

Joint Strategic Needs Assessment 2014/15

EXECUTIVE SUMMARY

August 2014

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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.

Islington's JSNA is a 'live' web-based resource, in the form of the Evidence Hub. It allows analysis to be carried out on a regular basis, highlighting the main issues emerging within the Borough. The information and intelligence on the site forms the basis of this executive summary, which summarises the key facts and recommendations for Islington.

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 77.8 years, an increase of 4.3 years over the past decade (2010-12). However **life expectancy for men in Islington remains lower than England (79.1)** and is one of the lowest amongst all London boroughs. **For women in Islington life expectancy is 83.2 years and is similar to England.**

According to the latest estimates from the Greater London Authority about **217,620 people are living in the borough of Islington** (2014). Since the 2011 census, the population has increased by approximately 11,000 people (5%) and is predicted to rise to around 241,780 people by 2024.

The number of people moving in and out of the borough is also high. In 2013, an estimated 19,900 people moved into the borough and 21,500 moved out – about 9% 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 2,800 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 17% increase in those aged 80 years and older and a 9% 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, 2014 - 2024

Age group	2014	2024	Change (2014 to 2024)	% Change (2014 to 2024)
0-3	10,890	11,370	480	4%
4-10	14,810	17,050	2,240	15%
11-15	8,870	10,660	1,790	20%
16-19	8,630	9,070	440	5%
20-39	99,810	107,050	7,240	7%
40-64	55,770	65,680	9,910	18%
65-79	13,970	15,220	1,250	9%
80+	4,870	5,690	820	17%
Total	217,620	241,780	24,170	11%

Note: Numbers may not add up due to rounding

Source: © GLA 2012 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 Resident engagement

In order to add more 'voice' from the community within the JSNA, a programme of community research was planned to improve our understanding of the health and wellbeing priorities of the communities in Islington. The aim was to capture more accurately residents' views and experiences of health and wellbeing within the borough and ensure their priorities are being fed into commissioning and planning of services locally.

Fifteen community researchers trained in Participatory Appraisal (PA) methods carried out the research. PA is a process which combines community research, learning and collective action. The approach uses a series of interactive tools which largely rely on visual methods and encourage involvement and participation in the research process. In total over 500 residents participated in various localities such as libraries, sports centres and community centres.

Initial results show that participants mostly equated a sense of being healthy with: eating healthy foods, exercise, getting ample sleep and avoiding smoking and alcohol. The participants also stated that activities like walking, playing sports and cycling had positive impacts on their health, along with the presence of family and friends. Alcohol, smoking, easy availability of unhealthy food, being overweight, mental health problems, long term physical health conditions and pollution were most mentioned negative influences on participants' health and as the biggest issues in Islington. Long waiting times for appointments and other barriers in accessing care, such as migrant language issues and poor experiences with doctors and staff led to some participants seeking support and advice from family and friends. All of these responses were followed by the participants' suggestions for improving their level of care and being provided with better and more accurate information on available services, as well as suggestions for personal behavioural changes like stopping smoking, exercising more, playing sports, cycling and healthier eating. The participants also called for more affordable exercise opportunities, including swimming, and an increase in green spaces around the borough.

What does this mean for Islington? [DRAFT UNTIL REPORT FINALISED]

- The current focus on healthy lifestyles is important to residents so should remain a focus in Islington
- Work to improve the awareness and dissemination of availability of local services should be ongoing
- Making use of local residents' views on health and wellbeing is a previously untapped resource, which can inform service provision and planning.

4.0 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.

4.1 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. In November 2013, 774 people in Islington were being helped through short term supported housing services, funded through the council's Supporting People Programme.

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.

4.2 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 similar to or just above the national average in 2012/13. Children not on

free school meals achieve better results than those eligible for free school meals (which is a proxy for deprivation).

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 (2012/13) are now at 1.5%, similar to England (1.4%) and London (1.3%). t 8.4% of 16-18 year olds in Islington are not in education, employment or training (NEET), significantly higher than London (4.5%).

