ISLINGTON

Joint Strategic Needs Assessment 2015/16

EXECUTIVE SUMMARY

September 2015

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1.0 Islington's JSNA

A Joint Strategic Needs Assessment (JSNA) is a way local authorities, the NHS and other public sector partners work together to understand the current and future health and wellbeing needs of the local population and to identify future priorities. Local authorities and Clinical Commissioning Groups have an equal and explicit duty to prepare Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs), through Health and Wellbeing Boards.

The JSNA is not just about health and personal social care services - it is also about the wider aspects of health and wellbeing including poverty, employment, education, housing and the environment. The purpose of the JSNA is to use the information gathered to identify local priorities and support commissioning of services and interventions that are based on need. This helps us achieve better health and wellbeing outcomes and reduce health inequalities in Islington.

JSNAs are a continuous process of strategic assessment and planning. Their outputs, in the form of evidence and the analysis of needs, should be used to help determine what actions local authorities, the local NHS and other partners need to take to improve the wellbeing of the local population and reduce inequalities.Islington's JSNA is a 'live' web-based resource, in the form of the Evidence Hub. In 2014 all the JSNA factsheets on the Evidence Hub were updated. This year's executive summary present's highlights from three key areas that have been updated this year, reflecting the HWBB priority areas; Children's health, mental health and the impacts of employment and health. The summary also includes the recurrent issues from 2014.

2.0 Islington's population

The population of Islington is living longer, growing and constantly changing. Women in Islington, in line with national picture, live longer than men. Life expectancy at birth for men in Islington is now 78.2 years, an increase of 4.8 years over the past decade (2011-13). However **life expectancy for men in Islington remains lower than England (79.4)** and is one of the lowest amongst all London boroughs. **For women in Islington life expectancy is 83.4 years and is similar to England (83.1).**

According to the latest estimates from the Greater London Authority about **224,600 people are living in the borough of Islington** (2015). Since the 2011 census, the population has increased by approximately 18,000 people (9%) and is predicted to rise to around 246,500 people by 2025.

The number of people moving in and out of the borough is also high. In 2014, an estimated 20,650 people moved into the borough and 21,640 moved out – about 10% of the population. Movement is particularly high in those aged 16-24 years old. Constant population churn impacts on the type of services that are provided and the way in which services are provided e.g. cervical screening or educational attainment if children and young families enter the borough and start school mid-way through an academic year.

Recent years have seen a small decrease in the number of births in Islington, and there are now **about 2,900 births a year**. The general fertility rate reflects this, as the 46 births per 1,000 women in Islington is lower than London (58 births per 1,000 women aged 15-44) and less than

the national average rate (62 per 1,000). However, over the next few years the birth rate is projected to slowly increase, reaching 3,150 births a year by 2020.

In terms of age, Islington's population is relatively young. In absolute numbers the largest age group are people aged between 20 and 39 years. This presents a significant opportunity for prevention of ill health as people under 40 are unlikely to have developed conditions that are the most significant contributors to death and disability in Islington. Though older people make up a relatively small proportion of Islington's population, in the next 10 years there is projected to be a 25% increase in those aged 80 years and older and a 20% increase in those aged 65 years and older. The percentage increase of children and young people in the borough is also predicted to significantly increase, especially in those aged 11-15 years old, which has implications for education and children's services.

Table 1: Islington estimated population by age and projected numbers, 2015 – 2025

Age group	2014	2024	Change (2014 to 2024)	% Change (2014 to 2024)
0-3	10,800	11,300	500	5%
4-10	16,000	17,900	1,900	12%
11-15	9,100	12,000	2,900	32%
16-19	8,900	10,100	1,200	13%
20-39	101,800	102,200	400	0%
40-64	58,000	68,800	10,800	19%
65-79	14,700	17,700	3,000	20%
80+	5,100	6,400	1,300	25%
Total	224,400	246,400	22,000	10%

Note: Numbers may not add up due to rounding
Source: © GLA 2014 Capped Population Projections – SHLAA

Islington's population is increasingly ethnically diverse. In 2001, 57% of Islington residents described themselves as White British. **In the 2011 Census, this had reduced to 48% describing themselves as White British,** with particularly high proportions of Turkish, Irish and Black African and Black Caribbean populations resident in Islington. Ethnicity also varies considerably by age in Islington. The younger population is more diverse compared to the older population, with **almost half of those aged under 25 from a black minority ethnic (BME) background** (45%) compared to one-in-five (20%) of the population aged 65 years and over.

