



Report of: Joint Director of Public Health

Meeting of	Date	Agenda Item	Ward(s)
Health and Wellbeing Board	20 April 2016	B2	All

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SUBJECT: Refreshing Islington's Joint Health and Wellbeing Strategy (JHWS)

1. Synopsis

- 1.1 Islington's current Joint Health and Wellbeing Strategy (JHWS) (2013-2016) sets out the Health and Wellbeing Board's commitment and approach to tackling health inequalities and promoting health and wellbeing for the population of Islington. To build on the successes of this strategy and to provide a strategic framework and focus for the Board's work going forward, the JHWS and its priority outcomes need to be reviewed and refreshed.

Working with Islington residents and with key partners across the health and wellbeing system, the refresh of the JHWS provides the opportunity to set out a bold and ambitious vision and delivery plan for improving health and wellbeing in the borough, and tackling health inequalities.

- 1.2 This paper sets out the proposed approach to developing the new strategy ready for launch in January 2017.

2. Recommendations

- 2.1 To provide a strategic steer to the development of Islington's new Joint Health and Wellbeing Strategy, reflecting on achievements of the previous strategy and its focus on three high level priorities – giving every child the best start in life, preventing and managing long term conditions and improving mental health and wellbeing.
- 2.2 To discuss potential priorities, themes or areas of focus in order to provide a framework to the process of strategy refresh.
- 2.3 To agree the approach to refreshing the JHWS as set out in this report, subject to any changes discussed and agreed by the Board.

3. Background

3.1 The Islington JHWS 2013-2016 (see Appendix 1) was developed by Islington's Health and Wellbeing Board when the Board was operating in shadow form, prior to April 2013. It is the overarching plan to improve the health and wellbeing of children and adults in Islington and to reduce health inequalities.

3.2 The vision set out in the current strategy is to reduce health inequalities and improve the health and wellbeing of the local population, its communities and residents.

Three high level priority outcomes were identified in order to support delivery of this vision. They 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

3.3 The current strategy is predominantly focused on the health and social care related factors that influence health and wellbeing. The important underlying determinants of health and wellbeing, such as housing and employment, are addressed through other key strategies. The JHWS also emphasises the importance of partnership working, joint commissioning and integrated delivery of services to maximise value for money and cost effective use of system resources.

This strategy was informed by the Joint Strategic Needs Assessment (JSNA) and in consultation with residents and stakeholders.

4. JHWS 2013-16 - Summary of achievements and challenges

4.1 Over the past three years there has been significant progress with delivery under each of the three priorities. Section 4.2 below provides a short summary of the key achievements to date and ongoing challenges under each priority. It is not intended to provide a comprehensive overview of all work delivered across the borough over the past three years that has contributed towards improved outcomes under the three priorities, but instead highlights some of the recent, significant developments.

4.2 Ensuring every child has the best start in life

This priority has seen a number of successes:

- The percentage of babies being breastfed at 6-8 weeks (86.1%) is now better than the England average (73.9%).
- Islington has continued to see a significant reduction in teenage pregnancy rates; for the first time since the launch of the national teenage pregnancy strategy in 2000, Islington's teenage pregnancy rate is now lower than the London and England average.
- 53 Children's Centres have received Healthy Children's Centre status, as part of the local strategy to extend the reach of "healthy settings" approaches from schools to early years settings.
- A joint Child Health Strategy has been developed and adopted by Islington Council and Islington CCG, which focuses on implementation of an early intervention and prevention approach across all professionals and settings.
- Islington continues to perform well in all childhood immunisations. 91.5% of children aged 2 years are immunised against MMR, which is the fifth highest rate in London. There has also been significant improvements in the uptake of school aged immunisations, with Islington having one of the highest uptake rate of HPV immunisation in London in 14/15.
- School readiness is improving.

Continuing challenges in this area include:

- Rates of childhood obesity remain high but stable.
 - Almost 1 in 4 children aged 4-5 years old are overweight or obese, although the rate in Islington has continued to show a slight decrease and is currently similar to England and London levels.
 - 2 in 5 children aged 10-11 years old are overweight or obese. There has been a slight rise in the proportion of children in year 6 with excess weight in the past year, and the rate in Islington is now similar to London but higher than England.
- The number of children referred and assessed for autism has increased from 47 to 119 between 2012/13 and 2014/15 (+153%). This rise has significant implications across the range of health, care, and education services, as well as for adult services. In particular, from a Best Start in Life perspective, this increase in autism has significant implications for early intervention in support of parents and families.
- Children's oral health has started to improve, following significant oral investment in and focus on oral health, but there is still more work to be done to improve oral health outcomes for Islington children.

