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ISLINGTON

Governance and Human Resources
Town Hall, Upper Street, London, N1 2UD

AGENDA FOR THE HEALTH AND WELLBEING BOARD

A meeting of the Health and Wellbeing Board will be held in Committee Room 4, Town Hall, Upper Street, N1 2UD on, **16 July 2014 at 2.00 pm.**

John Lynch
Head of Democratic Services

Enquiries to	:	Rachel Stern
Tel	:	020 7527 3308
E-mail	:	democracy@islington.gov.uk
Despatched	:	8 July 2014

Membership

Councillors:
Councillor Richard Watts
Councillor Janet Burgess
Councillor Joe Caluori

Clinical Commissioning Group Representatives
Dr. Gillian Greenhough, Islington Clinical Commissioning Group
Dr. Josephine Sauvage, Islington Clinical Commissioning Group
Anne Weyman, Islington Clinical Commissioning Group
Alison Blair, Islington Clinical Commissioning Group
Martin Machray, Islington Clinical Commissioning Group

NHS England
Dr Henrietta Hughes, NHS England

Islington Healthwatch Representative
Olav Ernstzen, Islington Healthwatch

Officers
Julie Billett, Joint Director of Public Health Camden and Islington
Sean McLaughlin, Corporate Director Housing and Adult Social Services
Eleanor Schooling, Corporate Director Children's Services

A.	**Formal Matters**	**Page**
1.	Welcome and Introductions - Councillor Richard Watts	
2.	Apologies for Absence	
3.	Declarations of Interest	

If you have a Disclosable Pecuniary Interest* in an item of business:

- if it is not yet on the council's register, you must declare both the existence and details of it at the start of the meeting or when it becomes apparent;
- you may choose to declare a Disclosable Pecuniary Interest that is already in the register in the interests of openness and transparency.

In both the above cases, you must leave the room without participating in discussion of the item.

If you have a personal interest in an item of business and you intend to speak or vote on the item you must declare both the existence and details of it at the start of the meeting or when it becomes apparent but you may participate in the discussion and vote on the item.

*(a)Employment, etc - Any employment, office, trade, profession or vocation carried on for profit or gain.
(b)Sponsorship - Any payment or other financial benefit in respect of your expenses in carrying out duties as a member, or of your election; including from a trade union.
(c)Contracts - Any current contract for goods, services or works, between you or your partner (or a body in which one of you has a beneficial interest) and the council.
(d)Land - Any beneficial interest in land which is within the council's area.
(e)Licences- Any licence to occupy land in the council's area for a month or longer.
(f)Corporate tenancies - Any tenancy between the council and a body in which you or your partner have a beneficial interest.
(g)Securities - Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

This applies to all voting members present at the meeting.

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C. Questions from Members of the Public

To receive any questions from members of the public.
(Note: Advance notice is required for public questions).

D. Urgent Non-exempt Matters

Any non-exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be agreed by the Chair and recorded in the minutes.

E. Exclusion of Press and Public

To consider whether, in view of the nature of the remaining items on the agenda, any of them are likely to involve the disclosure of exempt or confidential information within the terms of Schedule 12A of the Local Government Act 1972 and, if so, whether to exclude the press and public during discussion thereof.

F. Urgent Exempt Matters

Any exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be agreed by the Chair and recorded in the minutes.

G. Confidential/Exempt Items for Information

H. Any Other Business

The next meeting of the Health and Wellbeing Board will be on 15 October 2014

Please note all committee agendas, reports and minutes are available on the council's website:

www.democracy.islington.gov.uk

Director of Corporate Resources

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London Borough of Islington
Health and Wellbeing Board – 12 March 2014

Minutes of the meeting of the Health and Wellbeing Board held at the Town Hall, Upper Street, N1 2UD on 12 March 2014 at 2.00pm.

Present: Councillor Richard Watts – Leader of the Council
Councillor Janet Burgess – Executive Member for Health and Adult Social Care
Councillor Joe Caluori – Executive member for Children and Families
Dr.Gillian Greenhough - Clinical Commissioning Group representative
Alison Blair – Chief Officer, Islington Clinical Commissioning Group
Julie Billett – Corporate Director of Public Health
Dr Henrietta Hughes, NHS England
Martin Machray – Director, Quality & Integrated Governance, Islington CCG
Dr. Josephine Sauvage - Clinical Commissioning Group representative
Anne Weyman – Lay Vice-Chair, Islington Clinical Commissioning Group
Eleanor Schooling – Corporate Director, Children's Services
Emma Whitby – Healthwatch Islington
Clare Henderson- Programme Director, Integrated Care – Islington CCG
Simon Galczynski – Service Director for Adult Social Care, (for Corporate Director of Housing and Adult Social Services)

Councillor Richard Watts in the chair

152 WELCOME AND INTRODUCTIONS (Item A1)
The Chair welcomed everyone to the meeting. Members of the Board introduced themselves.

153 APOLOGIES FOR ABSENCE (Item A2)
None.

154 DECLARATIONS OF INTEREST (Item A3)
Dr Gillian Greenhough and Dr Josephine Sauvage declared an interest as GPs in agenda item B6 (Interim recommendations from Health Scrutiny Committee on GP appointments).

155 CONFIRMATION OF THE MINUTES OF HEALTH AND WELLBEING BOARD HELD ON 15 JANUARY 2014 (Item A4)

RESOLVED:
That the minutes of the meeting of the Board held on 15 January 2014 be confirmed as a correct record and the Chair be authorised to sign them.

156 BETTER CARE FUND SUBMISSION – SIGN OFF (Item B1)
Clare Henderson introduced the report, which set out how the Better Care Fund would be used to support on-going integration of work across health and social care.

Members acknowledged the importance of the Fund to all partners, especially in a climate of reduced finance. Excellent joint working to date had meant better outcomes for users of services and this would be continued.

RESOLVED:
That Islington's Better Care Fund Plan, appended to the report of the Corporate Director of Housing and Adult Social Services, be endorsed for submission to NHS England by the deadline of 4 April 2014.

157 ISLINGTON CLINICAL COMMISSIONING GROUP FIVE YEAR PLAN 2014-19 (Item B2)

Alison Blair introduced the report which detailed the CCG's five year plan for delivery of all of the CCG and Health and Wellbeing Board's strategic objectives. The Five Year Plan was subject to engagement processes and final sign off through the Health and Wellbeing Board before final submission to NHS England on 24 June 2014.

RESOLVED:

That the progress made towards the final submission of Islington CCG's final Five Year Plan for 2014-19 and how this will support the developing Five Year Plan for Islington CCG in 2014-19, as detailed in the appendix to the report, be noted.

158 ANNUAL PUBLIC HEALTH REPORT (Item B3)

Julie Billett, Director of Public Health for Islington and Camden, introduced her report, which focused on the social determinants of health (such as employment, housing and the cost of living) and what could be done to reduce health inequalities in the two boroughs. Future work would focus on helping people to find good jobs and to stay in work: healthier homes: education and health: and supporting people to have a healthy standard of living.

The following points were made during discussion:

- The report provided much useful evidence in one document.
- It would be useful to harness some of the learning from the Housing Summit. It was noted that some work had already commenced, such as the external wall insulation on Holly Park Estate and the Family Mosaic pilot on Health Begins at Home, which sought to see if a new model of health and housing interventions could reduce NHS usage in social housing residents aged over 50.
- For the future, it would be useful to look at the emerging importance of early intervention work with children and families. The Council was working with the Early Intervention Foundation on this and was building a significant databank
- A question was asked about the impact of housing benefit changes and how the CCG would look after residents who had moved out of Islington. There was also a question about how data would be shared between the CCG and the receiving authority for these families.

  The response was that the Council was tracking information on the affects of welfare changes on residents. Any residents who had had to move out of Islington remained the Borough's responsibility. More than half of the residents who would have been affected by the bedroom tax had been contacted in advance by the Council which had obviated the need for them to move out of the Borough. However, many of the families who had stayed in their properties and tried to manage on reduced housing benefit, were incurring rent arrears.

- There had been a decline in teenage pregnancy rates and joint working with Camden would enable a view across the range of services, such as access to contraception and sexual health. It was anticipated that education of children and young people would mitigate against risk-taking patterns.

  It was critical for any work on sexual health, pregnancy and developing healthy relationships to be targeted at looked after children and young people.

RESOLVED:

(1) That the report be noted.

(2) That an information report be submitted to the Board at a future date on the affect of welfare benefit cuts on individuals/families in Islington

159 CARE BILL UPDATE: LOCAL IMPLICATIONS (Item B4)

Simon Galczynski introduced his report, which summarised some of the details of the Care Bill and its implications for adult social care in Islington. It was likely that the proposed reforms on social care funding would place an increased demand on Council services, including additional clients from the private sector.

Simon Galczynski undertook to respond to Councillor Caluori on the question of liability for deferred payment schemes.

RESOLVED:

(1) That the key changes to adult social care which will take place with the implementation of the Care Bill, as detailed in the report of the Corporate Director of Housing and Adult Social Services, be noted.

(2) That the high level financial implications and work programme for implementation in Islington, again as detailed in the report, be noted.

(3) That the Corporate Director of Housing and Adult Social Services respond to Councillor Caluori on the question of liability for deferred payment schemes.

160 TOBACCO CONTROL IN CAMDEN AND ISLINGTON (Item B5)

Julie Billett introduced the report, which summarised the outcomes and proposed next steps from the recent stakeholder event on "Towards a smoke-free future in Camden and Islington". The event had focussed on identifying key priorities and objectives for future tobacco control programmes in each borough and the potential for joint working on tobacco control.

In the discussion the following points were made:

- E-cigarettes were unlicensed and unregulated products and councils' ability to control access to them was limited. There was a difficult balance between messages to society about e-cigarettes and cultural norms eg use of shisha. A local view on their use was needed.
- There was concern about the "attractiveness" of e-cigarettes to children
- E-cigarettes should be licensed or subject to a byelaw banning them in Islington
- The promotion of e-cigarettes needed to be regulated

RESOLVED:

(1) That the development of a joint tobacco control programme and action plan for Camden and Islington, including an early appraisal of the potential governance/partnership arrangements required to oversee and drive forward delivery of such a joint programme, as detailed in the report of the Corporate Director of Public Health, be noted.

(2) That it be noted that a report setting out the proposed governance arrangements for tobacco control across Islington and Camden, together with an agreed tobacco control programme and action plan, will be submitted to the next meeting of the Board for discussion and agreement.

161 INTERIM RECOMMENDATIONS FROM HEALTH SCRUTINY COMMITTEE ON GP APPOINTMENTS (Item B6)

Councillor Martin Klute, Chair of the Council's Health Scrutiny Committee, introduced the interim draft recommendations from the scrutiny report of the Committee on GP

appointment systems.

In discussion the following points were made:

- There should be standard expectations about access to GPs. However, there was also a need for flexibility in appointment systems to cater for the various needs of patients
- It was noted that NHSE had set up a project to look at services in the south of the Borough. It was also noted that three GP practices had been successful in bids to the Prime Minister's Challenge Fund to improve access.
- With regard to recommendation 8, relating to public awareness, the NHS had already produced public leaflets on "Choose the right treatment" to encourage people to choose the NHS service that could best treat their symptoms, rather than attending A&E
- That further multi-disciplinary work and communication be carried out on recommendation 5, relating to "Social support functions" and the inclusion of "school sick notes" provided by GPs. The Council's message to children and parents was that children must attend school. A multi-disciplinary approach would help to identify those seeking sick notes most frequently from a GP and any underlying issues.

RESOLVED:
That the draft recommendations from the Health Scrutiny Committee on GP appointment systems be noted, together with the comments made above.

162 HEALTH AND WELLBEING BOARD WORK PROGRAMME 2013/14 (ITEM B8)

RESOLVED
That the work programme be noted.

163 QUESTIONS FROM MEMBERS OF THE PUBLIC (Item C1)
None.

The meeting ended at 3.15pm.

Chair

ISLINGTON

Children's Services
222 Upper Street, London N1 1XR

Report of: Director of Strategy and Commissioning, Children's Services

Meeting of	Date	Agenda Item	Ward(s)
Health and Wellbeing Board	16 July 2014		All

SUBJECT: Early Intervention and Prevention: from rhetoric to long-term reality in Islington

1. Synopsis

1.1. There is widespread consensus on the principle of early intervention and prevention to prevent bigger and more costly problems occurring. However, in practice a culture of late intervention occurs. In areas such as long term health problems, isolation among older people, families with multiple problems, unemployment and offending, problems can reach crisis point where then expensive institutional responses from hospitals, care homes, prisons and children's social care have to rescue and 'treat' the issues.

1.2. Early intervention and prevention is key plank for children's partnerships. Health and Wellbeing Boards (HWBs) provide significant potential for embedding improved outcomes for children, young people and families too as well as opportunities for greater integration. However, meeting children and families' needs through early intervention will require health and wellbeing partners to look beyond the national frameworks for co-ordinating and managing health and care such as inspection and political/funding cycles. Health and wellbeing partners will need to take a risk and embrace a local long-term strategic shift towards securing wellness and building resilience in the Islington population.

2. Recommendations

2.1. Together with the Children and Families Board, to commit to a long-term focus on early intervention and prevention in Islington.

2.2. To hold an initial summit, jointly with the Children and Families Board, in November about children, young people and parent/families that considers:

a. how smart investment can be applied to make a culture shift from late intervention to early intervention that results in local savings
b. how the culture change required for early intervention can be achieved in the following areas:
    - balancing acute/complex/severe needs and early intervention
    - individual and collective leadership
    - funding early intervention
    - commissioning for early intervention and prevention, which includes
        - innovation and building local evidence – how we diversify our local evidence base on prevention and early intervention
    - collaboration and shared goals with external partners such as schools and the third sector

2.3. To hold a further summit to consider how the early intervention and prevention approach could be applied to the rest of the life course i.e. adults and older people.

3. Background

3.1. Economic recovery and its impact still seem far away. Families have less to live on and there may be more stress within them. Our children may find it harder to get work, buy their own home and face a higher cost of living than their parents. Some may need a little more support, some a lot more. This not only affects poorer families but people on middle and other incomes too. As needs grow, there will be fewer local resources to support those needs.

3.2. In early 2013, Islington was designated as one of 20 '**Early Intervention Pioneer Places**' by the Early Intervention Foundation. This shows that our national profile as a leader in this area is strong. Together, with the Early Intervention Foundation and the other EIF Places, Islington will continue to make a step change so that early intervention supports children, young people and their families. It means that we are trying to make early intervention a reality through all levels of local activity, from our governance structures and commissioning, development of strategies and business cases through to reviewing programmes and practice on the ground. However, this is not a new approach for Islington's Children and Families Partnership: the early intervention and prevention agenda has been a key strand of work with strong leadership for just over 10 years.

3.3. 'Early intervention and prevention' has become a term used in various reports and approaches across central government and other policy-making institutions. It is not just confined to a single department but cuts across children, young people, parents/carers/adults and older people. However, there is growing recognition that what you do with children and young people will generate impact and savings for the adult population and the community:

- The Chief Medical Officer (CMO) used her 2012 annual report to focus on children and young people's health and wellbeing outcomes. It included a crucial chapter on the economic case for early intervention and recommendations to shift from a reactive to proactive approach. The CMO emphasised the theme of early intervention and prevention throughout the report to highlight that:
    a. what happens in childhood has a major effect on health and wellbeing outcomes in later life; and
    b. there is a significant cost of not intervening to improve health such as the cost of obesity (circa £588 – 686 million per annum) and mental health issues (circa £2.35 billion) to the health system, families and society as a whole.

- The Department for Communities and Local Government (DCLG) attributed a commitment to early intervention by setting up the 'Troubled Families' programme, born out of the Community Budget for Families with Multiple Needs to provide an early intervention approach to support families.

- Both the Independent Commission on Youth Crime and the new Chair of the Youth Justice Board (YJB) emphasise the need for a higher profile and use of funding given to early intervention so that local areas tackle crime and anti-social behaviour. The Independent Commission focused on the 'wider determinants' of crime to secure less involvement in crime. The YJB Chair has committed to influencing Police and Crime Commissioners to spend early intervention money well and signalled that early intervention should not be lost because changes to the source of funding.

- The Department of Health (DH) spoke of a new direction for health and social care services on prevention and health promotion that required "a shift in the centre of gravity of spending". This was in recognition of the challenge to meet future demographic changes faced nationally and by local areas.

3.4. There are plenty of commitments to early intervention and prevention, even in Islington. However, there can be a difference to what's said and done in its name (see Table 1).

Table 1: Examples of national Government commitments and spend on early intervention and prevention

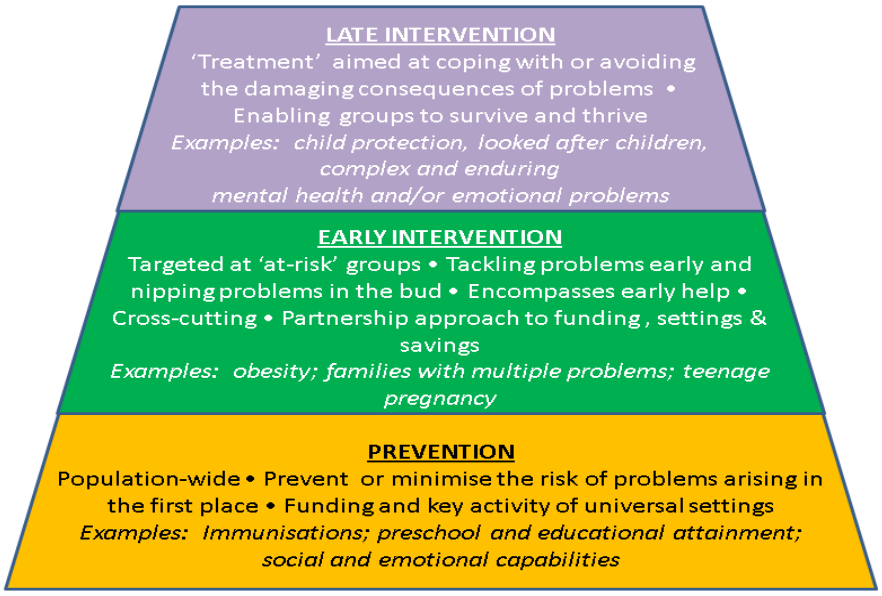
National Government Department	Commitment to early intervention and prevention	Spend on early intervention and prevention
Health	"We need a paradigm shift in health – away from 'diagnose and treat' towards 'predict and prevent'." (DoH, 2009)	4% spending on prevention in England Spending on mental health is greater for adults than children even though half of adult problems emerge before age 15.
Work and Pensions	"We need a new approach to multiple disadvantages which is based on tackling the root causes of [these] social issues, and not just dealing with the symptoms…to prevent problems arising and tack issues before they become embedded." (DWP, 2012)	Overall prevention spend not known. Contributed part of the £3.5m to the Early Intervention Foundation (with DfE, DCLG and DH)
Ministry of Justice	" The overall goal of the youth justice system is to preen offending by young people" (MOJ, 2010)	The Youth Justice Board spends 10% of its budget on prevention. Over 30% of budget is spent on custody for 3% of offenders.

Adapted from: New Philanthropy Capital. (2012). Prevention and Early Intervention: A scoping study for the Big Lottery Fund.

Early intervention, early action or early help?

3.5. The aim of early intervention and prevention is to **build resilience in individuals and communities** so that they become more self-sustaining, there is **less reliance on public services** but that there is a focus on those that need direction and support and we, as an area, **identify needs early and nip problems in the bud**.

Figure 1: Prevention, early intervention and late intervention



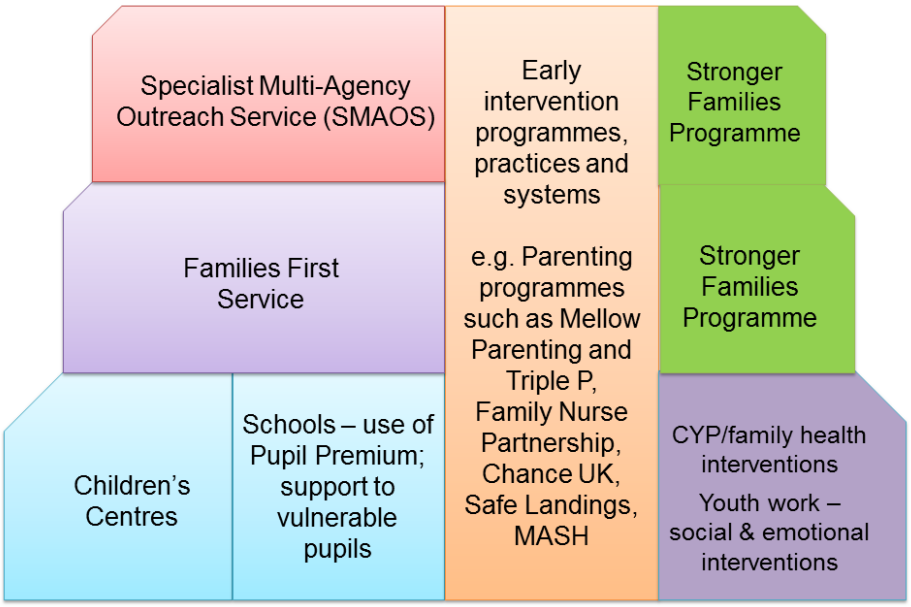
3.6. There are also clear financial benefits to this approach such as savings generated from less frequent use of 'treatment' or specialist services. Early intervention can bring about a range of short and long-term economic benefits. Short term costs can be accrued over electoral or budget cycles whilst long-term costs are just as important to ensure that the health, social and economic benefits are sustained.

Table 2: The estimated public sector costs of dealing with a range of health and social care problems[1]

Health and social problems	Costs
Youth unemployment	£133 million per week
Youth crime	£1.2 billion per year
Educational underachievement	£22 billion per generation
One year in a children's residential home	£149, 240
One year in foster care	£35,152
Admission to inpatient child and adolescent mental health services	£24,482
Child in care low-cost — with no evidence of additional support needs	Over 9 months: • To local authority: £65,438 • To others: £17,057

3.7. Early action, early help and early intervention tend to be used interchangeably. **Early help** focuses on the interventions, portfolio of evidence-based programmes, multi-agency systems and workforce to support families. The Working Together 2013 statutory guidance makes early help a statutory responsibility that cuts across partners with an aim to reduce safeguarding risks and action. In Islington, early help means pro-actively reaching out to families at risk, preventing problems from arising and building resilience in families so that problems do not become serious. Early help tends to be associated with support and outcomes for children and families that can result in the reduced use and cost of specialist services such as children's social care.

Figure 2: Children and Families Early Help



3.8. **Early intervention** encompasses early help but also goes broader as an approach. It is a partnership approach towards early action that results in better outcomes, value for money and reduces costs in the long-term across the different partners. As an Early Intervention Pioneer Place, there should be a shift in culture across Islington as a place that influences opportunities everywhere. For example, housing interventions to avoid costs and improve health and care such as the N19 project and outside insulation of housing estates or debt advice interventions to alleviate financial debt and reduce mental health problems.

[1] Taken from: *Strelitz, J. (2013). Chapter 3: The economic case for a shift to prevention* In *Annual Report of the Chief Medical Officer 2012, Our Children Deserve Better: Prevention Pays; PSSRU. (2013). Unit Costs of Health and Social Care.*

Early intervention challenges to the health and wellbeing of children, young people and families in Islington

3.9. Using early intervention approaches with children, young people and families can bring about the dividends of thriving lives and costing less for the future. For example, social and emotional foundations in the early years, capable and confident parenting amongst vulnerable families, healthy lifestyles and good education habits set during the primary and secondary school years can determine positive outcomes throughout the life course. It can also tackle the costly consequences of issues such as school exclusions and unemployment in later years. There is also a case for early intervention measures in later life. An adult or older person can have a smooth transition with the good foundations of a healthy lifestyle, good education and social networks; however, this does not mean that the onset of new problems cannot be sparked by ill-health, unemployment, bereavement or other issues that can affect a person's resilience.

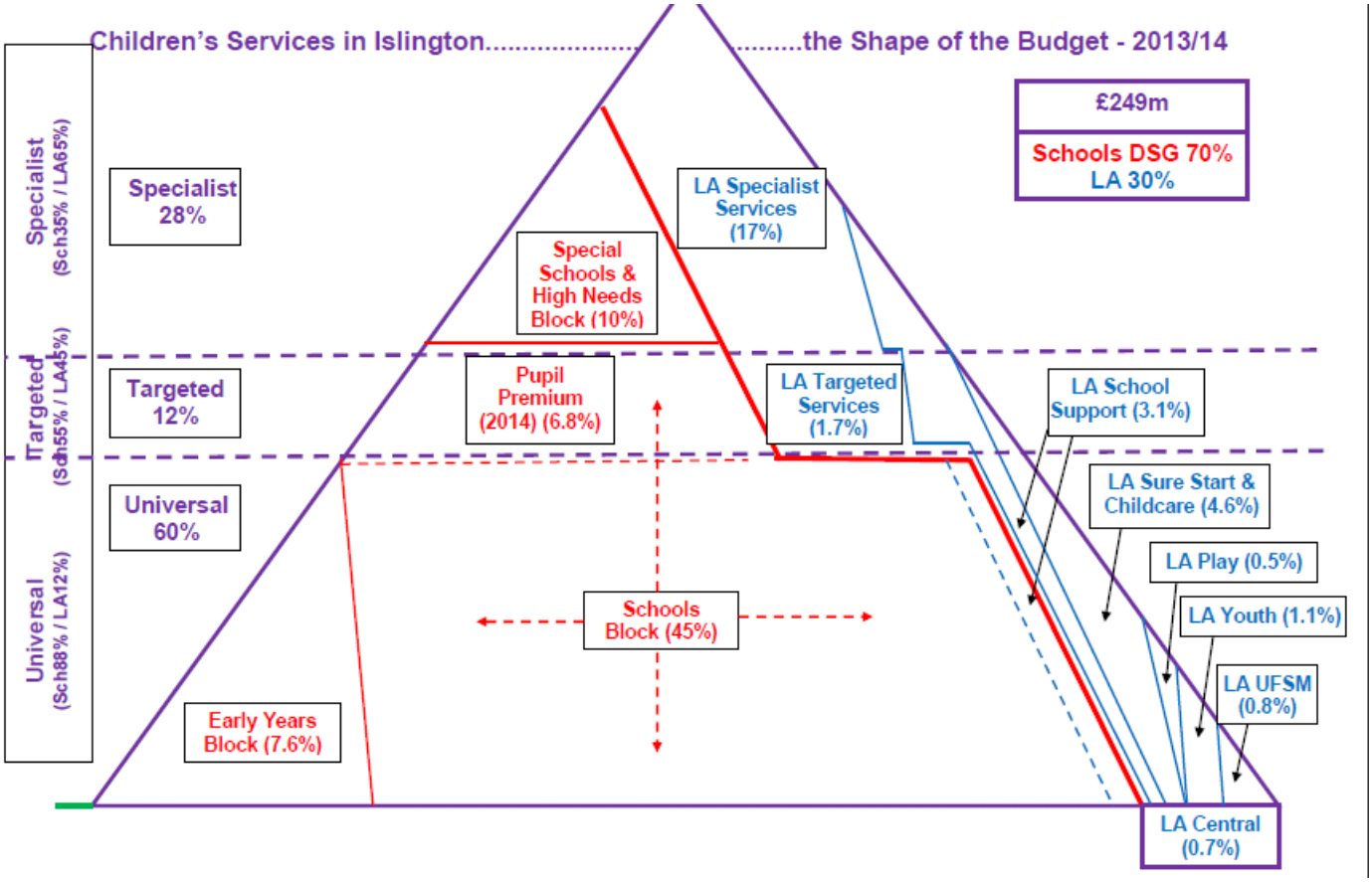
3.10. Using published literature, an analysis of evidence and cost calculation techniques, Strelitz (2013) identified a range of short and long-term costs for issues that form the major burden of disease in children and young people such as pre-term birth, unintentional injury, child obesity and child mental health problems. These costs are connected to societal and public service impacts are not confined to one public sector organisation and can deliver potential savings to a range of bodies (*Appendix A*).

3.11. During good economic times, policy makers put in place the social and physical infrastructure for early intervention. For example, following years of disinvestment in public services, the early to mid-2000s saw initiatives such as the opening of children's centres, the Every Child Matters agenda, the setup of Youth Offending Teams and early intervention funding streams such as the Children's Fund, CAMHS funding and the Teenage Pregnancy Grant. Austerity tends to result in falling levels of funding for early intervention initiatives which interferes with their intended impact. Several funding streams were combined to form a ring-fenced Early Intervention Grant which was then substantially cut with the ring-fence removed. However, as the population grows and the effects of austerity and financial savings embed, the risk of doing nothing mean that problems can be stored up for the future. This can be at a risk of greater cost and need for expensive multiple statutory 'late intervention' services.

