

Report of: Director of Public Health

Health and Wellbeing Board	Date: 20 July 2021	Ward(s): All
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SUBJECT: REFRESH OF ISLINGTON'S JOINT HEALTH AND WELLBEING STRATEGY

1. Synopsis

- 1.1 Islington's Joint Health and Wellbeing Strategy (JHWS) (2017-2020) set out the Health and Wellbeing Board's priorities for tackling health inequalities and promoting health and wellbeing for Islington's residents, patients and communities. To build on progress, and to provide a strategic framework and focus for the Board's work going forward, the JHWS and its priority outcomes need to be reviewed and refreshed.
- 1.2 Working with Islington residents and with key partners across the health and wellbeing system, the refresh of the JHWS provides the opportunity to set out the vision and delivery plan for improving health and wellbeing in the borough, and for tackling health inequalities.

2. Recommendations

- 2.1 The Health and Wellbeing Board is asked to:
- 2.2 To provide a strategic steer on the development of Islington's new Joint Health and Wellbeing Strategy, reflecting on achievements of the previous strategy and its focus on three high level priorities – giving every child the best start in life, preventing and managing long term conditions and improving mental health and wellbeing.
- 2.3 To discuss potential priorities, themes or areas of focus in order to provide a framework to the process of strategy refresh.

- 2.4 To agree the approach to refreshing the JHWS as set out in this report, subject to any changes discussed and agreed by the Board

3. Background

- 3.1 One of the primary functions of the Health and Wellbeing Board is to set out the strategic priorities for improving health and reducing health inequalities in the borough, based on the ongoing assessment of need in the Joint Strategic Needs Assessment, engagement with residents, patients and communities, and other ongoing assessments of the state of health in Islington.
- 3.2 The 2017-2020 strategy refreshed the priorities of its predecessor strategy, under three major objectives (Strategy attached at Appendix 1). The vision set out in the 2017-2020 strategy was to improve the health and wellbeing and reduce the health inequalities of the local population, its communities and residents, by:
1. Ensuring every child has the best start in life
 2. Preventing and managing long term conditions to enhance both length and quality of life and reduce health inequalities
 3. Improving mental health and wellbeing
- 3.3 The strategy is predominantly focused on the health and social care related factors that influence health and wellbeing. The underlying determinants of health and wellbeing are also important, such as the environment, community safety, housing and employment, but are primarily addressed through other key strategies and it was agreed the JHWS should not duplicate such strategies. The JHWS also emphasised the importance of partnership working, joint commissioning and integrated delivery of services to maximise value for money and cost effective use of system resources. These remain important components of the delivery of better outcomes and reductions in inequalities, and of the Fairer Together borough partnership. The JHWS was informed by the Joint Strategic Needs Assessment (JSNA) and consultation with residents, partners and other stakeholders.

4. JHWS 2017-2020 – High level overview of achievements and challenges

- 4.1 Over the three years of the strategy, there had been important progress with delivery under each of the three priorities, but many challenges also remain. Appendix 1 includes the goals for improving health and reducing inequalities in the JHWS; Appendix 2 provides an overview of progress against some of the high level outcome indicators identified in the strategy, and comparison with London outcomes. The goals described in the JHWS 2017-20 represented a mix of important programmes and interventions to improve health and care (process or access indicators or milestones for new, more integrated ways of working to meet the needs of residents and communities more holistically) and outcome indicators.
- 4.2 Overall, healthy life expectancy (the period of time spent in good health which draws across all three priority objectives) has significantly improved over the past decade, particularly for males. Improvements in life expectancy (number of years of life) in the most recent years has significantly slowed, with a stabilisation or slowing of improvement in the rate of premature deaths from long term conditions. Islington ranks lower than London for both male and female life expectancy, particularly for males, but in both cases life expectancy in the borough is similar to the national averages despite the high level of deprivation.

