



HEALTH AND CARE SCRUTINY COMMITTEE

18 December 2023

SECOND DESPATCH

Please find enclosed the following items:

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Agenda Item 5

London Borough of Islington
Health and Care Scrutiny Committee - Tuesday, 14 November 2023

Minutes of the meeting of the Health and Care Scrutiny Committee held at The Council Chamber, Town Hall, Upper Street, N1 2UD on Tuesday, 14 November 2023 at 7.30 pm.

Present: **Councillors:** Chowdhury (Chair), Croft (Vice-Chair), Burgess, Clarke, Craig, Russell and Poyser

Councillor Jilani Chowdhury in the Chair

1 INTRODUCTIONS (ITEM NO. 1)

The Chair welcomed everyone to the meeting and members and officers introduced themselves. Fire safety, webcasting and microphone procedures were explained.

2 APOLOGIES FOR ABSENCE (ITEM NO. 2)

There were apologies from Councillor Zammit and Councillor Gilgunn.

3 DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)

Councillor Poyser acted as substitute for Councillor Zammit.

4 DECLARATIONS OF INTEREST (ITEM NO. 4)

For Transparency, Councillor Russell explained she was the Deputy Chair of the Health Committee on the London Assembly.

5 MINUTES OF THE PREVIOUS MEETING (ITEM NO. 5)

RESOLVED: The minutes of the previous meeting held on the 5th October 2023 be deferred to the next committee meeting, which will be held on Monday 18th December 2023.

6 CHAIR'S REPORT (ITEM NO. 6)

The Chair reminded those present that paperwork should be provided in advance to allow the Committee time to read them. It was highlighted that presentations and questions should be kept focused and to the point.

7 PUBLIC QUESTIONS (ITEM NO. 7)

The Chair advised that any questions from the public should relate to items on the meeting agenda and that members of the public would be given the opportunity to ask their questions once councillors had spoken.

8 HEALTH AND WELLBEING BOARD UPDATE (ITEM NO. 8)

The Cabinet Member for Health and Social Care explained that the Health and Wellbeing Board had discussed several topics. It was highlighted that in 2022 the National Institute for Health Research had conditionally approved Islington Council as a health determinant research collaboration (HDRC), locally this was called evidence

Islington. Following a successful pilot Islington was given full HDRC status beginning in October 2023. Only 13 local authority areas had been awarded the status nationally. The Council would receive £5 million in funding to drive a culture of research, data and evidence-based policy making in partnership with residents and other health and academic partners.

The Islington Safeguarding Children's Partnership Annual Report 2021-22 was considered. It was noted that over the past year the partnership had made some significant progress. There had also been challenges, particularly in neglect, where there was a recognised need for targeted training, auditing, and a detailed neglect strategy. The Council had achieved success in amplifying the voice of children across all initiatives. There had also been a successful youth strategy which led to a decrease in knife crime amongst young people and an action plan targeting disproportionality in the youth justice service. Areas that still required improvement included social, emotional, and mental health waiting times for services. A strategic plan was in place to try to improve these times. The partnerships training on safeguarding and information sharing was commended and work to tackle violence against women and girls had bolstered multiagency collaboration.

The performance and impact of the better care fund was discussed. Then, the drugs and alcohol partnership and delivery programme and its progress against the national drug strategy. It was explained that Islington's current integrated drug and alcohol service 'better lives' operated from three locations in the borough and supported people who used drugs as well as their families and carers. Outreach support was commissioned for people sleeping rough or who were at risk of sleeping rough. It was highlighted that treatment options delivered by multidisciplinary teams reflected diverse needs and included, 1:1 key working, counselling, psychological therapy, group work, day programmes, self-help, mutual aid groups, pharmacological treatments, and residential rehabilitation. The service also provided physical health support, including blood borne virus testing and treatment and social support including housing and debt advice, skills coaching, education training and employment support. It was highlighted that Islington had commissioned an additional targeted programme called 'support when it matters' that would support 60 Islington residents over 10 weeks using its prepare, adjust, contribute and thrive model.

A member asked how the youth strategy had contributed to the reduction in knife crime. It was explained that the report went into more detail and would be circulated to the committee after the meeting. Following a question on preparation for the roll out of project adder the executive member said it would be discussed at the executive members meeting.

9

SCRUTINY REVIEW OF ACCESS TO HEALTH AND CARE SERVICES IN ISLINGTON - WITNESS EVIDENCE (ITEM NO. 9)

The Committee received a presentation from the Islington GP Federation (IGPF) as part of their scrutiny review. The federation explained they could not speak on behalf of individual GP practices but had a role in supporting those practices. They were owned by all but one eligible Islington GP Practice. The IGPF's vision was to ensure and shape how all Islington registered patients had free and equitable access to good, safe, value for money primary care into the future. Some examples of their work included supporting GP practices facing difficulties; individual practice support; a physical support programme for homeless people and another for those who had severe mental health needs; development of a digital triage hub and support for four out of five primary care networks. It was highlighted that practice-based pharmacists were now helping with medicine management to enable GP's to have more time

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seeing patients and that clusters of practices were working together analysing and benchmarking data to improve access.

Following a question about the Northern Medical Practice the Committee were informed that the practice would be housed at the Holloway Health Centre.

A committee member asked whether there were plans for or whether there had already been implemented across the federation, skills share opportunities if a GP Service may have developed specialist knowledge in a particular area, such as transgender medicine or care. The IGPF said that GPs are considered generalists and work with patients holistically.

The IGPF were asked about planning for demand and capacity and they informed the committee that they didn't represent individual practices however they had changed how they managed access and were now using a triage system to manage calls more efficiently. They had also looked at patterns of behaviour and realised there were 50% more contacts on a Monday so they could adjust their staffing model accordingly. GPs were also working with digital hub administrators to deal more efficiently with patient queries.

A committee member asked about the recording of transgender and gender diverse people's information as misgendering could impact a person's willingness to engage with the service. Additionally, it was important to ensure appropriate health screenings were being carried out. The IGPF explained that preferred names were used but they could do more work to ensure those patients needs were being flagged. A councillor offered to provide a copy of a previous scrutiny review into access to everyday healthcare for transgender and gender diverse people.

The IGPF were asked what learning there had been from supporting the two GP practices that had been facing difficulties and whether there were any plans to bid for practices. It was explained that the IGPF would be bidding for practices, but its ethos was to support practices to get back on their feet wherever possible.

A committee member asked how the IGPF protected patients' data. It was explained that they had a contract with a Data Protection Officer. They spoke of a tension between patients wanting access to their records and directives from national government to share information and the safety of digital applications.

The Chair asked whether it was true that some GP surgeries were working at five times their capacity. The IGPF said that it was possible to grow and retain quality if the challenges were met effectively by the practices. The role of the IGPF was to support each other not to scrutinise quality.

The Chair asked whether there was support for those who had difficulty accessing appointments digitally. The IGPF explained that the primary method of consultation was through econsult, which was online, but that 20% of patients did not want to use the platform. Those patients could either phone in or attend the practice. Disadvantaged groups were also being proactively engaged with to help tackle digital exclusion.

10 **LONDON AMBULANCE SERVICE PERFORMANCE UPDATE (ITEM NO. 10)**

The London Ambulance Service gave an update to the Committee on their performance.

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A committee member asked whether the specialist mental health nurses had helped with call outs. It was explained that the service was now better equipped to provide patients with the right care at the right time.

Following a question on roads, it was explained that the landscape had changed, and it had become more difficult for ambulances to get around. The ambulance service was using motor and push bikes to respond to incidents faster and they would also provide responses to planning applications where there was a concern.

A member asked why paramedics didn't use electric bikes. It was explained that the ambulance service had started to trial some power assisted bikes. The positive impact of the Universal Care Plan was highlighted by a committee member.

11 **QUARTER 1 PERFORMANCE REPORT - ADULT SOCIAL CARE (ITEM NO. 11)**

The Deputy Director of Operations Adult Social Care presented to the Committee on the Performance Report for Adult Social Care. It was highlighted that there was a new indicator which was the percentage of people with an outcome of no support needed after a period of reablement. The indicator currently stood at 75% but had been 81% during the previous year. This was due to a reduced offer in 2021-22 with the team now seeing more people. Key performance indicator 6 was also new and highlighted the proportion of section 42 safeguarding enquiries where a risk was identified, and the reported outcome was that the risk was reduced or removed. This was at 89%.

