



Report of: **Director of Public Health**

Meeting of	Date	Agenda Item	Ward(s)
Health and Wellbeing Board	3 July 2013	Item 2	All

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## SUBJECT: Update on HWB priorities

1. **Synopsis** This paper sets out an update on activities and progress on the three Health and Wellbeing Board (HWB) priorities, specifically in relation to the Joint Health and Wellbeing Strategy. The three priorities are : ensuring every child has the best start in life; preventing and managing long term conditions to enhance both length and quality of life and reduce health inequalities; and improving mental health and wellbeing.

### 2. Recommendations

The Health and Wellbeing Board is asked to:

- NOTE progress against the Health and Wellbeing Boars three priorities.
- CONSIDER how, as a Board, it can support and promote these activities and programmes to enhance their impact.

### 3. Background

This six-monthly update focuses on activities and progress on the three Health and Wellbeing Board priorities, and is framed within the context of the Joint Health and Wellbeing Strategy and the specific outcomes set out in that document. It is not intended to provide a comprehensive overview of all of the work currently underway across the borough that contributes towards the delivery of these three priorities, but instead highlights some of the significant developments in the last six months.

The three HWB 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.

### **3.1 Priority 1: Ensuring every child has the best start in life**

#### **First 21 Months Programme**

- Plans are underway to recruit a First 21 months project coordinator to coordinate action across maternity, Children's Centres, health visiting and primary care.
- A report looking at information sharing and communication between professionals working with children and families, particularly focusing on the period of transition from maternity care to health visiting, has been completed. It identified many recommendations for improving communication, which will now be implemented by a new working group.
- An audit of health facilities in Children's Centres has been completed to ensure all centres have suitable facilities in place to provide maternity clinics. A health facilities group will review the findings of the audit, and then prioritise and allocate resources to the Children's Centres that have been identified as in need of development. This is funded by the Council and the CCG through the pooled budget of the First 21 months. In July 2013, a 'learning pilot' information session is being held for all Children's Centres, to inform them how about the learning pilot programme and how to submit a bid. By October four Islington Children's Centres will be launched as learning pilots, located across the four GP locality areas in Islington, and will provide a focus for developing and testing new models and disseminating this learning more widely across the borough.
- By the end of the year, all GP practices in Islington will have been visited by their local Children's Centres to raise awareness of the services they offer. Already Children's Centres are reporting an increase in referrals from GP practices.
- Breastfeeding rates are at the highest they have ever been at 77% during Q3 of 2012. Breastfeeding and healthy weaning contributes towards a long term reduction in the risk of childhood and adult obesity.
- The teenage conception rate is on a strong downward trend and for 2011 (the most current year) is 34.4 per 1,000. This is a reduction of 41% from the baseline eight years ago. This has been achieved by a strong programme on teenage pregnancy encompassing sexual health education, improving access to contraceptive services and improved support for teenage parents. PULSE young people's service was refurbished at the end of last year in response to feedback by young people and is seeing an increase in attendances by young people since re-opening. Young people have also been involved in the development of a new logo and leaflet for the service. A new outreach clinic has opened at the City YMCA Drum service, bringing the total number of outreach clinics for young people to three.

#### **Child weight management programme**

- The mobilisation of children's weight management programmes provided by Morelife is now underway. The first courses are now running and two 'summer camps' are planned for the summer holidays. Around 300 children should participate in the programmes over the next 12 months.
- Public Health are working with Morelife to look at how the programme might be adapted to better meet the needs of teenagers who are often hard to engage.
- One challenge is ensuring that these programmes are well promoted throughout Islington and that all partners are aware of them and are actively promoting and referring.

#### **Healthy Start Vitamin Pilot**

- The Healthy Start Vitamin Pilot is underway and will run for six months (until the end of the summer 2013). The pilot is providing Healthy Start Vitamins free of charge to all pregnant and breast feeding women and children aged 6 months to 4 years in Islington. Vitamins are available at a number of Children's Centres and Health Centres across the borough, as well as through the Health Visiting and Looked After Children's teams.

- A marketing campaign has been developed as part of the programme – including maps of where in the Borough the vitamins are available and funpacks for participating children - all aimed at increasing awareness and encouraging take up of the vitamins.
- An evaluation of this pilot is being developed. As well as looking at the number of vitamins given out, this will involve interviews and focus groups with those involved in the distribution of the vitamins and families with young children who have accessed the scheme and those who would have been eligible to access but have not participated.

