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	14 Jan 2015	Item	All

Delete as appropriate	~~Exempt~~	Non-exempt

SUBJECT: Update on progress against the Joint Health and Wellbeing Strategy priorities: June 2014-December 2014

1. Synopsis

1.1 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 June 2014 (when the last update on priorities came to the Board) and December 2014.

2. Recommendations

The health and wellbeing board is asked to:

- NOTE progress against the Health and Wellbeing Board's three priorities;

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.

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

4.1 Early intervention and prevention summit

The Strengthening Early Intervention and Prevention Summit, held in November, brought together more than sixty local partners across the CCG and council, including education, public health, children's centres, social care, and Whittington Health, as well as national experts in Early Intervention. It provided an opportunity to take stock of achievements to date and showcase the excellent work taking place across the borough, and to recognise and begin to plan for the challenges ahead. This is feeding into a refresh of the Conception to age 3 approaches across Islington, and the final draft of the Children and Families Strategy 2015-25.

4.2 Joint child health strategy

The joint Islington CCG and Islington Council Child Health Strategy has been finalised. The strategy focuses on implementation of an early intervention and prevention approach across all professionals. The strategy has been informed by a Children and Young People's Health Needs Assessment carried out by Public Health.

4.3 First 21 months

Four Children's Centre cluster sites have received additional funding as learning pilots under the First 21 months programme with some useful learning beginning to emerge from the projects. Three Children's Centres have improved their health rooms to ensure they meet minimum standards. By the end of the year all Children's Centres providing clinical services will have suitable equipment and spaces. A report has gone to the CCG with specific recommendations on improving IT connectivity for health staff in Children's Centres. Implementation of the proposals will begin early next year. A model of change and principles of practice have been developed and will be used as the basis for procuring a baseline evaluation of the programme. A needs assessment of parenting class provision during pregnancy is underway and will inform future development of an evidenced based inclusive programme offered to all prospective parents.

4.4 Child weight management

Childhood overweight and obesity continues to be a challenge in Islington. In 2013/14 almost a quarter of reception year pupils (23%, about 440 pupils) were overweight or obese. Among Year 6 pupils, the equivalent figure was more than a third (38%, about 600 pupils). The proportion of Year 6 pupils who are overweight (including those who are obese) is higher than the national average and has increased since 2012/13.

115 children and young people in Q1 & Q2 completed Tier 2 child weight management programmes to support them to eat more healthily, be more active and become more confident. The service is doing particularly well at engaging teenagers, which is unusual for this type of programme.

The Tier 2 service (for overweight children) is working well, but recruiting children and young people to Tier 3 programme (for obese children) continues to be a challenge

4.5 National Child measurement programme (NCMP)

The 2013/14 National Child Measurement Programme was completed with a participation rate of 93% and 94% for reception and year 6 children respectively, an increase from 2012/13.

4.6 Healthy Start

The Healthy Start scheme in Islington continues to distribute vitamins from children's centre bases and Health Centres. The number of Children's centres now on board has increased by six to 13 Centres, taking the total number of distribution points in the borough to 23. The distribution is being piloted in the extra 6 sites until March 2015, when the monitoring data will be reviewed. If the analysis is positive then all the sites will continue with universal distribution.

A recent Children's Centre parent survey shows that both awareness and interest in Healthy Start has increased. Awareness has increased from 49% in 2013 (525) to 71% (791) in 2014. Interest in Healthy Start has increased from 74% in 2013 (667) to 84% this year (884).

4.7 Breastfeeding

Data on breastfeeding prevalence at 6-8 weeks are not available, due to the challenges in re-establishing the data flows for maternity and breastfeeding indicators between providers. A meeting with providers and NHS England took place in September and Q2 data showed an improved coverage, with 94.6% coverage (just missing the 95% coverage for data to be considered valid).

4.8 Health visiting

An Islington Health Visiting Steering Group has been set up to oversee the smooth transition of commissioning responsibility for Health Visiting from NHS England to Local Authorities in October 2015. An Integrated Governance Framework has been set up between NHS England and LBI to allow co-commissioning of the service between now and October 2015.

