

HEALTH IN ISLINGTON: Key achievements

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Life expectancy

- Since 2000-02, life expectancy has **increased** in Islington for both men and women.
- Life expectancy at birth for men in Islington is now 78.2 years, an increase of 4.8 years over the past decade. However life expectancy for men in Islington remains lower than England (79.4) and is **the 4th lowest amongst all London boroughs**.
- For women in Islington life expectancy is 83.4 years and is similar to England (83.1).
- In Islington the **difference** in life expectancy between people in the **best-off** and **worst-off** areas of the borough is **3.9 years for men** and **1.3 years for women** although this probably does not reflect the true scale of inequality in the borough.

Life expectancy at birth

	Men	2000-02	2011-13	Percentage increase
	Islington	73.5	78.2	6.4%
	London	75.8	80.0	5.5%
	England	76.0	79.4	4.5%

Women	2000-02	2011-13	Percenta increas
Islington	79.1	83.4	5.4
London	80.8	84.1	4.
England	80.7	83.1	3

Source: Public Health Outcomes Framework, 2015

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Islington's Health and Wellbeing Board ISLINGTON priorities

Ensuring every child has the best start in life

Preventing
& managing
LTCs to
extend
length and
quality of life
& reduce
health
inequalities

Improving mental health and wellbeing

Delivering high quality, efficient services within available resources.



ENSURING EVERY CHILD HAS THE BEST START IN LIFE



Key achievements – Best start in life

- Infant mortality has fallen by 68% since 2003-05. In 2010-12, Islington had the 8th lowest rate of infant mortality of all local authorities in England.
- S The percentage of babies being **breastfed** at 6-8 weeks (86.1%) is better than England (73.9%).
- Islington has seen a **significant reduction in teenage pregnancy rates**, which have more than halved in five years. For the first time is lower than the London and England average.
- § 53 Children's Centres have received **Healthy Children's Centre** status
- S Joint Child Health Strategy focuses on implementation of an early intervention and prevention approach across all professionals and settings
- Islington continues to perform well in all childhood immunisations. 91.5% of children aged 2 years **immunised** against MMR, which the fifth highest rate in London. Significant improvement in the uptake of school aged immunisations in 2014/15, with Islington having one of the highest uptake rate of HPV immunisation in London.
- School readiness is improving.
- S Children's oral health has improved but there is still more work to be done. In Islington the mean number of decayed, missing or filled teeth decreased from 1.5 in 2007/08 to 1.3 in 2011/12.



Key challenges – Best start in life

- S Child obesity is high but stable
- Almost 1 in 4 children aged 4-5 years old had excess weight in 2013/14. The rate continued to show a slight decrease and is currently similar to England and London.
- § 2 in 5 children aged 10-11 years old had excess weight in 2013/14. There has been a rise in the last year and is similar to London but higher than England.
- S To address obesity levels we need to collaborate with the community and voluntary sectors- youth clubs and independent housing/social care workers/troubled families to engage with the most vulnerable communities.
- The number of **children referred and assessed for autism has increased** from 47 to 119 between 2012/13 and 2014/15 (+153%). The implications across the range of health, education and adult services are very significant. In particular from a Best Start in Life perspective this has significant implications for early intervention in support for parents.

What is being done locally?



- First 21 Months programme: aims to improve early intervention in pregnancy and the first year. A particular focus is on improving access, communication and coordination between services.
- Islington Healthy Children's Centre programme: Being recognised as a Healthy Children's Centre means that the centre offers a good level of support for Islington's key health priorities for young children and families.
- S Antenatal and Postnatal Services and the Family Nurse Partnership are services aimed at improving infant, child and maternal health.
- There is an established obesity care pathway for overweight and obese children and young people in Islington. Many services in Islington help to **prevent childhood obesity** as they specifically improve healthy eating and increase physical activity, including **free school meals** for all primary school pupils, the **Change4Life** campaign, and **Healthy Children's Centre Programme**.
- S There are several multi-component and specialist **child weight management services** in Islington.
- Islington aims to reduce oral health inequalities by increasing knowledge of key oral health messages, increasing the availability of fluoride, and increasing access to local NHS dental services.
- S Key programmes include Community-based fluoride varnish programme, the Brushing for Life scheme, and First tooth First Visit Dental Referral Initiative and Healthy Children's Centre Programme.
- Islington has a strong **teenage pregnancy prevention programme** encompassing sex and relationship education, advice and access to contraception services. Services provided are both universal and targeted to those young people who have particular vulnerabilities or needs.



