



Report of: **Director of Public Health**

Meeting of	Date	Agenda Item	Ward(s)
Health and Wellbeing Board	15 July 2015	B3	All

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SUBJECT: Update on progress against the Joint Health and Wellbeing Strategy priorities: December 2014 - June 2015

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 December 2014 (when the last update on priorities was reported to the Board) and June 2015.

2. Recommendation

- 2.1 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:

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.

4. Priority 1: Ensuring Every Child Has the Best Start in Life

Prevention and Early Intervention Strategy 2015-2025

- 4.1 Giving Children the Best Start in Life: Islington Children and Families Prevention and Early Intervention Strategy 2015-2025 has been finalised. This sets out the long term strategy for Islington's children. The strategy aims to support how we work together in Islington to make early intervention and prevention our core business so that we:
- build resilience in children, young people, parents, carers and the community so that they become more self-sustaining;
 - enable the impact of our investment on the lives of our children, young people and families to be seen and felt;
 - continue to evaluate, develop and review how we commission for and deliver early intervention and prevention;
 - make wise spending decisions and reduce duplication and costs to achieve long-term savings to society and public services.

Vulnerable Children's Needs Assessment

- 4.2 The above strategy has been informed by a detailed Needs Assessment. This brings together a comprehensive picture of needs of children and young people across Islington, with a strong focus on the family needs that underpin significant childhood vulnerability across the borough.

Joint Child Health Strategy

- 4.3 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.

First 21 Months

- 4.4 The First 21 Months programme has been moving forward. Four learning pilots have been progressing developing working on improving early identification of need in the most vulnerable families across Islington. These pilots focus on how midwives, health visitors and parents work more effectively in partnership. In addition across the borough work has continued to improve the infrastructure for integrated working to support the full role for universal health services in children's centres. We are working towards the development of better support ante-natally and a preparation

for parenthood offer aimed at those currently accessing minimal antenatal support. There is also a strong focus on identifying mental health need.

Health visiting

- 4.5 We have been preparing for the transfer of commissioning responsibilities for the Whittington Health Visiting Service and Family Nurse Partnership to the local authority from October 2015. We are working closely with the providers to develop the service further and make best use of the additional resource that the NHS has invested in this service in recent years. There is particular focus on the new Government mandated checks: antenatal; new birth visit; 6-8 weeks; 1 year and 2 year integrated review.

Child Immunisation

- 4.6 Child immunisation rates have continued to rise and our rates are above average for both London and England as a whole.

Child Obesity

- 4.7 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. We are currently awaiting results from the 2014-5 National Child Measurement Programme.
- 4.8 In 2014/15 More Life received 529 referrals and had 318 children start a programme. Of these 227 completed, compared to 201 in 2013/14. Referrals and uptake for the Tier 3 programmes (for children with additional needs) remain a challenge, although we have seen a consistent improvement over the course of the year and a 40% increase in total completers this year. Tier 2 services continue to hit targets and have been working well with schools, including providing free BMI checks for secondary students and running bespoke programmes in two girls' schools.
- 4.9 The first phase of a pilot working with 10 families at The Bridge School for children with significant special educational needs was completed in May and we have seen some positive steps for the families successfully engaged. Phase 1 also provided valuable learning for the next stage of this work which began in May with a further 10 families.

Breastfeeding

- 4.10 Data on breastfeeding prevalence at 6-8 weeks is not available, due to the challenges in re-establishing the data flows for maternity and breastfeeding indicators between providers. Islington's health visiting and children centres currently have level 2 UNICEF baby friendly accreditation and have been recently assessed for Level 3 (the highest).

Oral health

- 4.11 In 2014/15, the Islington community-based fluoride varnish programme delivered a total of 13,223 fluoride varnish applications to 3-10 year olds. Of these nearly 2,000 children were signposted to a dentist urgently due to their dental health.

Teenage pregnancy

- 4.12 The rate of teenage pregnancy in Islington has continued to fall and is now below the rate for London as a whole. In April 2015 we launched a new Young People's Sexual Health Network across Camden and Islington which will continue to build on this success and in particular improve how we reach out to some of the most vulnerable young people in Islington.

