



ISLINGTON

HEALTH IN ISLINGTON: Key achievements

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Life expectancy

- Since 2004-06, life expectancy has **increased** in Islington for both men and women.
- Life expectancy at birth for men in Islington is now 79.5 years, an increase of 4.6 years since 2004. However life expectancy for men in Islington remains lower than the London average (80.4) and is **the 10th lowest amongst all London boroughs**.
- For women in Islington life expectancy is 83.4 years, which is statistically significantly lower than the London average (84.2), and is **the 8th lowest amongst all London boroughs**.

Life expectancy at birth



Men	2004-06	2014-16	Percentage increase
Islington	74.9	79.5	6.1%
London	77.3	80.4	4.1%
England	77.2	79.5	3.0%



Women	2004-06	2014-16	Percentage increase
Islington	80.1	83.4	4.0%
London	81.8	84.2	2.9%
England	81.5	83.1	2.0%

Source: Public Health Outcomes Framework, 2018





Healthy life expectancy

- In Islington, men and women spend on average the last 18.6 and 20.5 years of life in poor health respectively.
- Healthy life expectancy (HLE) for men and women in Islington is statistically similar to London and England.
- For both men and women, the change in average healthy life expectancy since 2009 is not statistically significant, but both men and women in Islington have seen a greater increase in HLE compared to London and England.

Healthy life expectancy at birth



Men	2009-11	2014-16	Percentage increase
Islington	56.8	60.8	7.2%
London	62.7	63.5	1.2%
England	63.0	63.3	0.5%



Women	2009-11	2014-16	Percentage increase
Islington	58.2	62.9	8.1%
London	63.8	64.4	1.0%
England	64.1	63.9	-0.3%

Source: Public Health Outcomes Framework, 2018





Islington's Health and Wellbeing Board priorities (2017-2020)

Ensuring every child has the best start in life

- Improving outcomes for children and families
- Driving integration across early childhood services
- Remaining focused on prevention and early intervention.

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

- Addressing wider causes of poor health: particularly housing, employment and isolation
- Promoting and enabling healthier lifestyles
- Providing a collaborative, coordinated, and integrated care offer to residents

Improving mental health and wellbeing

- Increasing focus on mental health and wellbeing for children and families
- Increase employment opportunities and workplace health
- Focusing on reducing violence and the harm it causes
- Improving the physical health of people with mental health conditions
- Working better as a system to provide a better holistic service to people with multiple needs which include mental health
- Focusing on dementia
- Improving service access



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ENSURING EVERY CHILD HAS THE BEST START IN LIFE





Key achievements – Best start in life

- § The September Bright Start Islington conference, attended by over 100 professionals, celebrated a year since the launch of a new model of holistic integrated early childhood and family services. The conference showcased the strong evidence base to this model across a broad range of services. By November, the move to full co-location of these health and local authority colleagues will be complete, working alongside each other in children's centres and health centres within three integrated area teams – Bright Start West, East and South.
- § Child health Clinics are now all open access in line with the universal principles behind Bright Start. This has meant the move of some GP Practice based clinics to alternative venues.
- § Health visiting services have maintained good coverage of the mandated universal developmental checks that underpin the Healthy Child Programme whilst making these organisational changes. In 17-18, new birth visits (NBV) were made to over 94% of families within 14 days of birth, and reviews at age 2 to 73% of families. These rates compare favourably with both London and England.
- § The successful pilot of the antenatal parenting programme, Journey to Parenthood, has resulted in sustainably embedding the programme within Bright Start, delivered by a range of partners including midwifery, family nurses and early childhood practitioners.
- § Bright Start is in the process of re-accreditation for UNICEF baby-friendly status (standards which support families with infant feeding and developing close, loving relationships with their babies). This will be the first time that Health Visiting and Children's Centres have applied for joint accreditation.