PREVENTING AND MANAGING LONG-TERM CONDITIONS (LTCS) TO ENHANCE BOTH LENGTH AND QUALITY OF LIFE AND REDUCE HEALTH INEQUALITIES

Key achievements - LTCs



- § 46% reduction in early deaths from **heart disease** over the past 10 years. This is a faster reduction compared to London (40% reduction) and England (37%). However, the rates remain higher than the national and London averages.
- Since 2001-03, premature cancer mortality has fallen substantially but the rate is still higher than England.
- S Premature mortality from respiratory disease has fallen and the rate is now similar to England.
- S Islington had the lowest late diagnosis rate of HIV in the country in 2011-13.
- Over half of adults in Islington are overweight or obese (54%). This percentage is **lower** than the London and England averages. 62% of Islington residents participate in the recommended level of physical activity (over 150 minutes of physical activity per week). This percentage is **significantly higher** than the London and England averages
- S Referrals rates into adult weight management services are increasing.
- In 2014 Islington was the top performing London Borough for **Health Checks**, and ranked 2nd out of 152 Local Authorities in England.
- S Pioneer Status leading to a more integrated approach to health and social care within the borough with the aim of improving people's experience of care and their health and wellbeing outcomes.



Key challenges - LTCs

- In 2013 Islington had the **2**nd **highest** prevalence of smoking in London, with higher than London and England.
- In 2012/13 Islington had a **1.5 times higher smoking quit rate** (1,295 per 100,000) than the national average (868 per 100,000). However, the number of smoking **quitters is falling** reversing this trend is a key challenge for Islington.
- S Cancer screening uptake in Islington is lower than the London and England averages and increasing uptake remains a challenge.
- Although statistically similar to England, Islington's rate of alcohol specific deaths, deaths from chronic liver disease and alcohol related deaths are all some of the worst in London. Generally, in Islington, these rates have declined over the last five years, although these declines are not, statistically, significant.
- We continue to have significantly worse admissions to hospital as a result of alcohol, and the rates have increased in Islington over the last five years.

What is being done locally? (LTCs)



- S NHS Health Checks programme: designed to prevent heart disease, stroke, diabetes and kidney disease by identifying and treating people at high risk through targeting 35-74 year olds. During the Health Check individuals are also offered lifestyle advice.
- S Cardiac rehabilitation is available for most people with acute coronary syndromes, post revascularisation, newly diagnosed angina, heart failure, established stable angina, and to aid recovery following valve and other cardiac surgery.
- S Cancer screening aims to detect early stage cancers or pre-malignant disease. Currently, three national cancer screening programmes for breast, bowel and cervical cancer are offered to eligible populations in Islington.
- S As part of an initiative launched in 2010 GPs continue to be incentivised to deliver a **Locally Commissioned Service** (LCS). The LCS aims to find patients with undiagnosed COPD; support patients living with COPD to self-manage; manage patients with severe COPD and those admitted to hospital; review the medications prescribed to COPD patients.
- S Closing the prevalence gap. This Locally Commissioned Service (LCS) requires GP practices to identify those people on their practice register that are at greater risk of certain conditions, including diabetes, and inviting them in for tests.

What is being done locally? (Older People)



Primary care:

- S Over 75s Health Check LCS: This LCS works towards reducing the gap between diagnosed and undiagnosed prevalence for a number of long term conditions including diabetes, chronic kidney disease, hypertension, CVD, atrial fibrillation, dementia and depression.
- **S Vaccination Programme:**
- S Other Locally Commissioned Services: LCSs are delivered by GP practices across Islington. These services aim to improve the care of conditions such as diabetes, Chronic Obstructive Pulmonary Disease (COPD) and Coronary Heart Disease (CHD) through; education, earlier diagnosis and the enhanced clinical care of patients with LTCs as well as improving the experience of patients.

Community services:

Seasonal Health Interventions Network (SHINE), the Well Winter Campaign, the Dementia Navigator Service, Community rehabilitation, and Falls prevention services.