- 4.3 In general, the outcomes for best start in life have sustained or improved over the period of the strategy, and compare with or are better than London averages, in spite of the exceptionally high levels of child poverty in the borough. Important new and continuing programmes of work have addressed early developmental, health, social and educational needs. However, the immediate and long term impacts of childhood obesity and greater vulnerability to mental health conditions, among other challenges, remain very significant challenges and are unequally distributed across the borough by deprivation and ethnicity. Significant new investment into services to tackle domestic violence and violence against women and girls services, which affects all three of the JHWS priorities, has significantly improved the capacity and ability of local services to respond and support those affected.
- 4.4 Outcomes for long term conditions continue to show progress on significant risk factors, notably sustained higher levels of stop smoking success rates compared with London and overall smoking rates continuing to decline, and a narrowing on alcohol related admissions (although the latter remains significantly higher than London). Reported physical activity levels have also improved (and are better than London) in recent years, however the proportion of adults who are overweight or obese is significant (and will have increased during Covid lockdowns), and smoking rates, although reducing (and likely to have fallen at an increased rate in response to Covid), continue to be a significant preventable cause of early deaths in the borough, among other risk factors. In terms of premature deaths (under the age of 75), progress on the three major groups of causes has either slowed or stabilised in the most recent period, with all three groups of causes higher than London averages: cardiovascular deaths have continued to reduce; cancer deaths considered to be preventable have remained steady and at a much higher level compared with London; and respiratory deaths in the borough had increased slightly. Recent local analysis has also indicated diabetes as a direct or indirect contributory factor to Islington's overall higher premature mortality rates.
- 4.5 Access to early help for mental health conditions for children and young people and adults has continued to be a significant local priority across the partnership, with increased access to psychological support including through the IAPT service and a significant expansion of wellbeing support options, including through social prescribing and in response to the Covid period. Early diagnosis of dementia has continued to be an important priority, and Islington has one of the highest diagnosis rates in the capital. Deaths due to suicide remained steady during the period of the JHWS, and a new bereavement support service for people affected by suicide has been implemented in partnership with the rest of North Central London. The gap in employment between people with Serious Mental Illness and the general population of the borough remains very wide. The impacts of Covid on emotional and mental health has been particularly significant, with younger age groups, people with pre-existing mental health conditions, and those more socially isolated disproportionately affected. Local resident engagement also found that groups in financial hardship and from Black, Asian and other minority ethnic groups were significantly more likely to report impacts on their emotional and mental wellbeing. There has also been a significant increase in Post-Traumatic Stress Disorder among those in the front line health and social care response. While some of these impacts may be relatively short term, particularly if recovery from the Covid period to a more normal way of life is smooth, others will be longer lasting and further increase needs in a borough which already has one of the highest levels of mental health conditions in the country.
- 4.6 Progress has been made, or strong performance sustained, against the backdrop of further and cumulative impacts of austerity measures upon the socioeconomic circumstances of many of our residents, particularly those who were most deprived and disadvantaged to begin with, as well as through the increasing financial pressures on public and community and voluntary

sector services. The income deprivation index published in 2019 found that residents aged 60 and over in Islington were the most income deprived group of older people in the country. Child poverty directly affects 48% of children and families in the borough, and is associated with significantly higher needs and risk factors for health – for example, a doubling of the rate of mental health conditions compared with the most affluent. Overall, more than a fifth of households in the borough are deprived. Section 4.2 below provides a short summary of the key achievements to date and ongoing challenges under each priority. It is not intended to provide a comprehensive overview of all work delivered across the borough over the past three years that has contributed towards improved outcomes under the three priorities, but instead highlights some of the recent, significant developments.

