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ISLINGTON

Governance and Human Resources
Town Hall, Upper Street, London, N1 2UD

AGENDA FOR THE HEALTH AND CARE SCRUTINY COMMITTEE

Members of the Health and Care Scrutiny Committee are summoned to a meeting, which will be held in Committee Room 4 on **1 March 2018 at 7.30 pm.**

Yinka Owa
Director of Law and Governance

Enquiries to : Peter Moore
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Despatched : 21 February 2018

Membership

Councillors:
Councillor Martin Klute (Chair)
Councillor Jilani Chowdhury
Councillor Gary Heather
Councillor Michelline Safi Ngongo
Councillor Nurullah Turan (Vice-Chair)
Councillor Troy Gallagher
Councillor James Court

Substitute Members

Substitutes:
Councillor Alice Clarke-Perry
Councillor Clare Jeapes
Councillor Satnam Gill OBE
Councillor Angela Picknell

Co-opted Member:
Bob Dowd, Islington Healthwatch

Substitutes:
Janna Witt, Islington Healthwatch
Phillip Watson, Islington Healthwatch

Quorum: is 4 Councillors

A.	**Formal Matters**	**Page**
1.	Introductions	
2.	Apologies for Absence	
3.	Declaration of Substitute Members	
4.	Declarations of Interest	

If you have a **Disclosable Pecuniary Interest*** in an item of business:

- if it is not yet on the council's register, you **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent;
- you may **choose** to declare a Disclosable Pecuniary Interest that is already in the register in the interests of openness and transparency.

In both the above cases, you **must** leave the room without participating in discussion of the item.
If you have a **personal** interest in an item of business **and** you intend to speak or vote on the item you **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent but you **may** participate in the discussion and vote on the item.

***(a)Employment, etc -** Any employment, office, trade, profession or vocation carried on for profit or gain.
(b)Sponsorship - Any payment or other financial benefit in respect of your expenses in carrying out
duties as a member, or of your election; including from a trade union.
(c)Contracts - Any current contract for goods, services or works, between you or your partner (or a body
in which one of you has a beneficial interest) and the council.
(d)Land - Any beneficial interest in land which is within the council's area.
(e)Licences- Any licence to occupy land in the council's area for a month or longer.
(f)Corporate tenancies - Any tenancy between the council and a body in which you or your partner have
a beneficial interest.
(g)Securities - Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

This applies to **all** members present at the meeting.

5.	Order of business	
6.	Confirmation of minutes of the previous meeting	1 - 8
7.	Chair's Report	

The Chair will update the Committee on recent events.

8. Public Questions

For members of the public to ask questions relating to any subject on the meeting agenda under Procedure Rule 70.5. Alternatively, the Chair may opt to accept questions from the public during the discussion on each agenda item.

9. Health and Wellbeing Board Update

B.	**Items for Decision/Discussion**	**Page**
10.	Moorfields NHS Trust - Performance update	9 - 42
11.	Performance Update - Quarter 3	43 - 52
12.	Scrutiny Review - Air Quality Draft report - to follow	

The next meeting of the Health and Care Scrutiny Committee will be on 21 June 2018

Please note all committee agendas, reports and minutes are available on the council's website:

www.democracy.islington.gov.uk

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London Borough of Islington

Health and Care Scrutiny Committee - Monday, 22 January 2018

Minutes of the meeting of the Health and Care Scrutiny Committee held at Committee Room 4, Town Hall, Upper Street, N1 2UD on Monday, 22 January 2018 at 7.30 pm.

Present:	**Councillors:**	Klute (Chair), Chowdhury, Heather, Ngongo, Turan (Vice-Chair) Jeapes and Gallagher
Also Present:	**Councillor**	Janet Burgess – Executive Member Health and Social Care
	Co-opted Member	Bob Dowd – Islington Healthwatch

Councillor Martin Klute in the Chair

70 INTRODUCTIONS (ITEM NO. 1)

The Chair introduced Members, officers and presenters of reports to the Committee

71 APOLOGIES FOR ABSENCE (ITEM NO. 2)

Bob Dowd for lateness

72 DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)

Councillor Clare Jeapes stated that she was substituting for Councillor James Court

73 DECLARATIONS OF INTEREST (ITEM NO. 4)

None

74 ORDER OF BUSINESS (ITEM NO. 5)

The Chair stated that the order of the agenda is as follows – Whttington Estates Strategy, Witness evidence Air Quality Scrutiny Review-Client Earth, UCLH Performance update, and then remaining witness evidence on Air Quality Scrutiny Review.

75 CONFIRMATION OF MINUTES OF THE PREVIOUS MEETING (ITEM NO. 6)

RESOLVED:

That the minutes of the meeting of the Committee held on 14 December 2017 be confirmed as a correct record and the Chair be authorised to sign them

76 CHAIR'S REPORT (ITEM NO. 7)

None

77 PUBLIC QUESTIONS (ITEM NO. 8)

The Chair outlined the procedure for Public questions and filming and recording at meetings

78 HEALTH AND WELLBEING BOARD UPDATE (ITEM NO. 9)

Councillor Janet Burgess, Executive Member for Health and Social Care, was present and outlined the work of the Health and Wellbeing Board.

During consideration the following main points were made –

- Barnsbury GP medical practice has been places in special measures by the CQC and the CCG were working with the practice to ensure that improvements are made

The Chair thanked Councillor Burgess for her update

79 UCLH PERFORMANCE UPDATE (ITEM NO. 10)

Simon Knight, Director of Planning and Performance UCLH, was present and made a presentation to the Committee, a copy of which is interleaved.

During consideration of the presentation the following main points were made –

- MRSA management had improved year on year since 2006/7 and is now below 2% in the year to date
- With regard to clostridium difficile UCLH has reported 43 cases by the end of November 2017 and the year to date threshold is 62
- Two cases of C diff have been found to be a lapse in care by the Trust. Therefore, UCLH worst case position is currently 17 cases against the year to date threshold of 62
- UCLH was ranked No1 in the inpatient survey of Peer London Teaching Hospitals in 2016
- In relation to referral to treatment time – the percentage of patients who have been waiting less than 18 weeks, UCLH did not achieve the standard between July and November 2017, despite strong performance since 2015. The decline is predominantly driven by increasing volumes of long waits at the RNTNE and Eastman Dental Hospitals, and persistent waits for complex neurosurgery. There is a recovery plan in place to achieve the standard overall by March 2018
- With regard to diagnostic waits and the percentage of diagnostic waiting lists within 6 weeks, UCLH achieved the standard achieved in every month, except June, when it narrowly missed compliance
- UCLH sustained performance against the 2 week wait standard in relation to the percentage of timely cancer care patients seen within 14 days of referral. In relation to the position on the percentage of patients treated within 31 days of the decision to treat, UCLH had regained compliance since October 2017. The previous underperformance was driven by a high volume of late prostate referrals from another trust who had been constantly reducing their waiting list. Urology commissioned a second robot to provide resilience for future referral surges

