HEALTH IN ISLINGTON: Key Achievements

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Life Expectancy

- Since 2011-13, life expectancy increased in Islington for men and remained unchanged in women in 2018-20.
- Life expectancy at birth for men in Islington was 79.5 years in 2018-20, a slight decrease on 2017-19. Life expectancy for men in Islington remained lower than the London average (80.3) and similar to England (79.4).
- For women in Islington, life expectancy was 83.2 years, which was lower than the London average (84.3), and similar to the England average (83.1).
- The reduction in average life expectancy in 2018-20 compared with 2017-19 is linked to deaths in 2020 during the first and second waves of Covid infection.

Life expectancy at birth and changes

Men	2011-13	2017-19	2018-20	Change
Islington	77.9	79.7	79.5	-0.2
London	79.9	80.9	80.3	-0.6
England	79.3	79.8	79.4	-0.4

Women	2011-13	2017-19	2018-20	Change
Islington	83.2	83.4	83.2	-0.2
London	83.9	84.7	84.3	-0.4
England	83.0	83.4	83.1	-0.3

Source: OHID, 2022

Healthy Life Expectancy

- In Islington, men and women spend on average the last 16.5 and 19.4 years of life in poorer health respectively.
- For men, there has been a slight improvement in healthy life expectancy since 2016-18 in Islington, compared to slight reductions in London and national averages. Cumulative improvements since 2011-13 meant that healthy life expectancy in the borough is statistically similar to London and England.
- For women, when compared to 2016-2018, there has been an improvement in healthy life expectancy of 2.1 years in 2018-2020, compared to small reductions in London and England. As with men, healthy life expectancy for women is similar to the London and England averages.

Healthy life expectancy at birth

Men	2011-13	2016-18	2018-20	Change
Islington	57.6	62.6	63.0	+0.4
London	63.4	64.2	63.8	-0.4
England	63.2	63.4	63.1	-0.3

Women	2011-13	2016-18	2018-20	Change
Islington	58.0	61.7	63.8	+2.1
London	63.7	64.4	64.0	-0.4
England	63.8	63.9	63.5	-0.4

Source: OHID, 2022

Islington's Health and Wellbeing Strategy Priorities

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
Improving outcomes for children and families.	Addressing wider causes of poor health: particularly housing, employment and isolation.	Increasing focus on mental health and wellbeing for children and families.
Driving integration across early childhood services.	Promoting and enabling healthier lifestyles.	Increase employment opportunities and workplace health.
Remaining focused on prevention and early intervention.	Providing a collaborative, coordinated, and integrated care offer to residents.	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.

Ensuring Every Child Has The Best Start In Life

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2021/22 Key Achievements – Best Start in Life (Early Years)

Implementing health visiting changes as a result of the 2020/21 health visiting review. Some key changes as a result of this review include:

- Reformed health visiting team structures, skill mix and training to achieve improved continuity of care and sustained rapport, especially with the most vulnerable families
- Monitoring of access to mandated developmental reviews by those families with highest needs
- After many years of falling numbers of teenage pregnancies, the Family Nurse Partnership closed, and remaining clients have been handed over successfully to intensive support caseload within the universal health visiting service.
- Working with Manor Gardens Welfare Trust to deliver improved cultural competence in mainstream services and ensuring culturally inclusive services and activities.

Implementation of the recommendations from the Early Intervention Foundation (EIF) on completion (2021) of the EIF's **Maternity & Early Years Maturity Matrix**

- The development of a Maternity and Early Years **Bright Start Strategy,** including recommendations from the review for a stronger focus on the perinatal experience for parents, and the development of a strategic partnership with maternity services.

Planning for Family Hubs and the national Start for Life programme

- Islington is one of 75 Local Authority areas receiving funding to deliver Family hubs and the Start for Life (age 0-2) programme for the period 2022-2025
- The Bright Start strategy and action plan aligns with the many of the goals of the Start for Life programme through the provision of family hubs - overall priorities are very similar and the funding will allow for increased investment in some key areas of need in the early years such as in perinatal mental health.

Childhood immunisations have remained a priority as we emerge from the pandemic.