4.9 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.

Procurement is now underway for the joint Camden and Islington oral health promotion service. The invitation to tender will go out in February and the new contract will be awarded in July. This new service will seek to build on the success of oral health promotion model that has been implemented in Islington, and integrate within this the latest evidence-based interventions.

4.10 Teenage pregnancy

Despite improved working with UCLH and midwifery liaison, UCLH maintain their position that it cannot share with Whittington health about eligible teenagers, due to reasons of confidentiality. This has been escalated to the GP lead on Islington CCG, who leads on the UCLH contract. This is also being pursued by the Director of Commissioning through the Clinical Quality review Group.

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

5.1 Integrated Care

During the past few months, the Pioneer Programme (Islington CCG and Islington Council's integrated health and social care programme) has been ensuring that all work on LTCs is aligned to the local vision for Integrated Care, specifically the "test and learn" projects and the resulting locality offer for 2015/16.

- **Pathways:** Diabetes, COPD, and heart failure pathways are being aligned to the integrated care programme. An Integrated Care commissioning manager has sat on each pathway steering group and is actively involved in the test and learn projects, aiming to improve the patient journey and experience by improving integration between secondary, community and primary care services.

- **Inter-agency working in localities**: The new locality offer is drawing LTC management further into a locality based approach linking into mental health, enablement, district nursing and social services. A programme of "Test and Learn" service development has been instigated to determine the best model for inter-agency working which will then be rolled out across the borough from April 2015 – eight GP practices are currently engaged in the work with named representatives from mental health, community nursing and social services.

- **Self-care/self-management:** This workstream aims to empower patients with LTCs, providing them with the skills to manage their care during the bulk of the time that is not managed directly by outside agencies. The Self Care working group is due to reconvene in January 2015 after a hiatus due to a loss of lead staff members and reduced capacity within the CCG. Most recently, self-management resources have been developed for Somali, Turkish and Bengali patients with diabetes.

- **Training:** Work on the pathway includes upskilling of primary care workforce through training and education and an increase in capacity in order to allow greater repatriation of patients into the community – linking to the Workforce workstream. Since July 2014, training has included:
  - Insulin management education sessions
  - LTC Nurse champion programme for generalist primary and community nursing
  - Ongoing Year of Care training for all Islington GPs and practice nurses

- **Contract innovation & Integrated Care:** This has seen the introduction of Value Based Commissioning (VBC) approach to the diabetes workstream (in collaboration with Haringey CCG), shifting the emphasis to ensure that patients' own outcomes are treated as the main function of the pathway while also including clinical and process indicators to measure success. 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", etc. In addition to diabetes care, a VBC approach is also being developed for mental health and frail elderly services. This project is supported by a new contracting approach to commission these pathways, hopefully, provide a model for future commissioning.

- **IT:** Interoperability workstreams feed directly into the pathway work for LTCs as well as self-management and specialist community nursing management, since increased access to shared records across agencies, and ultimately with patients themselves, will improve management and outcomes for patients with LTCs.

- **Integrated Digital Care Record & Patient hand-held record:** Two key milestones achieved over the last few months are that the Pioneer IT team submitted their Department of Health 'Technology Fund 2' bid (and are awaiting the outcome) and that Procurement have published the tender document for the Integrated Digital Care Record (IDCR) and Patient Held Record (PHR). In addition, there have been a number of engagement activities with stakeholders including residents to understand what is wanted from a joined up service between health and social care in order to inform the IDCR. The main theme was that residents thought health and social care should already be sharing information; people spoke of the distress of having to repeat their story particularly at times of crisis. Body and Soul and Age UK have been commissioned to speak with their clients about the Patient Held Record. Shortly, service users will be recruited to sit on both the Integrated Care IT Steering Group and Design Service User Group as regular members.

