



**Resources Department  
Town Hall, Upper Street, London, N1 2UD**

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## **AGENDA FOR THE HEALTH AND CARE SCRUTINY COMMITTEE**

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Members of the Health and Care Scrutiny Committee are summoned to a meeting, which will be held in Council Chamber, Town Hall, Upper Street, N1 2UD on **7 July 2022 at 7.30 pm.**

Enquiries to : Jonathan Moore  
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Despatched : 29 June 2022

### Membership

#### **Councillors:**

Councillor Jilani Chowdhury (Chair)  
Councillor Joseph Croft (Vice-Chair)  
Councillor Clare Jeapes  
Councillor Tricia Clarke  
Councillor Fin Craig  
Councillor Mick Gilgunn  
Councillor Caroline Russell  
Councillor Claire Zammit

### Substitute Members

#### **Substitutes:**

Councillor Janet Burgess MBE  
Councillor Benali Hamdache  
Councillor Dave Poyser  
Councillor Nick Wayne

**Quorum: is 4 Councillors**

<b>A. Formal Matters</b>	<b>Page</b>
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. Minutes of the previous meeting	1 - 4
6. Chair's Report	

7. 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.

8. Health and Wellbeing Board Update VERBAL

9. Covid-19 update, if required VERBAL

**B. Items for Decision/Discussion Page**

10. Quarter 3 Performance Report - Public Health 5 - 12

11. Quarter 4 Performance Report - Adult Social Care 13 - 24

12. Whittington Health Performance Update  
*This item is to be confirmed.*

13. Work Programme 2022/23 25 - 26

**C. Urgent non-exempt items (if any)**

Any non-exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be agreed by the Chair and recorded in the minutes.

**D. Exclusion of Press and Public**

To consider whether, in view of the nature of the remaining items on the agenda, it is likely to involve the disclosure of exempt or confidential information within the terms of the Access to Information Procedure Rules in the Constitution and, if so, whether to exclude the press and public during discussion thereof.

**E. Confidential / Exempt Items**

**F. Urgent Exempt Items (if any)**

Any exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be agreed by the Chair and recorded in the minutes.

The next meeting of the Health and Care Scrutiny Committee will be on 4 October 2022

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

**[www.democracy.islington.gov.uk](http://www.democracy.islington.gov.uk)**

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9 **UPDATE ON COVID-19 (ITEM NO. 9)**

Jonathan O'Sullivan, Director of Public Health, provided an update on Covid-19.

The level of infections had fallen over recent months, however it was acknowledged that due to free universal testing ending the data was not directly comparable to earlier in the pandemic.

Across North Central London, approximately 45 people were currently hospitalised with Covid-19 as the primary cause for their admission; whereas around 120 people were currently in hospital for another reason, however were testing positive for Covid. It was thought that the wave of Omicron peaked in Islington around mid-March.

The number of people seeking vaccination had fallen over recent months, however a small number of people every day were receiving their first vaccination. Anecdotally, it was thought that this was partially being driven by demand for international travel and differing rules in different countries.

Some vaccination centres had closed due to reduced demand, however pop-up vaccination clinics were still being held and work was underway to raise awareness of these. There was an opportunity for members of the public to ask questions about vaccination at the events.

A booster vaccination programme would take place in the autumn and would be targeted at those aged over 65, health and care workers, and those aged over 16 who were clinically susceptible to Covid-19.

Following a question, it was thought that levels of infection would rise again in the autumn, and in particular the BA.4 and BA.5 variants of Omicron were becoming increasing prevalent. However, there was a high level of immunity in the population and, unless there was another new variant of concern, it was thought that levels of serious illness would not be as high as previous waves. In the case of a new variant, it was thought that the government would need to review protective measures and advice, however a further lockdown was considered to be an unlikely scenario.

Following a question about Long Covid, it was advised that those who had been vaccinated were approximately half as likely to report Long Covid symptoms. It was advised that a report on this could be shared with committee members. The condition affected more women than men and had a range of impacts. There were around 1,500 to 1,800 experiencing Long Covid locally. The first Long Covid clinic in the country was based at UCLH.

Finally, it was noted that two people had been recognised in the Queen's Jubilee Birthday Honours for their work during the pandemic. Tina Jegede, Nurse Lead for Care Home Quality at Islington Council and Joint Director of Race, Equality, Diversity and Inclusion at Whittington Health NHS Trust, had been awarded an MBE for her services for social care in Islington. Oliur Rahman, a volunteer Islington Covid Health Champion, had been recognised for his contribution to the Islington community during Covid-19, and was awarded a British Empire Medal. The Committee expressed their thanks and best wishes to both Tina and Oliur.