- Rates of vaccination **for the 6-in-1 vaccine, given to babies in 3 doses at age 2, 3 & 4 months (**diphtheria, tetanus, Hib, polio, tetanus and whooping cough), and measured at age 1, have recovered to 88% (Q1 22/23), similar to pre-pandemic levels. Rates of **MMR vaccination (measured at age 5)** are 70% (Q1 22/23) similar to pre-pandemic levels. This was supported by an early summer MMR poster campaign. A programme of **polio booster jabs** has been ongoing since strains of the polio virus were found in London wastewater in August 2022.

2021/22 Key Achievements - Best Start in Life (School Age)

Covid response

- Supporting schools with Covid-19 preventive and safety measures was a key and ongoing priority through last winter and until formal restrictions ceased in February this year.
- Since the end of national restrictions, Public Health have continued to provide Covid-19 advice to schools when asked, working with the London Health Protection Team (UK Health Security Agency).

Emotional and Mental Health

- The **Mental Health in Schools** group led by Public Health and the Healthy Schools team has continued post-Covid. The focus of this group has been moved to some of the longer-term impacts of Covid-19 on mental health.
- **Self-harm and eating disorders** have been the initial topics chosen by the group. A resource has been developed for schools giving guidance on tools, learning resources, training, and pathways to prevent and intervene early in self-harm, based on the Thrive framework for mental health services for children. A similar tool is in development around eating disorders
- The **Children and Young People's Social Prescribing Service** was re-procured as part of the Young Islington contract in January 2022. Funding has just been secured for a further year, to enable further development of the service and consideration within a review of all children's social and emotional mental health services in Islington.
- Services will be reviewed in relation to the Thrive framework, which includes **prevention and promotion of good mental health** at it's heart

2023 Forward Look

Implementation of Family Hubs and the Start for Life programme

National requirements of the **Family Hubs programme** require us to deliver visible change during the first half of 2023. Much of the infrastructure for this already exists in Islington, particularly for **age 0-5 through Bright Start**.

The key elements for change in Islington will include:

- formally moving beyond 0-5 services to a 0-19 (or 25 for young adults with Special Educational Needs) model and **communicating this to local families**
- continuing the process of co-locating a wide range of services to support more holistic and coordinated support around needs
- clear and **enhanced opportunities** for families to **be involved in the design of family hubs** through partnership boards, governance and in the **delivery of services themselves**, such as peer support programmes or mentoring schemes
- development of provision in the funded services **– parenting support**, **parent–infant relationships** and **perinatal mental health support**, **early language support**, **infant feeding support**, **parent and carer panels** and **publishing the start for life offer**

Key Challenges – Best Start in Life

Maternity & early years

Maternity
- Reduce smoking
- Support healthy maternal weight
- Reduce teenage pregnancy

Breast feeding
- Support UNICEF baby friendly standards in all settings
- Ensure peer support

Early years
- Ensure universal delivery of the Healthy Child Programme through integrated early years services
- Provide parenting programmes
- Support delivery of healthy start vitamins and vouchers

Screening & immunisations
- Ensure antenatal and new-born screening
- Ensure childhood vaccinations

School age and beyond

School Health and Wellbeing
- Support whole school approaches to health and wellbeing
- Support early identification of health problems and early intervention
- Deliver vision and hearing screening

Healthy Weight
- Deliver a whole system approach to healthy weight
- Support families to make healthy lifestyle choices
- Deliver and follow-up national child measurement programme (NCMP)

Oral Health
- Continue delivery of fluoride varnish
- Support universal oral health promotion

Transition to Adulthood
- Build health independence and behaviours for life
- Support student health and wellbeing

Vulnerable children

Safeguarding
- Implement learnings from local child deaths

Mental health
- Reduce smoking
- Support healthy maternal weight
- Reduce teenage pregnancy

Youth safety
- Support the delivery of a public health approach to reduce youth violence

Poverty and Inequality
- Support system recognition of the wider determinants of health
- Ensure targeted provision reaches those with greatest vulnerability