4.3 **Preventing and managing long term conditions to enhance both length and quality of life and reduce health inequalities**

This priority has seen a number of successes:

- There has been a 46% reduction in early deaths from heart disease over the past 10 years. This is a faster reduction compared to London (40% reduction) and England (37%). However, local rates of premature death remain higher than the national and London averages.
- Since 2001-03, premature cancer mortality has fallen substantially but the rate still remains higher than England.
- Premature mortality from respiratory disease has fallen and the rate is now similar to England.
- Islington had the lowest rate of late HIV diagnosis in the country in 2011-13.
- The percentage of adults who are overweight or obese in Islington (65%) is lower than the London and England averages, and 62% of Islington residents participate in the recommended level of physical activity (over 150 minutes of physical activity per week). This percentage is significantly higher than the London and England averages
- Referrals into local adult weight management services are steadily increasing.
- In 2014 Islington was the top performing London Borough for the delivery of NHS Health Checks, and ranking 2nd out of 152 Local Authorities nationally in terms of the proportion of the population eligible for a health check who were offered and received a check.
- Islington was one of 14 areas awarded the national status of integrated care Pioneer, and health and wellbeing board partners continue to pursue an ambitious programme of health and care integration focused on improving resident's experience of care and population health and wellbeing outcomes.

Continuing challenges in this area include:

- In 2013 Islington had the 2nd highest prevalence of smoking in London, higher than both London and England. Despite Islington having a smoking quit rate (1,295 per 100,000) 1.5 times the national average (868 per 100,000), the number of smokers quitting is falling – reversing this trend is a key challenge for Islington.
- Cancer screening uptake in Islington is lower than the London and England averages and increasing uptake remains a challenge.
- Although statistically similar to England, Islington's rate of alcohol specific deaths, deaths from chronic liver disease and alcohol-related deaths are amongst some of the worst in London. Generally, local alcohol-related death rates have declined over the last five years, although these falls have not been statistically significant.
- Islington continues to have significantly higher rates of alcohol-specific admissions to hospital compared to the rest of London, and the rates have increased in Islington over

the last five years.

4.4 Improving mental health (MH) and wellbeing

This priority has seen a number of successes:

- An estimated 15% of 5-16yr olds experience MH conditions (higher than England), with higher levels of local investment than London or England. Child and adolescent mental health services (CAMHS) are now part of schools' pastoral care teams and, as a result of strong partnership working, schools are now one of the biggest referrers into the service.
- Mental health promotion services include free Mental Health awareness training, Mental Health First Aid training and the mental health champions programme. In 2014-15, 48 MH awareness workshops reached over 800 people and 32 new champions were recruited.
- The proportion of people with depression and/or anxiety accessing psychological therapies through IAPT (Improving Access to Psychological Therapies) reached the national target of 15% (4654 people) by March 2015. Within the service, approaching 50% of patients now move towards recovery, which is close to 'gold standard' outcomes for this type of service.
- Historically under-represented groups, such as men, people living in deprived communities and people from Black Caribbean groups, are now well represented amongst service users of iCope (Islington's IAPT service).
- Islington had a large decrease in the suicide rate between 2001-03 and 2011-13: it is now not significantly different to London or England. There remain significant risk factors for suicide in the local population.
- The 2015 Annual Public Health Report "Healthy Minds, Healthy Lives: Widening the Focus on Mental Health" emphasises the broad range of determinants and consequences of poor mental health in Camden and Islington. The report argues that mental health is everybody's business and summarises the high economic, personal and broader health benefits of achieving better mental health.

Continuing challenges include:

- Islington continues to have high rates of mental ill health, which are likely to increase over the coming years. Moreover, addressing the physical health needs of people with serious mental health problems continues to be a local priority. Prevention and early intervention are key to addressing this significant level of local need and improving outcomes.
- Increasing the number of people entering drug and alcohol treatment, and improving outcomes for these residents remains a significant local challenge.

5. The changing context for health and wellbeing

5.1 Although it has only been three years since the last JHWS, the wider policy context has moved on considerably since that time, with a number of major legislative changes and policy developments.

