



ISLINGTON

# **Islington's Joint Health and Wellbeing Strategy 2013 - 2016**

## **Consultation October 2012**

## Consultation process

This document forms part of the consultation process on the Joint Health and Wellbeing Strategy. The strategy has been developed from the three overarching health and wellbeing outcome priorities that have received broad agreement from local partners including representatives of the Voluntary and Community sector, local healthcare providers, the Islington Clinical Commissioning Group and Islington Council. Underpinning the priority outcomes are a series of proposed actions and measures that detail how changes to the health and wellbeing of the local population will be achieved.

The consultation period will allow the public, voluntary and community sector and statutory partners to provide feedback on the proposed actions and measures illustrated within the strategy, to meet the overarching priority outcomes.

## Timeframe

The broad timeframe for consulting on the Joint Health and Wellbeing Strategy is set out in the table below.

Action	Timeframe
Draft Joint Health and Wellbeing Strategy developed.	June- August.
Draft Joint Health and Wellbeing Strategy signed off by the Board	Mid September
Consultation	October 2012 (30 days)
Final draft approved and ratified by Health and Wellbeing Board	By end of November.

## Consultation questions

Improving the health and wellbeing of Islington's population is everyone's business. Everyone has a role to play and should therefore be aware of this strategy and have an opportunity to share their views on it.

As previously mentioned the three overarching health and wellbeing outcome priorities have been agreed across Islington. This consultation is about helping to shape the actions that are taken to achieve those outcomes. The questions we would like you to think about are detailed at the back of this document. In general terms we would like to hear your views on:

1. Do you agree that we have identified the right focus for improvement under each outcome? Are there other areas of high priority that should also be included, and if so, why?
2. Have we selected the right measures to show improvement? Are there other ways to monitor and evaluate the outcomes that we should consider?
3. What role will you play in contributing to achieving the outcomes set out in this strategy?
4. Are there any other comments that you would like to make?

## How to respond

At the back of this document there is a form that can be submitted as part of the consultation process. All comments will be considered and amendments to the current draft will be made based on the response from local partners.

The deadline to make a response to the consultation is: 31 October 2012.

# Islington's Joint Health and Wellbeing Strategy - draft

## 1. Introduction.

**Islington has a vision to:**  
**Reduce health inequalities and improve the health and wellbeing of the local population, its communities and residents.**

The Health and Social Care Act requires Islington (London Borough of Islington) to set up a Health and Wellbeing Board to act as the principle structure responsible for improving the health and wellbeing of the local population through partnership working. In Islington, the Board's membership includes the Leader of the Council, local Councillors, Directors of Islington Council, the Chair of the Islington Clinical Commissioning Group and local GPs and representation from the Islington Local Involvement Network (the LINK), soon to be Healthwatch.

A requirement of the Health and Wellbeing Board is to produce a Joint Health and Wellbeing Strategy which will steer the major strategic work on health and wellbeing in the borough. Given that there will never be enough resources to meet each individual's health and wellbeing needs it will be the duty of the Health and Wellbeing Board to balance needs carefully and to make difficult decisions about strategic priorities.

### **Purpose of Joint Health and Wellbeing Strategy**

This Joint Health and Wellbeing Strategy (JHWS) will provide a focus for the board and assist in setting priorities locally.

It is not intended to be a detailed plan of action but instead sets out those areas that are of the greatest importance to the health and wellbeing of Islington's population and will be used to inform the setting of priorities including those within local commissioning processes.

Informed by our Joint Strategic Needs Assessment (JSNA), which describes Islington's population and the current and future health and wellbeing needs of residents, we have prioritised three outcomes to achieve our vision. These are:

Ensuring every child has the best start in life

Preventing and managing long term conditions to enhance both length and quality of life and reduce health inequalities

Improving mental health and wellbeing

## 2. The context

Islington is a borough with significant health challenges and stark health inequalities. This strategy sets out our approach to improving the health and wellbeing of children and adults in Islington, and reducing health inequalities.

