

Islington Joint Health and Wellbeing (JHWS) Strategy: Review and refresh

Appendix 3: Overview of progress with delivery (JHWS 2013-16) and key challenges

Priority 1: Ensuring every child has the best start in life

Achievements	Challenges
<p>a) Reduce infant mortality and improve maternity and infant outcomes A number of outcomes in this area have improved:</p> <ul style="list-style-type: none"> - Infant deaths have continued to reduce - Timely booking with maternity services - Registration with children’s centres - Uptake of healthy start vitamins - Newborn screening is better or equal to the national average. <ul style="list-style-type: none"> • Islington Children and Families Prevention and Early Intervention Strategy 2015-2025 has been published. • The First 21 Months is resulting in key services working in a more integrated way. <p>b) Child Immunisations</p> <ul style="list-style-type: none"> • Child immunisation rates have continued to rise and our rates are above average for both London and England as a whole. • In 2014/15 Islington was the top performing local authority in London for all routine vaccinations. However, coverage for 5 year old immunisations, although higher than London and similar to England, is still below the 95% WHO recommended levels to achieve herd immunity. <p>c) Breastfeeding Breast feeding rates have remained stable throughout the strategy and they are higher than London and England.</p> <p>d) Oral health</p> <ul style="list-style-type: none"> • Rates of dental decay have been falling in Islington. • In 2014/15, the Islington community-based fluoride varnish programme delivered a total of 13,223 fluoride varnish applications to 3-10 year olds • However, there are still far too high rates of oral health decay which is entirely preventable. 	<p>a) Overweight and obesity</p> <ul style="list-style-type: none"> • Childhood overweight and obesity continues to be a challenge in Islington. • In 2014/15 almost a quarter of reception year pupils (22%) were overweight or obese. • Among Year 6 pupils, the equivalent figure was more than a third (37%). The proportion of Year 6 pupils who are overweight (including those who are obese) is higher than the national average (33%) although has declined slightly since 2013/14. • In 2014/15 More Life received 290 referrals and had 236 children start a programme. Of these 176 completed. • Referrals and uptake for the Tier 3 programmes (for children with additional needs) remain a challenge

<p>e) Teenage pregnancy</p> <ul style="list-style-type: none"> • The rate of teenage pregnancy in Islington has continued to fall and is now below the rates for both London and Islington as a whole. • Chlamydia diagnoses remain high compared to national averages and while this is indicative of infection in the community Islington's rates are considered good as we are identifying and therefore treating infections. • In April 2015 launched a new Young People's Sexual Health Network across Camden and Islington. 	
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Areas for future focus

a) Obesity

The future approach to tackling childhood obesity has an increased focus on prevention and ensuring all children in Islington can eat well and stay active. This will include an increased role for the health and wellbeing team, expanding healthy schools to a wider range of settings and developing the training offer and build the capacity of all professionals working with children and families to support healthy living. They will work closely with the Healthy Living school nurse.

The importance of taking a systems-based perspective to tackling obesity – looking at every aspect of the local environment and how this drives obesity – is also increasingly recognised. We need to collaborate more with the Voluntary and Community Sector (VCS), including youth clubs and independent housing/social care workers/troubled families to engage with the most vulnerable communities, as well as building on our work with colleagues across the council and local NHS to support this.

b) Parental mental health

There is an increasing recognition of the importance of parental mental health in the early years – both antenally and postnatally, and this is an area for future focus.

c) Autistic spectrum disorder (ASD)

In recent years there has been an increase in the number of children under 5 being referred for assessments and then diagnosed with Autistic Spectrum Disorders, across the full spectrum of severity. The number of referrals for under 5s assessment has increased from 47 to 119 between 2012/13 and 2014/15 (an increase of 153%). The number of assessments has increased to lesser extent, from 59 to 79 children (+34%) reflecting capacity limitations of the team. Most additional assessments over time have resulted in ASD diagnoses. The implications across the range of health, care, education and adult services are very significant and we need to address this.