5. **The changing strategic and organisational context for health and wellbeing**

- 5.1 Since the last JHWS was published in 2017, the wider policy and organisational context has changed significantly and will continue to change, with a particular focus on integration. The direct and indirect impacts and recovery from Covid predominate at the current time, and may continue to do so for a considerable length of time going forward.
- 5.2 The **NHS Long Term Plan** was published in January 2019, and continued the focus of earlier NHS plans such as the Five Year Forward View on promoting integration of services, although the Plan concerned the NHS and did not encompass social care or public health, and heralded the future creation of new Integrated Care Systems. The plan includes a focus on strengthening early intervention and secondary prevention, particularly for long term conditions, as well as immunisation and screening and a commitment to improving access for mental health needs. The role of primary care, community and mental health services to keep people well in the community and help prevent avoidable hospital admissions is emphasised, as well as excellent hospital care when it is needed. The selected clinical priorities have the potential to importantly contribute to improvements in our population's health, particularly if outcomes can be lifted to the best performing of other similar advanced health systems. The priorities include cancer, cardiovascular disease, maternity and neonatal health, mental health, stroke, diabetes, respiratory care and children and young people's health. These are all consistent with the existing range of priorities in the 2017-2020 JHWS.
- 5.3 In February 2021, the Department of Health and Social Care published the White Paper **Integration and innovation: working together to improve health and social care for all**, which sets out legislative proposals for a new health and care Bill and the creation of new Integrated Care Systems (ICSs). The White Paper represents a very significant departure from the focus on competition in the 2012 reforms, including removal of some of the current competition and procurement rules in the NHS, and away from the internal market approach first established in the early 1990s. Proposals support a new model of collaboration, partnership and integration to help deliver joined-up care across services, with a greater focus on outcomes. The proposed legislation is essentially enabling and does not advocate a single, one-size-fits-all model, with many decisions resting with local systems and leaders about the coordination and integration of services, which makes ICS implementation plans very important. The proposed changes to support integration to improve care for patients have been widely welcomed, but the scope of the White Paper does not address other important challenges regarding workforce, health inequalities and reform of social care. The ICS footprint of which Islington is a part is North Central London (NCL) which also includes Camden, Haringey, Barnet and Enfield.

- 5.4 ICSs will be focused on population health, and make increasing use of **Population Health Management (PHM)** as an intelligence and data-led approach to improving population outcomes and reduce inequalities. PHM describes a technique for local health and care partnerships to use data and insight to design and co-produce new models of prevention and proactive care, and make better use of collective resources. Historical and current data helps to explain more fully what factors are contributing to differences in outcomes and inequalities in different population groups. This informs the design and offer/targeting of new proactive models of care which will improve health and wellbeing now, but also into the future, recognising that the benefits of prevention and proactive care can extend for decades. The intention is to help prevent people becoming unwell in the first place, and improve the way services work together and with people who do have health conditions to improve outcomes. PHM operates at population or place level, but also as part of local networks of care to deliver improved and more holistic personal care, delivered as close to home as possible. The focus of PHM extends beyond health and social care needs to the wider determinants of health, and so represents a partnership approach between the NHS, councils and many other public services, the community and voluntary sector, and local people and communities.
- 5.5 The data side of PHM in Islington and across North Central London is being led through the HealthEIntent (HEI) population health system, which is providing increasingly granular and 'real time' demographic, deprivation and geographic based information to understand the needs and service use patterns of different groups and areas across Islington, informing plans and care delivery to improve health and address health inequalities. This development is of particular relevance to this Board and the refresh of the JHWS given the particular role of HWBB in the use and application of health intelligence and Joint Strategic Needs Assessments.
- 5.6 Public Health England's '[Beyond the Data](#)' report published in 2020, looked at the impacts of Covid on BAME communities. Asian and Black communities experienced significantly higher case rates and deaths compared with White communities during the months most affected by the first wave of infections. Later analysis revealed that ethnicity continued to be a major factor in the health outcomes in these communities during the second wave of the pandemic. Deprivation had also been a key factor throughout, as well as older age. A further analysis of the population impacts carried out by [ONS](#) concluded that a large proportion of the difference in the risk of COVID-19 mortality between ethnic groups was explained by demographic, geographic and socioeconomic factors, including where people lived or their occupation.
- 5.7 A range of longstanding inequalities and socioeconomic factors were identified which may have led to the poorer outcomes from COVID-19 among Black and Asian communities. The issues identified were deeply rooted. A number of recommendations to support long term change addressing health inequalities of people from London's worst affected communities were identified, including:
- Mandate comprehensive and quality ethnicity data collection, including at death certification. Islington was among the very first boroughs in the country to introduce voluntary reporting at death registration last year.
 - Improve access, programmes, experiences and outcomes for BAME communities of NHS, local government and integrated care systems commissioned services including: regular equity audits; use of health impact assessments; integration of equality into quality systems; good representation of black and minority ethnic communities among staff at all levels; sustained workforce development and employment practices;

community participatory research; trust-building dialogue with communities and service users.