Best Start in Life – Selected Outcome Metrics

	Public Health Indicators	Time Period	Value (latest)	Value (previous period)	Trends	London	England
Best Start in Life	Percentage of new births that received a visit within 14 days	2021/22	95%	95%	→ No change since 20/21	n/a	n/a
	Percentage of two year olds receiving a development check	2021/22	79%	80%	→ No change since 20/21	n/a	n/a
	Percentage of children achieving a good level of development at the end of Reception	2018/19	71%	70%	→ No change since 2016/17	74.1%	71.8%
	Maternal smoking status at time of delivery.	2021/22	5.4%		→ No change since 20/21	4.5%	9.1%
	Infant mortality (deaths under age of 1)	2018/20	3.1 per 1,000	3.0 per 1,000	→ No change since 2017/19	3.4 per 1,000	3.9 per 1,000
	Percentage of reception children who are overweight or obese	2019/20	21.70%	21%	→ No change since 2016/2017	21.60%	23%

Preventing and Managing Long-Term Conditions (LTCs)

To enhance both length and quality of life and reduce health inequalities

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Key Achievements – Healthy Weight, Physical Activity and Food Security

Obesity, physical inactivity and a poor diet are risk factors for developing long term conditions such as type 2 diabetes, high blood pressure, high cholesterol and some cancers. These inequalities are interconnected, with prevalence higher in areas of deprivation and in some Black, Asian and Minority Ethnic groups.

Behavioural weight management support services for adults

We have continued to deliver a tier 2 weight management offer for residents by providing free access to a 12-week Slimming World voucher. Between September 2021, 560 Islington residents accessed the service with more than 80% of people completing the programme achieving at least 3% body weight loss • We recently commissioned a new provider to deliver the tier 2 weight management service, which will supersede the current interim arrangement with Slimming World • Recognising the lack of engagement from men in traditional weight management programmes, we have also been working in partnership with Arsenal in the Community to launch a men-only programme called Shape Up. The first programme was successfully launched in September 2022, working with local GP practices to identify and attract eligible men to sign up.

Supporting residents to be physically active

Working in partnership with the Greenspace and Leisure team, we have produced a new physical activity strategy for the borough called Islington Active Together. Following extensive engagement with stakeholders across the physical activity system, the strategy aims to provide a shared framework of our priorities and commitments which focus on supporting the least active residents in Islington • Last year we engaged with GPs and other health professionals to understand the barriers to discussing physical activity with patients, and identified how the workforce could be better supported to raise this issue • We have also been piloting an innovative new service with a local GP practice to support adults with a long-term health condition to increase their physical activity levels. The Get Active Specialists use health coaching skills and behaviour change techniques to support individuals to engage with physical activity opportunities in the community.

Tackling food insecurity

We have continued to play a key strategic role in the Islington Food Partnership and provided grant funding to support the coordination and chairing of the partnership, working with the community and voluntary sector. Last year, we provided a range of public health support for community food projects responding to residents in food crisis as a result of the pandemic. This year, we have updated the food poverty needs assessment to include local residents' voices and have been preparing to produce a new food strategy for Islington.

Key Achievements – Long Term Conditions

Diabetes:

- We have been implementing projects to increase referrals into the NHS Diabetes Prevention Programme (NDPP) and reduce ethnic inequalities in diabetes prevention. • A project to identify high risk individuals from GP records has had a significant impact; the proportion of NDPP uptake by people from ethnic minorities now better reflects the ethnic make-up of our population vulnerable to diabetes. • Engagement officers have helped to raise awareness and referrals across primary care • Community testing events are being delivered with point of care fingerpick testing to detect those at risk of diabetes. At the three events so far, nearly half of attendees are being picked up with pre-diabetic blood sugar levels who are then referred into NDPP. More testing events are planned.

Cancer:

- We continue to support the planning and delivery of the North Central London (NCL) Cancer Prevention and Awareness strategy, which is due to be refreshed in 2023. • Targeted Lung Health Checks are commencing soon, a new screening initiative to detect and treat lung cancer earlier in smokers and ex-smokers. • A number of projects are underway to increase uptake of cancer screening – including call and recall, training, language support and projects relating to specific populations – people with learning disabilities and those experiencing homelessness.