5. Priority 2: Preventing and Managing Long Term Conditions (LTCs)

Long term conditions

- 5.1 The Long Term Conditions Locally Commissioned Service (LCS) was launched in December 2014; all practices agreed to deliver the service. During the period since December, one practice has closed and another single handed practice will close in July – both practices have very small lists (~2000) which are being dispersed across local practices. A third practice will be the subject of a NHS England care-taking process and assurances are in place that all current services will continue to be provided.
- 5.1.1 The first data extraction will be undertaken in June to ensure that the coding and searches are working correctly and that the work done will be accurately reflected when the payments are calculated at the end of the year.
- 5.1.2 An evaluation of the Year of Care programme is currently being undertaken by an external provider which will give an indication of the impact of the care planning programme on practices and LTC patients, how it is being implemented, and whether there are significant gaps in service provision. Any areas of concern will be targeted by the Year of Care trainers who will liaise directly with practices to offer help and support. This external evaluation will complement the LCS evaluations that have been provided by Public Health.
- 5.2 A chronic kidney disease (CKD) pathway workstream has commenced with targeted areas to include: case finding, early intervention, improved coding and chronic disease management. Work is being undertaken to roll out the diabetes SHINE project (identification of patients with worsening CKD) and development of virtual clinics.
- 5.3 Since 2007, Islington has seen a faster decline in premature mortality due to cardiovascular disease (CVD) compared to national figures. However, it is still the biggest contributor to premature mortality, and to ensure that we continue to reduce the rate of premature mortality, it is vital we continue to co-ordinate action in both prevention and treatment. A group is meeting in June to discuss plans to develop as strategic approach to tackling this.
- 5.4 The Public Health profile on chronic liver disease (CLD) published in September 2014 identified obesity, alcohol and viral hepatitis as the main underlying causes of liver disease locally, contributing to high mortality rates from the disease. In response to one of the key recommendations in this profile, an experienced social marketing company was commissioned to investigate the levels of awareness of liver disease in the borough, and create an evidence based communications toolkit from their results. This toolkit will support a three year health promotion campaign aimed at increasing participation in tests and treatments for liver disease, improve public awareness of the risks, and encourage people to engage in behaviour to reduce those risks. This campaign forms part of an ongoing body of work led by the Joint Liver Working Group for Camden

and Islington, a multidisciplinary group working to address the increasing issue of liver disease through improved patient pathways, treatments, and knowledge.

- 5.5 The NHS Health Checks programme has continued to perform very well in Islington. Between 1st April 2014 and 31st March 2015, Islington ranked as the 7th best performing London Borough for delivering Health Checks and 12th out of 152 Local Authorities in England. During this period, 10,296 health checks were offered and 6,883 were delivered; an uptake rate of 67%.
- 5.6 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 reduce 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.
- 5.7 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.

Cancer

- 5.8 Primary Care Cancer Facilitator: A dedicated primary care facilitator will continue to support Islington GP practices, patients and public groups on the early diagnosis of cancer from 1 September 2015 for a 12 month period. The new facilitator will be in post within the next few months and the post will now be jointly funded by Islington CCG and Islington Council.
- 5.9 Raising public awareness: Public Health have been providing a locally focussed boost to the national 'Be Clear on Cancer' (BCOC) campaigns by developing blogs, news items and distributing resources to community organisations, council facilities and public spaces. The next campaign will run from July – September 2015 and focusses on breast cancer in women over 70. 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.
- 5.10 Screening assurance process: NHS England is responsible for delivering cancer screening programmes in England; however, Public Health has an assurance role. A process is currently being developed by Public Health which will involve establishing a group to monitor and scrutinise local screening data, and improve local screening performance.

Integrated care

- 5.11 Islington's Integrated Care Programme is an ambitious and innovative approach to partnership working, and as such Islington has been recognised as an Integrated Care Pioneer. We have three transformational workstreams:
 - (i) **Prevention and early intervention:** This workstream is focused on ensuring preventative services and approaches – the prevention offer – are integrated into existing health, social care and wider council systems. The workstream also ensures that the prevention offer in Islington is compliant with the Care Act 2014. Recent activity has included completing a winter wellness campaign that aimed to reduce excess winter deaths, improve health and reduce social isolation by linking vulnerable older adults in to available services and supports.

