

Public Health

4th Floor, 222 Upper Street, N1 1XR

Report of: Director of Public Health

Meeting of: Health and Wellbeing Board

Date: 12th November 2024

Ward(s): All wards

Subject: Developing the New Joint Health and Wellbeing Strategy for Islington

1. Synopsis

- 1.1. This report provides members of the Joint Board with an update on the Joint Health and Wellbeing Strategy for Islington, intended to cover the period up to 2030.
- 1.2. The draft report and summary slide set can be found in Appendix 1 and Appendix 2.

2. Recommendations

The Health and Wellbeing Board are asked:

- 2.1. To note the priority areas identified within the draft Islington Health and Wellbeing Strategy 2024-2030, organised under the headings of Start Well, Live Well, Age Well and Healthy Environments.
- 2.2. To discuss whether there are any specific gaps we have yet to address under the four goals across the life course and healthy environments, where the Health and Wellbeing Board partnership would add value or impact.
- 2.3. To consider and agree or amend the areas proposed for key strategic priority areas for focus for the Health and Wellbeing Board (set out in sections 3.16 and 3.17 of this paper).
- 2.4. To agree the draft Joint Health and Wellbeing strategy, including any changes agreed by the Board in response to recommendations 1.2 and 1.3.

2.5. To note that following agreement from the Health and Well-Being Board, the strategy will go out to public consultation.

3 Background

- 3.1 The Health and Social Care Act 2012 established Health and Wellbeing Boards as a forum where key leaders from the health and care system work together, to improve the health and wellbeing of their local population and reduce health inequalities.
- 3.2 One of the primary functions of the Health and Wellbeing Board is to set out the strategic priorities for improving health and reducing health inequalities in the borough, based on the ongoing assessment of need in the Joint Strategic Needs Assessment, engagement with residents, patients and communities, and other ongoing assessments of the state of health in Islington. The strategy is a partnership strategy reflecting the Health and Wellbeing Board: council, NHS and community and voluntary sector. Islington's last Health and Wellbeing Strategy was published in 2017.
- 3.3 **The Health and Wellbeing Strategy 2017**
The vision set out in the 2017 strategy was to improve the health and wellbeing and reduce the health inequalities of the local population, its communities and residents, by:
1. Ensuring every child has the best start in life.
 2. Preventing and managing long term conditions to enhance both length and quality of life and reduce health inequalities.
 3. Improving mental health and wellbeing.
- 3.4 There has been important progress with delivery under each of the three priorities, but many challenges also remain. Overall, healthy life expectancy (the period of time spent in good health which draws across all three priority objectives) has significantly improved over the past decade, particularly for males. Improvements in life expectancy (number of years of life) in the most recent years has significantly slowed, with a stabilisation or slowing of improvement in the rate of premature deaths from long term conditions. Islington ranks lower than London for both male and female life expectancy, particularly for males, but in both cases life expectancy in the borough is similar to the national averages despite the high level of deprivation.
- 3.5 In addition to changes in life expectancy and healthy life expectancy, there have been positive trends in other areas of health and wellbeing, including:
- Infant mortality remains lower than national and London rates.

- Premature mortality rates from cancer and respiratory diseases have fallen steadily and are similar to national averages.
- Health checks, together with community diabetes prevention and risk screening, are helping over time to detect risk and improve earlier diagnosis rates.
- Smoking prevalence has continued to fall across the population, and the local service achieves high quit rates.
- There has been a reduction over time in the numbers of deaths due to suicide in the borough.
- There has been a general downward trend in new diagnoses of HIV.
- Dementia is more likely to be diagnosed earlier than in other parts of the country.
- Air quality has markedly improved.

3.6 However, there are other long term and newer challenges, including:

- The borough has one of the highest rates of serious mental illness in the country. Diagnoses of depression are higher than London and national averages.
- Excess weight is having an increasing influence on health and outcomes.
- Drug and alcohol needs are appreciably higher than London and England.
- The impacts of Covid and cost-of-living increases have affected the health and wellbeing of residents. Some of these impacts may have long lasting effects.
- Premature mortality from cardiovascular diseases has stopped falling, echoing London and national trends.
- Uptake of vaccinations remain well below levels necessary to protect the whole population. Diseases such as measles are circulating again in London.
- High levels of preventable hospital admissions for asthma.
- Diagnoses of autistic spectrum disorder are increasing, especially in children and young people.
- Longer term physical and psychological effects of climate change.
- Islington expects to see an ageing population over the next decade, while the birth rate has declined significantly.

