

Health in Islington - Key Achievements

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Presentation to Health Scrutiny Committee

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Life expectancy

- National and local three-yearly data for average life expectancy have not yet been updated from the last annual report, and the most recent data remains for the period 2018-2020.
- Between 2011/13 – 2017/19, life expectancy increased in Islington for men and rose slightly for women. In 2018/20, life expectancy fell slightly for both men and women – this was due to the impact of Covid -19 on deaths in 2020, and was seen also across London and nationally.
- Life expectancy at birth for men in Islington in 2018/20 (79.5) was lower than the London average (80.3) and similar to the England average (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 years).
- It is likely that when new figures are published up to 2019-21 that life expectancy will have fallen compared to 2018-20, primarily due to the further impacts of Covid -19 during 2021.

Life expectancy at birth and changes



Men	2011-13	2017-19	2018 - 20	Change 11/13 – 18/20
Islington	77.9	79.7	79.5	+1.6
London	79.9	80.9	80.3	+0.4
England	79.3	79.8	79.4	+0.1



Women	2011-13	2017-19	2018-20	Change 11/13 – 18/20
Islington	83.2	83.4	83.2	0
London	83.9	84.7	84.3	+0.4
England	83.0	83.4	83.1	+0.1

Source: OHID, 2023.

Please note – update figures are expected to be released in January 2024.

Healthy life expectancy

- New national and local data for healthy life expectancy have not been updated since the last annual report, and the most recent data remains for the period 2018-2020.
- On average, men and women in Islington respectively spend the last 16.5 and 19.4 years of life in poorer health.
- Over the period 2011-13 to 2018-20, there was a significant improvement in healthy life expectancy for both men and women, respectively of 5.4 and 5.8 years. For both men and women, by 2018-20 healthy life expectancy was similar to the England average, and for women it was similar to the London average. Male healthy life expectancy was slightly below the London average.

Healthy life expectancy at birth



Men	2011-13	2016-18	2018-20	Change 11/13 – 18/20
Islington	57.6	62.6	63.0	+5.4
London	63.4	64.2	63.8	+0.4
England	63.2	63.4	63.1	-0.1



Women	2011-13	2016-18	2018-20	Change 11/13 – 18/20
Islington	58.0	61.7	63.8	+5.8
London	63.7	64.4	64.0	+0.3
England	63.8	63.9	63.5	-0.3

Source: OHID, 2023
Please note – update figures are expected to be released in January 2024.

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 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.

Key achievements – Children & Young People (CYP)

The [Joint Strategic Needs Assessment on Children and Young People](#) in Islington (2023) looks at the current and future health and wellbeing needs of the local CYP population to inform and guide the planning and commissioning of local health, well-being and social care services.

It Includes:

- Outcomes related to **health, wellbeing, education and social care.**
- Wider determinants of health such as **housing, poverty and employment.**
- Qualitative insight from **CYP and families** throughout all sections.
- Identifies key challenges and **inequalities.**
- A summary of local evidence of effectiveness for different interventions.



Islington's Annual Public Health Report (2023) focuses on young people's (adolescent) health and wellbeing and provides evidence-based recommendations for action.

Adolescence is a critical developmental period marked by significant biological, social, psychological and behavioural changes with long-term implications for health and well-being. This cohort has also been affected by the impact of the Covid-19 pandemic, highlighting and deepening inequalities.