A committee member asked what assurances there were that the admissions to nursing or residential care homes weren't reduced due to people being in hospital beds instead. It was explained that best practice is to help people remain in their homes however it was understood that sometimes residential care or a nursing setting were best for the individual.

Following a question on self-neglect, it was explained that under the Care Act the Council had an obligation to continue to work with people who were self-neglecting and there were different approaches that could be taken.

MEETING CLOSED AT 9.30pm

Chair

Health in Islington - Key Achievements

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Councillor Turan
Executive Member for Health and Social Care
Presentation to Health Scrutiny Committee
December 2023

Agenda Item 9

Life expectancy

- National and local three-yearly data for average life expectancy have not yet been updated from the last annual report, and the most recent data remains for the period 2018-2020.
- Between 2011/13 – 2017/19, life expectancy increased in Islington for men and rose slightly for women. In 2018/20, life expectancy fell slightly for both men and women – this was due to the impact of Covid -19 on deaths in 2020, and was seen also across London and nationally.
- Life expectancy at birth for men in Islington in 2018/20 (79.5) was lower than the London average (80.3) and similar to the England average (79.4). For women in Islington, life expectancy was 83.2 years, which was lower than the London average (84.3), and similar to the England average (83.1 years).
- It is likely that when new figures are published up to 2019-21 that life expectancy will have fallen compared to 2018-20, primarily due to the further impacts of Covid -19 during 2021.

Life expectancy at birth and changes

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Men	2011-13	2017-19	2018 - 20	Change 11/13 – 18/20
Islington	77.9	79.7	79.5	+1.6
London	79.9	80.9	80.3	+0.4
England	79.3	79.8	79.4	+0.1



Women	2011-13	2017-19	2018-20	Change 11/13 – 18/20
Islington	83.2	83.4	83.2	0
London	83.9	84.7	84.3	+0.4
England	83.0	83.4	83.1	+0.1

Source: OHID, 2023.

Please note – update figures are expected to be released in January 2024.

Healthy life expectancy

- New national and local data for healthy life expectancy have not been updated since the last annual report, and the most recent data remains for the period 2018-2020.
- On average, men and women in Islington respectively spend the last 16.5 and 19.4 years of life in poorer health.
- Over the period 2011-13 to 2018-20, there was a significant improvement in healthy life expectancy for both men and women, respectively of 5.4 and 5.8 years. For both men and women, by 2018-20 healthy life expectancy was similar to the England average, and for women it was similar to the London average. Male healthy life expectancy was slightly below the London average.

Healthy life expectancy at birth

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Men	2011-13	2016-18	2018-20	Change 11/13 – 18/20
Islington	57.6	62.6	63.0	+5.4
London	63.4	64.2	63.8	+0.4
England	63.2	63.4	63.1	-0.1



Women	2011-13	2016-18	2018-20	Change 11/13 – 18/20
Islington	58.0	61.7	63.8	+5.8
London	63.7	64.4	64.0	+0.3
England	63.8	63.9	63.5	-0.3

Source: OHID, 2023

Please note – update figures are expected to be released in January 2024.

Key challenges - Best Start in Life

Maternity & early years



Maternity

- Reduce smoking.
- Support healthy maternal weight.
- Reduce teenage pregnancy.



Breast feeding

- Support UNICEF baby friendly standards in all settings.
- Ensure peer support.



Early years

- Ensure universal delivery of the Healthy Child Programme through integrated early years services.
- Provide parenting programmes.
- Support delivery of healthy start vitamins and vouchers.



Screening & immunisations

- Ensure antenatal and new-born screening.
- Ensure childhood vaccinations.

School age and beyond



School health and wellbeing

- Support whole school approaches to health and wellbeing.
- Support early identification of health problems and early intervention.
- Deliver vision and hearing screening.



Healthy weight

- Deliver a whole system approach to healthy weight.
- Support families to make healthy choices.
- Deliver and follow-up National Child Measurement Programme (NCMP).



Oral health

- Continue delivery of fluoride varnish.
- Support universal oral health promotion.



Transition to adulthood

- Build health independence and behaviours for life.
- Support student health and wellbeing.

Vulnerable children



Safeguarding

- Implement learnings from local child deaths.



Mental health

- Reduce smoking.
- Support healthy maternal weight.
- Reduce teenage pregnancy.



Youth safety

- Support the delivery of a public health approach to reduce youth violence.



Poverty and inequality

- Support system recognition of the wider determinants of health.
- Ensure targeted provision reaches those with greatest vulnerability.

Key achievements – Children & Young People (CYP)

The [Joint Strategic Needs Assessment on Children and Young People](#) in Islington (2023) looks at the current and future health and wellbeing needs of the local CYP population to inform and guide the planning and commissioning of local health, well-being and social care services.

It Includes:

- Outcomes related to **health, wellbeing, education and social care.**
- Wider determinants of health such as **housing, poverty and employment.**
- Qualitative insight from **CYP and families** throughout all sections.
- Identifies key challenges and **inequalities.**
- A summary of local evidence of effectiveness for different interventions.



Islington's Annual Public Health Report (2023) focuses on young people's (adolescent) health and wellbeing and provides evidence-based recommendations for action.

Adolescence is a critical developmental period marked by significant biological, social, psychological and behavioural changes with long-term implications for health and well-being. This cohort has also been affected by the impact of the Covid-19 pandemic, highlighting and deepening inequalities.

The report takes a deep dive into five important areas: **healthy behaviours; mental health; violence and safety; education, training and first steps into employment; long term health conditions.**



Key achievements (Early Years)

- Launch of the [Bright Start strategy](#) at the Bright Start conference in April 2023.
- Mobilisation of the national **Family Hubs** programme.
- Family Hubs bring together lots of different services for children and families to make a single ‘front door’, making it easier for families to get the help they need at the right time.
- Public Health are jointly leading on the funded **Start for Life (age 0-5)** elements of this programme, which contribute to our overall delivery of the Bright Start strategy.
- Key areas of investment are **perinatal mental health** and **parent-infant relationships, infant feeding, parenting skills, and home learning/speech, language and communication skills**.
- The Islington programme puts particular focus on support for children with SEND particularly around infant feeding, parent-infant interaction, and reducing parental conflict. The programme provides enhanced opportunities for **co-production and peer delivery** across the **0-19 age group**.
- Both the **Bright Start strategy** and the **Family Hubs** programme support improved partnership with **maternity services at Whittington Hospital and UCLH**, with a regular working group, co-location and clinical co-working.
- Islington successfully bid for £1.5m additional national funding for a **health visiting workforce pilot** within the Family Hubs programme. The workforce pilot will test a new skill-mix model within health visiting, developing the role and competencies of family health advisors to provide earlier screening, particularly for speech and language delay, and simple early interventions.

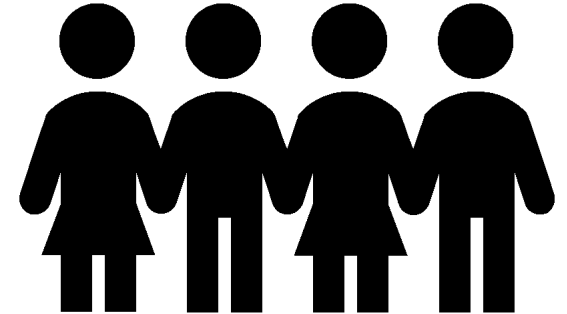
Childhood weight

The National Child Measurement Programme was completed in June 2023 and parents have been sent their results. The School Nurses have contacted parents of children who are above a healthy weight to offer one-to-one support and advice.

There are concerns that reduced activity and changes in diet during periods of Covid -19 lockdowns and restrictions have increased the proportion of children who are over or very overweight. In this survey and in these two-year groups, levels remained similar to recent years.

The Enhanced Healthy Living Service was recommissioned for 20 months. The new contract will run until March 2025.

54 x Families for Life programmes were delivered in Q1 and at least 50% of attendees were people from ethnic minority groups.



