

# ISLINGTON JSNA

## EXECUTIVE SUMMARY FACTSHEET

NOVEMBER 2015

- The population of Islington is living longer, growing and constantly changing. However, there is still inequality between people living in the most deprived and least deprived areas.
- High projected population growth and churn directly influence the type of services provided and future service planning.
- A younger population profile presents a significant opportunity for prevention of conditions that are significant contributors to death and disability in Islington.
- The changing picture also has important implications for local health services, with factors often linked to significant socio-economic disadvantage and social exclusion.

### Life expectancy



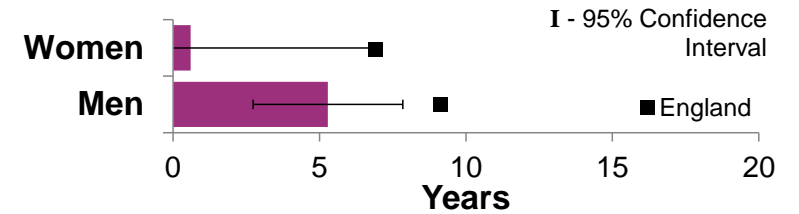
**Islington:**  
79.0 years  
**London:**  
80.3 years



**Islington:**  
83.5 years  
**London:**  
84.2 years

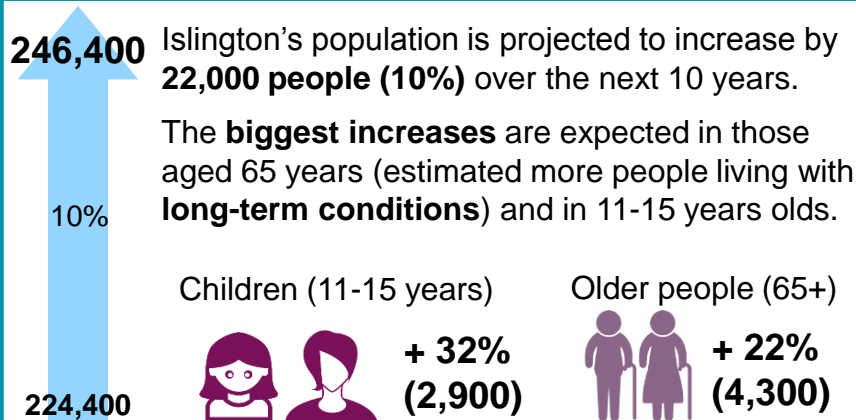
In 2012-14, **men** in Islington still live for **1.3 fewer** years than the London average, while **women** in Islington live **0.7 fewer years** than the average for London.

### Slope index of deprivation



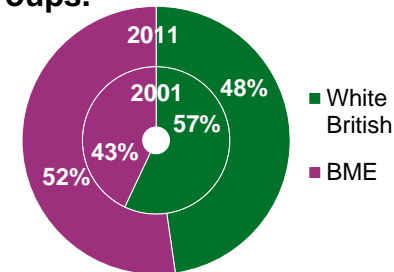
**Men** who are worst off are expected to live for **5.3 fewer years** than men who are best off in the borough (**0.6 fewer years for women**).

### Population projections to 2025



### Ethnicity

**Almost half (45%)** of young people aged **under 25** are from **BME groups**.



**9% increase** in people from **BME groups** from 2001 to 2010.

# WIDER DETERMINANTS OF HEALTH

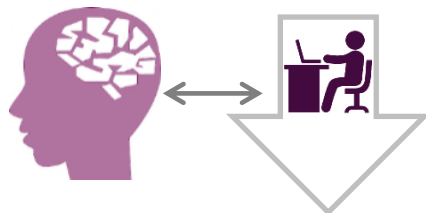
- Many factors combine to affect the health of individuals and communities, including genetic factors, their circumstances, their environment, their lifestyle choices and access to services.
- A good education is strongly associated with better health outcomes including life expectancy.
- Evidence shows that good housing can have a positive impact on the physical and mental health and wellbeing.
- There are higher levels of diagnosed mental health illness in people who are unemployed in Islington.
- Poverty is a key determinant of poor outcomes in health and wellbeing and is linked to numerous health problems and unhealthy life styles.

<sup>1</sup> Health and Housing progress report, Islington's Council, October 2014.

## Employment

**7.8% unemployed,** lower than London

Highest unemployment levels are in young adults, BME groups, people with learning disabilities & lone parents.



About **6,800 (4%)** working age people are on disability benefits due to mental illness, meaning **one-in-three (33%) out of work benefit claims are due to mental illness (highest in London).**

## Housing and health



**100%** of council flats did meet the Decent Homes Standard due to **damp**.<sup>2015</sup>



**2,436** households are **crowded** or **very overcrowded** in Islington.<sup>1</sup>

## Education



**44%** of 5 year olds in Islington are reaching a 'good level of development'. This is **lower** than the London (53%) and England (52%) averages.



**5.2% of 16-18** year olds in Islington are not in education, employment, or training. This is **higher** than London (3.4%) but not significantly different to England (4.7%).