Priority 2: Preventing and managing long-term conditions (LTCs) to enhance both length and quality of life and reduce health inequalities

Achievements	Challenges
<p>a) Closing the prevalence gap</p> <ul style="list-style-type: none"> • Mortality rates from causes considered preventable have fallen. • Islington has been recognised as an Integrated Care Pioneer. • A chronic kidney disease (CKD) pathway workstream has commenced with targeted areas to include: case finding, early intervention, improved coding and chronic disease management. • The Joint Liver Working Group for Camden and Islington is working to address the increasing issue of liver disease through improved patient pathways, treatments, and knowledge. <p>b) Reduce early deaths from cardiovascular disease</p> <ul style="list-style-type: none"> • There has been a reduction in early deaths from cardiovascular disease (CVD). However, rates remain higher than the national and London averages, and it is still the biggest contributor to premature mortality. • The NHS Health Checks programme has continued to perform very well in Islington. Between Q1 2013-14 to Q2 2015-16 37% of Islington eligible population received NHS Health Check. As a result Islington ranked as the 4th best performing London Borough for delivering Health Checks and 12th out of 152 Local Authorities in England. <p>c) Mortality from cancer</p> <p>Premature cancer mortality has fallen but the rate is still higher than England and London.</p> <p>d) Mortality from respiratory diseases</p> <p>Premature mortality from respiratory disease has fallen and the rate is now similar to England.</p> <p>e) Excess weight in adults</p> <ul style="list-style-type: none"> • Over half of adults in Islington are overweight or obese (52%). This percentage is lower than the London and England averages. • The Adult Weight Management (AWM) has delivered a consistent number of referrals, initiators and completers into the service over last couple of years. • In 2015 Islington jointly topped the Good Food for London league table, reflecting the borough's high level of participation in key healthy and sustainable food initiatives. • To date over 250 food businesses have achieved the Healthy Catering Commitment award. 	<p>a) Cancer screening</p> <p>Cancer screening uptake in Islington is lower than the London and England averages and increasing uptake remains a challenge. There are a number of programmes addressing this:</p> <ul style="list-style-type: none"> • Public Health have been providing a locally focussed boost to the national 'Be Clear on Cancer' (BCOC) campaigns • NHS England is responsible for delivering cancer screening programmes in England; however, Public Health have established a group to monitor and scrutinise local screening data, and improve local screening performance. <p>b) Smoking</p> <p>In 2013 Islington had the 2nd highest prevalence of smoking in London, with higher than London and England. A decreasing number of people are accessing stop smoking services and there is an ongoing challenge to increase the numbers of people accessing support and quitting smoking.</p> <p>c) Alcohol</p> <p>Despite a range of work to tackle alcohol related harm, the harm to health remains significant in Islington. Islington has some of the highest levels of harm in London, with significantly worse admissions to hospital as a result of alcohol, these rates have increased over the last five years.</p> <p>Significant work has occurred to tackle the harm caused by alcohol in Islington:</p> <ul style="list-style-type: none"> • Developing and implementing the licensing strategy. • Reducing the Strength initiative aimed at reducing the availability of cheap high strength beer and cider • The Late Night Levy aims to recoup some of the cost of policing the night time economy from those profiting from it • Proactively reviewing and making representations against potentially harmful alcohol licences. Islington's approach to proactive licensing management and ensuring health are active partners in licensing has been identified as an example of good practice in this area. • Public Health has commissioned HAGA, an alcohol charity, to raise awareness of the impacts of alcohol and how residents can self-moderate their drinking or seek help from the services provided by the Council. Training in Identification and Brief Advice is provided free of charge to 180 staff a year.