Public Health Outcomes Framework (PHOF) Indicators Performance

Best Start in Life	Indicator (PHOF)	Time Period	Value latest available)	(Value (previous)	Trend	London	England
		Percentage of new births that received a visit within 14 days.	2022/23	95%*	95%*	➔ No change	81.6%
	Population vaccination coverage MMR2 (Age 5).	2022/23	70%*	70%*	➔ No change	75%	85%
	Percentage of 5 years olds with dental decay.	2021/22	23.7%	-	-	25.8%	23.7%
	Maternal Smoking at time of delivery.	2022/23	5.5%	5.4%	➔ No change	4.6%	8.8%
	Infant mortality (deaths under the age of 1).	2019/21	2.3 per 1,000	3 per 100,000	↓ Lower than 2018/20 per 100,000	3.5 per 100,000	3.9 per 100,000
	Reception : Prevalence of overweight (including obesity).	2022/23	21.6%	21.9%	➔ No significant change	20%	21.3%

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*Local data

Looking forward

- Family hubs development continues, opening the second (**South**) hub in November, and final (**Central**) hub in April. The **Start for Life** programme will be fully mobilised by the close of this year.
- Commence the **Start for Life workforce pilot with Whittington Health** – November 2023.
- Micro-targeting of **childhood immunisation promotion through community groups and engagement.**
- Evaluating focussed **flu promotion work** of Families For Life champions.
- Working with partners to action recommendations from the **Annual Public Health Report.**
- An assessment of the health and wellbeing needs of **Looked After Children.**
- Develop resources for parents and CYP informed by local research looking at **reducing harms of social media.**

Preventing and Managing Long Term Conditions

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To enhance both length and quality of life and reduce health inequalities



Preventing major health conditions – physical activity



Getting and staying active is one of the best ways to **reduce the risk of multiple health conditions**, including **dementia, heart disease, stroke, diabetes and multiple forms of cancer**. It is also a fantastic opportunity to **support social connectedness**. It is recommended that adults are active for at least 150 minutes each week.

Based on data from 2021/22, in Islington, 72% of adults meet these recommended levels. Although this is significantly higher than the national (67%) and London (67%) averages, it still means that around 54,000 adults in the borough aren't meeting the recommended levels of activity – with inequalities seen in patterns of activity levels seen across London ([OHID, 2023](#)). **Our response:**

- Working with other council partners and wider partners across the system, we have developed an **Active Together Strategy** for the borough (2023-2030) focusing on equitably increasing physical activity levels across Islington.
- We are supporting those with long term health conditions, who face barriers to being active, through a pilot service (**The Get Active Service**) based in selected **GP practices** (in both Camden and Islington – currently in two Islington practices). This service provides motivational support on a one-to-one basis to residents with long term conditions. Early pilot data is showing encouraging increases in physical activity, with over two thirds of clients living in the most deprived areas and over half of clients reporting their ethnicity as members of a minoritised ethnic group. The pilot will need to run for longer in order to produce more robust findings.
- We are developing a richer understanding of the barriers to physical activity uptake, to support targeted action, through evidence review and engagement work – including collaboration with the ICB on a local **community research programme** with those in minoritised ethnic groups.
- We have developed a communications campaign '**Every Movement Counts**' to support increased awareness of the benefits of getting active and the local opportunities available, with an emphasis on supporting those in underserved groups – including those with health conditions.

Preventing major health conditions – healthy diet and healthy weight

Eating healthily and maintaining a healthy weight are important ways to reduce the risk of a wide range of major health conditions, including **heart disease, diabetes, stroke, dementia and multiple forms of cancer**. In Islington, the proportion of adults living with overweight, or obesity (51%) is significantly lower than the average across London (56%) and England (64%) – however, 95,000 adult residents live with overweight or obesity [[OHID, 2023](#)].

Our response:

- Supporting improvements in the health profile of food available in the borough. This has involved supporting the development of the **Islington Food Strategy 2023 – 2028** and leading the development of a related action plan to improve access to ‘healthy, affordable food for all’ residents.
- Working with Manor Gardens Welfare Trust, funding obtained to support **food aid system mapping** and **strengthening** over next year.
- Developing an understanding of the financial barriers faces around food access through completion of a **food insecurity needs assessment**.

Adult weight management service for residents:

- 12-week programme involving group-based sessions providing information on healthy nutrition and physical activity and providing motivational support (online and in-person options). Over a quarter (27%) of clients losing over 5% body weight and nearly half (46%) losing over 3% body weight by 12-week stage.
- Commenced in January 2023 – 185 people either completed or on course to complete programme. Indication of equitable uptake, with 37% completers in a minority ethnic group and 30% of completers amongst those living in the 20% most deprived areas.
- As the programme beds in, further work on booking will help to further support enrolment in the activity.

Long-term conditions and smoking

- Smoking increases the risk of developing more than 50 serious health conditions, which may be fatal or cause irreversible long-term damage to health.
- Islington has high levels of smoking related harm with:
 - Rates of premature mortality from smoking attributable cancer, the second highest of all London boroughs (2017-19).
 - Higher rates of mortality from respiratory disease in under 75s than England (36 per 100,000 vs 26.5 per 100,000) and the 4th highest number of emergency hospital admissions for Chronic Obstructive Pulmonary Disorder (COPD) in London.

Islington's Stop Smoking Service - Breathe

- Breathe offers a flexible model that includes online/ telephone consultation with postal delivery of nicotine replacement therapy or face-to-face support delivered in community clinics.
- Breathe also supports, trains and monitors a network of community pharmacies and GP practices to deliver stop smoking support under a locally commissioned service (LCS) contract. Post-pandemic system pressures continued to affect staffing, capacity, and prioritisation of smoking cessation in GPs and community pharmacies. This means that whilst activity has remained stable throughout the 2022/23 compared with 2021/22, it was less than half of GP and a third of pharmacy activity compared to 2019/20. Work is planned to help 'lift up' stop smoking activity in primary care.
- There has been significant partnership work throughout the year to improve treatment pathways in hospitals and maternity services as part of a wider programme of work across North Central London (NCL). Following identification of smokers on admission and the offer of specialist support on hospital wards, smokers are referred to Breathe on discharge. These improvements have increased numbers of referred Islington patients engaging with the service year on year, with approximately half of people referred from hospitals setting a quit date and over half of those quitting in 22/23.

The data presented in the subsequent slides refer to all providers: Breathe, GPs and pharmacies.

Key achievements - Stop Smoking Services 2022/23

Smoking and health inequalities

- Islington's estimated smoking rate amongst routine and manual occupations (13.9%) is almost double the rate of its adult population (7.9%). [Annual Population Survey estimates for 2022]
- Adults with long-term mental health conditions and residents on low incomes have smoking rates that are higher than the borough average. These are contributing to higher rates of long-term conditions, thus widening health inequalities.
- In 2022/23, 691 people or 62% of service users who attempted to stop smoking successfully quit (measured at 4 weeks after setting a quit date). This is the third best quit rate in London (average quit rate of 53%) for 2022/23. 10% of these quits were delivered in partnership with the Whittington Health Respiratory Team.
- For pregnant smokers, the success rate was exceptional at 82% which is the second-best quit rate among pregnant women in London in 22/23 (average quit rate of 56%). 93 women quit smoking in pregnancy, a significant increase from last year's 61 quits, and represents the highest number of pregnant women quitting smoking in any London borough.
- Over half (53%) of successful quits were amongst residents in a high smoking prevalence group, including those who are sick, disabled or unable to work, long-term unemployed and routine and manual workers.

Key achievements - Stop Smoking Services 2022/23 continued



In 22/23:

- 244 routine and manual workers accessed the service and 161 quit. This represents a 66% quit rate, which was the highest among London boroughs in 22/23.
 - 147 residents with COPD set a quit date and 81 stopped smoking (55% quit rate) from Q1-Q3 2022/23 (this data is not available for Q4 due to change in providers).
 - 142 service users disclosed a history of mental health problems and 81 stopped smoking (57% quit rate) from Q1-Q3 2022/23 (this data is not available for Q4 due to change in providers).
- 52% of service users across the service were from minoritised ethnic groups – the service is reaching ethnic groups with higher smoking rates (such as Black Caribbean, Irish and white other).