## Poverty



Islington is the **5<sup>th</sup> most deprived borough** in London.



**Over two fifths (41%)** of older people aged 60 years and over **are income deprived (48%)**. This is **double** than the **England average (18%)**.

# LIFESTYLES & RISK FACTORS

- Leading a healthy lifestyle 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.
- Despite improvements in treatment outcomes, the harm that alcohol causes remains high.
- Though smoking prevalence has decreased over the past few years, smoking levels remain high, especially in key population groups.
- A high proportion of people who are obese or overweight have a chronic condition and more likely to live in the more deprived areas of the borough.

## Alcohol

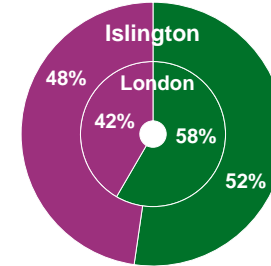


The rate of **hospital admissions for alcohol-related conditions is still the highest in London** despite the decreased to 800 per 100,000 population in 2013-14.



**Islington stills remains in the top 5 London** boroughs for alcohol related deaths.

## Adult obesity and excess weight



The rate of obesity / overweight in the borough is lower than the national average.

About **70,000** people are **obese or overweight** and **two thirds** of these have a **chronic illness**.



**27%** of people living in the **most deprived area** of Islington are **obese**.

## Smoking

Despite Islington having a smoking quit rate (1,295 per 100,000) **1.5 times higher** than the national average (868 per 100,000), the borough has still the **highest** prevalence of **smoking** (22%) in London (17%).



Key populations at high risk are people with **common mental illness** and among key ethnic population groups including **Turkish** and **Irish** groups. People from these groups might find it harder to quit.

The rate of **smoking in pregnancy** in Islington has fallen in the past year to 8% in 2012/13, but it is **still above the London** average.

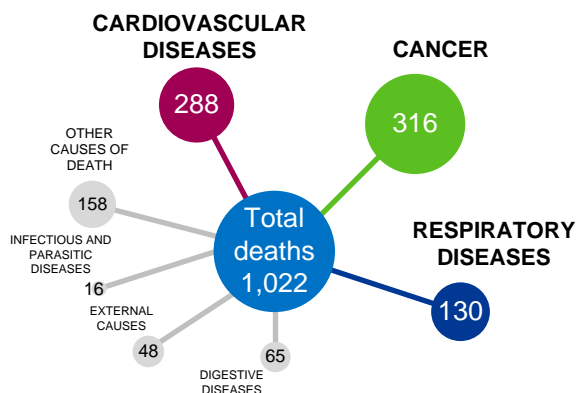


# PHYSICAL & MENTAL HEALTH

- Cancer, cardiovascular disease (CVD), and respiratory disease remain the leading causes of death in Islington, although death rates are declining across the population as a result of people living longer.
- Diabetes, high blood pressure and obesity are also prevalent conditions that significantly contribute to early death.
- Mental health conditions significantly increase the risk of early death in a number of conditions.
- As well as prevention, earlier diagnosis of these conditions, facilitating lifestyle advice and earlier medical management help to reduce the longer term ill health, disability and deaths associated with these conditions.

## Premature mortality

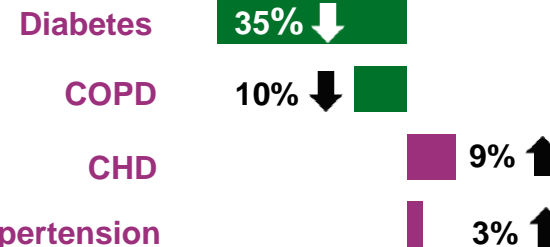
### Top three killers in Islington



CVD and cancer mortality rates are still **higher** than London and England, despite falling rates since 2001/03.

## Prevalence gap in long term conditions

### Change between 2010-11 and 2013-14



Despite the improvement in the early identification of undiagnosed diabetes and COPD, there are still **3,749** and **3,950** people with these conditions to be identified.

## Mental illness

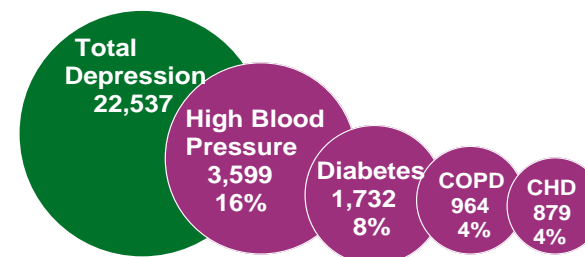
### Highest prevalence of mental illness



**One in six** (29,900) Islington adults have depression, anxiety or both.

- **1.5%** (3,080) adults with **serious mental illness**
- **4%** (822) older people aged 65 and over with **dementia**
- More than half people with depression are more likely to be a **smoker** or **obese**.

### Common physical conditions in people with depression



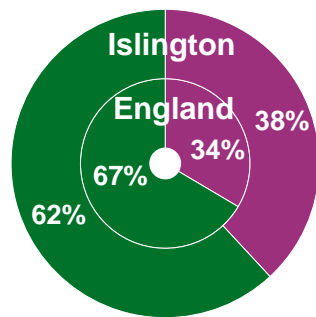
**53%** of people diagnosed with depression have also one or more physical health conditions.