The **NHS Five Year Forward View**, published in October 2014 by the six leading national NHS organisations, sets out a vision for the future of the NHS in which services are organised around the needs of patients and users rather than organisations and professional boundaries. It calls for a 'radical upgrade' in the system's focus on prevention, and places significant emphasis on the need to stimulate and develop new models of care within health services and between health and care. The report articulates a number of new care models that NHS England will promote and work with local areas to develop over the next five years. Radically new contractual and organisational forms are expected to develop. Common to all these new models of care is the importance of expanding and strengthening primary care and 'out of hospital' care. The registered list-based model of general practice continues to be seen as fundamental to the provision of holistic, proactive, coordinated and long-term care at a population level.

The **integration** agenda in health and care is not new, and integration within health services and

between health and care has been a general policy goal for several decades. However, the focus on and momentum behind health and care integration has increased exponentially in recent years. The Health and Social Care Act 2012, the Children and Families Act 2014 and Care Act 2014 all enshrine statutory duties that promote greater integration.

The NHS and social care system is facing significant and growing pressure from rising demand and constrained resources. Demographic pressures from a growing and ageing population, increased complexity of needs, technological and medical advances, changing public and patient expectations and demands for a better standard of social care (and a better paid workforce) are key drivers of this pressure. In London alone, London Councils estimate the annual gap between available resources and need by 2020 to be £4.65 billion in health and £1.14 billion in adult social care, and more in children's social care.

Other key national initiatives designed to promote health and care integration "at scale and pace" and to tackle some of the barriers to integration are the integrated care pioneer programme (of which Islington is a 'first wave' pioneer site), the Better Care Fund and the New Models of Care (or 'vanguard') Programme. The **Better Care Fund** was developed to support joint working between health and social care to deliver better outcomes for local people. The Better Care Fund was first implemented in 2014/15 and the planning process for 2016/17 is currently in progress. Islington Clinical Commissioning Group (CCG) and Islington Council are continuing to work together to enable the Better Care Fund to:

- Underpin the work of the Islington Integrated Care Programme, including developing new models of care;
- Support the continued investment in social care services that benefit health; and
- Protect adult social care services and enable changes to be made required to maintain frontline provision while meeting the requirements of new legislation, such as the Care Act 2014.

- 5.2 Devolution of powers, responsibilities and budgets from the national level to the regional, sub-regional and local level in London is seen as an important part of the solution to the significant health, organisational and financial challenges facing the health and care system in London. During 2015, London Local Authorities, London CCGs, NHS England, the Mayor and Public Health England worked together to develop a proposition for **health and care devolution** and public service reform in the capital. In December 2015, these partners signed a Health and Care Collaboration Agreement, setting out their collective ambition to transform health and wellbeing outcomes, inequalities and services in London, alongside a shared set of objectives and principles for reform and devolution. Primary care, acute care, community services, mental health services, social care and public health are all in scope of the Agreement. Several devolution pilots were established across London, including an NCL-level pilot focused on estates, to test out the viability of health and care devolution in the London context.
- 5.3 The latest planning guidance for the NHS, issued in December 2015, sets out the requirement to develop five year **Sustainability and Transformation Plans (STPs)** for the period 2016/17 – 2020/21. The strategic planning footprint of which Islington is a part is North Central London (NCL). The intention is that these STPs will set out an integrated, system wide plan to deliver transformational change, improve quality and safety and achieve system wide financial balance, with an expectation that they will need to be agreed and developed across CCG commissioners, NHS providers, local authorities, the third sector, patients and the public.
- 5.4 Locally, the council approved its **Corporate Plan (2015 – 2019)** in 2015 which strives to ensure that Islington becomes a fairer place where everyone, whatever their background, has the same opportunity to reach their potential and enjoy a good quality of life. It aims to achieve this by:
- Providing more council housing and supporting private renters
 - Helping residents who are out of work to find the right job
 - Helping residents cope with the rising cost of living
 - Making Islington a place where our residents have a good quality of life
 - Providing residents with good services on a tight budget.

The Corporate Plan also commits the Council and its partners to work in new ways to reduce the scale of deeper social challenges that are fundamental to improving the quality of residents' lives and meet the significant financial challenge facing the Council and its partners across the public sector. The key social challenges identified by the plan are: mental ill health, domestic violence, long term conditions, substance misuse and long term unemployment.