**10**      **HEALTH AND WELLBEING BOARD UPDATE (ITEM NO. 10)**

Councillor Turan provided a brief update. The approval of the Pharmaceutical Needs Assessment had been delegated to the Director of Public Health for approval. The Board had also discussed their future work programme for the year. The Health and Wellbeing Board would next meet on 28 June.

**11**      **SELECTION OF SCRUTINY REVIEW TOPIC 2022/23 (ITEM NO. 11)**

The Chair suggested a scrutiny topic on Adult Social Care and looking specifically at the Care Act, challenges and opportunities associated with it, and future developments in services.

A discussion was had about the impact of scrutiny and the possible outcomes from such a review. It was suggested that the committee could assess the robustness of the council's plans and provide constructive challenge on the directorate's proposals for future developments in service. It was also suggested that engagement with residents, service users and those with experience of care services would be an important aspect.

A brief discussion was had on the importance of transitions from children's to adult social care services.

It was suggested that models of service delivery should be considered alongside future developments in service provision.

It was requested that any background material be circulated to the committee prior to the review commencing.

The proposed topic was approved. It was agreed that a more detailed scope would be drafted ahead of the October meeting.

**12**      **WORK PROGRAMME (ITEM NO. 12)**

It was advised that the meeting previously scheduled for 29 September would take place on 4<sup>th</sup> October.

The Committee requested a further item on any health implications arising from census data.

The Committee requested an update on access to GP surgeries to be submitted to a future meeting.

It was requested that an update on access to NHS dentists be submitted to a future meeting.

It was agreed that updates on Covid-19 should only be received when required in light of major developments.

It was advised that the scrutiny topic on the Care Act would commence at the October meeting.

Subject to the above amendments, the draft work programme was approved. It was noted that the work programme would continue to be updated throughout the year.

**Health and Care Scrutiny Committee - 6 June 2022**

MEETING CLOSED AT 8.30 pm

Chair



**Report of: Public Health**

<b>Meeting of:</b> Health and Care Scrutiny Committee	<b>Date:</b> 7 July 2022	<b>Ward(s):</b> All
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<b>Delete as appropriate</b>	Exempt	Non-exempt
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**SUBJECT: Public Health - Quarter 3 Performance Report: 2021-2022**

**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 are 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 Quarter 3, 2021-2022 progress against targets for those performance indicators that fall within the Health and Social Care outcome area, for which the Health and Social Care Scrutiny Committee has responsibility.

1.3 It is suggested that Scrutiny undertake a deep dive of one objective under the related corporate outcome over a 12-month period. This will enable more effective monitoring and challenge as required.

**2. Recommendations**

2.1 To note performance against targets in Quarter 3 2021/22 for measures relating to Health and Independence.

2.2 To suggest one objective under related corporate outcome for a deep dive review, to take place over a 12-month period.

### 3. Background

3.1 A suite of corporate performance indicators has been agreed for 2018-22, which help track progress in delivering the seven priorities set out in the Council's Corporate Plan - *Building a Fairer Islington*. Targets are set on an annual basis and performance is monitored internally, through Departmental Management Teams, Corporate Management Board and 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 will enable a comprehensive oversight of 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 challenge and provide more solid recommendations.

### 4. Quarter 3 Performance Update – Public Health

PI No.	Indicator	2019/20 Actual	2020/21 Actual	2021/22 Target	Q3 2021/22	On target?	Q3 last year	Better than Q3 last year?
HI1	Population vaccination coverage DTaP/IPV/Hib3 at age 12 months	New Corporate Target	84%	No target set	85%	N/A - Indicator for recovery	84%	Yes
HI2	Population vaccination coverage MMR2 (Age 5)	New Corporate Target	71%	No target set.	69%	N/A - Indicator for recovery	71%	No
HI3	Number of child health clinics run per week (out of a pre-covid19 quota of 12/week).	New Corporate Target	11 clinics	No target set.	13 clinics	N/A - Indicator for recovery	11	Yes
HI4	Number of Long-Acting Reversible Contraception (LARC) prescriptions in local integrated sexual health services.	1335	881	1100	517	Yes	261	Yes
HI5	Percentage of smokers using stop smoking services who stop smoking (measured four weeks after quit date).	57%	58.3%	50%	57%	Yes	53.2%	Yes
HI6	Percentage of drug users in drug treatment who successfully complete treatment and do not re-present within six months.	15.2%	12%	20%	12.5%	No	12.8%	Similar
HI7	Percentage of alcohol users who successfully complete the treatment plan.	42.9%	32.8%	42%	35.5%	No	29.6%	No

## **5. Key Performance Indicators Relating to Public Health**

### **5.1 Population vaccination coverage DTaP/IPV/Hib3 at age 12 months.**

#### **As this is a recovery target, no annual target is set.**

5.1.1 This measure considers population coverage at age 1 year of the 6-in-1 vaccine (vaccinating against diphtheria, hepatitis, Hib, polio, tetanus and whooping cough) which is given in 3 doses at ages 2, 3 & 4 months. The data is extracted from the local HealtheIntent childhood immunisation dashboard.

