank vouchers to help them understand the law, the system and society in order to support them get the right services for their children. 	<p>Services in Islington work hard to ensure residents are signposted to the right services through the initiative Making Every Contact Count. This initiative is a key part of our local approach and supports staff to understand the needs of residents and families, provides appropriate and timely advice and signposts to a range of statutory and community resources and assets. (www.islingtonmecc.org.uk)</p> <p>Services in Islington are also continually making sure that the most is made of resources already available.</p> <p>Increasing engagement with more vulnerable families is an important area, and this is covered in Islington's Children and Families Prevention and Early Intervention Strategy 2015-2025.</p>
Age groups	
<ul style="list-style-type: none"> • More emphasis on young people age 6-18 and 11-19, along with specific actions relating to this age group. 	<p>This JHWS focuses on the 0-5 age group, where evidence shows we can make the biggest difference to health outcomes later in life.</p> <p>A range of work and programmes are in place for young people of school age across Islington, and these are addressed in the Islington Children and Young People's Health Strategy 2015-2020, and the Islington Children and Families Prevention and Early Intervention Strategy 2015-2025.</p>
Gangs and serious knife crime	
<ul style="list-style-type: none"> • More emphasis on gangs and serious knife crime, along with more detail on what we are doing in this area. 	<p>We agree that gangs and serious knife crime are an important area of need in Islington, and this has been addressed in priority 3 in the JHWS.</p>
Other comments	
<ul style="list-style-type: none"> • Islington public services should assess staff for capacity and capability to deliver services. • Too many public service workers are failing to deliver any of the work or JHWS and are unwilling to engage and help the people in need. 	<p>Services in Islington work hard to ensure residents are signposted to the right services through the initiative Making Every Contact Count. This initiative supports staff to understand the needs of residents and families, provides appropriate and timely advice and signposts to a range of statutory and community resources and assets.</p>

PRIORITY 2: Preventing and managing long term conditions to enhance both length and quality of life and reduce health inequalities

The second question asked "Do you agree that the actions are right for preventing and managing long term conditions? Are there any actions you feel should be included or excluded, and why? 25 people responded to this, 14 (56%) explicitly agreed with the priority areas proposed in the draft JHWS: 7 (28%) did not disagree or agree. Key themes that emerged from the responses are described below in Table 2.

TABLE 2: PRIORITY TWO Preventing and managing long term conditions to enhance both length and quality of life and reduce health inequalities	
Consultation responses	What we will do/are already doing
<p>Active travel and physical activity</p> <ul style="list-style-type: none"> • Shift the focus of this priority to developing a healthy environment and Liveable Neighbourhoods to encourage physical activity, particularly emphasising active travel (walking and cycling), access to healthy food for families, and by adopting the Healthy Streets approach. • We suggest forming an Active Travel Working Group, producing a Walking and Cycling Vision for Islington, and working towards prioritising walking and cycling in future road maintenance and development. • Fully exploit the links between health and local government departments to shape an environment where the healthy choice is the easy choice. • Urgent need to strength links between public health and the Transport and Planning departments. • Leisure facilities are prohibitively unaffordable, and I would like to see an increase the provision of allotment gardening. 	<p>Creating healthy environments is recognised as crucial for population health outcomes. Public Health works with closely Planning to ensure our streets and infrastructure are improved. Public Health has recently supported the development of the Islington Local Plan, which describes how land will be used in Islington over the next 15 years.</p> <p>With respect to active travel and healthy streets, Public Health is currently in discussions with Planning about how they can all work together to implement the Mayor's and TFL's healthy streets vision and approach.</p> <p>A campaign to promote walking in Islington, aligned with Public Health England's national campaign, will be launched in 2017.</p> <p>The Islington Proactive Partnership - a network of providers, commissioners and elected members working to increase physical activity in the borough - will be conducting a needs assessment at the beginning of 2017 to identify physical health needs in the borough. They will use this to develop a new physical activity strategy. This will look to ensure leisure and other physical activity facilities are universally accessible and reach people who would significantly benefit from increased physical activity. Islington Council leisure facilities offer a concessionary membership for residents who have a disability or receive benefits, under 16s, full-time students and senior citizens. The Council website provides a list of outdoor gyms in the borough, which are free to use and ensure there is universal access to facilities.</p>