Bright Start Conference





Key achievements – Best start in life

- § Work in schools to address the impact of adverse childhood experiences continues with a further 12 schools adopting the iMHARS (Islington mental health and resilience in schools) framework and the introduction of iTIPS training and support for school staff (Islington trauma informed practices in schools). Schools that are working on iTIPS have seen decreases in exclusions and behavioural incidents.
- § The drive for Healthy school environments continues through the Healthy Schools programme. 30 schools have gained awards: 17 achieving bronze; 10 silver and 3 gold awards. Schools report a variety of impacts from this work including: tackling homophobia which has reduced stress levels and improved the well-being of LGBTQ students and staff; increasing physical activity opportunities leading to more pupils being engaged in sport and PE; addressing inconsistencies relating to food policy to reduce cake stalls; changing how birthdays are celebrated and implementing a cooking skills curriculum
- § The Healthy Early Years programme continues to expand, with settings in Islington amongst the first to convert their local accreditation to the new Healthy Early Years London standards



Key challenges – Best start in life

- § Childhood excess weight continues to be a challenge in Islington. In 2016/17 almost a quarter (22%) of children aged 4-5 years old were overweight. The rate has not changed significantly over the past 3 years and is currently similar to England and London. Amongst children aged 10-11 years old more than a third (38%) were overweight, similar to London but higher than England.
- § Parental issues continue to have a profound impact on children. Mental health was cited as a key factor in nearly 40% of social care assessments, domestic violence in 30% and parental substance misuse in over 20%.
- § Whilst the integration of health visiting and early childhood services is still not complete, significant operational progress has been made since the appointment of a dedicated service lead in February. Both practical (including IT, HR and premises) and attitudinal hurdles have been considerable, delaying the required re-structuring of the health visiting service. This is now timetabled for completion in November.





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**PREVENTING AND MANAGING LONG-
TERM CONDITIONS (LTCS) TO ENHANCE
BOTH LENGTH AND QUALITY OF LIFE
AND REDUCE HEALTH INEQUALITIES**





Key achievements – Long Term Conditions

- § There has been a continued reduction in early deaths from **heart disease, cancer and respiratory disease**. For cardiovascular disease, rates in Islington are now the same as London for the first time in 15 years
- § Adult participation in **physical activity** is higher in Islington than the national rate, and is similar to London. The proportion of adults that are **overweight** or **obese** in Islington is also lower than the national figure, but similar to London
- § Our **behaviour change services** continue to deliver a high quality, targeted offer to our residents. During 2017-18:
 - 7,700 residents received an NHS Health Check, exceeding the target of 6,700.
 - 3,500 residents accessed online information and advice around alcohol use, with over 1,500 of these completing online alcohol identification and brief advice screening.
 - 1460 Islington residents attempted to stop smoking and 745 successfully stopped. This represents a 51% stop smoking rate locally that exceeds rates for the previous year and the national target rate of 35%.



Key achievements – Long Term Conditions



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- § The stop smoking service Breathe, has successfully supported residents from a wide range of communities in Islington to stop smoking. It is working closely with members of Islington's voluntary and community sector, training and supporting them to be stop smoking advisors within harder-to-reach communities.
- § Islington has signed up to the Local Government Declaration on Sugar Reduction and Healthy Food which is one of a number of actions to reduce sugar consumption in the borough. This includes making every effort to improve the food environment by getting the right mix of hard and soft measures. Examples include restricting the sale of sugar sweetened beverages and work to encourage businesses to sign up to the Healthier Catering Commitment. The Sugar Smart Campaign has been launched and organisations such as Delaware North (catering company at the Emirates), GLL and Caterlink have pledged to take action.
- § We are also currently delivering two programmes with Haringey, National Diabetes Prevention Programme and British Heart Foundation high blood pressure detection and prevention, in collaboration with the local community, with specific focus on offering services in locations and times most convenient for hard-to-reach groups.
- § We hosted a Healthy Hearts business breakfast with employers from Camden and Islington to promote high blood pressure detection and prevention, and information about available lifestyle services.
- § We are working with our STP partners to reduce variation in management of atrial fibrillation (a key risk factor for stroke) and improving cancer screening rates in targeted groups using national cancer transformation funding.



Key challenges – Long term conditions

- § Islington has **higher needs than other London boroughs** :
 - Despite drop, Islington's premature mortality rates from cancer is still above the London average
 - Islington's smoking prevalence is higher than in London and England.
 - The rate of hospital admissions for alcohol-related conditions in 2016/7 was the highest in London.
 - Hospital admissions due to falls among 65-79 year olds are above London and England rates.
 - Islington has 3rd highest rate of benefit claimants due to alcoholism in London in 2016.
 - A third of all long term condition diagnoses locally are related to overweight and obesity.
- § **Cancer screening uptake in Islington is lower than the London and England averages** and increasing uptake remains a challenge.
- § There remain a significant number of people with **undiagnosed COPD, diabetes, heart disease and hypertension**.