4.3 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% of the working age population unemployed (10,700 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.

4.4 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, youth 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 2011, 38% of children in Islington were living in poverty (over 13,500 children), compared to 21% nationally.

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

4.5 Domestic violence

In 2012/13, there were just over 3,800 incidents of domestic violence reported in Islington, resulting in 1,500 offences. 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).

Islington Council's Community Safety team coordinates the overall response to domestic violence and all forms of violence against women and girls (VAWG) through developing strategies to tackle different forms of VAWG, raising awareness, commissioning services, training staff in the statutory and voluntary sectors, coordinating the local Multi Agency Risk Assessment Conference and Domestic Violence Persistent Perpetrators Panel. Locally there are a number of projects and services that work to support those affected by domestic violence and all forms of VAWG.

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.
- The impact of welfare reform on vulnerable groups should be monitored and services to provide advice and support to population groups affected made available. Housing and security of housing is a particularly area that will be affected by welfare reform.
- Continue work on projects and services to support those affected by domestic violence and other forms of VAWG.

5.0 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.

5.1 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 2012. Current estimates are not significantly different to that estimated for England (20%), but significantly higher than London (18%). 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.

5.2 Alcohol

Islington has the second highest alcohol-related and alcohol-specific hospital admissions among men in London, second highest alcohol-specific deaths among men, and fourth highest rate of alcohol-related recorded crime. The number of alcohol-related admissions for both men and women rose by 22% between 2008/09 and 2011/12, and then it levelled off for men and slightly decreased for women in 2012/13.

5.3 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 2012/13. 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, however in the last year, there has been a slight increase in children that were obese. The percentage of pupils aged 10-11 years who are overweight and obese in Islington has recently shown a decrease, 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.

5.4 Physical activity

Almost one-in-five Islington adults are inactive, and 21% of children are not active for 6 or more hours at the weekend. Women, older people, persons from lower socio-economic groups and those with a disability or illness are less likely to regularly exercise than other groups.

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.
- To continue to commission weight management services for children and adults and evaluate their effectiveness.

- **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.

6.0 Physical and mental ill 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. Table 2 below shows the average number of deaths in under 75 year olds and across all ages by primary cause of death in Islington between 2010-12. 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.

Table 2: Number of deaths by cause of death, and age group, Islington residents, 2010-12 (three-year average)

Cause of death	Aged under 75	Aged 75+	All ages*
All cancers	167	149	316
All cardiovascular diseases	106	181	288
All respiratory diseases	36	94	130
All digestive diseases	36	29	65
All external causes	37	11	48
All infectious and parasitic diseases	10	6	16
Neo-natal	8	0	8
Other	46	112	158
Total*	446	582	1,029

Source: PCMD, 2012. * Note: Figures may not add up to the total due to rounding.

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 (see Table 3).

Table 3: The prevalence gap for six major long term conditions, Islington's registered population, aged 16+, September 2012

Long term condition	Diagnosed prevalence	Estimated prevalence	Number diagnosed	Number not diagnosed
High blood pressure	10.8%	24.2%	21,000	25,900
Diabetes	4.8%	6.8%	9,300	3,800
CHD	1.7%	3.6%	3,900	4,300
CKD*	1.8%	5.2%	3,400	6,300
COPD	1.7%	3.8%	3,400	4,000
Stroke/TIA	1.0%	1.7%	2,300	1,500

Sources: APHO prevalence models, 2012; Islington GP PH dataset, 2012; QOF, 2012/13

* CKD prevalence figures are for people aged 18+.

Prevalence modelling

Expected (total or estimated) prevalence is a statistical estimate of the percentage of people who might be living with a long term condition, regardless of whether the condition has been diagnosed or not. This can be used to give an indication of how many people (aged 16+ or 18+) are living with undiagnosed conditions.