3.7 **Approach to developing the new Joint Health and Wellbeing Strategy (JHWS)**

To build on progress, and to provide a strategic framework and focus for the Board's work going forward, the JHWS and its priority outcomes needed to be reviewed and refreshed.

3.8 To support this a task and finish group was established, with representatives from across the HWB member organisations and other partners, that have input into and guided the development of the draft refreshed strategy to the Board. The review process has covered:

- The impact of the current JHWS, and what more there is to do.
- Needs and assets of the local population. The Joint Strategic Needs Assessment (JSNA) provides an overview of local needs and priorities, and

this, together with other insight from previous and ongoing engagement work with the community, supported the development of priority areas of focus for the new strategy.

- The current and future health landscape within the context of local financial and other challenges, and wider system transformation and integration.
- The approach is iterative: i.e., themes and areas of focus reviewed and adjusted as the process has developed.

3.9 Our approach to health and health inequalities places significant emphasis on listening to the views and experiences of local people and communities, and engaging and acting on these to identify actions and ways of improving health and wellbeing and promoting healthier behaviours. Over the past few years, the Council, the local NHS and HealthWatch have developed significant mechanisms, approaches and programmes of work focused on engaging residents and patients in the planning, development, delivery and evaluation of local health and care services. The insight has informed the development of the strategy and further engagement work and a more formal period of consultation will be used to develop the new strategy and priorities.

3.10 Please note that the draft strategy will reference and work with, but as a document does not intend to duplicate:

- Existing strategies, such as cross-cutting strategies on prevention and early intervention (e.g. the Fairer Together strategyⁱ) or more specifically focused strategies (such as Islington's Active Togetherⁱⁱ or the Islington Food Partnership Strategyⁱⁱⁱ)
- Plans and programmes for integration of health and social care services
- The above do provide strategic context and operating environment for this strategy.

3.11 **Joint and Health and Wellbeing Strategy Priorities**

The new draft Joint Health and Wellbeing Strategy is focused on improving life expectancy and healthy life expectancy, narrowing the gaps with London and between groups within the borough. Gender, ethnicity, disability and socio-economic status are all factors that influence life expectancy; for instance in Islington at the end of the last decade and opening years of this decade:

- on average men die 4.6 years before women;
- people of Black heritage are significantly more likely to die from cardiovascular disease from preventable (e.g. smoking) and treatable (e.g. atrial fibrillation) causes than other groups;
- people living with serious mental illness are three times more likely to die prematurely than the general population; and

- people living in the most deprived areas of the borough have an 80% higher risk of dying from preventable conditions than people living in the least deprived.

3.12 Although there have been improvements in life expectancy in Islington over the last decade, this has plateaued in recent years and also hides disparities. There is a life expectancy gap when one compares those living in the most and least deprived deciles of Islington – in men the life expectancy gap was 11.3 years and in women the gap was five years (for period 2018-20).^{iv} Both gaps in life expectancy have increased in Islington over the last decade, largely due to faster improvements among people living in the top one or two (least deprived) deciles in the borough compared to the rest of the 80-90% of the population.

3.13 The refreshed draft of the Islington Health and Well-Being strategy is organised around a life course approach, which is similar to the NCL population health strategy^v (see appendix 1 and 2). This is complemented with an additional focus on the wider environmental factors that can have an impact on residents' lives and their health outcomes (often referred to as the determinants of health, but locally we are describing as healthy environments). The strategy has been aligned with the Islington Together 2030 plan, supports the delivery plan, as well as other existing core council and NHS strategies: the core goals of action to improve life expectancy and healthy life expectancy, and supporting outcomes, are intended to achieve a more equal Islington. The proposed approach to the JHWS is not about creating additional work, but identifying how we can work across the partnership to add value and increase impact of what we are already doing. In particular, identifying where there is scope to narrow inequalities and where progress could be enhanced through shared focus and coordinated actions across partners and sectors.