3.12. Figure 3 outlines the 2013/14 shape of the budget for children's services providing a visual snapshot of the balance of expenditure on universal, targeted and specialist services. It also provides a snapshot of the balance between the quantum of LA controlled budgets compared with the budgets under the control of the Schools Forum. As can be seen, 70% of all funding is within the schools sector (rising to 73% in 2014/15). This diagram can also be used to stimulate further focused analysis on how funding is moving between sectors and as a reference point for the balance of expenditure on early intervention, i.e not just early years but also targeted services when budget decisions are taken. A similar exercise within the children's health budget would be complex but helpful to the debate. Due to the direction of travel set by the current national government, it is likely that the local authority funding for targeted/early intervention will continue to be most at risk.

3.13. Financing early intervention and prevention depends on three things. **First**, whether it is possible to find money to invest into early intervention and prevention from existing activities. The preferable option is use upfront investment rather than payment-by-results or social impact costs which can be costly due to the transfer of risk. **Second**, whether the expected better outcomes will materialise particularly if the risk involved is high due to no or little evidence to support the new way of doing things. However, risk even exists for evidence-based approaches. **Third**, the length of time to realise the financial benefits. It can be difficult to justify using funding from existing budgets for upfront investment in early intervention and prevention if it takes a long time to realise the financial benefits.

Figure 3: Children's Services - the shape of the budget in 2013/14



3.14. There are a number of barriers to implementing a locally effective early intervention approach. These include:

a. **Evidence** – Evidencing impact, demonstrating promised outcomes and encouraging examples of successfully reducing demand for 'late intervention' services takes time to accrue. There can be an absence of adequate data to understand the costs of existing approaches and therefore the real costs of inaction. It also requires investment in sufficient skills for evaluation and impact measurement including having a clear logic model, cost, knowing what to measure and attribution. Even where there is some evidence, early intervention can be constrained by the following other factors.

b. **Funding** –The approach can be limited by pressures to direct spending at addressing acute needs or disinvesting in things that may not be working effectively but are part of the accepted landscape that needs to react to ongoing acute needs and manage risks in the community. To invest in early intervention, this means shifting spending away from reactive interventions; to invest in reactive interventions could mean a larger cost to the public purse as well enabling poor outcomes to continue or escalate.

   Organisations often want to see an immediate return on their investment sometimes accrued directly to them. The time lag between investment and benefit means that savings are not likely to be realised within current financial or political cycles. Budget holders can be unwilling to commit their resources upon the realisation that the investments from one budget, department, organisation or commissioner may bring about benefits to another. Similarly, pooling or aligning budgets does not provide enough incentives.

c. **Targeting** – It is difficult to identify who is most at risk of developing problems in the future and there is a risk of funding people who would have been without the early intervention.

d. **Structural issues** – Short political and local funding cycles act as a disincentive to investing in interventions which are unlikely to bring short-term returns. There can be little incentive to work

on cross-cutting approaches if cost savings will accrue to a different department or organisation. For example, where the local authority funds crime prevention with the savings from reduced custody accruing to central government.

a. **Culture and leadership** - A lack of strong leadership to challenge and transform the culture of late reaction across organisations and multi-agency partnerships.

4. Early intervention and prevention: making it real in Islington

4.1. **Creating a culture change in Islington and taking a risk**

We haven't yet capitalised on moving the balance in our children's and families' system as decisively towards early intervention as is necessary and desirable. Engineering a strategic shift of this kind when the pressures on public funding are intense is challenging. For the benefit of children, families and a thriving community, it is a long-term challenge we must invest in.

Early intervention is cross-cutting and innovative by nature. A strategic shift to early intervention needs to be embedded in **long-term political priorities as well as inter-agency and inter-departmental initiatives**. Senior managers will need to 'Think Early Intervention' when developing future budgets or projects to secure improved outcomes for population groups. It also requires making use of levers such as community budgeting for issues where there needs to be shared goals and savings.

There would also need to be consideration of a clear **early intervention investment element** to forthcoming financial discussions taking place across all partners. This could involve the engagement of partners such as schools, the third sector and businesses to harness inward investment opportunities for shared goals. This could involve consideration of invest/spend to save or using a 1% for early intervention approach where you cut an existing budget by 1% extra and channel that 1% to an early intervention pot or initiative.

4.2. **Leadership**

A successful early intervention approach requires sustainability and a long-term view. The early intervention agenda spans party political lines. For a genuine commitment, it requires **strong leadership individually and collectively** for this agenda to move it from rhetoric to reality. It requires strong leadership from a collective of organisations, not just Children's Services, to drive, innovate and fund a long-term approach to early intervention.

Most importantly, the leadership will need to hold its nerve on our progress with implementing an early intervention approach and be brave to prevent the gains we have made from being lost. We have made great strides with developing an integrated early years model between health and children's centres. A recent Deep Dive conducted by the Early Intervention Foundation indicated that the sustained approach and leadership contributed to a good integrated model and way of working. The First 21 Months initiative is likely to build on and embed this further. Similarly, due to a sustained approach and focus on family support with partners such as the voluntary and community sector for ten years, we have used several levers such as Think Family and a Community Budget to establish an early intervention service and model for families with multiple needs. The impact and accrued benefits to Islington are promising.

4.3. **Commissioning for prevention and early intervention**

Commissioners will need to implement a **commissioning for prevention and early intervention approach for reducing specialist and acute activity** in the medium term. This is already happening in areas such as public health, children's health and children's social care. It may require commissioners to come together and pool or align budgets to fund programmes or initiatives that focus on early intervention.

Attention tends to focus on evidence-based programmes and packages of interventions proven to work by experimental evaluation. Programmes lend themselves well to this research design. However, there are other evidence-based options such practices – the things that frontline professionals do different to improve outcomes – or matching needs to services using processes which indirectly lead to good outcomes.

Programmes and services are not evidence-based overnight. We need to be ambitious by using innovations through the evidence pipeline so they become evidence-based. We need to think about how we move innovations up the 'evidence pipeline' so they become evidence–based. This means a journey where innovation is based on a clear idea of what the outcomes and theory of change will be produced, to monitoring outcomes before, during and after an intervention to proof of impact using evaluation techniques.

Commissioners will need to generate useful evidence about what works in improving children's outcomes. It will require commissioners and how we structure commissioning support to be skilled, think very differently and be clear about the logic model for early intervention initiatives and make good use of evaluation, evidencing what works, the costs and use of resources. Our own Evidence Hub and our involvement with the Early Intervention Foundation will assist greatly with this.

5. Implications

5.1. **Financial implications**
There are no direct financial implications arising from the recommendations of this report.

5.2. **Legal Implications**
There are no legal implications arising from the recommendations of this report.

5.3. **Equalities Impact Assessment** .
Early intervention seeks to address a range of inequalities in the general population to help them thrive and build resilience to factors that may disadvantage them.

5.4. **Environmental Implications**
There are no environmental implications arising from the recommendations of this report

6. Conclusion and reasons for recommendations

6.1. An effective early intervention approach is beneficial for the health and wellbeing of Islington people. Making a strategic shift to early intervention will require:

- Taking a long-term approach
- Strong 'whole-place' leadership to prevent the gains made through early intervention are not lost to national or local funding, management or political cycles;
- Taking a risk in funding prevention and early intervention approaches;
- Commissioning for early intervention and prevention across all health, education/employment, social care and other commissioning portfolios; and
- 'In-practice' activities to maintain a legacy that prevents problems and/or doesn't store up problems for the future such as collaboration with external partners such as schools and the third sector, and innovation and building the evidence.

Final Report Clearance

Signed by Thanos Morphitis 07 July 2014

Received by …… ……
Head of Democratic Services Date

Report authors: Tania Townsend, Children's Partnership Development and Strategy Manager; Thanos Morphitis, Director of Strategy and Commissioning, Children's Services
Tel: 020 7527 3080; 020 7527 3508
E-mail: tania.townsend@islington.gov.uk; thanos.morphitis@islington.gov.uk

Reducing impact and costs

Issue	Estimated annual cost per child		Short-term savings generated from:	Long-term savings generated from:
Pre-term births	£25,920	Public sector cost per child aged 0-18	Death *Healthcare costs*: Neonatal intensive care Hospital readmissions up to age 2 years Service use relating to infections and complications *Impact on parents / carers:* Quality of life Psychological wellbeing Reduced productivity/employment Financial/out of pocket expenses	*Health and social care costs:* Cost of special education Social care Long-term health-related costs Productivity loss Parental expenses *Cost of disability:* Mild Moderate Severe
	£51,656	Societal cost per preterm birth		
Unintentional injury	£2,494 – 14,000	Short term health costs of treating severe injury	*Healthcare costs:* Accident and Emergency treatments Treating injury Occupational therapy Primary care *Other costs:* Poor social functioning Impact on physical and emotional development Days off school Psychological wellbeing of carers and families	*Healthcare costs:* Occupational therapy Primary care Social care Disability benefits *Other costs:* Poor social functioning Impact on physical and emotional development *Economic costs:* Lifelong loss of productivity Impact on parents' productivity
	£1.43 – 4.955 million	Potential long term societal costs of childhood traumatic brain injury		
Child obesity	£35	Short-term costs of treating child obesity per obese child	*Healthcare costs:* Cost of treating obesity (i.e. hospitalisation, GP, pharmaceutical costs) Cost of surgical intervention Outpatient costs (mental health) – impact on: *Non health costs:* Social integration and development	*Long-term costs:* Lower educational attainment leading to *Economic costs:* Employment and lower annual earnings *Societal costs:* Unpaid caregivers Healthcare and economic costs associated with severe obesity in adulthood Premature morbidity in adulthood
	£585 – 683	Long-term health costs per obese child growing up to be an obese adult		

Issue	Estimated annual cost per child		Short-term savings generated from:	Long-term savings generated from:
Child mental health problems	£2,220	Short term health, social care and education costs per child	Risk of suicide *Healthcare costs:* Cost of treating depression Increased physical illness Increased risk of substance abuse *Educational costs:* Extra time with teaching staff Special educational needs Special school status *Quality of life:* Poor social functioning Impact on physical, emotional and social development *Impact on parents/carers:* Quality of life Psychological wellbeing Reduced employment *Criminal justice system:* Police contacts Time in prison Court attendances Probation service contacts	*Healthcare costs:* Increased lifelong morbidity Increased depressive episodes and recurrent major depressive episodes *Economic costs:* Employment Lower annual earnings Social welfare costs *Quality of life:* Poor social functioning Impact on physical, emotional and social development *Criminal justice system:* Police contacts Time in prison Court attendances Probation service contacts
	£3,310	Long-term societal costs per child		

Source: Strelitz, J. (2013). Chapter 3: The economic case for a shift to prevention In *Annual Report of the Chief Medical Officer 2012, Our Children Deserve Better: Prevention Pays*

ISLINGTON

Children's Services
222 Upper Street, London N1 IXR

Report of: Director of Strategy and Commissioning, Children's Services

Meeting of	Date	Agenda Item	Ward(s)
Health and Wellbeing Board	**16 July 2014**		All

Delete as appropriate		Non-exempt

SUBJECT: Islington Children and Young People's Health Strategy 2014-19

1. Synopsis

1.1. NHS England (NHSE) is requiring all CCGs to work in clusters to develop 5 year plans. (Islington is part of the North Central cluster that includes Camden, Barnet, Enfield and Haringey). CCG clusters were required to submit these plans by June and are being given the opportunity to revise them prior to final submission in September. The North Central cluster has submitted a high level plan which makes little specific reference to children.

1.2. The Children's Service Improvement Group (CSIG), which is a sub-group of NHS Islington CCG Governing Body, with support from the Islington Health and Wellbeing Board and Children and Families Board, is taking this opportunity to develop a comprehensive health commissioning strategy for Islington children and young people, covering both the CCG and the Local Authority. The headlines from this will feed into the North Central cluster five year plan for NHSE but will also, for the first time bring together an integrated plan for commissioning children's health services as a whole for children and young people living within the Borough or registered with an Islington GP.

1.3. This strategy will be informed by the JSNA and in particular the health profile of Islington children and young people as summarised in the attached documents. (*Appendix A and B*).

1.4. The purpose of this paper is to consult with the Health and Wellbeing Board at an early stage in the development of this strategy. It outlines the stakeholder consultation process that has already been undertaken involving clinicians from primary, secondary and community health services, partners, children, young people, parents and carers and the early results from this. It also summarises the planned next steps.

2. Recommendations

2.1. That the Health and Wellbeing Board endorses the production of a CYP Health strategy across Islington CCG and the Local Authority.

2.2. That the Health and Wellbeing Board comments on the direction of travel and any other issues to consider for the CYP Health Strategy.

3. Background

3.1. In February 2014, NHS England required all CCGs to submit a two year plan and, as part of this, Children's Commissioning was required to provide a two year 'plan on a page'. The timescale for submission was very short; hence Islington CCG was unable to undertake much consultation with partners. NHSE then required CCGs to work in clusters to submit a five year plan in June. It is accepted that the timescale for this is short and hence CCG clusters are to be given an opportunity to revise this in September.

3.2. The headlines from our local strategy will inform the North Central CCG cluster's five year plan but it is intended that our local strategy will also serve as a document bringing together an integrated plan for commissioning children's health services across the CCG and the Local Authority.

3.3. It is important that we do not duplicate other work, but rather complement it; therefore the Children and Young People's Health Strategy will read across the joint priorities set by ICCG and the Islington Health & Wellbeing Board, and also the overarching Children & Families Strategy, which is currently in the process of being updated for 2015-19.

3.4. There is a growing body of evidence that what happens early in life affects health and wellbeing later in life and investing in improving children's health will provide an economic return in time[1]. This evidence has been reflected in Islington's **First 21 Months** plans, to which this strategy will act as a signpost.

3.5. It will take into account the implications of the Children & Families Act 2014 for the NHS, which will make significant changes to the way children with special educational needs and disabilities and their families are supported.

3.6. The strategy will reflect Islington CCG's status as an Integrated Care Pioneer working to align acute and community health provision and to maximise opportunities from the Integrated Care Organisation at Whittington Health.

3.7. It will not cover commissioning plans for maternity services, although it will refer to antenatal care, particularly in relation to the First 21 Months project.

3.8. It is planned that the strategy will use a **'life course framework'** approach. The life course approach is a framework from pregnancy to a child's 18th birthday or to 25 years old for young people in special circumstances, such as those with a disability who remain in education. The life course framework approach includes:

- Antenatal
- Early years and school readiness
- School years
- Emerging adulthood, adolescence to adulthood and independence

3.9. This will be viewed through the lens of inequalities in terms of how children's health outcomes are shaped by wider social and environmental factors.

[1] Annual Report of the Chief Medical Officer 2012. Our Children Deserve Better: Prevention Pays. DH. October 2013

4. Context

4.1. The strategy is being developed in the context of the diverse commissioning arrangements for health services and financial constraints that currently exist across the public sector.

4.2. Several agencies have budget holding responsibilities for component parts of the health system: NHS England for Primary Care and Specialist Commissioning, Islington CCG for non-specialist acute (hospital care), mental health, maternity and community health services, the London Borough of Islington (LBI) for public health and contributions from education and social care, whilst elements of health packages are purchased by schools and will be increasingly sought after by individuals holding personal health budgets.

4.3. Local provider configuration poses challenges for coherent commissioning. Islington has two main paediatric providers; Whittington Health serving north Islington and west Haringey and UCLH largely serving south Islington. The Children's Health Commissioning Team has worked closely with clinicians from both acute providers on pathway development for long term conditions. Whittington Health, which has a small acute inpatient paediatric unit, is working closely with us on the delivery of integrated models of care at or close to home and facilitating collaboration with UCLH in relation to the setting up of a new Paediatric Hospital at Home service.

4.4. The strategy will be developed in the context of financial constraint and increasing demand. ICCG has planned to achieve £27 million of QIPP savings by 2015/16. There will consequently need to be an increased focus on eradication of duplication from the system and continued development of effective new models of care that will deliver the best possible outcomes whilst keeping children and young people safe.

5. Progress to date

5.1. Consultation has been undertaken with the following:

Young People

5.2. This has been undertaken in partnership with Healthwatch Islington, and in collaboration with Inspire (young parents group), the Youth Council, the Courtyard (young people with autism) and CAIS (looked after children). The main messages from this consultation to date are that children, young people and young parents have told us that they want:

- **Information** about services so that they know what is available and so enables them to make informed choices;
- Services that **listen** and recognise their needs, whether as a patient, carer or a non-English speaker;
- Services that **communicate** effectively and respectfully and keep them informed of what is happening;
- Services that are **responsive,** easy to contact and can see them quickly if we need it;
- Services that are **personalised** and 'try to comply' with their right as set out in the NHS Constitution 'to express a preference for using a particular doctor within your GP practice'.
- Services that are **efficient** and coordinate care so that they don't have to repeat their story at each consultation.

5.3. Further consultation is planned with Centre 404 (young people with learning difficulties), the Brandon Centre and young people with asthma. A further, wider consultation with young people and parents is currently being planned.

Professionals

5.4. A stakeholder event for professionals was held on 4th April and was attended by 62 people including members of the Children's Service Improvement Group, representatives from the CCG and Local Authority, GPs, community health staff and acute clinicians from both Whittington and UCLH NHS Trusts. A full write up of this event is available on request. The evaluation responses were very positive.

5.5. The above events have helped to inform the development of the draft vision, principles and strategic commissioning priorities underpinning this strategy as follows:

Vision

To improve the health and wellbeing of children and young people[2] in Islington from conception to adulthood and to reduce health inequalities by:

- promoting good health
- making safe, high quality, affordable and integrated health services available at, or close to home in partnership with children, young people, their parents and carers
- supporting children and young people to be in control of their own health where possible and to maximise their life chances as they grow up.

Principles

- Prevention, early identification and intervention across all children's and young people's health services from conception to adulthood, and other services which impact on children and young people's lives.
- Equal access for all to (free) high quality services where and when needed.
- Working in partnership with young people, parents, carers and their communities to be involved in the design of health services that promote good health and empower them to better manage their own health and wellbeing.
- Services working together to deliver care coordinated around the child, young person and family.
- Making the best use of resources in commissioning services based on population need and the best available evidence.
- Ensuring that safeguarding underpins all planning and delivery of health services to children and young people with the full commitment of all professionals.

[2] The Vision, Principles and Priorities set out in this document relate to children and young people up to, and including, 18 years old and to those young people from 19-25 years old who undergo transition in their ongoing healthcare arrangements from children's to adult service provision.

Strategic Commissioning Priorities

A Ensure that every child has the best start in life

B Ensure that health services are high quality, affordable, clinically safe and deliver a positive experience of care

C All health services and partners will work together to deliver care co-ordinated around the child, young person and family for children and young people who:

a) are acutely unwell;

b) have long term conditions (such as asthma, epilepsy or diabetes);

c) have a life-limiting or life-threatening condition;

d) have mental health and emotional needs;

e) have special educational needs and/or disabilities.

6. Next steps

6.1. Public Health will be leading on the Needs Assessment and the section of the strategy that relates to the key messages from this.

6.2. A sub-group of the Children's Service Improvement Group will be meeting to consider proposed key actions to sit under each of the strategic priorities, which will go out for wider consultation. A first draft of the outline strategy is attached as *Appendix C*.

6.3. Individual meetings with key stakeholders are being arranged to further develop the key actions.

6.4. The strategy will be written in August.

6.5. We are aiming to circulate the first draft of the strategy widely, for consultation and comment. It is anticipated that this will take place in September.

7. Implications

7.1. **Financial Implications**

There are no financial implications arising from the recommendations in this report. Once the draft strategy is available for circulation, any financial implications will be outlined.

7.2. **Legal Implications**

There are no legal implications arising from the recommendations in this report. None at this stage. Once the draft strategy is available for circulation, any legal implications will be outlined.

7.3. **Equalities Impact Assessment** .

Once the draft strategy is available for circulation, an Equalities Impact Assessment will be completed.

7.4. **Environmental Implications**

There are no environmental implications arising from the recommendations in this report.. Once the draft strategy is available for circulation, any environmental implications will be outlined.

8. Conclusion and reasons for recommendations

8.1. A Children and Young People's Health Strategy across the CCG and local authority is required to set a clear direction of travel for all health staff and partners to work to over the next five years.

8.2. This will feed into the development of other related strategies, including the Children and Families Strategy which is being developed within a similar timeframe and the North Central CCG cluster 5 year plan for NHSE.

Attachments:

- Appendix A – Child Health Profile – Islington
- Appendix B – Child Health Profile – Islington – Additional information on acute activity
- Appendix C – Draft Outline Children's Health Strategy

Final Report Clearance

Signed by Thanos Morphitis 7 July 2014

Received by …… ……
Head of Democratic Services Date

Report author: Sabrina Rees, Children's Health Commissioning Manager
Tel: 020 7527 1771
Fax: 020 7527 1873
E-mail: sabrina.rees@islington.gov.uk

Public Health England

Child Health Profile
March 2014

Islington

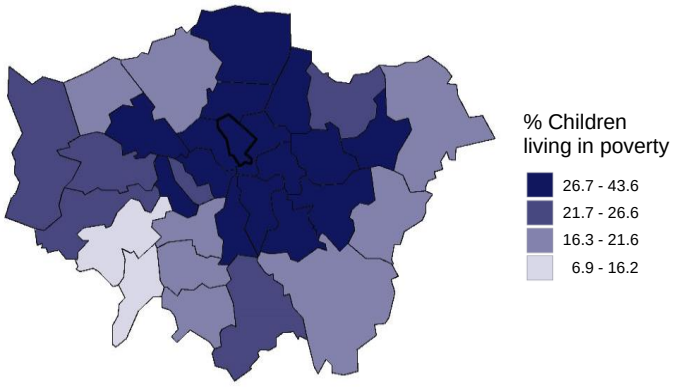
This profile provides a snapshot of child health in this area. It is designed to help the local authority and health services improve the health and wellbeing of children and tackle health inequalities.

The child population in this area

	Local	London	England
Live births in 2012			
	2,988	134,186	694,241
Children (age 0 to 4 years), 2012			
	12,700 (6.0%)	611,800 (7.4%)	3,393,400 (6.3%)
Children (age 0 to 19 years), 2012			
	42,000 (19.9%)	2,039,000 (24.5%)	12,771,100 (23.9%)
Children (age 0 to 19 years) in 2020 (projected)			
	45,800 (19.3%)	2,270,000 (24.5%)	13,575,900 (23.7%)
School children from minority ethnic groups, 2013			
	13,752 (73.2%)	679,515 (69.3%)	1,740,820 (26.7%)
Children living in poverty (age under 16 years), 2011			
	38.3%	26.5%	20.6%
Life expectancy at birth, 2010-2012			
Boys	77.8	79.7	79.2
Girls	83.2	83.8	83.0

Children living in poverty

Map of London, with Islington outlined, showing the relative levels of children living in poverty.



Contains Ordnance Survey data

Key findings

Children and young people under the age of 20 years make up 19.9% of the population of Islington. 73.2% of school children are from a minority ethnic group.

The health and wellbeing of children in Islington is mixed compared with the England average. The infant mortality rate is better than and the child mortality rate is similar to the England average.

The level of child poverty is worse than the England average with 38.3% of children aged under 16 years living in poverty. The rate of family homelessness is worse than the England average.

Children in Islington have worse than average levels of obesity: 10.7% of children aged 4-5 years and 21.8% of children aged 10-11 years are classified as obese.

A higher percentage of mothers initiate breastfeeding compared to the England average, with 89.5% breastfeeding. By six to eight weeks after birth, the percentage of mothers who breastfeed their babies is higher than the England average, with 74.7% of mothers continuing to breastfeed.

In 2012, 119 children entered the youth justice system for the first time. This is a higher rate when compared to the England average for young people receiving their first reprimand, warning or conviction. The percentage of young people aged 16 to 18 not in education, employment or training is worse than the England average.

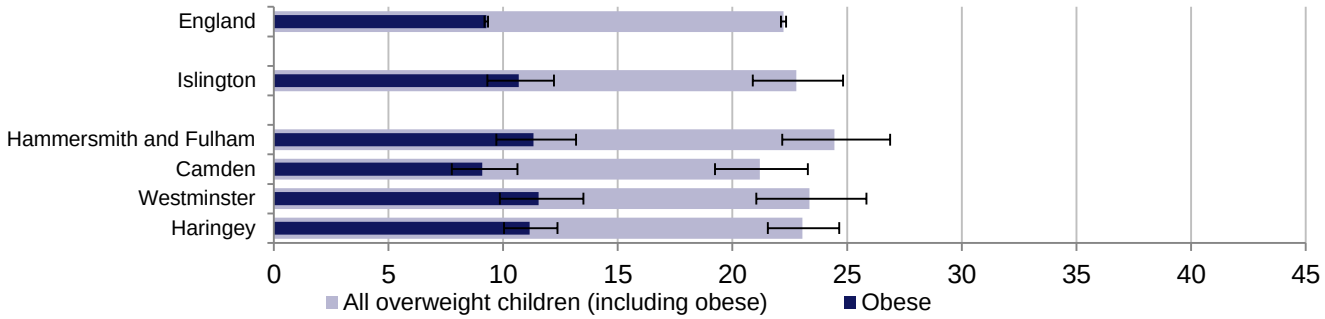
Any enquiries regarding this publication should be sent to info@chimat.org.uk.

Data sources: Live births, Office for National Statistics (ONS); population estimates, ONS mid-year estimates; population projections, ONS interim 2011-based subnational population projections; black/ethnic minority maintained school population, Department for Education; children living in poverty, HM Revenue & Customs (HMRC); life expectancy, ONS.

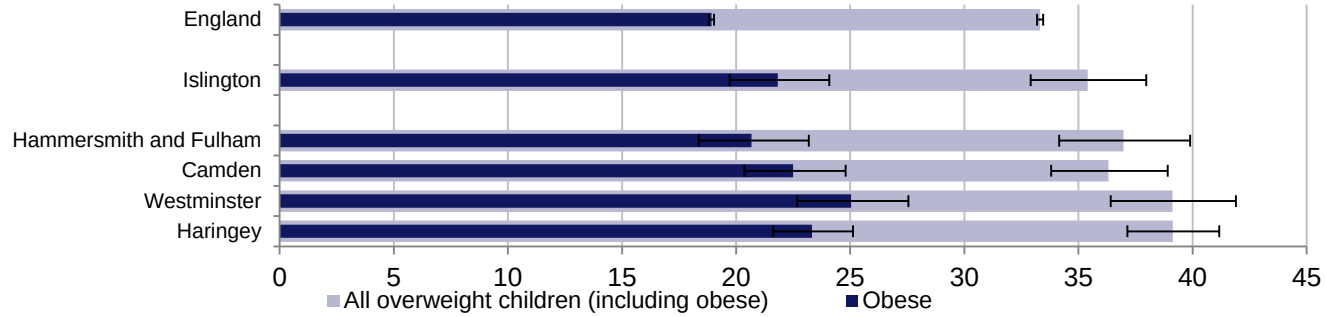
Childhood obesity

These charts show the percentage of children classified as obese or overweight in Reception (aged 4-5 years) and Year 6 (aged 10-11 years) by local authority compared with their statistical neighbours. Compared with the England average, this area has a similar percentage in Reception and a similar percentage in Year 6 classified as obese or overweight.

Children aged 4-5 years classified as obese or overweight, 2012/13 (percentage)



Children aged 10-11 years classified as obese or overweight, 2012/13 (percentage)



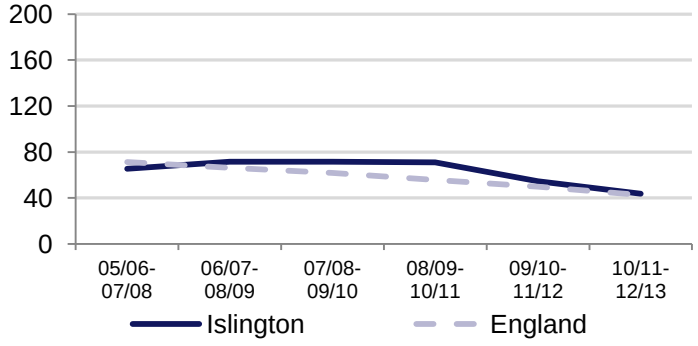
Note: This analysis uses the 85th and 95th centiles of the British 1990 growth reference (UK90) for BMI to classify children as overweight and obese.