Key achievements long-term conditions



Diabetes

- People of Black African, Black Caribbean or Asian heritage are at higher risk of developing Type 2 Diabetes. Public Health delivered various health inequalities projects across North Central London (NCL) to increase uptake of the NHS Diabetes Prevention Programme (NDPP) by residents of these ethnicities. One project involved using clinical records to identify patients of these heritages and who had a long-term condition and streamline their access to the NHS Diabetes Prevention Programme (NDPP), by issuing a direct invitation without GP referral.
- 710 NCL residents accepted the streamlined offer and joined the NDPP. The project was found to be a successful way of improving access to preventative diabetes care, with the potential to contribute to reducing the diabetes-related health inequalities experienced by Black African, Black Caribbean and Asian residents.
- A poster presentation of this intervention was delivered at the Health and Care Analytics Conference in Birmingham, in July 2023. This project is being repeated currently, this time with a focus on people living in areas of highest deprivation.
- Public health also delivered diabetes community testing events across NCL, with the aim of improving access to services for residents in areas of highest deprivation (deprivation is also a risk factor for diabetes) and to Black and Asian residents.
- In Islington, community testing events were held at the Holloway 7th Day Adventist Church and Finsbury Park Mosque. 130 people were screened for pre-diabetes and hypertension at these events.
- All eligible patients were provided advice and referrals to the NDPP where eligible.

Key achievements long term conditions



Cancer

- Public Health continue to work in partnership to support the North Central London (NCL) Cancer Prevention and Awareness strategy, which has been refreshed. New priorities are currently being determined through the working group.
- The Targeted Lung Health Check programme has begun, and communications have been circulated to alert primary care staff to the programme, as well as through our VCS partnership networks to raise awareness among residents. The Targeted Lung Health Check is a new screening initiative to detect and treat lung cancer earlier in smokers and ex-smokers.

Dementia

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- A part-time Dementia Coordinator role has been appointed within the council, sitting in the Adult Social Care Team. The Co-ordinator has developed new communications channels with partners and has provided support to the Age Well Commissioner in the development of an Islington Dementia Strategy.
- Extensive stakeholder engagement has been carried out and the strategy and action plans are now being finalised.

Looking forward - long term conditions

- **Overweight and Obesity** – The tier 2 weight management services in the borough are commissioned until at least 2025, with a focus on improving and maintaining both quality and equity of service delivery over that time. Further action will also be taken to improve the local food environments; by co-ordinating delivery against the Islington Food Strategy action plan and supporting the ongoing food aid system mapping and strengthening project being delivered with Manor Gardens.
- **Physical Activity** – Public Health is taking a multifaceted approach to supporting uptake of physical activity going forward including; expanding the Get Active motivational interviewing service pilot to three GP practices, promoting awareness of the benefits of physical activity and the local opportunities to be active through the ‘Every Movement Counts’ campaign – with an emphasis on supporting uptake amongst those with long term conditions, enabling collaborative working to overcome barriers to physical activity through the new Islington Active Together Group, supporting the People Friendly Streets initiative through evidence review, and continuing to develop insights into the barriers faced by those in underserved groups around getting active through evidence review and engagement work.
- **Smoking** - New stop smoking service provider Central and North West London NHS Trust, launched the new Breathe service in April 2023. Public Health officers are working with the provider to embed the new service, increase the delivery of face-to-face support through a range of community settings, respond to increases in vaping among young people and illegal sales in partnership with key partners, as well as investigating the environmental impact of disposable single-use vapes. The Government announcements of increased funding for local authority stop smoking services and for enforcement on illicit tobacco and e-cigarettes, alongside the consultation on measures to prevent young people from starting smoking and to address youth vaping, present significant new opportunities.
- **Diabetes** - Public Health Officers are procuring a new provider to deliver additional health community events across NCL, including in Islington.
- **Cancer** – A cancer health inequalities project targeting young women (aged 25-49) who have missed cervical cancer smear appointments is in development. This Public Health, VCS and ICB partnership project will pair a call/recall service with Community Champion-led outreach.
- **Cardiovascular Disease** - Public Health Officers are working with primary care to improve NHS Health Check performance, with 6736 residents having an NHS Health Check in 2022/23, a 12.4% increase on the previous year. Public Health has incentivised practices to increase the reach and take up of Health Checks by patients who face barriers to accessing preventative care, including those with learning disabilities and with mental health needs.

Long Term Conditions

Indicator (PHOF)	Time Period	Value (latest available)	Value (previous)	Trend	London	England
Smoking Prevalence in adults (18+) current smokers* .	2022	7.90%	N/A New	N/A New	11.70%	12.70%
Percentage of physically active adults.	2021/22	71.8%	74%	↓ Lower than 2020/21	66.8%	67.3%
Percentage of adults overweight or very overweight.	2021/22	51%	44%	↑ Higher than 2020/21	55.9%	63.8%
Admissions episodes for alcohol related conditions.	2021/22	543 per 100,000	N/A	N/A	425 per 100,000	494 per 100,000
Under 75 mortality rate from cardiovascular disease .	2021	85.2 per 100,000	N/A	N/A	74.3 per 100,000	76.0 per 100,000
Under 75 mortality rate from cardiovascular disease considered preventable.	2021	34.5 per 100,000	N/A	N/A	29.5 per 100,000	30.2 per 100,000
Under 75 mortality rate from cancer.	2021	135.2 per 100,000	N/A	N/A	110.2 per 100,000	121.1 per 100,000
Under 75 mortality rate from cancer considered preventable.	2021	67.4 per 100,000	N/A	N/A	43.3 per 100,000	50.1 per 100,000
Under 75 mortality rate from respiratory disease.	2021	36,3 per 100,000	N/A	N/A	22.5 per 100,000	26.5 per 100,000
Under 75 mortality rate from respiratory disease considered preventable.	2021	24.7 per 100,000	N/A	N/A	12.1 per 100,000	15.6 per 100,000

Improving Mental Wellbeing

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Key achievements – mental wellbeing 2022/23

- Raising skills and awareness in mental health among VCS and our diverse communities through a range of in-person and on-line mental health training courses. 528 people from Islington completed an evidence based mental health awareness course, including 130 who completed the two-day licensed Mental Health First Aid (MHFA) and Youth Mental Health First Aid (YMHFA) courses.
- Public Health commissioned services to support the mental health needs of residents whose first language is not English by delivering support sessions such as 'It's OK not to be OK' to community groups in Turkish, Albanian, Somali, Syrian, Arabic and Russian. A total of 47 residents accessed these groups in 2022/23, with between 10 and 18 sessions held for each community.
- In response to the recent needs assessment finding that residents lack awareness about where to get support for their mental health and wellbeing, we have a robust programme of communications working with residents, external stakeholders and the LBI corporate Communications Team. This programme responds to what we are hearing from residents so that our messaging is relevant and targeted.
- We are working with the Somali Taskforce, We Are Cally and the new Local Wellbeing Networks to ensure that mental health and wellbeing training and support is embedded within their programmes.
- We continue to support the Young Black Men and Mental Health programme by coordinating training and information for the local barbers and supporting system transformation through partnership working.

Suicide prevention - key achievements 2022/23



- New local suicide prevention strategy (launched September 2022) – embedding with partners and developing action plan.
- New half-day suicide awareness training, and bereavement awareness commissioned.
- New suicide prevention resources [webpage](#) launched.
- Responses to local suicide developed with community support to neighbours through estate champions, as well as continued bereavement support to relatives.
- Improved and more timely data now available from London real time suicide surveillance hub.
- Re-procurement of NCL Support after Suicide service (Islington acting as lead commissioner), with new provider from October 1st, 2023.

Looking forward

The cost-of-living crisis and the ongoing impact of the Covid-19 pandemic continue to be risk factors for poor mental health and wellbeing for residents and staff. It is important that we continue to engage with residents and community groups to ensure that we are providing the right training, information and linking them into the right support at the earliest time.

Mental wellbeing

- Health equity audit of the Social, Emotional and Mental Health service (SEMH) for children and young people.
- Recommissioning of mental health training informed by consultation with VCSE organisations and local evidence.
- Conduct a mental health needs assessment to understand mental health need in Islington post-Covid.
- Continue to focus on the relationship between physical health and mental health.

Suicide prevention

- Mobilisation and embedding of the newly commissioned [Support after Suicide service](#) started 1st October.
- Development of a local suicide cluster response plan, and resource pack to support response to suicide.
- Working with CAMHS services to understand the involvement of social media in self-harm and ensure young people are protected from risk (online safety).
- Working with the ICB and ICS partners to develop a regional programme of suicide prevention with funds available through NHSE.