5.2 **Long-term conditions locally commissioned services**

Islington CCG have just launched their Long term conditions locally commissioned service (LCS). This combines the most effective elements of each of their previous LCSs (COPD, Diabetes, Closing the Prevalence Gap and Over 75s Check), aiming to provide a more integrated and person-centred experience, particularly for those people with multiple long term conditions.

5.3 **NHS Health Checks**

- The NHS Health Checks programme has continued to perform very well in Islington. Between 1st April 2014 and 30th September 2014, Islington ranked as the top performing London Borough for delivering Health Checks and ranked 2nd out of 152 Local Authorities in England. During this period, 6,343 health checks were offered and 4,052 were delivered; an uptake rate of 64%.
- Health checks are key to lowering people's risk of developing four common but often preventable diseases: heart disease, stroke, diabetes and kidney disease. The programme aims to identify people at high risk of CVD early and to provide appropriate intervention to manage and their risk.
- In addition to GP surgeries, health 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 34% reduction in deaths from cardiovascular disease (CVD) over the past 6 years, and the NHS Health Checks programme is thought to have made a contribution to this decline by targeting those at the highest risk of CVD. 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.
- Islington's NHS Health Checks Steering Group was shortlisted for Team of the Year at the Heart UK annual awards in November 2014 for their successful collaborative work on the development and improvement of the service.

5.4 **Cancer**

- **Pharmacy cancer awareness campaign:** Public Health has recently completed a cancer awareness campaign within community pharmacies, aiming to increase public awareness of the signs and symptoms of cancer and to encourage appropriate GP presentation. Twenty-three pharmacies took part in the campaign over six months. This generated 2,080 conversations about cancer of which nearly 10% (204) of the conversations resulted in a pharmacist advising the customer to see their GP because of their symptoms. Of those customers who completed a feedback questionnaire (n= 107), 84% said they felt

comfortable talking about cancer in the pharmacy, a similar number felt that raising awareness of cancer was something pharmacies should do and 75% indicated they knew more about cancer than they did before they came to the pharmacy that day. We are now considering how to embed the success of the campaign and support community pharmacy to continue to raise awareness of cancer and screening programmes.

- **Primary care facilitator:** A dedicated primary care facilitator continues to support Islington GP practices on the early diagnosis of cancer. To date, 86% of practices in Islington have had initial sessions with the facilitator and 22 follow-up meetings have taken place with 11 practices since the start of the project. In addition to the sessions at practices, the facilitator offered 'Talk Cancer' training to Health Care Assistants and reception staff - with the aim of providing staff with the skills and confidence to talk about cancer in their current roles and to increase knowledge of cancer and screening programmes - staff from nine practices attended this training. The primary care facilitator has also presented a session at the three locality patient participation groups in Islington to raise awareness of cancer symptoms, discuss cancer prevention and screening programmes, and discuss having effective consultations with GPs. A community-based session with Somali elders was also developed and completed in collaboration with Manor Gardens Health Advocacy Project.

- **Raising public awareness:** Public Health have been providing a locally focussed boost to the national 'Be Clear on Cancer' campaigns by developing blogs, news items and distributing resources to community organisations, Council facilities and public spaces. The campaigns aim to improve earlier diagnosis of cancer by increasing awareness of the key cancer symptoms and encouraging people to talk to their GP.

- **De-commissioning GP bowel cancer screening locally commissioned service:** Despite this locally commissioned service running for 2 years, the uptake of bowel cancer screening in Islington had increased no more than the London average so in September, the decision was taken to de-commission this service from April 2015. Work will continue to be done with practices to encourage bowel cancer screening and uptake levels will be monitored closely to ensure there is no drop-off of screening levels.

6. Priority 3: Improving mental health and wellbeing

6.1 The number of people accessing psychological therapies through the local IAPT service is due to reach the national target of 15% of those with common mental health problems (4656 people) by March 2015. A slight dip over the summer months is not unusual due to staff changes and patient holidays. 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.