- 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'.
- f) Reduce smoking**
- 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).
 - The stop smoking service has maintained a stable quit rate, which remains higher than the Department of Health recommended rate of 35%, but is still below the target of 54%.
 - The Islington Smokefree Alliance has brought together a wide range of organisations that have a common aim in reducing smoking prevalence.
- g) Physical activity**
- 66% of over 16s participate in the recommended level of physical activity (over 150 minutes of physical activity per week), this is higher than the national and London average.
 - Islington ProActive have developed a strategy and action plan to support improvements in physical activity.
 - Exercise on Referral (EOR) has achieved an increasing number of referrals (2,000 per annum), initiators (70% of referrals) and completers (70%) over the last couple of years.
 - The EoR provider has worked closely with iCope over the last two years to encourage more service users with a mental health condition to access EoR
 - Planning applications have been used to support the development of physical activity friendly environments in Islington, through Section 106 investments.
 - Funding from Islington Clinical commissioning Group (CCG) has created 12 'Active Spaces' in schools and residential.
 - External funding has been won from Sport England for two three year projects in Islington; one to encourage residents with disabilities to be more physically active, and the other one will encourage women and girls to be more physically active.

Areas of future focus

a) Alcohol

The approach we have is grounded in the evidence of what works. We need to continue with this approach, also looking at:

- **Minimum unit price.**

There is a clear evidence base that implementation of a minimum unit price would effectively reduce alcohol related harm and as such Public Health and licensing are advocates for this; however we feel this would be hard to implement as an individual borough. The Health and Well-Being board should use its power to lobby for implementation at least at a regional level or ideally at a national level.

- **Licensing**

Locally public health are using the powers of being a Responsible Authority to support our partners in police and licensing. However despite a clear recognition of the impacts of alcohol on health and a local commitment to using health evidence in licensing decisions, our ability to do this is limited due to national legislation around licensing. It is essential that a wider range of health data be taken into account as part of licensing as currently our potential impact in this area is limited by health not being included as a specific objective of the licensing policy. A fifth objective focused on health would enable us to put together more rigorous joint objections to premises in problem areas. The Health and Well-Being Board are an important role in lobbying for national change in this area.

- **Population perceptions and attitudes towards alcohol**

Evidence shows building a healthy and sensible relationship with alcohol is essential in successfully reducing alcohol related harm. We need to help and support people to make better choices about alcohol. As such it is important that this remains an area for focus for the Health and Well-Being Board. In particular we need to focus on the following:

- Increasing awareness, skills and attitudes: changing attitudes to alcohol is an ongoing process
- Ensuring Islington is a safe drinking environment: we need to ensure that we promote a safe night-time economy
- Support for families: the impacts of alcohol are often felt by those not drinking, whilst there is a clear evidence base that shows children of high risk drinkers are more likely to become high drinkers themselves
- Facilitating access to support and treatment: treatment services need to be easy to access, we are currently redeveloping our drug and alcohol treatment to ensure those who need help are supported effectively and appropriately
- Reducing availability and affordability
- Collaborative approach; alcohol harm is cross cutting, in a time of reducing resource we must ensure we together to be tackle alcohol harm

b) Physical activity

Although Islington has increased the proportion of residents that are active, there is still some way to go until all of the population is classified as active. The evidence highlighting physical inactivity as a leading factor in health and well-being continues to grow, particularly the contribution it has to the burden of non-communicable diseases. In particular we need to focus on:

- Creating active environments to encourage residents to be active
- Implementing the Public Health England Everybody Active, Every Day strategy
- Decreasing residents sedentary behaviour
- Increasing active travel.

c) Obesity

Islington public health have completed a self –assessment across the Council with a variety of partners including Council, Voluntary and community sectors to scope what is currently being done to prevent obesity and to evaluate where the gaps are. This will inform the development of an obesity strategy through the life course for 2016.

d) Mental health and physical health

Physical health and mental health are inextricably linked. Life expectancy is lower among people with some mental health conditions, and this is largely attributed to long term physical conditions. The relationship between physical and mental health is complex and two-directional; people living with a long term physical condition are more likely to experience common mental health disorders as a result, and some lifestyle risk factors are more common among people with mental health conditions, increasing their risk of developing physical health problems, such as heart or respiratory disease. These associations are becoming more recognised, and there are more interventions available to meet the mental health needs of those with physical health conditions, and vice versa. Locally, this is reflected in care planning and self-management programmes for people with physical health conditions. We need to increase our focus on physical health of people with severe mental health conditions in particular (case finding, diagnosis and management). We also need to improve case finding of depression in people with physical LTCs. Additionally, developing pathways of care for people with all mental health conditions, which include prevention and management of long term conditions, will contribute to better overall health outcomes.