5.1.2 In quarter 3, 85% of children had a complete set of 6-in-1 vaccinations before the age of 1. The comparison with pre-covid 19 rates (84% in Q3 2019/20) indicate that immunisation levels held up relatively well, despite the pressure on services during the pandemic.

5.1.3 The data represents children who were aged 1 (i.e. any age between 12 and 24 months) in December 2021. This cohort of children were due their first vaccinations between February 2020 and April 2021, including many who were due vaccinations during the early stages of the pandemic. Children who missed their vaccinations during that period would have been able to catch up at any time up to age 1 and still be included in this data.

5.1.4 We believe HealtheIntent data to provide the most accurate picture of local population coverage for immunisations. As a relatively new platform within primary care, it provides daily updates on vaccination status, coding errors and overdue vaccinations, in order to drive improvement to the call-recall process and to increase childhood immunisation rates. The data reported nationally for Islington can differ from HealtheIntent data due to coding issues and data flows.

### **5.2 Population vaccination coverage MMR2 (Age 5).**

#### **As this is a recovery target, no annual target is set.**

5.2.1 This measure considers population coverage at age 5 years of the MMR vaccine (measles, mumps and rubella), which is given in 2 doses at age 12 months and at age 3 years and 4 months. The data is extracted from the local HealtheIntent childhood immunisation dashboard, as per above indicator.

5.2.2 In quarter 3, 69% of 5-year-old children were fully vaccinated against MMR. This is a small increase from the previous quarter and just below the pre-pandemic plateau of around 70%. It also shows a slightly higher rate than reported for Islington in published national data but is believed to be more accurate (for the same reasons given in 5.1 above). The nationally reported rates for Q3 2021/22 is 62%. This is a known discrepancy, due to inaccuracies in coding and issues with data flows.

5.2.3 The small drop in Q3 may be an indication of the impact on access to, or changed use of general practice throughout Covid, including the reduced scope for follow-up/reminders and opportunistic vaccinations for children who had missed their scheduled dose. The reduction in MMR at 5 years being reported in London and nationally pre-dates the pandemic.

5.2.4 Coverage for the MMR vaccine is measured when the child is age 5 years. The quarter 3 data represents children who were aged 5 between October and December 2021. The very youngest of this cohort of children were due their second dose of the MMR vaccine early in the pandemic. However, catch up activity with children who missed their scheduled dose may have been impacted by the pandemic and therefore may have contributed to a reduction in coverage.

### **5.3. Population vaccination coverage – key successes and priorities**

5.3.1 Overall, local vaccination levels have been sustained through Covid-19, supported by consistent messaging to parents via local health visiting services, primary care and in school communications.

5.3.2 Well-established integrated early year's services provide multiple opportunities for reminding parents of the importance of vaccinations, the opportunities for catch-up and the safety of the environment in which vaccines are delivered. Nursery and school entry are additional touchpoints for checking vaccination status and reminding parents to keep up to date with vaccinations.

5.3.3 NCL CCG have recently appointed 3 childhood immunisation co-ordinators. This has provided valuable additional resource within primary care and the team are actively working with practices to improve and correct coding to streamline the call-recall systems.

### **5.4 Number of child health clinics run per week (out of a pre-covid 19 quota of 13/week).**

5.4.1 The Health Visiting Service is a universal service delivering the Healthy Child Programme to all families in the borough with children aged 0-5. This includes 4 mandated developmental reviews of young children between birth and age 2. Home-visiting to carry out these reviews is an essential feature of the service in terms of safeguarding and early identification of any problems.

5.4.2 The clinics provide an important opportunity for parents to discuss minor health concerns with a health visitor, potentially preventing unnecessary GP appointments or A&E visits; to check weight (growth) and to discuss any concerns such as feeding, sleeping or emotional health.

5.4.3 The service has been able to increase the number of clinics per week to 13 – now matching pre-pandemic levels. Clinics were run as appointment only throughout the pandemic and progress has been made over the last quarter to re-introduce some drop-in clinics, where these are held in children's centre. 3 of the 13 weekly clinics are drop-in. The clinics held in health centres are still appointment only for infection control reasons.