I indicates 95% confidence interval. Data source: National Child Measurement Programme (NCMP), Health and Social Care Information Centre

Young people and alcohol

In comparison with the 2005/06-2007/08 period, the rate of young people under 18 who are admitted to hospital because they have a condition wholly related to alcohol such as alcohol overdose is similar in the 2010/11-2012/13 period. The admission rate in the 2010/11-2012/13 period is similar to the England average.

Young people aged under 18 admitted to hospital with alcohol specific conditions (rate per 100,000 population aged 0-17 years)

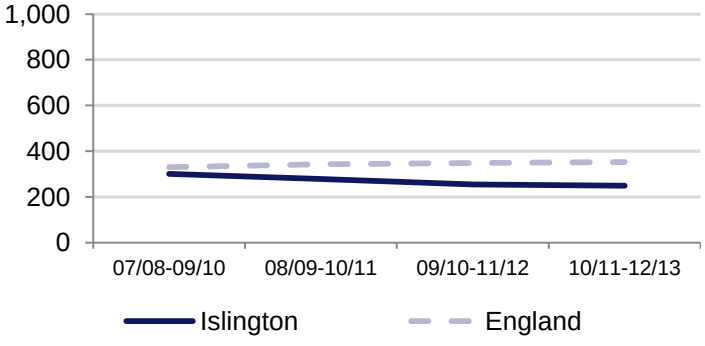


Data source: Public Health England (PHE)

Young people's mental health

In comparison with the 2007/08-2009/10 period, the rate of young people aged 10 to 24 years who are admitted to hospital as a result of self-harm is similar in the 2010/11-2012/13 period. The admission rate in the 2010/11-2012/13 period is lower than the England average*. Nationally, levels of self-harm are higher among young women than young men.

Young people aged 10 to 24 years admitted to hospital as a result of self-harm (rate per 100,000 population aged 10 to 24 years)

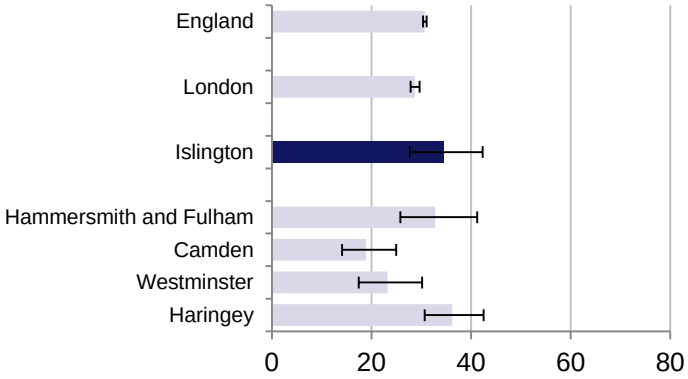


*Information about admissions in the single year 2012/13 can be found on page 4

Data source: Hospital Episode Statistics, Health and Social Care Information Centre

These charts compare Islington with its statistical neighbours, the England and regional average and, where available, the European average.

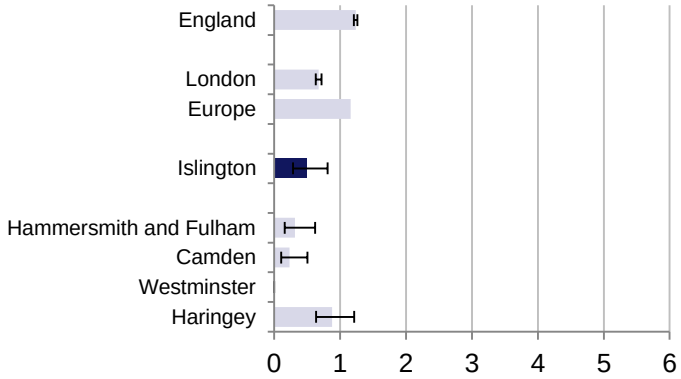
Teenage conceptions in girls aged under 18 years, 2011 (rate per 1,000 female population aged 15-17 years)



In 2011, approximately 34 girls aged under 18 conceived for every 1,000 females aged 15-17 years in this area. This is similar to the regional average. The area has a similar teenage conception rate compared with the England average.

Data source: ONS

Teenage mothers aged under 18 years, 2012/13 (percentage of all deliveries)

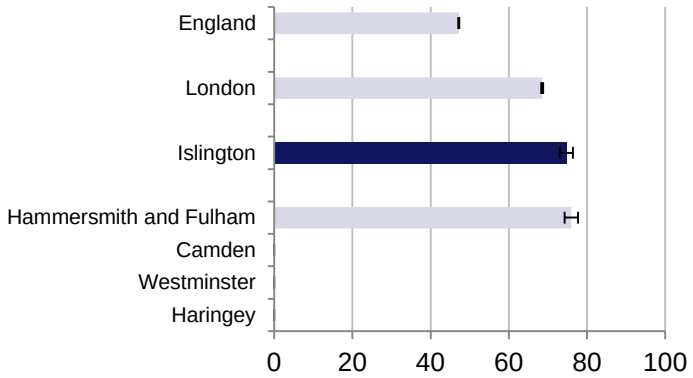


In 2012/13, 0.5% of women giving birth in this area were aged under 18 years. This is similar to the regional average. This area has a lower percentage of births to teenage girls compared with the England average and a lower percentage compared with the European average of 1.2%*.

Data source: Hospital Episode Statistics, Health and Social Care Information Centre

* European Union 27 average, 2009. Source: Eurostat

Breastfeeding at 6 to 8 weeks, 2012/13 (percentage of infants due 6 to 8 week checks)

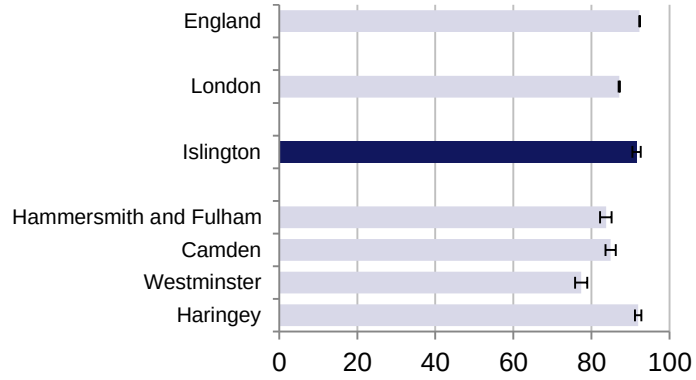


In this area, 74.7% of mothers are still breastfeeding at 6 to 8 weeks. This is higher than the England average. 89.5% of mothers in this area initiate breastfeeding when their baby is born. This area has a similar percentage of babies who have ever been breastfed compared with the European average of 89.1%*.

* European Union 21 average, 2005. Source: Organisation for Economic Co-operation and Development (OECD) Social Policy Division

Data source: PHE

Measles, mumps and rubella (MMR) immunisation by age 2 years, 2012/13 (percentage of children age 2 years)



Compared with the England average, a similar percentage of children (91.6%) have received their first dose of immunisation by the age of two in this area. By the age of five, 86.1% of children have received their second dose of MMR immunisation. This is lower than the England average. In London, there were 101 laboratory confirmed cases of measles in young people aged 19 and under in the past year.

Data sources: Health and Social Care Information Centre, PHE

Note: Where data is not available or figures have been suppressed, no bar will appear in the chart for that area.

Islington Child Health Profile March 2014

The chart below shows how children's health and wellbeing in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England which are shown as a grey bar. The red line indicates the England average. The key to the colour of the circles is shown below.

- Significantly worse than England average
- Significantly better than England average
- Not significantly different
- Regional average

	Indicator	Local no.	Local value	Eng. ave.	Eng. worst	Eng. best
Premature mortality	**1** Infant mortality	6	2.1	4.3	7.7	1.3
	2 Child mortality rate (1-17 years)	7	20.1	12.5	21.7	4.0
Health protection	**3** MMR vaccination for one dose (2 years)	2,418	91.6	92.3	77.4	98.4
	4 Dtap / IPV / Hib vaccination (2 years)	2,581	97.8	96.3	81.9	99.4
	5 Children in care immunisations	195	95.1	83.2	0.0	100.0
	6 Acute sexually transmitted infections (including chlamydia)	1,291	42.9	34.4	89.1	14.1
Wider determinants of ill health	**7** Children achieving a good level of development at the end of reception	899	43.6	51.7	27.7	69.0
	8 GCSEs achieved (5 A*-C inc. English and maths)	912	63.5	60.8	43.7	80.2
	9 GCSEs achieved (5 A*-C inc. English and maths) for children in care	-	-	15.3	0.0	41.7
	10 16-18 year olds not in education, employment or training	470	8.8	5.8	10.5	2.0
	11 First time entrants to the youth justice system	119	824.0	537.0	1,426.6	150.7
	12 Children in poverty (under 16 years)	12,815	38.3	20.6	43.6	6.9
	13 Family homelessness	290	3.2	1.7	9.5	0.1
	14 Children in care	310	84	60	166	20
	15 Children killed or seriously injured in road traffic accidents	6	19.2	20.7	45.6	6.3
Health improvement	**16** Low birthweight of all babies	204	6.9	7.3	10.2	4.2
	17 Obese children (4-5 years)	186	10.7	9.3	14.8	5.7
	18 Obese children (10-11 years)	299	21.8	18.9	27.5	12.3
	19 Children with one or more decayed, missing or filled teeth	-	30.4	27.9	53.2	12.5
	20 Under 18 conceptions	90	34.4	30.7	58.1	9.4
	21 Teenage mothers	14	0.5	1.2	3.1	0.2
	22 Hospital admissions due to alcohol specific conditions	16	43.7	42.7	113.5	14.6
	23 Hospital admissions due to substance misuse (15-24 years)	20	57.3	75.2	218.4	25.4
Prevention of ill health	**24** Smoking status at time of delivery	215	7.7	12.7	30.8	2.3
	25 Breastfeeding initiation	2,514	89.5	73.9	40.8	94.7
	26 Breastfeeding prevalence at 6-8 weeks after birth	1,898	74.7	47.2	17.5	83.3
	27 A&E attendances (0-4 years)	8,455	687.5	510.8	1,861.3	214.4
	28 Hospital admissions caused by injuries in children (0-14 years)	276	86.4	103.8	191.3	61.7
	29 Hospital admissions caused by injuries in young people (15-24 years)	260	86.4	130.7	277.3	63.8
	30 Hospital admissions for asthma (under 19 years)	94	238.8	221.4	591.9	63.4
	31 Hospital admissions for mental health conditions	25	66.8	87.6	434.8	28.7
	32 Hospital admissions as a result of self-harm (10-24 years)	88	224.0	346.3	1,152.4	82.4

Notes and definitions - Where data is not available or figures have been suppressed, this is indicated by a dash in the appropriate box.

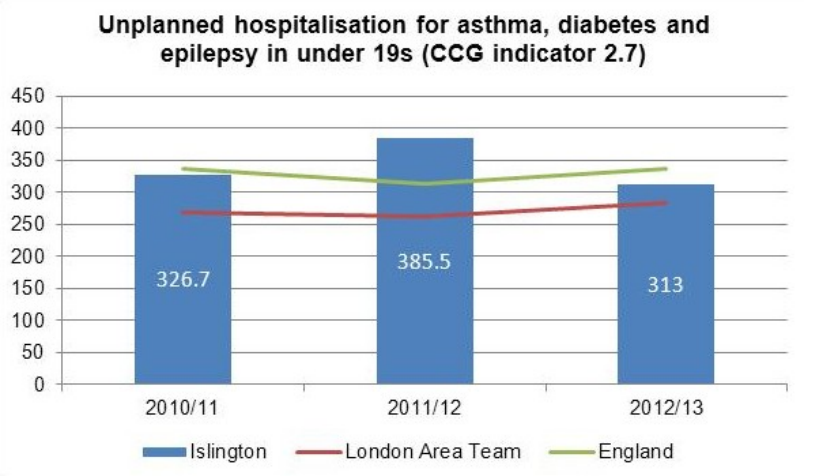
1 Mortality rate per 1,000 live births (age under 1 year), 2010-2012
2 Directly standardised rate per 100,000 children age 1-17 years, 2010-2012
3 % children immunised against measles, mumps and rubella (first dose by age 2 years), 2012/13
4 % children completing a course of immunisation against diphtheria, tetanus, polio, pertussis and Hib by age 2 years, 2012/13
5 % children in care with up-to-date immunisations, 2013
6 Acute STI diagnoses per 1,000 population aged 15-24 years, 2012
7 % children achieving a good level of development within Early Years Foundation Stage Profile, 2012/13
8 % pupils achieving 5 or more GCSEs or equivalent including maths and English, 2012/13
9 % children looked after achieving 5 or more GCSEs or equivalent including maths and English, 2013 (provisional)
10 % not in education, employment or training as a proportion of total age 16-18 year olds known to local authority, 2012
11 Rate per 100,000 of 10-17 year olds receiving their first reprimand, warning or conviction, 2012
12 % of children aged under 16 living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income, 2011
13 Statutory homeless households with dependent children or pregnant women per 1,000 households, 2012/13
14 Rate of children looked after at 31 March per 10,000 population aged under 18, 2013
15 Crude rate of children age 0-15 years who were killed or seriously injured in road traffic accidents per 100,000 population, 2010-2012
16 Percentage of live and stillbirths weighing less than 2,500 grams, 2012
17 % school children in Reception year classified as obese, 2012/13
18 % school children in Year 6 classified as obese, 2012/13
19 % children aged 5 years with one or more decayed, missing or filled teeth, 2011/12
20 Under 18 conception rate per 1,000 females age 15-17 years, 2011
21 % of delivery episodes where the mother is aged less than 18 years, 2012/13
22 Crude rate per 100,000 under 18 year olds for alcohol specific hospital admissions, 2010/11-2012/13
23 Directly standardised rate per 100,000 (age 15-24 years) for hospital admissions for substance misuse, 2010/11-2012/13
24 % of mothers smoking at time of delivery, 2012/13
25 % of mothers initiating breastfeeding, 2012/13
26 % of mothers breastfeeding at 6-8 weeks, 2012/13
27 Crude rate per 1,000 (age 0-4 years) of A&E attendances, 2011/12
28 Crude rate per 10,000 (age 0-14 years) for emergency hospital admissions following injury, 2012/13
29 Crude rate per 10,000 (age 15-24 years) for emergency hospital admissions following injury, 2012/13
30 Crude rate per 100,000 (age 0-18 years) for emergency hospital admissions for asthma, 2012/13
31 Crude rate per 100,000 (age 0-17 years) for hospital admissions for mental health, 2012/13
32 Directly standardised rate per 100,000 (age 10-24 years) for hospital admissions for self-harm, 2012/13

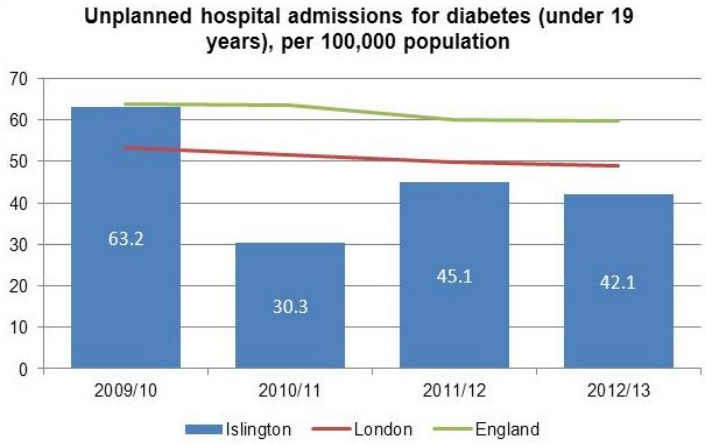
Islington Child Health Profile—Appendix

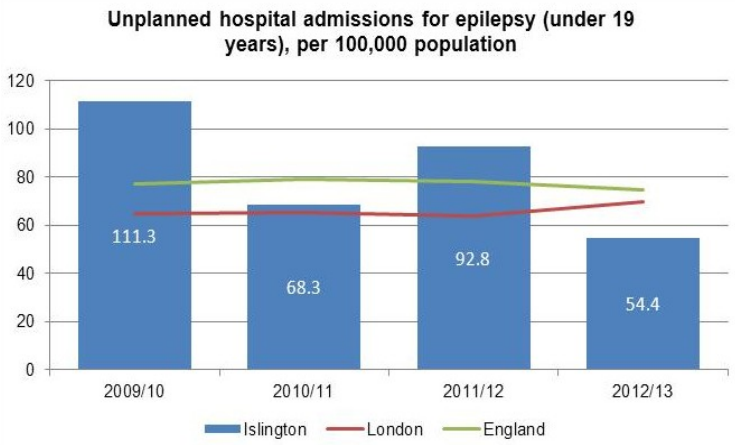
Additional information on acute activity

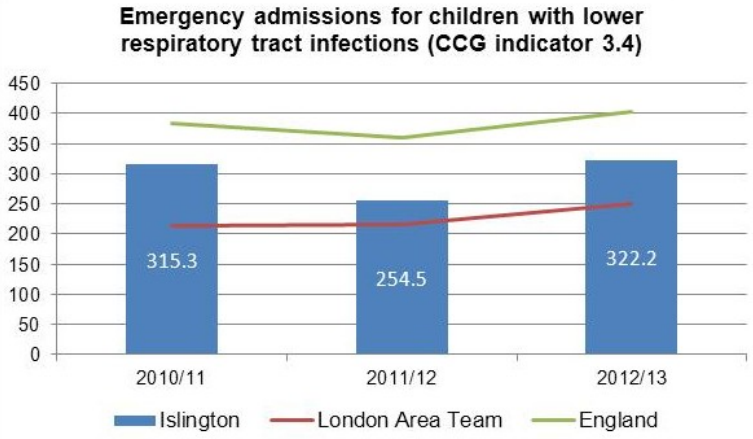
One of the key indicators for CCGs relates to unplanned admissions for long term conditions (asthma, diabetes and epilepsy). In Islington, the rate of these admissions was above the London and England rates in 2011/12, but fell in 2012/13. The 2012/13 rate was below the England average, but above the rate for the London Area Team.

The highest rate of admissions for this indicator is for asthma, as found in the main Child Health Profile document.





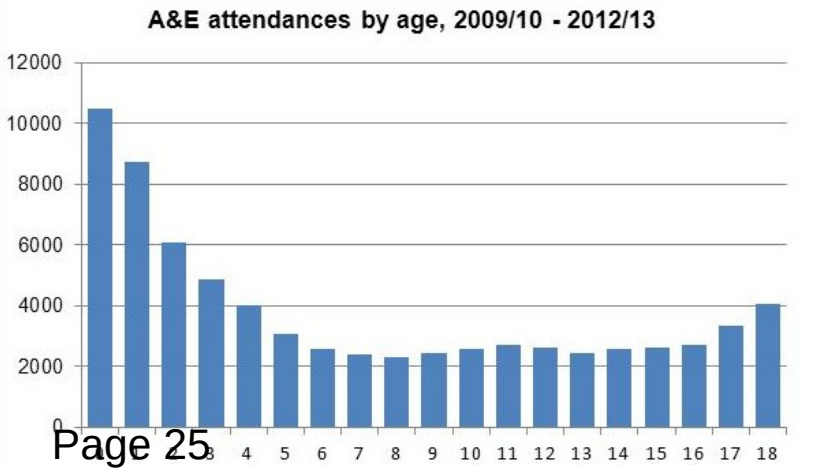




The other CCG indicator that relates to children and young people looks at the rate of emergency admissions for lower respiratory tract infections. In the last 3 years, the Islington rate has been below the England rate, but above the rate for London.

The Child Health Profile includes data on A&E attendances by 0-4 year olds. Although the Islington rate is higher than the national average, the rate is in line with the London average.

The chart to the right shows that the highest number of A&E attendances occur for children aged under 1. As children's ages increase, there are generally fewer A&E attendances, before rising again as children approach adulthood.



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Appendix A

London Borough of Islington and NHS Islington CCG

Children's Health Strategy

Vision, Principles and Strategic Priorities

1. Vision

To improve the health and wellbeing of children and young people[1] in Islington from conception to adulthood and to reduce health inequalities by:

- promoting good health;
- making safe, high quality, affordable and integrated health services available at, or close to home in partnership with children, young people, their parents and carers;
- supporting them to be in control of their own health where possible and to maximise their life chances as they grow up.

2. Principles that run through all commissioned services

- Prevention, early identification and intervention across all children's and young people's health services from conception to adulthood, and other services which impact on children and young people's lives.
- Equal access for all to (free) high quality services where and when needed.
- Working in partnership with young people, parents, carers and their communities to be involved in the design of health services that promote good health and empower them to better manage their own health and wellbeing.
- Services working together to deliver care coordinated around the child, young person and family.
- Making the best use of resources in commissioning services based on population need and the best available evidence.
- Ensuring that safeguarding underpins all planning and delivery of health services to children and young people with the full commitment of all professionals.

[1] The Vision, Principles and Priorities set out in this document relate to children and young people up to, and including, 18 years old and to those young people from 19-25 years old who undergo transition in their ongoing healthcare arrangements from children's to adult service provision.

3. Strategic commissioning priorities[2]

A Ensure every child has the best start in life.

- We will continue to invest in preventative and public health interventions throughout childhood and adolescence.

- We will build on the First 21 months programmes through evaluation and focus on best practice identified.

- We will continue to support the Healthy Child Programme (pregnancy to 19 years) and the Family Nurse Partnership.

- We will work with parents and professionals to identify and deliver effective models of practice and bring to scale

- We will undertake a review of School health, the healthy schools programme and medical guidance re management of health conditions

- We will develop, pilot and roll out models of "making every contact count" for children and young people across health and wider services

- We will work across the council such as with education, social care, housing, planning, environment and other parts of the council to address key determinants of child health

- We will support a targeted approach to ensure that marginalised groups and individuals are able to access health services in order to achieve equitable health outcomes.

B Ensure that health services are high quality, affordable, clinically safe and deliver a positive experience of care.

- We will use data intelligently to improve and to target services for Islington Children and Young People and will work with providers to report data across aged bands from 0-24

- We will continue to work with providers on service transformation which is informed by learning from innovation and input by service users. We will focus on eradication of duplication from the system through new ways of integrated working using a collaborative integrated approach that works across professional and organisational boundaries and centres on the individual child and their needs. This will require the

[2] Where the term 'children' is used in the actions associated with each priority, it should be assumed that it refers to 'children and young people'.

continued development of integrated care pathways with the training and development of the local workforce to support them.

- Children and young people will be treated and cared for in safe environments and protected from avoidable harm. We will use feedback from patients and learning from serious incidents, serious case reviews and complaints to improve service safety and quality.

- We will increase the numbers of children receiving care at or close to home, where this can be delivered safely, so that hospital resources are used for children with more serious or acute need:

C All health services and partners will work together to deliver care coordinated around the child, young person and family:

a) We will ensure that all children who are acutely unwell access timely treatment in the most appropriate location, including those with minor illnesses and injuries:

- We will promote care at home from parents for common and less serious minor illnesses and injuries with support and advice from primary and community health services.

- We will work to improve capacity in general practice with access to timely and confident paediatric care by delivering support to the localities through targeted training programmes and support from community children's nurses and consultant paediatricians.

- We will maximise the use of the local Paediatric Ambulatory Care Centre for children and young people for whom primary care is not appropriate.

- We will continue to develop the Paediatric Hospital at Home service, to enable carefully selected acutely ill children to be cared for at home by a specially trained nursing team with support from a Consultant Paediatrician.

- We will implement the local Urgent Care Review recommendations for children's services[3]

- We will continue to monitor the reasons for acute admissions and readmissions and aim to continue to reduce these.

[3] NHS Camden CCG & NHS Islington CCG: Urgent Care Review (UCR)Final Report and Recommendations (May 2014)

b) We will work to enhance the quality of life for children and young people with long-term conditions and their parents or carers and help them to feel supported to manage their condition

- We will continue work with patients and clinicians from Whittington Hospital NHS Trust and University College London Hospitals NHS Foundation Trust on the design of care pathways which reduce mortality and morbidity and promote self-management for common long-term conditions such as asthma, eczema, diabetes, epilepsy, allergies, constipation and reflux.

- We will ensure that all children with asthma (epilepsy?) and diabetes participate in the development and have an up to copy of their clinical care plan shared between all care providers (including schools).

- We will work with partners to maximise school attendance and to reduce unplanned hospital admissions for children and young people with long-term conditions.

- We will continue to develop and embed the use of the regular, formalised Children's Multi-Disciplinary Team conversations between primary and secondary clinicians to enhance the integration of care for children with long-term conditions

- We will work with acute providers to monitor the delivery of the Best Practice Tariff standards for paediatric diabetes and epilepsy[4]

c) We will ensure that children and young people with a life-limiting or life-threatening condition and their families have access to a suite of services that provide:

- Continuity of care to ensure that the child is placed at the centre of a complex care system including general practice, acute and tertiary care (if provided), community nursing team, hospice and school;

- Pain and symptom management to ensure that severe pain and other adverse symptoms are kept under control;

- Advance care planning to ensure that families receive the support and care they need in a timely manner;

- Psychological support for both the patient and family;

- End of life care including provisions for the child to die in their own home, if this is their choice;

[4] NHS England, Monitor: 2014/15 National Tariff Payment System Annex 4A: Additional information on currencies with national prices (17 December 2013)

- Bereavement support for the family during the child's illness and following the child's death.

d) We will work to ensure effective co-ordinated care for children and young people with mental health and emotional needs

- We will ensure that the Child and Adolescent Mental Health Service (CAMHS) Strategy and associated action plan is delivered, to ensure local CAMHS services are delivering responsive and effective services to meet the needs of ALL children in Islington.

- We will continue to develop, review and monitor the impact of the CAMHS and Adult Mental Health Services (AMHS) transition project, to support young people's effective transition into adult mental health services, incorporating the flexibility of a personal health budget where appropriate.

- We will complete the development of a Parental Mental Health Service that delivers an integrated offer of support and intervention across CAMHS, AMHS and Children's Centres, promoting resilience in users and the wider family.

e) We will work to ensure effective co-ordinated care for children and young people with special educational needs and/or disabilities

- We will implement the Government's Special Educational Needs and Disabilities (SEND) reforms.

- We will develop effective systems and processes to underpin joint commissioning across Health, Education and Social Care for children with additional needs and disabilities.

- We will develop and implement systems for the introduction and roll out of Personal Health Budgets.

- We will ensure that our local health providers are appropriately trained and supported in the implementation of Education, Health and Care Plans for children with a focus on achieving improved outcomes.

- We will develop a mechanism (Parent Consultants) to ensure the ongoing consultation and involvement of parents / carers and service users on the health local offer to ensure joint commissioning plans are based on the experiences and feedback of service users.

- We will support young people as they transition to adult services in all key areas including mental health, developmental disorders, disability and long-term conditions.

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ISLINGTON

Chief Executive's Department

Town Hall, Upper Street, London N1 2UD

Report of: Assistant Chief Executive (Strategy & Community Partnerships)

Meeting of	Date	Agenda Item	Ward(s)
Health and Wellbeing Board	**16 July 2014**		**All**

Delete as appropriate	~~Exempt~~	Non-exempt

SUBJECT: Welfare Reform: Health and Wellbeing Implications

1 Synopsis

1.1 This report explains some of the changes that have been introduced so far as part of the government's programme of welfare reform, the rationale for those changes and the impact that they having in Islington on children and families and people in receipt of sickness and disability benefits.

1.2 Welfare reform presents challenges and opportunities in relation to the Health and Wellbeing Board's priority outcomes, particularly in terms of the wider determinants of people's health. It highlights the number of children living in households in a financially precarious situation because of welfare reforms, compromising efforts to ensure those children have the best start in life. Welfare reforms for people on sickness and disability benefits also present challenges for the prevention and management of long-term conditions and improving mental health and wellbeing, particularly given the interrelationship of those outcomes with deprivation. However, if together we can realise the opportunities of welfare reform, creating a more positive narrative around the changes and supporting more people to return to work, we know that there is strong evidence that will have a positive impact on their wellbeing.

2 Recommendations

2.1 Note the impact of welfare reform locally, particularly households with children and people on sickness and disability benefits. (See sections 4 below);

2.2 Consider options for further integrating employment into strategic plans;

2.3 Consider options for working with partners to develop an empowering culture towards employment, based on a positive narrative and practical support.

2.4 Consider how best to work with partners to improve health input into Work Capability Assessments.

3 Background

3.1 Some of the biggest changes to the UK's welfare system in the last fifty years are currently being implemented, following the enactment of the Welfare Reform Act 2012. The government has set out the following aims for welfare reform:

- Simplification of the benefit system;
- Improved incentives to work with the intention that no-one on benefits should be better off than someone working and earning the average wage;
- A reduction of the 'welfare bill' by £18 billion per annum (around 15%) by 2014-15.