- In response to local and national challenges with cancer waiting time standards UCHL has – jointly commissioned an externally led review of cancer waiting times with NHS Improvement – undertaken a series of bi-lateral meetings with other Trusts where it shares cancer pathways to produce joint action plans. In addition, UCLH has refreshed its 62 day delivery plan to include recommendations and milestones. Key actions include – implementing tighter management and escalation of pathways (internal and shared), on key criteria that enable UCLH to respond to potential delays as early as possible, review of the MDT co-ordinator resource to ensure optimum tracking, and strengthened clinical leadership in relation to cancer waits across all tumour sites. UCLH are aiming to deliver the standard overall from July 2018
- In relation to A&E access times UCLH performs better than the London average, although waiting times in A&E continue to be challenging, as is the case with many Trusts
- UCLH continues to work closely with the Camden and Islington Foundation emergency care boards, to address the issues and has refreshed its recovery action plan to prioritise actions that will have maximum impact on improving flows through UCLH, discharges and processes within the Emergency Department
- Key actions include – launch of an electronic co-ordination centre to provide real-time information on patient movement through hospital –implementation of an electronic tool to identify and manage patients who are medically fit to discharge, but have had their discharge delayed – working with partners across NCL to implement improved discharge pathways for patients requiring ongoing care. These include a model whereby patients are discharged to receive care assessments in their homes, rather than as inpatients. In addition, the completion of an emergency department site redevelopment to increase and enable optimum use of space to support admission avoidance
- Delayed transfers of care in 2017 – good joint working through the STP on discharge to assess pathways, work to improve specific clinical pathways, for example the stroke pathway, and much closer working with Camden and Islington colleagues on helping with patients in acute beds when they do not need to be
- Significant financial challenges include – In 2017/18 the Trust is forecasting a year end surplus of around £10m, in line with the target set by the regulator. This represents an improvement on the previous year, when the equivalent figure was a defecit of £5.8m
- In 2018/19 the Trust is required to plan for a surplus position of £9.8 m again within the context of some significant financial challenges including – the current year underlying position, the target has been met this year with the help of a number of one off transactions – a 2% efficiency built into the income UCLH are paid – a loss of £3.1m of undergraduate training funding – a £9.3m loss of cardiac transition funding – a £1.9m increase in PFI costs. This makes the target next year extremely challenging and a plan is being worked on to deliver this. At the same time the Trust remains in further discussion with the regulator to try to obtain some relief (through a reduced target), to reflect some of the funding losses
- Members referred to the undergraduate training funding loss and it was stated that details of this would be provided to the Committee
- Reference was also made to the increase of £1-9m in PFI costs and Members requested that they be informed of the reasons for the increase

RESOLVED:

That the report be noted and Members be informed of the reasons for the increase in PFI costs and the reasons and effect of the loss of funding for undergraduate training

80 **SCRUTINY REVIEW - HEALTH IMPLICATIONS OF AIR QUALITY - WITNESS EVIDENCE - VERBAL (ITEM NO. 11)**

Witness evidence was received from –

Andrea Lee – Client Earth
Philipp Wrigley and Ian Sandford – Islington Public Health
Andrew Ford – Islington Environment and Regeneration

During consideration of the witness evidence the following main points were made –

- 4 Islington primary schools have cleaner air quality in the curriculum and have citizen science
- Cleaner air for Manor House and Finsbury Park – joint working with Hackney and Haringey involving 3 Islington schools with air quality lessons, workshops and citizen science
- Save the Air Walk There – this is a production of 5 and 10 minute walking map and the production of a film about air quality
- Air Quality monitoring is taking place in 4 schools with and pupils use hand held monitors to measure and map pollution around their school
- Car Free Day 2016 took place in 3 schools with lung function tests, air quality games, pedal powered cinema showing a short film on sustainable travel and get to know your bike session
- Current projects include a School TV Screen Project – this is running from March 2017-March 2018 in 10 schools, with an air quality monitor outside the schools, workshops with children producing low pollution route walking map, a TV screen located in the playground drop off and pick up showing live air quality data, walking map, pupil video, information on air quality including how to lower exposure and decrease emission, Also, an anti-idling campaign spreading the message of air pollution, particularly the impacts of keeping your engine running, part of Idling Action London, a 15 borough initiative,, including events near schools and one filmed by the BBC), 7 other independent events in 2017, including several outside primary schools, volunteers and staff and snakes and ladders game in school and people on streets around the school
- There is also an Air Quality Audit – Islington is part of the Mayor's Air Quality Audit Programme looking at schools in polluted areas to see how they can reduce pollution and pupil exposure. Prior Weston launched the project with the Mayor and the air quality audit has now been completed with the results due in March
- Other work includes – Grants through the Archway ZEN, active travel and STARS, and monitoring schools air quality
- Future work proposed includes air quality monitoring outside every school, a road closure pilot outside schools, implementation of audit recommendations where possible. Monitoring outside schools will include diffusion tubes currently at 11 schools and the diffusion tubes measure nitrogen dioxide NO2, one of the main pollutants of concern and these are in place for one month before the tubes are changed and results analysed, There are also more advanced sensors in some locations to measure particulate matter
- In regard to road closures outside schools there is a pilot scheme closing roads outside schools during drop off and pick up, and the next steps are

consultation, engagement with users, installation, monitoring of impact, and adaptations and expansion of the scheme

- Evidence on prevalence and local health service usage in relation to respiratory conditions for 2016/17 in relation to COPD shows that there were 3843 registered patients with 186 hospital admissions resulting nationally in 30,000 deaths per year. In addition, there are 12,485 registered patients and 345 hospital admissions and nationally 1200 deaths per year including 30 child deaths. In Islington the reported to estimated prevalence of COPD is better than the UK average and there is lower than average levels of asthma mortality. However according to data attendances and admissions for COPD and asthma are increasing and there is high spend on inhaled cortico-steroids
- No respiratory services are directly commissioned to target the effect of air pollution.- however there are Locally Commissioned services (LCS) in primary care for the early diagnosis for COPD/Disease management/over 75 health checks conditional on delivering the smoking LCS. In addition, there are vaccination and immunisation LCS a flu jab for all patients over 65 and at risk younger patients, community respiratory service – specialised nurses, respiratory physiotherapy, etc. an acute exacerbation service and home oxygen service. Also in relation to asthma there is an asthma nurse, working together with local primary and secondary schools, to provide guidance and training on asthma and support school to achieve a national standard kite mark increasing awareness, understanding triggers, and reducing stigma. There are also self-management programmes with pulmonary rehabilitation, long term exercise programme, breathe easy and sing for your lungs and an integrated IAPT service for COPD and diabetes
- The respiratory interventions/services planned include – Asthma LCS Primary Care – upskilling primary care staff, particularly around paediatric asthma, extended consultations, written care plans with potential for 50% reduction in admissions. In addition, a vaccination and immunisation LCS a 2018/19 programme aiming to reach a wider range of patients, Care Closer to Home Integrated Networks (CHIN) initiatives, a follow up 48 hour post discharge (paed asthma) with a potential 23% reduction in admissions, a follow up 48 hour post discharge (COPD patients unknown to respiratory team), and target flu vaccines to 90% of patients who were vaccinated in the previous year. There will be a Test and Learn approach, prior to rolling out across Islington
- The Committee noted that whilst air pollution does not directly cause COPD or asthma, it has a significant impact on the experience of living with respiratory disease. The reported evidence of clinicians state that winter is not longer the main source of increased activity in secondary care, summer attendances have also increased.
- Respiratory consultants are particularly worried around diesel pollution (PM2.5) now recommending apps to more ‘activated’ patients such as CITYAIR which provides up to date pollutant information, AIRTEXT and LONDONAIR
- The key messages of poor air quality are the impact on patients and services quality of life – ability to self – manage and the disempowering effect of exacerbations, depression and anxiety, isolation and dependency due to inability to leave the home – the increased strain on the system both for GP’s and secondary care attendances and on the voluntary and support sector
- Members referred to the fact that it would be useful if there was a public health funded project to investigate whether poor air quality days impacted on attendance at GP surgeries and Accident and Emergency
- Members queried whether it could be proven if there is a causal link between asthma and poor air quality and officers stated that they would further investigate any national evidence in this regard