ISLINGTON

What is being done locally? (Lifestyles)

Islington has a number of initiatives which encourage adults to be physically active:



5 outdoor gyms



- 20 walking routes
- 3 walking clubs



- Free cycle training courses
- Cycling routes through residential streets



Over 100 clubs, leisure centres, parks, and other venues to do more than 60 sports and other types of physical activity

- The **Islington Smokefree Alliance** has brought together a wide range of organisations that have a common aim in reducing smoking prevalence. Membership includes the Fire Service, Environmental Health, Trading Standards, Education, City and Islington College and the NHS. The Islington Alliance has a 10-year strategy which aimed to address the wider determinants that support smoking.
- The **Islington Food Strategy** was re-launched in November 2014 involving over 25 local partners and stakeholders. The vision for the action plan was agreed as 'Eating Well Together: Making Healthy Choices the Easy Choices', focusing on four themes: Building a healthy start, healthy choices for children's and young people's appetites, supporting a healthy environment and connecting through food.
- Islington topped the **Good Food for London league** table for the 4th year in a row reflecting the borough's high level of participation in key healthy and sustainable food initiatives. The nine food issues covered by the league table are: UNICEF UK Baby Friendly Initiative, community food growing; London Living Wage, Fairtrade food, Food for Life in schools, sustainable fish, animal welfare, healthier catering and local food partnerships.

What is being done locally? (Alcohol)



- S Developing and implementing the licensing strategy
- S Awareness raising

HAGA provide training in Identification and Brief Advice, as well as awareness raising at community events. Don't Bottle it Up is an online tool that allows an individual to work out what level of risk they are at as a result of their drinking, and access personalised advice about alcohol harm reduction

S Treatment

There are a number of treatment services in Islington as well as voluntary agencies providing support to people to reduce or stop their drinking. These are split across four tiers, depending on need.

- Tier 1 services include information and advice as well as initial brief interventions delivered in a range of community settings.
- Tier 2 services offer assessment, brief interventions, safer drinking models and harm reduction. These are focused on people with lower levels of need and are offered at CASA (Islington Community Alcohol Service) and at PCADS (the Primary Care Drug and Alcohol Service).
- Tier 3 services provide structured treatment offering key working, care planning and goal setting, psychosocial interventions, community detoxification, and relapse prevention. Entry into these services is through CASA who arrange referrals to other services depending on need. Providers include ISATS (Islington Specialist Alcohol Treatment Service), PCADS and Change and Recovery at 28B.
- Tier 4 services offer detoxification and rehabilitation at residential centres.



IMPROVING MENTAL HEALTH AND WELLBEING



Key achievements – Mental Health

- An estimated 15% of 5-16yr olds experience MH conditions (higher than England), with higher levels of investment than London or England. Addressing prevention and earlier intervention is key to improving MH. To address this CAMHS are now part of schools pastoral care teams and as a result of partnership working schools are now one of the biggest referrers into the service.
- Mental Health Promotion services include free **Mental Health awareness training**, **Mental Health First Aid training** and **mental health champions programme**. In 14-15, 48 MH awareness workshops reached over 800 people and 32 new champions were recruited.
- The number of people accessing psychological therapies through IAPT reached the national target of 15% of people with depression and/or anxiety using the service (4654 people) by March 2015. Approaching 50% of patients were moving towards recovery, which is close to 'gold standard' outcomes for this type of service.
- S 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 of iCope.
- Islington had a **large decrease** in the suicide rate between 2001-03 and 2011-13: it is now not significantly different to London or England. There are, though, significant risk factors in the local population.
- 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. 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.



What's being done locally?

Mental Health (MH) services in Islington cover services for children and young people (CAMHS), services for adults of working age, older people's MH services and alcohol and substance misuse. The national and local strategies of dealing with mental health inequalities aim to:

- S Tackle stigma and discrimination by encouraging people to recognise poor mental health and seek help at an early stage
- The mental health and resilience in schools (MHARS) project began in January with four Islington schools taking part to develop a resilience framework for implementation across the borough
- S Programmes to improve the physical health of those with mental health problems
- Mental health promotion includes MH First Aid and Youth MH First Aid training (MHFA/YMHFA), the Mental Health Champions project, and the Direct Action project which focuses on children and young people
- S Primary care (Improving Access to Psychological Therapies (IAPT)
- Secondary care, including an Assessment and Advice Team, Crisis Resolution and Home Treatment Team, and acute mental health inpatient services.
- A **review of suicide prevention pathway** in Camden and Islington is proceeding. A wide variety of stakeholders, including those directly affected by suicide, have taken part in the review, building up a full picture of current support networks and possible gaps in service provision.