3.2 The reforms are summarised in Appendix A, with a particular focus on changes to sickness and disability benefits, which seem to be having the most immediate and obvious effect on the health sector. In addition to the main reforms there are continuous changes which have impacts of their own on residents. For example, changes to operational arrangements (e.g. move to electronic claims) and the enforcement of conditions (eg financial sanctions).

3.3 Since 2012 Islington Council has responded to welfare reform by:

A. Seeking to understand the impact of changes on different groups of residents by producing impact briefings on how different groups of residents are likely to be affected:

   workless families with children

   low income working families with children

   People claiming out of work sickness benefits

   disabled people of working age

   Impact on disabled residents

B. Making representations to central government to reduce the negative impact on residents e,g, the vote of no confidence in Atos.

C. Producing information and guidance for residents and front line services e.g. on Mental Health and Drugs and Alcohol.

D. Providing immediate practical and financial support to residents.

E. Supporting residents with solutions that are sustainable in the long term.

4 Impacts of welfare reform on Islington residents

4.1 Welfare reform will bring some benefits for some people, such as increased income, and there is the potential for positive opportunities in relation to employment. However, serious concerns have been raised locally and nationally about the impact of reforms on already disadvantaged groups. Claimants face a complex process of changes to a whole range of benefits. For example, an individual resident may face some or all of the following:

- A loss or reduction of disability and/or out-of-work sickness benefits
- Penalties for under-occupation of social housing
- Unsustainable reductions in income due to the limiting of the annual up-rating of benefits to 1%
- A 'benefit cap' on the total amount of income that a household can claim

4.2 There is no comprehensive quantitative and qualitative study of the total impact of welfare reform on Islington residents and the impacts are contested by people of different political persuasions. However, the council does have detailed individualised data on impacts of some specific reforms such as the benefit cap and together with service intelligence and national research, it is possible to form a picture of the impacts that are relevant to the Health and Wellbeing Strategy.

Overall

4.3 The overhaul of the current welfare system has affected, and will continue to affect, a large number of Islington residents, with considerable risks for a range of social determinants of health and wellbeing, particularly reductions in income and affordability of suitable housing.

4.4 People in receipt of benefits have less income and this is estimated to affect 30,000 people in Islington. 20,000 residents were charged council tax for the first time or were liable to pay more than they had done prior to April 2013, due to the central government cut to funding available. Around 300 households are affected by the Household Benefit Cap, the majority facing a shortfall of over £50 a week. 1,500 tenants are affected by the Bedroom Tax, losing either £14 or £25 on their housing benefit per week.

4.5 There are more people seeking support from council and partner services. Examples include advice on debt, requests to GPs to provide information for work capability assessments and requests for financial assistance to meet basic needs. According to the Trussell Trust over 913,138 people received emergency food in 2013/14 compared with 346,992 in 2012/13.

4.6 There are more people proactively seeking to improve their skills and get a job and those presenting have higher needs than services have traditionally seen, such as lack of English and poor mental health. That said, the employment success rate for services such as Islington Learning and Working and Mental Health Working is good and the unemployment rate in Islington is falling with a 23% decrease on Job Seekers Allowance (JSA) claimants in the year to March 2014.

4.7 There has been a significant increase in sanctioning by Job Centre Plus (JCP) whereby people can lose their benefits for between 4 weeks and 156 weeks for failure to comply with job seeking requirements. 3,243 Islington residents were sanctioned in the year to September 2013 and the average since 2010 has been 3,600 per year compared with a total (not average) of 1,700 in the previous four years. Disabled residents, young people aged 18 to 24 and BME people were over-represented in sanctions compared with the proportions of those groups claiming JSA. 83% of food banks attributed the rise in requirements for emergency food being driven by sanctions.

Children

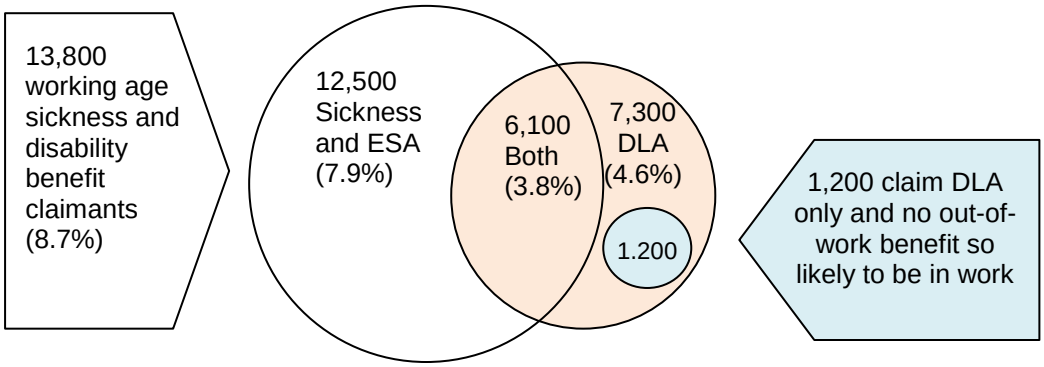
4.8 There are at least 6,400 parents in Islington claiming out of work benefits and approximately 3,200 working families on low incomes claiming in-work benefits. According to the latest data from HMRC (2011) Islington has the second highest rate (39%) of child poverty in the UK after Tower Hamlets. The trend was downwards but the data pre-dates the most significant impact of welfare reform. According to the Child Poverty Action Group “The toxic combination of low-paid work and extremely high housing and childcare costs alongside welfare reform means that many families face the choice between extreme poverty and leaving London”.

4.9 Of those families in Islington affected by the benefit cap 112 households with 369 children (248 aged under 4) currently have shortfalls of over £50 per week. 64% of this group are female lone parents. There are 91 families at significant risk to the sustainability of their tenancy who have an average annual rent shortfall of £6,300.

4.10 The council and its partners are supporting many of these families with short-term payments to cover their rent and an offer of intensive employment support, but for most their current financial and housing situation is unsustainable unless they find work.

Sickness, disability and mental health

4.11 In the 2011 Census 20,100 working age Islington residents reported a long-term health problem/illness or disability which limited their day-to-day activity ‘a lot’ or ‘a little’. Islington has the highest proportion of working age people claiming Disability Living Allowance (DLA) and/or sickness benefits of any London borough: 8.7% (13,800 people) in November 2012.



4.12 As explained in Appendix A, welfare reform involves using the Work Capability Assessment to move people off incapacity benefit to either Employment Support Allowance (ESA) or JSA. It is estimated that when all the IB claimants have migrated approximately 5,722 (48%) will be in the category of not capable of work, 4,053 (34%) capable of some work and 2,265 (19%) will be deemed fully fit for work and will have to claim JSA in order to maintain an income. Becoming a JSA claimant means a reduction in weekly income of around £25 and only receiving payments if they comply with the "claimant commitment".

4.13 The government intends that the transition from DLA to Personal Independence Payment (PIP) will deliver a cost reduction of 20%. For Islington, this would mean a potential loss of income for approximately 3,000 DLA claimants, and the related loss of the Carer's Allowance (CA) for the carers of some claimants. Many disabled people rely on DLA and CA to obtain the level of care and mobility that they need in order to live independently. Without this necessary income they would be at risk of increased isolation and loneliness, less likely to be able to maintain employment, and/or more reliant on health services and local authority social care support.

4.14 Several concerns have been raised by disability campaigners about the impact of welfare reform on disabled people. In addition to the reduction of funding for some people there are concerns that the assessment process does not take account of fluctuating conditions and focuses on the condition rather than the full range of social, practical and environmental barriers that disabled people face.

4.15 A significant number of appeals against Work Capability Assessment decisions have been successful (39% nationally). In Islington, an incredible 87% of the appeals managed by the council's Income Maximisation Team against ESA decisions have been successful. This decision-making process, together with huge backlogs and delays has caused unnecessary stress and financial difficulty for claimants. Anecdotal evidence, both national and local, indicates that the uncertainty of long waits for appeals and transitions between benefits is causing extreme anxiety, exacerbating other conditions and impairments of those affected. For example, Hillside Clubhouse, commissioned as part of the Mental Health Working programme to support people with mental health problems into work, have reported such issues amongst clients, particularly if they are put onto JSA and become subject to significantly increased conditionality.

4.16 Given that 99% of IB claimants have been on the benefit for more than two years, and 88% have been claiming for over five years, it is likely that a significant proportion of this large group will experience major challenges in looking for work and doing work related activity.

4.17 The sanctions regime is likely to affect more sick and disabled people as new rules come in. Nationally, 22,840 ESA WRAG claimants were sanctioned in the year to September 2013. In Islington, 369 disabled people were sanctioned in that year, and 71 people on ESA. This figure is likely to increase as more people transition to ESA.

5 Health Service Issues

5.1 If a claimant is not happy with a DLA, PIP or ESA award, they can appeal to the DWP and then to the tribunal system. At this stage, a range of health and care services are called upon by claimants themselves and by welfare advocacy services to provide evidence in support of the claim. For ESA, this is usually evidence describing why the person is unable to work. For DLA or PIP, this is likely to be evidence describing the type and level of care and mobility needs a person has.

5.2 Local welfare advocacy services have reported the following range of responses from health professionals to requests for medical evidence:

- Hospital consultants often provide good quality evidence and do not make a charge for it
- Few GPs provide good quality evidence for no fee
- Some GPs in Islington will not provide evidence
- Some GPs will provide evidence only once their invoice (£70- £110) has been paid, and claimants don't get to see how valuable the report is until they've paid for it
- Some GPs that initially ask to be paid for evidence can be persuaded by patients to provide it for free
- The evidence provided by some GPs is of poor quality
- GPs and consultants are both more confident about describing a person's ability to work (ESA) than their level or nature of care need (DLA/PIP)

5.3 It is clear that provision in this area is mixed, unpredictable, and uncoordinated, causing stress and anxiety for claimants, and additional work for welfare advocacy services, DWP and for the tribunal system. This may be partly due to a lack of understanding by health professionals of the complex and changing benefit system. Additionally, there is a conflict between health professionals' role as patient advocates, and the need to assess the patient's capability for work and report findings to a government agency.

6 Options for Health & Wellbeing Board to consider

6.1 Islington's Health and Wellbeing Strategy reflects the evidence that being in work is good for your wellbeing and there is also evidence that most disabled people want to work but are prevented from doing so because of practical barriers and attitudes. It could therefore be argued that the government's stated aim of encouraging sick and disabled people to focus on what they can do, rather than what they can't is not wrong. Unfortunately the negative experience of many claimants means they feel coerced and pressured rather than encouraged. A strong local approach which uses these changes in benefits to shift the tone of the conversation to a more positive narrative and empowering experience, followed up by good quality practical support, could do more to achieve the stated aims of welfare reform, with a significant effect on employment rates of sick and disabled people and an improvement in their wellbeing.

6.2 Given the huge pressure on those now required to look for work, having previously been considered to sick to do so, the instinct of some services to 'protect' people from DWP conditionality is understandable, whether through welfare advocacy and support with appeals or revised medical assessments. However, embedding a culture of 'protection' from employment is not helpful in the long-term and public services need to work together to counter this.

6.3 It is clear from government explanations of high levels of successful appeals against ESA award decisions, and from the experience of the council's own welfare advocacy service, Income Maximisation, that good quality medical evidence, i.e. evidence that is specific to the benefit rules being considered by DWP decision-makers and tribunal judges, is vital for good decisions to be made about sickness and disability benefit claims.

6.4 We need to engage all public services in efforts to achieve sustainable work for everyone who is able, in a more positive way than the current rhetoric suggests. Locally there is potential to improve joint working between the Department of Work and Pensions/ Jobcentre Plus, health services, the council and other public services to move towards a positive

culture of public services supporting and empowering sick and disabled people to move towards work, alongside practical support, and this is something the Islington Employment Commission is looking at currently.

6.5 Improving the quality of decision-making for sickness and disability benefit claims, and the confidence of public service workers in these decisions would also have a positive impact on this broader aim. Improving the system for providing consistently good quality and timely medical evidence for both ESA and DLA claims would improve decision-making by DWP and the tribunal system, reduce stress and financial hardship to claimants, and improve efficiency in the system. Improving the understanding of health professionals around the range of benefit changes is key to this.

7. Implications

7.1 Financial implications

None at this stage.

Any financial implications arising need to be considered and agreed by the relevant Council departments and any other partners.

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.

7.2 Legal Implications

The Court of Appeal has considered the human rights implications of the cap on housing benefits (SG and others) and the bedroom tax (MA and others) and upheld the lawfulness of these key reforms in the Welfare Reform Act 2012 (judgment from the Supreme Court is awaited in the benefits cap case). Islington Council is an interested party in a High Court challenge to the Government's decision to cut funding for local welfare provision (R(CJ) v SSCLG).

7.3 Equalities Impact Assessment .

7.4 Environmental Implications

8. Conclusion and reasons for recommendations

- Note the impact of welfare reform locally, particularly households with children and people on sickness and disability benefits. (See sections 4 below);
- Consider options for further integrating employment into strategic plans;
- Consider options for working with partners to develop an empowering culture towards employment, based on a positive narrative and practical support.
- Consider how best to work with partners to improve health input into Work Capability Assessments.

Background papers:

Attachments:

Final Report Clearance

Signed by ……. 16th July ……

Date

Received by …… ……

Head of Democratic Services Date

Report Authors:
Lela Kogbara, Sarah Barr & Claire Lindop
Strategy and Community Partnerships
Tel: 020 7527 2460
E-mail: clare.lindop@islington.gov.uk.

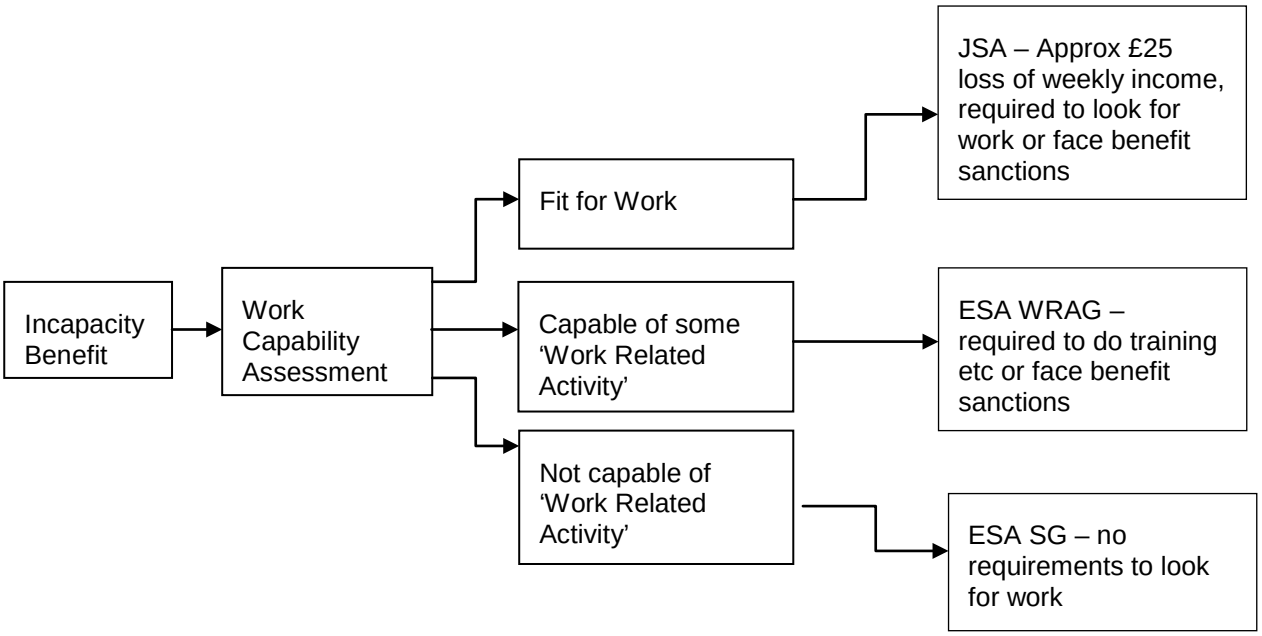
Summary of Welfare Reforms

6.6 Table 1 below summarises the full range of benefit changes. We are currently in a transition phase. The main reform, through which the government hopes to achieve its goals of simplifying the benefits system and improving incentives to work, is the introduction of Universal Credit (UC), which will replace a range of means tested benefits between now and 2017. It has been piloted in some areas, but much-reported issues mean the roll-out is likely to be delayed. Universal Credit will 'smooth' the transition from receipt of benefits into work, so households are always better off in work, as well as creating incentives to support people into better paid work, but it will also bring fresh challenges, requiring claimants to be more digitally and financially capable.

7 Sickness and disability benefits

7.1 Incapacity Benefit (IB) is a means-tested benefit which provides a basic income for people who are considered unable to work. All claimants of IB are required to have a Work Capability Assessment (WCA) to assess both their entitlement to the new Employment Support Allowance (ESA) and the level of support that they receive on that benefit.

The flow-chart below shows how IB claimants are transitioning to Job Seekers Allowance (JSA) and Employment & Support Allowance.



7.2 Disability Living Allowance (DLA) is not means-tested. It is designed to help disabled people to meet the higher care and mobility costs of living with a disability. There are 8,030 working age DLA claimants in Islington. In April 2013 the government began the staggered introduction of Personal Independence Payment (PIP). This new benefit will eventually replace DLA for everyone except children under 16 and claimants aged 65 and over.

7.3 There is a significant overlap between disability and sickness benefits, with 81% of working age DLA claimants also on out-of-work sickness benefits and about half of sickness benefit claimants also on DLA.

Transition from Incapacity Benefit

7.4 All Incapacity Benefit claimants are now required to undergo a Work Capability Assessment (delivered by Atos on behalf of the government) which assesses their capability to work and determines what level of support they receive. If claimants are assessed as not fit for work, they will be awarded the ESA 'Support Group' benefit (ESA SG). If they are considered capable of some work related activity they will be awarded the ESA 'Work Related Activity Group' benefit.

7.5 ESA WRAG benefit claimants have to attend work-focused interviews and under take work-related activities such as training or condition management programmes, but ESA SG benefit claimants do not. Additionally, ESA SG is paid at a higher rate than ESA WRAG. If IB claimants are considered fit for work they will be moved onto Jobseekers Allowance, which has stricter requirements ("claimant commitment") around look for and preparing for work. Both JSA and ESA WRAG claimants could face sanctions (i.e. loss of benefits) if requirements are not fulfilled.

Transition from Disability Living Allowance

7.6 The process of introducing PIP has begun slowly. In Islington it is currently for new claims only and to date, 69 claims have been assessed. DLA claimants (7,450 in November 2013) are not expected to be re-assessed for PIP until October 2015. For new claimants delays are reported to be severe: six weeks to receive a claim form, then a seven month wait for a medical assessment. However, the small number of decisions that have been received, welfare advocacy services report that awards have been fair.

Table 1: Changes to the benefit system between 2011 and 2013

Change	Who will it affect	Date of implementation
Migration from Incapacity Benefit to Employment and Support Allowance	Incapacity Benefit claimants	Migration started in October 2008, planned to end in March 2014 (but now delayed)
Increases in non-dependant deductions	All housing benefit claimants with non-dependants living with them	In April 2011 and again in April 2012 and 2013
National caps on Local Housing Allowance, depending on property size	Housing Benefit claimants subject to Local Housing Allowance	From April 2011 to April 2012 for new claimants. For existing claimants, on the anniversary of their claim. Nine months' transitional protection available to most claimants.
Removing the £15 excess that Housing Benefit claimants can keep if their rent is below Local Housing Allowance rates	Housing Benefit claimants subject to Local Housing Allowance	April 2011
Setting local housing allowance rates at the 30th percentile of rents in each broad rental market area rather than the median	Housing Benefit claimants subject to Local Housing Allowance	April 2011
Uprating local housing allowance by the Consumer Prices Index rather than by increases in rents	Housing Benefit claimants subject to Local Housing Allowance	April 2012 (and by 1 per cent from September 2013)
Shared accommodation rate to apply to single tenants without dependent children up to 35 years old (rather than as previously those up to 25 years)	Housing Benefit claimants subject to Local Housing Allowance	January 2012

Change	Who will it affect	Date of implementation
Introduction of under-occupation penalties in the social rented sector ('bedroom tax')	Housing Benefit claimants in the social rented sector	April 2013
Increasing the number of hours to be worked for couples claiming working tax credit from 16 to 24 hours a week	Couples claiming working tax credit	April 2012
Localisation of the discretionary social fund	All local residents	April 2013
Localisation of council tax benefit	All local residents	April 2013
The benefit cap	Benefit claimants receiving over £350 (single people) or £500 (lone parents and couples) a week	April 2013
Introduction of personal independence payment (replacing disability living allowance)	Working-age disabled people receiving disability living allowance	April 2013
Introduction of universal credit (replacing means-tested benefits)	Working-age claimants	Originally planned for October 2013 until at least 2017 but has been delayed

ISLINGTON

Chief Executive Department
Town Hall, Upper Street, London N1 2UD

Report of: **The Joint Director of Public Health for Camden and Islington**

Meeting of	**Date**	**Agenda Item**	**Ward(s)**
Health and Wellbeing Board	16th July 2014	Item	All

Delete as appropriate		Non-exempt

SUBJECT: Online Patient Access to Records

1. Synopsis

This paper is outlining Islington CCG's plan to enable electronic patient access to records, repeat prescription ordering and online appointment booking. This is a borough wide roll out which will take place across all 37 of our practices.

By April 2015, all GP practices in England are mandated to offer residents online access to their records. , Practices should put this requirement in place as soon as possible after 1 April 2014 and must, by 30 September 2014, publicise its plans to achieve the requirement by 31 March 2015. It is expected that as a minimum online record will cover the data items defined by the Summary Care Record upload – current medications, allergies and any adverse reactions to drugs. NHS England are currently working through the detailed definition of record access with BMA (British Medical Association), RCGP (Royal College of General Practitioners) and others and plan to publish this guidance in spring 2014. This will allow residents of Islington access to their Summary care record data when convenient to them.

2. Recommendations

The Health and Wellbeing Board is asked to note and comment on the report

3. Background

Roll out of this will take place throughout July and August with physical switch on taking place at each practice. Islington CCG will work with individual sites in enabling the access and also training front of house staff in how to allocate access to individuals who request this access.

A soft go live will take place in September with 4 practices (1 from each locality) partaking in this and feeding back directly to the CCG who can make any changes required prior to our full go live.

A full go live with every practice rolling this out will take place in January 2015 in preparation for the March 2015 mandated deadline.

Through this roll out residents will gain greater control over their care through direct access to their upcoming appointments, current medications, ability to electronically request repeat prescriptions and give access to their care record including a view of all conditions and consultations undertaken by their GP.

The access to this record will allow residents to share their record with other clinicians involved in their care giving a more linked up approach to the patient's needs;.

4. Implications

4.1. **Financial implications**

There are no financial implications attributable to Islington Council.

Financial implications highlighted by the CCG: EMIS Web has the patient access to records, online prescriptions and online appointment booking built in to the system it will merely be a case of enabling this at each practice which will be centrally done by the CCG.

There will be small financial implications around communications to patients both through practice websites also physical publicity within public areas.

4.2. **Legal Implications**

Section 7 of the Data Protection Act 1998 entitles patients to have access to, or copies of, health information held about them by a data controller. A patient is not entitled to information from which a third party can be identified, unless the third party has provided the information in a professional capacity, or has consented to disclosure, or the data controller deems it reasonable to disclose without consent. There is an exemption to patient access to medical records where a health professional considers disclosure would be likely to cause serious harm to the physical or mental health of the patient or any other person (Data Protection (Subject Access Modification) (Health) Order 2000 SI 2000/413). The Information Commissioner has emphasised that on-line patient access to medical records does not in any way detract from statutory data protection rights.

4.3. **Equalities Impact Assessment**

Residents will have two options to access their records via paper and on line providing more flexibility.

4.4. **Environmental Implications**

Islington residents can currently request a hard copy of their patient record which will be printed by the practice, this roll out will reduce the need for printing of documents at practice and also reduce the administration time to taken to do this.

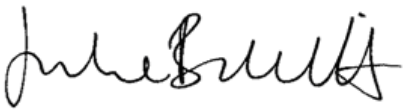
5. Conclusion and reasons for recommendations

The Health and Wellbeing Board is asked to note and comment on the report

Background papers:

Attachments:
Appendix 1 – Access to Records CCG

Final Report Clearance

Signed by 

8th July 2014

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Julie Billett, Director of Public Health

Received by …… ……
Head of Democratic Services Date

Report author: Steve Fothergill
Tel: 0203 688 2929
E-mail: steve.fothergill@islingtonccg.nhs.uk

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NHS
Islington
Clinical Commissioning Group

MEETING:	Strategy and Finance Committee
DATE:	28th May 2014
TITLE:	Patient Access to Records Roll Out Plan
LEAD COMMITTEE MEMBER:	Paul Sinden
AUTHOR:	Steve Fothergill
CONTACT DETAILS:	Steve.fothergill@islingtonccg.nhs.uk

SUMMARY:

By April 2015, all GP practices in England are mandated to offer patients' online access to their records. , Practices should put this requirement in place as soon as possible after 1 April 2014 and must, by 30 September 2014, publicise its plans to achieve the requirement by 31 March 2015. It is expected that as a minimum online record will cover the data items defined by the Summary Care Record upload – current medications, allergies and any adverse reactions to drugs. NHS England are currently working through the detailed definition of record access with BMA, RCGP and others and plan to publish this guidance in spring 2014.

We are proposing the following roll out plan:

Phase 1 – Practice engagement – 16th June

In the first instance we would communicate with practices firstly through the GP Bulletin and then direct to practices outlining the plan to open up every practices record system to allow electronic patient access to records via the EMIS Access portal. At this point schedules will be put together for the CCG to work with the practices to enable patient access to records.

EMIS Access gives the option to enable/disable free text appearing within the patient viewed electronic record, this option is also date controlled so within our communication with practices we will outline that from X date clinicians should write free text in lay terms that can be understood by non-clinical staff and patients.

Note: At this time free text view will not be enabled awaiting formal confirmation of what has to be offered. Although clinical staff will be advised that free text may be enabled in the future there is a need now to begin entering free text in a form that can be understood by a wider audience.

Phase 2 – Practice training and switch on – 23rd June - 25th July

To enable a smooth and efficient roll out, practice training on EMIS Access enablement and also around the process to give a patient access when requested will be completed within one visit to the practice.

Practice training will cover the one off enablement of the service through the EMAS Manager in EMIS and the individual patient enablement and guidance around supporting patients in accessing their record.

Online appointment booking and repeat prescriptions can be controlled through the patient access portal so no web page upgrades will be required at this time unless the practice wish to add this to their practice webpage.

Phase 3 – Soft Go live – 1st August
Once full switch on has taken place we will undertake a soft roll out with one practice (With full online accessibility) per locality taking part in this trial. The CCG will gather information from these practices around uptake and usage.

Phase 4 – Patient Feedback – 31st October
Feedback will be gathered from the test practices Patient Participation Groups. The PPG will be attended by a member of the CCG to collate feedback.

Phase 5 – App Booking/Repeat Prescriptions Outstanding Practices – Sept/Oct
We currently have 10 practices outstanding who are not undertaking any online initiatives. At this point the CCG will liaise with them and outline what practice level work needs to be undertaken to allow switch on to take place in September 2014.

Phase 6 – Full Online Access Launch – January 2015
A full borough wide launch will take place with communications going out through the bulletin, information in practices and also on their practice websites should they wish to do so.
We will also link in with the pan Islington PPG meeting to present online services available.

Holding Email	28th May 2014
Bulletin Article	18th June 2014
Phase 1 – Practice Engagement	23rd June 2014
Phase 2 – Practice Switch On	30th June 2014 – 25th July 2014
Phase 3 – Soft Go Live	1st August 2014
Phase 4 – Patient Feedback	31st October 2014
Phase 5 – Appointment/Prescription	September/October
Phase 6 – Full Online Access Launch	30th January 2015

Communications Plan
GP Bulletin
Briefing article will go in the GP Bulletin on the 11th June 2014 outlining DoH guidance and our borough wide plans.
Practice Engagement
Email will go out to practices on the 16th June 2014 outlining the full roll out plan and requesting time slots to enable the CCG to attend the practice and enable patient access and train staff around enabling individual patient access.
Soft Go Live
1 practice per locality that has full enablement will go fully live with posters advertising online services.
Full Online Access Launch
Communications will be rolled out across all practices including materials for placement in practice waiting areas. Alongside this articles will go into the bulletin and presentations made at all PPG's but primarily the pan Islington PPG.