- Client Earth is a campaigning organisation for the improvement of Air Quality, and who had initiated successful legal judgements to enforce the Government to meet Air Quality standards
- At present the Government were bound by European Commission legal requirements on clean air, however Brexit may mean a relaxation by the Government of the regulations and that this would need to be monitored. Client Earth stated that this was the reason why a Clean Air Act should be introduced to ensure satisfactory legal measures were in place to deal with Air Quality
- Client Earth supported the Mayor of London's clean air strategy and it was stated that Client Earth stated that they were in discussion with the Mayor to press central Government to introduce a new Clean Air Act
- It was noted that Government often delegated responsibility for ensuring air quality measures to Local Authorities, who often did not have the relevant powers or funding to enforce them effectively. Whilst the Mayor and London Boroughs could implement measures to improve air quality, there also need to be action taken by central Government as well, if air pollution is to be tackled effectively
- Client Earth stated that diesel emissions were the biggest contributor of pollution in London, and this is now more of a problem, given the encouragement by Government to people to purchase diesel vehicles in the past
- The view was expressed that people needed to be encouraged to take public transport walk or cycle, in order to reduce emissions, and there is a particular problem with particulates and that these were above the limits recommended by the World Health Organisation. Client Earth would wish to see ULEV's extended across all of London and in addition they supported road charging, to address the issue of the large number of vehicles using London's road network

The Chair thanked Andrea Lee, Phil Wrigley and Andrew Ford for attending

81 **WHITTINGTON ESTATES STRATEGY - VERBAL (ITEM NO. 12)**

Siobhan Harrington and Steve Hitchins, Whittington NHS Trust, were present and made a presentation to the Committee, a copy of which is interleaved.

The Defend Whittington Hospital campaign representatives were also present.

During consideration of the presentation the following main points were made –

- The Estate priorities are – maternity and neonatal services, staff residences, modernisation and rationalisation of the community estate, community children's services, reducing the backlog (currently £24m), delivering a sustainable energy and infrastructure strategy
- The decision timeline for procuring resources was outlined
- There was a formal procurement process and competitive dialogue under the OJEU procedure and the contract notice was released in October 2016 and the Trust Board approved the outcome of procurement in October 2017
- Siobhan Harrington outlined the non-financial evaluation criteria
- Due diligence took place from June to September 2017 and further clarification questions to test if any bid information had been impacted as a result of the events at Grenfell Tower and the wider implications of those events plus QC

advice and engagement with staff, commissioners and key stakeholders to understand concerns took place

- The Trust Board decision in September 2017 considered all the risks associated with proceeding, or not, with the procurement including the following – if the procurement did not go ahead, there would be further delay in the essential estates work on buildings that are very old and unfit for purpose, - if the Trust further delayed the development of its estate, there would be a potential impact on Whittington Health being able to fully benefit from the future development of the estate – if the procurement did not go ahead, there would be a risk that the Trust could face financial penalties under procurement law, With all the information and evidence the Trust Board made the decision that it should proceed with the procurement and Ryhurst as preferred bidder
- In October 2017 the Trust Board approved the outcome of the procurement for a Strategic Estates Partnership and to award the contract to Ryhurst Limited and approved the creation of a Strategic Estates Partnership, subject to NHS approval
- The next steps are to develop the estates master plan and to – establish a Masterplan Project Team including the necessary technical skills e.g. architects, quantity surveyor, health planning mechanical engineer, and structural experts – establish an Informed Client Group, with Trust staff and external membership, to consider and inform the development of the masterplan – Masterplan engagement which will be shaped and informed by engagement with staff, commissioners and local community re: future estate requirements and establishing membership of Haringey and Islington wellbeing partnership, Haringey and Islington Estates Board, NCL STP Estates Board – Engagement approaches – the Trust will engage using a number of different approaches to reach a wide audience, including extra forums, targeted workshops, and social media
- The Whittington Health Strategic Estates Partnership will support the Trust to progress at pace with transforming the Trust's estate to meet urgent needs
- The Whittington Health Strategic Estates Partnership is a non - exclusive, contractual joint venture an all projects undertaken will be agreed on a project by project basis, with no project taken forward without the agreement of the Trust. There will be no transfer of assets or staff to the joint venture
- It was noted that there were 37 sites administered and 7 of these sites were freehold
- In response to a question it was stated that each individual project would be discussed with the Trust Board, and payments would be authorised through the joint venture process
- Reference was made to the fact that discussions were taking place with Camden and Islington Mental Health Trust for them to build on the Whittington Site and each proposal would be looked at as a business case and the capital receipts would allow funding for projects
- It was stated that the Whittington would consult stakeholders on any proposals to dispose or change services at community sites and to look at options for sites that were currently not fit for purpose. Scrutiny of the proposals is important and flexibility to consult stakeholders, including the Council in relation to a number of community projects, will be undertaken prior to formal consultation
- In response to a question it was stated that whilst wishing to retain the Whittington site a number of options would be considered, including the development of social housing. There is support from the Mayor of London to provide housing on the site as the land is currently underused. It was stated that consultation, including with staff, would take place on any proposals
- Concern was expressed at the selection of Ryhurst as the preferred partner, given their involvement with Grenfell Tower, and also the recent collapse of

Carillion. It was stated that the joint venture need not proceed if there are any adverse findings in respect of Grenfell

- Reference was made to the fact that there were checks and balances built into the process to ensure that each scheme is adequately considered by the Trust Board and NHS Improvement and the Project Board
- The Trust stated that it had to weigh up the benefits of continuing with Ryhurst as the preferred partner, and that the Board had considered this in detail before the decision was finally taken, and all due processes had taken place
- In response to a question it was stated that the Trust were not looking to have any private sector health provision on the site and that when discussions were taking place on the selection of the preferred partner, the Trust had to respect confidentiality around the tendering process, and therefore was not able to share certain information with the public. There could be public involvement at later stages in the process, including at the planning stage of any proposals
- A Member referred to the reference to private health provision in a document from the Trust, and it was stated that this referred to an Estates strategy document written in 2016, and it was reiterated that this is no longer part of the strategy
- Reference was made to the fact that a decision had needed to be taken to move forward with an Estates Strategy, given the financial constraints on the Trust

The Chair thanked Siobhan Harrington and Steve Hitchins for attending

82 **WORK PROGRAMME 2017/18 (ITEM NO. 13)**

RESOLVED:

That the report be noted

MEETING CLOSED AT 10.30 pm

Chair

Moorfields Eye Hospital NHS
NHS Foundation Trust

Islington Health and Care Scrutiny Committee

Review of 2017/18

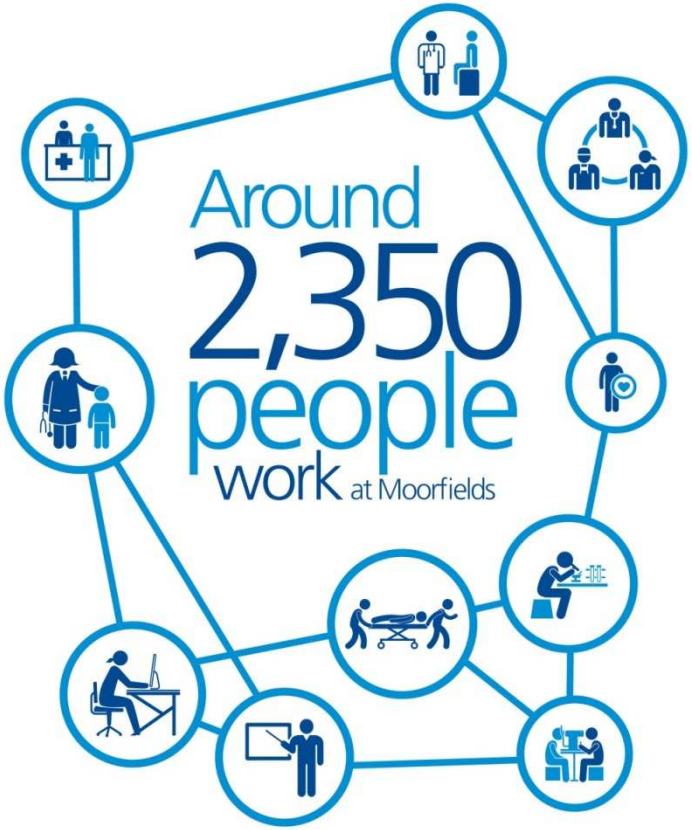
Tracy Luckett
Director of Nursing and Allied Health Professions