# CHILDREN AND YOUNG PEOPLE

- 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.
- More than a third of children in Year 6 are obese or overweight. Estimates suggest that being overweight or obese contributes to 36% of all the prevalent long term conditions diagnosed in Islington.

## Child obesity

### Children aged 10 -11 years



**38%** of children aged 10-11 are **overweight or obese**.

This rate is **higher** than the England average (34%).

■ overweight or obese ■ not overweight or obese

## Mental illness in young people



**More than 3,700** children and young people aged 5-17 have a mental health condition (36% higher than England).

About **1,500** children and young people aged under 18 years old are in treatment for mental health condition.

## Children and young people with special education and Learning disabilities needs



**Over one-in-five** pupils have a special education needs (SEN) in Islington.

In January 2015, about **900 children and young people** aged under 19 had a statement or Education, Health and Care (EHC) plan. On average there has been an increase of **32 additional statements or ECH plans per year** since 2008.

Among these children and young people, **Autistic Spectrum Disorder** is the most prevalent need, followed by Moderate Learning Disabilities and Speech, Language and Communication Needs.



# VULNERABLE GROUPS

- The majority of social care involvement is related to three key parental factors; domestic violence, parental mental-ill health and substance misuse.
- Although the majority of children and young people are healthy and achieve well there is a proportion of children and young people who need support from the local authority.
- 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.

## Vulnerable children at risk



**3,000** children aged under 16 have a parent who misuses drugs.

**9,000** children aged under 16 have a parent who drinks alcohol at a harmful level.



**6,000** children aged 5-16 have mothers who are at risk of common mental illness.

## Learning disability



People with a learning disability live for **20 fewer years** than the general population.

This is partially due to increased risk of **coronary heart disease, respiratory disease and epilepsy**, while many of these deaths can be prevented.

## Domestic violence



Islington has the **second highest** rate of **domestic violence offence** in North London.

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).

# WHAT DOES THIS MEAN FOR ISLINGTON?

## RECOMMENDATIONS

### Islington's population

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 and multiple long term conditions, indicating an increasing need for health and care services to identify and manage these long term conditions earlier and more effectively.

The increase in the older adult population will mean an increasing number of people living 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.

### Wider determinants

A large scale, systematic and co-ordinated approach to reducing health inequality is needed that involves all partners and focuses on the wider socio-economic and environmental determinants and on family and individuals.

Poverty is one of the greatest threats to health and wellbeing in the borough. Getting people into work and particularly those population groups that face persistent barriers to moving into work, should be a focus.

Strengthen links between employment support services and local health provision to support people out of work due to ill health and those with a learning disability back into work.

Support local business to create healthier workplaces for their staff to improve staff wellbeing and ultimately reduce sickness absence and absenteeism.

# WHAT DOES THIS MEAN FOR ISLINGTON?

## RECOMMENDATIONS

### Lifestyles & risk factors

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

#### Tobacco

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

#### Overweight and obesity

- To continue to commission and evaluate interventions that promote physical activity, both universal services and those targeted at population groups most in need e.g. people on low incomes, people with disability.

#### Alcohol

- Increasing awareness of alcohol locally through the provision of clear, sensible advice around what is low risk drinking and why this is important.
- Approaches for the provision of identification (screening) and brief advice (IBA) and alcohol liaison models to be implemented consistently and at scale.
- Proactive enforcement continues to be a key part of reducing alcohol harm by managing alcohol availability locally.
- Building on work already occurring locally, to ensure there is a strong partnership approach to maximise alcohol harm reduction, including enforcement of licensing regulations, IBA and high quality treatment services.



# WHAT DOES THIS MEAN FOR ISLINGTON?

## RECOMMENDATIONS

### Physical and mental health

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.

### Children and young people

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.

The new Special Education Needs (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 SEN and disabilities will need to work differently as a result of the reforms.

# WHAT DOES THIS MEAN FOR ISLINGTON?

## RECOMMENDATIONS

### Vulnerable groups

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

Ensure health services and partners work together to deliver person centred care for children and young people

Continue to ensure targeted health interventions for vulnerable children.

With the increase in the over 80s, an increasing number of people will also be physically frail

Raise awareness of the needs of carers and improve access to support and training for carers

## FURTHER INFORMATION

### About Islington's JSNA

The Evidence Hub brings together information held across different organisations into one accessible place. It provides access to evidence, intelligence and data on the current and anticipated needs of Camden's population and is designed to be used by a broad range of audiences including practitioners, researchers, commissioners, policy makers, Councillors, students and the general public.

This factsheet was produced by Ester Romeri (Public Health Information Officer), reviewed by Dalina Vekinis (Senior Public Health Information Analyst) and approved for publication by Mahnaz Shaukat (Head of Health Intelligence).

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<http://evidencehub.islington.gov.uk/Pages/HomePage.aspx>