Information Governance
Having analysed any possible Information Governance issues we feel appropriate safeguards are currently in place at practice level to ensure both our patients and practice staff are protected.

Patients currently have a right to access their record and the same Information Governance

protocols will be followed for the electronic access roll out (See Appendix 3 from the RCGP Patient Online: The Roadmap for governance guidelines).

Suitable security protocols are in place both at practice level and through EMIS/Egton Systems with secure servers based within the EU (Leeds).

This report contributes to:

- Preventing and managing long term conditions to extend both length and quality of life and reduce health inequalities,
- Delivering high quality, efficient services within the resources available.

Prior consideration by Committees and other partners:

Patient access to records has been discussed at numerous groups and committees, primarily around the logistical side of it.

In 2013 a GP forum focusing on these requirements was delivered and “Patient Online:the Roadmap” was shared with all member practices.

Patient & Public Involvement (PPI):

Risks: When practices are enabled to give patients access to their records we need to ensure that we do not enable free text viewing until advised from NHSE.

A clear process document will need to be in place to assist patients with login queries as the initial process is lengthy and requires a great deal of information to be entered and logins/passwords to be created.

Access to vulnerable patients records through coercion needs to be mitigated against through well-structured IG guidance.

RECOMMENDED ACTION:

Approval to proceed with suggested roll out plan as outlined in the summary.

SUPPORTING PAPERS:

Appendix 1 – Process Notes - Practice
Appendix 2 – process Notes - Patient
Appendix 3 – RCGP Information Governance Online Roadmap Risk Register

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ISLINGTON

Chief Executive Department
Town Hall, Upper Street, London N1 2UD

Report of: The Director of Public Health

Meeting of	Date	Agenda Item	Ward(s)
Health and Wellbeing Board	16th July 2014	Item	All

Delete as appropriate	~~Exempt~~	Non-exempt

SUBJECT: Tobacco Control in Camden & Islington

1. Synopsis

This report provides an update on the next steps and proposed actions following on from the *'Towards a Smoke-Free Future in Camden and Islington'* event, which was held on February 13th 2014. It sets out the priorities, objectives and activities for tobacco control across Islington and Camden for the next 2 years, and outlines the planned governance arrangements.

2. Recommendations

The Health and Wellbeing Board is asked to:

- NOTE the priorities and planned actions for tobacco control in Islington, including joint activities with Camden
- AGREE the proposed partnership and governance arrangements for tobacco control across Camden and Islington.

3. Background

3.1 There is a high degree of commonality in tobacco control priorities and issues across Camden and Islington, an interest amongst stakeholders in both boroughs in exploring a more joined up approach to tackling these shared issues, as well as potential opportunities for pooling resources, expertise and best practice to enhance tobacco control locally.

3.2 A joint Camden and Islington tobacco control event was held on the 13th February 2014, attended by a range of officers and stakeholders from a range of service areas and agencies, including community safety, trading standards, public protection, children's services, public health, the fire service, Camden and Islington Clinical Commissioning Groups, Public Health England and local providers of stop smoking services.

3.3 The purpose of the event, opened by the Lead Members for Health and Wellbeing in both boroughs, was to share good practice in tobacco control from across the two boroughs and from further afield, to scope out some shared priorities and short-medium term objectives for tobacco control across Camden and Islington, and to start to develop a joint work programme.

4.0 Tobacco Control Priorities and Actions in Islington and Camden, 2014-2016

4.1 Participants at the workshop in February identified three broad area of focus for future tobacco control activities in Camden and Islington. These objectives and first wave actions are summarized below.

- *Closing Gateways In.* Key actions to ensure that children, young people and families remain aware of the dangers of smoking and exposure to secondhand smoke, and to prevent and deter take up among young people

4.1.1 Actions identified include working with local businesses to reduce the number of smokers seen smoking within the vicinity of their workplace, building on the pilot to increase the number of smokefree playgrounds, and updating drug education materials for use in schools to include information on e-cigarettes and shisha.

- *Helping People Out.* Key actions to support smokers to quit, ensuring a focus on those most at risk of poor health or health inequality.

4.1.2 Actions identified include working with maternity, primary and secondary care to improve referral pathways for smokers that are pregnant or are living with long term conditions, re-engaging smokers lost to follow up or those not successful from their first quit attempt to try again, and improving the quality of cessation support through training and performance reviews

- *Protecting our Communities.* Key actions to achieve a cleaner environment and to disrupt illegal sales and enforce smokefree legislation.

4.1.3 Actions identified include promoting the new guidance on tobacco display and under age sales (including e-cigarettes) to retailers, working with partners to identify and target premises regarding non duty paid tobacco and shisha, and using fixed penalty notices for cigarette littering as an opportunity to promote local cessation support

4.2 Stakeholders agreed that priority would be given to working up and implementing actions identified under both *Closing Gateways In* and *Protecting our Communities,* in order to develop a shared tobacco control programme aimed at reducing smoking prevalence and motivating smokers to quit in Camden and Islington, alongside establishing clear partnership arrangements for joint working across both boroughs. A draft action plan is appended.

5.0 Tobacco Control Governance for Camden and Islington

5.1 Building on the model of a multi-agency partnership for tobacco control that has been running in Islington for several years, it is proposed that a joint *Camden & Islington Tobacco Control Alliance* is established to raise the profile of tackling tobacco locally, and to oversee the development and delivery of an ambitious programme of tobacco control activities. It will meet 4 times a year and will be chaired by the Assistant Director for Public Health with lead responsibility for tobacco control across Camden and Islington, with membership from across the range of local services and agencies that contribute to reducing tobacco-related harm. It is not proposed that the Alliance be established as a formal sub-committee of the Health and Wellbeing Board in both boroughs, but regular progress reports will be provided to both Boards and key issues flagged via the Director of Public Health.

5.2 It is envisaged that delivery of a shared Camden and Islington tobacco control plan, once agreed, will be taken forward through the establishment of task and finish groups reporting into the Alliance. In this way, operational efficiencies through sharing learning and best practice, and pooling resources where appropriate, will be maximized. The first meeting of the joint Camden and Islington Tobacco Control Alliance is planned for July 2014.

6. Implications

6.1. **Financial implications**

Islington Council receives a ring-fenced Public Health grant from the Department of Health to fund the cost of its Public Health service. The Public Health grant amount for 2014/15 is £25.429m.

The Council's Public Health expenditure must be contained entirely within the grant funded cash limit indicated above. If any additional pressures are incurred management actions will need to be identified to cover these.

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.

6.2. **Legal Implications**

The Council has a duty to take appropriate steps to improve the health of the people of Islington, such as smoking cessation (section 2B NHS Act 2006, inserted by section 12 Health and Social Care Act 2012). If the Council considers a step appropriate to improve public health, it must take that step, including providing information and advice about smoking, providing facilities for the prevention or treatment of illness (such as smoking cessation clinics), providing financial incentives to encourage individuals to adopt healthier lifestyles (for instance by giving rewards to people for stopping smoking during pregnancy), and providing assistance to help individuals minimise risks to health arising from their accommodation or environment.

6.3. **Equalities Impact Assessment**

Smoking is the leading cause of health inequalities, nationally accounting for over half the gap in risk of premature death between social classes. Smoking prevalence in Islington is between 21% and 24%; in Camden it is between 17% and 20%(depending on different data sources), although there is variation in the prevalence of smoking by ward, age, gender, ethnic group and a range of other socio-demographic factors. Of all the interventions within the direct control of local authorities that can impact on life expectancy and health inequalities, reducing the harm caused by tobacco is not only the largest but potentially has the most immediate impact. Actions taken to control tobacco and support people to stop smoking will be informed by an understanding of the differential impact and burden of tobacco on different population groups in Camden and

Islington, and will be targeted and delivered in such a way as to minimise those health and other inequalities that are directly or indirectly caused by tobacco.
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6.4. **Environmental Implications**

Tobacco is associated with a range of negative environmental impacts, including cigarette-related street litter and environmental (or secondhand) tobacco smoke. Activities to control tobacco, support people to stop smoking, and prevent people from taking up smoking should also reduce these negative environmental impacts. An environmental impact assessment has not been undertaken.

7. Conclusion and reasons for recommendations

Tobacco remains the leading cause of preventable disease, disability and premature death in Camden and Islington, as well as the leading cause of health inequality between our least and most deprived population groups. Reducing the number of people who smoke and who take up smoking is an essential part of improving the health and wellbeing of Camden and Islington's populations, as well as being key to tackling health inequalities. The proposed cross-borough approach to tobacco control with Camden will realise economies of scale, enable a more coordinated approach to cross-border issues, such as illicit tobacco, and provides an opportunity to reinvigorate and raise the profile of tobacco control in each borough, thereby increasing effectiveness.

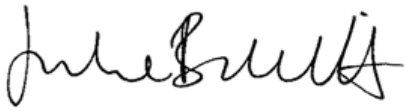
7.1The Health and Wellbeing Board is asked to:

- NOTE the priorities and planned actions for tobacco control in Islington and Camden; and
- AGREE the proposal for a joint Tobacco Control Alliance across the two boroughs.

Background papers:

Appendix 1: Camden and Islington Tobacco Control Action plan

Attachments:
Final Report Clearance

Signed by  **8th July 2014**

……
Julie Billett, Director of Public Health

Received by …… ……
Head of Democratic Services Date

Report author: Verena Thompson, Senior Strategist, Behaviour Change Tel: 020 7527 1247, E-mail: verena.thompson@islington.gov.uk

OBJECTIVE: To improve overall health and life expectancy in Camden and Islington

ISLINGTON

TARGET : Reduce the harm caused by tobacco use

Focus Area	Short term - March 2015	Medium term – March 2016	Long term - March 2017	Lead	Partners
Stopping people from taking up smoking.	**Children's Centres in partnership with Smokefree Islington** • Policy guidance for children's centres (& statement for Nurseries) • Staff training (VBA, e-cigs, khat) • Project development (maternity, estates). • Campaign work (eg. Stoptober) • Strengthening referral pathways (pharmacies, GPs, home safety checks).	Increase work in Children's Centres with Smokefree Islington.	Increase work in Children's Centres with Smokefree Islington	**Healthy Schools team**	
	Schools' work to reduce smoking initiation: • Peer education project (4 schools). • Update drug, alcohol and tobacco teaching pack for primary schools and update guidance for secondary schools. • Develop new policy guidance including parental smoking on school gates. • Staff training, re e-cigs, shisha and khat.	**Schools' work to reduce smoking initiation:** • Peer education project (extend to all schools in the borough).			
	Schools' and children's centres				

	work with parents: • Workshops on shisha, e-cigarettes and khat.				
	Stop Smoking Service • Prevention work with young people in partnership with schools, children's centres, City & Islington College.	**Stop Smoking Service** • Prevention work with young people in partnership with schools, children's centres, City & Islington College.	**Stop Smoking Service** • Prevention work with young people in partnership with schools, children's centres, City & Islington College.	**Whitt Health SSS**	
	Smokefree Project Officer • Implementation of smokefree playgrounds across Islington (post elections) • Health-related behaviour questionnaire in all primary and secondary schools				
Helping smokers to quit	**Stop Smoking Service** • Achieve Islington quitter target. • Maintain or improve the quality of interventions across all providers, through training and performance management. • Improve referral pathways for long-term conditions, including mental health. • Work with places of worship to reach BME groups and especially Black African, Irish and Muslim communities. • Work with partners to deliver awareness sessions and produce materials on shisha and e-cigarettes. • Promote national smokefree campaigns. • Work with maternity services to offer CO monitoring to all service users and training to all midwives.			**Whitt Health SSS**	

Reducing the damage caused by tobacco use in the community.	**Trading Standards** Enforcing Age of Sale restrictions • Advice letter to all independent tobacco retailers re underage (incl. E-cigs) and illicit tobacco sales. Appeal for information about sellers • Test purchases in 200 retailers and all unlicensed tobacconists not visited since April 2013.	**Trading Standards** Enforcing Age of Sale restrictions • Test purchases in x retailers and all unlicensed tobacconists not visited since April 2014.	**Trading Standards** Enforcing Age of Sale restrictions • Test purchases in x retailers and all unlicensed tobacconists not visited since April 2015.	**Trading Standards**	
	Illicit tobacco: • Checks carried out in 40 retailers and follow up all information received • Producing a poster to increase the amount of information re illicit tobacco (potential joint work with Camden)	Illicit tobacco: • Checks carried out in 40 retailers and follow up all information received.			
	E-cigarettes • 20 underage test purchases for research purposes prior to legislation • Respond effectively to new legislation, including producing advice literature with 'best practice' info on sourcing, labelling and child-appealing products (possible project joint with Camden	E-cigarettes • Enforcement of legislation pertaining to the advertising of e-cigarettes.			
	Shisha • Maintain current level of monitoring of shisha lounges, taking enforcement action when necessary.	Shisha • Maintain current level of monitoring of shisha lounges, taking enforcement action when necessary.	Shisha • Maintain current level of monitoring of shisha lounges, taking enforcement action when necessary.		
	Commercial Environmental Health Team: • Continue to enforce the smoking ban. • Investigate complaints and also	**Commercial Environmental Health Team:** • Continue to enforce the smoking ban. • Investigate complaints and also	**Commercial Environmental Health Team:** • Continue to enforce the smoking ban. • Investigate complaints and also	**Environmental Health**	

	enforce smoking ban issues encountered on routine EH inspections. • Continue to visit all the shisha bars with TS on a routine basis and enforce until they are compliant. •	enforce smoking ban issues encountered on routine EH inspections. • Continue to visit all the shisha bars with TS on a routine basis and enforce until they are compliant.	enforce smoking ban issues encountered on routine EH inspections. • Continue to visit all the shisha bars with TS on a routine basis and enforce until they are compliant.		
	Metropolitan Police: • Target our street population. • Target premises regarding shisha and non-tax paid tobacco in conjunction with partners in Trading Standards, environmental health and outreach teams.	**Metropolitan Police:** • Enforce ban on smoking in cars with children. • Target our street population. • Target premises regarding shisha and non-tax paid tobacco in conjunction with partners in Trading Standards, environmental health and outreach teams.	**Metropolitan Police:** • Enforce ban on smoking in cars with children. • Target our street population. Target premises regarding shisha and non-tax paid tobacco in conjunction with partners in Trading Standards, environmental health and outreach teams.	**Metropolitan police**	
	Environment and Regeneration (Public Realm) - actions planned across both boroughs: • Provide alternative cigarette disposal methods, using additional litter bins and wall mounted ashtrays. • Educational events in hot-spot locations, and further enforcement. • Promote messages re littering and health by campaigns, road shows and events, in partnership with key stakeholders. • Coincide our campaigns where possible with other smokefree initiatives like No Smoking Day. • Issue fixed penalty notices for cigarette litter. • Remind businesses of responsibility to keep land around their business clear of litter. • Reinforce messages about environmental impact of cigarette litter.	**Environment and Regeneration (Public Realm) - actions planned across both boroughs:** • Educational events in hot-spot locations, and further enforcement. • Promote messages re littering and health by campaigns, road shows and events, in partnership with key stakeholders. • Coincide our campaigns where possible with other smokefree initiatives like No Smoking Day. • Issue fixed penalty notices for cigarette litter. • Remind businesses of responsibility to keep land around their business clear of litter. • Reinforce messages about environmental impact of cigarette litter.	**Environment and Regeneration (Public Realm) - actions planned across both boroughs:** • Educational events in hot-spot locations, and further enforcement. • Promote messages re littering and health by campaigns, road shows and events, in partnership with key stakeholders. • Coincide our campaigns where possible with other smokefree initiatives like No Smoking Day. • Issue fixed penalty notices for cigarette litter. • Remind businesses of responsibility to keep land around their business clear of litter. • Reinforce messages about environmental impact of cigarette litter.	**Public Realm**	

CAMDEN

TARGET: Reduce the harm caused by tobacco use

Focus Area	Short term - March 2015	Medium term – March 2016	Long term - March 2017	Lead	Partners
Stopping people from taking up smoking	School Improvement Service-Health and Wellbeing (Healthy Schools Team and Health Improvement Team) • Support Children's Centres and Youth Centres to promote smoke-free environments. • Create/update smoke-free policies and encourage staff to promote a smoke-free environment to parents as part of a whole environment approach to health improvement in children's centres (Little Steps to Healthy Lives award) and afterschool clubs (ASC award) and youth settings (Healthy Futures award).	School Improvement Service-Health and Wellbeing (Healthy Schools Team and Health Improvement Team) • Support Children's Centres and Youth Centres to promote smoke-free environments.		**School Improvement Service**	
	Support schools to prevent young people taking up smoking • Deliver ASSIST Year 8 Peer education training in 6 secondary schools. • Update example drugs policies for primary and secondary schools. • Update suggested drug education lesson plans for primary and secondary schools. • Provide training on smoking prevention for school staff including shisha, e-cigarettes and smokeless tobacco. • Deliver or support Operation Smoke Storm to Year 6 in primary schools.	Support schools to prevent young people taking up smoking • Deliver ASSIST Year 8 Peer education training in 6 secondary schools. • Provide training on smoking prevention for school staff including shisha, e-cigarettes and smokeless tobacco. • Deliver or support Operation smoke storm to Year 6 in primary schools. • Deliver PSHE smoking prevention lessons in secondary schools and PRUs.	Support schools to prevent young people taking up smoking • Deliver ASSIST Year 8 Peer education training in 6 secondary schools. • Provide training on smoking prevention for school staff including shisha, e-cigarettes and smokeless tobacco. • Deliver or support Operation smoke storm to Year 6 in primary schools. • Deliver PSHE smoking prevention lessons in secondary schools and PRUs.		

	• Deliver PSHE smoking prevention lessons in secondary schools and PRUs.				
Helping smokers to quit	School Improvement Service-Health and Wellbeing (Health Improvement Team and Healthy Eating Team): • Support children's centres, after school clubs and youth settings to actively promote and refer to Stop Smoking Service as part of a whole environment approach to health improvement (as part of whole setting awards). • Promote and refer parents to Stop Smoking Services in children centre healthy eating/obesity prevention sessions such as Starting Solids, Play4Life and school sessions such as Families for Life. • Promote stop smoking at local events using CO2 monitors and stop smoking referral forms. • Refer young people to stop smoking services as part of a targeted support offered through the Youth Offending Service and PRUs			**School Improvement Service with Solutions 4Health**	
Reducing the damage caused by tobacco use in the community.	Environment and Regeneration (Public Realm) - actions planned across both boroughs: • Provide alternative cigarette disposal methods, using additional litter bins and wall mounted ashtrays. • Educational events in hot-spot locations, and further enforcement. • Promote messages re littering and	Environment and Regeneration (Public Realm) - actions planned across both boroughs: • Educational events in hot-spot locations, and further enforcement. • Promote messages re littering and health by campaigns, road shows and events, in partnership with key stakeholders. • Coincide our campaigns where	Environment and Regeneration (Public Realm) - actions planned across both boroughs: • Educational events in hot-spot locations, and further enforcement. • Promote messages re littering and health by campaigns, road shows and events, in partnership with key stakeholders. • Coincide our campaigns where	**Environment and Regeneration**	

	health by campaigns, road shows and events, in partnership with key stakeholders. • Coincide our campaigns where possible with other smokefree initiatives like No Smoking Day. • Issue fixed penalty notices for cigarette litter. • Remind businesses of responsibility to keep land around their business clear of litter. • Reinforce messages about environmental impact of cigarette litter.	possible with other smokefree initiatives like No Smoking Day. • Issue fixed penalty notices for cigarette litter. • Remind businesses of responsibility to keep land around their business clear of litter. • Reinforce messages about environmental impact of cigarette litter.	possible with other smokefree initiatives like No Smoking Day. • Issue fixed penalty notices for cigarette litter. • Remind businesses of responsibility to keep land around their business clear of litter. • Reinforce messages about environmental impact of cigarette litter.		

CAMDEN AND ISLINGTON - JOINT ACTIVITY

TARGET: Reduce the harm caused by tobacco use

Focus Area	Short term - March 2015	Medium term – March 2016	Long term - March 2017	Lead	Partners
Stopping people from taking up smoking	• Social media campaign designed by young people (16-20). • Evaluation – how do we properly evaluate number of smokers; annual prevalence survey? • Updating drugs education materials in schools to include information on E-cigarettes and shisha. • General campaign on shisha so parents and young people understand the risks • Working with premises to reduce smoking outside (part of de-normalisation). Extend restrictions. • Increase the number of smokefree playgrounds in the borough following the pilot.	• Every school has an Assist or Peer mentor programme. • All council run children's play areas to be smokefree.		**School Improvement Service/ Environmental Health**	
Helping smokers to quit	• Equity of access to smoking cessation: ensure all GPs are referring and work with Children's Centres and pharmacy referral schemes. • Contact smokers who did not complete the smoking cessation programme and invite them to return. • Making every contact count – all public sector employees who deal with public (e.g. housing, benefits) to signpost clients to smoking cessation where relevant. Aim of x percentage of staff trained in y departments.			**Public Health, Solutions4Health, Whittington Health, UCLH**	

	• Extend services/information to new venues (e.g. supermarkets, registrar offices). • Focus on maternity – track smoking mothers and their babies through the system (increased risk of early death/cot death in smoker households). Ensure CQINS are in place across the board.				
Reducing the damage caused by tobacco use in the community.	• Cross borough approach to tackle illegal tobacco and shisha. • Consider a cluster to encourage involvement from Customs (e.g. Hackney, Haringey, Westminster). • Increasing intelligence on who is supplying – from new/different sources (e.g. caretakers, street-based offices, housing etc.). • Hotline / Facebook page where people can give information on illegal supply. • Making people aware that illicit tobacco is more likely to cause a fire • Fire safety checks – multi-agency shared ambition with enforcement. • Raising awareness of the links between cannabis and tobacco. Cannabis messages should include tobacco. If someone is stopped for cannabis, given them smoking information. • Whittington Drs – Myra & Louise – advising work links between cannabis/lung disease. • Raising awareness that fixed penalty notices are aimed at behaviour-change (not revenue raising).			**Trading Standards, Fire Service, Children Services, Whittington Health**	

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ISLINGTON
Chief Executive Department
Town Hall, Upper Street, London N1 2UD

Report of: Director of Public Health

Meeting of	Date	Agenda Item	Ward(s)
Health and Wellbeing Board	16 July 2014	Item	All

Delete as appropriate		Non-exempt

SUBJECT: Refreshing the Joint Strategic Needs Assessment (JSNA)

1. Synopsis

Local authorities and Clinical Commissioning Groups have an equal and explicit duty to prepare Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs), through Health and Wellbeing Boards.

JSNAs are local assessments of current and future health and social care needs, and should be produced through a continuous process of strategic assessment and planning. Their outputs, in the form of evidence and the analysis of needs, should be used to help determine what actions local authorities, the local NHS and other partners need to take to improve the health and wellbeing of the local population and reduce inequalities.

This paper describes the actions that are taking place to update Islington's JSNA, the timescales and the emerging key messages. In summary the actions are as follows;

1. Undertaken JSNAs on domestic violence, children and young people with disabilities, and private housing.
2. Commissioned community researchers to engage with local residents to collect views on health and wellbeing in Islington. A full report of the findings is due in August.
3. Updating all current JSNA factsheets by August.

4. Updating the executive summary to incorporate findings from actions described above. A final executive summary will be published in September.
5. Identified new topics on which to gather intelligence.

2. Recommendations

The Health and Wellbeing Board is asked to:

- NOTE Islington's progress on the JSNA and the actions and timescales for updating it, particularly the work to collect resident and patient views.
- COMMENT on JSNA chapter/factsheets topics included in the JSNA and identify any gaps.
- AGREE the proposed approach and timetable for feeding back to the Health and Wellbeing Board on the JSNA

3. Background

3.1. JSNA Context

3.1.1. JSNAs are local assessments of current and future health and social care needs. Following the passing of the Health and Social Care Act 2012 local authorities and CCGs have an equal and explicit duty to prepare JSNAs and Joint Health and Wellbeing Strategies (JHWSs), through Health and Wellbeing Boards.

3.1.2. JSNAs are a continuous process of strategic assessment and planning. Their outputs, in the form of evidence and the analysis of needs, should be used to help determine what actions local authorities, the local NHS and other partners need to take to improve the wellbeing of the local population and reduce inequalities.

3.1.3. Local areas are free to undertake JSNAs in a way best suited to their local circumstances – there is no template or format that must be used and no mandatory dataset to be included. It is for the Health and Wellbeing Board (HWB) to determine when to update the JSNA. The guidance makes it clear that the JSNA should be seen as an evolving process of understanding local needs and informing priorities, rather than a document to be produced at a single point in time.

3.1.4. What can the JSNA help to answer?

Issue	What are the factors that are contributing to poor outcomes?
People	Which groups are experiencing worse outcomes than the general population?
Place	Are poor outcomes localised to particular geographical areas?
Actions	What can we do to improve outcomes and tackle inequalities?
Resources	Are we using resources proportionate to need?
Impact	How will we know we have made a difference?

3.2. The Evidence Hub: Islington's JSNA

In Islington a web-based "Evidence Hub" has been developed for the borough to house evidence, data, strategies, intelligence and policies, which contribute to the evidence-base forming Islington's JSNA. The Evidence Hub is designed to help share information across and within organisations and to inform the development of evidence-based and needs-based commissioning plans and priorities. The Evidence Hub is Islington's JSNA.

A specific section of the Evidence Hub is denoted as the JSNA, for ease of navigation. All current JSNA chapters can be found here, written in a consistent JSNA factsheet format. The Executive Summary is also available, which distils the key facts, main messages and recommendations from all topic areas into one accessible document. The dedicated JSNA page can be accessed here: evidencehub.islington.gov.uk/yourarea/jsna/Pages/default.aspx

4. Developments during 2013/14 and next steps

4.1. New needs assessments

4.1.1. Domestic violence factsheet

Islington's rate of domestic violence offences is the second highest in North London, which can be an indication of higher violence, or of greater confidence in reporting incidences to the police. Domestic violence can affect everyone, but women, transgender people and people from BME groups are at higher risk than the general population. The estimated cost of domestic violence is almost £26 million in Islington, with most of the cost being borne by physical and mental health services (£7.7million). Islington Council's Community Safety team coordinates the overall response to domestic violence and all forms of violence against women and girls (VAWG) through developing strategies to tackle different forms of VAWG, raising awareness, commissioning services, training staff in the statutory and voluntary sectors, coordinating the local Multi Agency Risk Assessment Conference and Domestic Violence Persistent Perpetrators Panel. Locally there are a number of projects and services that work to support those affected by domestic violence and all forms of VAWG.

4.1.2. Children and young people with disabilities needs assessment

This has been completed and is currently out for comment with a range of stakeholders. It is timely as Children's Services are embarking on major service developments for this group as a result of the Children & Families Act which will require the local authority and partners to ensure that the 'Local Offer' of services and support is accessible and relevant to all children, young people and their families who are affected by special educational needs and disability.

4.1.3. Private housing sector factsheet

A factsheet on the private housing sector in Islington has just been completed and is due to be signed off by the Information and Intelligence Board at their next meeting.

4.2. Resident and patient engagement

In order to strengthen the 'voice' section of the JSNA and to better understand the health and wellbeing priorities of Islington residents, a programme of community research has been undertaken. The aim of the work was to more accurately capture residents' views and

experiences of health and wellbeing within the borough and to understand what is most important to them.

Fifteen community researchers were recruited and trained to carry out the research using a Participatory Appraisal (PA) approach. PA is a process which combines community research, learning and collective action. The approach uses a series of interactive tools which largely rely on visual methods and encourage involvement and participation in the research process. In total over 500 residents participated in various locations that residents regularly visit such as libraries, sports centres and community centres.

Analysis of the outputs from the community research work is still being completed and a complete report will be available by the end of August. Key findings will be included in this year's JSNA executive summary.

Alongside the community research work, both Islington Healthwatch and Islington CCG have been engaging with residents to gather views on health and wellbeing priorities. For example, Islington CCG is carrying out a community wellbeing project on the New River Green Estate. This project aims to map the local community's needs and skills, and then co-create a project to support their health and wellbeing needs. The learning from this project will support further developments through both Islington Giving and the CCG.

Healthwatch Islington, led by local volunteers, gathers views from the local community on health and social care services. Over the course of the past year, they have run focus groups with deaf service users, older people and young people as well as surveying people in local libraries, health centres, sports centres and the citizen's advice bureau. They also work closely with local voluntary sector groups to engage harder to reach communities and ensure that everyone has the opportunity to have their voice heard. The priorities in their work plan reflect these views and this year include: mental health and advocacy, interpreting services and home care. They have presented their findings to relevant service providers and commissioners.