5.4.4 Access to appointments is through a triaged single duty phone line, allowing same-day access to a health visitor where necessary and a face-face appointment is always made available for urgent situations.

5.4.5 Physical space for clinics in health centres is now available, as health centres are no longer being prioritised for Covid-19 vaccinations. However, there is still an issue with allowing drop-in access to these clinics. This has been escalated and it is hoped that the situation will be resolved over the next quarter.

#### **5.4 Number of Long-Acting Reversible Contraception (LARC) prescriptions in local integrated sexual health services. The annual target is 1100.**

5.4.1 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, particularly amongst teenagers.

5.4.2 The local integrated service provided by CNWL (Central North West London NHS Foundation Trust) is a mandated open access service providing advice, prevention, promotion, testing and treatment for all issues related to sexually transmitted infections, sexual and reproductive health care.

5.4.3 In quarter 3, there was an improvement in performance with 517 LARC fittings during the quarter compared with 452 in Q2. In the same period for the year before there were 562. The service has continued to maintain high levels of LARC throughout the pandemic with only a small decrease this quarter from the previous year's quarter (45). There were specific challenges in Q3 linked to the Omicron wave of Covid-19 with a number of staff sick or isolating. Despite this the service has continued to operate with measures in place to mitigate any disruption in service provision and continues an upward trajectory for this year.

5.4.4 The improvement in performance is a positive result. As Covid-19 restrictions ease there are a number of key priority areas to focus on in Q4 to increase access to LARC:

- Completion of the new young people's sexual health service procurement whilst supporting services to maintain access to LARC
- Continue to highlight the need for a LARC Maternity Pathway with Clinical Commissioning Group (CCG) colleagues to increase uptake and to meet NICE recommended standards
- Increase clinic-based activity as covid-19 restrictions ease further.

#### **5.5 Percentage of smokers using stop smoking services who stop smoking (measured at four weeks after quit date). The annual target is 50%.**

5.5.1 The community stop smoking service 'Breathe' offers behavioural support and provides stop smoking aids to people who live, work or study in Camden & Islington. The 3-tiered service model ensures that smokers receive the support that is appropriate for their needs, suited to their lifestyle and circumstances. Breathe also supports, trains and monitors a network of community pharmacies and GP practices to deliver stop smoking support.

5.5.2 Overall, the success rate remains high and above the target across the service. In quarter 3, the four-week quit rate was above target at 57%, slightly lower when compared to 61% in Q2 but higher when compared to Q3 in 2020-21 when the quit rate was 53.2%.

5.5.3 For pregnant women the 4 and 12-week quit rates are exceptional at 78.5% and 71.4% respectively, although this represents a small number of quits (11). The North Central London (NCL) rate of smoking at delivery in Q3 (4.8%) is significantly lower than in Q2 (5.7%) and it remains slightly higher than the London rate (4.4%), but lower than the England figure (9%).

5.5.4 The NCL programme for smoke free pregnancy remains a priority and is designed to support improvements across maternity services. Enhanced training for midwives has provided the skills to address smoking behaviours and refer appropriately to the Breathe specialist. 52% of referrals went on to set a quit date in Q3. In addition, stop smoking champions appointed in each of the local hospitals' maternity departments are working closely with the Breathe specialist to ensure women are followed up appropriately.

5.5.5 With recovery plans enacted since Q4 2020-21, face-to-face appointments and carbon monoxide monitoring has resumed in some clinical settings, along with face-to-face promotion of the service during Stoptober in Q3.

5.5.6 Breathe continues to work closely with the Whittington Hospital clinical teams and provides support to smokers on the wards.

### **5.6 Percentage of drug users in drug treatment who successfully complete treatment and do not re-present within 6 months. The annual target is 20%.**

5.6.1 'Better Lives' is the integrated drug and alcohol treatment service in Islington. The service provides comprehensive support to residents aged 18 plus who need support in addressing their alcohol and/or drug use.

5.6.2 In quarter 3, 12.5% of primary drug users successfully completed treatment, showing a small decrease from Q2 when the completion rate was 13.8 %. This does not meet the target of 20%, however, the service has seen an increase in the number of people entering drug treatment, partly driven by substance misuse support offered to rough sleepers placed in emergency accommodation. The increase in the number of people in treatment, is a trend reflected from previous years, for example, in Q2 2019/20 there were 812 people in drug treatment, 878 in the same period in 2020/21, increasing again to 1005 in Q3 this year. This has affected the percentage of people who have left treatment successfully.