Ian Tombleson,
Director of Quality and Safety

1 March 2018

Contents

Who we are



Confidence in our services

Staff **recommending** Moorfields as a place to receive treatment

95%

Staff **recommending** Moorfields as a place to work

77.97%

Moorfields ranks first in:

- **Staff satisfaction with the quality of work and care they are able to deliver**
- **Staff motivation at work**
- **Staff satisfaction with resourcing and support**

***Compared to other acute specialist trusts**

Patients and productivity

We had almost
730,000
patient contacts
in 2016/17

Across our
32
NHS sites

We saw more than
586,000 outpatients

102,000+
visits
to A&E

Almost
112,000
patients told us
what they think

Turnover: £224m

The CQC rate Moorfields as:

The CQC rate our services for children and young people as:

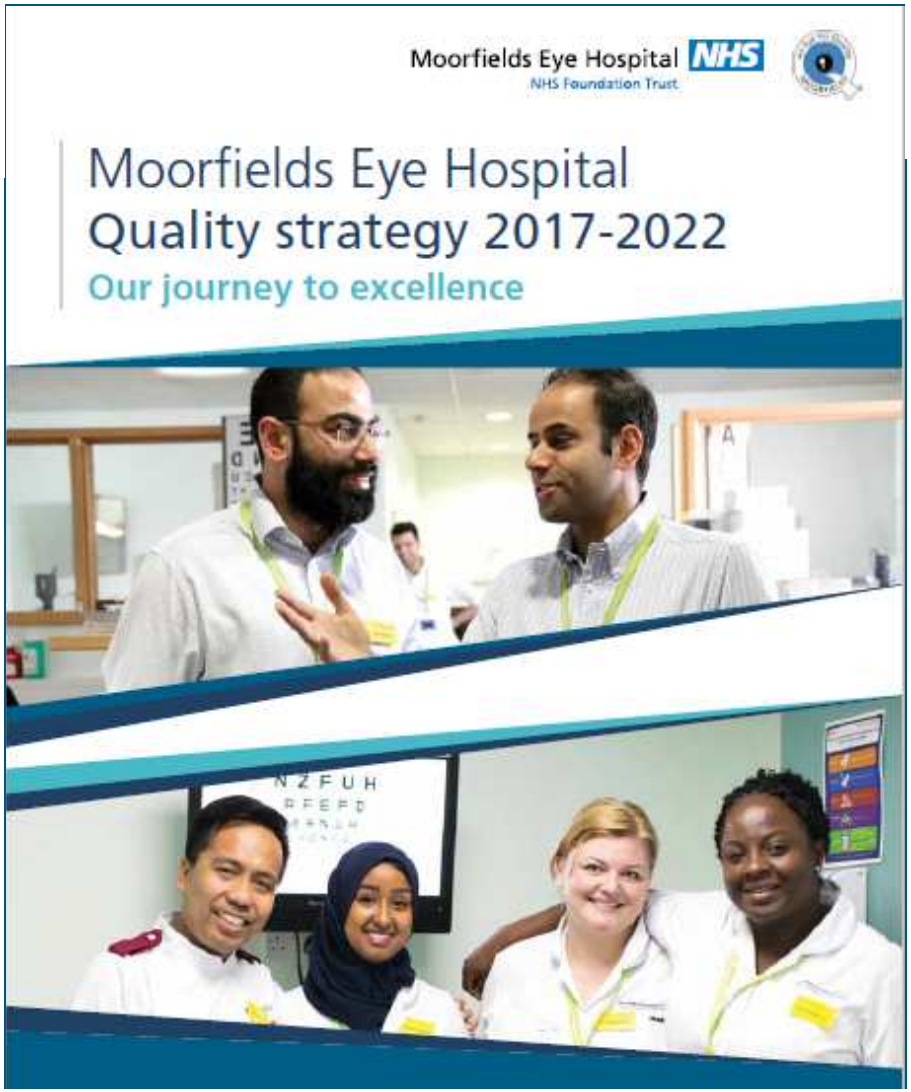
The CQC rate Moorfields at City Road:

CQC inspection outcomes – Report 6 January 2017

- **Overall rating: 'Good'** with sub-domains:

CQC action plan – progress update

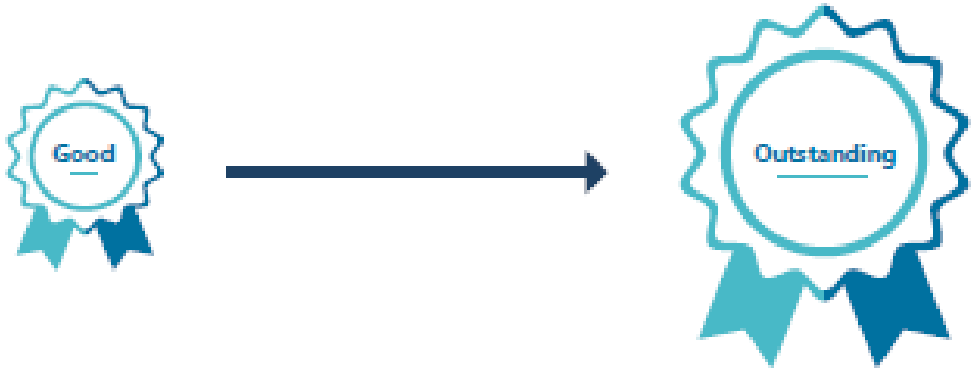
- **Report recommendations**: 78 recommendations grouped into 50 trust actions
- **Progress:** Action plan progressing well. 41/50 actions completed.
- **Examples:** Solid WHO surgical checklist performance (>90% across all areas); Patient participation strategy launched December 2017; St George's Hospital ward and theatres redevelopment commenced January 2018; outpatients improvements at City Road implemented


Moorfields Eye Hospital NHS
NHS Foundation Trust
Moorfields Eye Hospital
Quality strategy 2017-2022
Our journey to excellence

5 year Quality Strategy
'Our journey to excellence' - November 2017

- Key priority in trust strategy 'Our vision of Excellence'
- Core belief that 'People's sight matters'
- Our ambition to deliver outstanding patient care
- Based on what patients, staff, governors, CQC told us
- Enable people to feel 'I can make a difference'
- Contains pledges, for example listening and engaging with staff in new ways & expanding our quality improvement programme

In January 2017, we were awarded a 'good' CQC rating, placing us in the top third of acute trusts. We are proud of our services and we know that overall, we are delivering great care and getting positive feedback from our patients. But we could be better. In particular, we know we need to do more to match the quality of our patients' experiences with their clinical outcomes. **We want to be outstanding.**



Compliance with national targets 2017/18

- Key national targets (at end of January 2018):

  A&E: Expecting around 100,000 this year, slightly less than last year. Consistently achieving >98% within four hours (often >99%)

  RTT 18 (incomplete treatment pathway): Compliant against national target: 95.5% against target = 92%

  Cancer: Improved performance, meeting 4 of 5 targets; the 5th (cancer 14 day internal referral target) not consistently met – issues mostly due to patient choice

  Readmission within 30 days following cancellation of surgery: within target (<=3.77%)

  Infection control: Year on year no cases of MRSA or C Diff

Quality: Patient experience (1)

2016 CQC children's and young person's survey - good results

26/55 results better than other trusts

29/55 results scored 9/10 or better

29/55 results the same as other trusts

2016 CQC A&E survey - good results

11/33 results better than other trusts

20/33 results same as other trusts

22/33 results scored 8/10 or better

Worse for 2/33 questions

Quality: Patient experience (2)

- **Friends and Family test**

  Continues to be very good. January 2018 results for A&E = 95.3%; Outpatients = 96.9%; Daycase = 98.8%

  Feedback remains about the length of the patient journey in clinic

  The 'Moorfields Way' - a cultural/behavioural change programme. More staff have heard of this than ever, more staff think it is making a difference . Key links to the Quality Strategy

Financial and other matters

- **Solid year financially**
  - January surplus forecast was £6.3M
  - Satisfactory delivery against CIPs and commercial performance
- **Use of resources rating (NHSI) expected to remain 1 (best) at year end**
- **Expectations continue to be tough next year**

Moorfields Eye Hospital NHS
NHS Foundation Trust

Thank you

Any questions?