- (ii) **Supported self-care and personalisation:** 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.
- (iii) **Locality Offer:** Work on Integrated Health and Care Teams continues in preparation for a borough wide roll-out in October. This will bring together front line staff across key organisations, wrapped around GP Practices, to work collaboratively providing care for the most vulnerable people who need a more joined up approach. We want robust, effective and clear ways for professionals to engage with each other to deliver the joined up support that patients tell us they want.

5.12 Further investments have been made to support the longer term ambition of providing care closer to home, including additional funding to Community Matrons, to Specialist Geriatric Support for older adults in the community, and for Rapid Response services.

5.13 There are also three foundational work streams as 'enablers' for the programme:

- (i) **Workforce:** Working alongside Health Education North Central and East London, we have established a Community Education Provider Network, a partnership of stakeholders across health, social care and the voluntary sector to implement workforce development and planning across the borough. We will develop multi-disciplinary collaborative training, aligned to the patient outcomes framework. Recent work includes ongoing workforce mapping, increasing apprenticeships and developing a faculty to share learning opportunities.
- (ii) **IT:** We are continuing with the procurement of two key projects to support Integrated approaches to IT: the Person Held Digital record which will make the individual or the carer the holder of key information about their health and care needs, and of consent to access it, and the Integrated Digital Care Record which will enable professionals to share information across systems. Since the last update, we have secured funding from the Integrated Digital Care fund to support this work and are in further discussions with potential providers before a planned implementation in Q3 2015/16.
- (iii) **Contract Form:** Work on Value Based Commissioning is about moving the contract form towards incentivising delivery of person-centred outcomes for key clinical pathways. We are trying this out with developing a Diabetes Integrated Practice Unit (by Q2 2015/16). The IPU will deliver a new way of supporting people with Diabetes, more holistic in approach and entirely patient focused across Islington and Haringey. We will then look to expand this contracting model, if successful, to develop delivery of other services.

6. Priority 3: Improving Mental Health and Wellbeing

iCope

6.1 The number of people accessing psychological therapies through the local IAPT service reached the national target of 15% of people with depression and/or anxiety using the service (4,654 people) by March 2015. Approaching 50% of patients were moving towards recovery (i.e. had shown clinically significant improvement on discharge), which is close to 'gold standard' outcomes for this type of service. Initial contact and assessment for the service generally happens very quickly – often within 1 to 2 days of referral – however average waiting times for treatment after assessment are longer: currently an average 4 weeks for low intensity therapy and 8 weeks for high intensity therapy.

These compare favourably with 'historic' access rates to these services, but during 2015/16 new targets to ensure longer waits are reduced have been introduced.

Mental Health Promotion

- 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 decrease the stigma attached to mental health, increase early access to IAPT, and specifically to target hard-to-reach communities and young people. In 2014/15, mental health promotion services recruited 32 new mental health champions, delivered 48 mental health awareness workshops and provided Mental Health awareness training to over 800 people. For 2014/15, the focus of this awareness and skills training has been on Council staff and included 160 local authority caretakers working in housing services.
- 6.3 A review is being conducted over the next few months to consider the range of mental health promotion programmes in the borough, target populations and outcomes. The review will consider potential benefits in combining programmes within the borough or working across boroughs where similar programmes exist in Camden.

Suicide Prevention

- 6.4 A review of suicide prevention pathway in Camden and Islington is proceeding and will be completed over the summer. A wide variety of stakeholders, including those directly affected by suicide, have taken part in the review to give a full picture of current support networks and possible gaps in service provision. The final report will be considered by the cross-borough suicide prevention steering group in August and will inform a suicide prevention action plan.

Mental Health and Resilience in Schools

- 6.5 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. Four local schools are piloting different 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. Lesson plans for primary schools aimed at improving young children's understanding of mental health have been piloted in local schools, and will soon be available to all schools.