5.6.3 The service has carried out a caseload review during Q3 and discharged several service users who had become disengaged despite significant efforts to keep them in treatment.

5.6.4 Substance misuse services remained open and accessible but changed the way in which interventions were delivered to mitigate the impacts of Covid-19 during the pandemic. There was a move to remote support and where safe to do so, support was offered via telephone, digital solutions such as Zoom groups and various recovery apps. Services also increased the distribution of naloxone (an easy to administer medicine that rapidly reverses an opioid overdose) and safe storage boxes for medications.

5.6.5 The service has been working hard to re-instate as much face-to-face provision as possible, although activities have to be carefully managed to maintain social distancing and other measures to prevent and control infection risk within buildings.

## **5.7 Percentage of alcohol users who successfully complete the treatment plan. The annual target is 42%.**

5.7.1 In quarter 3, there was an increase in the percentage of alcohol users successfully completing treatment at 35.5% (in Q2 performance was 33%), although the target of 42% has not been met.

5.7.2 The numbers of people in alcohol treatment have risen from 470 in Q2 2020/21 to 540 this quarter. Commissioners are working with service providers to manage current demand and to ensure support and advice is widely available for any Islington residents who may be concerned with their own or others' alcohol use. For example, promoting a new alcohol awareness app "Lower My Drinking" which is available for all Islington residents and currently being promoted by substance misuse service providers, as well as on the council's website - "One You" and GP website

## **5.8 Key priorities for substance misuse and alcohol**

5.8.1 The key priorities for all substance misuse services going forward are very much aligned to Covid-19 recovery work:

- Ensuring that all critical face-to-face interventions are reinstated safely and as soon as possible. These include drug screening; blood borne virus screening.
- Working with commissioners and wider stakeholders to plan interventions/service developments as part of investment announced as part of the new National Drug Strategy and Dame Carol Black Independent Review.
- Reviewing the local analysis of drug/alcohol deaths among people known to treatment service covering the past 18 months; and working together (commissioners and services) to identify and implement recommendations for service delivery going forward.

## 6. Implications

### 6.1 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.

### 6.2 Legal Implications:

There are no legal implications arising from this report.

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

There is no environmental impact arising from monitoring performance.

### 6.4 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.

## 7. 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

Acting Director of Public Health

Date: June 2022

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Adult Social Care  
Town Hall, London N1 2UD

## Report of: Director of Adult Social Care

<b>Meeting of:</b> Health and Care Scrutiny Committee	<b>Date:</b> 7 July 2022	<b>Ward(s):</b> All
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<b>Delete as appropriate</b>	Exempt	Non-exempt
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## SUBJECT: Quarter 4 (January – March 2022) Performance Report – Adult Social Care

### 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 are 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 Quarter 4 2021/22 progress against targets for those performance indicators that fall within the Adult Social Care outcome area, for which the Health and Care Scrutiny Committee has responsibility.
- 1.3 It is suggested that Scrutiny undertake a deep dive of one objective under the related corporate outcome over a 12-month period. This will enable more effective monitoring and challenge as required.

### 2. Recommendations

- 2.1 To note performance against targets in Quarter 4 2021/22 for measures relating to Health and Independence
- 2.2 To suggest one objective under related corporate outcome for a deep dive review, to take place over a 12-month period.

### **3. Background**

- 3.1 A suite of corporate performance indicators has been agreed for 2018-22, which help track progress in delivering the seven priorities set out in the Council's Corporate Plan - *Building a Fairer Islington*. Targets are set on an annual basis and performance is monitored internally, through Departmental Management Teams, Corporate Management Board and Joint Board, and externally through the Scrutiny Committees.
- 3.2 The Health and Care Committee is responsible for monitoring and challenging performance for the following key outcome area: Adult Social Care.
- 3.3 Scrutiny Committees can suggest a deep dive against one objective under the related corporate outcome. This will enable a comprehensive oversight of 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 challenge and provide more solid recommendations.