Public Health Outcomes Framework (PHOF) Indicators - Islington Performance

Mental Health

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Indicator (PHOF)	Time Period	Value (latest available)	Value (previous)	Trend	London	England
Gap in employment rate between those in contact with secondary mental health services and on a Care Plan Approach and the overall employment rate.	2020/21	65.1%	N/A	N/A	68.5%	66.1%
Suicide rate (directly standardise rates per 100,000 population).	2019/21	7.9 per 100,000	8.3 per 100,000 (2018/20)	↓ Downwards (better) over time.	7.2 per 100,000	10.4 per 100,000
Estimated dementia diagnosis rate.	2023	73.60%	82.40%	↓ Lower than 2022; affected by data record outage.	65.60%	63%

Drug and Alcohol – Substance Misuse

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Drug and alcohol services - key service achievements 2022/23

Launch of the Individual Placement and Support (IPS) programme in Islington - providing tailored, individualised, strengths-based support by trained employment specialists to help people overcome barriers to finding paid or voluntary work.

Progressing the aims of the National Drug Strategy - collaborating with our service providers (Camden & Islington NHS Trust, VIA and Humankind) to;

- develop an ambitious programme to increase the number of people accessing drug and alcohol treatment support in Islington,
- improve the continuity of drug and alcohol treatment and care for people leaving criminal justice settings,
- improve the reach and effectiveness of treatment services.

Identifying opportunities to partner with third sector providers to deliver innovative additional support services in 2023/24, with a particular focus on groups that are currently under-represented in our treatment services.

Key Challenges :

Short term funding (year-to-year funding arrangements and limited notice confirmation of grant awards) has presented challenges around planning and implementation of some programme actions.

Comparable national investment across all local authority areas has presented recruitment challenges, with many areas seeking to create and fill additional frontline roles from the current workforce.

Looking forward - 2024

- Embedding new outreach roles in the courts, police, prison and probation service to improve access to treatment and continuity of care for residents in contact with the criminal justice system.
- An exciting new partnership with Support When It Matters (SWIM), a community organisation supporting men of Black African and Black Caribbean heritage with drug and alcohol support needs and criminal justice system involvement.
- Reinvigorating our approach to service user involvement in the design, delivery and quality-assurance of our drug and alcohol services.
- Working supportively but assertively with our service providers to deliver robust and measurable improvements to the reach, effectiveness and equity of our treatment services.



Sexual Health Services

Key achievements

- Islington commissions integrated sexual health and contraception services in partnership with Camden, Haringey and Barnet, which are delivered by CNWL NHS Trust.
- 2022/23 brought a number of challenges, with the ongoing recovery from Covid-19 and the subsequent MPox (formerly known as Monkey Pox) outbreak in Summer 2022.
- Despite these challenges, the service maintained capacity in their clinics to see people at higher risk of infection, and delivery of Long-Acting Reversible Contraception (LARC) returned to pre-Covid levels with Islington recording the third highest rate of LARC provision in sexual health services in London.
- In 2022, CNWL were a leading provider of the MPox vaccination programme, delivering the second largest number of MPox vaccinations in London.
- The service continued to expand its delivery of PrEP (Pre-exposure Prophylaxis) - medication that reduces the risk of getting HIV- and were the second largest provider of this programme in London. In 2022/23, CNWL delivered a successful 'Be PrEPared' campaign designed with and for young gay and bi men; ongoing community outreach and PrEP promotion, and an engagement programme with Umoja Health Forum & Embrace UK to understand barriers and opportunities to increase uptake of PrEP among Black African communities.
- Public Health have continued to fund the successful Independent Domestic Sexual Violence Advocate post which is delivered by Solace and embedded within the integrated sexual health service. The post is overseen by the Islington VAWG Commissioning Manager and has received very positive feedback from service users.

Key achievements continued

- The newly commissioned Young People's Sexual Health service was launched in July 2022, and was designed with young people.
- The service works with young people up to the age of 25 to improve sexual health outcomes and reduce the number of under 18 conceptions.
- This service delivers in-clinic appointments, clinical outreach in youth settings, condom distribution, workforce development, counselling and relationship and sex education in secondary schools.
- July 2022 also saw the launch of the [candiNETWORK](#) supporting people living with or affected by HIV in Camden and Islington.

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The candiNETWORK provides a wide range of one-to-one and group-based services including counselling, life coaching, art therapy, wellbeing and nutrition groups, peer mentoring, and support around accessing benefits, work and skills.

- Between its launch in July 2022 and March 2023, 266 Islington residents have received support through the candiNETWORK. This includes a large proportion of service users from racially minoritised groups.

Looking forward

Public Health are moving into the end of the first contract year for the young people's sexual health service and the HIV Support Service. The focus for the current year is on embedding new ways of working. For young people's sexual health, Public Health Officers will be working to improve the reach into communities of young people who are under-represented in services.

This work will include training local barbers to deliver the C-card, condom distribution scheme and have quality conversations around safe sex to young men.

For HIV support services, this will be continuing to build the co-production culture within the service.

Public Health Officers are preparing to refresh and develop the model for the new Integrated Sexual Health service, for when the current contract ends. The service will be co-designed with services users and will incorporate insights from a comprehensive stakeholder engagement process and analysis of population need.

Evidence Islington

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Key achievements

- In October 2022 Islington Council (Evidence Islington) was selected as one of thirteen successful sites across the UK to become a National Institute for Health Research (NIHR) Health Determinants Research Collaboration (HDRC), following a highly competitive process. Initially, the award was for development funding during 2022/23 with a view to becoming a full HDRC in 2023/24. In August 2023 NIHR confirmed that after a successful pilot year, the Council have been awarded full HDRC.
- £5million in funding to drive a culture of research, data and evidence-based policymaking in partnership with residents and our health and academic partners.

Achievements during the development year include:

- Substantial staff and member engagement, enabling us to strengthen the case for how HDRC helps LBI achieve corporate long-term goals.
- Developed 5-year strategy for resident engagement and dissemination for research through a resident co-design group and workshops with Diverse Communities Health Voice. Tested approaches through a pilot resident-decision-maker discussion session to work through HDRC ambitions using a real topic, brainstorming what and how evidence is currently being used to inform decisions, how HDRC can help to fill evidence gaps and how LBI can better communicate with residents and follow-up activities with the housing department.
- Conducted a review of ethics processes in a dozen local authorities. Internally, we have strengthened cross council ethics review processes through bi-monthly working group sessions with members from the Information Governance and Participation & Engagement teams.
- Early focus is around linking datasets, particularly around the priority of housing, this can be achieved through use of the Unique Property Reference Numbers (UPRN). We have identified the main databases and applications in the council to prioritise the insertion of UPRNs. Designing a process to keep systems and UPRNs up to date.

Looking forward

- Agreeing and recruitment of the delivery team: this includes plans to have ‘embedded researchers who will work with different council departments on identified projects or programmes where we want to strengthen the research/evidence-based approach. Examples could include a piece of primary data analysis, a complex analysis of information, an evaluation.
- Setting up the substantive programme of resident engagement, guided by the co-designed strategy: recruiting a dedicated Patient and Public Involvement and Engagement (PPIE) coordinator and developing a community researcher team and identifying and structuring other opportunities within and beyond Evidence Islington (e.g. mapping decision-making processes, updating equalities monitoring explanation, wellbeing dashboard review).
- Working with communications team to agree an approach to increase engagement / comms and awareness of Evidence Islington it is, how others can get involved and how we can work together to maximise impact for residents.
- Evaluation baseline, this will include characterisation of how research active the Council is e.g. current state of readiness, knowledge and understanding of evidence use. Ensuring a good baseline assessment will support us in monitoring the impact of the programme and approach.
- Recruit to, and convene, the Evidence Islington strategic delivery board to support development and oversee implementation of HDRC. Ensuring we align and assist in delivering Islington 2030.
- Launch event, opportunity to develop priorities together.
- Developing the housing/health linkage approach .
- Undertake an Islington-wide needs assessment (LA staff, members, residents, and VCS partners) which focuses on training & organisational culture to support research.

Islington Health and Care Scrutiny Committee

18 December 2023

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David Harris
CQC Operations Manager
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Agenda Item 10

CQC Is Changing

Our role and purpose

The Care Quality Commission is the independent regulator of health and adult social care in England.