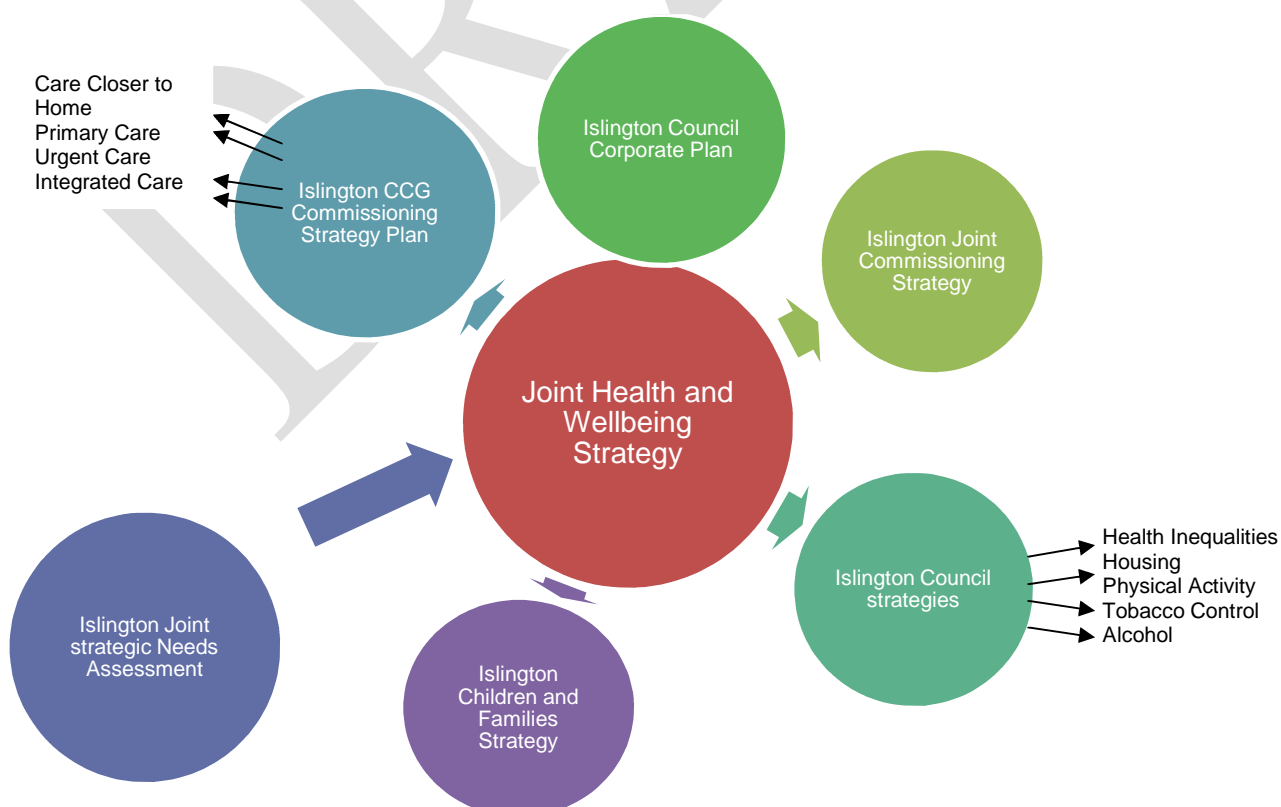
Although the strategy predominantly focuses on the health and social care related factors that influence people's health and wellbeing, clear recognition is also given to the importance of addressing the wider determinants of health and wellbeing including: education, employment, poverty and welfare. These wider determinants can both impact on and be impacted by the health and wellbeing of an individual or population. For example good child health can impact upon a child's ability to attend school and work towards qualifications leading to employment and greater resilience. Equally, poorer education can contribute to greater unemployment and poverty, limiting choice and impacting on the health and wellbeing of a family or an individual.

We recognise that influencing these key factors requires joined up working, shared vision and effective collaboration across a range of partners including but not restricted to, the NHS, local authority and community and voluntary organisations. The Health and Wellbeing Board brings together the key stakeholders for commissioning this strategy which will enable action to be taken to address the underlying determinants of health and wellbeing.

A set of underlying principles have informed the development of the strategy. These include how to best meet need earlier, improve outcomes, improve quality and equity, while making cost-effective use of limited resources at a time of rising demand, rising expectations and financial constraint. They directly inform those actions required to bring about change to the health and wellbeing of our local residents and communities.

### 2.1 Relationship with other strategies

The Joint Health and Wellbeing Strategy does not sit alone. The priorities set out in the strategy will inform related core strategic commissioning and delivery plans, helping to consolidate action on these areas of importance.



### **3. Monitoring and Refresh process**

The Joint Health and Wellbeing Strategy will be monitored through the Health and Wellbeing Board against the indicators outlined within this strategy. These outcome indicators align with those within the Public Health, Adult Social Care, NHS Commissioning and Children's outcome frameworks. The Health and Wellbeing Board will monitor delivery of the strategy every six months and refresh this three year strategy on an annual basis.