5.6 Following an (unsuccessful) application to the nation Vanguard programme in early 2015, Islington and Haringey Councils, Islington and Haringey CCGs, Whittington Health and Camden and Islington Foundation Trust continue to work together to further develop and strengthen integrated health and care services, improve population health outcomes in Islington and Haringey, including a strong focus on prevention.

5.7 Although the new JHWS will necessarily focus on Islington-specific priorities, it will also need to complement and align with these other relevant strategies, plans and programmes at local, sub-regional and regional level . Furthermore the policy and financial context is likely to continue to change in the lifetime of the new strategy, so it will need to be sufficiently flexible in order to respond to this changing wider context.

6. Approach to reviewing the JHWS

6.1 This section sets out the proposed approach to reviewing and updating a new JHWS for the period 2017-2021. It is proposed that an officer task and finish group is established, with representatives from across the HWB member organisations, that will be responsible for delivering the refreshed strategy to the Board. The review process would involve looking at the:

- Impact of the current JHWS – asking what has been achieved so far, and what more there is to do (See Appendix 2).
- Needs and assets of the local population. The Joint Strategic Needs Assessment (JSNA), (for an overview, see Appendix 3) gives an overview of local needs and priorities, and this, alongside ongoing work to understand the changing population and demographics and its impact on future need and demand, will help us to develop priority areas of focus for future years.
- The current and future health landscape within the context of local financial challenges, system transformation, integration and local devolution.

6.2 Engagement with local residents and stakeholders

The Health and Social Care Act (2012) places significant emphasis on capturing the views and experiences of the public in order to improve health and wellbeing and promote healthy behaviours. It recognises that the population has rights regarding involvement in their own health and social care. Over the past few years the Council, the CCG and HealthWatch have developed significant mechanisms, approaches and programmes of work focused on engaging residents and patients in the planning, development, delivery and evaluation of local health and care services. The findings from this ongoing work, further engagement work and a more formal period of consultation will be used to develop the new strategy and priorities.

6.3 Proposed approach and timetable to refreshing Islington's JHWS

Task	Lead	Date
Set up task and finish group to lead review and refresh of JHWS	Public Health	May 2016
Complete review of existing strategy, looking at the successes and outcomes, as well as outstanding issues	Current JHWS priority outcome leads	June 2016
HWB development session to present the findings from the review and discuss the approach to the new strategy	All board members	July 2016
Engage key stakeholders and residents in the process	Task and finish group/ Public Health	June – October 2016
Approval and adoption of Final JHWS	Health and Wellbeing Board	January 2017
Launch new JHWS	Health and Wellbeing Board	January 2017

7. Implications

Financial implications:

7.1 None identified. This paper provides an update across a wide range of programmes and services being delivered by various organisations including the Council and the CCG in support of the Health and Wellbeing Board strategy. 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.

Legal Implications:

7.2 None identified.

Environmental Implications

7.3 There are no significant environmental implications resulting from this report's proposals. When finalised, the new Joint Health and Wellbeing Strategy will undergo an environmental assessment prior to it being brought to the Health and Wellbeing Board.

Resident Impact Assessment:

7.4 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.

A Resident Impact Assessment has not been completed because this work brings together different streams of work rather than being a new project. Equality Impact Assessments and public engagement are undertaken for programmes/services as and when need 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.

8. Conclusion and reasons for recommendations:

- 8.1 The Board is asked to provide a strategic steer to the development of Islington's new Joint Health and Wellbeing Strategy, reflecting on achievements of the previous strategy and its focus on three high level priorities – giving every child the best start in life, preventing and managing long term conditions and improving mental health and wellbeing; discuss potential priorities, themes or areas of focus in order to provide a framework to the process of strategy refresh; and agree the approach to refreshing the JHWS set out in this report, subject to any changes discussed and agreed by the Board.

Appendices

- Appendix 1 – Islington's Joint Health and Wellbeing Strategy (JHWS) 2013-2016
- Appendix 2 – Change in key indicators for the current JHWS
- Appendix 3 – Overview of progress and challenges of the current JHWS
- Appendix 4 – Joint Strategic Needs Assessment (JSNA) 2015 executive summary

Background papers:

- None.

Final report clearance:

Signed by:



Joint Director Public Health

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