Cardiovascular Disease:

- The NHS Health Check is a health check-up for adults in England aged 40 to 74, designed to spot early signs of cardiovascular diseases. Following major disruption to the delivery of health checks during the pandemic, there has continued to be a strong recovery in activity across primary care. For the 2021-22 year, 7.5% of the eligible population received a health check, a significant increase on the previous year (2.9% in 2020-21) and higher than the London and England averages (5.8% and 3.5% respectively).

Key Achievements – Long Term Conditions

Dementia

In January 2021, Islington was awarded the status of Dementia Friendly Community by the Alzheimer's Society, following work by a dementia co-ordinator and steering group to improve experiences of people living with dementia. In 2022 we conducted a review into progress so far, with insights gleaned from focus groups with residents and interviews with stakeholders. It identified much progress, as well as areas for further development. A new dementia strategy for Islington will be taken forward next year.

Long Covid

Long Covid (symptoms of Covid-19 that persist beyond 4 weeks) remains a poorly understood condition that affects around 3% of the population. A wide range of symptoms and syndromes are reported. This year, we updated our Long Covid Needs Assessment to understand the health burden of Long Covid locally, and also supported Healthwatch colleagues into a report on Long Covid experiences in NCL, from which an action plan was developed. We are also supporting commissioners to understand and explore variation in GP diagnosis rates between different GPs and primary care networks.

Data and Intelligence

We continue to develop HealtheIntent population health intelligence dashboards to better understand population health needs and inequalities around long term conditions, which will be used by the NHS and others to support more strategic and data-driven commissioning and initiatives.

Key Achievements – Long Term Conditions and Smoking

- Tobacco dependence causes and/or exacerbates long term conditions, such as COPD and complications from diabetes. Low incomes are associated with higher rates of Long Term Conditions (LTCs). Rates of smoking are also high among low income groups thereby exacerbating LTCs and deepening health inequalities. Smokers are also more likely to become seriously ill and die from Covid-19: smoking impairs lung immune function and damages upper airways, increasing risks of catching and having more severe infections.

- Breathe (Islington's Stop Smoking Service) successfully adapted their model to safely provide support to Islington residents who wanted to quit smoking during the pandemic. This flexible provision of telephone/online consultations with postal delivery of nicotine replacement therapy was very well used by residents and remains the preferred option by the majority of service users.

- In 2021/22 provision of locally commissioned stop smoking support in pharmacies and GPs has not yet returned to pre-pandemic levels. Breathe's flexible provision has increased the reach for those smokers who would in the past have accessed GPs and pharmacies for support

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- In 2021/22, **739** people or 61.5% of residents who attempted to stop smoking, successfully quit (measured at 4 weeks after setting a quit date).
    - 197 service users disclosed a history of mental health problems and 111 stopped smoking (62% quit rate).
    - Of 198 residents referred to Breathe from the Whittington, 104 successfully quit (68.3% quit rate).
    - 190 residents with Chronic Obstructive Pulmonary (airways) Disease (COPD) set a quit date and 105 stopped smoking (55.2% quit rate).
    - Half of 640 service users who set a quit date with the Breathe service remained quit at 12 weeks from the quit date.

Forward Look – Long Term Conditions

- **Smoking. Public Health and** the Breathe are working with the NHS to improve the stop smoking offer to patients in hospital and to support new pathways between secondary care and the community.
- **Food insecurity:** We will develop a new Food Strategy in partnership with the VCS and community, with a particular focus on ensuring affordable and healthy food for residents.
- **Physical activity:** We will carry out the actions in the Islington Active Together strategy, with an emphasis on connecting the opportunities for physical activity with health and social care settings.
- **Obesity:** We will launch the new tier 2 behavioural adult weight management service, targeting residents living in areas of higher deprivation and people from Black, Asian and other ethnic minority communities.
- **Diabetes:** We will expand on projects that have been found to be successful, including identification of high-risk individuals from GP records, use of engagement officers to raise awareness in primary care, and putting on more testing events to detect people at risk of diabetes in the community.
- **Long Covid:** We will carry out the actions in the NCL action plan for Long Covid, including awareness raising and continued support with data and needs analysis.
- **Cancer:** We will work with NCL colleagues to refresh the cancer prevention awareness and screening strategy, reflecting progress and learning since the pandemic, including better use of data.
- **Dementia:** We will develop a dementia strategy for Islington, embedding dementia-friendly practices across the council and beyond.
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Long Term Conditions – Selected Outcome Metrics