This changing demographic picture has important implications for local health services since there are higher rates of some long term conditions in some BME communities; for example of heart disease and stroke, or of diagnosis of serious mental illness. Additionally, some behavioural risks, such as smoking, are more common in particular BME groups. These factors are often linked to significant socio-economic disadvantage and social exclusion.

In the 2011 census, there were 16,300 carers in Islington. Carers are themselves at significantly greater risk of both physical and mental ill health than the general population. With the ageing of the local population, together with increasing levels of long term conditions contributing to a relatively high level of disability in Islington, it can be expected that the number of carers in the borough will also increase.

What does this mean for Islington?

- The aging of the population in Islington over the next 10 years will lead to a growing number of people living with long-term conditions, indicating an increasing need for health and care services to identify and manage these long term conditions earlier and more effectively. It can also be expected that there will be an increase in the number of people living with multiple long term conditions.
- The increase in the older adult population will mean an increasing number of people with dementia, and with the increase in the over 80s, an increasing number of whom will also be physically frail.
- Work with local communities/specific population groups to improve understanding about how to improve the accessibility and reach of services.
- Raise awareness of the needs of carers and improve access to support and training for carers.
- Ensure that the commissioning and provision of services are culturally sensitive and provide equity of access responsive to a changing population with differing health needs.

3.0 Social, economic and environmental determinants

Many factors combine to affect the health of individuals and communities. Whether people are healthy or not is determined by a mix of genetic factors, their circumstances and environment, their lifestyle choices and their access and use of health services and other services that influence health (e.g. lifestyle change services, social care services). In the long term it is our circumstances and environment (which include factors such as how safe we feel in the environment in which we live, the physical condition of our housing as well as availability, job security, income and education levels) that have the strongest impact on health outcomes.

The Islington Employment Commission INSERT comments that last year's executive summary highlighted the impacts of all wider determinants on health and wellbeing. This year we have particularly focussed on employment and health.

3.1 Housing

The availability and quality of housing (e.g. accommodation that may be cold, damp or overcrowded) impacts on both physical and mental wellbeing. Homes in poor physical condition can put occupants' health and safety at risk, especially when they are children, older, ill or disabled people. In Islington, private rented homes are more likely to fall below the Decent Homes Standard and are less energy efficient than affordable homes. Living in overcrowded situations can also adversely affect health and wellbeing, particularly for children. As of May 2013 there were 5,089 households on Islington's housing register living in overcrowded housing (Islington Housing Strategy 2014-19).

The uncertainty that goes with living in temporary accommodation can have a negative impact on health and wellbeing. In Islington high house prices and private rents mean securing affordable housing is a key challenge for many households. The number of households placed in temporary accommodation has remained largely unchanged since 2007/08.

Islington has made greater use of the private rented sector in an environment of high house prices and where demand for social housing exceeds supply. In Islington, private rent is 40% of the average income; the fourth highest rent to income ratio in London. The combination of changes in benefits entitlements and rising private rents could result in many households being priced out of the rental sector. Key groups affected by these changes include those from low income households renting privately, and elderly or disabled households.

However, private rented homes are more likely to fall below Decent Homes Standard, and are less energy efficient than affordable homes. Work is also ongoing to increase the professionalism of landlords, encouraging them to improve the condition of their properties, particularly for vulnerable tenants, through the landlord accreditation scheme. Various teams in Islington provide advice and support to households who are renting privately, including assisting where tenants are experiencing harassment, illegally evicted, or in sustaining private rented tenancies.

3.2 Education

A good education is strongly associated with better health outcomes including life expectancy. Overall educational attainment at key stages for children going to Islington schools is improving and achievement was above the national average in 2013/14.

- 82% achieving level 4+ in Reading, Writing and Maths at Key Stage 2, compared to 79% nationally.
- 59.9% achieving 5+ A*-Cs including English and Maths at Key Stage 4, compared to 53.4% nationally.

In Islington, pupils who are eligible for Free School Meals have higher levels of attainment than the national averages for those eligible for Free School Meals, and the gap in attainment between pupils who are eligible for Free School Meals and their peers is narrower in Islington than the average across England.

Attendance at school improves the chances of educational attainment, and Islington schools have seen an improvement in attendance since 2007/08. Unauthorised absences in Islington secondary schools (2013/14) are now at 1.3%, similar to England (1.4%) and London (1.3%). Persistent absence amongst secondary school pupils was lower compared to nationally (3.4% vs 5.3%). However amongst primary school children persistence absence was higher in 204/15 compared to nationally (2.3% and 1.9%).