Air pollution and public spaces/parks	
<ul style="list-style-type: none"> • Include action on air quality, particularly around schools. Act to protect the public's health when air pollution levels are high, include it as an area of focus in strategic planning, and find a champion. • Minimise private motorised traffic across the borough, reverse the 'Roamer Parking' scheme, pro-active campaign to discourage the school-run, action to support "no vehicle idling" areas, and encourage uptake of zero and low emission vehicles, including supportive infrastructure. • Deliver new public open space in the area via neighbourhood plan. • Increase opportunities for children and families to play and have access to nature. Acknowledge universal adventure play and youth services. • I welcome the fact that there is no longer the statement that "being able to afford a healthy lifestyle is becoming increasingly challenging for people, particularly those on lower incomes". 	<p>This JHWS recognises the impact wider determinants have on health and will provide strategic direction to Council strategies and action plans, including on air pollution and public spaces and parks.</p> <p>Air pollution is a key risk factor for health. Islington's Air Quality Strategy 2014-2017 sets out a number of priorities. Progress to date includes signage of "switch off engines" outside schools to reduce engine idling, and all new developments are required to submit an Air Quality Assessment.</p> <p>We have included a commitment to open space and children's play areas in the third priority section of the JHWS.</p>
Children's long term conditions	
<ul style="list-style-type: none"> • The long term conditions section should have some emphasis on children's long term conditions and paediatric care, such as work around asthma and diabetes. 	<p>We have included further detail on our commitment to services for children with long term conditions in the first priority section.</p>
Cancer	
<ul style="list-style-type: none"> • There should be more included on cancer, including screening, early identification and access, proactive management and living well post diagnosis. This is because it is such an important cause of poor health / early death in Islington. 	<p>As mentioned in the JHWS, cancer is one of the major causes of premature ill health and death. The plans outlined in the JHWS such as embedding prevention, addressing wider causes of health and promoting and enabling healthier lifestyles are all essential and relevant to cancer. We have ensured there is specific reference to cancer in this priority.</p> <p>For instance, smoking is the biggest preventable cause of cancer, and reducing the prevalence of smoking is linked to reducing the harm caused by cancer. In terms of exercise there is growing evidence to support the role of physical activity during and after cancer treatment. As such, Islington's exercise referral programme has developed specific approaches to support those who have had a diagnosis of cancer.</p> <p>In addition, the JHWS emphasises the importance of improved case finding, treatment and management of long term conditions and this is an important area of work for cancer. Early detection of cancer greatly increases the chances for successful treatment.</p>

<p>Social connectedness</p> <ul style="list-style-type: none"> • Increase promotion of social connectedness for people with long term conditions who are out of work, rather than necessarily supporting people with long term conditions into employment. • Frame employment as a means for increasing social connectedness • Address the wider contributing factors of ill health such as housing, employment and isolation. 	<p>Social connectedness is important for all population groups in Islington, whether in or out of work. Organisations are working across Islington together to reduce social isolation. Some of the efforts include Health Checks specifically for people over 75 who are housebound; and the exercise on referral model, which offers exercise in groups to increase social connectedness.</p> <p>The JHWS includes a commitment to increasing social connectedness through the design of the open environment. We have included a commitment to employment separately, which is important for a range of positive outcomes.</p> <p>Wider contributing factors of ill health are key to Islington, and we have included greater commitment to housing specifically in the final JHWS.</p>
<p>Substance abuse</p> <ul style="list-style-type: none"> • Include more on substance abuse in this section. • Have a no drugs policy and ban class A drugs. 	<p>It is essential that Islington has a comprehensive approach to preventing substance misuse and supports people who are dependent. We have included our commitment to this area in this priority section.</p> <p>Improving treatment and support for people with substance misuse problems and working to prevent substance misuse, Islington operates within the current legislative framework.</p>
<p>Embed 'whole family' thinking</p> <ul style="list-style-type: none"> • Embed 'whole family' thinking within all services across health, both in adults' and children's services, as well as better integration of health and family support. • Recognise the role of the family through a whole family plan. 	<p>The 'whole family' approach is very important in Islington and we have now made this commitment more explicit in the JHWS.</p>
<p>Availability of Palliative care</p> <ul style="list-style-type: none"> • Increase the availability of Palliative Care and include plans for building a hospice in Islington. 	<p>Having good palliative care when needed is very important. Islington CCG funds a comprehensive palliative care programme, which consists of a range of services, including community services (through Ellipse services), hospice provision in neighbouring boroughs and bereavement services.</p>