## 4. Quarter 4 performance update – Adult Social Care

### 4.1 Key performance indicators relating to Adult Social Care.

PI No.	Indicator	2020/21 Actual	Target 2021/22	Q4 2021/22	On target?	Q4 last year	Better than Q4 last year?
ASC1	Percentage of ASC service users receiving long term support who have received at least one review	39%	<b>52%</b>	<b>44%</b>	<b>No</b>	44%	<b>Better</b>
ASC2	New admissions to nursing or residential care homes (all ages)	186	<b>159 (40 per quarter)</b>	<b>199</b>	<b>No</b>	125	<b>No</b>
ASC3	Percentage of service users who have been supported with safeguarding and who are able to comment, report that their desired outcomes were fully achieved (making safeguarding personal)	67%	<b>70%</b>	<b>58%</b>	<b>No</b>	71%	<b>No</b>
ASC4	The proportion of adults with a learning disability in paid employment	7.8%	<b>8.2%</b>	<b>9.3%</b>	<b>Yes</b>	7.8%	<b>Better</b>
ASC5	Percentage of service users receiving services in the community through Direct Payments	27%	<b>30%</b>	<b>29%</b>	<b>Similar</b>	27%	<b>Better</b>

## 4.2 **Percentage of ASC service users receiving long term support who have received at least one review**

As of Q4 2021/22, 44% of service users who have been receiving services since the beginning of the year have had a review in the last 12 months. Although performance is off target (52%), we have seen an improvement in the performance this year compared to last year (39%). It is important to note that this indicator only captures reviews completed with residents who have had support from Adult Social Care for more than a 12-month period. However, the actual number of reviews completed with all residents receiving support has been higher than last year. Reviews relating to the Health provided Covid funding streams, which initially provided 6 week, now reduced to 4 week funding to support discharges from hospitals have understandably had to be prioritised.

The prioritisation of these Covid related reviews has enabled Adult Social Care to review all these cases in a timely manner enabling the department to ensure that the best possible outcomes are achieved for residents.

### **Why is this not on target?**

- Health funding has been provided to aid the safe and timely discharge of residents from hospital. Funding was initially for a 6-week period and subsequently is now provided for a 4-week period. There is a requirement for Adult Social Care to review all residents receiving this funding within these timescales with a focus on strengths and the best possible outcomes for the individual. These reviews have understandably had to be prioritised. This prioritisation has enabled Adult Social Care to ensure that the best possible outcomes are achieved for residents.
- There was also the need to complete a large number of joint Continuing Health Care (CHC) reviews with Health colleagues. This was due to a backlog from NCL and not an Adult Social Care delay, These reviews would not count against this indicator.
- Over the past year, staff members have been off sick with COVID, with long term COVID and increased annual leave which has impacted activity in teams.
- Service users receiving review through a Care Programme Approach. These reviews are not on LAS due issues with recording on a dual system with The Trust.

**What action are you taking to get it back on track?**

- A service improvement action plan has been set to review practice, monitor performance and update policy.
- Service improvement targets have been set for teams and the trajectory will be monitored by the senior leadership team.
- Daily safeguarding check in meetings with Team Managers, seniors and Heads of Service to discuss reviews
- Monthly review board to monitor progress and agree actions to improve performance.
- The Community Placement Review team has designed a revised review framework to manage higher volume of reviews more effectively and this has enabled the team to complete an increased number of reviews and this should improve the indicator performance
- Islington Learning Disability Partnership (ILDP) working through reviews based on complex care packages and out of borough placements
- The Head of Mental Health Social Work meets with The Trust fortnightly to work through overdue reviews and improve reviews data quality. Identified 3 teams to work with to implement any changes and improve performance. A Trusted assessors pilot is underway working with Camden and Islington Mental Health Trust on reviews.

**When do you expect it to be back on track?**

We expect to see improvements in reviews in the next quarter.

### 4.3 **New admissions to nursing or residential care homes (all ages)**

The Council provides residential and nursing care for those who are no longer able to live independently in their own homes. The aim is to support more people to remain independent and within the community for longer, therefore keeping admissions to a minimum. At the end of Quarter 4 2021/22, we have had 199 new admissions, above the target of 159 and more than last year (189).

In the past year, Adult Social Care has seen an increase in hospital discharges, safeguarding concerns and complex cases. The change in demand due to the pandemic has affected the overall number of new admissions to care homes. This is a trend that has been seen across all our NCL partnership boroughs. Listed below are some reasons why we have a high number of admissions this quarter.

#### **Why is this not on target?**

- There has been an increased complexity of need associated with the pandemic and this has seen more people requiring long-term support in a care setting following discharge from hospital.
- It is likely that during the pandemic, residents were reluctant to enter the care system and received care at home instead. This delay in care home admission could have contributed to the high number of new admissions this year.
- Hospital activity and discharges have remained high in 2021/22.