5.2% of Islington year 12-14s were n not in education, employment or training (NEET) in 2014/15, compared to 3.4% in London.

3.3 Employment

Being in good and secure employment has a positive impact on wellbeing whilst low quality and insecure jobs have a negative impact on both physical and mental health. Overall unemployment levels in Islington are lower than London, with 7.8% of the working age population unemployed (10,000 people). The highest levels of worklessness are in young adults aged 16-24 and social housing tenants. Groups with particularly high levels of unemployment in Islington include Black Minority Ethnic communities, those with learning disabilities and lone parents.

A large number of people claiming out of work benefits in Islington also do so because of long-term illness or other health conditions. Mental ill health accounts for the largest proportion of claims for incapacity benefits reflecting the high prevalence of mental ill health in the borough. Islington has the highest rate of claims for Employment and Support Allowance (ESA) or Incapacity Benefit (IB) of any London borough (7.9% of the working age population, compared to 5.5% across London). Though the rate of claims as a proportion of the working age population has fallen slightly since the turn of the century, the total number of ESA/IB claimants in Islington has remained virtually flat for at least 15 years. According to the latest figures, 12,820 Islington residents are in receipt of ESA or IB, equivalent to almost one in twelve of the working age population. More than half (53%) of the local ESA/IB cohort are claiming out of work benefits primarily due to a ‘mental or behavioural disorder’, while slightly under half (47%) are claiming primarily due to a physical health condition or disability

In Islington 4% of adults (18-69 years) in contact with secondary mental health services were in paid employment in 2013/14. This was lower than London (5%) and England (7%) and the 5th lowest in London, while it was one of the London local authorities with the highest mental ill health prevalence.

The gap in the employment rate for those people in contact with secondary mental health services and the overall employment rate in Islington (65%) is similar to London (64%) and England (65%). The smallest gap in London is 56%, achieved by Newham and Kensington and Chelsea.

The gap in the employment rate for those with long term condition and the overall employment rate in Islington (16%) is higher than London (11%) and England (9%).

In Islington **11%** of adults (18-64 years) with learning disabilities were in **paid employment** in 2013/14. This was **higher than London and England** and the **11th highest** employment rate **in London**.

3.4 Poverty

Poverty is a key determinant of poor outcomes in health and wellbeing. Islington is ranked the 5th most deprived borough in London (out of 33) and 14th most deprived in England (out of 354). Higher levels of deprivation are linked to numerous health problems (e.g. chronic illness and lower life expectancy) and unhealthy lifestyles (e.g. higher levels of obesity, smoking, drugs misuse). These factors mean that needs for health, social care and lifestyle services are higher amongst populations living in more deprived areas.

The impact that poverty (in terms of unemployment or low income) has on families with young children is particularly important. The emotional health of children is correlated with poverty, with particularly vulnerable children being those who are looked after, young offenders and children of parents with mental health problems. Disadvantaged experience in childhood strongly ties with poor health throughout life, and in Islington child poverty rates are very high at more than double the national average. Islington also ranks as the second most deprived area in England on the Income Deprivation Affecting Children Index (IDACI) with just under half of all children aged 0-15 years living in income deprived households. In 2012, 34.5% of children in Islington were living in low income families (over 13,000 children), compared to 18.7% nationally (this has replaced the child poverty measure).

According to the older people's deprivation index (IDAOPI), over two fifths (41%) of older people aged 60 years and over in Islington are income deprived compared to 18% across England.

What does this mean for Islington?

- A large scale, systematic and co-ordinated approach to reducing health inequality is needed that involves all partners and focuses on the wider socio-economic and environmental determinants and on family and individuals.
- Poverty is one of the greatest threats to health and wellbeing in the borough. Getting people into work and particularly those population groups that face persistent barriers to moving into work, should be a focus.
- Strengthen links between employment support services and local health provision to support people out of work due to ill health and those with a learning disability back into work.
- Support local business to create healthier workplaces for their staff to improve staff wellbeing and ultimately reduce sickness absence and absenteeism

1.0 4.0 Lifestyles and risk factors

Regular exercise, maintaining a healthy weight, reducing harmful levels of alcohol consumption and stopping smoking can prevent illness or at least delay it for many years. Unlike other factors such as age and genetics, poor lifestyle behaviours can be altered and in the medium term improve population health outcomes.