<p>Elderly care</p> <ul style="list-style-type: none"> • Make elderly care a priority. 	<p>The approach taken around long term conditions is to support the needs of residents and ensure the most appropriate support is provided to help residents to live healthy independent lives. As people get older the likelihood of them being diagnosed with a long term condition increases, and the actions outlined in the JHWS are therefore particularly pertinent to older residents. We have ensured an approach that covers the whole of the lifecourse.</p>
<p>Health and Wellbeing infrastructure provision and service delivery</p> <ul style="list-style-type: none"> • Improved health and wellbeing infrastructure provisions could be derived from neighbourhood plan policy and projects, and improvements could be realised through increased community infrastructure levy funding allocations, through preparation and adoption of a neighbourhood plan. • Service delivery for health and wellbeing projects could be provided via Community Hubs and other community facilities. • Improve physical access to health appointments. 	<p>The JHWS recognises that to improve the health and wellbeing of the population of Islington, there must be a focus on tackling the wider determinants of health. Public Health regularly inputs into land use and infrastructure plans and encourage use of health impact assessments to ensure the health impacts are considered.</p> <p>Islington services are continually reviewing how space can be made better use of, and we welcome the encouragement to make greater use of community facilities.</p>
<p>Other comments</p> <ul style="list-style-type: none"> • Making the described actions in this JHWS a success will require more engagement with frontline staff. • Include focus on organic catatonic disorder and dysorthography. 	<p>We agree that frontline staff engagement is essential for the delivery of this JHWS, and Islington Council and Islington CCG will continue to work with and support staff to develop and maintain the skills and competencies necessary to improve health and wellbeing.</p> <p>This JHWS focuses in general on population groups (by age group or disease area) where the largest numbers of people are affected. We will therefore continue working to prevent and support people with long term conditions and mental illness as a whole.</p>

PRIORITY OUTCOME 3: Improving mental health and wellbeing

The third question asked "Do you agree that the actions are right to support improvements in mental health and wellbeing? Are there any actions you feel should be included or excluded, and why?" 261 people responded to this, and 13 explicitly agreed with the priority areas proposed in the draft JHWS and 6 did not disagree or agree. Several respondents made suggestions for further priority areas (see table below). Key themes that emerged from the responses are described below in Table 3.

TABLE 3: PRIORITY THREE Improving mental health and wellbeing	
Consultation responses	What we will do/are already doing
Younger people	
<ul style="list-style-type: none"> • Emphasise prevention of mental illness and optimisation of wellbeing, particularly through early child feeding and enabling responsive parenting. • Include focus on all free youth counselling services' waiting lists and a commitment to increase the number of youth counselling and support services across the borough. • Include a commitment to supporting wider mental health promotion work in schools. • Include more detail in this section. • Include a more comprehensive plan to support young people transitioning between child and adult mental health services, potentially supported by having a dedicated transitions team, to support young people to be able to recover from serious mental illness. • We welcome the 'think family' approach between adult and children's mental health services that is committed to in the JHWS. It is important we are clear about what this will look like and how this can be achieved. 	<p>We have included further detail in the JHWS on our commitment to improving access to psychological therapies, including for vulnerable young people, such as carers, looked after children and care leavers.</p> <p>Healthy Children's Centres and Healthy Schools play an important role in promoting good emotional health and wellbeing in children, young people and families. Children Centres actively promote opportunities for social contact and linkages with the aim of increasing social capacity and resilience. This work will be continued through the Healthy Children's Centres programme and the first 21 months programme.</p> <p>Islington's Children's and Young People's Health Strategy 2015-2020 details commitments to supporting transitioning between child and adult mental health services.</p>
Parental mental health	
<ul style="list-style-type: none"> • Include emphasis on parental mental health and not just perinatal mental health. 	<p>The Islington Children and Families Prevention and Early Intervention Strategy 2015-2025 includes a commitment to parental mental health.</p> <p>The first 21 months programme in Islington recognises the importance of maternal (and parental) wellbeing, and the importance this plays in the child's own attachment and emotional development. It also includes a focus on making mental health services and pathways more accessible especially in relation to postnatal depression; raising awareness of postnatal depression and tackling the stigma and</p>