The report takes a deep dive into five important areas: **healthy behaviours; mental health; violence and safety; education, training and first steps into employment; long term health conditions.**



Key achievements (Early Years)

- Launch of the [Bright Start strategy](#) at the Bright Start conference in April 2023.
- Mobilisation of the national **Family Hubs** programme.
- Family Hubs bring together lots of different services for children and families to make a single ‘front door’, making it easier for families to get the help they need at the right time.
- Public Health are jointly leading on the funded **Start for Life (age 0-5)** elements of this programme, which contribute to our overall delivery of the Bright Start strategy.
- Key areas of investment are **perinatal mental health** and **parent-infant relationships, infant feeding, parenting skills, and home learning/speech, language and communication skills**.
- The Islington programme puts particular focus on support for children with SEND particularly around infant feeding, parent-infant interaction, and reducing parental conflict. The programme provides enhanced opportunities for **co-production and peer delivery** across the **0-19 age group**.
- Both the **Bright Start strategy** and the **Family Hubs** programme support improved partnership with **maternity services at Whittington Hospital and UCLH**, with a regular working group, co-location and clinical co-working.
- Islington successfully bid for £1.5m additional national funding for a **health visiting workforce pilot** within the Family Hubs programme. The workforce pilot will test a new skill-mix model within health visiting, developing the role and competencies of family health advisors to provide earlier screening, particularly for speech and language delay, and simple early interventions.

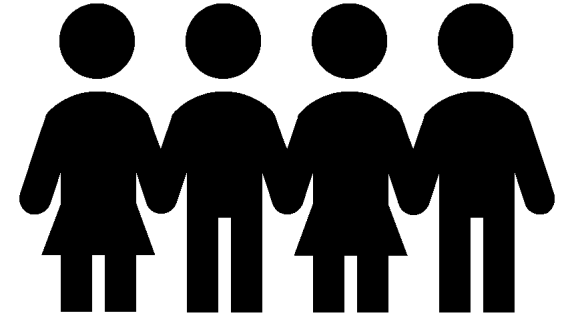
Childhood weight

The National Child Measurement Programme was completed in June 2023 and parents have been sent their results. The School Nurses have contacted parents of children who are above a healthy weight to offer one-to-one support and advice.

There are concerns that reduced activity and changes in diet during periods of Covid -19 lockdowns and restrictions have increased the proportion of children who are over or very overweight. In this survey and in these two-year groups, levels remained similar to recent years.

The Enhanced Healthy Living Service was recommissioned for 20 months. The new contract will run until March 2025.

54 x Families for Life programmes were delivered in Q1 and at least 50% of attendees were people from ethnic minority groups.



Public Health Outcomes Framework (PHOF) Indicators Performance

Best Start in Life	Indicator (PHOF)	Time Period	Value latest available)	(Value (previous)	Trend	London	England
	Percentage of new births that received a visit within 14 days.	2022/23	95%*	95%*	→ No change	81.6%	79.9%
Population vaccination coverage MMR2 (Age 5).	2022/23	70%*	70%*	→ No change	75%	85%	
Percentage of 5 years olds with dental decay.	2021/22	23.7%	-	-	25.8%	23.7%	
Maternal Smoking at time of delivery.	2022/23	5.5%	5.4%	→ No change	4.6%	8.8%	
Infant mortality (deaths under the age of 1).	2019/21	2.3 per 1,000	3 per 100,000	↓ Lower than 2018/20	3.5 per 100,000	3.9 per 100,000	
Reception : Prevalence of overweight (including obesity).	2022/23	21.6%	21.9%	→ No significant change	20%	21.3%	

*Local data

Looking forward

- Family hubs development continues, opening the second (**South**) hub in November, and final (**Central**) hub in April. The **Start for Life** programme will be fully mobilised by the close of this year.
- Commence the **Start for Life workforce pilot with Whittington Health** – November 2023.
- Micro-targeting of **childhood immunisation promotion** through **community groups and engagement**.
- Evaluating focussed **flu promotion work** of Families For Life champions.
- Working with partners to action recommendations from the **Annual Public Health Report**.
- An assessment of the health and wellbeing needs of **Looked After Children**.
- Develop resources for parents and CYP informed by local research looking at **reducing harms of social media**.

Preventing and Managing Long Term Conditions

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



Preventing major health conditions – physical activity



Getting and staying active is one of the best ways to **reduce the risk of multiple health conditions**, including **dementia, heart disease, stroke, diabetes and multiple forms of cancer**. It is also a fantastic opportunity to **support social connectedness**. It is recommended that adults are active for at least 150 minutes each week.