3.14 The new JHWS sets out overarching goals for each phase of the life course, supported by a number of outcomes. The overarching goals for each phase are:

- **Start Well:** All children and young people have the best start in life. This means that children learn and develop physically, emotionally and socially to reach their unique full potential.
- **Live Well:** All adults in Islington enjoy good health and quality of life for longer and can stay well in the community.
- **Age Well:** All adults in older age are able to enjoy good quality of life and fulfilling lives, living independently and in good health for longer: making Islington a welcoming place to grow old in.
- **Healthy Environments:** All our residents benefit from health promoting environments which enable them to live full and healthy lives.

3.15 Underneath each phase, a number of key areas or outcomes of importance have been identified. These affect health and wellbeing, inequalities and impact on resources and services (e.g. early ill health or preventable disability leads to higher spend for worse outcomes, etc). Each has a small number of accompanying metrics which are intended to provide the Health and Wellbeing Board with a way to track population health progress. These *de facto* comprise a balanced scorecard, or outcomes framework, against which progress can be tracked. In many, although not all cases depending on type, quality and source of data, metrics can be further analysed for inequalities.

3.16 To support delivery of the strategy the intention is to have a delivery plan. This will focus on specific pieces of work which respond to significant health needs and can improve the trajectories on life expectancy and healthy life expectancy for the borough as whole compared with London, and within the borough. In identifying these areas of focus consideration has been given to the following:

- there is a key, impactful gap;
- importance for residents, their outcomes, experience and wellbeing;
- there is scope to narrow inequalities;
- action improves use of constrained resources ('do-able'; ideally cost saving/preventing; at least cost effective);
- focus and coordinated actions across partners and sectors is necessary to effect change, where the Health and Wellbeing Board can convene, bring leadership, and add value.

3.17 Based on this the following have been suggested as key strategic priority areas for focus:

Goal	Focus
Start Well	<ul style="list-style-type: none"> • Early years – acting to improve and narrow inequalities in early health and social development, which have short term as well as longer term impacts on health and wellbeing. • Trends in SEND needs – with a focus on understanding and assessing trends, early identification and support for SEND and mental health needs.
Live well	<ul style="list-style-type: none"> • Heart health – to improve population-wide action on risk and early intervention in long term physical health conditions, with a particular focus on risk reduction and case-finding for high blood pressure (hypertension) – and subsequently to move on to other long-term conditions. • Smokefree/tobacco – maximising the opportunities presented by national legislative proposals to create the first smokefree generation and reduce smoking prevalence

	<p>across the population and in key groups with higher rates of smoking and related preventable ill health and mortality.</p>
Age well	<ul style="list-style-type: none"> Age Friendly communities – to deliver a range of actions in line with the Age Friendly Communities Network Framework as part of a holistic, multi-sector approach to healthy, fulfilling and independent old age for older residents within the borough.
Healthy environments	<ul style="list-style-type: none"> Healthy weight – to bring together existing strategies and programmes/interventions, and to address gaps in actions, to promote healthy weight and reduce excess weight across the life course, recognising excess weight, and related dietary and physical activity factors, as the leading cause of preventable ill health and disability in the borough. Climate action, air quality and liveable neighbourhoods – (a) to ensure we protect residents, particularly the most vulnerable, from the effects of climate change (including extreme heat, flooding, storms) and related environmental factors including air quality, and (b) realise the opportunities to increase active travel, movement, play and social interaction and connection, and mental wellbeing, as part of necessary climate actions.
Psychological health and wellbeing	<ul style="list-style-type: none"> Psychological health and wellbeing needs across the life course are high in Islington, and cross-cut other areas. All priorities should directly or indirectly improve mental health and wellbeing and seek to reduce inequalities for people with lived experience of mental health conditions, particularly with long term serious mental illness. Areas identified, and where scoping will take place to identify specific actions: Early mental health and wellbeing – scoping promotion, prevention and access to help for children and young people; Ethnic minority groups – prevention, help seeking and early intervention, especially in groups over-represented with long term, serious conditions; social connection and isolation; dementia strategy; suicide prevention strategy; employment (training, volunteering, meaningful activity) and mental health across ages; and physical health factors in addressing inequalities, including through the NCL Longer Lives programme.