	discrimination associated with it; improving links and communication between Children Centre's and Children Services, and adult mental health services including referral routes into the iCope (Islington's IAPT service)
Access to nature/outdoors	
<ul style="list-style-type: none"> Acknowledge how access to nature and the outdoors as well as free time activities contribute to positive mental health and wellbeing, and continue to commission high quality universal services that support children, young people and families, such as adventure play and youth provision. 	Open space is important for promoting health and wellbeing. We have included a commitment in the JHWS to increasing social connectedness through use of green space, physical activity, play, and design of the environment.
Voluntary/community activities	
<ul style="list-style-type: none"> Include voluntary / community activities for people with mental health problems, and deliver these in community settings. I feel there should be more properly funded voluntary activities that people with mental health problems can do, such as community gardening and cooking classes to increase confidence and social contact. 	We have included a commitment in the JHWS to increasing social connectedness through voluntary and community activities.
Ongoing mental health support	
<ul style="list-style-type: none"> Offer the accessible services (such as drop in services and long term therapy) for people with ongoing mental health problems. People with these types of problems need a financial safety net for when things go wrong. iCope is an excellent resource but cognitive behavioural therapy is not the right approach for everyone. A commitment to offering a variety of talking therapy 'types' would be welcomed, including the Talk for Health model. 	<p>There are a range of psychological therapies offered in Islington, but we have specifically included iCope in the JHWS as there is greatest evidence of its effectiveness in comparison to other therapies.</p> <p>Islington Council is offering training to all NHS, VCS and other statutory partners on how to support and signpost residents to services that can help with financial, housing and employment needs.</p>
Training	
<ul style="list-style-type: none"> Commit to training around parental mental health – increasing awareness, skills, identification and early referrals. Training regarding neglect and emotional abuse. 	The Islington Children and Families Prevention and Early Intervention Strategy 2015-2025 includes a commitment to parental mental health, neglect and emotional abuse, which will require appropriate skills and knowledge of professionals.
Other comments	
<ul style="list-style-type: none"> Mental health remains very important, particularly the interaction between physical and mental health and the protective effect of physical activity. You have excluded adult people and people with long term conditions. Ensure value based commissioning retains services that are affordable and accessible to everyone. 	<p>Improving the physical health of people with mental health conditions is essential, and this is reflected in the current Proactive Islington Strategy and the refreshed strategy in 2017, and is a key outcome focus to value-based commissioning approaches being implemented in Islington.</p> <p>We have included a commitment to the physical health of people with mental health issues in the JHWS.</p>

<ul style="list-style-type: none"> • Need to increase funding for mental health. • There is nothing in your document that lays out exactly how you plan to achieve these things. • The actions are generic and not clear on how to reach the hidden population or those who do not recognise they have a mental illness. 	<p>One of the principles of value-based commissioning is that it is developed with residents to ensure affordability and accessibility of services.</p> <p>This JHWS is intended to provide high-level direction over the next three years for a very wide ranging body of work. Its implementation will be supported by more detailed delivery plans.</p>
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Cross-cutting themes, gaps and other comments