Based on data from 2021/22, in Islington, 72% of adults meet these recommended levels. Although this is significantly higher than the national (67%) and London (67%) averages, it still means that around 54,000 adults in the borough aren't meeting the recommended levels of activity – with inequalities seen in patterns of activity levels seen across London ([OHID, 2023](#)). **Our response:**

- Working with other council partners and wider partners across the system, we have developed an **Active Together Strategy** for the borough (2023-2030) focusing on equitably increasing physical activity levels across Islington.
- We are supporting those with long term health conditions, who face barriers to being active, through a pilot service (**The Get Active Service**) based in selected **GP practices** (in both Camden and Islington – currently in two Islington practices). This service provides motivational support on a one-to-one basis to residents with long term conditions. Early pilot data is showing encouraging increases in physical activity, with over two thirds of clients living in the most deprived areas and over half of clients reporting their ethnicity as members of a minoritised ethnic group. The pilot will need to run for longer in order to produce more robust findings.
- We are developing a richer understanding of the barriers to physical activity uptake, to support targeted action, through evidence review and engagement work – including collaboration with the ICB on a local **community research programme** with those in minoritised ethnic groups.
- We have developed a communications campaign '**Every Movement Counts**' to support increased awareness of the benefits of getting active and the local opportunities available, with an emphasis on supporting those in underserved groups – including those with health conditions.

Preventing major health conditions – healthy diet and healthy weight

Eating healthily and maintaining a healthy weight are important ways to reduce the risk of a wide range of major health conditions, including **heart disease, diabetes, stroke, dementia and multiple forms of cancer**. In Islington, the proportion of adults living with overweight, or obesity (51%) is significantly lower than the average across London (56%) and England (64%) – however, 95,000 adult residents live with overweight or obesity [[OHID, 2023](#)].

Our response:

- Supporting improvements in the health profile of food available in the borough. This has involved supporting the development of the **Islington Food Strategy 2023 – 2028** and leading the development of a related action plan to improve access to ‘healthy, affordable food for all’ residents.
- Working with Manor Gardens Welfare Trust, funding obtained to support **food aid system mapping and strengthening** over next year.
- Developing an understanding of the financial barriers faces around food access through completion of a **food insecurity needs assessment**.

Adult weight management service for residents:

- 12-week programme involving group-based sessions providing information on healthy nutrition and physical activity and providing motivational support (online and in-person options). Over a quarter (27%) of clients losing over 5% body weight and nearly half (46%) losing over 3% body weight by 12-week stage.
- Commenced in January 2023 – 185 people either completed or on course to complete programme. Indication of equitable uptake, with 37% completers in a minority ethnic group and 30% of completers amongst those living in the 20% most deprived areas.
- As the programme beds in, further work on booking will help to further support enrolment in the activity.

Long-term conditions and smoking

- Smoking increases the risk of developing more than 50 serious health conditions, which may be fatal or cause irreversible long-term damage to health.
- Islington has high levels of smoking related harm with:
 - Rates of premature mortality from smoking attributable cancer, the second highest of all London boroughs (2017-19).
 - Higher rates of mortality from respiratory disease in under 75s than England (36 per 100,000 vs 26.5 per 100,000) and the 4th highest number of emergency hospital admissions for Chronic Obstructive Pulmonary Disorder (COPD) in London.