Moorfields Eye Hospital NHS
NHS Foundation Trust

Moorfields Eye Hospital
Quality strategy 2017-2022
Our journey to excellence

Welcome to

the Moorfields Eye Hospital quality strategy

2017-2022

We are delighted to endorse Moorfields' quality strategy, which sets out our ambitions to deliver outstanding patient care and follows 'our vision of excellence 2017-2022'. Quality drives all our strategic objectives and our Moorfields Way commitments.

We are incredibly proud of all Moorfields' achievements, and of the dedication and professionalism of our people. It is evident that we all want to provide the best quality care, and we are recognised nationally and internationally for the quality, safety and effectiveness of our services. However, we know we can do more to continually reflect and improve.

The launch of this quality strategy marks a point in a longer journey for Moorfields and for all our staff. A journey in which we continually challenge ourselves and each other to think in a different way. This quality strategy is a call to action, for each and every one of us to make a difference and to be a part of the Moorfields journey from good to outstanding.

David Probert
Chief executive

Declan Flanagan
Medical director

Tracy Luckett
Director of nursing and allied health professions

Introduction

At Moorfields our core belief is 'people's sight matters' and our purpose is 'working together to discover, develop and deliver the best eye care'. We define quality as 'providing safe care, outstanding outcomes, and positive experience and involvement for all our patients'.

We want quality to be our core philosophy, and to be at the heart of every decision that we make. In a time of rapid technological advances, Moorfields' expertise, reputation and network places us in a unique position to lead the way in delivering quality eye care. We want to harness all of your skills and enthusiasm for learning and sharing to deliver excellent clinical care and world-leading research, so that we deliver the outstanding quality our patients deserve, and to truly live up to our name as a world-leading organisation.

Our quality ambition

We will pioneer patient-centred care with exceptional clinical outcomes and excellent patient experience.

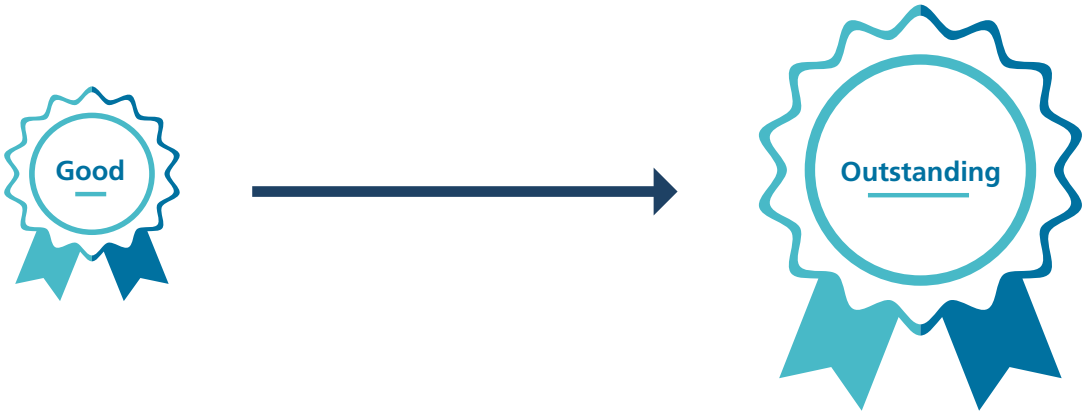
Our services will deliver eye care with outstanding:

- Patient experience and involvement: care characterised by compassion, dignity and respect, and services developed for and with patients.
- Patient safety: doing no harm to patients.
- Effectiveness of care: using clear, consistent processes and standards to deliver successful treatment assessed by clinical measures and the patient's perspective.

How do we know we need to do more?

Staff tell us that they can struggle to make changes for many reasons, from not knowing how to bring about change, to lack of autonomy, to not being listened to, or not feeling they can always speak up. We need to empower all of our people so that everyone has the confidence and capability to make a difference. We need transparent and consistent processes which everyone can use to make change. We need to develop our culture so that people are supported to bring about improvement. **We want everyone to play their part in improving the quality and safety of the care that we deliver every day to patients.**

In January 2017, we were awarded a 'good' CQC rating, placing us in the top third of acute trusts. We are proud of our services and we know that overall, we are delivering great care and getting positive feedback from our patients. But we could be better. In particular, we know we need to do more to match the quality of our patients' experiences with their clinical outcomes. **We want to be outstanding.**



Our subspecialty based network delivers accessible high quality ophthalmic services to patients who would otherwise have difficulty getting such services. However, delivering care in this way brings its own challenges. Our work as an NHS Vanguard has helped us understand how our network can be a powerful tool for improvement. We need consistent standards across all of our sites and disciplines. We need to share all our learning, our successes and where we can do better, across our whole organisation. **We want to develop as a learning organisation.**

What will we do?

We have developed this quality strategy based on what patients, staff, governors and the CQC have told us, as well as learning from our Vanguard work. We are already working on quality initiatives through 'our vision of excellence 2017-2022', and the service improvement and sustainability (SIS) programme. We will make sure that these complement each other. Our ambition for quality is deliberately far-reaching and there are key areas we need to focus on to be successful.

We will enable people to feel "I can make a difference"

We need to ensure all staff believe that quality is everybody's business, and that whatever job you do, wherever you work in Moorfields, every interaction and reflection counts. We want people to be empowered and supported to speak up when they feel patients don't get the service they deserve, or they see something which could be unsafe. Finally, we need to ensure that staff feel they can act and make changes. Quality should be led locally by clinical and non-clinical staff throughout Moorfields, supported by a central quality team.

We will:

- Recognise that every member of every team can make a difference.
- Establish training for everyone at Moorfields on:
  - quality and safety culture and behaviours and why they matter
  - delivering excellent patient experience
  - identifying and implementing quality improvement actions locally
  - empowerment to speak up if there are issues.
- Establish methods to share learning and successes with staff on where actions have led to change locally and across Moorfields.
- Create and train quality champions in all local teams to work with quality partners to identify and implement improvements.
- Create a suite of training, tools and support from the central quality team for staff to learn about and deliver improvement.
- Introduce local change boards.