Annual Public Health Report

- 6.6 The 2015 Annual Public Health Report "Healthy Minds, Healthy Lives: Widening the Focus on Mental Health" emphasises the broad range of determinants and consequences of poor mental health in Camden and Islington. To improve population mental health in an effective and equitable way, we must acknowledge the social and economic context in which it exists. The report argues that mental health is everybody's business and summarises the high economic, personal and broader health benefits of achieving better mental health in the two boroughs. A mapping exercise looks at the positive impact on population mental health of actions resulting from the recommendations of the Islington Fairness Commission and the Employment Commission.

Value-based commissioning – Improving the physical and mental health and wellbeing of people with serious mental illness

- 6.7 Islington CCG working with Camden CCG, together with local NHS, council services and VCS services and service user representatives has continued to make progress on developing the new value-based commissioning of services designed to improve important outcomes for people with serious mental illness (psychosis), particularly around experience of care, important social outcomes that support recovery and inclusion, the quality of care for people's mental health conditions and improving physical health outcomes. Public Health has continued to provide health intelligence support to the local programme of value-based commissioning.
- 6.8 The Value Agenda moves the focus towards outcomes that are important for patients; it takes a whole system approach, commissioning the services together as a 'package' (or Integrated Practice Unit (IPU)) necessary to achieve the outcomes for service users, away from the traditional approach of commissioning each service separately based on service volume and activity, which is how most healthcare services are currently commissioned. Ultimately, this new approach to commissioning aims to drive reductions in the life expectancy gap between people with serious mental illness and the rest of the population.

Islington Clinical Commissioning Group - New Investments

- 6.9 Islington Clinical Commissioning Group has continued to make new investments in 2015/16 supporting improved mental health and wellbeing, ensuring parity of esteem in investment between mental health and other health care. They include:-
- The creation of an additional 22 acute inpatient beds with Camden CCG in order to reduce bed occupancy and the use of private sector beds, whilst a review of acute demand and capacity is completed.
 - Building on last year's investments to support implementation of the Crisis Care Concordat and additional £281k to enhance crisis response times and to provide a 24 hour professional crisis telephone service.
 - Building on last year's extension of the Early Intervention Psychosis service to over thirty five to pilot outcomes based commissioning and to ensure fidelity to the national model.
 - An extension of the perinatal mental health service at the Whittington to University College Hospital so that mothers in Islington have an equal offer wherever they choose to give birth.
 - Building on last year's successful pilot, an additional £312k recurrent investment in the new Primary Care Mental Health service that will be pan-Islington by the end of 2015/16. This provides direct access to mental health professionals (through GP practices), for people who have not yet been diagnosed, and those in need support to: avoid a deterioration in their mental health and so avoid a crisis, to become 'treatment ready' for specialist treatment, and for people who may have left specialist treatment and may need a limited intervention to avoid the need for specialist treatment again.

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. Any plans or strategies derived or agreed in relation to this report should use existing available resources and therefore not create a budget pressure for the Council and/or CCG.

7.2 Legal Implications

Section 116 of the Local Government and Public Involvement in Health Act 2007 ("the 2007 Act"), as amended by section 192 of the 2012 Act requires a responsible local authority and each of its partner clinical commissioning groups (CCGs) to prepare a joint strategic needs assessment. Section 196(1) of the 2012 Act requires that this function is to be exercised by the Health and Wellbeing Board of the local authority.

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. The Statutory Guidance on Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategies states that preparing the joint health and wellbeing strategy, health and wellbeing boards must have regard to the Secretary of State's mandate to the NHS Commissioning Board which sets out the Government's priorities for the NHS, and that the strategy should explain what priorities the health and wellbeing board has set in order to address the needs identified in their joint strategic needs assessment.

7.3 Resident Impact Assessment

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.

This paper provides an update across a wide range of programmes and services being delivered in support of the Health and Wellbeing Board's priority. Consequently there is no separate RIA 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

There are no significant environmental implications arising from the recommendation.

8. Conclusion and reasons for recommendations

8.1 The Health and Wellbeing Board is asked to note the progress made against its three priorities.

Background papers: None.

Final Report Clearance



3 July 2015

Signed by

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Director of Public Health

Date

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Received by

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Head of Democratic Services

Date

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