	Public Health Indicators	Time Period	Value (latest)	Value (previous period)	Trends	London	England
Long Term Conditions	Rate of smokers that have successfully quit at 4 weeks (validated)	2019/20	2515 per 100,000	2400 per 100,000	→ No change since 2018/2019	1,090 per 100,000	1,113 per 100,000
	Physically active adults	2020/21	74.0%	73.70%	→ No change since 2019/2020	64.9%	65.90%
	Proportion of adults (18+) who are classified as overweight or obese	2020/21	44.0%	47.60%	→ No change since 2019/2020	56.0%	63.50%
	Admissions episodes for alcohol related conditions	2020/21	423 per 100,000	692 per 100,000 (old method)	↓ Decrease since 2018/19	348 per 100,000	456 per 100,000
	Gap in employment rate between those with a long term condition and overall employment rate .	2020/21	14.70%	9.80%	↑ Increase since 2019/20	10.80%	10.70%
	Under 75 mortality rate from cardiovascular disease	2017/19	73.9 per 100,000	82.6 per 100,000	↓ Decrease since 2016/2018	69.1 per 100,000	70.4 per 100,000
	Under 75 mortality rate from cardiovascular disease considered preventable	2017/19	30.40 per 100,000	32.50 per 100,000	↓ Decrease since 2016/2018	28.37 per 100,000	29.21 per 100,000
	Under 75 mortality rate from cancer	2017/19	142.7 per 100,000	146.2 per 100,000	→ No change since 2016/2017	117.4 per 100,000	129.2 per 100,000
	Under 75 mortality rate from cancer considered preventable	2017/19	67.01 per 100,000	75.32 per 100,000	↓ Decrease since 2016/2018	45.06 per 100,000	51.49 per 100,000
	Under 75 mortality rate from respiratory disease	2017/19	36.7 per 100,000	33.2 per 100,000	→ No change since 2016/2017	29.4 per 100,000	33.6 per 100,000
	Under 75 mortality from respiratory disease considered preventable	2017/19	20.65 per 100,000	20.36 per 100,000	→ No change since 2016/2017	15.40 per 100,000	17.08 per 100,000

Improving Mental Wellbeing

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Suicide Prevention: Key Achievements in 2021/22

Completion and publishing of a multi-agency Islington and Camden suicide prevention strategy with progress in the 4 priorities areas of the strategy:

1. **Build a partnership for suicide prevention**
    - A large multi-agency partnership is now in place with representation from a broad spectrum of statutory and VCS partners, and working across a broad spectrum of determinants of suicide
    - A webpage is being established on the Islington Mind to share resources, training opportunities, evidence and best practice to support staff in all sectors working to prevent suicide

2. Enable a skilled workforce, confident to address suicide risk

- A suite of training is now available to support front-facing staff to address and discuss suicide, and sign-post or intervene appropriately
- A new half-day suicide prevention course will be available in 2023, and brief bereavement awareness training.

3. Increase support to key high-risk groups, including those who self-harm, people bereaved by suicide, middle-aged men, and people in suicidal crisis

- Support after Suicide service completed 2 full years of operation September 2022
- A Counselling service is provided to care leavers by the Brandon Centre
- Working jointly across NCL to piloting interventions to those who attend A&E following self-harm
- Working with the Listening Place and James' Place (VCS) to provide support to the suicidal, and linking with statutory crisis pathways
- Ensuring mental wellbeing messages and mental health support is included in Cost-of-Living work.