### **4. Priorities, actions and measures.**

In order to achieve Islington's strategic vision and outcomes it is necessary to identify those key priorities actions needed to bring about the greatest change. This section briefly describes the key issues, where we are now, the gaps and challenges and outlines the priority actions required to improve the health and wellbeing of our residents and communities.

Different levels of support will be required of the Health and Wellbeing Board to ensure delivery of the actions outlined. Some of the actions require new ways of working, changing how local health and social care services work together to bring about change.

## PRIORITY OUTCOME ONE: Ensuring every child has the best start in life

### What is the issue?

Early influences on health and wellbeing affect lifelong outcomes and life chances. Children and young people in Islington experience significant disadvantage and poverty, with child poverty the second highest in the country. Poverty and education are two important wider determinants of health, and the priority actions for children and young people in this strategy are intended to complement and drive actions in support of these key areas

### Where are we now?

The proportion of women who have their first antenatal appointment by 12 weeks has significantly improved, but inequalities remain with some groups more likely to book late. Deaths in infancy in Islington are similar to London and national averages, but there are important risk factors including: levels of poverty, lone mother status, low birth weight, mothers born in countries which have high infant mortality rates, and smoking in pregnancy and within the household.

A range of factors that can impact on the health and wellbeing of children and young people are improving across Islington, notably in immunisations, breastfeeding, teenage pregnancy, physical activity and mental health and wellbeing. Children and young people's mental health and wellbeing is covered later under priority three which focuses on mental health.

Childhood **immunisations** at 12 months are among the highest in London, and compare favourably with other deprived boroughs. There is continuing need to improve uptake, particularly for Measles Mumps Rubella and booster immunisations.

**Breastfeeding** initiation and continuation at 6-8 weeks have continued to increase, with 76% (Q4 2011/12) of babies breastfeeding at 6-8 weeks. Local analysis shows that women aged under 25 and women from Asian communities are less likely to breastfeed than other groups.

National surveys on levels of **physical exercise** among children and young people show that a higher proportion of school children of all ages in Islington participate in at least three hours of physical exercise a week compared to London or nationally.

By the time children reach Reception class, more than one in ten are found to be **obese** (11.7% in 2010/11); by Year 6, this rises to more than 1 in 5 (21.7% in 2010/11), which is among the highest proportions in the country. Although the trend in increasing childhood obesity appears to have halted, high levels of childhood obesity represent serious long term risks to health, as described under Priority 2.

Islington's **teenage pregnancy** rate has fallen significantly, currently below the London and England averages. However, Islington has the fifth highest rate of diagnosed sexually transmitted infections in London among young people, particularly linked to deprivation.

**Dental health** of young children in Islington is among the poorest in London, with a third of five year olds and 15% of 0-3 year olds experiencing tooth decay. Oral health is strongly linked to deprivation, and the fact that oral diseases are largely preventable, makes oral health a particularly important public health issue in Islington.

Although Islington's uptake of **Vitamin D** supplementation in pregnancy and in younger children is above national averages, there is a need to improve uptake.

An estimated 500 Islington children and young people aged under 16 **smoke** regularly, equivalent to approximately 6% of all 11-15 year olds. Smoking during pregnancy in Islington has been

between 7-9% over the last three years (7.3% in Q4 2011/12), although it remains significantly lower than national averages. Approximately 25% of under 1s in Islington are exposed to second hand smoke at home.

An estimated 9% of 11-17 year olds will have been drunk at least once in the last 4 weeks. The rate of alcohol admissions to hospital in the under-18s is the highest in London, although the actual number of young people admitted is small.

## What are we doing?

**Direct action by the Health and Wellbeing Board:** The Health and Wellbeing Board have prioritised action on the First 21 Months – from conception to first birthday, designed to coordinate and improve outcomes in this crucial early period of development. It is a new initiative but builds upon existing work and services. It needs the coordinated support of all members of the Health and Wellbeing Board, as well as other stakeholders, to bring about change.

The role of universal services – including maternity, health visiting, primary care, and Children's Centres – are important services / settings in the first 21 months period. There is an active community and voluntary sector in Islington which provides services and support to many people during this period. Stakeholders, including maternity, health visiting, primary care, children's services, children's centres, parent representatives and public health have developed an action plan to facilitate increased delivery of maternity care in the community, and to develop the links and communication between services in order to promote better outcomes for children and families.