Priority 3: Improving mental health and wellbeing

Achievements	Challenges
<p>a) Support the shift towards prevention, early intervention and recovery</p> <ul style="list-style-type: none"> Increased numbers of people accessing iCope services. The percentage of those entering IAPT treatment who recover is now just above the national (and local) target of 50%, an improvement on the previous year. Waiting list targets have been introduced this year (offering parity with physical health services) and the service is achieving these targets. Children’s Centres across Islington have been key to raising awareness of mental health problems and services available. The Whittington Hospital has developed a good psychology/psychiatry offer in maternity. Growing Together is part of both CAMHS and iCope and works with both parents and children aged between 1 and 5 years old, in families where both the adult and child are having difficulties with emotions, behaviours or relationships. All Islington schools have a named CAMHS practitioner, with some schools purchasing additional input. <p>b) Raise awareness of MH problems and services, including for postnatal depression, and tackling stigma and discrimination</p> <ul style="list-style-type: none"> A pilot in Canonbury Children’s Centre has built in an additional home visit undertaken by a maternity support worker and a family support worker, which helps with earlier identification of mental health problems. Holloway Children’s Centre has developed a drop-in focused on post-natal depression and other stressors for all parents, and offers appropriate support. The Islington Mental Health and Resilience in 	<p>a) Mental health</p> <p>The prevalence of diagnosed mental health conditions is high in Islington. Depression and psychotic conditions, in particular, are greater here than in most parts of London or England. Over the coming years, it is likely that the prevalence of mental health conditions—especially dementia—will rise, due to a growing and ageing population.</p> <p>b) Reduce alcohol related harm and substance misuse</p> <ul style="list-style-type: none"> The numbers of people accessing treatment has remained quite stable, with a slight drop for opiate, and a slight increase for non-opiate and alcohol. In Q1 of 2015/16, the percentage of drug users in drug treatment during the year, who successfully completed treatment and did not re-present within 6 months of treatment exit increased to 11.8% from the previous quarter although this is still below the annual target of 15%. The percentage of alcohol users who successfully complete their treatment plan remained stable at 34% below the annual target of 40%. <p>There are a number of service improvements / developments which are intended to improve both numbers in treatment and outcomes:</p> <ul style="list-style-type: none"> Work with services providing outreach to ensure that they are working effectively with each other Drug and alcohol services within GP practices are being developed alongside the new primary care mental health teams in order to broaden the reach of these services Redesigning the treatment pathway for both drugs and alcohol.

<p>Schools (I-MHARS) framework sets out the components of whole school practice and ethos that effectively develop resilience, promote positive mental health and support children at risk of, or experiencing, mental health problems. This is being rolled out to all schools.</p> <ul style="list-style-type: none"> • The PICTS team (Psychology Informed Consultation and Training) provides training for GPs, councillors, etc. on working with people with personality disorder, who may otherwise be more challenging to manage. <p>c) Promote Mental Health First Aid training and increase numbers trained in the borough.</p> <ul style="list-style-type: none"> • In 2015/16 there will have been over 450 participants in Mental Health First Aid or Youth Mental Health First Aid trainings, and 340 participants receiving one day Mental Health Awareness training. • The Direct Action Project targets young people (aged 12 - 24) and parents of young children across Islington and delivers a range of evidence based interventions in partnership with CAMHS, Children’s Centres, schools, and youth hubs to increase early identification and diagnosis of mental health problems, self-protection strategies and skills in recognising and supporting mental health distress in others. <p>d) Promote Mental Health Champions programme and increase numbers of champions recruited into the programme</p> <ul style="list-style-type: none"> • The new Community Mental Health and Wellbeing Promotion Service (from 1st June 2016), will aim to promote awareness of mental health and mental wellbeing, challenge the stigma associated with mental illness, and increase access to mental health services across all Islington communities, and particularly within identified excluded communities. This new service replaces the existing Mental Health Champions (MHC) project and Community Development Worker (CDW) service. 	<ul style="list-style-type: none"> • Increasing awareness of the services available to support not only those misusing drugs and alcohol but also those affected by someone else substance misuse
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e) Improve dementia care pathways