4. Improve data collection, monitoring, and insight

- Real-time reporting of suspected suicides now in place allowing local quarterly data review and analysis, and sharing data at NCL and London level
- Developing a local cluster response plan

Key Achievements - Mental Wellbeing

- A **mental health and wellbeing needs assessment** was completed over the winter of 20/21 to understand the sub-clinical needs of residents as a result of the pandemic. The assessment pulled together the findings of the recent resident survey and a range of stakeholder views and information. The assessment led to a number of actions that have received oversight from the local All-age Mental Health Partnership Board.

- A strong theme of the needs assessment was the lack awareness about where residents can get support for their mental health and wellbeing. To that end a **programme of communications** continues to work with residents, external stakeholders and LBI corporate Communications Team. This programme responds to what we are hearing from residents so that our messaging is relevant and targeted. To support residents whose first language is not English, we have worked with community groups to translate voice messages in Arabic, Bengali, Somali and Turkish that can be easily disseminated via WhatsApp. We have also produced written information as requested by residents and frontline staff in English and Somali.

- Through the pandemic we **worked with We Are Islington colleagues** to up-skill and develop scripts for staff to ensure they are able to talk to residents about mental health and wellbeing and direct them to relevant support. In the run up to the changes in Universal Credit, we worked with relevant teams across the council and externally, who work with **those claiming benefits**, to ensure that mental health and wellbeing messages and the support available is included in their communications with residents. We are re-invigorating this work in the light of the cost of living crisis to ensure that all staff have up-to-date skills and information.

- We are working with the **Young Black Men and Mental Health programme** and have supported and trained six local barbers as Mental Health First Aiders to support the local community by providing a safe space for discussion and support.

- We are targeting major building developments through the Health Impact Assessment (HIA) process to include the consideration of mental health and wellbeing and suicide prevention for **construction workers.**

- We are working with **We Are Cally** to ensure that mental health and wellbeing training and support is embedded in the programme.

Key Achievements - Mental Wellbeing

- **Making Every Contact Count and Mental Health awareness training** (Mental Health Awareness, Mental Health First Aid, Mental Health in the workplace for managers) continues to be delivered online. In the financial year 21-22, 192 frontline staff completed MECC training. Since April this year, 113 staff have completed MECC, and the course now includes specific information about support for cost of living crisis.

- Our **Covid-19 Health Champions** launched in September 2020 and continued until April 2022. We provided ongoing support to residents through a weekly newsletter and regular on-line drop-in sessions. The programme's aim was to disseminate trustworthy information and support to residents, participants have reflected that having an avenue to obtain information and connect with the council on this has elevated anxieties related to the pandemic.

- The successful bid to secure **£325,000 of Office for Health Improvement and Disparities** (OHID) delivered a number of projects by both council and voluntary sector partners to improve the mental health and wellbeing of residents across all ages with a particular emphasis on our most vulnerable residents and Black, Asian and other minority ethnic communities disproportionately affected by Covid. An evaluation of the programme was completed showing very positive results and highlighted learning that was fedback through the All-age Mental Health Partnership Board.

- We have become signatories of the OHID **Prevention Concordat**. The Concordat is a framework to ensure that areas are taking a preventative approach around mental health and wellbeing. We had very good feedback for the work we, and other partners, are doing. After presenting at a London-wide meeting, we have been approached by three other local authorities to gain learning from us.

- We continue to commission Manor Gardens to provide the **Wellbeing Service** which supports ethnic minority residents to better understand mental health and wellbeing, reduce stigma and promote social connectedness, we are currently evaluating the service to ensure it meets the needs of residents.

- Due to further demand and its positive reception, we are currently re-procuring the **bereavement training** that we set up through the pandemic. The training should begin again in January 2023.

Key Challenges - Mental Wellbeing

Due to the nature and the length of the pandemic, and the cost-of-living crisis there is and will continue to be **pressure on residents and staff in terms of their mental health and wellbeing**. It is important that we continue to pre-empt and keep abreast of the issues that people are facing to ensure that we are providing the right training, information and linking them into the right support at the earliest time. We will complement the existing focus on wellbeing and understanding of mental health issues and how to help, with greater attention to the lived experience with mental health conditions.