TABLE 4 : Cross-cutting themes, gaps and other comments	
Consultation responses	What we will do/are already doing
<ul style="list-style-type: none"> • I feel privileged to work in Islington, where the priorities are set so thoughtfully and the commitment and partnership working is so good. 	Thank you.
<p>Housing</p> <ul style="list-style-type: none"> • Include housing as a priority or cross-cutting theme, with a focus on improving housing conditions, management and increasing supply. • Include indicators that improve housing conditions, particularly those in the private sector. • Commission additional Environmental Health Officer posts to tackle significant causes of local health inequalities such as excess cold, falls and damp and mould hazards. • Make fuel poverty and SHINE (Seasonal Health Interventions Network) referrals a priority 	<p>The JHWS recognises that to improve the health and wellbeing of the population of Islington in the long-term, there must be a focus on tackling the wider determinants of health.</p> <p>Poor housing is a key determinant of health of children, young people and adults. The Public Health and Housing teams in the Council will continue working closely together on approaches to tackle this. This JHWS links with the Housing Strategy 2014-2019. We have amended this JHWS to make more explicit our commitment to ensuring health is a key feature of all housing strategies going forward.</p>
<p>Joining up services between boroughs</p> <ul style="list-style-type: none"> • Join up with neighbouring boroughs and access their schemes and vice versa to ensure residents can easily access services. 	Islington works closely with neighbouring boroughs.
<p>Homelessness and refugees</p> <ul style="list-style-type: none"> • Homeless and refugees are not specifically addressed in the JHWS. 	<p>This JHWS aims to be a high level plan of how we will improve health and tackle health inequalities in Islington and does not specifically name all excluded and vulnerable groups. However, Islington’s Joint Strategic Needs Assessment (JSNA) details the health and wellbeing needs of these vulnerable groups, such as homeless people, refugees, carers, ex-offenders and the work that sits under the 3 priorities in this JHWS.</p>

<p>Built environment and health</p> <ul style="list-style-type: none"> • Reference the importance of the built environment and health, including new buildings and health, taking into account locations and type of facilities needed. • Improve the safety of pavements. 	<p>Creating healthy environments is very important for population health outcomes. Public Health works with Planning to ensure developments in Islington and land use take into account health impacts. Public Health has recently inputted into the Islington Local Plan, which describes how land will be used in Islington over the next 15 years.</p>
<p>Other comments</p> <ul style="list-style-type: none"> • Make it clearer why we are keeping the same three priorities as previously. • Make it clearer how the JHWS fits with the Sustainability and Transformation Plan (STP) and Haringey and Islington Wellbeing Programme. • Need to clarify what we mean by a 'fairer population' in introduction. • Mention that the JHWS informs Islington's key spatial planning strategy (the Local Plan). • Reimburse travel costs for appointments. • The VCS is key to delivering on community wellbeing. 	<p>We have made it clearer in the JHWS why the same three priorities will remain for the 2017-2020 strategy, and how the JHWS fits with the STP and Haringey and Islington Wellbeing Programme.</p> <p>The VCS plays a valuable role in improving health and wellbeing in Islington. As the work is taken forward to achieve the ambitious outcomes contained within the JHWS, statutory services and the VCS will be working closely to co-produce solutions, services and interventions together.</p>

Appendix 2: Consultation respondents

The consultation received responses, including email and survey, from the following individuals, organisations and meeting groups:

- 16 residents or people working in Islington
- 4 people remained anonymous
- 13 London Borough of Islington Council staff members or staff groups
- 7 organisations: The Canal and River Trust; St Luke's Community Centre; Islington Living Streets and Cycle Islington; the Manna; the Peel Institute; the Pilion Trust; Islington Disability Network
- 7 meetings:
 - Islington Council and Islington CCG: Early Help (Children's Services), Prevention Strategy, Children's Services Improvement Group
 - Islington CCG only: Strategy and Finance at Islington CCG, Islington CCG Executive Management Team
 - Islington Council only: Islington Borough Council lunchtime learning session (involving various teams)
 - Service user group: Stroke Club (Manor Gardens)