#### **What action are you taking to get it back on track?**

- Daily Integrated multi-disciplinary Quality Assurance Meeting (IQAM) and daily hospital meeting to sign off any packages of care or requests for placements. Chaired by member of the Senior Leadership Team at Assistant Director level or above. The purpose of the meeting is to be assured that a strength based approach is being taken when assessing or reviewing residents and that the least restrictive options are explored with innovative solutions being used to meet need and to achieve the best outcomes for residents.
- Management actions in place to provide assurance that all support packages are recorded in a timely manner on the electronic care records system (LAS) to enable accurate performance recording in this area.
- Weekly COVID-19 check in meeting to discuss cases which are moving from COVID funding to LBI.

#### **When do you expect it to be back on track?**

When the pandemic has stabilised and the number of hospital admissions and discharges reduces to a more appropriate level.

#### 4.4 **The proportion of adults with a learning disability in paid employment**

This national Adult Social Care Outcomes Framework (ASCOF) measure intends to improve employment outcomes for individuals with a learning disability. The reason for including this as a new corporate indicator this year is threefold. Firstly, we know that COVID-19 has affected employment nationwide, with the unemployment rate in the UK higher than what it was pre-pandemic. Secondly, we know there is a strong link between employment and quality of life. Being in paid employment benefits an individual's health, wellbeing, finances and the economy. Finally, we know that adults with learning disabilities experience inequalities when seeking to enter the job market.

Local performance is on target, with 9.3% of individuals with a primary support reason of learning disability in paid employment. This is above the target of 8.2% and above the 2020/21 performance for England (5.1%) and London (6.1%).

##### **What action has been taken**

- Islington's iSet service launched in October 2021, the re-branded employment service supporting residents with learning disabilities (previously known as the Community Access Project).
- The learning disability and autism subgroup meet every quarter. This group brings together council (iSet) and employment support providers to review data, discuss any challenges and share networking opportunities across the system.

##### **What action are you taking to keep it on track?**

- Guidance to be revised on the recording of employment information to ensure the department is capturing all people with a learning disability in paid employment.
- There are plans being rolled out that will increase the number of reviews completed with people with learning disabilities. This will support the identification of more residents who can access paid employment.

#### 4.5 **Making Safeguarding Personal (An individualised approach to safeguarding that focusses particularly on what the resident would like the outcome of the safeguarding to be)**

This indicator measures the percentage of service users who have been supported with safeguarding, and who are able to comment, report that their desired outcomes were fully achieved.

This is a new indicator for 2021/22 and it helps the service monitor safeguarding. The safeguarding adult's duties are enshrined in the Care Act 2014. The Care Act formally introduced the requirement for local authorities to safeguard people using a personalised approach. This approach is Making Safeguarding Personal (MSP). MSP places the service user at the centre of safeguarding conversations, decisions and actions.

One of the assurance mechanisms to track that the Making Safeguarding Personal principles are being followed is achieved is by asking service users if their desired outcomes were fully met from the safeguarding investigation.

In Q4, 58% of service users reported that their desired outcomes were fully achieved. Performance is still below the target of 70% and Q4 last year (67%). End of year safeguarding validations may change the performance for this figure.

#### **Why is this not on target?**

- It should be noted that the data sources for this indicator are not just from Adult Social Care, for example the Mental Health Trust also feed into this indicator, and this has lowered the indicator performance. There are measures in place to ensure the Trust improve performance in this area, led by the Head of Mental Health social work.
- Capturing this outcome accurately on the system has not been consistent. There are robust management actions to remedy this.
- The restrictions on contact with service users and carers and the reduced access to alternative means of support due to closures in services linked to COVID has directly impacted on the ability to fully meet the desired outcomes of service users.
- It should also be noted that Adult Social Care are working with some adults who may disagree with the protection measures that are proposed, especially when the safeguarding involves a family member or friend. For these reasons they may not feel their outcomes have been met.

#### **What action are you going to take to get it back on track?**

- Working with Islington Digital Services to review the safeguarding module of our electronic case records system to ensure that this, and other key questions, are mandatory to answer for staff completing
- Safeguarding audits and reviews at the point the case is closed, led by the Safeguarding Team leads, will focus on improving this indicator
- A weekly safeguarding closure panel is now in place to oversee the outcomes of safeguarding enquiries and to support the embedding of best practice in this area.
- There has been an issue of different recording processes in Mental Health as a result of the use of a different management information system in that service. Considerable work has been undertaken in that area which should result in an improvement in 2022/23.



**When do you expect it to be back on track?**

We expect to see an improvement next quarter.

#### 4.6 **Percentage of service users receiving services in the community through Direct Payments**

In Q4 2021/22 29% of Islington service users receiving services in the community are supported via a Direct Payment. Performance for this indicator improved throughout the year and is higher than last year (27%). Islington performance is above the 2020/21 performance for London (24.4%) and similar to England (26.6%). Updated benchmarking figures will be made available in summer 2022.

