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HEALTH AND CARE SCRUTINY COMMITTEE

18 December 2023

SECOND DESPATCH

Please find enclosed the following items:

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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 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.

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

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Agenda Item 12

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 HealtheIntent 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 PHI2 - 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 JEO'Sullivan

Director of Public Health

Nurullah Turan Date: December 2023

Corporate Director and Exec Member

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