

Draft: New Joint Health & Wellbeing Strategy (JHWS)

Islington Public Health
November 2024

Overview

Aim: to provide an update on the progress of the JHWS and provide opportunity to share the identified priorities, and approach to strategy development.

- Purpose of JHWS
- Progress on development of new strategy
- Identified priority areas
 1. Start Well
 2. Live Well
 3. Age Well
 4. Healthy Environments
- Discussion and next steps

The purpose of a Joint Health and Well-being Strategy (JHWS)

- Produced by HWBs, JHWSs are unique to each local area, with no mandated standard format.
- They should explain what priorities the HWB has set to tackle the needs identified in their JSNAs and elsewhere. They identify where the Board, by working together, can add value and impact. The Strategy is a partnership strategy of the Board, between the council, the NHS and the community and voluntary sector.
- This is about setting a small number of **key strategic priorities** for action, that will make a real impact on people's lives.
- JHWSs should translate JSNA findings into clear outcomes the board wants to achieve, which will inform local commissioning – leading to locally led initiatives that meet those outcomes and address the needs.

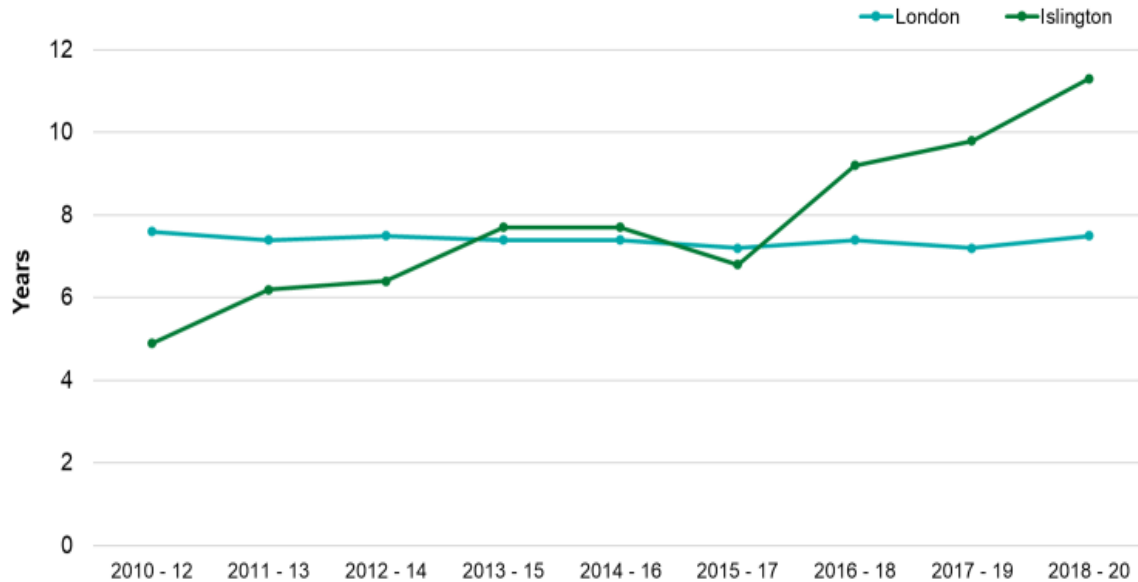
Inequality in life expectancy at birth

The increase in inequality is almost exclusively due to substantial increases in life expectancy among residents in the least deprived decile. Residents in all other deciles have seen a steady increase in life expectancy, up until a plateauing around the end of the last decade.