4.1 Smoking

The number of people who smoke has declined in Islington over the past few years. Overall smoking prevalence in Islington, based on the Integrated Household Survey, has reduced from 34% in 2005 to 22% in 2013. Current estimates are significantly different to that estimated for England (18%), but significantly higher than London (17%). Despite these improvements, smoking remains prevalent in key population groups including the Turkish and Irish populations and those living with long term conditions (including mental health). People from these groups may find it harder to quit and need more intensive support. Greater effort is therefore required to support people from these groups to stop smoking.

After an increase last year, the rate of smoking in pregnancy has fallen again in the past year to 8%, but is still above the London average.

4.2 Alcohol

Despite positive improvement in treatment outcomes the harm that alcohol causes remains high. Islington has seen an increase in **hospital admissions for alcohol-related conditions** of 22% in men & 19% in women in last 5 years. Similar trends were seen in London and England. Islington remains in the top 5 London boroughs for alcohol-related deaths and has the highest rate of alcohol-related hospital admissions in London.

4.3 Obesity and overweight

Almost 1 in 4 children aged 4-5 years old and 2 in 5 children aged 10-11 years old had excess weight in 2013/14. The proportion of children aged 4-5 years with excess weight in Islington schools has continued to show a slight decrease and is currently similar to the prevalence in England and London. The percentage of pupils aged 10-11 years who are overweight and obese has shown a rise in the last year and is similar to London but higher than England.

Just over 69,000 adults registered with an Islington GP are obese or overweight and approximately two thirds of adults with a chronic illness are overweight and obese. Obesity increases with deprivation, with those living in the fifth most deprived areas of Islington being 27% more likely to be obese compared to the Islington average.

What does this mean for Islington?

- Supporting people to live healthier lives across the life course remains a priority. Programmes and services to support people to adopt healthier lifestyles should be delivered at sufficient scale and appropriately targeted in order to improve population health outcomes, and reduce health inequalities within the borough. Specific areas of focus include:

- **Tobacco**
  - Educate and prevent young people from starting smoking
  - Ensure smoking cessation services target high risk populations to quit.
  - Reduce second hand exposure
  - Regulate and enforce the laws on sale and display of tobacco products
- **Overweight and obesity**
  - To continue to commission and evaluate interventions that promote physical activity, both universal services and those targeted at population groups most in need e.g. people on low incomes, people with disability.
- **Alcohol**
  - Increasing awareness of alcohol locally through the provision of clear, sensible advice around what is low risk drinking and why this is important.
  - Approaches for the provision of identification (screening) and brief advice (IBA) and alcohol liaison models to be implemented consistently and at scale.
  - Proactive enforcement continues to be a key part of reducing alcohol harm by managing alcohol availability locally.
  - Building on work already occurring locally, to ensure there is a strong partnership approach to maximise alcohol harm reduction, including enforcement of licensing regulations, IBA and high quality treatment services.

5.0 Physical and Mental health

Cancer, cardiovascular disease (CVD), and respiratory disease remain the leading causes of premature deaths and all deaths in Islington, although death rates are declining across the population as a result of people living longer. Diabetes, high blood pressure and obesity are also prevalent conditions that, although frequently not recorded as the underlying cause of death, significantly contribute to early death; similarly, mental health conditions significantly increase the risk of early death in a number of conditions. The increasing number of deaths due to liver disease associated with obesity and excessive alcohol consumption is also of growing importance.

Promoting healthy lifestyle behaviours will help to prevent or delay many deaths caused by long term conditions. As well as prevention, earlier diagnosis of these conditions, facilitating lifestyle advice and behaviour change and earlier medical management help to reduce the longer term ill health and disability associated with these conditions, as well as preventable deaths. This represents the **closing the gap** challenge, increasing the proportion of long term conditions in the population that have been diagnosed in order to provide earlier and more effective help and care. Since 2010/11 the estimated prevalence of undiagnosed diabetes and COPD has dropped by 35% and 8 % respectively. Meanwhile it has increased by 2% for hypertension and 10% for coronary heart disease. There are about 26,000 people with undiagnosed hypertension (13% of the population aged 16 and over).

The long term conditions described below disproportionately affect people living in deprived communities. Older people and people with more than one long term condition are at significantly higher risk of poor quality of life. Nearly a third of all people with long-term physical conditions also suffer from depression or anxiety. This association is particularly strong for cardiovascular disease, diabetes and chronic obstructive pulmonary disease (COPD).