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We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.



What do we do?



- We register care providers.
- We monitor, inspect and rate services.
- We take action to protect people who use services.
- We speak with our independent voice, publishing our views on major quality issues in health and social care.

Throughout our work we:

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- Protect the rights of vulnerable people, including those restricted under the Mental Health Act.
- Listen to and act on your experiences.
- Involve the public and people who receive care
- Work with other organisations and public groups.

Unique oversight of care



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49 ASC
65 PMS
34 Independent Health
Acute Hospitals
Mental Health services

Is it safe?
Is it effective?
Is it caring?
Is it responsive?
Is it well-led?

Why we're changing?

- To have a greater focus on care across local areas or systems
- To use our new regulatory powers effectively to improve people's care
- To make our regulation less complex and more efficient
- To regulate in a smarter way
- To work better with the sector as it changes and recovers

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Our new teams

How we'll deliver assessments

- Bringing together all our sector specialists into one team
- Based around four geographic areas or 'networks'
- Teams will be led by an operations manager, and made up of inspectors, assessors, regulatory coordinators and regulatory officers
- Supported by senior specialists
- National operations
- All supported by a central hub

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New responsibilities

CQC has new responsibilities:



- The Health and Care Act gives CQC a role in reviewing **integrated care systems**
- It also gives CQC a duty to assess how **local authorities** are meeting their social care duties under part 1 of the Care Act

These will allow us to look more effectively at how care provided in a local system is improving outcomes and reducing inequalities.

We've engaged extensively on how we'll do this. We want to bring together a view of quality across a local area and put people at the centre of driving improvement in care.

CQC scope: integrated care systems

The focus of our integrated care systems will be these across 3 themes:

Leadership

- Shared direction and culture
- Capable, compassionate and inclusive leaders
- Governance and assurance
- Partnerships and communities
- Learning, improvement and innovation
- Environmental sustainability
- Workforce equality, diversity and inclusion
- Freedom to Speak Up

Integration

- Safe systems, pathways and transitions
- Care provision, integration and continuity
- How staff, teams and services work together

Quality and safety

- Learning culture
- Supporting people to live healthier lives
- Safe and effective staffing
- Safeguarding
- Equity in access
- Equity in experiences and outcomes

CQC scope: local authorities

The initial focus of our local authority assessments will be across four themes:

Theme 1: Working with people

- Assessing needs
- Supporting people to live healthier lives
- Equity in experience and outcomes

Theme 2: Providing support

- Care provision, integration and continuity
- Partnerships and communities

Theme 3: Ensuring safety

- Safe systems, pathways and transitions
- Safeguarding

Theme 4: Leadership

- Governance, management and sustainability
- Learning, improvement and innovation

Local authority assessment interim guidance

Our interim guidance sets out the high-level framework for our oversight of local authorities focusing on an initial baselining period.

The guidance includes:

- Information on nine quality statements grouped under four themes that we'll use in our assessments
- how we will assess local authorities
- the evidence categories we'll use
- how we'll report and share information following assessments

We expect to expand and update this interim guidance as we develop our model.



Where are we with local authority assurance?



We have now completed our fieldwork for all five pilots; Birmingham City Council, Lincolnshire County Council, North Lincolnshire Council, Nottingham City Council and Suffolk County Council.

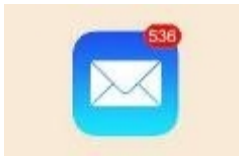
provide a report and indicative scores for all quality statements as well as an overall indicative rating

evaluate our approach throughout all pilots and incorporate learning into our formal assessments

start formal assessments later this year

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We will...



Provider Bulletin

<https://www.cqc.org.uk/news/newsletters-alerts/email-newsletters-cqc> or Search: CQC bulletin



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Publications

<https://www.cqc.org.uk/publications>

CQC is changing – YouTube playlist

https://youtube.com/playlist?list=PLEwLzOd_XW-IU-FCX2gvNu3OYG1aHn365



Public Health

222 Upper Street

Report of: Director of Public Health

Meeting of: Health and Care Scrutiny Committee

Date: Dec 2023

Ward(s): All

Public Health Performance Q1, 2023/24

1. Synopsis

1.1 The council has in place a suite of corporate performance indicators to help monitor progress in delivering the outcomes set out in the council's Corporate Plan. Progress on key performance measures is reported through the council's Scrutiny Committees on a quarterly basis to ensure accountability to residents and to enable challenge where necessary.

1.2 This report sets out the quarter 1, 2023-2024 (reported one quarter in arrears due to data lags), progress against targets for those performance indicators that fall within the Health and Social Care outcome area, and for which the Health and Social Care Scrutiny Committee has responsibility.

2. Recommendations

2.1 To note performance against targets in quarter 1 2023/24 for measures relating to Health and Independence.

3. Background

3.1 A suite of corporate performance indicators has been agreed which help track progress in delivering the Council's strategic priorities. Targets are set on an annual basis and performance is monitored internally, through Departmental Management Teams, Corporate Management Board, Joint Board and externally through the Scrutiny Committees.

3.2 The Health and Social Care Scrutiny Committee is responsible for monitoring and challenging performance for the following key outcome area: Public Health.

3.3 Scrutiny committees can suggest a deep dive against one objective under the related corporate outcome. This can enable a comprehensive oversight of the suggested objective, using triangulation of data such as complaints, risk reports, resident surveys, and financial data and where able to, hearing from partners, staff and residents, getting out into the community and visiting services, to better understand the challenges in order to provide more solid recommendations.

Public Health Performance Q1, 2023/24

4. Key Performance Indicators Relating to Public Health

Public Health Priority	PI Ref	Key Performance Indicator	Annual Target 2023/24	Actual 2022/23	Q1 2023/24	On target?	Q1 Last year?	Better than Q1 last year?
Immunisation	PHI1	Immunisation Population Coverage:	Improvement to 22/23					
	PHI1a)	DTaP/IPV/Hib3 at age 12 months.	- Improvement on 89%	89%	87%	Yes	88%	Similar
	PHI1b)	MMR2 - 1st and 2nd dose (Age 5)	- Improvement on 70%	70%	68%	Yes	70%	Similar
CYP	PHI2	% Uptake of the NHS Healthy Start Scheme	Improvement to 64% baseline.	N/A New Corporate KPI	66% uptake (1,716 of 2,590 eligible)	Yes	N/A New Corporate KPI	N/A New Corporate KPI
Smoking	PHI3	% of people quitting successfully who use the stop smoking service	55%	62%	56%	Yes	65%	No
Health Checks	PHI4	% of eligible population (40-74) who have received an NHS Health Check.	10%	12.10%	3.70%	Yes	2.40%	Yes
Substance Misuse	PHI5	Number of adults accessing treatment in a 12-month rolling period – by Q4 2023/24				Yes	N/A New Corporate KPI	N/A New Corporate KPI
	5a	Alcohol	389		370			
	5b	Alcohol and non-opiate	222		203			
	5c	Non-opiate	128		116			
	5d	Opiate	1033		866			
		Total	1772		1555			
Substance Misuse	PHI6	No. of people successfully completing drug and/or alcohol treatment of all those in treatment (12 months rolling) – by Q4 2023/24				Yes	N/A New Corporate KPI	N/A New Corporate KPI
	6a	Alcohol	150		140			
	6b	Alcohol and non-opiate	81		61			
	6c	Non-opiate	54		40			
	6d	Opiate	55		43			
		Total	340		284			
Sexual Health	PHI7	Number of Long-Acting Reversible Contraception (LARC) prescriptions in local integrated sexual health services.	1200 based on 22/23 baseline for integrated care.		296	Yes	553	No

Quarter 1 Performance Update – Public Health

5. Immunisation Population Coverage

5.1 This measure considers population coverage of two key routine childhood vaccinations:

- PHI1a - The 6-in-1 vaccine (DTaP/IPV/Hib3, vaccinating against diphtheria, hepatitis B, Haemophilus influenzae type b (Hib), polio, tetanus and whooping cough) is given in three doses at ages two, three and four months. The indicator is the percentage of children aged 12 months who have had the complete set of three vaccinations.
- PHI1b - The MMR vaccine (measles, mumps and rubella) is given in two doses, at age 12 months and at age three years and four months. The indicator reported is the percentage of children aged five who have had both doses of MMR.