Examples of other programmes include:

- Islington's breastfeeding peer support programme provides advice and support to new mothers in Islington to enable them to initiate and maintain successful breastfeeding. It trains local volunteers as well as working with local services, community locations and businesses to ensure breastfeeding mothers are welcomed.
- Healthy weight programmes for children and families, such as MEND (Mind, Exercise, Nutrition, Do It) for 2-4 year olds and 7-11 year olds, are offered locally.
- Islington's community-based fluoride varnish programme is targeted to children aged 3-10 in children's centres, community nurseries and schools with a high uptake of free school meals children to significantly reduce the risk of dental decay.
- The Healthy Children's Centre and Healthy Schools programmes supports an active programme of health promotion in Islington, including areas such as smoking, alcohol and drug prevention in children and young people and sex and relationship education.
- The teenage pregnancy programme has concentrated on both prevention (for example through sex and relationship education, availability and promotion of contraception, young people's services) and teenage parent support (for example through the Family Nurse Partnership and multi-agency coordination of support).

## Gaps and challenges

A focus on early years and pre-conception will improve outcomes not only in childhood but also in later life. There is an overall need to support greater linkage, coordination and improved communication between services during this early period of life. There are important opportunities to detect risk and intervene in the development of problems earlier. Improving registration and use of Children's Centres can provide access to a variety of services designed to support needs in maternity and of families with children under 5. They also provide a place where children and families can be involved in social networks and mutual support which can build strengths and reduce social isolation, and so help to promote better mental health and resilience.

Other challenges for improving outcomes in this area include the need to increase the uptake of vitamin D supplementation both during and after pregnancy, childhood immunisations, increasing

breastfeeding, promoting physical activity and healthier diets, addressing and promoting mental health need, and achieving Healthy Children's Centre status.

As well as the focus on the early years we will continue to work on improving the health and wellbeing of children and young people to help ensure a good start in life for all. For example there is a need to improve pathways for the prevention and management of obesity in children and young people and to work on the related wider determinants such as reducing the proliferation of fast food outlets near schools and increasing the opportunities for physical activity. Other areas of focus will include improving dental health, reducing teenage pregnancy and promoting good sexual health.

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What is our focus for improvement?	What will we measure to show we have improved?	How will we make improvements?	Who will lead on this work?
<b>Reduce infant mortality</b>	Rate of infant deaths		
<b>Improve maternity and infant outcomes</b>	Registration with Children's Centres	First 21 Months: Improve the offer for parents and children through better communication and links between services and developing how services work together to meet the needs of parents-to-be, children and families.	First 21 Months Advisory Group
	% of women who had accessed first booking appointment by 12 weeks + 6 days.	First 21 months: Promote early access to maternity services	First 21 Months Advisory Group
	Uptake of healthy start vitamins.	First 21 months: Improve the uptake of Healthy Start vitamins, including vitamin D, starting with women in pregnancy and mothers of under 1s.	First 21 Months Advisory Group
	% of women seen in Children's Centres as part of maternity care (TBC)	First 21 Months: Develop and implement proposals for new arrangements to deliver a greater share of maternity care through community settings.	First 21 Months Advisory Group
	Coverage of screening programmes	Ensure robust pathways for ante-natal new born screening.	Antenatal New Born Screening Committee
<b>Increase childhood immunisation rates</b>	Population vaccination coverage.	Promote immunisations through schools and children's centres with a focus on MMR and booster vaccinations.	Immunisation Steering Group
<b>Reduce childhood obesity through increasing opportunities for healthy eating and physical activity</b>	Excess weight in 4-5 and 10-11 year olds.	Improve pathways for prevention and management of obesity in childhood and adolescence.	Obesity care pathway Working Group.
	Breastfeeding initiation and prevalence.	Reduce the proliferation of fast food outlets near schools	LBI planning
	Initiative-specific.	Sustain the breastfeeding peer support programme.	Infant Feeding Group.
<b>Improving the oral health of children and their families</b>	Tooth decay in children aged five.	Increase opportunities and avenues for physical activity.	Pro-Active Islington
		Fluoride varnish programme Brushing for life scheme Improving access to dental care ("first tooth, first visit" programme, community engagement) Promoting healthy eating and reducing sugar consumption.	Oral Health Promotion steering group
<b>Teenage Pregnancy and sexual health</b>	Under 18 conceptions.	Continue to roll-out the healthy schools programme across the borough including the promotion of sex and relationship education.	Teenage Pregnancy Mainstream Group.
		Improve access to contraception advice and services in a range of settings	Teenage Pregnancy Mainstream Group.

## PRIORITY OUTCOME TWO: Preventing and managing long term conditions to enhance both length and quality of life and reduce health inequalities

### What is the issue?

Employment, income, the environment and access to services such as good housing are all important wider determinants of health that impact on an individual's health and wellbeing. In Islington poverty is the most profound factor contributing to poor health and wellbeing, with two-thirds of Islington's population within the most deprived fifth of the population nationally. Deprivation is an important predictor of whether a person is living with a diagnosed long term condition: 31% more of those living in the poorest areas of Islington are living with a diagnosed long term condition compared to those in the richest areas.