Islington's Stop Smoking Service - Breathe

- Breathe offers a flexible model that includes online/ telephone consultation with postal delivery of nicotine replacement therapy or face-to-face support delivered in community clinics.
- Breathe also supports, trains and monitors a network of community pharmacies and GP practices to deliver stop smoking support under a locally commissioned service (LCS) contract. Post-pandemic system pressures continued to affect staffing, capacity, and prioritisation of smoking cessation in GPs and community pharmacies. This means that whilst activity has remained stable throughout the 2022/23 compared with 2021/22, it was less than half of GP and a third of pharmacy activity compared to 2019/20. Work is planned to help 'lift up' stop smoking activity in primary care.
- There has been significant partnership work throughout the year to improve treatment pathways in hospitals and maternity services as part of a wider programme of work across North Central London (NCL). Following identification of smokers on admission and the offer of specialist support on hospital wards, smokers are referred to Breathe on discharge. These improvements have increased numbers of referred Islington patients engaging with the service year on year, with approximately half of people referred from hospitals setting a quit date and over half of those quitting in 22/23.

The data presented in the subsequent slides refer to all providers: Breathe, GPs and pharmacies.

Key achievements - Stop Smoking Services 2022/23

Smoking and health inequalities

- Islington's estimated smoking rate amongst routine and manual occupations (13.9%) is almost double the rate of its adult population (7.9%). [Annual Population Survey estimates for 2022]
- Adults with long-term mental health conditions and residents on low incomes have smoking rates that are higher than the borough average. These are contributing to higher rates of long-term conditions, thus widening health inequalities.
- In 2022/23, 691 people or 62% of service users who attempted to stop smoking successfully quit (measured at 4 weeks after setting a quit date). This is the third best quit rate in London (average quit rate of 53%) for 2022/23. 10% of these quits were delivered in partnership with the Whittington Health Respiratory Team.
- For pregnant smokers, the success rate was exceptional at 82% which is the second-best quit rate among pregnant women in London in 22/23 (average quit rate of 56%). 93 women quit smoking in pregnancy, a significant increase from last year's 61 quits, and represents the highest number of pregnant women quitting smoking in any London borough.
- Over half (53%) of successful quits were amongst residents in a high smoking prevalence group, including those who are sick, disabled or unable to work, long-term unemployed and routine and manual workers.

Key achievements - Stop Smoking Services 2022/23 continued



In 22/23:

- 244 routine and manual workers accessed the service and 161 quit. This represents a 66% quit rate, which was the highest among London boroughs in 22/23.
- 147 residents with COPD set a quit date and 81 stopped smoking (55% quit rate) from Q1-Q3 2022/23 (this data is not available for Q4 due to change in providers).
- 142 service users disclosed a history of mental health problems and 81 stopped smoking (57% quit rate) from Q1-Q3 2022/23 (this data is not available for Q4 due to change in providers).
- 52% of service users across the service were from minoritised ethnic groups – the service is reaching ethnic groups with higher smoking rates (such as Black Caribbean, Irish and white other).

Key achievements long-term conditions



Diabetes

- People of Black African, Black Caribbean or Asian heritage are at higher risk of developing Type 2 Diabetes. Public Health delivered various health inequalities projects across North Central London (NCL) to increase uptake of the NHS Diabetes Prevention Programme (NDPP) by residents of these ethnicities. One project involved using clinical records to identify patients of these heritages and who had a long-term condition and streamline their access to the NHS Diabetes Prevention Programme (NDPP), by issuing a direct invitation without GP referral.
- 710 NCL residents accepted the streamlined offer and joined the NDPP. The project was found to be a successful way of improving access to preventative diabetes care, with the potential to contribute to reducing the diabetes-related health inequalities experienced by Black African, Black Caribbean and Asian residents.
- A poster presentation of this intervention was delivered at the Health and Care Analytics Conference in Birmingham, in July 2023. This project is being repeated currently, this time with a focus on people living in areas of highest deprivation.
- Public health also delivered diabetes community testing events across NCL, with the aim of improving access to services for residents in areas of highest deprivation (deprivation is also a risk factor for diabetes) and to Black and Asian residents.
- In Islington, community testing events were held at the Holloway 7th Day Adventist Church and Finsbury Park Mosque. 130 people were screened for pre-diabetes and hypertension at these events.
- All eligible patients were provided advice and referrals to the NDPP where eligible.