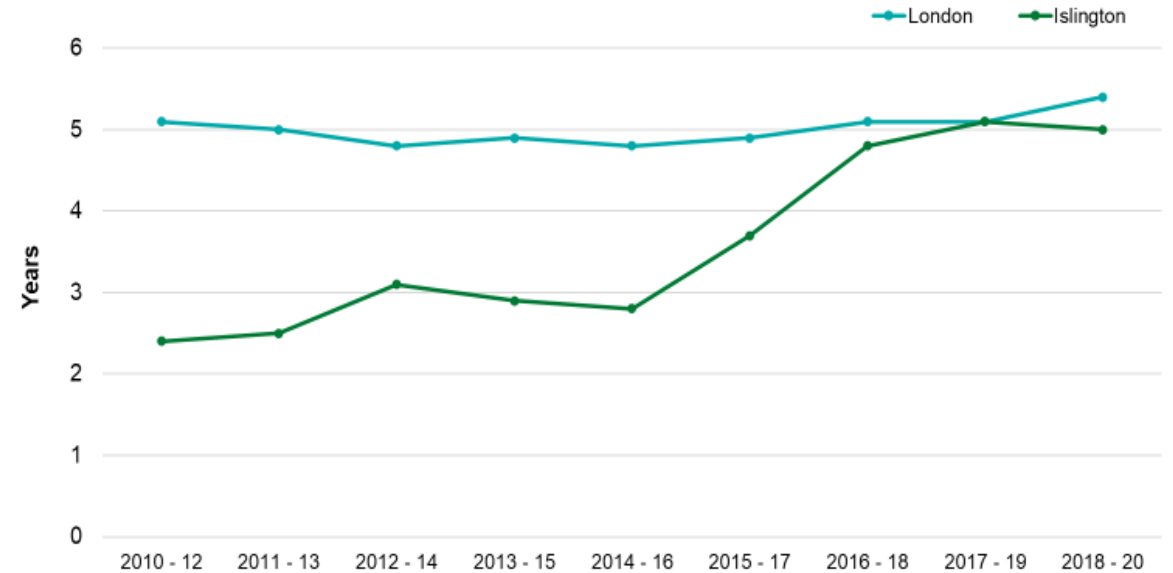
Males: 11.3 years

Females: 5.0 years

Inequality in life expectancy at birth, Male, Islington compared to London, 2010-12 to 2018-20



Inequality in life expectancy at birth, Female, Islington compared to London, 2010-12 to 2018-20

