

Report of: Executive Member for Health and Social Care

Meeting of	Date	Agenda Item	Ward(s)
Health and Social Care Scrutiny Committee	14 December 2017		All

Delete as appropriate	Exempt	Non-exempt
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Report:Q1 and Q2 2017/18 Performance Report

1. Synopsis

- 1.1. Each year the Council agrees a set of performance indicators and targets which, enables the monitoring of progress in delivering corporate priorities and working towards the goal of making Islington a fairer place to live and work.
- 1.2. Progress is reported on a quarterly basis through the Council's Scrutiny function to challenge performance where necessary and to ensure accountability to residents.
- 1.3. This report provides an overview of progress in the first two quarters of 2017/18 (1 April 2017 to 30 September 2017) against corporate performance indicators related to Health and Social Care.

2. Recommendations

- 2.1. To note progress at the end of quarter two against key performance indicators falling within the remit of the Health and Social Care Scrutiny Committee.

3. Background

- 3.1. The Council routinely monitors a wide range of performance measures to ensure that the services it delivers are effective, respond to the needs of residents and offer good quality and value for money. As part of this process, the Council reports regularly on a suite of key performance indicators which collectively provide an indication of progress against the priorities which contribute towards making Islington a fairer place.

4. Implications

4.1 Financial implications

There are no financial implications arising as a direct result of this report.

Any plans or strategies derived or agreed in relation to this report should use existing available resources and therefore not create a budget pressure for the Council.

4.2 Legal implications

4.2.1 The Care Act 2014 (“CA”), which came into force in April 2015 placed a duty upon local authorities under s.1 to promote the well-being of individuals within its area; this duty extends to physical, mental and emotional wellbeing and applies to adults with care and support, their carers, children and young carers.

4.2.2 Section 2 of the CA 2014 places an obligation upon the local authority to provide services, facilities or resources to prevent and/or reduce care and support needs for adults within its area

4.3 Environment implications

There are no significant environmental implications resulting from this report.

4.4 Resident impact assessment

The Council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The Council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The Council must have due regard to the need to tackle prejudice and promote understanding.

A Resident Impact Assessment has not been completed because this is a report providing information about performance in the first two quarters of 2017/18.

5. Adult Social Services

Objective	PI No.	Indicator	Frequency	Q2 Actual Apr-Sep	Q2 Target Apr-Sep	Target 2017-18	On/Off target	Same period last year	Better than last year?
<i>Support older and disabled adults to live independently</i>	ASC1	Delayed transfers of care (delayed days) from hospital per 100,000 population aged 18+	Q	925.7	734	N/A target is quarterly	Off	620.7	No
	ASC2	Percentage of people who have been discharged from hospital into enablement services that are at home or in a community setting 91 days after their discharge to these services	Q	98.3%	95%	95%	On	91.0%	Yes
	ASC3	Percentage of service users receiving services in the community through Direct Payments	M	31.3%	35%	35%	Off	30.5%	Yes
<i>Support those who are no longer able to live independently</i>	ASC4	Number of new permanent admissions to residential and nursing care	M	51	65	130	On	69	Yes
<i>Carer reported Quality of Life</i>	ASC5	The quality of life for carers as reported in the carer survey.	B	7.3 out of 12	N/A	N/A	N/A	N/A	N/A
<i>Reduce social isolation faced by vulnerable adults (E)</i>	ASC6	The percentage of working age adults known to Adult Social Care feeling that they have adequate or better social contact. (E)	A	70.6%	73%	73%	Off	70.8%	No

Frequency (of data reporting): M = monthly; Q = quarterly; T = termly; A = annual B=Biennial
(E) = equalities target

Supporting independent living

- 5.1. Three measures are used to ensure that the Council is providing effective support to enable the most vulnerable to live independently for as long as possible.
- 5.2. The first, delayed transfers of care from hospital figure for Q2 of 2017/18 was 925.7 which did not meet the target of 734 and represents a decrease in performance.
- 5.3. In Islington, the main reason for NHS delays was access to further non-acute services and for social care delays, access to nursing/residential care. Work is underway with NHS partners to implement the High Impact Change Model for Delayed Transfers of Care. As part of this programme of work to transform services at the interface between health and social care, the following has taken place to date:

- 5.3.1. Two weekend social workers are based in the Emergency Duty Social Work Team who visit the hospitals over the weekend. LBI is currently working with our health and CCG colleagues to develop and implement the health priority 'Discharge to Assess' (D2A) which provides four discharge pathways. These pathways enable assessments and the provision of services to be provided in the community rather than in a hospital bed, speeding up discharge. Two pathways are established (for reablement and for rehabilitation beds) and we are now working on Pathway 3 (for continuing healthcare).
- 5.3.2. We have placed lead social workers in UCLH and the Whittington Hospital to enable prompt response to issues in the hospitals and for them to pick up any hospital discharges that do not fit into the D2A pathways. The vision here is to ensure that even if a patient does not meet the criteria for the D2A pathways, we can still respond quickly to unblock any issues for that patient, such as any safeguarding concerns, special cleansing or assisting patients who do not have rehab or reablement potential.
- 5.3.3. SHREWD (Strategic Health Resilience Early Warning System) is now in operation and we are receiving live (or near live) feeds from health and care providers. We are currently considering how this system fits with existing CMS systems to manage and share information about demand.
- 5.4. Delayed Transfers of Care are measured as the total days delayed within the quarter. However, this often relates to a small number of people with complex needs.
- 5.5. On discharge from hospital, there has been an improvement in the proportion of people who are supported by our reablement service to return to the community within 91 days. The Q2 figure of 98.3% is higher than the expected profiled target of 95% this quarter.
- 5.6. The third measure supporting this objective is the percentage of service users receiving services in the community through Direct Payments. These provide a budget directly to the service user to enable them to 'buy' their own package of support tailored to meet their needs. We have developed more focus on the direct payments pathway and the department is working towards making direct payments our preferred option for delivering services.

Admissions into residential or nursing care

- 5.7 The Council provides residential or nursing care for those who are no longer able to live independently. The aim is to keep this number as low as possible, supporting more people to remain in the community. The target of 65 has been achieved as 51 people have been admitted to long-term nursing and residential care.

Carer Quality of Life

- 5.8 While the next update for this indicator won't be available until 2019, it's possible to report on a number of initiatives underway to help reduce social isolation for carers. A range of commissioned services and providers provide support for carers as part of their remit, reducing their potential for social isolation and loneliness. For example, carers are able to access a Digital Resource for Carers. Created by Carers UK, this digital tool includes videos, documents and FAQs that offer practical advice for carers to build resilience and remain physically and mentally well. The tool also enables carers to share experiences,

and includes links to local webpages and services that offer carer-specific support (e.g. ICH, Centre 404).

Reducing social isolation

- 5.9 Social isolation refers to a lack of contact with family or friends, community involvement or access to services.
- 5.10 The next update for this indicator will be available in 2018. A number of initiatives in the borough are in place to reduce social isolation. These are a mixture of commissioned, grant funded and non-Council-funded services and projects.
- 5.10.1 These services and projects are provided across all main client groups. For example, the Get Togethers service provided by Age UK Islington facilitates older residents' access to day centres, leisure centres, public spaces and other areas in the community for activities and socialising.
- 5.10.2 Residents with Dementia are able to access a Dementia Café service for check-ins and peer support, provided by The Alzheimer's Society. The Alzheimer's Society also provides a Singing for the Brain service, reducing social isolation through increased community activity, peer support and friendship.
- 5.10.3 The Social Inclusion Service provided by Royal Mencap provides free and low cost activities for residents with a GLD. These include day trips, sports activities and other group activities. The service also signposts to other services and provides travel training for participants aimed at reducing their social isolation.
- 5.10.4 The Council participates in the Taxicard scheme, enabling disabled residents to receive funded journeys from A to B.
- 5.10.5 Residents with mental health needs are able to access MIND Enablement, a universal service providing short interventions for clients around coping mechanisms, confidence building and goal-setting.

6. Public Health

Objective	PI No	Indicator	Frequency	Actual April - Sept	Expected profile	2017/18 annual target	On/Off target	Same period last year	Better than last year?
Promote wellbeing in early years	PH1	Proportion of new births that received a health visit within 14 days	Q	93%	90%	90%	On	94%	Same
	PH2	a) Proportion of children who have received the first dose of MMR vaccine by 2 years old	Q	84% (Q1)*	95%	95%	Off	93%	Worse
		b) Proportion of children who have received two doses of MMR vaccine by 5 years old	Q	74% (Q1)*	95%	95%	Off	89%	Worse
Reduce prevalence of smoking	PH3	a) Number of four week smoking quitters	Q	125	200	800	Off	141	Worse
		b) Percentage of smokers using stop smoking services who stop smoking (measured at four weeks after quit date)	Q	43%	50%	50%	Off	42.5%	Same
Effective detection of health risk	PH4	Percentage of eligible population (40-74) who receive an NHS Health Check	Q	8.4%	7%	13.2%	On	7%	Better
Tackle mental health issues	PH5	a) Number of people entering treatment with the IAPT service (Improving Access to Psychological Therapies) for depression or anxiety	Q	2,421	1,164	4,655	On	2,485	Same
		b) Percentage of those entering IAPT treatment who recover	Q (Q2)*	48%	50%	50%	Off	49%	Same
Effective treatment programmes to tackle substance misuse	PH6	Percentage of drug users in drug treatment during the year, who successfully complete treatment and do not re-present within 6 months of treatment exit	Q (Q2)**	17.5%	20%	20%	Off	18%	N/A
		Percentage of alcohol users who successfully complete their treatment plan	Q (Q2)**	34%	42%	42%	Off	35%	N/A
Improve sexual health	PH7	Number of Long Acting Reversible Contraception (LARC) prescriptions in local integrated sexual health services	Q (Q2)**	780 (Q2-Q4)	291	260	On	New indicator	N/A