Key achievements long term conditions



Cancer

- Public Health continue to work in partnership to support the North Central London (NCL) Cancer Prevention and Awareness strategy, which has been refreshed. New priorities are currently being determined through the working group.
- The Targeted Lung Health Check programme has begun, and communications have been circulated to alert primary care staff to the programme, as well as through our VCS partnership networks to raise awareness among residents. The Targeted Lung Health Check is a new screening initiative to detect and treat lung cancer earlier in smokers and ex-smokers.

Dementia

- A part-time Dementia Coordinator role has been appointed within the council, sitting in the Adult Social Care Team. The Co-ordinator has developed new communications channels with partners and has provided support to the Age Well Commissioner in the development of an Islington Dementia Strategy.
- Extensive stakeholder engagement has been carried out and the strategy and action plans are now being finalised.

Looking forward - long term conditions

- **Overweight and Obesity** – The tier 2 weight management services in the borough are commissioned until at least 2025, with a focus on improving and maintaining both quality and equity of service delivery over that time. Further action will also be taken to improve the local food environments; by co-ordinating delivery against the Islington Food Strategy action plan and supporting the ongoing food aid system mapping and strengthening project being delivered with Manor Gardens.
- **Physical Activity** – Public Health is taking a multifaceted approach to supporting uptake of physical activity going forward including; expanding the Get Active motivational interviewing service pilot to three GP practices, promoting awareness of the benefits of physical activity and the local opportunities to be active through the ‘Every Movement Counts’ campaign – with an emphasis on supporting uptake amongst those with long term conditions, enabling collaborative working to overcome barriers to physical activity through the new Islington Active Together Group, supporting the People Friendly Streets initiative through evidence review, and continuing to develop insights into the barriers faced by those in underserved groups around getting active through evidence review and engagement work.
- **Smoking** - New stop smoking service provider Central and North West London NHS Trust, launched the new Breathe service in April 2023. Public Health officers are working with the provider to embed the new service, increase the delivery of face-to-face support through a range of community settings, respond to increases in vaping among young people and illegal sales in partnership with key partners, as well as mitigating the environmental impact of disposable single-use vapes. The Government announcements of increased funding for local authority stop smoking services and for enforcement on illicit tobacco and e-cigarettes, alongside the consultation on measures to prevent young people from starting smoking and to address youth vaping, present significant new opportunities.
- **Diabetes** - Public Health Officers are procuring a new provider to deliver additional health community events across NCL, including in Islington.
- **Cancer** – A cancer health inequalities project targeting young women (aged 25-49) who have missed cervical cancer smear appointments is in development. This Public Health, VCS and ICB partnership project will pair a call/recall service with Community Champion-led outreach.
- **Cardiovascular Disease** - Public Health Officers are working with primary care to improve NHS Health Check performance, with 6736 residents having an NHS Health Check in 2022/23, a 12.4% increase on the previous year. Public Health has incentivised practices to increase the reach and take up of Health Checks by patients who face barriers to accessing preventative care, including those with learning disabilities and with mental health needs.

Long Term Conditions

Indicator (PHOF)	Time Period	Value (latest available)	Value (previous)	Trend	London	England
Smoking Prevalence in adults (18+) current smokers* .	2022	7.90%	N/A New	N/A New	11.70%	12.70%
Percentage of physically active adults.	2021/22	71.8%	74%	↓ Lower than 2020/21	66.8%	67.3%
Percentage of adults overweight or very overweight.	2021/22	51%	44%	↑ Higher than 2020/21	55.9%	63.8%
Admissions episodes for alcohol related conditions.	2021/22	543 per 100,000	N/A	N/A	425 per 100,000	494 per 100,000
Under 75 mortality rate from cardiovascular disease .	2021	85.2 per 100,000	N/A	N/A	74.3 per 100,000	76.0 per 100,000
Under 75 mortality rate from cardiovascular disease considered preventable.	2021	34.5 per 100,000	N/A	N/A	29.5 per 100,000	30.2 per 100,000
Under 75 mortality rate from cancer.	2021	135.2 per 100,000	N/A	N/A	110.2 per 100,000	121.1 per 100,000
Under 75 mortality rate from cancer considered preventable.	2021	67.4 per 100,000	N/A	N/A	43.3 per 100,000	50.1 per 100,000
Under 75 mortality rate from respiratory disease.	2021	36,3 per 100,000	N/A	N/A	22.5 per 100,000	26.5 per 100,000
Under 75 mortality rate from respiratory disease considered preventable.	2021	24.7 per 100,000	N/A	N/A	12.1 per 100,000	15.6 per 100,000