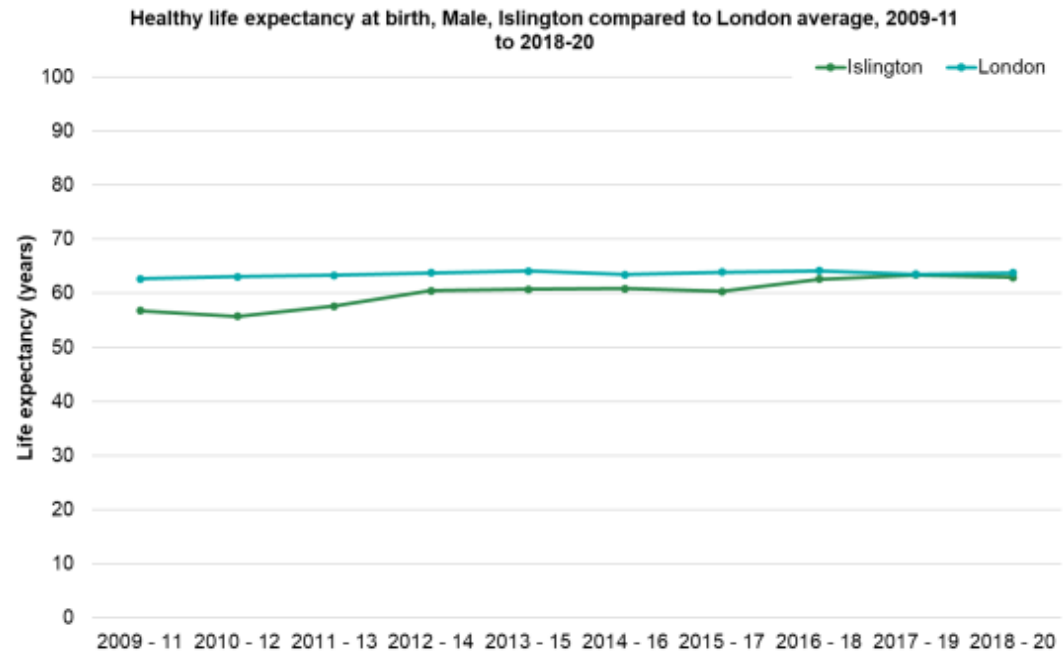


Source: OHID Fingertips

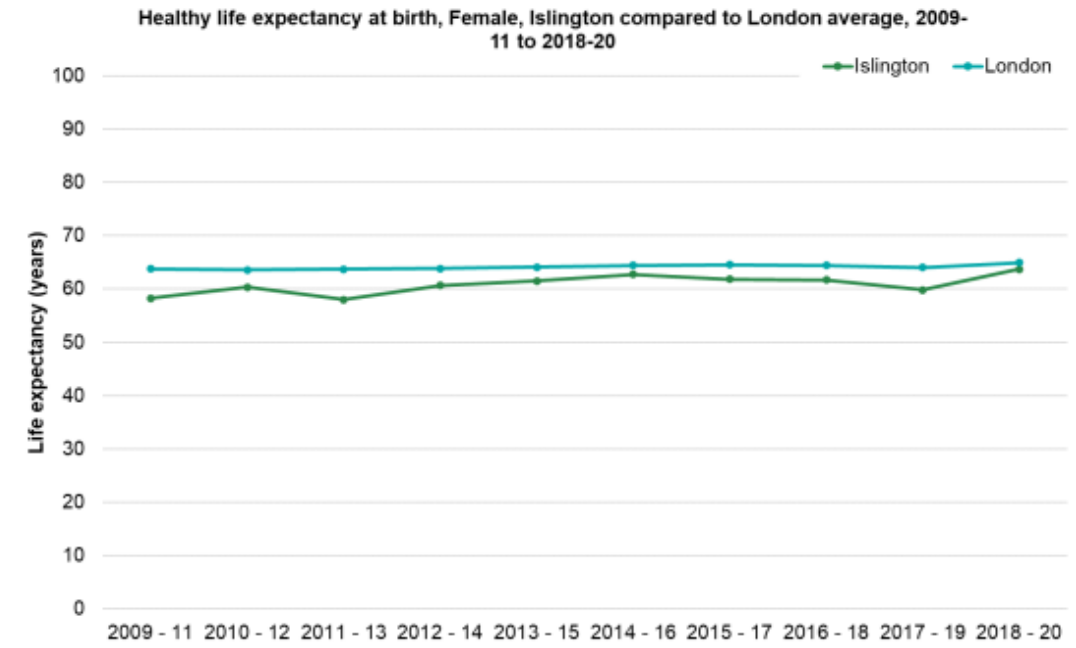
Healthy Life expectancy at birth

Healthy life expectancy shows the years a person can expect to live in good health (rather than with a disability or in poor health). There has been a notable improvement in both men and women over the ten years, narrowing and then closing the gap with the London average. Early, annual data (so less reliable than three-year averages shown here) suggests healthy life expectancy may have declined initially from 2020, but further data will be needed to confirm whether this is a changed trend.

Males: 63.0 years



Females: 63.8 years



Source: OHID Fingertips

Updating Islington's Health and Well-being strategy

- Focused on improvements in life expectancy and healthy life expectancy, and to narrow the gaps between groups.
- Organised around a life course approach, (similar to the NCL population health strategy). This is set against the environments/ determinants of health of residents' lives (Healthy Environments).
- Very much work in development

Start Well:

All children and young people have the best start in life. This means that children learn and develop physically, emotionally and socially to reach their unique full potential.

Live Well:

All adults in Islington enjoy good health and quality of life for longer and can stay well in the community.

Age Well:

All adults in older age are able to enjoy good quality of life and fulfilling lives, living independently and in good health for longer: making Islington a welcoming place to grow old in.

Healthy Environments:

All our residents benefit from health promoting environments which enable them to live full and healthy lives.

A balanced scorecard of key outcomes

- Across each stage of the life course and healthy environments, several key outcomes have been identified.
- These have been identified through the JSNAs, drawing on sights from previous engagement work, and through discussion and testing out with several key stakeholder partners (council, NHS, VCS).
- They are all issues of concern impacting health outcomes and health inequalities, now and into the medium term, and resonate with or have been proposed by stakeholder partners who we have engaged with to date.
- The key areas affect life expectancy, healthy life expectancy, affecting inequalities and impact on resources and services (e.g. early ill health or preventable disability leads to higher spend for worse outcomes, etc.; promote now for good long-term outcomes).
- Each stage has a small number of accompanying metrics which can track population health progress, similar to the co-produced NCL outcomes framework.

Start Well

Our goal: All children and young people have the best start in life. This means that children learn and develop physically, emotionally and socially to reach their unique full potential.

- Early experiences have profound and enduring effects on children's health, wellbeing and learning.
- However, immediate and long-term impacts of health issues such as excess weight in childhood, oral health, low vaccination rates and mental health conditions, remain significant challenges with stark inequalities.
- Islington is also seeing an increasing numbers of CYP with SEND, and with greater complexity of need.
- Core to our approach is supporting integrated delivery of high-quality universal services alongside community-based, family-focussed targeted early support.

Proposed areas of focus

Every child is healthy and has good development through the early years period

Early identification and support for SEND and mental health need

Improve the health of vulnerable groups of children and young people including children looked after, young people who offend and young carers

Work with partners to address the wider determinants of health and wellbeing for all CYP from conception to age 25

Live Well

Our goal: All adults in Islington enjoy good health and quality of life for longer and can stay well in the community.

- Improving the prevention, early diagnosis and more effective management of long-term conditions will enable more residents to maintain or improve their health and reduce the need for hospital-based care.
- More Islington residents are living with multiple long-term conditions or compounding risk factors.
- People with severe mental illness (SMI) and people that use drugs or alcohol experience particular inequalities in access to preventative physical health care, including help to stop smoking.
- Core to our approach is improving how we support more people to enjoy good health, recognise and act on inequalities, and enable greater access to care in the community.