4.3. Updating existing JSNA factsheets

The JSNA is currently undergoing a programme of work to refresh factsheets for 2014. This will include incorporating updated data and evidence, where available. Further information on the factsheets being updated can be found in the appendix.

4.4. Key messages

The emerging key messages based on the factsheets updated to date and recommendations from the 2014 JSNA summary are as follows:

1) The aging of Islington's population over the next 10 years will lead to a growing number of people living with long-term conditions, and an associated increase in the number of people living with multiple long term conditions, and in frail older people. This indicates an increasing need for health and care services to identify and manage these long term conditions earlier and more effectively and to join up services around the needs of the patient.

2) Work with local communities/specific population groups to improve the accessibility and reach of services, by involving all partners and focusing on the wider socio-economic and environmental determinants. In addition, raising awareness of the needs of specific populations (such as carers and people with learning disabilities) and improving access to support, training, prevention and treatment services for them, in order to improve outcomes and reduce inequalities in these groups.

3) Ensure that the commissioning and provision of services are culturally sensitive and provide equity of access responsive to a changing population with differing health needs.

4) With poverty as one of the greatest threats to health and wellbeing in the borough, getting people into work and particularly those population groups that face persistent barriers to moving into work, should be a focus. The impact of welfare reform on vulnerable groups should be monitored and mitigated through the provision of advice and support to affected population groups. Housing and security of housing is a particular area affected by welfare reform.

5) Supporting people to live healthier lives across the life course remains a priority. Programmes and services to support people to adopt healthier lifestyles should be delivered at sufficient scale and appropriately targeted in order to shift population health outcomes positively, and reduce health inequalities within the borough. Specific areas of focus include tobacco, overweight and obesity and alcohol.

6) Reducing the number of people living with undiagnosed long term conditions remains a priority, and local efforts to reduce this 'prevalence gap' should be evaluated and effective programmes delivered at sufficient scale, in order to improve outcomes in the short and medium term. Furthermore, programmes to raise awareness of signs and symptoms of long term conditions, including cancers and COPD, should be targeted at deprived communities to encourage early presentation. The recent decrease in the rate of premature mortality from cardiovascular disease indicates that a systematic approach, addressing all the major risk factors, and case finding those at greatest risk, is resulting in better long term outcomes for residents.

7) Implementing strategies and programmes that encourage people with long term conditions to self-manage and stay independent, as well as improving lifestyle and medical management of long term conditions, will improve both the quality and length of life. Access to effective services for conditions such as asthma or mental health problems in community and primary care settings will help to improve outcomes.

8) The strong link between physical health and mental health underlines the importance of the movement towards models of care that address both mental and physical health together. All those with a physical long term condition should be offered screening for depression.

9) A strong preventive and early intervention offer in pregnancy and the early years is important to reduce long term inequalities. In childhood, promoting healthy eating, physical activity and access to weight management support to children and their families continues to be important to reduce high levels of obesity and excess weight.

10) The provision of high quality, accessible and integrated sexual health promotion, testing and treatment services are key to addressing changing population trends and sexual health needs. Ensuring high quality sex and relationships education and access to effective contraception methods is also important to ensure choice and control over fertility and reduce the risk of HIV and STIs.

4.5. Next steps for the JSNA

4.5.1. For the coming year, factsheets on the following areas are planned, or are already in development.

Section	Factsheet
Mental health	Depression and anxiety Suicide and undetermined injury
Lifestyles and risk factors	Substance misuse
Vulnerable groups	Older people Vulnerable children Autism
Resident engagement	The 'Voice'

4.5.2. Vulnerable children needs assessment

A more detailed needs assessment is in preparation looking at children and young people who may be vulnerable as a result of a range of sometimes complex factors. It will cover those children and families who need early help, as well as those children who become looked after, a group who historically have experienced poor outcomes. The aim is to have a final draft by September which will align with the development of the Children's Health Strategy, which is in preparation at the same time.

4.5.3. A refreshed executive summary will be published in September 2014.

5. Implications

5.1. Financial implications

None at this stage. Any financial implications arising need to be considered and agreed by the relevant Council departments and any other partners.

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.

5.2. Legal Implications

Section 116 of the Local Government and Public Involvement in Health Act 2007, as amended by section 192 the Health and Social Care Act 2012, provides that the Council has a duty to prepare, in conjunction with the CCG, a joint strategic needs assessment. The joint strategic needs assessment is a process to identify the current and future health and social care needs of the Islington population.

5.3. Equalities Impact Assessment

None on these reports. The JSNA factsheets report detail dimensions of equality for each topic, highlighting the key measures taken to reduce inequalities.

5.4. Environmental Implications

None identified

6. Conclusion and reasons for recommendations

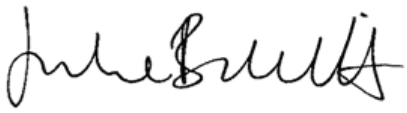
The Health and Wellbeing Board is asked to:

- NOTE Islington's progress on the JSNA and the actions and timescales for updating it, particularly the work to collect resident and patient views.
- COMMENT on JSNA chapter/factsheets topics included in the JSNA and identify any gaps.
- AGREE the proposed approach and timetable for feeding back to the Health and Wellbeing Board on the JSNA

Background papers: None

Final Report Clearance

Signed by



8th July 2014

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Director of Public Health Date

Received by

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Head of Democratic Services Date

Report author: Dalina Vekinis, Senior Public Health Information Analyst
Camden and Islington Public Health
Tel: 020 7527 1237
Fax:
E-mail: dalina.vekinis@islington.gov.uk

Appendix 1

Table 1: List of JSNA factsheets/chapters published on the Evidence Hub, and to be created in 2014/15

Completed and published on Evidence Hub?	JSNA Factsheet title	Date of current fact sheet or proposed publication date
MATERNAL AND CHILD HEALTH		
✓	Childhood Immunisations	August 2014
✓	Early access to maternity services	August 2014
✓	Infant mortality	August 2014
✓	Teenage pregnancy	August 2014
CHRONIC CONDITIONS (including Cancer and cancer screening)		
✓	Cancer: overall summary	August 2014
✓	Cervical cancer	August 2014
✓	Breast cancer	August 2014
✓	Bowel cancer	August 2014
✓	Lung cancer	August 2014
✓	Prostate cancer	August 2014
✓	Cardiovascular disease	August 2014
✓	COPD	August 2014
✓	Chronic Kidney Disease	August 2014
✓	Stroke and atrial fibrilation	August 2014
✓	Coronary heart disease	August 2014
✓	Respiratory disease	August 2014
✓	Diabetes	August 2014
MENTAL HEALTH		
✓	Mental Health	August 2014
✓	Psychotic disorders	August 2014
✓	Dementia	March 2013
	Depression and anxiety	TBC: 2014/15
	Suicide and undetermined injury	TBC: 2014/15
INFECTIOUS DISEASE		
✓	Infectious disease	August 2014
✓	HIV	March 2014
LIFESTYLES AND RISK FACTORS		
✓	Adult overweight and obesity	August 2014
✓	Childhood obesity	August 2014
✓	High blood pressure	August 2014
✓	Season Health (excess winter deaths)	August 2014
✓	Smoking	August 2014
✓	Oral health (adult & children)	August 2014
✓	Physical activity	August 2014
✓	Alcohol	August 2014
✓	Sexual health	March 2014
	Substance misuse	TBC: 2014/15
VULNERABLE GROUPS		
✓	Carers (Adults)	January 2013
✓	People with a learning disability	January 2013
✓	People with physical disabilities and sensory impairment	January 2013
	Autism	TBC: 2014/15

Completed and published on Evidence Hub?	JSNA Factsheet title	Date of current fact sheet or proposed publication date
	Older people	TBC: 2014/15
	Vulnerable children	TBC: 2014/15
SOCIAL, ECONOMIC AND ENVIRONMENTAL DETERMINANTS		
	Private housing	July 2014
✓	Domestic Violence	March 2014
✓	Housing and Homelessness	May 2013
✓	Unemployment and NEETs	May 2013
✓	Educational attainment and lifelong learning	April 2013
✓	Social housing	March 2013
✓	Air quality	October 2012
✓	Food safety	September 2012
✓	Food standards	September 2012
✓	Health & safety	September 2012
RESIDENT ENGAGEMENT		
	The Voice	TBC: 2014/15

ISLINGTON

Chief Executive Department
Town Hall, Upper Street, London N1 2UD

Report of: **The Director of Public Health**

Meeting of	Date	Agenda Item	Ward(s)
Health and Wellbeing Board	16th July 2014	Item	All

Delete as appropriate	~~Exempt~~	Non-exempt

SUBJECT: Update on progress against the Joint Health & Wellbeing Strategy 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: (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; and (3) improving mental health and wellbeing. The updates that follow are for the period between July 2013 (when the last update on priorities came to the Board) and July 2014.

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

3.1 This 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;

- 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;
- improving mental health and wellbeing.

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

First 21 months:

- Four Children Centre cluster areas have been funded as learning pilots and are starting to develop the projects and pathways with midwifery and health visiting. These are Finsbury, Canonbury, Highbury and Holloway. A brief has been developed outlining the approach across all the clusters and the specific projects they are developing. Two of the four pilots focus specifically on how to identify and support vulnerable families with potentially poor outcomes, during pregnancy and in the baby's first year of life. All the pilots have some focus on user involvement to understand parents' experiences of the maternity care pathway to help shape service delivery.

- Further work streams for the programme include:

    - Children's Services ICT and data team has produced a report outlining options for enabling interconnectivity in Children's Centres for health professionals. This has been funded by Islington's CCG. These are now being consulted on with Whittington Health and UCLH as to the viability of these plans. Once agreement is reached a pilot will be undertaken within Children's Centres. The first 21 months advisory group is the project board for this project.
    - All GP practices in Islington have been approached to receive a visit and presentation from their local children's centre cluster to hear more about the wide range of services (including healthy start distribution) which are available.

Child Weight Management

- MoreLife's weight management programme has completed a full year and is established with all potential referrers in the borough. 10 week programmes are run every quarter with Holiday clubs held on a termly cycle. Over 330 children and young people participated over the last 12 months. The programmes have been very successful with 86% of 4-12s, 79% of teenagers 13-17, and 90% of those with complex needs found to have reduced weight on completing their programmes. Of those that attended holiday clubs 73% recorded a reduced weight.
- Ensuring those coming into contact with families are aware of available programmes and how to discuss healthy weight is an important part of an effective weight management pathway. Raising the issue of weight training was held for those working across Islington in July. The training was well attended and the feedback from participants very positive. Further sessions will be held later in the year.
- Public Health is working closely with MoreLife, Healthy Schools, School nursing and National Child Measurement programme supported by the communications team to implement a local obesity campaign to promote the service and increase awareness around healthy weight. The campaign will coincide with National Child Obesity week (July 13-17), which will also benefit from national media promotion from Public Health England.

- In response from feedback from service users, the eligibility criteria requiring a parent or carer to attend the weight management programme has been adapted for young people. This reflects their their need for greater autonomy and has improved the numbers engaging with services over the course of the year.
- A remaining challenge is finding suitable (affordable) premises from which to deliver the programme in the north and south of the borough.

Teenage pregnancy

The teenage pregnancy rate has continued to decline and is now 30.1 which is not significantly different to Inner London (28.5). A social marketing campaign promoting PULSE services was undertaken by peer recruiters trained by Brook and Pulse staff. A 'network model 'of sexual health services has been developed across Camden and Islington and is currently out to advert with expectation of new contracts being in place April 2015. This model will strengthen the pathway way across both boroughs and ensure consistency of service and identification/support of vulnerable young people. Young people's sexual health service will all be tier 1 and 2 in the new model so young people will be able to access the full range of tests that can only currently be accessed through GUM.

National Child Measurement Programme (NCMP):

The NCMP is a joint mandatory initiative between Public Health England (PHE) and the local authority. Children in reception year (aged 4-5 years) and year 6 (10-11 years) are invited to participate in the programme. Height and weight are recorded to calculate the child's BMI for age percentile. This data enables the Public Health team to identify the number of pupils across the borough who are underweight, healthy, overweight or very overweight.
The results from last year were collated and compared to previous years and to the rates across London and England. The analysis was distributed in December 2013 by the Health and Social Care Information Centre (HSCIC).

The key findings from 2012/13 include –

- During 2012/13, 100% of invited schools participated in the programme.
- 1,742 reception and 1,370 year 6 were measured, which equates to 92% of eligible children.
- In reception 12.1% reception children were identified as overweight (210 children). There has been a reduction in the proportion of children identified as overweight in Islington, compared to previous years, but it is premature to confirm that there is any trend in the data. 10.7% of reception children were identified as very overweight. This figure has dropped from 2010/11 but shows a slight increase compared to the 2011/12 rate.
- In year 6, 13.6% of children were found to be overweight in Islington – again this demonstrates a drop, but it is too early to demonstrate a trend. 21.8% of year 6 were identified as very overweight, but again the figures are not clearly showing steady downward pattern as the prevalence fluctuates annually.

Last year, following the measurement programme, the school nurse team were able to offer contact and support to the very overweight pupils in the reception classes. This year, to build upon previous year's successes, Camden and Islington Public Health will provide extra resource to enable the School Nurse team to contact all overweight and very overweight children, identified through the measurement programme, and offer support and referral to local weight management programmes.

Healthy Start Vitamins Pilot:

Healthy Start is a national scheme aiming to improve the nutrition of families and pregnant women on low incomes. Beneficiaries of the Healthy Start scheme receive Healthy Start vouchers which can be spent on fruit, vegetables, milk and Healthy Start vitamins. Every two months the recipient receives a Healthy Start vitamin voucher, which can be exchanged for free infant drops or maternal tablets. Vitamin drops for infants and children contain vitamin A, C and D. Vitamin tablets for pregnant and breastfeeding mothers contain vitamin C, D and folic acid.

Within Islington a pilot programme was run during 2013 which provided healthy start vitamins free of charge to all breast feeding women and children aged 0 to 4 years in Islington. The programme which was jointly funded by Islington CCG and Public Health was very successful. The uptake of Healthy Start vitamins among those eligible for free vitamins increased by around 20% during the pilot and overall there has been more than a four-fold uptake in Healthy Start Vitamins. The Universal supplementation programme is therefore continuing at 16 distribution sites across the borough. The aim over the forthcoming year is to optimise distribution in these centres and then to roll out universal distribution to further children's centres. Public Health is currently developing approaches to target promotional activity and increase awareness.

Immunisation:

- There has been significant improvement over the years with childhood immunisation rates. Immunisations in 5 year olds are traditionally lower across London and England and Islington has worked hard to improve rates locally with a `12% increase observed between 2010/11 and 2013. Islington has excellent uptake of one year DTaP/IPV/Hib vaccinations for a deprived London borough. Islington is one of the few areas in London above the World Health Organisation's standard uptake of 95%.

- Work is being undertaken to increase the immunisation rates in communities where this is lower compared to the Islington average. Two projects include DVDs to raise awareness within the Somali population and also in school aged children that are eligible for the HPV vaccination.

Oral Health:

- In 2013/14, the Islington community-based fluoride varnish programme delivered a total of 13,578 fluoride varnish applications to 3-10 year olds. The provider exceeded the annual target by 13%.
- Over 10,500 fluoride toothpaste and toothbrush packs were distributed to parents of young children through the Brushing for Life scheme.
- 129 Islington dental staff received training in prevention, including child behaviour management.

Challenges and priorities over the next year:

-To increase fluoride varnish programme consent rate in those schools with lower than average consent rate.

-To encourage more parents (especially in 'harder to reach' groups) to take children to the dentist for regular check-ups.

-To procure a joint Camden and Islington OHP service.

Breastfeeding:

- Islington's breastfeeding prevalence (the percentage of infants being breastfed at the 6-8 week check either totally or partially) rates have remained at a consistent and steady increase since 2011 by 1% annually from 73% in 2010/11 to 75% in 2012/13, which is higher than the England average 47.2%.

- The breastfeeding support service in Islington made 7076 contacts to 3180 mothers in 2013. The type of contacts included telephone support, visits to mothers on the postnatal ward (UCLH and Whittington) and drops-ins at Children Centres, baby clinics and home visits. The service uses a range of peer supporters from within the local community who represent the diversity of Islington's population. The breastfeeding support service for Islington was re-procured to The Breastfeeding Network (BFN) in April 2014 for three years.

- The UNICEF UK Baby Friendly Initiative provides a recognised and accredited framework to support women to initiate and continue to breastfeed and to promote practices that will maximise early child development. Assessment is carried out in three main stages and Islington achieved Stage 2 accreditation in December 2013 and stage 3 assessment is planned for January 2015.

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

Integrated care

- Islington CCG and Islington Council were awarded Pioneer Status as part of the Department of Health's Integrated Care Programme in November 2013. During the past few months, both organisations have been working together on developing a more integrated approach to health and social care within the borough with the aim of improving people's experience of care and their health and wellbeing outcomes. Some key areas where there has been progress as part of the Integrated Care Pioneer Programme Plan are:

- **MDT working**
  A multi-disciplinary team (MDT) teleconference service has been in place for over a year across the four Islington localities and during this time over 250 highly complex patients have been reviewed. The teleconference provides the opportunity for different professionals to come together to discuss individual patients. In addition to this we have invested in the new role of "Local Service Navigator", recruited through the voluntary sector, who support patients with their goals.

- **Self-management**
  One of the key outcome measures for integrated care, and key strategies to improve the management of Long Term conditions in Islington, is to promote self-care by supporting people to become more confident in their own abilities to manage their conditions.

  The LTC6 survey, a tool developed by the Department of Health, is used to measure this for people with long term conditions. Our target in 2013/14 was for 75% of people feeling supported to manage their long term condition. Of the 47,476 questionnaires sent out we had a response rate of c25% with 11,721 patients responding. We were delighted with this and also the fact that we exceeded our target with 84% feeling supported.

- A **Patient Activation Measure**, a validated tool used to help understand and link patient activation, subsequent behaviour and graded need for support is being implemented in Islington for all patients registered with a long term condition. This will enable the commissioning of tailored self-management support informed by a co-produced implementation plan**.**

- **Care Planning**
  Islington is committed to the implementation of care planning for all patients with long term conditions. This is a radical shift in the way that consultations are delivered in primary care, by providing the patient with greater information about their condition in advance of their consultation and empowering them to develop a care plan and set goals jointly with their GP at an extended appointment. The goals are then followed up several weeks later to provide extra support. The aim is to empower patients allowing them to take charge of their condition rather than relying on a previously paternalistic approach to disease management.

  The new diabetes locally commissioned service was used as the mechanism to embed care planning through the Year of Care consultation. This is already reaping rewards with positive feedback from patients who feel more confident about managing their diabetes.

Long-term conditions pathways

A number of long-term condition pathways have been developed and implemented with local patients, primary and secondary care, and public health to standardise and implement best practice.

- **COPD pathway**

New developments include:

o A COPD acute exacerbation pathway was launched last year providing rapid domiciliary multidisciplinary support for COPD patients who have had an acute exacerbation and who are vulnerable to further deterioration and admission to hospital.

o A COPD rehabilitation and self-management programme for newly diagnosed COPD patients who have MRC 1& 2 and not eligible for Pulmonary Rehabilitation has just been commissioned as a two year pilot and was launched in June 2014.

o Specialised Stop Smoking support for COPD housebound patients has been commissioned for a further two years following a successful one year pilot.

o A one year pilot of the COPD Nurse Champions Network was completed in December 2013. The Network was led by the Integrated Respiratory Consultant and Community Respiratory team and aimed to improve COPD care by sharing existing knowledge, developing relationships between primary and secondary care, and providing a mechanism for support from the Islington Specialist COPD team. Planning is underway to develop a Long Term Conditions Nurse Champions Network to continue up skilling of practice and community nurses in the management of LTCs.

- **Diabetes pathway**

A new primary care locally commissioned service for diabetes commenced in February 2013 with the aim of implementing “Year of Care” care planning within patient consultations. This approach provides patients with a longer consultation with their GP and early access to test results, thereby facilitating a more informed discussion with their clinician.

The Diabetes steering group has overseen a number of other initiatives for diabetic patients in Islington, including access to a new web based self-management programme (HeLP-DIABETES), another self-management resource in Turkish, Somali and Bengali, as well as a local pharmacy service designed to ensure optimisation of diabetes medication.

- **Kidney Disease**

A particularly innovative pathway, based on one of the Health Foundation's SHINE projects, commenced in February 2014. It is uses software to identify the early signs of kidney deterioration in patients with diabetes and hypertension and ultimately it should reduce the number of patients on kidney dialysis.

Diabetes Value Based Commissioning

- Islington CCG is working in collaboration with Haringey CCG on a pilot project to implement a Value Based Commissioning (VBC) approach to diabetes service provision. This approach seeks to ensure that the patient's own outcomes are treated as the main driving force for the overall service pathway (known as an Integrated Practice Unit – IPU).

- Value Based Commissioning aims to achieve an overall benefit to the patient rather than concentrating on a number of separate medical and process indicators to measure success. The outcomes are built around agreed patient goals e.g. I want to be able to do the things I want to do & I want to feel in control of my condition.

- Work has progressed over the last few months on developing the IPU with engagement from all stakeholders who have interest in diabetes services in Haringey and Islington. A final draft version of the design is currently being reviewed by the VBC steering group.

- A business case will be drafted by the end of August and financial modelling is currently being undertaken which will help support this document. If the business case is then accepted by the NCL Chief Officers' group, the IPU will go out to procurement for service commencement in April 2015.

Long-Term Conditions Locally Commissioned Services

- Three new locally commissioned services (LCS) supporting case finding, secondary prevention and management of long term conditions including diabetes, chronic kidney disease, hypertension, and depression were developed and launched in 2013. These services complement the successful COPD locally commissioned service that has now been running for three years. Uptake of these services has been promising and delivery will continue until November 2014.

- Patient at high risk of diabetes are now also being identified and provided with on-going review and monitoring to prevent the development of diabetes.

- A holistic health check for people aged 75 and over, designed to improve case finding and improve signposting to social care, seasonal health support and other functional services, was also implemented across primary care in Islington.

- Islington CCG are now working to develop a Long Term Conditions Locally Commissioned Service (LCS) which will combine the most effective elements of each of the current LCSs, and will be launched in December 2014. The aim is to provide a more integrated and person-centred experience, particularly for those people with multiple long term conditions.

NHS Health Checks Programme

The NHS Health Checks programme has continued to perform well in Islington, with 11,828 health checks offered (exceeding target by 32%) and 6,945 checks delivered in 2013/14.

- Islington is the 4th best performing London borough and ranks 9th out of 152 Local Authorities in England. 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 range of settings to increase uptake amongst population groups at greater risk e.g. people living in social housing or areas of high deprivation, unemployed people and carers.

- Islington has seen a 32% reduction in deaths from cardiovascular disease (CVD) over the past 5 years, and the NHS Health Checks programme, which aims to identify people at high risk of CVD early and to provide appropriate intervention to manage and their risk, could have made a contribution to this decline by targeting those at the highest risk first. Now in the 5th year of programme implementation, we are focussing on ensuring that Islington residents identified as being at high-risk of developing CVD receive appropriate support to reduce their risk.

Cancer

- Public Health are running a cancer awareness campaign within community pharmacies in Islington. 60 pharmacy staff across 23 Pharmacies attended the Cancer Research UK training session and are taking part in the campaign. In the first three months of the campaign 1300 conversations were had with customers and 140 people were advised to see their GP because of their symptoms.

- A dedicated primary care facilitator is continuing to support Islington GP practices on the early diagnosis of cancer. To date, 70% of practices in Islington have been visited by the facilitator.

- "Get to know cancer" pop-up stalls were held in the summer of 2013. Nurse consultations were had with over 2,600 people and 98% of people asked said they found the stall useful.

- The Islington Cancer Survivorship Exercise Programme, which is offered free to Islington residents who have been diagnosed with cancer, has been re-commissioned for another 3 years. In 2013, the programme won a Quality in Care (QiC) Excellence in Oncology Award in the category 'Improving the quality of life and experience of care for people living with cancer'.

Lifestyles and behaviour change

Physical activity and weight management

- Public Health re-commissioned exercise on referral in 2013. The 3 year contract for Exercise on Referral, awarded to Aquaterrra Leisure, commenced in January 2014. To date referrals are higher than achieved in the same period last year and the service is on target to achieve 1200 starters in the first year.
- The recommendations from research to explore the decline in physical activity among residents aged 40+ were shared with ProActive Islington in June. Among the findings was a reported lack of confidence to exercise due to limited knowledge of the types of exercise which could be undertaken safely. Proactive will consider how to fill this gap and address the other findings at its meeting in September. The insight research can be found on Islington's Evidence Hub
- The Adult Weight management programme is now well established with over 430 overweight and obese adults accessing the service in the first year, achieving a 64% completion rate. Of

those completing, more than one in four successfully sustained a 5-10% weight loss 3 months after programme completion

Tobacco Control

- The NHS Stop Smoking Services commissioned from Whittington Health achieved 95% of the quit target for 2013-14 recording 2123 successful 4-week quitters. This can be partly explained by fewer people accessing services and the impact of e-cigarettes. London and England data is not yet available, but anecdotal feedback from the region suggests that few boroughs hit their 13/14 targets.

- Work has begun with the community service, Clinical Commissioning Group and Local Pharmacy Committee to identify the measures that can be put in place to improve performance during 2014/15

- The first joint meeting between Camden and Islington on tobacco control was held in February, led by the lead members for Health and Wellbeing in each borough. Camden and Islington stakeholders from Community Safety, Regulatory Services, Whittington Health, Solutions4Health, and pan London agencies including the Fire Service and Public Health England worked together to identify areas for collaborative action. There was also agreement that Camden & Islington would combine to form a joint Smokefree Alliance, with its inaugural meeting taking place in July to consolidate a new action plan for the next two years

- The ASCOT service (for people with severe mental illness) has recently completed its first year of operation offering a quit service to some of the heaviest tobacco consumers in the borough. They have engaged 113 service users, 65 of whom either stopped smoking or reduced their smoking by at least 50%. 83% of the first cohort of quitters remained smoke-free at 12 months

Alcohol

- Alcohol awareness training for non-specialists has been re-commissioned with the current provider HAGA. Between April and June 2014, more than 70 resident-facing professionals were trained, including professionals from the psychological therapies service; victim support; the stop smoking service; and job centres. They gave positive feedback on the training and will use the skills they learned raising awareness of alcohol harm with their clients and signposting to the alcohol service.

- Community awareness raising events took place throughout 2013/14. Dry January was advertised and promoted throughout the council and the borough and Alcohol Awareness Week was marked with stalls at Town Hall and in Nag's Head / Angel shopping areas.

- www.dontbottleitup.org.uk continues to be available for all Islington residents. In 2013/14 over, 500 Islington residents received personalised advice on their drinking. The website has been redesigned for 2014 and now features enhanced content including motivational videos. This work is supported by alcohol 'pop-ups' in the borough which will be taking place at Community events throughout the year.

- Joint work between licensing and public health remains a priority with projects including: an evaluation of Reducing the Strength; tracking and responding to licensing applications and reviews from a public health viewpoint; and an evaluation of the Cumulative Impact Areas. The

joint work between licensing and Public Health to ensure health data is assessed as part of the licensing review process was identified as an example of good practice across London.

Priority 3: Improving Mental Health & Wellbeing

- There has been a continued annual increase in the number of people accessing psychological services with 4288 patients entering treatment in 2013/14. The service is on track to reach a national target of 15% of those with common mental health problems by March 2015. 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 awareness training, the mental health champions' project and the direct action project. These specifically target hard-to-reach communities and young people. Further flexibility has been added the mental health awareness training programme by offering both Mental Health First Aid training and other shorter and bespoke courses to front line staff such as housing workers and teachers.
- The development of a new suicide prevention steering group has progressed, and this group will oversee a pathway review which will in turn inform a new suicide prevention action plan. An eight-year suicide audit has been completed of 151 suicides in Islington during this period which will inform the review. The opportunity to develop a shared approach to suicide prevention with Camden is likely to be realised. Islington Mental Health and Poverty Networking Forum led a workshop on suicide prevention in February to raise awareness of current issues and share good practice. The workshop was attended by over 100 people representing a wide range of statutory and voluntary organisations.
- Public health has led a review of the quality, content and scope of mental health awareness training within schools. This has resulted in the development of a co-ordinated approach to mental health awareness in secondary schools including teacher training, a new scheme of work for pupils in year 9 and a new information booklet for young people. The steering group for this work are now developing with schools a new approach to increasing pupils' and staff emotional resilience through whole school systems. The model will be piloted in a small number of schools with the help of UCL Partners, with the aim of all schools then learning from the development of good practice. The work has involved a close partnership between Public health, school improvement and CAMHS as well as the voluntary sector, school nursing and educational psychology.
- 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 dis-proportionate impact of welfare reform on people suffering from mental ill-health, and also between mental ill health and poverty (low income, troubled life and poor outcomes). The conference brought together voluntary and community groups (mainly service providers), service users and statutory agencies with an interest in addressing mental health and poverty related issues.
- Public Health has worked closely with colleagues in joint commissioning to provide knowledge and intelligence in a number of areas including a major review of crisis care and of dual diagnosis in 2013-14. Public health will be collaborating further this year in CCG reviews of talking therapies and of day opportunities for people with mental health problems. Public health has also been providing health intelligence support to a new local programme of value-based commissioning. The Value Agenda moves the focus towards achieving patient outcomes, and away from volume and activity, which is how most healthcare services are currently commissioned. Public health will be helping to define appropriate outcomes.