Improving Mental Wellbeing



Key achievements – mental wellbeing 2022/23

- Raising skills and awareness in mental health among VCS and our diverse communities through a range of in-person and on-line mental health training courses. 528 people from Islington completed an evidence based mental health awareness course, including 130 who completed the two-day licensed Mental Health First Aid (MHFA) and Youth Mental Health First Aid (YMHFA) courses.
- Public Health commissioned services to support the mental health needs of residents whose first language is not English by delivering support sessions such as 'It's OK not to be OK' to community groups in Turkish, Albanian, Somali, Syrian, Arabic and Russian. A total of 47 residents accessed these groups in 2022/23, with between 10 and 18 sessions held for each community.
- In response to the recent needs assessment finding that residents lack awareness about where to get support for their mental health and wellbeing, we have a robust programme of communications working with residents, external stakeholders and the LBI corporate Communications Team. This programme responds to what we are hearing from residents so that our messaging is relevant and targeted.
- We are working with the Somali Taskforce, We Are Cally and the new Local Wellbeing Networks to ensure that mental health and wellbeing training and support is embedded within their programmes.
- We continue to support the Young Black Men and Mental Health programme by coordinating training and information for the local barbers and supporting system transformation through partnership working.

Suicide prevention - key achievements 2022/23



- New local suicide prevention strategy (launched September 2022) – embedding with partners and developing action plan.
- New half-day suicide awareness training, and bereavement awareness commissioned.
- New suicide prevention resources [webpage](#) launched.
- Responses to local suicide developed with community support to neighbours through estate champions, as well as continued bereavement support to relatives.
- Improved and more timely data now available from London real time suicide surveillance hub.
- Re-procurement of NCL Support after Suicide service (Islington acting as lead commissioner), with new provider from October 1st, 2023.

Looking forward

The cost-of-living crisis and the ongoing impact of the Covid-19 pandemic continue to be risk factors for poor mental health and wellbeing for residents and staff. It is important that we continue to engage with residents and community groups to ensure that we are providing the right training, information and linking them into the right support at the earliest time.

Mental wellbeing

- Health equity audit of the Social, Emotional and Mental Health service (SEMH) for children and young people.
- Recommissioning of mental health training informed by consultation with VCSE organisations and local evidence.
- Conduct a mental health needs assessment to understand mental health need in Islington post-Covid.
- Continue to focus on the relationship between physical health and mental health.

Suicide prevention

- Mobilisation and embedding of the newly commissioned [Support after Suicide service](#) started 1st October.
- Development of a local suicide cluster response plan, and resource pack to support response to suicide.
- Working with CAMHS services to understand the involvement of social media in self-harm and ensure young people are protected from risk (online safety).
- Working with the ICB and ICS partners to develop a regional programme of suicide prevention with funds available through NHSE.