Proposed areas of focus

Improve take up of early detection and preventative interventions

Improve access to physical healthcare, preventative and health behaviour support for people with SMI.

Improve treatment and support for people using drugs or alcohol

A smokefree generation in Islington

Improve care for people with one or more long term health condition, including through preventative interventions & healthy behaviour support.

Harness opportunities for primary and secondary prevention of common mental health disorders and create mental health promoting environments.

Age well

Our goal: All adults in older age are able to enjoy good quality of life and fulfilling lives, living independently and in good health for longer: making Islington a welcoming place to grow old in.

- Life expectancy has increased over the past ten years, and we are seeing more people reaching older ages. However, there are **inequalities** in people's experience of older age.
- It is important we come together to support all residents to enjoy later life, **to maximise independence and minimise time in poor health.**
- Core to our approach is **how we improve quality of life in older age.**

Proposed areas of focus

Create an Age Friendly Community

Develop connected communities that support a reduction in social isolation

Support residents to live active lives

Create a carer friendly borough: where carers are supported to have lives of their own & respected as experts

A consolidated approach to dementia that supports early diagnosis, joined up care & choice, enabling independence & well-being

Healthy Environments

Our goal: All our residents benefit from health promoting environments which enable them to live full and healthy lives.

- We recognise that the environments in which we live have significant impact on our health and wellbeing - 'the wider determinants'
- We have an opportunity, as local partner organisations, to collaborate to support our residents to live in environments that support and promote their health and wellbeing
- Core to our approach is how we adapt our environments to positively influence the health and wellbeing of our residents, working in partnership. Many of the environmental factors are addressed through other strategies and boards and planning arrangements.

Proposed areas of focus

Housing

Climate action

Employment, education, skills, and
life-long learning

Social connectedness, mental health, and
wellbeing

Healthy weight, including food and physical
activity

Developing into a plan for action

- What areas emerge as key strategic priority areas for in-depth attention from the Board in order to progress the four key goals across the life course and healthy environments:
 - There must be a key, impactful gap
 - Important for residents, their outcomes, experience and wellbeing
 - There is scope to narrow inequalities
 - Improves use of constrained resources ('do-able'; ideally cost saving/preventing; at least cost effective)
 - Requires coordinated actions across partners and sectors where the Health and Wellbeing Board can convene, bring leadership, and add value.
- Noting: There is a lot going on already and cannot do more for everything

Key strategic priorities for a plan

Start Well

- **Early years (early health and social development)** – there is a bright start strategy, and inequalities focus on early SEND type needs, plus investments (Family Hubs, Early Years Workforce)
- **Trend in SEND need** – key trend/need, impacts on schooling, outcomes, parents/families, and resources. With a focus on understanding and assessing trends, early identification and support for SEND and mental health needs

Live Well

- **Heart health** – renewed importance, London and NCL attention. Early focus on case-finding for hypertension. Supports longer good health and identifies preventable disability, ill health and premature death. Big inequalities, especially associated with deprivation and Black and Asian ethnicity (and especially the two together)
- **Smokefree/tobacco control** (presumed national policy direction will continue to smokefree generations and new grant opportunity; biggest single preventable cause of health inequalities and highly cost-beneficial.

Age Well

- **Age Friendly communities** - significant demographic growth and change underway in 65+; Islington intends to apply

Healthy environments

- **Healthy weight** – key health and inequalities trend; tying together and adding value to range of activities
- **Climate action, air quality and liveable neighbourhoods** - protecting the health of residents from climate change and maximising health and wellbeing impacts through liveable neighbourhoods and active travel.

Cross cutting - Mental Health

Psychological health and wellbeing cross-cuts other areas. Short-list of areas for inclusion, need to explore specific areas of focus:

Ethnic minority groups – prevention, help seeking and early intervention - especially in groups over-represented in long term, serious conditions; social connection and isolation; dementia strategy; suicide prevention strategy; employment (training, volunteering, meaningful activity) and mental health across ages; children and young people impact of mental and emotional health; and physical health factors in addressing inequalities, including through the NCL Longer Lives programme.

Wider discussion

- Consider whether there are any specific gaps we have yet to address under the four goals across the life course and healthy environments, where HWBB partnership would add value or impact.
- Consider and agree or amend the areas proposed for key strategic priority areas for focus for the Health and Wellbeing Board (set out in sections 3.16 and 3.17 of this paper).
- Any other points, thoughts and reflections concerning the draft strategy?