### Where are we now?

**Life expectancy** has increased over time in Islington, but it remains low compared to other London boroughs and the country as a whole. Men in Islington have the lowest life expectancy in London, and women one of the lowest. Many other London boroughs with similar levels of deprivation have managed to successfully reduce the gap in life expectancy between their local area and the national average, but in Islington the gap has not closed.

The key cause of the inequalities gap in life expectancy between Islington and England is **premature or early death** particularly amongst men living with long term conditions such as cardiovascular disease, cancer and chronic obstructive pulmonary disease. Nearly half of all deaths in the borough are in people under the age of 75. People with mental health problems or learning disabilities have a higher prevalence of long term conditions which highlights the need to ensure equitable access to services.

Around one in six adults in Islington has at least one diagnosed long term condition. Overall a third of adults with long term conditions in Islington are living with **multiple conditions** and at relatively young ages. This highlights the need for planned and integrated care for people with multiple conditions to achieve optimal health outcomes, however it should also be noted that a large proportion of the illness associated with long term conditions occurs in older people (those aged 75 and over). The most prevalent condition is high blood pressure followed by type 2 diabetes, chronic depression, psychotic disorders, cancer, coronary heart disease and chronic obstructive pulmonary disease.

**Lifestyle factors** can contribute to the prevalence of long term conditions. For example, in Islington, smoking contributes to around one-in-six early deaths and overweight and obesity contributes to about one-in ten. If the inequalities gap in ill health and early deaths between the most and least affluent is to be reduced, then success in tackling smoking and obesity among the boroughs poorest will need to be achieved.

**Alcohol** also plays a significant role in the burden of ill-health and death in adults. Men have the highest and women third highest rate of admissions to hospital with conditions that are related to alcohol consumption when compared to London. Islington also has the second highest alcohol attributable mortality rate for men and seventh highest for women in London.

Late presentation, under diagnosis and poor management of long term conditions can also contribute to early death. **Early diagnosis** is particularly important for cancers as there is a direct link between stage of disease at diagnosis and survival. Local information clearly illustrates that there is scope for significant improvement in ensuring people receive early diagnosis across different types of cancer. Earlier diagnosis of long term conditions enables medical care to be offered at an earlier stage of disease, which may slow progression, prevent further complications and in many instances, be more cost effective. It also allows more time for individuals to be supported to adopt healthier behaviours to help prevent their condition from worsening.

## What are we doing?

Islington currently provides a range of initiatives and approaches to supporting people to adopt healthier behaviours and manage their long term conditions.

**Direct action by the Health and Wellbeing Board:** The Health and Wellbeing Board have prioritised the role of physical activity and improvements to finding and the management of long term conditions in order to extend both length and quality of life in those with long term conditions. Further action in these areas will build and strengthen work already underway.

ProActive Islington brings together the commissioners and providers of sports, leisure and physical activity in the borough. It is responsible for promoting physical activity and its benefits and works with partners to increase participation levels for all residents of Islington. This includes providing a strategic and co-ordinated lead for sport and physical activity, and securing funding to expand the range of opportunities available. There is a joint physical activity strategy and this is currently being refreshed and builds on the achievements of the previous strategy, 2006-12. It clearer sets out its objectives which include ensuring local people are aware of the benefits of physical activity, incorporating sport and physical activity into building design, increasing uptake of cycling, and targeting communities and groups at risk of poor health from sedentary lifestyles.

Individuals are supported in making behaviour changes through providing training to front line staff on behaviour change techniques and risk factors for long terms conditions, including 'Raising the Issue of Weight' and Alcohol Brief Advice training. Further support is provided through services including the Stop Smoking Service, which supports over 2000 quitters annually across a number of settings including General Practice, pulmonary rehabilitation, mental health services and respiratory, surgical and medical departments at Whittington Health to stop smoking. As well as the exercise referral programme that supports patients in Islington with specific low risk medical conditions to become more active.

The early diagnosis and care of people with long term conditions further enhances length and quality of life and reduces health inequalities. Campaigns focusing on the signs and symptoms for lung and bowel cancers help to raise awareness of the conditions within the local population. These support key programmes of work that are making an impact locally including the National Cancer Screening Programmes for bowel, breast and cervical cancers and NHS Health Checks programme, supported by an innovative and successful incentivisation agreement with local GPs.