*Q2 data not yet available ** Cumulative data not available

Promote wellbeing in early years

- 6.1 The proportion of new births that receive a face-to-face visit from a health visitor within 14 days has exceeded the quarterly targets in the first half of the year. The new integrated early years' service – 'Bright Start Islington' - launched in September this year. This represents a significant step towards the ambition for holistic integrated early childhood and family services. Health visiting services have maintained good coverage of the mandated universal developmental checks that underpin the Healthy Child Programme whilst beginning to make these changes. Whilst Local Authority early childhood services have fully restructured, recruitment difficulties and managerial changes have slowed the necessary organisational change within health visiting.
- 6.2 Quarter 1 (the latest data available) saw a decrease in recorded vaccination rates for Measles, Mumps and Rubella (MMR) compared with previous quarters among both two year olds and five year olds. This is likely to be associated with data recording, rather than an actual drop off in rates, following the introduction of a new child health information system (CHIS) and data hub arrangements in London. We are working with NHS England (the commissioner of the childhood immunisation programme) other local authorities and provider partners across North Central London to rectify outstanding CHIS issues and implement action plans to increase childhood immunisation levels.

Reduce prevalence of smoking

- 6.3 The number of four week smoking quits is below the quarter target. A complete rebrand of smoking cessation services in Islington has taken place, which launched under the new name 'Breathe' in September 2017 to co-incide with the national Stopober campaign. The rebrand follows on from the recommissioning of smoking cessation services in April 2017, and the service provider had held back on proactive marketing in Q1 while developing the brand with smokers and ex-smokers in Islington in preparation for the relaunch. We anticipate the number of smokers accessing the service, setting a quit date and successfully quitting to increase in future quarters.
- 6.4 The proportion of smokers who achieved a four week quit was below the 50% target in Q1 at 43%. This is the first quarter of a new, three tier smoking cessation service in Islington which was co-designed with local smokers with a new provider in place. During the transition to the new service, performance has been maintained when compared with the same quarter last year and we expect and activity and performance to improve throughout 2017/18.

Effective detection of health risk

- 6.5 The proportion of people eligible receiving an NHS Health Checks in the first two quarters of the year is on track to meet the annual target. In the first two quarters of the year over 4,200 people have received an NHS Health Check providing tailored lifestyle advice and referral into services to reduce their risk of cardiovascular disease. As well as delivery through GP practices, the programme includes community outreach to increase uptake among key at risk groups. The provider has been working closely with organisations across Islington to deliver health checks at community events over the summer, and continues to expand delivery through community centres and local services. In Q1 (the latest national data available), Islington was ranked first

out of all 152 Local Authorities for the proportion of eligible people invited for an NHS Health Check and fifth highest for the proportion receiving an NHS Health Check.

Tackle mental health issues

- 6.6 In the first two quarters of 2017/18, over 2,400 people entered the Improving Access to Psychological Therapy (IAPT) programme with performance on track to meet the annual target. In Q2, the percentage of those entering IAPT treatment who recover is just short of the nationally set target (50%), at 48%.
- 6.7 Islington Council hosted a Workplace Wellbeing Breakfast for World Mental Health Day on the 10th October in keeping with this year's theme - mental health in the workplace. This event was for Islington-based charities, voluntary sector & arts organisations to learn about the mental health promotion services provided through Islington Council and how these can help them and their organisations. They also heard more about the London Healthy Workplace Charter and Making Every Contact Count and how it can benefit their organisation and employees. The event was attended by more than 70 representatives from organisations across Islington and there was a lot of interest in the local services.
- 6.8 On the 12th October Islington and Thrive London held a community conversation aimed at encouraging people to work together to improve wellbeing, health and happiness in the borough. The aim was to hear views from the communities and then discuss how collectively residents and those experts in the field can all work together to make them happen. Public Health are working with Thrive London to discuss the recommendations and how we take these forward.

Effective treatment programmes to tackle substance abuse

- 6.9 In Q2, the percentage of drug users in drug treatment during the year who successfully completed treatment and did not re-present within six months of treatment exit is just below the quarterly target (20%) at 17.5%. The proportion of non-opiate clients completing treatment has increased, however among this group there has been an increase in the proportion re-presenting to services within 6 months of treatment exit. There has been a continued increase in the number of opiate clients who successfully complete and do not represent to treatment services.
- 6.10 The proportion of alcohol users successfully completing treatment is below target (42%) at 34%. Alcohol services have seen an increase in the number of people starting treatment, however, there has also been an increase in the number of people staying in treatment for longer.
- 6.11 Drug and alcohol services are currently in the process of cleansing data for the new integrated substance misuse service which begins in April 2018 and this is likely to impact on performance data. Commissioners are working closely with providers and National Drug Treatment Monitoring System leads to oversee the data cleansing process.

Improve sexual health

- 6.12 In Q2, 291 women from Islington accessed Long Acting Reversible Contraception (LARC) through new integrated local sexual health services, with performance on track to meet the

annual target. LARC, such as contraceptive implant, is more effective than user dependent methods (such as the pill or condoms) in reducing unplanned pregnancies.

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Final Report Clearance

Signed
by 

04/12/2017

Received
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Date