### **MMR Uptake**

- Childhood immunisation coverage in Islington has continued to improve considerably between 2010/11 and 2012/13 and shows a continued upward trend since the 2008/09 baseline figures.
- Islington has increased vaccination rates for MMR at five years by 12% since 2010/11 and has exceptionally high uptake on the one year DTaP/IPV/Hib vaccination for a deprived London borough, and are one of the handful of areas in London above the World Health Organisation's standard uptake rate of 95%.
- The targets for immunisation coverage in older children in particular MMR, are a lot more challenging to meet and this accounts for one of the reasons why booster immunisations are lower than for the earlier (primary) immunisations
- Reasons for low coverage in older children are multifaceted but some are affected by population mobility, ethnic diversity and the accessibility of the service, which are all common issues in London. Some parents may be less aware that booster vaccinations are needed, and these are as important as earlier vaccinations in ensuring long term protection for their children.
- We aim to increase the uptake of childhood immunisations through the delivery of a high quality, accessible and equitable childhood immunisation programme for children and young people in Islington. A range of stakeholders have been working together to strengthen collaboration and improve vaccine uptake e.g. Children centres, Private, Voluntary and Independent Nurseries (PVI's), Health advocacy service are now trained to promote immunisations in hard to reach communities, holding series of workshops with Somali men in mosques in Islington.
- Up to date training is regularly provided to a wide range of staff to ensure they are aware of the importance of immunisations and are confident to address parents' concerns around new vaccines. In addition to immunisations being offered by most GPs, immunisation clinics are held on weekends and in selected children's centres, as well as health centres in Islington. The importance of the call /recall process for immunisation is highlighted during practice visits and as part of the induction of new practice nurses, and the feasibility of running regular immunisation clinics in schools is being considered.
- From January 2014, Islington will begin offering MMR routinely to partially immunised or unimmunised adolescents in year 9, in conjunction with the new Men C and DTP programme for children of this age.
- Islington GPs are delivering the national MMR catch-up programme to children aged 10-16 to increase MMR vaccination coverage in this cohort, in time for the new academic year in September 2013.

### **Oral health**

- In 2012/13, 10,598 applications of fluoride varnish were provided to children aged 3-10 years. In the past year, over 15,500 fluoride toothpaste and toothbrush packs were distributed to parents of young children through the Brushing for life scheme.
- Dental practices have been offered training in prevention and are being encouraged to see children from when their first tooth appears and to apply fluoride varnish as part of routine check-ups.
- Working with local NHS dentists to facilitate an increase in access to dental services by the most vulnerable families.

## **3.2 Priority 2: Preventing and managing long term conditions (LTCs) to enhance both length and quality of life and reduce health inequalities**

- The HWB hosted a successful workshop in May 2013 looking at long term conditions and integrated care. A report of the key discussion points and actions being taken forward from this workshop is presented as agenda item B1 of this meeting.

- The NHS Health Checks programme goes from strength to strength with 10,167 health checks offered (exceeding target by 19%) and 7,142 checks delivered in 2012/13. Health checks are key to lowering people's risk of developing four common but often preventable diseases: heart disease, stroke, diabetes and kidney disease. In addition to GP surgeries, checks have been delivered in a wide range of settings to increase uptake amongst population groups at greater risk e.g. people living in social housing or areas of high deprivation, prisoners and carers.
- There has been joint work to review the heart failure and liver disease pathways involving Islington CGG, primary and secondary care clinicians, public health and patients and carers. The aim of these reviews is to improve the management and care of patients with heart failure and early liver disease by both GPs and hospitals, in order that patients receive high quality of care, and are seen in the appropriate setting for their condition. As a result of the reviews, a series of recommendations are being taken forward to fill gaps in pathways and service provision.

### **Enhanced services**

- The COPD enhanced service in general practice continues to make a positive impact on early identification of COPD. By the 31st December 2012 (32 months after its introduction), recorded prevalence in the Islington registered population had increased by 24%, from 1.4% in 2009/10 to 1.74% in 2012/13. There are approximately 550 new COPD diagnoses every year as a result of this enhanced service. Early diagnosis and effective management of COPD can slow disease progression.
- The diabetes enhanced service has now also been launched and rolled out across Islington. It aims to optimise the management of people with diabetes and non-diabetic hyperglycemia and introduces a care planning approach to diabetes care, and annual follow up for those with non-diabetic hyperglycaemia. The enhanced service will be evaluated following a year of implementation.
- The "closing the prevalence gap" enhanced service, which aims to identify undiagnosed cases of diabetes, kidney disease, depression, and hypertension through targeted testing in high risk individuals, has also now been launched and rolled out across Islington. Once these conditions have been identified they can be better managed in primary care leading to improved outcomes. The service will be evaluated after one year of implementation.
- The "Over 75s health check" enhanced service will be launched in July 2013 and aims to provide a holistic face-to-face assessment of the health and social care needs of every person aged 75 and over registered with an Islington GP. The service is also designed to pick up undiagnosed diabetes, chronic kidney disease (CKD), hypertension, cardiovascular disease, atrial fibrillation (AF), dementia and depression. The service also aims to address a number of different areas which may contribute to hospital admissions in those aged 75 years and above, such as:- falls, flu, ability to perform activities of daily living, fuel poverty and carer support.