Challenges for the coming year

- S Increasing the number of smokers who successfully quit
- S Addressing the high levels of alcohol related admissions
- S Improving the physical health of those with mental health problems
- S Increasing the number of people with LTCs who are in employment
- S Tackling social isolation in vulnerable groups, such as older people, MH and LD
- S Addressing parental mental health in the early years and building resilience



Islington Adult Social Care Local Account 2014/15



The Adult Social Care Plan

- The Adult Social Care Plan 2015-2019 outlines how we will support the Council to deliver Corporate Plan Towards a Fairer Islington.
- We will make sure that our most vulnerable residents continue to receive good quality care and support. We
 will ensure that adults at risk are safeguarded from abuse and neglect.
- We will work to the principles that are described in the Corporate Plan, namely:
 - Early intervention and prevention: moving services to address problems before they become too ingrained to manage
 - People-centred services: we will develop person-centred policies and services, rather than systems or process-led approaches, with more multi-agency, multi-disciplinary teams, pooled budgets and joint working across Islington and within the Council.
 - Co-production: we will work together with service users as equals to develop policy and services and adopt the Co-production concordat approach used in "Making it Real".
 - Strong partnerships: All public sector organisations in the borough are facing cuts and so the importance of working together in the interest of residents has never been greater.
 - Making every contact count: residents facing multiple disadvantages are in contact with many services, so it is essential
 that we make every contact with them count and avoid people having to negotiate their way through complex systems.
 - Employment focussed: Supporting people into employment should be at the heart of everything we do.

Social Care In Islington

In 2014/15 Islington offered 3820 residents a social care service (including both service users and carers). All data given is 2014/15 unless otherwise stated.

Headline demographics are:

- 46% are male, 54% are female
- 44% are under 65, 23% are over 85.
- 31% are from BAME Groups.
- At least 51% of service users are single, separated, divorced or widowed.

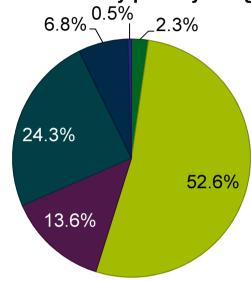
The proportion of service users receiving a service to address a physical disability or frailty increases dramatically amongst the over 65s – however, it is the largest primary category for all service users aged over 40.

Islington has the highest diagnosis rate for Dementia in London and the 5th highest in England.

The numbers of adults with learning disabilities who require services is expected to increase as people transition from Children's Services.







- Drugs / Alcohol Misuse
- Physical Disabilities and Frailty
- Learning Disability
- Mental Health (inc. Dementia)
- Self Funded
- Other

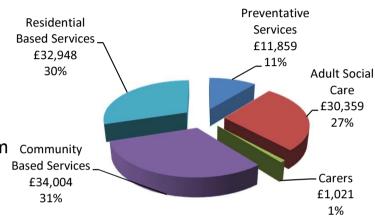


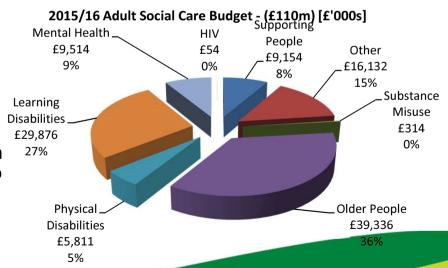
Adult Social Care Finances

- During the period 2011-2015 Islington Council has had to close a net budget gap of c£150m.
- Adult Social Care has contributed £31m to the £150m during this period.
- The department has made savings of £6.8m in 2014/15 and has plans in place to facilitate the delivery of £10.5m Community savings in 2015/16.

 Based Service
- Adult Social Services 2015/16 Gross Budget £110m
 - 30% of the total budget is on residential and nursing care.
 - In 14/15 on average 702 people received this care only 18% of those receiving an eligibility tested social care service
 - Very small proportion of the overall number of people receiving support from adult social care when preventative and community based services are also considered
- Estimated savings target of £20m approximately over the next 4 years.

2015/16 Adult Social Care Budget (£110m) [£'000s]







Newly Integrated Adult Social Care Teams

- Streamlining access to social care and community health services.
- A social care and therapy 'urgent response' function providing a same day response for new referrals.
- Established two multi-disciplinary locality teams aligned to Islington CCG's four localities. The teams are fully
 integrated made up of health and social care professionals.
- Introduce a new role leading on delayed transfers of care to support and monitor hospital discharges.
- The principles of the new model are:
 - Person centred, coordinated care
 - Strength based assessments
 - Promoting independence
 - Flexibility
 - Maintaining continuity of care
 - Cutting out inefficiencies

Further Integration with Health



Ambulatory Emergency Care (AEC)

AEC provides a safe alternative and an improved experience for patients, who can receive the treatment they need in a fast and flexible way, rather than going into the hospital system.