5.1.1 The data provided is from the local HealtheIntent childhood immunisation dashboard which is considered the most accurate and up to date measure.

5.1.2 Primary care practices are required to upload vaccination data to inform the national program of COVER data (cover of vaccination evaluated rapidly), which provides open-access, population-level coverage of childhood vaccinations across the country.

5.1.3 While HealtheIntent is considered the most accurate local data source, COVER data allows benchmarking against other areas. However, please note the data reported nationally for Islington can differ from HealtheIntent data due to coding issues and data flows.

5.2 PHI1a - DTaP/IPV/Hib3 at age 12 months.

5.2.1 In Q1, 87% of children aged 12 months had received a complete course of the 6-in-1 DTaP/IPV/Hib/HepB vaccine.

5.2.2 The data is for children at any age between 12 and 24 months in June 2023 (i.e. born between July 2021 and June 2022). This cohort of children were due their first vaccinations between September 2021 and August 2022. Pandemic restrictions were still in place for some of this period (final restrictions ended on February 24th, 2022).

5.2.3 Children who missed their vaccinations during that period would have been able to catch up at any time up to June 2023 and still be included in this data.

5.2.4 Immunisation coverage is the same as the previous quarter, Q4 2022-23 and when compared to this time last year, Q1 2022-23 when it was at 88%.

5.3 PHI1b - MMR2 - 1st and 2nd dose (Age 5).

5.3.1 In Q1, 68% of children aged five had received both doses of the MMR vaccination. This cohort were due their 2nd dose of MMR (given at age three years and four months) between November 2020 and October 2021. Therefore, all of these children were due their second dose of the MMR vaccine during the pandemic.

5.3.2 Children who missed their vaccinations during that period would have been able to catch up at any time up to March 2023 and still be included in this data.

5.3.3 Many families access this second vaccination later than the schedule, and some of the opportunity time for catch-up will have been during the later stages of Covid -19, when access to healthcare continued to be disrupted.

5.3.4 Immunisation coverage for this indicator is similar to the previous quarter, Q4 2022/23 at 69%, and compared to the same quarter last year when it was at 70%.

5.4 Population vaccination coverage (PHI1a and PHI1b) key successes and priorities

5.4.1 Primary vaccinations are important in providing long-term protection to children against several diseases which can cause serious illness. Individual unvaccinated children are at risk from these diseases and when population levels of vaccination are low, the risk of outbreaks of these infections are higher since they can spread more easily through the unvaccinated population.

5.4.2 In Q1, the rates of coverage reported through COVER for all 3 doses of 6-in-1 DTaP/IPV/Hib/HepB vaccination at age 12 months was 84% in Islington, 87% in London and 92% in England. The rates of coverage reported through COVER for both doses of the MMR vaccination at age five years months was 62% in Islington, 73% in London and 84% in England for the same period.

5.4.3 High levels of population mobility and deprivation affect the accuracy of Cover figures in areas such as Islington, and relative to London and national averages, which is why HealthIntent is used locally; however, Cover provides the only comparative data with other parts of the country.

5.4.4 Phase two of the national catch-up programme began in April 2023, focussing on delivery of the polio vaccine (part of the 6-in-1) and MMR to children aged one-eleven. Catch-up for children under age five was through the normal route i.e. their GP practice.

5.4.5 Public health were able to amplify national messaging through early years communication channels such as Bright Start Bright Ideas (newsletter to parents) and under-five settings such as children's centres and nurseries.

5.4.6 Public health have supported the North Central London NHS Integrated Care Board (ICB) in their programme of work to target communities and geographies with lower rates of vaccination, including data analysis to identify geographic areas of low

take-up mapped across the borough, and assistance with identifying locations for catch-up promotion and work. The ICB's programme consists of two major strands:

- targeted calls to parents of un- or under-vaccinated children from practice staff to invite and encourage them to book for vaccinations,
- and outreach work to local community organisations delivered by HealthWatch to raise awareness of vaccinations and to respond to questions or concerns.

5.4.7 Inequalities by ethnicity are less easy to identify as recording of ethnicity is incomplete in a substantial proportion of primary care records. From the available data on ethnicity, a lower uptake amongst the Somali community and children of Black African and Black Caribbean ethnicity is indicated. The community outreach work has been focusing on ethnic groups and geographies where vaccination uptake is identified as lower than other groups and areas in the borough.

5.4.8 Local work has also been informed by the findings from a public health survey of parental attitudes to immunisation completed at the end of 2022/23. These findings emphasised the importance of individual conversations with trusted health professionals, reminders of appointments, and the need for information in the settings which parents already attend as ways to help improve vaccination rates.

6. Children and Young People

6.1 PH12 - Uptake of the NHS Healthy Start Scheme.

6.1.1 The NHS Healthy Start is a national scheme which financially supports families on a low income to buy fruit, vegetables, pulses, milk, and infant formula. To qualify for the scheme, beneficiaries must be at least ten weeks pregnant, or have at least one child under the age of four years old. They also must be receiving income support.

6.1.2 Eligible families receive a prepaid Healthy Start card that can be used in shops to buy milk, fruit, and vegetables only. Once registered, the card is topped up monthly with:

- £4.25 each week of pregnancy from the tenth week
- £8.50 each week for children from birth to one year old
- £4.25 each week for children between one and four years old.

6.1.3 In Q1, uptake for the NHS Healthy Start scheme has seen a small increase over the quarter at 66%. This is similar to the national average (65%), but higher than the London average (61%). Islington is in the top quartile of London boroughs for uptake.

6.1.4 A multi-disciplinary working group have worked collectively to raise awareness of Healthy Start amongst residents and frontline health and early years staff who have key touchpoints with families, in addition to national promotion. A local social

media campaign in March and April of this year may have contributed to the increase in Q1.

6.1.5 Healthy Start vouchers can be a significant source of income for low-income families. A family with three children under age five could be receiving £17 week. It ensures that the additional income is used to buy fruit and vegetables (and milk), with immediate health benefits as well as helping to support longer-term healthy eating habits for children and adults.

6.1.6 This is a highly targeted programme, benefitting those on the lowest incomes.

7. Healthy Behaviours

7.1 PHI3 -Percentage of smokers using stop smoking services who stop smoking (measured at four weeks after quit date).

7.1.1 The community stop smoking service 'Breathe' offers behavioural support and provides stop smoking aids to people who live, work or study or are registered with a GP in Islington. The three-tiered service model ensures that smokers receive the support that is appropriate for their needs. Breathe also trains, supports, and monitors a network of community pharmacies and GP practices to deliver stop smoking interventions under the Locally Commissioned Service provision (LCS).

7.1.2 The indicator for service delivery is the proportion of service users successfully quitting at the four-week outcome point, with a raised target of 55% (referred to as four-week quit rate or success rate) compared with 50% in previous years.

7.1.3 The new Breathe provider, Central and North West London NHS Foundation Trust, began delivery on 1st April 2023 and has successfully mobilised the new service, as well as maintaining key referral pathways within primary and secondary care.

7.1.4 In Q1, 301 smokers set a quit date, two thirds of whom were via the new community Breathe service. The success rate across the service was slightly above the target at 56% this quarter. When compared with the last quarter (57% in Q4), performance was similar.

7.1.5 73% of all four-week quits in Q1 were achieved through the community service (Breathe), with a quit rate of 63%. About 10% of these quits were delivered in partnership with the Whittington Health Respiratory Team targeting people with respiratory conditions. A third of Breathe service users received intensive personalised tier three support in Q1, which indicates a high level of support needs to help manage a quit attempt.

7.1.6 The on-going impacts coming out of Covid-19 contributed to lower activity levels across GPs and pharmacies compared with pre-Covid levels. While activity was lower, quit rates of people supported through community pharmacies compared well with the community service (63%) but the average quit rate for people supported through GP practices was much lower at 38%. This can be attributed to the ongoing

challenges in recruiting and retaining staff to deliver stop smoking work and competing work pressures adding to the difficulties in engaging smokers in the service in these settings.

7.1.7 We will be undertaking a comprehensive review in the new year of how stop smoking support is delivered within GPs and community pharmacies, to identify how we can increase access to stop smoking support through these settings. The government has recently announced additional funding for local authorities to increase stop smoking support, and this will enable us to look at a range of options as to how we can increase access to stop smoking support through GPs and community pharmacies.