Public Health Outcomes Framework (PHOF) Indicators - Islington Performance

Mental Health

Indicator (PHOF)	Time Period	Value (latest available)	Value (previous)	Trend	London	England
Gap in employment rate between those in contact with secondary mental health services and on a Care Plan Approach and the overall employment rate.	2020/21	65.1%	N/A	N/A	68.5%	66.1%
Suicide rate (directly standardise rates per 100,000 population).	2019/21	7.9 per 100,000	8.3 per 100,000 (2018/20)	↓ Downwards (better) over time.	7.2 per 100,000	10.4 per 100,000
Estimated dementia diagnosis rate.	2023	73.60%	82.40%	↓ Lower than 2022; affected by data record outage.	65.60%	63%

Drug and Alcohol – Substance Misuse

Drug and alcohol services - key service achievements 2022/23

Launch of the Individual Placement and Support (IPS) programme in Islington - providing tailored, individualised, strengths-based support by trained employment specialists to help people overcome barriers to finding paid or voluntary work.

Progressing the aims of the National Drug Strategy - collaborating with our service providers (Camden & Islington NHS Trust, VIA and Humankind) to;

- develop an ambitious programme to increase the number of people accessing drug and alcohol treatment support in Islington,
- improve the continuity of drug and alcohol treatment and care for people leaving criminal justice settings,
- improve the reach and effectiveness of treatment services.

Identifying opportunities to partner with third sector providers to deliver innovative additional support services in 2023/24, with a particular focus on groups that are currently under-represented in our treatment services.

Key Challenges :

Short term funding (year-to-year funding arrangements and limited notice confirmation of grant awards) has presented challenges around planning and implementation of some programme actions.

Comparable national investment across all local authority areas has presented recruitment challenges, with many areas seeking to create and fill additional frontline roles from the current workforce.

Looking forward - 2024

- Embedding new outreach roles in the courts, police, prison and probation service to improve access to treatment and continuity of care for residents in contact with the criminal justice system.
- An exciting new partnership with Support When It Matters (SWIM), a community organisation supporting men of Black African and Black Caribbean heritage with drug and alcohol support needs and criminal justice system involvement.
- Reinvigorating our approach to service user involvement in the design, delivery and quality-assurance of our drug and alcohol services.
- Working supportively but assertively with our service providers to deliver robust and measurable improvements to the reach, effectiveness and equity of our treatment services.



Sexual Health Services

Key achievements

- Islington commissions integrated sexual health and contraception services in partnership with Camden, Haringey and Barnet, which are delivered by CNWL NHS Trust.
- 2022/23 brought a number of challenges, with the ongoing recovery from Covid-19 and the subsequent MPox (formerly known as Monkey Pox) outbreak in Summer 2022.
- Despite these challenges, the service maintained capacity in their clinics to see people at higher risk of infection, and delivery of Long-Acting Reversible Contraception (LARC) returned to pre-Covid levels with Islington recording the third highest rate of LARC provision in sexual health services in London.
- In 2022, CNWL were a leading provider of the MPox vaccination programme, delivering the second largest number of MPox vaccinations in London.
- The service continued to expand its delivery of PrEP (Pre-exposure Prophylaxis) - medication that reduces the risk of getting HIV- and were the second largest provider of this programme in London. In 2022/23, CNWL delivered a successful 'Be PrEPared' campaign designed with and for young gay and bi men; ongoing community outreach and PrEP promotion, and an engagement programme with Umoja Health Forum & Embrace UK to understand barriers and opportunities to increase uptake of PrEP among Black African communities.
- Public Health have continued to fund the successful Independent Domestic Sexual Violence Advocate post which is delivered by Solace and embedded within the integrated sexual health service. The post is overseen by the Islington VAWG Commissioning Manager and has received very positive feedback from service users.

Key achievements continued

- The newly commissioned Young People's Sexual Health service was launched in July 2022, and was designed with young people.
- The service works with young people up to the age of 25 to improve sexual health outcomes and reduce the number of under 18 conceptions.
- This service delivers in-clinic appointments, clinical outreach in youth settings, condom distribution, workforce development, counselling and relationship and sex education in secondary schools.
- July 2022 also saw the launch of the [candiNETWORK](#) supporting people living with or affected by HIV in Camden and Islington.
- The candiNETWORK provides a wide range of one-to-one and group-based services including counselling, life coaching, art therapy, wellbeing and nutrition groups, peer mentoring, and support around accessing benefits, work and skills.
- Between its launch in July 2022 and March 2023, 266 Islington residents have received support through the candiNETWORK. This includes a large proportion of service users from racially minoritised groups.