Local work has also focused on strengthening the promotion of self-management within people with a long-term condition. The Co-creating health model of self management and cardiac and pulmonary rehabilitation programmes are available to eligible people who would benefit from these services.

For many people with a long term condition a combination of lifestyle change and support in primary care will result in the greatest improvement. But high quality and integrated secondary care services are also essential for effective treatment, especially for people who present late with a condition or who have multiple long term conditions. Locally, the Integrated Care Programme Board is developing an integrated care approach that involves the whole health and social care system which aims to include coordinating care around individual service users and carers, working jointly with social care, transforming communication and relationships between GPs and specialists and providing comprehensive disease management and preventive services to our population. Locally, four multi-disciplinary teams based in GP practices are being set up to better work with people at higher risk of deteriorating health and admission to hospital. Improved joint working, a single point of access and improved reablement services (services to help people regain independence) are all being rolled out.

## **Gaps and challenges**

Providing programmes that are of sufficient scale and that are accessible is fundamental to addressing health inequalities. Increasing level one and level two stop smoking training in a range of settings will help to ensure smokers who do not visit their GP or Pharmacist can be reached. In addition widening local training opportunities to a greater range of front line staff in behaviour change skills and knowledge will help to promote healthier lifestyles to a wider audience.

As work progresses on the development of integrated care pathways including those for COPD and diabetes in Islington it is vital to ensure both primary prevention and early diagnosis/case finding are firmly embedded within these pathways. This will also help to address the variation in the control and management of long term conditions seen across General Practices in Islington. Part of the package of care for patients with a long term condition should, where appropriate, include the use of self-management techniques and programmes. Greater awareness and understanding of these programmes alongside integration within care pathways for long term conditions, will help to extend the benefits that can be gained from these programmes.

As well as work to identify people at risk of developing or already living with long term conditions it is important to focus on the major lifestyle risk factors such as smoking, unhealthy diet and physical activity. Addressing these lifestyle factors will provide the greatest health gain. There are significant opportunities to promote healthier lifestyles more consistently. Options available to help people who are obese as part of local weight management pathways, such as exercise on referral, prescribing, surgery, advice and support, are under-provided relative to need and potential to benefit. However, the costs of treating obesity and obesity related conditions are very significant, and much wider action on diet, physical activity and weight is needed across society and through the life course if the issue is to be successfully addressed in the long term. The Proactive Physical Activity Strategy provides more details of the actions that will be taken locally to increase levels of physical activity among all residents in Islington.

What is our focus for improvement?	What will we measure to show we have improved?	How will we make improvements?	Who will lead on this work?
<b>Close the prevalence gap in long term conditions within the Islington population.</b>	Mortality from causes considered preventable.	Improve case finding, treatment and management across long term conditions including: high blood pressure, atrial fibrillation and early diabetes.	Islington CCG and Public Health
		Work to further understand the variation in management of long term conditions across GP practices	Islington CCG and Public Health
		Review availability, capacity and uptake of patient education and self-management programmes.	Integrated Care Programme Board
		Achieve higher rates of seasonal flu vaccination coverage in younger people with a long term condition.	Islington CCG and Public Health
		Adopted and deliver an integrated care approach to the prevention of long term conditions including COPD and diabetes.	Integrated Care Board
<b>Reduce early death from cardiovascular disease</b>	Take up of the NHS Health Check Programme – by those eligible. Mortality from cardiovascular disease	Increase uptake of the Islington NHS health checks programme within Islington's eligible population.	Islington Public Health
<b>Reduce early death from cancer</b>	Mortality from cancer <i>Cancer diagnosed at stage 1 and 2.</i> Cancer screening coverage	Improve awareness of the signs and symptoms for breast, lung and, bowel cancer.	Islington Public Health
		Increase uptake of the national cancer screening programmes within Islington's eligible population.	Islington CCG and Public Health
<b>Reduce early deaths from COPD</b>	Mortality from respiratory diseases.	Sustain current improvements in the diagnosis and management of COPD in primary care.	Islington CCG
<b>Support people in making a behaviour change and to live a healthier life.</b>	Excess weight in adults Utilisation of green space for exercise/health reasons	Ensure health services are engaged in work around benefit maximisation and can sign post to relevant supporting services.	Poverty Board
		Develop single point multi-agency hub to help professionals and the public to gain information to support lifestyle change and self management.	
		Provide training to frontline staff on promoting behaviour change and raising lifestyle issues.	