4 Implications

4.1 Financial Implications

- 4.1.1 There are no financial implications arising from this report. The measures and recommendations proposed in this report are not currently quantifiable. If recommendations are subsequently made about the use of any money or grants, this will require a full set of Financial Implications.

4.2 Legal Implications

- 4.2.1 The Health and Social Care Act 2012 introduces duties and powers for Health and Wellbeing boards in relation to Joint strategic Needs Assessments (JSNA's) and Joint Health and wellbeing Strategies (JHWS's).
- 4.2.2 The purpose of JSNA's and JHWS is to improve the health and wellbeing of the local community and to reduce inequalities for all ages of the community. The aim is to develop priorities for commissioning which will improve the public's health and reduce inequalities. In preparing JSNA's Health and wellbeing Boards must have regard to guidance issued by the Secretary of State and must have reasons for departing from it.
- 4.2.3 Local Authorities and ICB have equal and joint duties to prepare JSNA's and JHWS's through the Health and Wellbeing Board. Health and Wellbeing Boards must meet the Public Sector Equality duty under the Equality Act 2010 and consideration should be given to this throughout the JSNA and JHWS process.

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

- 4.3.1 Overall, the refreshed Health and Wellbeing Strategy supports council and wider system efforts to reduce carbon emissions and protect the environment. In particular, the Healthy Environments priority focuses specifically on action around climate adaptation. For instance, working collaboratively with colleagues across the council and the wider health system to identify action which reduces carbon emissions, and opportunities for greening the public realm and increasing active travel across the borough. This is part of an ongoing piece of work reviewing measures to monitor and manage the changing health and wellbeing risks arising from climate change, recognising actions for mitigation and environmental sustainability and the benefits this can have on health.
- 4.3.2 The Strategy will be informed by the findings of the Citizens Panel.

4.4 Equalities Impact Assessment

- 4.4.1 The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.
- 4.4.2 An Equalities Impact Assessment Screening was completed and a full Equalities Impact Assessment is not required in relation to this report. The Equalities Impact Assessment screening identified no potential negative impacts and a range of positive impacts. The Equalities Impact Assessment Screening document is appended – see Appendix 3.

5 Conclusion and reasons for recommendations

- 5.1.1 This draft Joint Health and Wellbeing Strategy identifies key population outcomes and a small number of key strategic priorities where the Board, by working together, can add value and impact, make a real difference to people's health and lives and create a more equal Islington. The strategy is intended to translate local Joint Strategic Needs Analysis (JSNA) findings into clear outcomes the board wants to achieve, which will inform local collaboration, planning and commissioning to address the needs, improve outcomes and reduce inequalities.
- 5.1.2 Following the Health and Well-Being Board's approval, the strategy will go out to public consultation. The consultation will provide an opportunity for residents and partners to comment on the proposed priorities and provide opportunity to suggest additional actions and suggestions for who the Health and Wellbeing Board should work with in the delivery of the strategy. Following the consultation, the draft strategy will be reviewed and consideration given to revisions and changes in the light of responses, including priorities for action, before a final version is presented to the Health and Wellbeing Board for approval.

Appendices:

- Appendix 1: Draft Joint Health and Wellbeing Strategy
- Appendix 2: Summary slides
- Appendix 3: Equalities Impact Assessment Screening document

Background papers:

N/A

Final report clearance:

Signed by: **Director of Public Health**

Date: **15th October 2024**

ⁱ Islington Fairer Together: A strategy for early intervention and prevention in Islington, [A strategy for early intervention and prevention in Islington](#), accessed July 2024

ⁱⁱ Islington Active Together strategy 2023 – 2030, [Islington Active Together strategy 2023-2030](#), accessed July 2024

ⁱⁱⁱ Islington Food Strategy 2023-2028, [Islington Food Strategy 2023-2028 - Islington Food Partnership](#), accessed July 2024

^{iv} Public Health Outcomes Framework: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>, accessed July 2024

^v NCL Population Health Strategy: [PowerPoint Presentation \(nclhealthandcare.org.uk\)](#), accessed July 2024