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IMPROVING MENTAL WELLBEING





Key achievements - Mental health

- § 5,132 people entered **Improving Access to Psychological Therapies (IAPT)** treatment in 2017/18 in Islington an estimated 16.5% of those estimated to have a common mental health problem. Just over 50% of those who enter treatment recover after treatment.
- § The Public Health funded **mental health promotion services** include mental health awareness training. In 2017/18 the service in Islington trained the following numbers of people:
 - adult mental health first aid training (MHFA) : 346
 - youth mental health first aid training (yMHFA): 41
 - mental health for managers and mental health awareness training : 363
- § There has been an overall **downward trend in suicide rates** in Islington over the last 10 years. A multi agency action plan to prevent suicides has been developed, including improved audit, working with the Metropolitan police to develop a rapid reporting system and postvention support for those bereaved by suicide.
- § **Training in suicide awareness** for non-clinical frontline staff in the borough has proved very popular. The Samaritans deliver a suicide awareness training called *Managing Suicidal conversations* for non-clinical frontline staff in the borough.
- § **Workplace mental health and wellbeing** have been a focus for Public Health this year, working with employers to raise awareness of their role towards ensuring that employees have access to the right policies, support and environments to positively impact their mental health and wellbeing. CMB have recently agreed a Council-wide action plan to improve the mental health of staff.

Challenges and Inequalities



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- § The relationship between poor mental health outcomes and deprivation/ social disadvantage works in both directions; factors such as poor housing, poverty, unemployment and other causes of deprivation increase the risk of mental illness but are also caused or exacerbated by mental health conditions. In addition people with multiple and complex needs and those that face long term disadvantage and discrimination are at a higher risk of mental health conditions.
- § The Community Mental Health and Wellbeing service in Islington aims to promote awareness of mental health and mental wellbeing, challenge the stigma associated with mental illness, and increase access to mental health services across all Islington communities, and particularly within identified excluded communities for example black and ethnic minority groups, older people and men. This project has recruited 96 residents as Mental Health Champions.
- § The suicide prevention action plan has a number of key priority areas. One of these is a focus on specific risk groups and at risk locations. At risk groups include men, children and young people, older Irish people and women facing domestic violence. Public Health continue to work with local stakeholders around these issues.
- § Physical health and mental health are inextricably linked. Life expectancy is lower among people with some mental health conditions, and this is largely attributed to long term physical conditions. Younger people (aged 15 to 34 years) with SMI experience the greatest level of health inequalities. They are 5 times more likely to have 3 or more physical health conditions than the general population.

Transformation programmes



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Substance misuse:

- § Better Lives, the new Islington drug and alcohol service started on the 1st April 2018. The lead provider for the service, Camden and Islington NHS Foundation Trust and Public Health, as the commissioner, have been working in close partnership to ensure a smooth mobilisation and transition to the new service.
- § The first 6 months have been challenging logistically. Camden and Islington NHS Foundation Trust are investing significant amounts of money into refurbishing buildings in order to give service users, their families and staff comfortable and welcoming environments in which to transform their lives.
- § Whilst we are still in the very early stages of the new service, there are some promising signs with regard to performance. New entrants to treatment have shown significant increases compared to the same period last year, with around a 42% increase in the number of opiate users accessing treatment and around a 78% increase in the number accessing treatment for alcohol. The table below sets out the increase in number of new presentations for treatment compared with the same period last year.

New to Treatment	Q1 17/18	Q1 18/19
Opiates	78	111
Alcohol	79	141

Better Lives launch



Sexual health:

- § The new, integrated sexual health service was commissioned for Islington, Camden, Barnet and Haringey, following a sub-regional procurement led by Islington on behalf of the councils. It combines services for HIV testing, Sexually Transmitted Infection testing and treatment and contraception into an integrated 'one stop shop' service. It includes additional health promotion and outreach services for vulnerable groups and training and support to primary care.
- § The new integrated offer has already resulted in a substantial increase in Long Acting Reversible Contraception (LARC) across North Central London, and the service has recruited more than 600 people into the national anti-HIV Pre-Exposure Prophylaxis IMPACT trial since October last year, which will support further reductions in new HIV infections.
- § A new London-wide sexual health clinical online service for HIV and STI self-sampling started a phased roll-out across London between January-July 2018. It is intended for people who do not have symptoms or other risks or vulnerabilities that should be seen in clinic. The service provides convenience of self-sampling at home as an alternative to the need for going to a clinic.
- § The introduction of the new service follows local and London-wide engagement work through waiting room and online surveys, together with focus groups. Surveys found: about half of clinic users did not report symptoms, but were seeking check-ups or testing for reassurance; and many would welcome alternatives to clinic visits such as online services. By mid-October, 3,665 Islington residents had ordered kits, with a return rate of 77%, and consistently high rates of positive feedback from users