		Develop and implement integrated obesity care pathway including community based programmes.	
<b>Reduce smoking</b>	Smoking prevalence – over 18s.	Increase access to stop smoking services.	Tobacco Control Alliance
		Increase the number of people trained to level one smoking cessation advice from BME communities and local businesses.	
		Decrease Shisha and illegal tobacco sales	
<b>Increase physical activity</b>	Proportion of physically active and inactive adults	Review the Islington Pro-Active Physical Activity Strategy.	Pro-Active Islington
		Increase appropriate referrals and maintenance to local exercise referral programmes.	
		Support development of physical activity friendly environment through the use of planning applications to encourage physical activity and active travel	

## PRIORITY OUTCOME THREE: Improving mental health and wellbeing

### What is the issue?

Life experiences and circumstances, including bereavement, pregnancy and parenthood, exams, difficulties at work and unemployment, may increase vulnerability to mental health problems across all groups in society. People with long-term mental health problems are at increased risk of long-term social exclusion, including worklessness, poor housing, isolation and poverty. Alcohol and drug use are associated with a wide range of harms, including important links to levels of crime and anti-social behaviour, as well as wider negative health and social impacts.

### Where are we now?

Estimates suggest that there are more than 30,000 adults in Islington experiencing **mental health problems** during any one week. Mental ill health among 5 to 17 year olds is estimated to be 36% higher in Islington than the national average with around 3,200 (or more than 1 in 8) children and young people in the borough experiencing mental health problems at any one time.

Mental health needs vary according to gender, ethnicity and age and are influenced by family, social and environmental determinants. Some groups have higher levels of mental health problems or evidence of differential access and outcomes. These include:

- Children and young people experiencing deprivation and poverty. Parental mental ill health or substance misuse is also a significant risk factor for children and young people.
- Depression and anxiety are much more common in women than men, and women are also at higher risk of self harm. Men are at greater risk of suicide, particularly younger unemployed men, and psychotic disorders, such as schizophrenia or bipolar disorder.
- Men and women from some Black and Minority Ethnic (BME) communities are over-represented in secondary care services and on primary care registers for serious mental illness, including Caribbean, African and Black British and Irish communities.
- People with disabilities or long term physical conditions, such as diabetes or heart disease, are at greater risk of depression.

There were an estimated 2,100 opiate and/or crack **drug users** in Islington in 2009/10, equivalent to 14.4 per 1,000 residents, third highest in London. Estimates of local **alcohol use** indicate around 7% of the population drink at high risk levels and a further fifth drink at increasing risk levels that may be harmful to their health and impact upon wider local services.

Islington's prevalence of **dementia** is lower than national rates due to a significantly lower percentage of the population aged over 65. In 2010/11, there were an estimated 1,088 people with dementia, compared to 759 on primary care registers, indicating that 70% of the expected number of cases of dementia were diagnosed in Islington, well above the London and England averages (44%). Although treatment and support does not extend life expectancy, it can lead to an important improvement in quality of life for patients and their carers and families. The major area to focus on now is to improve community-based care that reduces or avoids the need for hospitalisation or other institutional care and crisis response in late diagnosis.

### What are we doing?

**Direct action by the Health and Wellbeing Board:** The Health and Wellbeing Board have prioritised improvements to the dementia care pathway as well as addressing the negative impacts on physical and mental health caused by alcohol use as areas for early action.

There has been an increasing shift locally towards prevention, earlier intervention and recovery designed to improve outcomes, quality of life and reduce inequalities. Islington's mental health promotion strategy promotes a range of initiatives designed to increase the capability of services and communities to recognise and respond to mental health need and take action on stigma and

discrimination. Initiatives include Mental Health First Aid and Improving Access to Psychological Therapies services for adults and Youth Mental Health First Aid and the Direct Action Project for children and young people.

Islington's Child and Adolescent Mental Health Services through innovative work in a range of non-health settings, including Children's Centres and schools have improved access and equity, particularly for children and young people from BME communities.

Camden & Islington Foundation Trust is introducing a new single point of contact to improve access to timely assessment and advice. The trust's community focus supports recovery and inclusion, with care and support for the majority of patients based in the community and their own homes, together with community and voluntary sector support for people with serious mental health problems.

Implementation of the dementia care pathway, with Memory Assessment Services and dementia support, have encouraged earlier recognition and diagnosis and provision of earlier intervention, treatment and planning. Dementia liaison services within hospital settings, to support better diagnosis and care on wards, have also been implemented.

The physical health needs of people with serious mental illness have been increasingly recognised, for example the use of health checks to detect cardiovascular risk in primary care and work with the mental health trust on smoking and co-management of physical conditions in inpatients.