We will work with patients as our partners

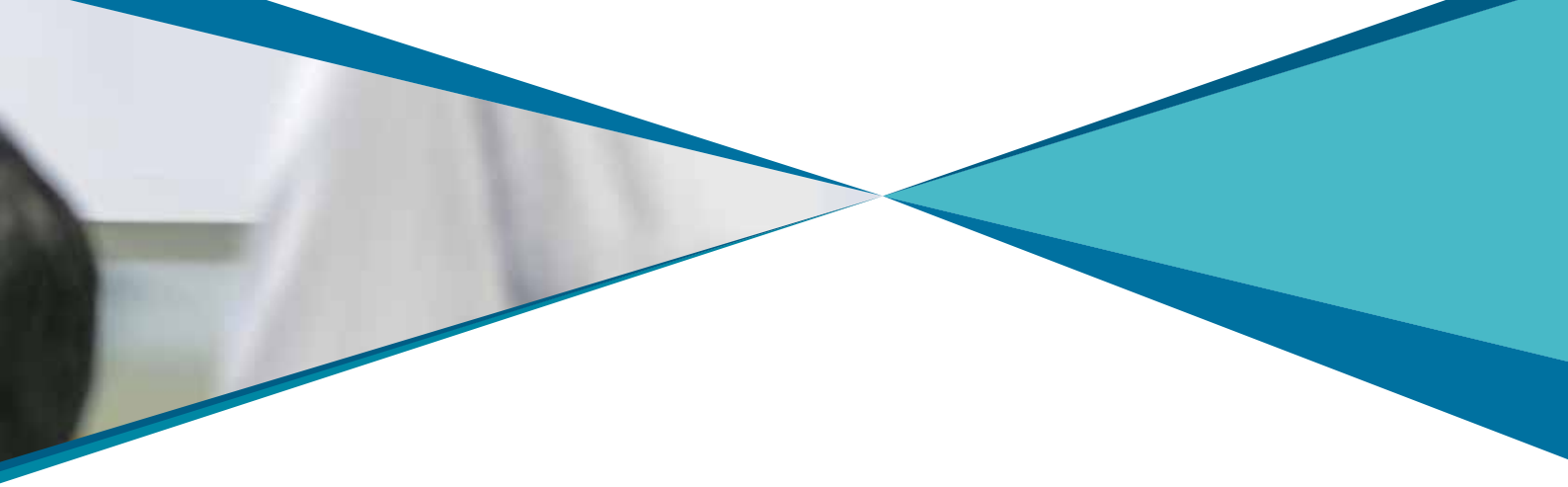
We need to improve patient experience, engage patients in their care and work in partnership to develop our services. We need to talk with patients about their health needs during consultations, understand the impact that their eye condition has on their lives, make sure that they can access information and support, and that they feel cared for. By listening to patient feedback we can use what people tell us to improve our services. We need to consistently co-design our services and facilities with patients, based on their needs, across all of Moorfields.

We will:

- Promote patient engagement and support our patients to self-manage their eye conditions.
- Host involvement forums with patients, carers and patient representative organisations so that our plans reflect patients' needs and expectations.
- Move from an engagement approach, to an involvement and co-design approach, which places patients and carers at the heart of improvements and redesign and gives them a role in quality improvement groups and projects. Project Oriel will be a lead example.

We will become a learning and sharing organisation

Our size and network offers huge potential for learning and for trialling innovations in care, but we need to get better at sharing information and learning between sites and areas consistently, and in a planned way. This means communicating when things go wrong, and any remedial actions so we can avoid repeating adverse events. It also means rolling out improvements and ideas consistently so that we move from pockets of good practice to a spread of excellence. We need to ensure that standards at our sites are consistent and faithful to our policies.



We will:

- Continue our planned programme of quality walkabouts, including multi-disciplinary staff and board visits.
- Establish a regular programme of peer to peer team visits for assessments, learning and observation. For example theatre teams can visit other sites.
- Establish a system for clinical, administrative and managerial staff to visit other sites for work or shadowing or idea sharing as part of their personal development plans.
- Review and plan regular visits of key central teams to all relevant areas for on-site observational audit and teaching, for example infection control, quality, risk, pharmacy, equipment and devices.
- Identify methods to share information on issues, learning and innovation consistently between sites and teams, build this information into all team meetings and clinical governance sessions.
- Explore cross cutting quality improvement meetings with medical, nursing, allied health professions and managerial representation from divisions, for example theatres and outpatients.

We will create a quality governance framework

Our processes for quality and safety need to be consistent, clearly understood, and applicable to the whole organisation. The quality governance framework will detail guidance on how to deliver consistently high-quality care every day at every site. It will include information on how to implement local improvements, essential policies and protocols, how information on quality is shared across the organisational structure as well as how we use this information to improve the quality and safety of our patient care.

We will create a quality governance framework which will:

- Outline a set of consistent processes and procedures for quality work and an overall structure for safety and quality.
- Ensure our staff understand quality decision making, processes and policies.

- Describe our methods for consistent quality data and reporting and escalation.
- Outline a common set of mandatory quality and clinical indicators for all sites and services. This will include guidance around how these can be used for comparison between areas, and for taking action where standards are not met.
- Develop our quality dashboard to monitor the indicators and inform decisions and operations.

We will bring together teams across Moorfields to work on key quality enablers

Improving patient pathways

- We will improve our information technology to provide timing information.
- We will redesign specific pathways, for example the glaucoma pathway.
- We will conduct site walk-throughs to identify opportunities for quality improvement.

Fit for purpose estates, physical environment and safe equipment

- We will review the use of clinical areas ahead of building our new centre of clinical care, research and education in St Pancras.
- We will improve processes to monitor the status and location of equipment.

Taking advantage of technological developments

- We will work with partners such as the RNIB to identify the best solutions.
- We will pilot technological innovations to support patients.
- We will make the best use of information technology for meetings and teaching.

Consistent language and processes

- We will standardise operational language and processes, for example clinic and staff titles, pathways, clinic booking and waiting list management.
- We will develop and publish operational protocols and policies which detail consistent organisational and site-specific processes.
- We will improve and communicate consistent descriptions of our sites, services, facilities and processes.
- We will meet accessible information standards.

Making our quality strategy a reality

This quality strategy launches our quality ambitions for the next five years and is a call to action for each and every person at Moorfields to play their part.

The next steps are

We will listen to, engage and involve staff to understand what needs to change and improve

We will design a quality improvement programme setting out the objectives and measures we will use, and work with local areas to help them design their local plan

We will launch our quality improvement programme and communicate progress with staff, patients and carers

Our trust-wide and local quality plans will be a core part of our annual business planning

Moorfields Eye Hospital NHS
NHS Foundation Trust

Moorfields Eye Hospital
Quality strategy 2017-22
Our journey to excellence

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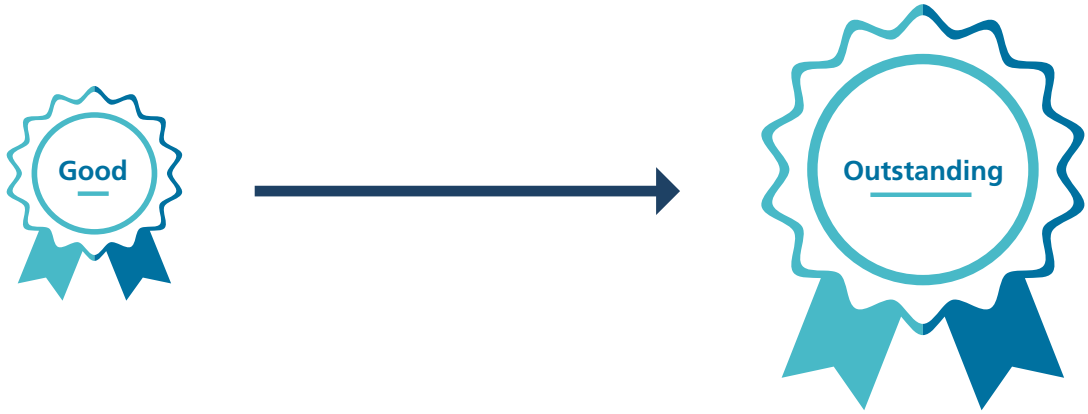

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ISLINGTON

Chief Executive's Department
Town Hall, Upper Street, London N1 2UD

Report of: Executive Member for Health and Social Care

Meeting of	Date	Agenda Item	Ward(s)
Health and Social Care Scrutiny Committee	**1 March 2018**		**All**

Delete as appropriate	~~Exempt~~	Non-exempt

Report:Q3 2017/18 Performance Report

1. Synopsis

1.1. Each year the Council agrees a set of performance indicators and targets which, enables the monitoring of progress in delivering corporate priorities and working towards the goal of making Islington a fairer place to live and work.