### **Physical activity and weight management**

- The council has recently gone out to procurement for a 3 year contract for exercise on referral. The aim will be to get a minimum of 1200 people starting the programme each year. A new provider should be identified and contract awarded in August 2013, with a new service starting in November 2013.
- To support the collaborative work of Pro-Active Islington, Public Health is developing a piece of work to look at barriers to participation in exercise in those aged 50 years and over. This will map out what activities are currently available in the borough and include a number of focus groups to look at barriers to access/participation and potential areas for development. A new Proactive Strategy was launched in March 2013 and can be found on Islington's Evidence Hub; <http://evidencehub.islington.gov.uk/wellbeing/Lifestyles/BRF/strategies/Pages/default.aspx>
- A new evidence-based, adult weight management programme has now been launched. The programme is being run by Aquaterra, and will be provided from a number of community venues across the borough. An initial course is due to complete at the end of June. The findings from this will be used to support the further roll out of the programme. At least 550 overweight and obese adults should access the service over the next 12 months.

## **Cancer**

- A range of community engagement initiatives to increase awareness and early diagnosis for lung and bowel cancer have been implemented in Islington, in conjunction with local voluntary and community sector organisations.
- A dedicated primary care facilitator is working with and supporting Islington GPs to help them to think about their practice's approach to cancer diagnosis.
- Public Health is working with Public Health England to establish "Get to know cancer" pop-up stalls during summer 2013 at key footfall venues across Islington, with the aim of improving the local population's awareness of the signs and symptoms of all cancers, and encouraging earlier presentation to GPs.
- An exercise programme has been offered free of charge to Islington residents who have been diagnosed with cancer. This pilot programme aims to improve physical and psychological wellbeing and to aid rehabilitation. It is currently being evaluated to inform future commissioning.

## **Tobacco control**

- The NHS Stop Smoking Service commissioned from Whittington Health continues to perform consistently well. The Q4 year end return due this month confirms that 2260 smokers were supported to become smokefree in 2012-13, exceeding the target set (2229). It is anticipated that Islington will retain its position as the 2<sup>nd</sup> highest achieving service in London (only beaten by Tower Hamlets).
- This has been achieved through a number of inter-related activities that underpin Islington's smokefree strategy. Throughout the year partners engage and communicate with smokers at every opportunity to raise awareness of the harms of smoking, motivating them to make a quit attempt and signposting or referring smokers to NHS support to quit (Level One training). An active smoking cessation workforce of advisers based in general practice and community pharmacy receives annual training in the latest cessation medication and behavioural support techniques (Level Two training). Together these settings generate in excess of 90% of the quitters each year. In addition the core stop smoking service makes bespoke quit clinics available i.e. groups or drop-ins to meet service users' preferences.
- Working in partnership with the Fire Service, Children's Centres, Healthy Schools, Trading Standards and Environmental Health, a range of tobacco-related issues have been focussed on, such as, smoking in the home, maternal smoking, work in schools, illegal sales and the enforcement of smokefree legislation in relation to shisha smoking.

## **3.3 Priority 3: Improving mental health and wellbeing**

- There has been a continued annual increase in the number of people accessing psychological services with 3,523 patients accessing the service in 2011/12, compared to 2,992 in 2010/11. Health Equity Audits of the services show that 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. This is achieved through targeted initiatives to promote awareness and to tackle stigma and discrimination associated with mental health.
- Programmes designed to improve understanding and awareness of mental illness and encourage early identification continue to operate locally through the provision of Mental Health First Aid training, the mental health champions' project and the direct action project. These specifically target hard-to-reach communities and young people.
- The mental health action group has recently endorsed the development of a new suicide prevention action plan as a local priority and the formation of a local suicide prevention group. The opportunity to develop a shared approach to suicide prevention with Camden is being explored.
- Public health is leading a review of the quality, content and scope of mental health awareness training within schools. The aim is to develop better quality, more co-ordinated and systematic coverage of mental health awareness in schools (pupils and staff) in order to reduce stigma and increase early identification and referral of young people. The review will also consider the role of CAMHS services within schools and coordination of their existing input with the revised schools programme.
- Islington Mental Health and Poverty Networking Forum and Islington Faiths Forum, with the support of the local authority and public health, hosted a conference in March to examine the impact of poverty and welfare reforms on mental health. The conference made a strong case for the link between poverty (poor housing, childhood and life experiences) and mental ill health, and also between mental ill health

and poverty (low income, troubled life and poor outcomes). It was an opportunity to showcase examples of good practice in joint working between mental health & poverty-related services, as well as an opportunity to extend understanding of the psychological and health impacts of welfare reforms and poverty.