5.1 Cardiovascular disease

Early deaths (deaths before the age of 75) from cardiovascular conditions including coronary heart disease are declining, although cardiovascular diseases remain the second leading cause of death across all ages in the borough. The rate of early deaths remains significantly higher than London and England for both men and women in Islington. However, for the last six years, the rate of early deaths from heart disease has been falling at a faster rate than in England and London. This means that, although still higher than the England average, the inequalities gap in early CVD mortality between Islington and England has significantly narrowed and Islington is making significant progress in reducing early deaths from CVD.

5.2 Diabetes

The gap between the number of people with diagnosed diabetes and the number expected to have the disease in Islington suggests a significant number of undiagnosed cases (over 4,000 people) in Islington. Islington's prevalence gap for diabetes is significantly higher compared to the gap in London and England. High levels of excess weight amongst younger people is likely to increase the number of people developing diabetes in future, which will increase their risks of heart disease, stroke, kidney failure, blindness and amputations. A locally commissioned service, developed with GPs in Islington, aims to enhance the management of diabetes and those at risk of developing diabetes in primary care.

5.3 Respiratory disease

Respiratory diseases are important causes of ill health in Islington and of emergency admissions to local hospitals, particularly among older people, many of which are potentially preventable. The main impact associated with COPD in Islington is a significant reduction in the quality of life of people with COPD and their carers, and frequent hospital emergency admissions caused by exacerbations of the condition. The second highest rate of potentially preventable hospital admissions in Islington are as a result of COPD (second only to admissions for influenza and pneumonia). Many of these admissions could potentially be avoided through earlier diagnosis and better medical and lifestyle management; stopping smoking would prevent the majority of cases of COPD occurring in the first place. The COPD local enhanced service introduced in primary care and closer working with secondary care has resulted in emergency admissions for COPD decreasing by 14%. However, there are an estimated 4,000 cases of undiagnosed COPD in Islington. Higher levels of pollution in inner city areas like Islington will also contribute to respiratory disease morbidity in both children and adults and earlier mortality.

5.4 Cancers

Cancers are the leading cause of premature deaths (under 75) in Islington. The rate of early death from all cancers has been falling in the borough with a faster rate than England, decreasing the inequalities gap in early cancer mortality between Islington and England. Lung cancer is the largest contributor to early death amongst all cancers. The proportion of people who are alive after a diagnosis of prostate, breast, lung and colorectal cancer at 1 year and 5 years is generally similar compared to England. There is scope to further improve survival by increasing awareness, early detection and treatment. 5.5 Liver disease

Most liver disease is preventable and much is influenced by alcohol consumption and obesity prevalence, which are both amenable to public health interventions. During the last 3 year rolling period Islington has made progress in reducing the rate of deaths from preventable liver disease for persons under the age of 75 and rates are now similar to England and London.

5.6 HIV

With advances in treatment, HIV is now also considered a long term condition. In 2013 about 9 people per 1000 population aged 15-59 were diagnosed with HIV. This is the 6th highest prevalence rate in London. The majority of diagnosed HIV infections in the borough are in gay and bisexual men (71%). Although there continue to be a significant number of newly diagnosed infections each year, improved treatment and survival has led to a shift in the age distribution of. The impacts of poverty and of stigma and discrimination continue to be important issues associated with HIV. As with other long term conditions, there are also higher rates of mental health conditions among people living with HIV.

5.7 Mental health

Mental health conditions affect all groups in the borough, although the types and prevalence vary according to gender, ethnicity and age, and are influenced by a wide range of factors including family, early life experiences, social, economic and environmental determinants. It has been estimated that mental health conditions are the single largest cause of ill health and disability in the population aged under 65, and they continue to be an important cause among people aged 65 and over. Mental health conditions can intensify the effects of a physical illness and considerably raise the cost of physical health care. Rates of hospitalisation and early death

due to physical health conditions for those with mental health problems are up to three times higher than for others.

One-in-six adults in Islington (about 32,000) have been diagnosed in primary care with one or more mental health conditions, including common mental health disorders such as anxiety and depression (29,900), serious mental illness (3,385 people) such as schizophrenia and dementia (1030). Islington has the highest diagnosed prevalence of serious mental illness in the country and the highest diagnosed prevalence of depression in London.