- Islington Clinical Commissioning Group has made a number of new investments in 2013/14. Many of these support the public health agenda including:
    - Procurement of a new community development worker service from Hillside clubhouse. This service will identify and address inequalities in mental health and address some of the barriers faced by people from excluded communities.
    - A new contract for Dementia Navigators which has been awarded to Camden & Islington Foundation Trust
    - New long-term conditions matrons working with people with serious mental illness to address poor outcomes from physical illness.
    - Implementation of a smoke free site at Highgate mental health centre
    - A new parental mental health service to support the families in need agenda

4. Implications

4.1. **Financial implications**

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's priorities

4.2. **Legal Implications**

Section 193 of the Health and Social Care Act 2012 inserted 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

The Health and Wellbeing Board is asked to:

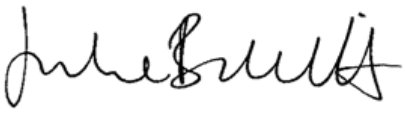
- NOTE progress against the Health and Wellbeing Boars three priorities;
- CONSIDER how, as a Board, it can support and promote these activities and programmes to enhance their impact.

Background papers:

Attachments:

Final Report Clearance

Signed by



8th July 2014

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Julie Billett, Director of Public Health

Received by …… ……

Head of Democratic Services Date

Report authors:
Tel:
Fax:
E-mail:

ISLINGTON

Children's Services
222 Upper Street, London N1 1XR

Report of: Director of Strategy and Commissioning, Children's Services

Meeting of	Date	Agenda Item	Ward(s)
Health and Wellbeing Board	**16 July 2014**		All

Delete as appropriate	Non-exempt

SUBJECT: London Food Flagship Borough

1. Synopsis

1.1 Islington submitted an application to the Department for Education (DfE) and the Greater London Authority (GLA) to be one of two London 'Food Flagship boroughs'. Our application was shortlisted (from a long-list of 20), alongside two other inner London boroughs: Greenwich and Lambeth. Unfortunately we came a very close second to Lambeth: we received very positive feedback about our application and how our innovative, collaborative work means that Islington is already considered to be a food flagship borough.

1.2 The application process enabled us to gather together the huge commitment of all our partners in Islington and we want to take advantage of this and progress the strategy that we developed: **Islington Eating Well Together: Making Healthy Choices the Easy Choices.**

1.3 We will therefore be revising the action plan to be delivered within our existing resources. We anticipate that the plan will form Islington's Food Strategy.

2. Recommendations

2.1 That the Project Team (from Children's Services, Public Health and Environmental and Regeneration use the Flagship Plan as a basis to develop, with partners, a new Food Strategy for Islington.

2.2 That the actions within the Food Strategy are rolled out within existing resources.

2.3 That the Health and Wellbeing Board agree the Food Strategy, once finalised.

3. Background

3.1 Islington applied to be a Food Flagship: a DfE and GLA programme to establish two London (one inner, one outer) Flagship boroughs (£600k per flagship).

3.2 The Flagship programme aims to support a coordinated programme of change across the whole food environment, with a particular focus on reducing obesity. It uses the School Food Plan to extend activities and influence beyond the school day and the school gate, influencing the wider environment and population. The short term aims of the programme for food across the community are to impact on:

- Provision: to improve the quality of food available
- Knowledge: to increase understanding of how diet impact health and wellbeing
- Skills; to develop practical cooking skills
- Values: to foster a love of good food

3.3 Islington developed a strategic plan for the programme integrating existing and new activity and focussing on four age groups, including a high-level plan to address child hunger:

Islington Eating Well Together, Making Healthy Choices the Easy Choices

- Building a Healthy Start: for families from conception to children's fifth birthday
- Healthy food for children and families: for primary age children and their families
- Healthy choices for teenage appetites: 11-19 year olds
- Connecting through food: older people and adults with learning disabilities

3.4 The Flagship Plan and Presentation is attached, together with an additional requirement on how we would address child hunger as part of the programme.

4. Implications

4.1. **Financial Implications:** The new Food Strategy will be developed within existing resources

4.2. **Legal Implications:** There are no legal implications arising from the recommendations in the report.

4.3. **Equalities Impact Assessment:** This will be developed once the new Food Strategy is completed .

4.4. **Environmental Implications:** These will be identified once the new Food Strategy is completed

5. Conclusion and reasons for recommendations

5.1 Although it is very disappointing not to be successful in our application to be a Food Flagship borough, the development of our application galvanised Islington's ambition to '***Eat Well.'*** The cohesive plan, written with wide involvement, can be used to inform strategy and future work to ensure ***Healthy Choices are the Easy Choices*** throughout Islington.

Background papers:

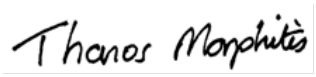
- Islington's Flagship application

Attachments:

- Islington's Flagship Plan Presentation
- Islington's Flagship Plan
- Islington's Child Hunger Flagship proposal

Final Report Clearance

Signed by 07 July 2014



Received by …… ……..
Head of Democratic Services Date

Report author: Thanos Morphitis - Director of Strategy and Commissioning, Children's Services
Tel: 020 7527 3508
E-mail: thanos.morphitis@islington.gov.uk

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Islington Flagship – Innocent Project Proposal

Aims

- To increase access to healthy meals amongst children and families who would otherwise go without. With a particular focus on the early years (too young for school and therefore free school meals) and primary age children during school holidays
- Increase families' cooking skills and awareness and confidence in healthy eating, budgeting, planning and consumer awareness (where to buy what)
- Increase accessibility and affordability ingredients for Islington's Eat Well recipes

Identification and targeting through existing Islington services

- The Islington Resident Support Scheme: financial assistant and additional support. Nearly 6,000 residents accessed the scheme last year with 36% of applicants being single with children (over 2000 families)
- Islington Council Customer Hub, with the Employment and Financial Opportunities Service (Welfare Reform Response, Islington Working for Parents and Income Maximisation Teams)
- Families eligible for disadvantaged two year old childcare places: including using Department of Work and Pensions list to target families
- Work with children's centres and GPs through our First 21 month programme to identify vulnerable families early (on presentation of pregnancy)
- Using social care early intervention data where neglect has been highlighted as a concern for children
- Through professionals in early years settings (98% of 3 and 4 year olds are in early years childcare settings)

Proposed Innocent Projects

Our approach: Use the Islington principle of 'Think Family', ensure sustainability and build on existing services.

Our Focus: All our nursery and primary pupils have free school meals: want to look beyond these age groups and outside of school term time:

- **Strand one:** Working with families of children between two and four years in Islington child care settings and / or those accessing the Resident Support Scheme
- **Strand two:** Working with families of primary age children during the school holidays

STRAND ONE	**STRAND TWO**
Pilot family cook and eat meals as part of pick up or drop-off in early years childcare settings	Pilot family cook and eat lunch programmes using the *Happy Holidays* model in adventure playgrounds, schools and community settings

CROSS CUTTING INITIATIVES (Strands one and two)

- Establish cook and eat meals in community settings for families and older people
- Islington Eat Well recipes used in cook and eat meals.
- Links between Eat Well recipes, cook and eat meals, local retailers and home cooking. Ensuring availability of affordable ingredients for families to cook meals at home.
- Work with Plan Zheroes and others to re-distribute surplus food for use in the cook and eat meals

Reach in the first two years of the project

STRAND ONE: Young children and their families

- 1252 three and four year olds in non-school settings in Islington (many on part day places with no meals provided)
- 2690 two year olds in Islington
- 1000 two year olds eligible for 'disadvantaged' places
- 700 places in 81 settings from September 2014

Develop pilot pick-up / drop off project with one children's centre cluster

- Year 1: 60 families
- Year 2: 120 families

Establish cook and eat programme for families and older people

- Year 1: 2 programmes, catering for 20 families a week (40 families)
- Year 2: 4 programmes, catering for 20 families a week (80 families)

Total number of children across the two projects = at least 300 (some families will have more than one child)

STRAND TWO: Holiday eating for children and their families

- 16,740 five-eleven year olds
- 12 adventure playgrounds
- 45 primary schools
- 6-8 families in one cook and eat

Family holiday cook and eat

	Adventure Playgrounds	Schools / Community	Families
Year 1	2	6	56
Year 2	4	12	112
Total			**168**

Borough-wide roll-out

If evaluation shows the approach to be successful, the roll out across Islington would result in the following reach:

Pick-up / drop off *'cook and eat a meal'* with all seven children's centre clusters

- 840 families

***'Cook and eat a meal'* for families and older people**

- 8 programmes, 160 families

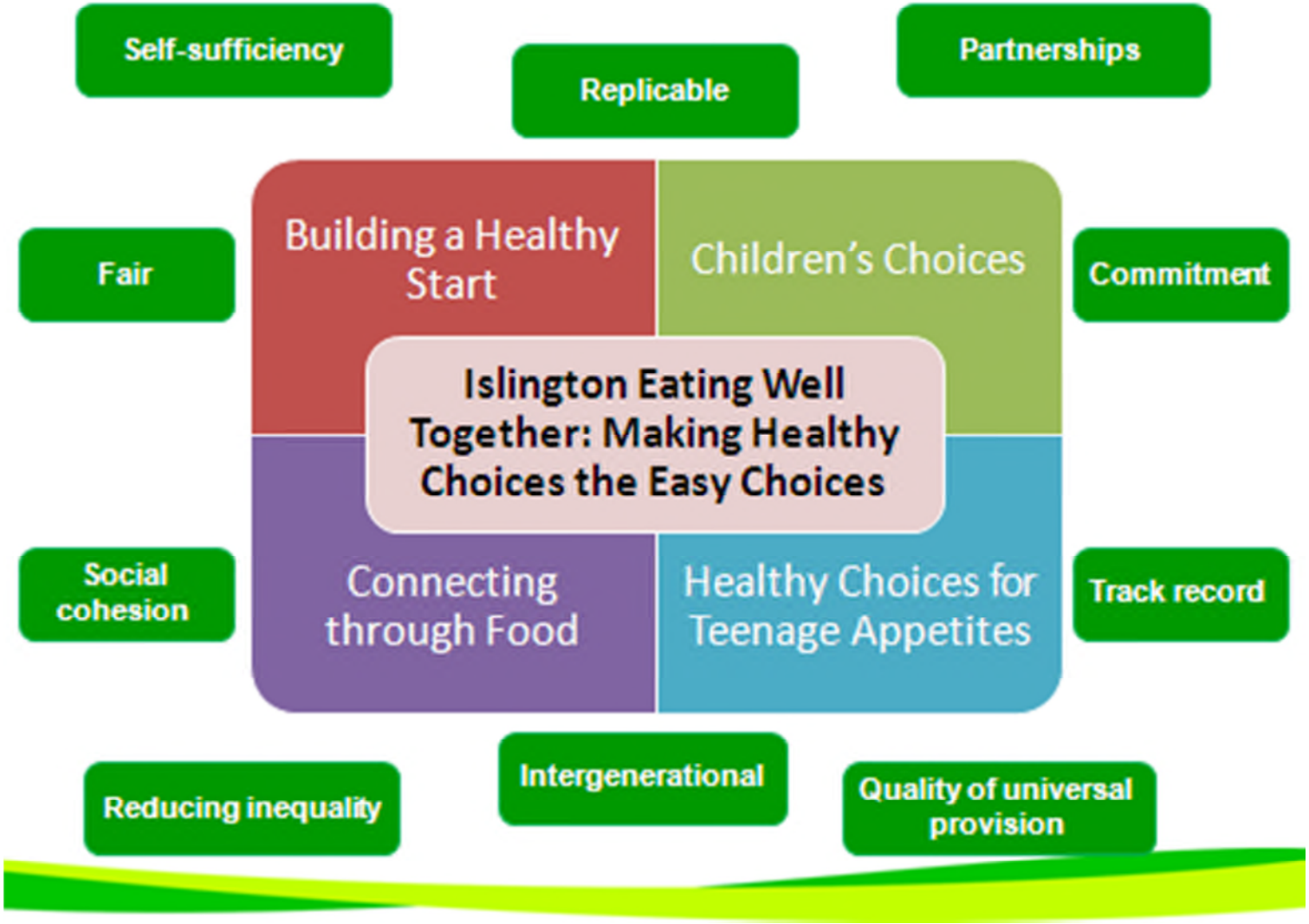
Holiday eating for children and their families

- All 12 adventure playgrounds, 20 schools and community settings, 224 families

Total number of families = 1224

Suggested evaluation indicators

- Tracking children's achievement
- Qualitative evaluation with families to measure knowledge, understanding, food preference
- Level of take up of recipes
- Changes in pupil health behaviour measured through the school questionnaire
- Work with retailers to look at patterns of consumer preferences
- Measurements through the Resident Support Scheme – reflecting changing needs of population seeking help; changes in needs of families they are working with


Self-sufficiency
Replicable
Partnerships
Fair
Building a Healthy Start
Children's Choices
Commitment
Islington Eating Well Together: Making Healthy Choices the Easy Choices
Social cohesion
Connecting through Food
Healthy Choices for Teenage Appetites
Track record
Reducing inequality
Intergenerational
Quality of universal provision

Islington Eating Well Together, Making Healthy Choices the Easy Choices

London Borough of Islington Flagship Food Programme Proposal

Strand 1: Building a Healthy Start

Islington structures and programmes	Key achievement(s) and activities to date and continuing	What we need to do (key gaps/priorities)	Flagship activities to develop work further
***The First 21 Months*:** from conception to babies' first birthday Improving coordination, integrated working and pathways between health services (midwifery, health visiting and primary care (GP's) and children centres/early years services – to ensure early intervention and prevention in pregnancy and the first year of life.	Universal *Healthy Start* vitamins for all families: • Seven children's centres and ten health centres used as distribution sites. • 2,945 free vitamins distributed between Feb 2013 and July 13: overall uptake of universal scheme has increased almost 5 fold, uptake of *Healthy Start* recipients (low income residents) has increased by 20% (from 15.9% to 20.1% compared to the London average of 12.9%) • Support to obese pregnant women - midwives book clients into clinics at 12-20 weeks gestation and provide information leaflet & book into early bird class Breastfeeding support: • High rates of breastfeeding: in 2012/13 the proportion of women breastfeeding in Islington at 6-8 weeks was 75%, compared to London average of 62%.	• Continue to increase uptake of *Healthy Start* vitamins: for those on low incomes and universally • Target retailer awareness and acceptance of *Healthy Start* vouchers whilst maximising uptake and desired use of vouchers (i.e. for fruit and vegetables) • Further increase support to families during the *First 21 Months* to increase confidence to cook with fruit and vegetables • Increase referrals to children's centre services by GPs and dietitians (ongoing with *First 21 Months*)	• Develop links with local businesses and farmers markets to increase awareness and acceptance of *Healthy Start* vouchers and increase use of vouchers to buy fruit and vegetables. This will tie in to the *Healthy Retailers scheme* (Strand 3). • Undertake a pilot project to explore how engaged mothers could champion the scheme • Engage with partners to promote the *Healthy Start* scheme and increase awareness of eligibility – i.e. through Islington Advice Alliance (Citizens Advice Bureau, Islington Law Centre, and Islington People's Rights). • Embed the promotion of *Healthy Start* vitamins and vouchers within antenatal and Health Visiting pathways. • Use principles of *Family Kitchen* (parents cooking with their children) to develop programmes for families during the 'first 21 months'

Islington Eating Well Together, Making Healthy Choices the Easy Choices

London Borough of Islington Flagship Food Programme Proposal

Strand 1: Building a Healthy Start

Islington structures and programmes	Key achievement(s) and activities to date and continuing	What we need to do (key gaps/priorities)	Flagship activities to develop work further

	• Successful breastfeeding peer support service which was re-procured to The Breastfeeding Network (BFN) in April 2014 for three years.
	  ○ The service made 7076 contacts to 3180 mothers in 2013.
	  ○ A range of peer supporters are recruited within the local community who represent Islington's diverse population.
	  ○ Trained peer supporters and volunteers provide universal support through the following routes:
	  ▪ Hospitals (UCLH and the Whittington)
	  ▪ Telephone support
	  ▪ Targeted home visits
	  ▪ Baby clinics and children's centres.
	• Islington achieved Stage 2 (Unicef *Baby Friendly Initiative*) accreditation
		• Review maternity obesity guidelines
		• Tracking of weight of pregnant women by midwives and GPs
			• Work with GPs, dietitians and others to increase referrals into children's centre cook and eat activities
			• *'Islington Eating Well Together'* recipe ideas for fruit and vegetables as part of *Healthy Start* promotions: available to parents, through GP surgeries and organisations across Islington running workshops with families

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	in December 2013. • *Breast feeding welcome* (BFW) initiatives with over 150 premises displaying BFW stickers. Linking GPs with children's centre services: • All (37) GP practices have been contacted about children's centre services • 19 GP practices have received presentations from children's centres • On-going engagement, joint work and referrals from GPs to targeted and universal children's centre services *Obstetric Weight and Nutrition (OWN)* clinic set up at Whittington Health to review, support and monitor pregnant women with BMIs of 30 and above. Multi-disciplinary approach with midwifery and dietitians working in partnership.		

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Strand 1: Building a Healthy Start

Islington structures and programmes	Key achievement(s) and activities to date and continuing	What we need to do (key gaps/priorities)	Flagship activities to develop work further
Progress at 2: Islington's pilot of *the integrated health and education review* for 2 – 2 ½ year olds	• Islington one of 5 DfE / DH pilot sites for the *integrated review* • Regular training for health and education colleagues (initial training and then once a term) • 15 children's centres, 6 voluntary sector nurseries piloted joint reviews (with health visiting and early years staff) • Approximately100 *integrated reviews* carried out since November 2013	• Strengthen pathways to healthy lifestyle support and signposting as experience in workforce develops	• Ensure all professionals involved in *integrated reviews* are able to signpost and refer to cook and eat activities for parents • *'Islington Eating Well Together'* recipes provided for parents at review
Great food in great childcare • 16 children's centres • 39 primary school nurseries • 54 private, voluntary and independent (PVI) settings	Children's centres in Islington are reaching 90% of families with children under 5; 93% of households with a low income and 94% of workless households (April – Dec 2013) All children attending childcare services at children's centres eat food provided at the centre (no packed lunches or snacks brought from home)	• Ensure healthy eating is central to work with disadvantaged two-year old places through: ○ Increasing number of PVI settings and childminders meeting Voluntary Food and Drink Guidelines	• Increased support for PVI settings on meeting the Voluntary Food and Drink Guidelines • Pilot *Family Kitchen* in PVI settings / develop joint programmes with children's centres and settings in their cluster • Refinement and dissemination of Early Years obesity care pathway • Ensure that all children centres and early years settings have a food

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Strand 1: Building a Healthy Start

Islington structures and programmes	Key achievement(s) and activities to date and continuing	What we need to do (key gaps/priorities)	Flagship activities to develop work further
• 194 childminders Developing childcare places for over 1000 disadvantaged two year olds with 700 places available by autumn 2014.	Very successful *Healthy Children's Centre Programme*: supporting children centre staff and health professionals to work together to provide services addressing Islington's health inequalities. • All children's centres working within the programme • 8 have been recognised as *Healthy Children's Centres* Development of *Healthy Early Years (HEY!)* programme for PVI settings, childminders and for early years in schools. Pilot with a children's centre and their cluster of providers (including school with two year olds, voluntary and private nurseries and child-minder) and one further school, two voluntary nurseries. Food policy guidance and support for children's centres, PVI nurseries and childminders based on Voluntary Food and Drink Guidelines for Early Years Settings	○ Increasing number of PVI settings and childminders supporting parents with healthy eating, cooking and nutrition ○ Rolling out *HEY* to more settings	hygiene rating of 3 or above

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Strand 1: Building a Healthy Start

Islington structures and programmes	Key achievement(s) and activities to date and continuing	What we need to do (key gaps/priorities)	Flagship activities to develop work further
	Support for food in children's centres: • Whole day menu development for centres outside of contract and support for contract caterer meeting voluntary food and drink guidelines for early year settings. • Eating environment and portion sizes • To ensure children with allergies can still enjoy food provided Project to develop 'good snacks' with children's centres and PVI settings *Family Kitchen* and *Somali Family Kitchen* • Parents/carers and children learning to cook healthy, affordable meals together) • Delivered in 7 settings (3 schools and 4 children's centres) June '13 to April '14 - 75% of the families involved were from ethnic minorities. • Positive impact on parents' and carers' confidence and ability to cook		

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Strand 1: Building a Healthy Start

Islington structures and programmes	Key achievement(s) and activities to date and continuing	What we need to do (key gaps/priorities)	Flagship activities to develop work further
	healthy meals *Small steps to big changes*: Islington programme of 'key messages' for families with children under five, to support early years professionals' work with families: • Healthy eating • Good eating habits • Get active and be screenwise		

Islington Eating Well Together, Making Healthy Choices the Easy Choices

London Borough of Islington Flagship Food Programme Proposal

Strand 2: Children's Choices: healthy food for primary-aged children and their families

Islington structures and programmes	Key achievement(s) and activities to date and continuing	What we need to do (key gaps/priorities)	Flagship activities to develop work further
Gold standard school meals Universal free school meals (UFSM) for pupils aged 3-11 years since 2010 Award winning borough catering provider: Caterlink	Significant increase in UFSM take-up: from initial 62% to current 88%. All primary school meals meeting the DfE standards Caterlink has Gold *Food for Life* catering mark for primary and children's centre food, two of the six primary schools outside of Caterlink contract have Bronze *Food for Life* catering mark, one has Silver Dietitian led dining hall observations supporting improvements in 15 schools, including PRU and special school Regular contract monitoring in schools and stakeholder meetings Training and support for lunchtime supervisors and catering staff Support for schools outside of contract to meet standards in 11 schools (including academies) 29 schools used online packed lunch resource to improve packed lunch content. Dietitian has audited packed lunches in 7 schools.	• Develop food-related content on school websites • Increase school meal take up by discouraging unhealthy foods in packed lunches and making the dining room environment a more social place; a space where conversations take place between pupils and pupils and adults.(Linking to Strand 4) • Ensure all schools meet the new food standards (lunch and food other than lunch)	• Working with schools to improve food-related content on their websites - inviting feedback from parents, rotating online menus and displaying general information on nutritious school food provision. Catering contractor to employ consultant chef to advise on online engagement. • Caterlink consultant chef to target schools below Islington's average UFSM take-up to improve food/dining environment and increase take-up.

Islington Eating Well Together, Making Healthy Choices the Easy Choices

London Borough of Islington Flagship Food Programme Proposal

Strand 2: Children's Choices: healthy food for primary-aged children and their families

Islington structures and programmes	Key achievement(s) and activities to date and continuing	What we need to do (key gaps/priorities)	Flagship activities to develop work further
Healthy Schools Borough-led *Healthy Schools* programme linked to *Healthy Schools London* and supported by headteachers Support and guidance for schools on: • Policy • Curriculum and teaching • Support for vulnerable children • Work with parents • Culture and environment	84% of schools engaged with borough programme and taking a whole school approach to supporting pupils' health and wellbeing, including relating to cooking and nutrition. 27 schools have *Healthy Schools London* bronze and 1 silver. Policy: guidance and support from dietitian Curriculum planning and teaching: • Guidance, training and support for school staff, including within the NQT programme, to include three high-quality cooking and nutrition opportunities for every child in every primary school class • Training and support for school staff to teach about 'the social aspects of food and fitness' within PSHE (personal, social and health education) , using the Islington *Fun, Food and Fitness* teaching resource Vulnerable children: • 64% of primary schools are signed	• Increase Healthy Schools engagement and awards • Strengthen mechanisms for sharing good practice • Ensure all food other than lunch meets new food standards • Increase primary cooking opportunities - aiming for all primary schools to include at least three high quality cooking and nutrition opportunities in every class • Increase number of schools teaching *Fun, Food and Fitness* programme within PSHE • Ensure all schools are aware of support	• Continued engagement with schools to ensure 95% achieve Healthy Schools London bronze award by 2016. • Sharing good practice – Islington Community of Schools and other school networks to develop innovative practice and peer support. • Pupils blogging and broadcasting activities aimed at improving digital awareness and literacy with prizes for the best contributions. Content will be food/health related and Flagship partner professionals will engage with pupil questions and issues raised online. • Audit all after school and breakfast club provision and provide guidance on how to meet the food standards and increase number of pupils accessing provision • Pilot 'soft start' breakfast clubs (all children start the day with breakfast before formal lessons begin) with a number of schools and evaluate impact on attendance, punctuality and achievement and on the effect this has

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London Borough of Islington Flagship Food Programme Proposal

Strand 2: Children's Choices: healthy food for primary-aged children and their families

Islington structures and programmes	Key achievement(s) and activities to date and continuing	What we need to do (key gaps/priorities)	Flagship activities to develop work further
	up as Trussell Trust Food Bank voucher partners. • Also see support re weight concerns, below Work with parents: *Family Kitchen* programme well established in primary and special schools. Training for staff to run after school cooking clubs Culture and environment: • Breakfast clubs offered in 89% of Islington schools - 45% of these are supported by Magic Breakfast (highest no. of Magic Breakfast clubs in any borough). • Support and guidance for schools on food other than lunch • See school meals above • *Let's Get Cooking* clubs in 13 primary schools, including one special school • Gardening in schools in 40 primary schools and 1 special school	available for families in emergency and all are signed up to be Food Bank voucher partners	on families eating together • Schools Forum funded (£100K) projects to support work in schools on food. Individual projects to be agreed by the Forum but to support: ○ Increasing effective teaching and learning of cooking and nutrition skills ○ Children to eat well to learn well ○ Supporting families to 'eat well together'

Islington Eating Well Together, Making Healthy Choices the Easy Choices

London Borough of Islington Flagship Food Programme Proposal

Strand 2: Children's Choices: healthy food for primary-aged children and their families

Islington structures and programmes	Key achievement(s) and activities to date and continuing	What we need to do (key gaps/priorities)	Flagship activities to develop work further
	• Islington is pilot borough for Food Growing Schools: London (FGSL) one primary school has a gardening training centre which has been used to host FGSL training event. • Schools taking part in FGSL project *Grow your own picnic* • Support for schools to work with children and young people on school food improvements (including linking pupils from different schools together) • *Change4Life materials* distributed to all schools		
Adventures with food: playing, growing, cooking 12 adventure playgrounds, with a reach of 12.75% of the Islington population of 5-12 year olds	Ongoing work in play and youth projects focussing on health and healthy eating, including cooking and growing. Jamie Oliver Foundation *Garden Classroom Projec*t installed outdoor pizza ovens in adventure playgrounds. All used frequently as part of curriculum. Development of *Change4Life Plus Clubs* (food growing/cooking alongside physical	• Develop partnerships and extend provision, working to learn and co-develop programmes • Increase numbers of Islington residents able to support food growing and cooking with children.	• Progress work with primary schools/ adventure playgrounds to ensure high quality affordable after-school healthy eating and play options. This will include partnering with Islington Play Association to deliver food-play holiday activities. • *Soil to plate* workshops for children and families delivered by Global Generation.