Looking forward

Public Health are moving into the end of the first contract year for the young people's sexual health service and the HIV Support Service. The focus for the current year is on embedding new ways of working. For young people's sexual health, Public Health Officers will be working to improve the reach into communities of young people who are under-represented in services.

This work will include training local barbers to deliver the C-card, condom distribution scheme and have quality conversations around safe sex to young men.

For HIV support services, this will be continuing to build the co-production culture within the service.

Public Health Officers are preparing to refresh and develop the model for the new Integrated Sexual Health service, for when the current contract ends. The service will be co-designed with services users and will incorporate insights from a comprehensive stakeholder engagement process and analysis of population need.

Evidence Islington

Key achievements

- In October 2022 Islington Council (Evidence Islington) was selected as one of thirteen successful sites across the UK to become a National Institute for Health Research (NIHR) Health Determinants Research Collaboration (HDRC), following a highly competitive process. Initially, the award was for development funding during 2022/23 with a view to becoming a full HDRC in 2023/24. In August 2023 NIHR confirmed that after a successful pilot year, the Council have been awarded full HDRC.
- £5million in funding to drive a culture of research, data and evidence-based policymaking in partnership with residents and our health and academic partners.

Achievements during the development year include:

- Substantial staff and member engagement, enabling us to strengthen the case for how HDRC helps LBI achieve corporate long-term goals.
- Developed 5-year strategy for resident engagement and dissemination for research through a resident co-design group and workshops with Diverse Communities Health Voice. Tested approaches through a pilot resident-decision-maker discussion session to work through HDRC ambitions using a real topic, brainstorming what and how evidence is currently being used to inform decisions, how HDRC can help to fill evidence gaps and how LBI can better communicate with residents and follow-up activities with the housing department.
- Conducted a review of ethics processes in a dozen local authorities. Internally, we have strengthened cross council ethics review processes through bi-monthly working group sessions with members from the Information Governance and Participation & Engagement teams.
- Early focus is around linking datasets, particularly around the priority of housing, this can be achieved through use of the Unique Property Reference Numbers (UPRN). We have identified the main databases and applications in the council to prioritise the insertion of UPRNs. Designing a process to keep systems and UPRNs up to date.

Looking forward

- Agreeing and recruitment of the delivery team: this includes plans to have ‘embedded researchers who will work with different council departments on identified projects or programmes where we want to strengthen the research/evidence-based approach. Examples could include a piece of primary data analysis, a complex analysis of information, an evaluation.
- Setting up the substantive programme of resident engagement, guided by the co-designed strategy: recruiting a dedicated Patient and Public Involvement and Engagement (PPIE) coordinator and developing a community researcher team and identifying and structuring other opportunities within and beyond Evidence Islington (e.g. mapping decision-making processes, updating equalities monitoring explanation, wellbeing dashboard review).
- Working with communications team to agree an approach to increase engagement / comms and awareness of Evidence Islington it is, how others can get involved and how we can work together to maximise impact for residents.
- Evaluation baseline, this will include characterisation of how research active the Council is e.g.current state of readiness, knowledge and understanding of evidence use. Ensuring a good baseline assessment will support us in monitoring the impact of the programme and approach.
- Recruit to, and convene, the Evidence Islington strategic delivery board to support development and oversee implementation of HDRC. Ensuring we align and assist in delivering Islington 2030.
- Launch event, opportunity to develop priorities together.
- Developing the housing/health linkage approach .
- Undertake an Islington-wide needs assessment (LA staff, members, residents, and VCS partners) which focuses on training & organisational culture to support research.