In addition to the numbers already diagnosed, it is estimated that a significant proportion of mental health conditions go undiagnosed: among adults, there are an estimated 16,000 undiagnosed mental health conditions, and 1,760 among children and young people. This is less true of dementia, and in Islington, people with dementia are more likely to have received a diagnosis than anywhere else in London or nationally.

There are inequalities in the levels of mental health conditions between different groups in Islington and inequalities of access to services. Patterns vary between conditions and also with demographic factors such as age, sex, ethnicity and socioeconomic deprivation. There is an over-representation of people from black and ethnic minority groups with more serious mental illness, matching national trends. In general, the determinants of mental health are socio-economic; mental health conditions are highest in people and communities who are experiencing deprivation, disadvantage, financial hardship, exclusion or isolation and there is a strong inter-generational cycle of illness.

This year there has been a considerable focus on improving care for people in mental health crisis following a national crisis care concordat. A local action plan has been developed in response by key partners including Camden and Islington Foundation Trust, the Local Authority, Islington CCG, the Metropolitan Police and the London Ambulance service. Key achievements to date include increased staffing within the mental health crisis teams, a new website including an 'I need help now' button, the review and clarification of partnership working arrangements between police and partners and a pilot of user held crisis cards. This work compliments the focus on recovery that exemplifies care for people with enduring mental health problems.

People with mental health conditions have substantially higher levels of physical illness than others, including cardiovascular and respiratory conditions and diabetes. Lifestyle factors such as smoking, weight and, in depression, alcohol intake, increase the risk of developing physical health conditions. The long-term impact is a major reduction in life expectancy. People in contact with specialist mental health services have a mortality rate 3.6 times that of the general population.

Suicide in Islington has reduced steadily over the last 10 years to a rate of just under 10 per 100,000 population, very slightly above rates for London and England.

It is estimated that 78% of people with dementia in Islington receive a diagnosis, the highest rate in London and 5th highest in England. Timely diagnosis ensures access to services which support people to live well with dementia.

The stigma still attached to mental health disorders and the discrimination that accompanies this, make mental health a complex and challenging public health problem.

What does this mean for Islington?

- There are a significant number of people living with a long term condition but who have not yet been diagnosed. The Health Checks Programme is a vital part of action to address this key need, as well as to identify risks earlier. Islington's closing the gap local enhanced service, which aims to find undiagnosed long term conditions should continue and be evaluated.
- Programmes raising awareness of signs and symptoms of long term conditions including cancers and COPD should be targeted at deprived communities to encourage early presentation.
- Implement strategies and programmes that encourage people with long term conditions to self-manage and stay independent.
- Improve lifestyle and medical management of long term conditions, of those at significant risk of long term conditions, to improve quality of life.
- The strong link between physical health and mental health underlines the importance of the movement towards models of care that address both mental and physical health together.
- All those with a physical long term condition should be offered screening and help for depression.

6.0 The best start in life: children and young people and their families

There is clear evidence of the importance of giving children the best start in life, and there are a range of early interventions (starting not only in pregnancy, but pre-pregnancy) that are effective in achieving better long term outcomes and reducing inequalities. Although the majority of children and young people in Islington live healthy lives, there are high levels of vulnerability and disadvantage. Groups particularly at risk of poorer outcomes, in childhood or later on in adulthood, include: children living in poverty, young carers, children with disabilities, looked after children, young offenders, children with mental health conditions, children exposed to domestic violence and children of parents with long term mental health problems including personality disorder, or problem alcohol and substance misuse.

6.1 First 21 months

Interventions that address inequalities early on tend to demonstrate the best and most cost effective impacts on narrowing the gaps between groups. This is the underpinning basis for Islington's First 21 Months priority. Key indicators of health and wellbeing include:

- Early access to maternity services (booking by 12 weeks plus 6 days) to ensure women and their partners receive timely care and support through pregnancy, including early identification of health or social problems that may require extra support. Although early access has improved, Islington's two major maternity services remain below the 90% target, achieving 79% in Q1 2013/14. Earlier and more effective referral systems are needed, as well as promotion of the early access message into the community.

- Immunisation rates have significantly improved, including MMR and pre-school boosters. By Q3 2013/14, Islington achieved 98% uptake for the vaccinations among one-year old children, above the London (89%) and England (94%) average.

- Exclusive breastfeeding provides a significant level of protection against the future risk of childhood obesity. Initiation rates of breastfeeding in Islington are higher (90%) than London (87%) and England (74%). By 6-8 weeks the rate is 75%, but still remains higher than London and England.