1.2. Progress is reported on a quarterly basis through the Council's Scrutiny function to challenge performance where necessary and to ensure accountability to residents.

1.3. This report provides an overview of progress at the end of quarter three 2017/18 (1 April 2017 to 31 December 2017) against corporate performance indicators related to Health and Social Care.

2. Recommendations

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

3. Background

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

4. Implications

4.1 **Financial implications**

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

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

4.2 **Legal implications**

There are no legal implications arising from this report.

4.3 **Environment implications**

There are no significant environmental implications resulting from this report.

4.4 **Resident impact assessment**

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

A Resident Impact Assessment has not been completed because this is a report providing information about performance at the end of quarter three 2017/18.

5. Adult Social Care

ADULT SOCIAL SERVICES									
Objective	**PI No.**	**Indicator**	**Frequency**	Q3 Actual Oct-Dec'17	Q3 Target Oct-Dec'17	Target 2017-18	On/Off target	Same period last year	Better than last year?
Support older and disabled adults to live independently	ASC1	Delayed transfers of care (delayed days) from hospital per 100,000 population aged 18+	Q	Available Feb'18 (Q2 = 942.83)	N/A	N/A	N/A	941.27	No
	ASC2	Percentage of people who have been discharged from hospital into enablement services that are at home or in a community setting 91 days after their discharge to these services	Q	96.96%	95%	95%	On	95.7%	Yes
	ASC3	Percentage of service users receiving services in the community through Direct Payments	M	31.2%	35%	35%	Off	30.9%	Yes
Support those who are no longer able to live independently	ASC4	Number of new permanent admissions to residential and nursing care	M	92	98	130	On	137	Yes
*Reduce social isolation faced by vulnerable adults **(E)***	ASC5	The percentage of working age adults known to Adult Social Care feeling that they have adequate or better social contact. **(E)**	A	74%	73%	73%	On	70.8%	Yes

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

(E) = equalities target

Supporting independent living

5.1 Delayed transfers of care

The data shown here covers the period April – September 2017 as November 2017 data has only recently been released by NHS England. However current analysis indicates that performance improved in November 2017 and Islington has been highlighted by ImPower as a beacon authority. Further update will be provided in the next Scrutiny report.

5.2 A key factor upon our DTOC rates will have been the establishment of D2A Pathway 3 (see below). In November/December 2017 three patients had been successfully discharged from hospital via Pathway 3 (at an estimated bed day saving of 28 bed days per patient), which will have had a positive impact upon DTOC figures as these patients will be awaiting CHC assessment in a dedicated intermediate care facility, supported by a CHC Nurse Assessor, instead of remaining in hospital.

5.3 Discharge to home or community setting

Over winter 2017-18 we successfully established a Discharge to Assess (D2A) pilot between LBI Adult Social Care and our acute health partners UCH and Whittington Hospital, as part of the Wellbeing Partnership between Islington and Haringey. The D2A service supports earlier discharge for medically optimized patients from hospital, and is based upon the 'Medway Model' discharge pathways 1-4:

- Pathway 0 – package restarts
- Pathway 1 – patients returning home with a Reablement support plan
- Pathway 2 – patients requiring ongoing rehabilitation within an intermediate care facility
- Pathway 3 – patients who have triggered the CHC checklist and have ongoing nursing care needs

This was achieved through the creation of the Single Point of Access (SPOA) service, a dedicated team of OTs and PTs who liaise closely with the hospitals and LBI Reablement service. The therapy-based model has supported ongoing improvements for service users within a community setting in regards to regaining mobility and independence, and anecdotally reduced readmissions to hospitals.

5.4 We are working closely with NCL partners through the Simplified Discharge (NCL) and Intermediate Care (Wellbeing Partnership) working groups. As the SPOA was established as a fixed term project to support NHS winter resilience until March 2018, discussions are currently underway between the CCG and Islington ASC to establish the continued funding and management of the programme, and any potential to expand its capacity and functions. This could involve closer working with a wider range of partners, such as community care professionals (GPs, District Nurses) or VCS organisations (Age UK) or expanding the remit of the pilot to wider patient groups (individuals without reablement potential, or who have complex discharge requirements but do not trigger CHC).

5.5 Direct Payments

Ongoing work around increasing Direct Payments (DPs) now mean that around 30% of all Islington care and support is provided through DPs. Feedback from the 2017 service user survey showed that DP recipients felt that they had the most "choice and control over their care and support services" and had the highest percentage of those "extremely" or "very" satisfied with their service.

Most people choose to use their DP to pay for a Personal Assistant (PA), which helps support better outcomes. In order to improve the choice and speed of PA recruitment, we have delivered staff training and launched a new online PA Finder to make this process easier. In addition, PA employment opportunities are being advertised to employment networks (via Adult Community Learning and iWork) in the borough as well as other major organisations such as City and Islington college.

Admissions into residential or nursing care

5.6 The Council provides residential or nursing care for those who are no longer able to live independently. The aim is to keep this number as low as possible, supporting more people to remain in the community. The target of 98 has been achieved as 92 people have been admitted to long-term nursing and residential care.

Reducing social isolation

5.7 Social isolation refers to a lack of contact with family or friends, community involvement or access to services. The next update for this indicator will be available in July 2018. A number of initiatives in the borough are in place to reduce social isolation which were highlighted in the previous Health and Care Scrutiny Report of 14th December 2017.

5.8 Reducing social isolation will be one of the key tenets of the upcoming Front Door project, which will re-envisage how residents first engage with adult social services and how we can support prevention and resilience through signposting or direct referrals to community settings, improving our advice and support services, and embedding a strengths-based approach at the core of all interactions with residents.

5.9 As part of this work we will be seeking to better understand the borough's assets in relation to reducing social isolation for the 18-64 population, especially around what we commission (e.g. day services, befriending services, supported employment services) and the extent to which they meet resident's needs. This includes working with providers to make reasonable adjustments to universal services to improve access for particularly isolated groups, e.g. ASD.

5.10 The Social Inclusion Service provided by Royal Mencap provides free and low cost activities for residents with a Learning Disability. These include day trips, sports activities and other group activities. The service also signposts to other services and provides travel training for participants aimed at reducing their social isolation.