- Accelerate efforts to target culturally competent health promotion and disease prevention programmes for non-communicable diseases promoting healthy weight, physical activity, smoking cessation, mental wellbeing and effective management of chronic conditions including diabetes, hypertension and asthma.
- Ensure that COVID-19 recovery strategies actively reduce inequalities caused by the wider determinants of health to create long term sustainable change.

5.8 Locally, the council's **Corporate Plan** is focused on Islington becoming a fairer place where everyone, whatever their background, has the same opportunity to reach their potential and enjoy a good quality of life. The plan is currently being refreshed and updated. In the current plan there are four major objectives:

- **Decent and genuinely affordable homes for all:** building new council homes, protecting private renters, being a good landlord and preventing homelessness
- **Jobs and opportunity:** delivering an inclusive economy, supporting people into work and ensuring young people have the best possible start
- **A safer borough for all:** tackling Anti-Social Behaviour, ensuring young people are safe and encouraging a more cohesive borough for all
- **A greener and cleaner Islington:** keeping Islington clean and tidy, encouraging greener travel, creating a healthier environment for all and tackling the climate crisis.

The Corporate Plan commits the Council to work with its partners to address the social challenges that are fundamental to improving the quality of residents' lives and the significant financial challenges facing the Council and its partners across the public and community and voluntary sector. The key social challenges identified by the plan include mental ill health, domestic violence, long term conditions, substance misuse and long term unemployment.

5.9 Islington's **Fairer Together Partnership** has been established to bring together a wide range of organisations in the borough to address the challenges local people are facing, particularly relating to the high levels of poverty and disadvantage faced by many in the borough. With the development of the North Central London ICS, Fairer Together represents the local place-based partnership for integrating local care in Islington. The Partnership works together to make Islington a place where everyone – whatever their background – has a decent chance for a long and healthy life, lived on their own terms. It is bringing collective energy and resources behind shared goals, principles and ways of working, in order to create better solutions to address the needs of residents and communities and to make the borough a fairer place to live. The work of the Partnership is organised under three life course-based priorities of Start Well, Live Well and Age Well, each of which is based on creating and supporting integrated working between organisations organised around the needs of residents and patients and local areas. The first of these priorities reads across to the current JHWS priority for best start in life, and the Live Well and Age Well priorities read across to the JHWS priorities for prevention and early intervention of long term physical health conditions and better mental health and wellbeing.

5.1 The council's **Challenging Inequalities Strategy** sets out Islington's long term ambition for challenging inequality, inequity, discrimination and promoting inclusion. The rise of the Black Lives Matter movement and COVID-19 highlight deep inequality and the impacts of systemic, structural racism on society, impacting on the quality of life, opportunities and outcomes for individuals from Black, Asian and Minority Ethnic backgrounds and communities. The strategy

is focused on creating meaningful and tangible change for residents and staff, ensuring no-one is left behind, listening and working alongside staff and the community to understand the issues, plan and take action together, ensuring we monitor and evaluate the impact of our actions to create a fairer, more inclusive borough for all. The framework for Challenging Inequalities utilises the council's position as a strategic leader, as an employer and as a service provider and commissioner to create positive change. The initial focus is on race equality, but the scope will expand to tackle inequalities across the board over time, with the next phase to develop new objectives on disability.

5.1 The NHS and adult and children's social care systems will continue to face the long term significant and growing pressures from changing and rising demand and constraints on the available resources. Demographic pressures from a growing and ageing population, increased complexity of health and social needs, technological and medical advances, changing public and patient expectations and demands for a better standard of social care are long term drivers of this pressure. Additionally, at least in the shorter to medium term, recovery and 'catch up' of needs not identified through the first and second wave will be an additional factor, and there is every possibility that new waves of Covid or flu will continue to affect local communities and represent pressures on NHS, social care and other public services, particularly through the forthcoming year.