- The Family Nurse Partnership is demonstrating good short-term outcomes for teenage parents and their babies, particularly with breastfeeding, immunisations at 24 months, smoking reduction and hospital admissions.

- Although there are significant risk factors in the population, particularly those linked to deprivation, data for 2010-12 show that the rate of infant mortality is significantly lower than England (2.2/1000 live births; 20 deaths) and the rate of low birth weight babies is similar to England (3%; 79 infants). The perinatal mortality rate (6.2/1000 births; an average of 14 stillbirths and 5 neonatal deaths per year) is also similar to England. The rates have reduced over the previous ten years, though the numbers are too small for these differences to be statistically significant.

- Childhood obesity rates remain high in both Reception and Year 6 children in Islington, increasing the risk of long term health problems for these children. Excess weight in children is further covered in section 0.

Mental health conditions in children and young people are estimated to be 36% higher than the national average, with more than 3,700 children and young people aged 5-17 experiencing a mental health condition during any one week. This estimate is primarily based on national survey data which is now close to 10 years old, and there is a key need for a new national survey. There are also about 1,500 children and young people under 18 in treatment for mental health conditions (5.9% of children in Islington).Mental health conditions in childhood, particularly if untreated, are an important risk factor for mental health problems in adulthood. Schools and Children's Centres are increasingly important sources of referrals to CAMHS services.

Admissions for asthma and some other long term conditions have been much higher for Islington children and young people compared to their national counterparts. This is being addressed through steps to improve medical management and self-care in community and primary care settings.

What does this mean for Islington?

- There is a need for maternity services to improve early access.
- A strong preventive and early intervention offer in pregnancy and the early years is important to reduce long term inequalities.
- Promoting exclusive breastfeeding, healthy eating, physical activity and access to weight management support to children and their families continues to be important to reduce high levels of obesity and excess weight.
- Access to effective services for conditions such as asthma or mental health problems in community and primary care settings will help to improve outcomes.

6.2 Children and young people with Special Education Needs and disabilities

The best available estimates for children and young people with disabilities come from special educational needs (SEN) data. However, not all children with disabilities and long term life limiting conditions have SEN, and further work is being done to estimate local numbers. Over one-in-five Islington pupils have a SEN, significantly above London and England (16% and 15%, respectively). In January 2015, around 5,100 children and young people aged under 19 in Islington had a statement or Education, Health and Care (EHC) Plan (917) or had additional educational need without a statement or EHC Plan (4,238). There has been a slight rise in the number of children and young people with a statement or EHC Plan in Islington over the previous seven years, equating to an average of 32 additional statements or EHC Plans each year.

Among children and young people with a statement or EHC Plan, an Autistic Spectrum Disorder was the most prevalent primary need in 2015, followed by Moderate Learning Disabilities and Speech, Language and Communication Needs. Prevalence of SEN needs varies by gender and ethnicity. About 75% of Islington pupils with a statement are boys, which is similar to the national picture. Some ethnic groups were more likely than the general Islington population to have a statement for certain specific types of SEN, for example, Black Caribbean children and children from a mixed ethnic group were around twice as likely to have a statement or EHC Plan

for Social, Emotional and Mental Health difficulties than the general population of children and young people.

Pupils with a SEN or disability face barriers that make it harder for them to learn than most pupils of the same age. People with SEN also face poorer outcomes than their peers in terms of educational achievement, physical and mental health status, social opportunities, and transition to adulthood. Evidence shows that nationally, people with learning disabilities are less likely to lead healthy lifestyles compared with the general population, with unhealthy diets and low levels of physical activity among people with learning disabilities contributing to poorer health outcomes.

Effective ante- and post-natal care, smoking, alcohol and substance misuse, maternal diet and maternal age are important determinants of SEN and disability. Families with a child with a SEN or disability are more likely to live in poor housing, in unemployment and poverty, and face social isolation and discrimination; these are also associated with poorer health and educational outcomes.

Well-co-ordinated planning and advice makes a positive difference to young people's futures. Early identification and assessment can help to significantly improve mental and physical health, educational attainment, and employment opportunities, and interventions early in primary and secondary school and during the years leading into adulthood can improve health outcomes. High quality teaching and well trained teaching assistants and support staff are important factors in raising educational outcomes. Giving parents control through providing information, inclusion in planning and strategic development, and good multi-agency co-ordination can also improve outcomes for children and young people with SEN and/or disabilities.