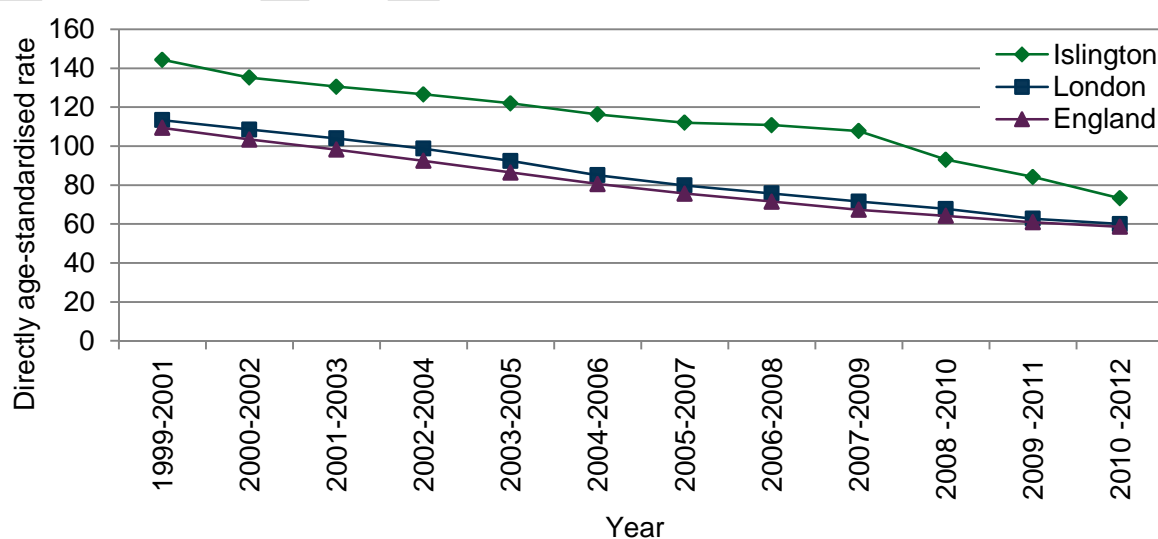
The prevalence models were developed nationally and are statistically sophisticated (using a Bayesian statistical model). However, there is always uncertainty around models so the outputs should be used as an indication of the size of the prevalence gap (ie. Are there 10s or 1,000s of undiagnosed patients). Models are based on GP practice level data with adjustments made for differences in the practice's population structures, ethnicity, smoking prevalence and deprivation. For full details see the briefing produce by the Association of Public Health Observatories: <http://www.apho.org.uk/resource/item.aspx?RID=100181>

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).

6.1 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 (Figure 1). 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.

Table 4: Directly standardised rate of under 75 mortality rate from CVD (provisional), Islington, London, and England, 1999-2001 to 2010-12



Source: Health and Social Care Information Centre, December 2013

6.2 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.

6.3 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.

6.4 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.

6.5 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. Islington currently has significantly higher mortality from liver disease compared to England and similar boroughs, and the death rate from liver disease has steadily increased over time, whereas the rates from other major diseases are falling. Liver mortality rates are higher for men in Islington than women.

6.6 HIV

With advances in treatment, HIV is now also considered a long term condition. In 2011, about 9 people per 1000 population aged 15-59 were diagnosed with HIV. This is the 7th highest prevalence rate in London. The majority of diagnosed HIV infections in the borough are in gay

and bisexual men. 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 HIV diagnosed persons receiving care, with a much greater proportion aged 50 and over (X). 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.

6.7 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.

Islington has the highest percentage of patients with recorded serious mental illness on primary care registers (schizophrenia, bipolar disorder and other psychoses) in the country. There are significant numbers of people with depression (over 22,000 people) the highest rate in London. Increasing financial, relationship and other pressures caused by long term austerity and the impact of welfare reforms may particularly affect mental health needs in the borough.