7.1.8 The Islington service performed slightly better (56%) than the average quit rate in London (53%) and England (54%) during the quarter. The Islington quit rate for pregnant women during the quarter was significantly higher (87%) than the London (56%) or England (50%) averages, reflecting a longer-term trend.

7.1.9 The service successfully reached groups that experience health inequalities due to higher smoking rates with two thirds (67%) of successful quits in Q1 amongst residents who are sick, disabled, or unable to work, long-term unemployed, or work in routine and manual occupational groups. Just over half (55%) of service users across the service were from racially minoritised groups, including from groups with higher smoking rates such as Black Caribbean, Irish and Turkish communities.

7.2 PHI4 Percentage of eligible population (aged 40-74) who have received an NHS Health Check.

7.2.1 NHS Health Checks is a national prevention programme, which aims to improve the health and wellbeing of adults aged 40-74 who do not have a diagnosed long-term condition, and who may benefit from advice and the promotion of early awareness, assessment, and where needed, treatment and management of risk factors for cardiovascular disease (CVD).

7.2.2 In Islington, NHS Health Checks are provided through GP practices across the borough via the Locally Commissioned Service (LCS) programme.

7.2.3 During Q1, 3.7% (1,922 individuals) of the eligible population completed an NHS Health Check, highlighting this indicator is meeting its target for the first quarter of the year, remaining similar to the previous quarter (4%, Q4 2022/23) and appreciably higher than the same quarter last year (2.4%, Q1 2022/23).

7.2.4 The level of health checks in Islington is also substantially higher than the London average (2.6%) and the England average (2%) during the same quarter.

7.2.5 In order to address inequalities, Public Health officers ask that providers prioritise the offer of health checks to residents on the mental health and the learning disability registers who are eligible, and for residents with factors that predict a high risk of developing cardiovascular diseases (CVD). During this quarter, 45 residents on the learning disability and mental health registers have received a

health check and 57 health checks were completed by residents with a high risk of CVD.

7.2.6 Analysis by practice shows that most practices are achieving good to high health check coverage of their eligible populations over the past year. A small number of practices have lower uptake of health checks, and the focus for this year will be to continue to monitor the performance and to understand why some providers are not completing as many health checks in order to improve take up of the offer.

7.3 Substance Misuse:

7.3.1 'Better Lives' is the integrated drug and alcohol treatment service in Islington. The service is commissioned to provide comprehensive support to residents aged 18+ who need support in addressing their alcohol and/or drug use. This includes harm minimisation advice, 1:1 structured support, substitute prescribing, group sessions, peer support, on-site mutual aid (pre-Covid), education, training and employment, family support service and psychiatric and psychological assessment and support.

7.3.2 PHI5 Number of adults accessing treatment in a 12-month rolling period.

7.3.3 In Q1, there has been an increase in the number of adults accessing the substance misuse services from the last quarter as highlighted in table 2 below;

Number of adults accessing treatment in a 12-month rolling period	Q1	Performance from last quarter.
Alcohol	370	9.5% increase from Q4 22/23
Alcohol and non-opiate	203	5.2% increase from Q4 22/23
Non-opiate	116	4.5% increase from Q4 22/23
Opiate	866	0.5% increase from Q4 22/23
Total	1555	3.5% increase from Q4 22/23

7.3.4 The performance indicates that the service is moving towards the target numbers (rolling 12-month access, by the final quarter of 2023/24). Most notably, the alcohol numbers in treatment have risen in the last quarter. As the service moves out of some of the longer-term impacts of Covid-19 and with a range of new service improvements being implemented, the increase in performance is a cautiously optimistic sign that actions are having an impact on the number of people receiving treatment and care for their substance and alcohol needs.

7.3.5 Public Health Officers are working closely with the service by taking a proactive approach to improve referral pathways, integration, and engagement with other

services to help increase referrals. This includes a focus on sustaining contact (continuity of care) with service users throughout the service.

7.4 PHI6 No. of people successfully completing drug and/or alcohol treatment of all those in treatment (12 months rolling).

7.4.1 In Q1, there is an overall increase in the number of successful completions from Q4 22/23. Some substance misuse categories have remained static, but there has been an encouraging increase in opiate successful completions via the service’s opiate pathways, as highlighted by the data in table 3 below.

No. of people successfully completing drug and/or alcohol treatment of all those in treatment (12 months rolling)	Q1	Performance from last quarter.
Alcohol	140	Steady (no change)
Alcohol and non-opiate	61	4% increase from Q4 22/23
Non-opiate	40	Steady (no change)
Opiate	43	23% increase from Q4 22/23
Total	284	4% increase from Q4 22/23

7.4.2 The service has implemented a caseload segmentation approach which is supporting targeted interventions and levels of support based on an assessment risk. This is particularly supportive of the opiate pathway for whom many of the service users are in treatment for long periods given their level and complexity of needs. This new segmentation approach helps to deliver more bespoke care according to those needs.

7.4.3 Successful treatment outcomes help to support wider recovery living in the community and for individuals to live a life without harms of drug and/or alcohol use which they had been experiencing.

7.4.4 A key challenge for this quarter has been in relation to recruiting to new roles within the service (where satisfactory progress has been made), the staffing requirements needed to create service capacity and a specific offer for the non-opiate cohort. The service will be working to identify particular service user groups where successful outcomes are lower and require improvement. This is to evaluate the impact of caseload segmentation on treatment outcomes as the new approach begins to bed in, and to benchmark against regional and national performance.

7.5 Substance misuse services summary and key issues for Q1.

7.5.1 The focus for the next quarter for Public Health Officers will be to further work with the service in developing the plan for increasing numbers of people in treatment, and to create a comprehensive approach to meeting new national targets for this indicator as part of the national drug and alcohol strategy - From Harm to Hope. This includes:

- Mapping referrals pathways and outreach
- Review of local data capture and introduction of new reporting measures
- Service awareness and promotion
- Service user insights.

8. Sexual Health Services

8.1 PHI7 Number of Long-Acting Reversible Contraception (LARC) prescriptions in local integrated sexual health services.

8.1.1 Long-Acting Reversible Contraception (LARC) is safe and highly effective in preventing unintended pregnancies. Unlike other forms of birth control, it is a non-user dependent method of contraception. Increasing the uptake and on-going use of LARC thereby supports a reduction in unintended pregnancies.

8.1.2 LARC is delivered through the Integrated Sexual Health (ISH) service provided by CNWL (Central North West London NHS Foundation Trust) and is a mandated open access service providing advice, prevention, promotion, contraception and testing and treatment for all issues related to sexually transmitted infections, sexual and reproductive health care.

8.1.3 Additional LARC capacity is offer through primary care and termination of pregnancy services.

8.1.4 In Q1 2023/24 there were 296 LARC fittings by the Integrated Sexual Health services in Islington and the provider is on track to achieve their annual target of 1200 LARC fittings.

8.1.5 This is lower than the previous quarter (370 LARC, Q4 22-23) and lower when compared with Q1 2022/23 (553 LARC fittings), when activity was particularly high as part of 'catch up' activity in order to help make up on the longer-term impacts of Covid-19 on service capacity.

8.1.6 The focus over the coming quarter will be on maintaining and improving access to LARC across different settings, including taking stock of patterns of LARC fittings with primary care partners, and considering options to help improve coverage which remains affected by factors affecting primary care coming out of the Covid-19 pandemic.

10. Implications

10.1 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.

10.2 Legal Implications:

There are no legal implications arising from this report.

10.3 Environmental Implications and contribution to achieving a net zero carbon Islington by 2030:

There is no environmental impact arising from monitoring performance.

10.4 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.

11. Conclusion

The Council's Corporate Plan sets out a clear set of priorities, underpinned by a set of firm commitments and actions that we will take over the next four years to work towards our vision of a Fairer Islington. The corporate performance indicators are one of a number of tools that enable us to ensure that we are making progress in delivering key priorities whilst maintaining good quality services.

Signed by:

Jonathan O' Sullivan
Director of Public Health

A handwritten signature in black ink that reads "JO'Sullivan" with a horizontal line underneath.

Nurullah Turan
Corporate Director and Exec Member

Date: December 2023

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