- Remploy have been commissioned to deliver a comprehensive employment and training support service which provides support to those with mental health needs to become ready for work or to retain work and supports individuals to access training and educational opportunities.
- The Mental Health Enablement Service, run by Islington Mind in partnership with Age UK, started in April 2013 and provides a prevention and early intervention service. It supports mental health service users to maintain their independence, improve quality of life and social engagement and works to avoid the need for more intensive mental health services.
- Islington Mind has also been commissioned to deliver a new service as a pilot called Dual Diagnosis (mental health & substance misuse) Carers Service. It offers advice and information and longer term support to carers of service users with dual diagnosis needs.
- The Mental Health Criminal Justice Link Service provided by Providence Row, commissioned from April 2013, provides a linkworker service for those with mental health needs who come into contact with criminal justice, with the aim of supporting people to have their mental needs addressed to prevent further contact with criminal justice

### **Alcohol**

- Public Health has established a joint alcohol steering group with colleagues from Whittington Health, and Haringey to look at approaches for tackling alcohol related harm within a hospital environment and ensuring this is linked into the wider work across both Islington and Haringey. For instance, an alcohol caseworker has been recruited to work closely with people identified as having frequent admissions to hospital because of alcohol.
- Increased sharing of data around assault victims presenting to Emergency Departments (ED) was identified as a core action from the Islington Alcohol Summit. Public Health, Community Safety and the Police are working with the Whittington ED to implement a system for collecting and using this data. Public Health has also been in contact with colleagues in Hackney and agreed a process for sharing data collected from the Homerton Hospital. It is envisaged that this data will be used to support activities to reduce alcohol harm in the borough, for instance through more targeted responses, it should also provide additional information to support licensing representations
- Public Health is coordinating a piece of work to develop a collaborative alcohol harm reduction action plan. It is hoped this will be finalised in the next month and can be shared with the Health and Wellbeing board at a future meeting.
- Dontbottleitup.org.uk, a website providing online identification and brief advice including direct referral to Islington alcohol treatment services was launched in January 2013. This has been supported by a promotion campaign across Islington. Of those visiting the website, eight people have requested a follow-up call from Islington's alcohol treatment provider, and 34 have developed an interactive reduction plan. All received tailored online brief advice.
- To support alcohol awareness raising work in Islington, public health have commissioned HAGA to deliver a range of training and promotional work and awareness raising events with high risk groups.
- Public Health and the Public Protection team are working closely to ensure, where applicable, health data is taken into account when applications for new licenses and changes to existing licences are made. Public health has already presented health evidence (by making a representation) to a number of licensing committees; the evidence was used by the committees to refuse applications for several new licensed premises in the borough.

## **4. Implications**

- 4.1. **Financial implications:** 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's priorities. No specific financial implications were highlighted in this paper.

4.2. **Legal Implications:** Section 193 of the Health and Social Care Act 2012 inserts new section 116A into the Local Government and Public Involvement in Health Act 2007, which imposes a duty on the Council and the CCG to produce a joint health and wellbeing strategy for meeting the needs identified in the joint strategic needs assessment.

4.3. **Equalities Impact Assessment:** This paper provides an update across a wide range of programmes and services being delivered in support of the Health and Wellbeing Board's priorities. Consequently there is no separate EIA relating to this report. Reducing health inequalities is an underpinning principle across the Board's three priority areas, and the report identifies the ways in which the interventions, services and programmes described are being tailored and targeted to reduce health inequalities.

4.4. **Environmental Implications:** None identified.

## 5. Conclusion and reasons for recommendations

5.1 The Health and Wellbeing Board is asked to:

- NOTE progress against the Health and Wellbeing Board's three priorities.
- CONSIDER how, as a Board, it can support and promote these activities and programmes to enhance their impact.

**Background papers:** Islington's Health and Wellbeing Strategy

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**Attachments:**

**Final Report Clearance**

**Signed by**



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Director of Public Health

Date: 24 June 13

**Received by**

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