- Increased rates of dementia diagnoses is seen as a big success and Islington now has one of the highest rates in the country, meaning more people with dementia are offered services and support.
- Rates of dementia diagnosis have been improved through a Directly Enhanced Service in Primary Care and a Commissioning for Quality and Innovation (CQUIN) scheme at the Whittington and UCLH, although key strengths locally include the good relationship between GPs and the Memory Service, with GPs confident that good services are available to support people after diagnosis. A strong GP lead for dementia is also seen as a key factor.
- The Dementia Navigators service was re-commissioned in 2013/14, moving from an advice/signposting service to one offering much greater support based on needs.
- The Enhanced Reablement Service provides intensive support packages to people who would otherwise be at high risk of admission to residential or nursing home (typically due to dementia).
- START, a manual based, eight session intervention, promoting the development of coping strategies amongst carers, works with carers to identify individual difficulties and implement strategies. The START programme is very popular with patients and carers.

Areas of future focus

- Addressing prevention and earlier intervention is key to improving MH and will be a focus for the coming years.
- Tackling social isolation in vulnerable groups, such as older people, people with MH problems and people with learning disabilities is another priority area for future work.
- A comprehensive review of suicide prevention pathways in Camden and Islington was carried out during 2015. The findings of this review pave the way for the further development of a local strategy to support suicide prevention. Developing and implementing the main recommendations of the review with local partners will be a focus through 2016.
- Improved data sharing is key to improving services – particularly between hospitals and Health Visitors/Children's Centres. This is also an issue for GPs and dementia services- if GPs could share diagnoses with the Memory Service/Dementia Navigators, the service could actively follow them up.

Appendix 4: JSNA recommendations:

Children and young people

- A strong preventive and early intervention offer in pregnancy and the early years is important to reduce long term health impacts and inequalities.
- Promoting breast feeding, 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.
- All staff across Children's Services, schools and health partners who work with children and young need to work in an integrated way.
- Access to effective services for conditions such as asthma or mental health problems in community and primary care settings will help to improve outcomes.

Preventing ill health

- 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.
- Support local business to create healthier workplaces for their staff to improve staff wellbeing and ultimately reduce sickness absence and absenteeism
- Work with local communities/specific population groups to improve understanding about how to improve the accessibility and reach of services.
- Programmes and services to support people to adopt healthier lifestyles should be delivered at sufficient scale and appropriately targeted

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

Tobacco

- Educate and prevent young people from starting smoking
- Ensure smoking cessation services target high risk populations to quit.
- Regulate and enforce the laws on sale and display of tobacco products

Alcohol

- Building on existing work, ensure there is a strong partnership approach to minimise alcohol harm, including enforcement of licensing regulations, identification and brief advice and high quality treatment services

Physical and mental health

- There are a significant number of people living with a long term condition but who have not yet been diagnosed. There is an increasing need for health and care services to identify and manage these long term conditions earlier and more effectively to improve health outcomes and quality of life
- Programmes raising awareness of signs and symptoms of long term conditions including cancers and COPD should be targeted at deprived communities.
- Implement strategies and programmes that encourage people with long term conditions to self-manage and stay independent.
- 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.

Vulnerable groups

- Ensuring prevention and treatment services are accessible and able to meet the needs of people with disabilities in order to improve outcomes and reduce inequalities.
- Continue to ensure there are targeted health interventions for vulnerable children and adults
- The increase in the older adult population will mean an increasing number of people with dementia,
- With the increase in the over 80s, an increasing number of people will also be physically frail
- Raise awareness of the needs of carers and improve access to support and training for carers