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 these issues/factors are also caused or exacerbated themselves by mental health conditions. Drawing on our own recent needs assessment, we will continue to work across the council, with the NHS and community and voluntary sector to help address these factors.

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. We will continue to ensure that our own commissioned services address people with mental health conditions, and in our work with the NHS on improving earlier diagnosis and management of long-term conditions.

Improving Mental Wellbeing – Selected Outcome Metrics

	Public Health Indicators	Time Period	Value (latest)	Value (previous period)	Trends	London	England
Mental Health	The number of people entering Islington IAPT service (iCOPE). Revised measure.	2021/22	5,720	2192	↑ Increase since 2020/21	n/a	n/a
	Estimated proportion of dementia diagnosed	2022	82.4%	82.4%	→ No change since 2021	66.8%	62.0%
	Years of life lost to suicide, age standardise rate 15-74 years per 100,000 population (3 years average) (persons) .	2019/21	7.9 per 100,000	8.3 per 100,000	→ No significant change since 2018/20	Inner London 7.9 per 100,000 London 7.2 per 100,000	10.4 per 100,000
	Gap in employment rate between those in contact with secondary mental health services and overall employment rate.	2020/21	65.1%	70.0%	↓ Decrease since 2019/20	68.5%	66.1%

Drug and Alcohol Services

In 2021/22, maintaining access to drug and alcohol services during the Covid-19 pandemic was critical. Particularly ensuring access to medication and the availability of:

- Assessments
- Treatment starts and restarts
- Substitute prescribing

Whilst the service was always open for face-to-face work when needed, during the pandemic, the majority of support was offered by phone or online. It has since been possible to expand and diversify this online offer, and service users can now access additional types of remote support, such as online key working and a range of groups, including mindfulness, support for sobriety and support for relapse prevention.

The service has been working hard to re-instate as much face-to-face provision as possible, although activities have had to be carefully managed to maintain social distancing and other measures to prevent and control infection risk within buildings.
Other areas of priority work undertaken during 2021/22 have included:

- **Re-establishing links with services** - recent feedback from service users has primarily focused on the need to reconnect with treatment services but also with the other support provision which has been affected by Covid. Service users are indicating that the absence of this other provision – social spaces; access to learning opportunities – has impacted on their recovery progress.

- **Review of service models** – Covid has changed the way services operate and current specifications no longer reflect what is being delivered. This includes understanding what digital offers work and for whom and applying. Whilst an efficient way of providing services, there is further need to evaluate the effectiveness of this support.

Drug and Alcohol Services

- **2021 saw an increase in the numbers of people entering treatment**. By the end of 2021/22, 535 new people had entered treatment, compared to 503 in 2020/21. In addition, and in response to aspects of wider recovery support not being available, the treatment service actively retained people in treatment (instead of discharging them) in order to support service users during the pandemic. This increased the total number of people in drug treatment and increased keyworker caseloads.

- In 2021/22, the Office of Health Improvement and Disparities (OHID) issued a **new grant** (Universal Grant) to support Councils to reduce the crime associated with the drug market and address the rise in drug-related deaths. In partnership with providers and service users, Public Health funded a range of interventions to meet the outcomes of the grant including a **new designated substance misuse/criminal justice team**, and a **criminal justice peer support project**.

- In December 2021, the Government published the **new National Drug Strategy**: "From harm to hope: A 10-year drugs plan to cut crime and save lives". Its objectives include increasing the number of drug treatment placements (nationally), a treatment place for every offender with a substance misuse need and increased recovery options for people in treatment. To support local authorities to achieve the outcomes, the Government has issued a **three-year grant programme** – Supplementary Substance Misuse Treatment and Recovery Grant (SSMTR). Islington's confirmed grant allocation for 22/23 is £853,000, although this was mostly replacing new grants made available during Covid to support more people, especially people who are homeless, into treatment and recovery services, with outreach.