6.2 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. The aim of these services is to increase early access to IAPT, and specifically to target hard-to-reach communities and young people. In the first half of 14-15, mental health promotion services have recruited 16 new mental health champions, delivered 20 mental health awareness workshops and provided Mental Health awareness training to 170 individuals, including a group of Islington Council

members in November. Training has focussed on front line staff such as housing workers and teachers.

6.3 A new cross-borough suicide prevention steering group met for the first time in September and agreed the briefing documents for a review of suicide prevention pathways across Camden and Islington. The brief was informed by an eight-year suicide audit of 151 suicides in Islington during this period. This project is currently out for tender and the pathway review is due to commence in 2015. The outcome of this review will inform a new suicide prevention action plan. Islington Mental Health and Poverty Networking Forum have been commissioned to deliver a second workshop on suicide prevention in 2015 to raise awareness of current issues and share good practice. It is likely that this workshop will cover both Camden and Islington services.

6.4 The Public Health led mental health and resilience in schools project (MHARS) continues to work closely with the schools health and wellbeing team, school improvement, CAMHS, Educational Psychology and a number of other partners. The next phase of this work begins in January when 5 local schools with interesting ideas to pilot, will develop new approaches to increasing pupils' and staff emotional resilience through whole school systems. The MHARS framework will be developed and the school interventions evaluated with the help of UCL Partners, with the aim of all schools then learning from the development of good practice.

6.5 Public Health has worked closely with colleagues in joint commissioning to provide knowledge and intelligence in a number of areas in 2014-15. The current reviews of both talking therapies and day opportunities for people with mental health problems are supported by public health intelligence. Information was also provided for the crisis care review which has since developed into the Camden and Islington Crisis Care Concordat Local Action Plan. This fulfils the standards laid down nationally for crisis care.

6.6 Public health has also been providing health intelligence support to a new local programme of value-based commissioning, which has resulted in the development of an agreed cross-borough (Camden and Islington) model for an Integrated Practice Unit (IPU) for people living with psychosis. 2015 will see this model implemented locally. 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. The IPU outcomes are holistic, focussing on physical as well as mental health care, and aiming to tackle the very wide life expectancy gap that currently exists for those with serious mental illness. Public health has led on defining the physical health outcomes within the unit.

6.7 The Annual Public Health Report for 2015 will focus on mental health, giving the opportunity for reflection on the cross-cutting nature of mental health in terms of both the determinants and the consequences of mental illness as well as some insight into the interconnectivity of wellbeing and health. The report will demonstrate that the widely agreed need for "parity of esteem" for mental health is starting to become a local reality. The report will also contain a chapter on the physical health of people with mental illness, noting progress made (such as the agreement to implement smoke-free wards at Highgate mental health centre) as well as recommendations for further action to improve the treatment and mortality gap.

6.8 Islington Clinical Commissioning Group has made a number of new investments in 2014/15 supporting improved mental health and wellbeing. They include:-

- 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
- A pilot primary care mental health service based in general practice began in June. The overall aim of the service is to increase the access of mental health clients within GP care to physical health care assessment, specialist physical and mental health support and relevant non statutory organisations. The service will be based within GP practices included in the pilot, and provide consultation and advice to GPs as well as direct care.

6.9 The opening of the new recovery college by Camden and Islington NHS foundation trust offers people with mental illness in Islington a new opportunity to take forward their own recovery and so prevent some of the secondary consequences of mental illness.

7. Implications

7.1. **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

7.2. **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.

7.3. **Equalities Impact Assessment** .

This paper provides an update across a wide range of programmes and services being delivered in support of the LTC Health and Wellbeing Board's priority. 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.

7.4. **Environmental Implications**

None identified

8. Conclusion and reasons for recommendations

The Board is asked to:

- NOTE progress against the Health and Wellbeing Board's three priorities.

Background papers:

Attachments:
Final Report Clearance

Signed by		Julie Billett Director of Public Health Date: 5th January 2015
Received by	…… Head of Democratic Services	…….. Date

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