There were 822 people aged 65 and over with a diagnosis of dementia registered with Islington GPs in 2012/13. In the same year, Islington had the highest percentage of dementia diagnosed compared to estimated prevalence, as part of efforts to improve access to earlier diagnosis and support. Dementia is strongly correlated with age: the predicted ageing of Islington's population over the next few years, particularly significant in people aged 80 and over, can be expected to increase demand on dementia services. There is increasing recognition that a proportion of future cases of dementia could be delayed or prevented.

Deaths due to suicide and undetermined injuries have potentially reduced in recent years. However Islington's rate is the third highest in London according to 2010-2012 data, and higher than the London average. There continue to be significant risks for suicide in the general population of Islington.

6.8 Sexual health

Sexual health is critical to population wellbeing, particularly in a borough such as Islington with its young adult population, high levels of mobility, deprivation and key groups at increased risk of sexual ill health including gay and bisexual men and people from some BME groups. Poor sexual health is associated with increased rates of unintended pregnancies, sexually transmitted infections (STIs), some cancers and infertility.

Islington has higher rates of diagnosed acute STIs than the average for London and England, although rates are not dissimilar to some other deprived inner London boroughs. Like England and London, the most commonly diagnosed STI is Chlamydia. The prevalence of chlamydia infections is highest in young sexually active adults (15-24 years). Young black people,

particularly of black Caribbean origin, have a higher rate of chlamydia positivity than other groups. There have been recent marked increases in gonorrhoea, new cases of HIV and syphilis among gay and bisexual men.

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.
- Ensure high quality sex and relationships education, sexual health promotion and HIV prevention, and access to effective contraception methods and sexual health services to improve choice and control over fertility and reduce the risk of HIV and STIs.
- Providing high quality, accessible and integrated sexual health promotion, testing and treatment services that are responsive to changes in population trends and needs.

7.0 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, youth offenders, children with mental health conditions and children of parents with long term mental health problems including personality disorder, or problem alcohol and substance misuse.

7.1 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 5.3.
- 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. 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.

7.2 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. Almost one-in-four Islington pupils have a SEN, significantly above London and England (19%). In January 2013, around 5,800 children and young people aged under 19 in Islington had a Statement (820) or had additional educational need without a statement (5,000). There has been a slight rise in the number of children and young people with a statement in Islington over the previous five years, equating to an average of 19 additional statements each year.

Among children and young people with a statement, an Autistic Spectrum Disorder was the most prevalent primary need in 2013, followed by Speech, Language and Communication Needs and Moderate Learning Disabilities. 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 African children were around twice as likely to have Autistic Spectrum Disorders.

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.

7.3 Reproductive health

Teenage conception rates have decreased by 30% in Islington over the last ten years; from 62 to 30 per 1,000 population. Conception rates in Islington have been consistently higher than averages in London and England over time.

Between 2000-02 and 2009-11, the proportion of teenage pregnancies ending in an abortion have increased in London (from 58% to 61%) and England (from 46% to 50%) as well as in Islington (from 58% to 64%).

High-quality education about relationships and sex is effective for the prevention of unintended pregnancy.

In Islington, rates of GP prescribed long-acting reversible contraception have increased over time. However, rates are significantly lower than London and England. The availability of community sexual and reproductive healthcare services may offset lower GP prescribing.

The rate of abortions and of repeat abortions among women of all ages in Islington is similar to the London averages but higher than the national rates, which points to the need to improve access to choice and control over contraceptive methods as well as the continuing importance of high quality sex and relationship education and information.

What does this mean for Islington?

- Ensuring high quality sex and relationships education, sexual health promotion and HIV prevention, and access to effective contraception methods and sexual health services to improve choice and control over fertility and reduce the risk of HIV and STIs.
- Providing high quality, accessible and integrated sexual health promotion, testing and treatment services that are responsive to changes in population trends and needs.

8.0 Vulnerable groups

8.1 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.

8.2 Vulnerable children

A needs assessment focusing on vulnerable children is currently being prepared. Key facts information from this will be included after the assessment is published.

9.0 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.

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