There is growing use of screening and brief interventions in alcohol harm in key settings and groups, including in general practice and A&E, together with greater access to treatment services, including hospital-based liaison services and community treatment services. There are also examples in the criminal justice system, which may help to reduce drinking and subsequent reoffending behaviour. Recent assessments of the needs of people with drug and alcohol misuse problems have illustrated the importance of ensuring local treatment services are accessible and that service users complete the treatment provided.

### **Gaps and challenges**

The above represent important strategic directions of travel that we need to continue to develop in order to reduce long term harms and improve outcomes. The shift towards earlier diagnosis and intervention in the community re-emphasises the importance of primary care and links into other early intervention or support services, e.g. Children's Services or employment advice services.

Ongoing challenges include continuing to increase the proportion of people accessing Improving Access to Psychological Therapies services, recovery rates and equity of access across the population. In conjunction with this there is a need to continue the development of mental health screening and treatment as part of long term physical conditions management and within drug and alcohol services to tackle dual diagnosis. People with drug or alcohol misuse problems need to be identified and supported in services to ensure successful completion of treatment.

There is a key need to develop the partnership response to alcohol harm, to ensure that priorities are aligned and that opportunities to reduce harm are maximised. Successful action on alcohol harm requires a shared programme of action between many different services, particularly between health services, adult social care, children's services, the police, emergency services and the community and voluntary sector. The Alcohol Summit in September 2012 will bring together the Council, NHS, Police, London Fire Brigade, community representatives and other partners to consider health impacts and other drink-related problems in Islington with the aim of identifying priorities and actions to reduce alcohol related harm in Islington.

Dementia services have seen a significant shift towards earlier diagnosis and support, designed to help improve quality of life for people with the disease and their carers. This has the potential to support a significant shift from institutionalised care in later disease, particularly in response to late diagnosis and crisis, to more community based forms of support and care, and there is a key need to review and develop pathways that support this change.



## PRIORITY OUTCOME THREE: Improving mental health and wellbeing

What is our focus for improvement?	What will we measure to show we have improved?	How will we make improvements?	Who will lead on this work?
Support the shift towards prevention, earlier intervention and recovery.		Increase uptake of the Islington Psychological Therapies Service – iCope.	Mental Health Advisory Group
		Promote Mental Health First Aid training and increase numbers being trained in the borough. Renew the mental health strategy	Islington Public Health
Reduce alcohol related harm	<ul style="list-style-type: none"> <li>- Alcohol related admissions to hospital.</li> <li>- Successful completion of drug treatment</li> </ul>	Increase the number of those trained in providing brief advice for alcohol.	Islington Public Health
		Improve recovery rates within alcohol treatment services	Joint Commissioning Group
		Develop a programme of wider partnership action to reduce alcohol harm	Health and Wellbeing Board
Reduce prevalence of substance misuse within the local population	Successful completion of drug treatment	Improve recovery rates within drug treatment services	Joint Commissioning Group
Improve Dementia care pathways			

**Consultation response form:**

<b>Name (organisation or individual):</b>	
<b>Priority outcome 1: Ensuring every child has the best start in life</b>	
1. Do you agree that improving maternity outcomes, childhood immunisation rates, oral health, and reducing childhood obesity and teenage pregnancy rates are the right priority areas for ensuring every child has the best start in life?	
2. Do you think there are other areas of higher priority that should also be included and if so, why?	
3. Do you think we have selected the right outcome measures to monitor and evaluate outcomes?	
<b>Priority outcome 2: Preventing and managing long term conditions to enhance both length and quality of life and reduce health inequalities</b>	
4. Do you agree that we have selected the right areas to focus on for preventing and managing long term conditions?	
5. Do you think there are other areas of higher priority that should also be included and if so, why?	
6. Do you think we have selected the right outcome measures to monitor and evaluate outcomes?	
<b>Priority outcome 3: Improving mental health and wellbeing</b>	
7. Do you agree that alcohol and dementia should be the major focus of efforts to support improvements in mental health and wellbeing?	
8. Do you think there are other areas of higher priority that should also be included and if so, why?	
9. Do you think we have selected the right outcome measures to monitor and evaluate outcomes?	

Further questions.	
1. Are there any gaps in the Islington Joint Health and Wellbeing Strategy? What else should we include and why?	
2. Are there any other comments that you would like to make?	

Please return your response to the consultation on the Joint Health and Wellbeing Strategy to:

[HWB@islington.gov.uk](mailto:HWB@islington.gov.uk)

Or

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Public Health  
London Borough of Islington  
1<sup>st</sup> Floor, Laycock Wing  
222 Upper Street  
London, N1 1XR

By: **31 October 2012**