What next?:

- Ensuring that all face-to-face interventions continue to be reinstated safely and as soon as possible. These include drug screening and blood borne virus screening.
- Working with commissioners and wider stakeholders to plan interventions and service developments in response to the additional investment accompanying the National Drug Strategy.
- Reviewing an analysis of drug/alcohol deaths in treatment service over the past 18 months and working together with services to identify learning and recommendations for future service delivery and reporting.
- Reviewing a recent analysis of use of the Audit-C alcohol screening tool in General Practice in Islington. This will identify any local variation in alcohol-use screening, and to raise awareness of the opportunity it offers to identify higher-risk alcohol use at an earlier stage and to offer advice and / or refer patients to appropriate services.

Sexual Health Services

Sexual Health support is provided in a range of settings across the borough. There follows a focussed update on: primary care provision, adult integrated service, services for young people and HIV prevention and support.

Primary care

Interventions delivered in primary care have continued to be affected by the Covid-19 pandemic, which has impacted upon primary care capacity and practices' ability to offer in-person appointments.

This has particularly affected Long Acting Reversible Contraception (LARC). Commissioners have worked with local sexual health services to prioritise LARC capacity and have maintained extra capacity developed during 2021/22, including separate clinics provided by trained staff working within abortion services.

Adult integrated sexual health services

Adult integrated sexual health services remained available as Covid continued into 2021/22.

Face to face contact was maintained for higher risk and vulnerable adults. Services were operating with significantly fewer staff due to workforce redeployment into Covid response roles across London and enhanced infection-control requirements continued to limit clinic capacity.

STI testing has continued to be offered largely online for most local residents, with some expansion of the services available remotely. This has enabled services to continue to offer face to face appointments where needed, whilst managing the reduced workforce capacity of the service.

Public Health's investment in the development of a **dedicated Independent Domestic Violence Advisor (IDVA) role within the sexual health service** has been positively received. The role is enabling the service to provide a faster and more effective support response to anyone that presents to the sexual health service with needs concerning domestic and sexual violence.

In recognition of the positive impact of this role in Islington, it has been possible to develop a IDVA service in collaboration with Haringey, Barnet and Camden councils. We believe this service to be the first of its kind and is drawing attention from colleagues across London as an example of innovative practice.

Sexual Health Services

Young People's Sexual Health

In 2021/22, commissioners completed work to procure a new young people's sexual health service jointly with Camden.

The aim of the service is to offer accessible, preventative services to young people up to age 25 which will:

- Reduce unwanted pregnancies
- Reduce the risk and transmission of STIs
- Provide education in the forms of targeted group work, one-to-ones and Relationships and Sex Education (RSE)
- Provide workforce development (WFD) to staff teams working with young people.

The new service allows for:

- Increased capacity for one-to-one appointments so that more young people are able to access more in-depth support around their sexual health
- Streamlined appointment booking
- Improved information-sharing between services about the support needs of individuals to improve care

The new service was launched in April 2022 and is provided by Brook, in partnership with Central North West London NHS Foundation Trust (CNWL). Both organisations have well-established links in Islington and commissioners continue to work closely with the providers to ensure the new services mobilises effectively and delivers high standards for Islington's young people.

Sexual Health Services

HIV prevention and support

In 2021/22, officers sought to re-commission an **HIV support Service** for Islington residents living with a diagnosis of HIV, to support those newly diagnosed, and to support families and friends affected by someone's diagnosis. (service jointly commissioned with Camden).

Extensive stakeholder engagement was completed in order to co-produce a community service that would meet residents' needs. The new delivery model has brought together a number of existing HIV services working collaboratively with one lead provider. There is now a single referral process and just one assessment needed to develop a full support plan. Needs around healthy living, diet, benefits, training/ employment and mental and physical health are addressed either directly by the service, or through liaison and referral to other providers where more appropriate for the individual.

The new service launched in April 2022 and is delivered by a consortium of providers: YMCA Positive Health, Body and Soul, THT and Food Chain, with Living Well in place as the lead provider.

Every service user is invited to become a member of the **HIV service users' network** which provides a route to becoming a volunteer and coordinator within the service and to contribute to the ongoing development of service.

What next?

• Taking stock of the role of online and telephone/remote clinical services going forward to ensure the needs of residents are being met by this offer

• Identifying options for integrating sexual health interventions in other services and settings