Islington Eating Well Together, Making Healthy Choices the Easy Choices

London Borough of Islington Flagship Food Programme Proposal

Strand 2: Children's Choices: healthy food for primary-aged children and their families

Islington structures and programmes	Key achievement(s) and activities to date and continuing	What we need to do (key gaps/priorities)	Flagship activities to develop work further
Funding 26 after school clubs (768 places) via primary schools (seven run by voluntary sector on behalf of schools).	activity for targeted pupils); rolled out in 12 schools *Healthy Holidays:* Islington Play Association project funded by the Health and Social Care Volunteering Fund. Training volunteers to deliver cooking activities in adventure playgrounds to provide healthy lunches. Octopus Community Network's *Wild Places Out of School Clubs* in schools and community hubs *Happy Planters* bringing together both Adventure Playgrounds and Youth Projects to encouraging the growing of fruit and vegetables. Children and young people were involved in all stages from planning, planting and growing.	• Coordinated, strategic overview of holiday activities for all ages	• Roll out *Change4Life Plus Clubs* with a target of 30 primary schools. Islington's current model of providing annual school grants to combine the *Change4Life* model with food growing and cooking will continue. • Aim for all adventure playgrounds, play facilities and youth service catering facilities to achieve 3 or higher on Food Hygiene Rating Scheme and to attain *Healthy Catering Commitment (HCC).* • Develop an *Islington Eat Well workforce*: a skilled 'bank' of people able to work with schools / play and youth settings / community groups on growing, cooking and eating. Including those returning to work, young people and volunteers, including older people and residents with learning disabilities • Partnership with Waitrose for schools to participate in *Grown and Sell* initiative, pupils growing their own produce and sell it in the local area
Support re weight	Good uptake of *NCMP*: all schools	• Increase follow up	• Extension of the role of school nurses in

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London Borough of Islington Flagship Food Programme Proposal

Strand 2: Children's Choices: healthy food for primary-aged children and their families

Islington structures and programmes	Key achievement(s) and activities to date and continuing	What we need to do (key gaps/priorities)	Flagship activities to develop work further
concerns Clear childhood obesity care pathway Well established *National Child Measurement Programme* (NCMP): weighing and measuring of Reception and Year 6 children Successful MoreLife weight management programmes for children and young people	participate and in 2012/13 92% of children across Reception and Year 6 classes were measured. Parents/carers are informed of their child's results and directed to the appropriate services (dietetics/child weight management services). MoreLife activities in schools (assemblies, stand at school sports days, attendance at coffee mornings, weighing and measuring of Year 7 and 8 pupils with follow up with families) Guidance for school staff on their role to identify, support and refer pupils where there is a concern about weight. Training offered for school staff on how to raise the issue of weight with parents / carers.	support for families where children are identified as overweight. • Increase professionals' confidence to raise concerns relating to weight and understanding of services available. • Improve steps approach to engage with families through different activities to promote healthier lifestyles.	the feedback of *NCMP* results to create stronger links with local lifestyle programmes for those families that may require additional support to enable them to make a behaviour change. • Support to ensure all schools offer or refer to a variety of services to support families: including weight management services, *Change4Life Plus Club, Family Kitchen*, parenting workshops.

Islington Eating Well Together, Making Healthy Choices the Easy Choices

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Strand 3: Healthy Choices for Teenage Appetites

Islington structures and programmes	Key achievement(s) and activities to date and continuing	What we need to do (key gaps/priorities)	Flagship activities to develop work further

Supporting skills
 	
Islington funds and directly provides a range of youth centres, hubs and clubs, including Lift, which has a healthy lifestyles theme and supports young people to grow and cook healthy food in its professional kitchen and serve it in its café, which holds the *Healthy Catering Commitment*. These settings have a reach of 14.27% of the Islington population of 13-19 year olds.
 	
Number of existing programmes to support cooking and nutrition skills in schools, youth provision and within the community.
 	
Independently chaired Youth Health Forum for practitioners
 	
CCG (clinical
	Ongoing work in youth projects focussing on health and healthy eating, including cooking and growing e.g. boys Saturday healthy eating and alternatives to the chicken box projects.
	
	Extra-curricular cooking clubs in schools, including for girls who are faddy eating/where there is weight concern
	
	Support and guidance for secondary food technology, including the *Licence to Cook* programme; most schools teach food technology Key Stage 3
	
	Five Youth Health Trainees recruited with three continuing to become apprentices following a year's traineeship.
	
	Gardening in 6 secondary schools, 1 PRU. Islington is pilot borough for Food Growing Schools: London (FGSL) one secondary school working with business to develop gardening
		• Ensure all schools have strong plans in place to meet the new national curriculum to teach cooking and nutrition at Key Stage 3. Work with schools to guarantee these plans have links to extra-curricular Flagship activities
		
		• Extend vocational/catering links between schools and colleges
		
		• High quality secondary kitchens present opportunities for further skills development and training
		
		• Link school curriculum to healthy choices available through retailers and catering outlets
			• Projects to support more vulnerable young people to develop cooking and nutrition skills
			  ○ Identification of partners
			  ○ Developing innovative programmes
			  ○ Share good practice and roll out further
			
			• Maximising opportunities for secondary kitchen facilities and dining environments. Caterlink's consultant chef will hold sessions with secondary staff and pupils. Project will establish links between schools with industrial kitchens (e.g. Samuel Rhodes) and colleges delivering catering courses.
			
			• Partnering with Global Generation to run *Junior Chef Clubs* - after school clubs for teenagers to cook and learn.
			
			• Increase number of reasonably priced and accessible Food Hygiene Level 2 courses run by Islington.
			
			• Further support for secondary schools

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Strand 3: Healthy Choices for Teenage Appetites

Islington structures and programmes	Key achievement(s) and activities to date and continuing	What we need to do (key gaps/priorities)	Flagship activities to develop work further
commissioning group) funded *Youth Health Trainers* programme: a peer-run apprenticeship model to improve health outcomes, physical activity, weight management and smoking cessation. Pulse: Young person's health and social care multi –agency service, in a central, easily accessible, location in Islington. Islington Council's Business and Employment Support Team (BEST) closely linked to business and skills community, as well as key target groups such as NEETs and vulnerable young people.	space Projects with partners to raise profile of eating well, for example: *Healthy Styles* food education, cooking and physical activity project, with Arsenal in the Community, will be piloted during the World Cup. Caterlink will run a special menu and conduct additional educational work with students. Secondary school pupil won third price in Springboard master chef competition Secondary school linking with their caterer to provide work experience opportunities for pupils in school catering *Let's Get Cooking* in four secondary schools 4313 young people seen in Pulse in 2013/14		to include high quality cooking and nutrition lessons in the curriculum • *Islington Eating Well Together* recipes include those developed by young people: disseminated and used in schools, youth and community settings • Using Google-led school computing classes to develop an Islington application on nutrition and healthy recipes. • LBI Housing expanding community cookery classes, including to vulnerable young residents. Sessions to include taking young people food shopping on a budget before going to Andover Community Centre or St. Luke's Community Centre (target areas) to cook the ingredients. A pilot is planned for 6 sessions in two areas of the borough. • Work to increase links between contraceptive providers and MoreLife

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Strand 3: Healthy Choices for Teenage Appetites

Islington structures and programmes	Key achievement(s) and activities to date and continuing	What we need to do (key gaps/priorities)	Flagship activities to develop work further
Young people as customers Well-developed *Healthy Catering Commitment (HCC)* programme Excellent BSF catering facilities in place in all secondary schools, including some industrial kitchens. Work between Environmental Health and dietitian to ensure that school food standards are reviewed during environmental health inspections.	Over 100 caterers with *HCC*; started work through Youth Health Forum to involve young people in this programme Pilot project in the north-east of the borough with 16 takeaways surrounding 4 secondary schools attaining *Healthy Catering Commitment* Work with 7 secondary schools, including academies, on meeting standards for both lunch and food other than lunch; including those schools outside the Caterlink contract One secondary school is aiming for silver *Food for Life* catering mark by September 2014. Dining room observations and work to increase healthy food choices by pupils on free school meals in 5 secondary schools and all the PRU sites	• Engage more young people in *HCC* - young people currently engaged via Youth Health Forum, Youth Health Workers and the Youth Council • Minimal current retailer involvement in promotion of healthy options • Recent audit showing only one secondary school supplying refreshments at after-school clubs • Need for schools to meet new school food standards • Increase number of secondary schools with *Food For Life* catering award • Increase number of secondary school breakfast clubs	• Work with youth settings and schools to support and engage young people to participate in *HCC*; and raise young people's awareness of which takeaways are part of the scheme. • Work with leisure and youth service providers to attain *HCC* and 3 or higher at the Food Hygiene Rating Scheme • Develop and implement *Healthy Retailers* - a retail equivalent of the *HCC* to promote healthy food options in retailers, including working with young people and using the Children's Food Campaign, *checkout test* • Caterlink consultant chef and dietitian to work closely with secondary schools to develop better dining environment and launch/strengthen after school cooking clubs. This will include with non-contract schools, monitoring their adherence to the government's School Food Standards

Islington Eating Well Together, Making Healthy Choices the Easy Choices

London Borough of Islington Flagship Food Programme Proposal

Strand 3: Healthy Choices for Teenage Appetites

Islington structures and programmes	Key achievement(s) and activities to date and continuing	What we need to do (key gaps/priorities)	Flagship activities to develop work further
Planning for health Planning policies in place to resist unhealthy takeaways where there is already a large concentration and where a proposed takeaway is within 200m of a school. Policies in place to protect existing growing sites and seek new food growing spaces from new developments. Procurement policies including the *Golden Egg, Golden Chicken, Sustainable Fish City* and *Fair Trade status*.	Planning policy documents were adopted in June 2013 including: • policy on resisting the over-concentration of hot-food takeaways and their proximity to schools • policy to encourage consideration of community food growing opportunities as part of landscaping plans. Islington has been used as a case study of best practice for our Planning Policies on encouraging food growing by Sustain in their new guide "Planning sustainable cities for community food growing" All secondary schools have 'closed gate' policy during school lunch (only one school allows Key Stage 4 pupils out).	• Update mapping on unhealthy food outlets in the borough and identify areas of concern (e.g. those located near schools and youth centres) • Limited understanding of effective strategies to support schools, youth and community settings to encourage young people away from frequent/habitual unhealthy options (eg pound shop 'bargains', ice cream vans, chicken shop)	• Implement recent policies to reduce takeaways opening near schools and ensure new food growing sites are developed while loss of existing sites is resisted. Annual report will monitor success of policies. • Develop guidance on the above policy. This will include a mapping exercise to identify where takeaways are situated, with visual elements to help the community. • Projects with young people to encourage less-frequent take-up of unhealthy options • Partnership with Sustain on a number of advocacy campaigns and community action, including *Sustainable Fish City* (sustainable seafood), *Real Bread* (supporting local, independent businesses and to enable people to choose additive-free loaves) and Capital Growth.

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London Borough of Islington Flagship Food Programme Proposal

Strand 4: Connecting through food

Islington structures and programmes	Key achievement(s) and activities to date and continuing	What we need to do (key gaps/priorities)	Flagship activities to develop work further
Islington's culture of food Robust borough Food Strategy developed with partners and integrated in borough-wide service delivery. Emphasis on promoting good food culture and sustainable, healthy food infrastructure.	Winners of the *Good Food for London Award* since it was introduced (3 years running) Strong food presence in borough markets including produce stalls as well as ready to eat. Islington Farmers Market also accepts *Healthy Start* vouchers Range of popular food-related events: e.g. *the Big Lunch, Fairtrade Fortnight, Gillespie Festival* and *Callyfest* Public launch of Food Strategy well attended St. Luke's Community Centre participates in and organises food festivals where the cooking of different countries and ethnic groups is celebrated in the community	• Better link communities working on food together • Tackle social isolation and encourage more spaces and events for different sections of the community to eat together	• Strengthen Food Strategy and the Council-Voluntary and Community Sector coalition to broaden existing work, increase capacity and strengthen links. • Annual Food Strategy event to bring together people and organisations working in food to share ideas • Put food at the heart of our community festivals – including *Callyfest* and *the Word Festival* • Metropolitan Police Service involved in festivals to further develop community relations through eating and cooking together
Tackling food poverty; reducing food waste	Referral form developed internally for front line services	• Increase knowledge of Food Bank provision among professionals and frontline	• New partnership with Plan Zheroes targeting surplus food in private sector. We will work to link, collect

Islington Eating Well Together, Making Healthy Choices the Easy Choices

London Borough of Islington Flagship Food Programme Proposal

Strand 4: Connecting through food

Islington structures and programmes	Key achievement(s) and activities to date and continuing	What we need to do (key gaps/priorities)	Flagship activities to develop work further
Major focus of Food Strategy and working group. Tackling food poverty is also a Council priority and a central theme in the 2013 Child Poverty Needs Assessment and Strategy. Waste reduction services and campaigns, with strong online presence and communications regarding food waste and green efficiency.	including Area Housing Officers. Coordinated food collections for the Trussell Trust Food Bank. Council contribution to GLA food poverty scrutiny Campaigns to tackle food waste including *Hate Waste; the Waste Less Save More big lunch*; and 'closing the loop' with free compost-to-community projects Work with North London Waste Authority which covers 7 North London Boroughs and has delivered *Wise Up to Waste* road shows and runs the *Food Waste Challenge*	council services • Need to develop universal Islington Food Bank referral policy • Increase work with private sector to address surplus food and food waste in local businesses • Engage specialist organisations to support initiatives to reduce food waste and distribute surplus food where it can be best used	and transport surplus food from food businesses to individuals and organisations in food poverty, including the Food Bank. • Raising awareness of Food Bank provision to target in-need groups. This will include further work with the Islington Advice Alliance, external professionals (e.g. GPs) and internal support services. • Establish Council-wide approach to and understanding of resident hunger, with simple, appropriate referral process devised and overseen by Council's Poverty Board. • 2014 *Big Free Lunch* on Islington Green feeding about 1,000 people for the amount of money that one family can save in a year by following the tips given through *Waste Less Save More* campaign • Work with Arsenal FC to endorse Flagship campaign and maximise publicity

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London Borough of Islington Flagship Food Programme Proposal

Strand 4: Connecting through food

Islington structures and programmes	Key achievement(s) and activities to date and continuing	What we need to do (key gaps/priorities)	Flagship activities to develop work further
Intergenerational food projects Existing projects, including with the Voluntary and Community Sector, to support older people to reduce isolation, eat well and stay active *Supporting People* programme*:* funding 1691 accommodation units with support and approximately 1000 floating support placements *SHINE (Seasonal Health Interventions Network)* tackles wider determinants of health and reaches up to 2,800 vulnerable households a year. Cold, unsafe housing, social isolation, financial problems are addressed simultaneously. The Islington Resident	Accommodation-based and floating support services for vulnerable groups –e.g. substance misusers; offenders; older people; people with LDD; people with mental health needs; single homeless; women escaping domestic violence; vulnerable young people; Families with multiple needs Garden Organic commissioned to make healthy food accessible and affordable through food growing and to increase the collaboration of individual food growers, community health initiatives, community groups in a systematic and sustainable way. Cross-borough food mapping exercise which identified various "food deserts". Over 160 food initiatives in Islington were identified in all, enabling stakeholders to work together and share delivery where	• Current contracts for the *Supporting People* programme address 'being healthy' in broad terms – need to make substantial advancement in focus of work on healthy eating on a restricted budget • Develop opportunities for different sections of the community to meet over food: increase intergenerational contact and mutual support • Use gardening/growing to enhance residents' physical and emotional wellbeing • Invest in activities proven to reduce social isolation amongst our residents (i.e. befriending schemes) • Increase healthy lifestyle guidance and support to the less well-off residents in the	• Work with *Supporting People* accommodation and floating support providers to draw up innovative schemes to target each client group to improve access to healthy, affordable food. • Intergenerational meals – healthy lunches for older residents and adults with learning disabilities in school canteens. • Further analysis of where there are lunch club 'black spots' for residents, combined with strengthening existing community centre healthy meal provision and catering classes. • Partnership with Global Generation to bring together different parts of the local Kings Cross community for sit down meals. • A pilot project looking at optimising the use of personal budgets by the elderly • Befriending schemes to tackle social isolation and get people enjoying

Islington Eating Well Together, Making Healthy Choices the Easy Choices

London Borough of Islington Flagship Food Programme Proposal

Strand 4: Connecting through food

Islington structures and programmes	Key achievement(s) and activities to date and continuing	What we need to do (key gaps/priorities)	Flagship activities to develop work further
Support Scheme combines funds for crisis, community care, discretionary housing payments, council tax welfare and charitable giving to provide people with financial assistance after making an assessment of need. The scheme links to additional services such as employment support, adult learning, energy advice, the Food Bank income maximisation and debt advice, and the credit union.	appropriate. Cooking skill classes run through community centres with facilities and tutors on hand. Classes have been exceptionally well received and residents have requested more. Food Standard's Agency funded "fun" sessions aimed to reduce rate of listeria in over 70s though the medium of bingo, delivered through all lunch clubs and day centres in the borough Octopus Network delivering lunch clubs for older people at community Hubs (i.e. Hanley Crouch, Hornsey Lane, the Peel Centre and Holloway Neighbourhood Group), including associated activities such as gardening and food growing that can be 'prescribed' by Islington GPs *SHINE* has been recognised with awards from National	most deprived areas of Islington • Develop further links between the *Resident Support Scheme* and services that can address child hunger	good food together. This will connect, for example, carers associations with ongoing lunch clubs • Expanding *Growbags to Gourmets* at St. Luke's Community Centre, where residents aged 55+ living in Barbican, Golden Lane and south Islington to grow their own food and learn how to cook it • Developing programmes, with voluntary sector partners, for older people and people with learning disabilities to work with schools on cooking and growing • Link work to support residents' financial capability with hunger, nutrition and shopping advice

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	Energy Action, European Commission and the Improvement & Efficiency Social Enterprise. *SHINE's* offer to residents includes: a *HomeSmart* course, improving home and budget management skills. Nearly 6000 residents accessed the *Islington Resident Support Scheme* (36% of applicants are single with children)		
Family meals Council's excellent relationship with schools, children's centres, nurseries and community centres/hubs is already supporting a wealth of family friendly play, cook and eat activities. Islington Play Association's *Healthy Holiday* clubs and skilled volunteers	St. Luke's Community Centre runs an award winning Cookery School with state of the art facilities. St. Luke's provide a programme of fun and inspiring cookery classes, clubs and projects for residents of all ages and backgrounds, including families. Youth enterprise co-production project with young people cooking a meal and inviting their	• Provide spaces for affordable meals for low income families throughout the school year and in the holiday period. • Increase opportunities for families to eat meals with their children before and after school or nursery • Increase free or low cost meals available for children, young people and their	• Healthy, affordable holiday period lunches and breakfasts for low income families in primary schools, nurseries, children's centres and community centres (including *Family Kitchen* for families during the 'first 21 months' (see Strand 1)) • New project to provide breakfast / lunch for families at pick up / drop-off for disadvantaged two-year old early education places • Partnership with Islington Play

Islington Eating Well Together, Making Healthy Choices the Easy Choices

London Borough of Islington Flagship Food Programme Proposal

Strand 4: Connecting through food

Islington structures and programmes	Key achievement(s) and activities to date and continuing	What we need to do (key gaps/priorities)	Flagship activities to develop work further
	families to eat together.	families during the holidays • Maximise opportunities for young people to showcase their cookery skills to their families • Develop spaces for low income families to eat a sit down meal together	Association, weaving social family lunches into existing *Healthy Holidays* clubs • Work with Magic Breakfast to extend family breakfast clubs into more schools, children's centres and nurseries • Working with youth clubs/hubs, schools and community centres to develop youth-led holiday dining, where young people learn to cook nutritious food before serving and eating with their families • *Family Friendly Eating* - communications campaign, run centrally by the Council and supported in school newsletters. Campaign to publicise affordable, healthy recipes and cheap lunch clubs across the borough where families can eat together. Work with partners (i.e. Job Centre Plus, GLL leisure provider) to ensure messages reach target families • Embedding family eating areas at

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London Borough of Islington Flagship Food Programme Proposal

Strand 4: Connecting through food

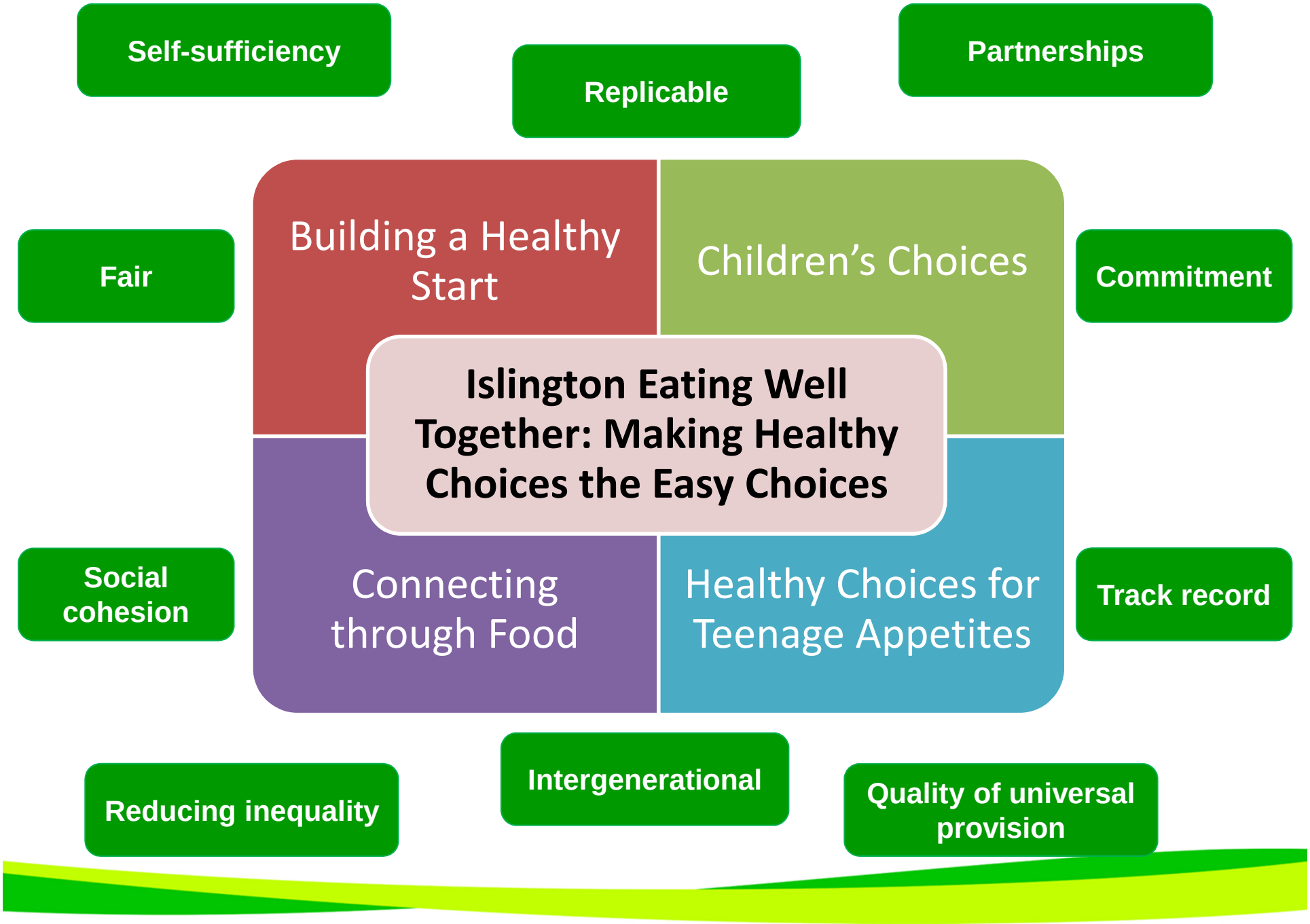
Islington structures and programmes	Key achievement(s) and activities to date and continuing	What we need to do (key gaps/priorities)	Flagship activities to develop work further
			community festivals, ensuring affordable options and space to eat together


Improved health indicators
Unique food environment
Stronger network of partners
Healthy food embedded within early years
Sharing good practice
Delivering sustainable & innovative projects
Where we will be in 5 years?

ISLINGTON

Islington Eating Well Together: Making Healthy Choices the Easy Choices

London Flagship Food Boroughs June 2014


Self-sufficiency
Replicable
Partnerships
Fair
Building a Healthy Start
Children's Choices
Commitment
Islington Eating Well Together: Making Healthy Choices the Easy Choices
Social cohesion
Connecting through Food
Healthy Choices for Teenage Appetites
Track record
Reducing inequality
Intergenerational
Quality of universal provision

High need & significant opportunity

38% children live in poverty 2nd highest in England

52% residents live within the 20% most deprived areas of England

46% primary and 44% secondary eligible for free school meals

Food bank demand has doubled in the last year

36% of Year 6, 23% of reception children are overweight or obese

6th worst in London for chronic liver disease deaths

ISLINGTON

Strand 1: Building a Healthy Start

	Key achievements	Flagship Activities
The First 21 Months	• Universal Healthy Start vitamins • Breastfeeding support - high rates of breastfeeding	• Maximise use of Healthy Start vouchers
Progress at two	• Integrated health and education review - one of 4 national pilots	• Parents well informed about Islington Eating Well resources and activities
Great food in great childcare	• Pioneering Healthy Children's Centre Programme • 1000 childcare places for disadvantaged two year olds	• Quality and impact of food and the food environment central to all Islington early years settings

Strand 2: Healthy Food for Children & Families

	Key achievements	Flagship Activities
Gold standard school meals	• Universal free school meals for all nursery and primary school pupils : 88% take-up	• Engaging parents in healthy food • Sharing good practice with other boroughs
Healthy Schools	• Breakfast clubs in 89% of schools • 84% of schools engaged in healthy schools	• Schools Forum fund for innovative school food projects (£100K)

Adventures with food: playing, growing, cooking	• Healthy Holiday Provision	• An Eatwell workforce for Islington:
		  • Young people
		  • Volunteers
		  • Support into work

Support for weight concern	• Children and young people obesity care pathway	• School nurses supporting families re: weight concerns and more engaged in NCMP

Strand 3: Healthy Choices for Teenage Appetites

	Key achievements	Flagship Activities
Supporting Skills	• CCG funded Youth Health Trainers programme	• Build on Arsenal's work to support vulnerable young people to develop cooking and nutrition skills
Young people as customers	• Successful Healthy Catering Commitment	• Healthy Retailers scheme to be co-produced with young people
Planning for health	• All secondary schools have a ' closed gate' policy during school lunch	• Maximise planning powers to limit takeaways opening near schools

Strand 4: Connecting through Food

	Key achievements	Flagship Activities
Islington's culture of food	• Good Food for London Award: winners every year	• Islington's Food Strategy as a Flagship borough
Tackling food poverty: reducing food waste	• High profile Love Food: Hate Waste campaigns	• Partner with Plan Zheroes to use surplus food in Eat Well projects to reduce hunger
Intergenerational food projects	• Intergenerational gardening projects	• Intergenerational meals: utilising school resources and encouraging volunteering opportunities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Where we will be in 5 years?

Uche is six!

Mum went to see the midwife at 8 weeks and registered for Healthy Start

She was referred to family support at her children's centre where she went to cook and eat sessions and collected her vitamins

The local adventure playground has a pizza oven: Uche loved being six and going along to choose toppings

Uche starts to learn to cook at school: loving mashing food and making dough! The gardening club is exciting - eating the tomatoes and radishes for lunch!

Uche has an integrated health review at two. They found out about more activities they could do to support interaction with other children

Uche's dad starts to volunteer at the local adventure playground now he has more time: he gets a hygiene certificate and joins a Eat Well training programme

Mum and dad learnt to cook the Eat Well recipes from the cook and eat sessions at home and used the Healthy Start vouchers to buy fruit and veg

Uche starts school and likes school meals (mum's pleased she doesn't have to pay for them). Uche enjoys chatting to an older person from the flats who comes to school for lunch.

Uche attended 'dad's and child' swimming club on Saturdays: it was great that the snacks and drinks at the leisure centre were similar to the Eat Well recipes

Questions

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HEALTH AND WELLBEING BOARD
WORK PROGRAMME 2014/15

ISLINGTON

FULL BOARD
16 JULY 2014
1. Early intervention place pioneer
2. JHWS Priorities updates (for information only)
3. JSNA refresh
4. Joint tobacco control
5. Flagship food borough
6. Child health strategy
7. Implementation of Welfare reforms in Islington and their impact
8. Patient access to records

SUMMIT
SEPTEMBER 2014
Mental Health and Wellbeing - Camden and Islington

FULL BOARD
OCTOBER 2013
1. Feedback from September summit and next steps
2. Commissioning Intentions for 2015/16 – ICCG, LBI and Healthwatch
3. Pharmaceutical Needs Assessment

SUMMIT/WORKSHOP
NOVEMBER/ DECEMBER 2013
TBC

FULL BOARD
JANUARY 2015
1. Feedback from December summit and next steps
2. ICCG Commissioning Strategy and Operating Plan for 2015/16
3. Update on progress on HWB priorities – First 21 months, LTCs and mental health and wellbeing
4. Update on Joint Health and Wellbeing Strategy

FUTURE ITEMS
Annual Adult's Safeguarding report
Annual Children's Safeguarding report