Transformation programmes

- § The number of gay and bisexual men newly diagnosed with HIV in London dropped by 44%, from 1,415 in 2015 to 798 in 2017, and by 28% outside of London, from 1,618 to 1,167. Previously, diagnoses among gay and bisexual men had been increasing year on year from 2,820 in 2008 to 3,390 in 2015.



Developing place-based approaches to health and wellbeing

- § There is a growing understanding that no one organisation alone has the knowledge, skills and expertise to fully support residents health and wellbeing. That services and support should be wrapped around the places where people live and work, where it makes most sense to them.
- § Colleagues from across the Council and our NHS partners are working together to ensure that our organisations act as a system to support residents, based on residents', rather than organisations', needs, and that prevention and early intervention should be at the heart of the system.
- § Front-line staff from across the organisations will be engaged to ensure that barriers to working in an integrated way can be addressed.
- § In order to tackle wider determinants of health, an aim is to ensure residents are connected to existing support for their most pressing needs in the community through taking a social prescribing approach.



Areas of focus for the coming year

- § Addressing the high levels of alcohol related harm in the borough.
- § Using all of our levers to promote physical activity, access to healthy food and create environments that support health and wellbeing
- § Improving the physical health of those with mental health problems
- § Increasing the number of working age residents with physical or mental health conditions back into , or supported to remain in, employment
- § Tackling social isolation in vulnerable groups, such as older people, MH and LD
- § Addressing parental mental health in the early years and building resilience
- § Continue to work with partners across the health, care, VCS and beyond to develop integrated, place-based population health approaches focused on prevention, early intervention and building resilient individuals, families and communities



Appendix 1: Measuring progress against Islington's HWBB priorities



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		Islington			London average
		Time period	Value	3 year trend (where possible)	
Ensuring every child has the best start in life	Percentage of new births that received a visit within 14 days	2017/18	94%	➔ No change since 2016/17	94%
	Percentage of two year olds receiving a development check	2017/18	78%	➔ No change since 2016/17	62%
	Percentage of 5 year olds achieving a good level of development	2017	70%	⬆ Up from 58% in 2014	73%
	Percentage of 3-4 year olds accessing funded early education programmes	2018	86%	➔ No change since 2015	82%
	Percentage of Reception children who are overweight or obese	2017/18	22%	➔ No change since 2014/15	22%
Preventing and managing long term health conditions	Rate of 4 week smoking quits	2017/8	1,509 per 100,000		1,560 per 100,000
	Rate of hospital admissions for alcohol related conditions	2016/17	744 per 100,000	➔ No change since 2013/14	529 per 100,000
	Gap in employment rate between those with a long term health condition and overall employment rate	2016/17	20%	➔ No change since 2013/14	25%
	Under 75 mortality rate from cardiovascular disease considered preventable	2014-16	51 per 100,000	➔ No change from 2011-13	46 per 100,000
	Under 75 mortality rate from cancer considered preventable	2014-16	94 per 100,000	➔ No change from 2011-13	74 per 100,000
	Under 75 mortality rate from respiratory disease considered preventable	2014 -16	19 per 100,000	➔ No change from 2011-13	16 per 100,000
Improving mental health	The number of people entering IAPT services as a proportion of those estimated to have anxiety and/or depression	2017	17%	➔ No change since 2014	15%
	Age standardised mortality rate from suicide and injury of undetermined intent	2015-17	9.5 per 100,000	➔ No change since 2012-2014	8.6 per 100,000
	Gap in employment rate for those in contact with secondary mental health services and overall employment rate	2016/17	65%		68%

London Comparison:

Significantly better than London average
Similar to London average
Significantly worse than London average

Trend:

- ⬆ Significantly better
- ➔ No change
- ⬇ Significantly worse

Note: grey cells signify where comparisons cannot be made due to methodological changes to data sources.