Total attendance in AEC has risen from 750 in April 2014 to 1300 in July 2015 which has dramatically reduced the pressure on hospital emergency departments, significantly reduced the length of stay of patients in wards and freeing up capacity within the hospital. Total admissions to emergency departments actually decreased by 2.29%

Integrated Community Ageing Team (ICAT)

ICAT aims to; a) deliver person-centered, integrated care to residents of care homes, b) advocate for this vulnerable group and enable equality of access to existing community services and c) increase their time spent at home with better support and advanced care planning.

From May 2013 to July 2015 admissions to the Whittington from care homes dropped from 42 to 17.

Intermediate Care

A new model of care has been adopted that supported the delivery of community intermediate care and rehabilitation as port of an integrated service with social services, with co-located teams, a single point of access for referrals and advice and shared screening of referrals.

Successful pilots of integrating pharmacist and physiotherapist support into the re-ablement team have been completed and taken forward within the team.



Improved Mental Health Services

- A successful Primary Care Mental Health Service pilot in 2014/15 is being developed into full service from Camden and Islington NHS Foundation Trust (C&I) across the whole Borough. The pilot ran with five GP practices and will be rolled out to all other practices over the coming 12 months.
 - Service user feedback has been overwhelmingly positive and the service provides patients with an
 opportunity to access expert mental health care close to home. This offers a unique opportunity to
 engage with people who traditionally find it difficult to access services or are uncertain about accepting
 support.
 - Teams of mental health consultants, nurses and psychologists will work alongside GPs and other primary care professionals – often within individual practices.
 - The development of this project has been strongly tied into the development of integrated health and social care teams in primary care more generally as part of the Islington Integrated Care Pioneer Programme.
 - The pilot has produced a 68% reduction in secondary care referrals and a 26% reduction in Occupied Bed Days (OBD) in mental health acute wards.
- Work has also begun at developing an Integrated Practice Unit (due to start next April) to improve the
 physical and mental health of people with psychosis in the borough.
 - Co-produced, value-based outcomes have been developed in order to create parity of esteem for people living with psychosis and physical health problems.
 - 20% of the funding will be outcomes based.
 - 3504 Islington residents will benefit from the new service.

Safeguarding

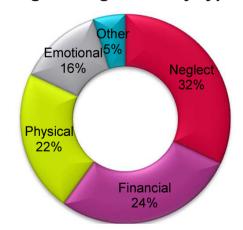


- The Care Act 2014 came into effect. New categories of abuse have been recognised in the Act: modern slavery, domestic violence and self-neglect.
- Deprivation of Liberty Safeguards applications surged. In spite of this, the Safeguarding Adults Team managed to turn around most applications within timescales.
- The Safeguarding Adults team delivered training to 1876 people (an 18% increase on the previous year).

Key statistics:

- 1165 alerts about possible adult abuse or neglect (no change on last year)
- 573 investigations about suspected adult abuse (an increase of 12% on last year)
- 1100% increase in deprivation of liberty safeguard applications
- In 98% of cases where we agreed abuse took place, we took action. In the remaining 2% of cases, we did not take action because the adult did not want us to do anything.
- Our actions either removed or reduced the risk of harm in 97% of cases.

Safeguarding Alerts by type



Making it Real



The Making It Real programme has led on embedding co-production into the delivery of social care in Islington and developing more personalised services. The programme is due to come to an end in March 2016 having already successfully delivered the following outcomes:

- Developed the skills and confidence of a diverse range of Experts by Experience who are increasingly lead on the delivery of the programme
- Embedded personalisation and co-production across our frontline services.
- Helped introduce a new strengths-based approach to assessment
- Co-produced engaging personalisation training programmes for staff that are co-facilitated by Experts by
 Experience and council officers and supported the Islington Personal Budgets Network to deliver peer support
 and training events to over 400 people
- Made direct payments easier to manage by providing people with pre-paid cards
- Trained staff in plain English and introduced a new online service directory that improves staff and the public's access to information about local care and support services
- Established a new forum to learn from complaints, compliments and suggestions based on principles of coproduction
- Developed a simple Personal Assistant register for direct payments employers and self-funders



Challenges for 15/16

The challenge will be continuing to improve outcomes for residents in Islington who use adult social care in the context of a very difficult financial position. This involves:

- Delivering savings that have as low an impact on the quality of services delivered as possible, in line with the Council's budget plans.
- Continuing to develop joined-up health, care and support services with NHS partners, including the CCG, Whittington Health and Camden and Islington NHS Trust
- Ensuring that family carers are supported to continue in their caring role where they choose to do so, as well as improving outcomes for family carers in Islington.
- Working with providers to develop a market of care in Islington that is best suited to the needs of our residents.
- Enabling people to stay as well and independent in the community as possible, through the
 development and promotion of prevention services that are open to all.