#### **What action has been taken**

- Direct payments support people to have greater choice, independence and control over their lives. This quarter teams have worked with a number of people who have a support reason of learning disability to enable them to start receiving support via a direct payment.

#### **What action are you taking to keep it on track?**

- There are a number of Direct Payments User and carers forums and working groups that have been commenced that are focussing on improvements to processes that will simplify the Direct Payment process.
- Other work within the department includes the review and refresh of Direct Payments (DPs) policies and procedures
- Direct Payments are being discussed in the daily quality assurance meetings with the aim to identify residents who would benefit from having a direct payments to more flexibly manage their support.

#### **When do you expect it to be back on track?**

Improvements should be seen next quarter with the additional 96 individuals transferred to direct payments.

### **5. Implications**

#### **Financial implications:**

- 5.1 The cost of providing resources to monitor performance is met within each service's core budget.

#### **Legal Implications:**

- 5.2 There are no legal duties upon local authorities to set targets or monitor performance. However, these enable us to strive for continuous improvement.

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

- 5.3 There are no environmental impact arising from monitoring performance.

#### **Resident Impact Assessment:**

- 5.4 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).
- 5.5 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.

## **6. Conclusion**

- 6.1 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:**

Director of Adult Social Care

Date: 22 June 2022

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## HEALTH AND CARE SCRUTINY COMMITTEE

### WORK PROGRAMME 2022/23

**Meeting date: 6 June 2022**

**Agenda despatch date: 25 May 2022**

1. Membership and Terms of Reference
2. COVID 19 update
3. Health and Wellbeing Board Update (verbal)
4. Scrutiny Review – selection of topic
5. Work Programme 2022/23

**Meeting date: 7 July 2022**

**Agenda despatch date: 29 June 2022**

1. Health and Wellbeing Board Update (verbal)
2. COVID 19 update, if required
3. Quarter 3 Performance Report – Public Health
4. Quarter 4 Performance Report - Adult Social Care
5. Whittington Hospital Performance update - TBC
6. Work Programme 2022/23

**Meeting date: 4 October 2022**

**Agenda despatch date: 26 September 2022**

1. Health and Wellbeing Board update (verbal)
2. COVID 19 update, if required
3. Scrutiny Review of Care Act – Approval of Scrutiny Initiation Document & Initial Presentation
4. Camden and Islington Mental Health Trust Performance update
5. London Ambulance Service Performance update
6. Quarter 4 Performance Report – Public Health
7. Work Programme 2022/23

**Meeting date: 15 November 2022**

**Agenda despatch date: 7 November 2022**

1. Health and Wellbeing Board Update (verbal)
2. COVID 19 update, if required
3. Executive Member for Health and Care - Annual Report & Local Account
4. Scrutiny Review of Care Act – Witness Evidence
5. Quarter 1 Performance Report – Public Health
6. Quarter 1 Performance Report – Adult Social Care
7. Healthwatch Annual Report and Work Programme
8. Work Programme 2022/23

**Meeting date: 13 December 2022**

**Agenda despatch date: 5 December 2022**

1. Health and Wellbeing Board update (verbal)
2. COVID 19 update, if required
3. Scrutiny Review of Care Act – Witness Evidence
4. Islington Safeguarding Adults Board - Annual Report
5. Scrutiny Review of Adult Paid Carers – 12 month report back
6. Work Programme 2022/23

**Meeting date: 31 January 2023**

**Agenda despatch date: 23 January 2023**

1. Scrutiny Review - witness evidence
2. Health and Wellbeing Board update (verbal)
3. Moorfields Eye Hospital Performance report
4. UCLH Performance update
5. Quarter 2 Performance Report – Public Health
6. Quarter 2 Performance Report – Adult Social Care
7. COVID 19 update, if required
8. Work Programme 2022/23

**Meeting date: 9 March 2023**

**Agenda despatch date: 1 March 2023**

1. COVID 19 update, if required
2. Health and Wellbeing Board update
3. Scrutiny Review – draft recommendations

**Meeting date: 24 April 2023**

**Agenda despatch date: 16 April 2023**

1. Health and Wellbeing Board update (verbal)
2. COVID 19 update, if required
3. Quarter 2 Performance Report – Public Health
4. Quarter 2 Performance Report – Adult Social Care
5. Scrutiny Review Final Report

**Items to be scheduled (DATE TBC):**

- Update on Census Data
- Update on Access to GP Surgeries
- Update on Access to NHS Dentists