The Children and Families Act (2014) introduced a new, single system from birth to 25 for all children and young people with SEN and their families. The Act extends the SEN system from birth to 25, giving children, young people and their parents greater control and choice in decisions and ensuring needs are properly met. It takes forward the reform programme including:

- replacing old statements with a new birth- to-25 education, health and care plan
- offering families personal budgets
- improving cooperation between all the services that support children and their families, particularly requiring local authorities and health authorities to work together.

What does this mean for Islington?

- The new SEN system will be less adversarial for parents, focus more on outcomes and extend rights from 0-25 (instead of 5-19 as present).
- The number of children and young people with SEN and disability is unlikely to change as a result of the SEN Reforms however the levels of attainment, attendance, and exclusions of this cohort are expected to show improvement, which improves long term life outcomes.
- All staff across Children's Services, schools and health partners who work with children and young people with Special Education Needs and disabilities will need to work differently as a result of the reforms.

7.0 Vulnerable groups

7.1 People with learning disabilities

The events at Winterborne and the subsequent report by the Confidential Inquiry into premature deaths of people with learning disabilities highlighted the responsibilities that public services have to ensure that people with learning disabilities receive equitable and accessible care and support. National data show that people with learning disabilities are three more times likely to die early compared to others, and as a result their life expectancy is up to 20 years less than the general population. Some of the difference may be accounted for by higher rates of specific health issues including coronary heart disease, respiratory disease and epilepsy, however many of these deaths are potentially preventable through a mix of earlier diagnosis and better and more responsive management of health conditions.

In spite of these stark inequalities, life expectancy for people with learning disabilities is increasing, this is in part due to rising numbers of young people with complex needs surviving into adulthood as well as longer life expectancies amongst adults with learning disabilities.

There has been an increase in the number of people with learning disabilities who have received health checks in Islington, but improving the delivery of preventative interventions and earlier identification and management of physical health issues in people with learning disabilities remain important.

What does this mean for Islington?

- Ensuring prevention and treatment services are accessible and able to meet the needs of people with learning disabilities in order to improve outcomes and reduce inequalities.

7.2 Vulnerable children

Although the majority of children and young people are healthy and achieve well there is a proportion of children and young people who need support from the local authority. The reasons are complex but often result in the neglect and abuse of children and young people. Each year, contacts to children's social care are made relating to concerns about over 7,000 children and young people. The majority of social care involvement is related to three key parental factors; domestic violence, parental mental-ill health and substance misuse.

Children who have witnessed or experienced domestic violence, whose parents have mental health issues and/or suffer from substance misuse are more likely to suffer from a range of difficulties including behavioural, social and emotional difficulties which also remain prevalent into adulthood.

Domestic violence

Islington's rate of domestic violence offences is the second highest in North London, which can be an indication of higher violence, or of greater confidence in reporting incidences to the police. Domestic violence can affect anyone, but women, transgender people and people from BME groups are at higher risk than the general population. The estimated cost of domestic violence is almost £26 million in Islington, with most of the cost being borne by physical and mental health services (£7.7million).

National estimates of domestic violence applied to the Islington population suggest that there are over 11,000 young people aged under 25 have witnessed domestic violence at some point in their lives.

Parental mental health

As many as one in four children aged 5-16 have mothers who may be at risk for common mental health problems, which would equate to around 6,000 Islington children.

Substance misuse

As many as 3,000 children aged under 16 in Islington may be living in a household where a parent misuses drugs. Additionally, it is estimated that over 9,000 children aged under 16 in Islington are living in a household where a parent drinks at hazardous or harmful levels.

The health services provided to vulnerable children including looked after children, young people who offend and young carers in Islington are good. High proportions of Islington children who have been looked after for 12 months or more are up to date in their healthcare e.g. immunisations, oral health check-ups and annual health assessments. .

What does this mean for Islington?

- Ensure health services and partners work together to deliver person centred care for children and young people
- Continue to ensure targeted health interventions for vulnerable children

8.0 Next steps

Through the development of the Health and Wellbeing board stakeholder engagement plan, timetabled opportunities to explore communities', service users' and patients' views on findings from the JSNA and their local health and wellbeing issues will be used to inform the on-going development of the JSNA.

FURTHER INFORMATION & FEEDBACK

The updated JSNA can be accessed at: http://evidencehub.islington.gov.uk/yourarea/jsna

For further information or comments, emails us: publichealth.intelligence@islington.gov.uk