5.1 Although a new JHWS will focus on Islington's priorities, it will also need to complement and align with these other relevant strategies, plans and programmes. Furthermore the policy and financial context is likely to continue to change in the lifetime of the new strategy, and the longer term direct and indirect effects of Covid remain uncertain, so it will need to be sufficiently flexible in order to respond to this changing wider context.

6. **Approach to reviewing the JHWS**

6.1 This section sets out the proposed approach to updating a new JHWS for the three year period 2022-2024. It is proposed that an officer task and finish group is established, with representatives from across the HWB member organisations, that will be responsible for delivering the refreshed strategy to the Board. The review process would cover:

- Impact of the current JHWS, and what more there is to do.
- Needs and assets of the local population. The Joint Strategic Needs Assessment (JSNA), (see Appendix 3) gives an overview of local needs and priorities, and this, together with other insight and engagement work, will help us to develop priority areas of focus for future years.
- The current and future health landscape within the context of local financial and other challenges, the Fairer Together partnership and wider system transformation and integration.

6.2 **Engagement with local residents and stakeholders**

Our approach to health and health inequalities places significant emphasis on listening to the views and experiences of local people and communities, and engaging and acting on those to identify actions and ways of improving health and wellbeing and promoting healthier behaviours. Over the past few years the Council, the local NHS and HealthWatch have developed significant mechanisms, approaches and programmes of work focused on engaging residents and patients in the planning, development, delivery and evaluation of local health and care services. This has developed even further through the Covid pandemic. The findings

from this ongoing work, further engagement work and a more formal period of consultation will be used to develop the new strategy and priorities.

6.3 Proposed approach and timetable to refreshing Islington’s JHWS

Task	Lead/s	Date
Set up task and finish group to lead stocktake and refresh of JHWS - looking at the successes and outcomes, as well as outstanding issues	Public Health Current JHWS priority outcome leads	July – September 2021
HWB development session to present findings and discuss the approach to the new strategy	All board members	September 2021
Engage key stakeholders and residents in the process	Task and finish group/ Public Health	October – December 2021
Approval and adoption of Final JHWS	Health and Wellbeing Board	February 2022
Launch new JHWS	Health and Wellbeing Board	February 2022

4. Implications

4.1 Financial Implications:

Please allow at least 5 working days for Islington Council finance to supply content before the report is due to be submitted for approval. Please also detail any relevant financial implications for the CCG / Healthwatch / or other partner organisations.

4.2 Legal Implications:

Please allow at least 5 working days for Islington Council legal to supply content before the report is due to be submitted for approval. Please also detail any relevant legal implications for the CCG / Healthwatch / or other partner organisations.

4.3 Environmental Implications and contribution to achieving a net zero carbon Islington by 2030:

Guidance on environmental implications is set out at the end of this report. Further detail is available from Izzi (<http://izzi/me/staff-essentials/reports-for-committees/Pages/default.aspx>). Once you have drafted your paragraph, forward it to the Energy Services team at energyservices@islington.gov.uk allowing 8 days for clearance.

4.4 Resident Impact Assessment:

Please retain this standard paragraph and add relevant text about specific impacts and mitigation below:

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

A Resident Impact Assessment will be produced as part of the Strategy development.

5. Conclusion and reasons for recommendations

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

Appendices

- Appendix 1 : Joint Health and Wellbeing Strategy, 2017-2020 - [20170131islingtonjointhealthandwellbeingstrategy20172020.pdf](https://www.islington.gov.uk/20170131islingtonjointhealthandwellbeingstrategy20172020.pdf) .
- Appendix 2 : Summary of selected high level outcomes (document attached)
- Appendix 3 : Joint Strategic Need Assessment - [JSNA | Islington Council](#) .

Signed by:

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Date 7 July 2021

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