6. Public Health

Objective	PI No	Indicator	Frequency	Actual April - Dec	Expected profile	2017/18 annual target	On/Off target	Same period last year	Better than last year?
Promote wellbeing in early years	PH1	Proportion of new births that received a health visit within 14 days	Q	94% (Sep – Dec)[1]	90%	90%	On	94%	Same
	PH2	a) Proportion of children who have received the first dose of MMR vaccine by 2 years old	Q	85% (Jul - Sep)[2]	95%	95%	Off	92%	Worse
		b) Proportion of children who have received two doses of MMR vaccine by 5 years old	Q	77% (Jul - Sep)[2]	95%	95%	Off	85%	Worse
Reduce prevalence of smoking	PH3	a) Number of four week smoking quitters	Q	256 (Apr – Sep)[3]	400	800	Off	New measure	
		b) Percentage of smokers using stop smoking services who stop smoking (measured at four weeks after quit date)	Q	46% (Apr – Sep)[3]	50%	50%	Off	45%	Same
Effective detection of health risk	PH4	Percentage of eligible population (40-74) who receive an NHS Health Check	Q	12%	10%	13.2%	On	New measure	
Tackle mental health issues	PH5	a) Number of people entering treatment with the IAPT service (Improving Access to Psychological Therapies) for depression or anxiety	Q	3,733	3,492	4,655	On	3,736	Same
		b) Percentage of those entering IAPT treatment who recover	Q	47% (Oct – Dec)[1]	50%	50%	Off	49%	Same
Effective treatment programmes to tackle substance misuse	PH6	Percentage of drug users in drug treatment during the year, who successfully complete treatment and do not re-present within 6 months of treatment exit	Q	17.5% (Jul – Sep)[2]	20%	20%	Off	18%	Same
		Percentage of alcohol users who successfully complete their treatment plan	Q	34% (Jul – Sep)[2]	42%	42%	Off	35%	Same
Improve sexual health	PH7	Number of Long Acting Reversible Contraception (LARC) prescriptions in local integrated sexual health services	Q	291 (Jul - Sep)[3]	260	780	On	New measure	

[1] Cumulative data is not available
[2] Q3 and cumulative data not available
[3] Q3 data is not yet available

Promote wellbeing in early years

6.1 Health Visiting continues to perform well on timely delivery of new birth visits within 14 days. The provider has made considerable improvements to data quality and reliability over the last year such that they are now able to report with confidence their performance on four of the five nationally reported mandated health checks. This improvement work is continuing.

6.2 Engagement of the Health Visiting service with the wider agenda of early years transformation to fully integrate services has been limited over recent months. Gaps in management have impacted on the ability of the service to drive through the necessary organisational changes and these have slowed the progress of the transformation and fully integrated delivery of the new Bright Start service. Public Health commissioners continue to work with the service provider to accelerate the pace of change, and have recently requested an improvement plan to help monitor progress towards these goals.

6.2 Recorded rates of Measles, Mumps and Ruebella (MMR) immunisations among two and five year olds are below target in Q2 (the latest data available). This is likely to be associated with data recording, rather than an actual drop off in rates. As reported previously, there have been substantial changes to the data recording of immunisations, with a complete reconfiguration across London introduced in late 2016/17. There have been issues in the transfer of legacy data and some delays in signing of data sharing agreements to enable the transfer of data from GP records. We are working with NHS England, other local authorities and provider partners across North Central London to rectify outstanding Child Health Information System issues and implement action plans to increase childhood immunisation levels.

Reduce prevalence of smoking

6.3 Q3 data are not yet available. In Q2, performance was below target with 127 people who accessed the service successfully quitting, against a quarterly target of 200. The quit rate was just below the 50% target at 49%. While the quit rate year to date (Q1 and Q2) is close to target (46%) the number of people quitting is further from target (256 against a mid year target of 400).

6.4 A new three tiered smoking cessation model was introduced in April 2017, to provide a more flexible service offer which can be tailored to individual needs, and commissioners are working closely with the service provider to fully embed the new model. This has included a complete service rebrand, developed with local smokers, which successfully launched in September; and the launch of a new website which is receiving positive feedback from users. Islington's innovative smoking cessation service model has generated interested from Public Health England and other local areas.

6.5 Commissioners anticipate an increase in performance in subsequent quarters, following the rebrand and relaunch of the service and the extensive promotional activities that have followed. This includes a targeted Facebook and mobile advertising campaign which generated on average 300 click throughs to the new website each day during the two week campaign (83% of which were new visitors) and which ran throughout the final weeks in September to accompany the launch of the newly branded service.

Effective detection of health risk

6.5 Islington's NHS Health Check programme is on track to meet its annual target. In the first three quarters of the year over 6,000 people had an NHS Health Check and received tailored lifestyle advice and referral into services to reduce their risk of cardiovascular disease (CVD). As well as delivery through GP practices, the programme includes community outreach to increase uptake among key at risk groups, working with local voluntary and community sector organisations to deliver at events and community centres across the borough. In Q2 (the latest national data available), Islington was ranked eighth best out of all 152 Local Authorities for the proportion of eligible people invited for an NHS Health Check, and tenth highest for the proportion of eligible residents receiving an NHS Health Check.

6.6 In October 2017 Islington and Haringey were successful in a joint bid to the LGA's "Prevention at Scale" programme. Under the programme, Haringey and Islington will receive 20 days of external support over 12 months to focus on CVD prevention. The project has three strands:

- Building resident engagement: Developing methods and tools of engagement around primary prevention of CVD, with a focus on increasing resident knowledge and motivation to change.
- Engaging healthcare staff in CVD prevention: Developing training materials and devising support to healthcare staff around prevention and early detection and management of hypertension (high blood pressure) and atrial fibrillation (irregular heart beat increasing risk of stroke).
- Strengthening health and care pathways for secondary prevention: looking at developing leadership, motivation, incentives and digital capability to improve early detection and treatment of CVD conditions to improve outcomes.

Tackle mental health issues

6.6 In the first three quarters of 2017/18, over 3,700 people entered the Improving Access to Psychological Therapy (IAPT) programme, with performance on track to meet the annual target. In Q3, the percentage of those entering IAPT treatment who recover is just short of the nationally set target (50%), at 47%.

6.7 Islington Council commissions three mental health promotion projects. To date this year (Q1 – Q3), 442 staff, volunteers and residents in Islington have completed Mental Health First Aid or mental health awareness training; 19 creative workshops have been held with 346 young people, parents and carers through the Direct Action Project; and 25 new Mental Health Champions have been recruited through the Wellbeing Service with the aim of raising awareness of mental health, tackling stigma and signposting people into relevant services. A new suicide prevention training package for frontline staff working in the borough has been launched which is being delivered by Samaritans, and a suicide prevention stakeholder workshop is being held on 28th February.

Effective treatment programmes to tackle substance abuse

6.9 Q3 data are not yet available. In Q2, the percentage of drug users in drug treatment during the year who successfully completed treatment and who did not re-present within six months of

treatment exit is just below the quarterly target (20%) at 17.5%. The proportion of non-opiate clients completing treatment has increased, however among this group there has been an increase in the proportion re-presenting to services within 6 months of treatment exit. Despite this, Islington remains in the top quartile nationally among non-opiate service users successfully completing treatment and not re-presenting within six months. There has been a continued increase in the number of opiate clients who successfully complete and do not represent to treatment services.

6.10 The proportion of alcohol users successfully completing treatment is below target (42%) at 34%. Alcohol services have seen an increase in the number of people starting treatment, however, there has also been an increase in the number of people staying in treatment for longer.

6.11 Drug and alcohol services are currently in the process of cleansing their data systems, in readiness for the new integrated substance misuse service, which begins in April 2018. This exercise is likely to have a negative impact on performance data. Commissioners are working closely with providers and National Drug Treatment Monitoring System leads to oversee the data cleansing process.

Improve sexual health

6.12 Complete Q3 data are not yet available. Data from October and November indicate that performance is on track to meet the quarterly and year to date target for the number of women prescribed long acting reversible contraception. Long-acting reversible contraception, such as the contraceptive implant, is more effective than user dependent methods (such as the pill or condoms) in reducing unplanned pregnancies. New Integrated Sexual Health Services were commissioned across North Central London and launched in July 2017 and bring together services for testing and treatment of sexually transmitted infections and contraception under one roof. Commissioners have been working closely with the service provider to fully mobilise the new service model, including implementation of a pan-London e-service for people who are asymptomatic, which was widely supported during service user engagement and which is being launched in North Central London in February 2018.

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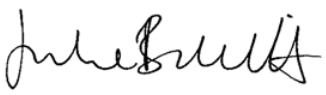
Final Report Clearance

Signed by  07/02/2018

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