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ISLINGTON

Resources Department
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 the Council Chamber, Town Hall, Upper Street, N1 2UDThe Council Chamber, Town Hall, Upper Street, N1 2UD on, **15 November 2022 at 7.30 pm.**

Enquiries to	:	Samineh Richardson
E-mail	:	democracy@islington.gov.uk
Despatched	:	7 November 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

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.	Minutes of the previous meeting	1 - 8
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. External Attendees (if any)

B.	**Items for Decision/Discussion**	**Page**
9.	Healthwatch Annual Report and Work Programme	9 - 30
10.	Scrutiny Review of Adult Social Care Transformation - Witness Evidence	31 - 40
11.	Executive Member for Health and Care - Annual Report	41 - 68
12.	Quarter 1 Performance Report - Public Health	69 - 80
13.	Quarter 1 Performance Report - Adult Social Care	81 - 88
14.	Covid-19 Update, if required	
15.	Health and Wellbeing Board Update	
16.	Work Programme 2022-23	89 - 92

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**	**Page**

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 13 December 2022

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London Borough of Islington

Health and Care Scrutiny Committee - Tuesday, 4 October 2022

Minutes of the meeting of the Health and Care Scrutiny Committee held at on Tuesday, 4 October 2022 at 7.30 pm.

Present: **Councillors:** Chowdhury (Chair), Croft (Vice-Chair), Jeapes, Clarke, Craig, Gilgunn, Russell and Zammit

Councillor Jilani Chowdhury in the Chair

14 INTRODUCTIONS (ITEM NO. 1)

The Chair welcomed everyone to the meeting and members and officers introduced themselves.

15 APOLOGIES FOR ABSENCE (ITEM NO. 2)

There were no apologies for absence.

16 DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)

There were no substitute members at the meeting.

17 DECLARATIONS OF INTEREST (ITEM NO. 4)

No declarations of interest were reported at the meeting.

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

Councillor Russell asked whether the Committee would be looking in-depth at sexual health as this was considered at the previous meeting. This was not agreed.

RESOLVED:

That the minutes of the previous meeting held on 7th July 2022 be agreed as a correct record and the Chair be authorised to sign them.

19 CHAIR'S REPORT (ITEM NO. 6)

The Chair explained that the order of items had been amended to allow external partners to address the Committee first.

20 PUBLIC QUESTIONS (ITEM NO. 7)

The Chair advised that any questions from the public would be considered as part of each agenda item.

21 EXTERNAL ATTENDEES (IF ANY) (ITEM NO. 8)

No requests.

22 CAMDEN AND ISLINGTON MENTAL HEALTH TRUST PERFORMANCE UPDATE (ITEM NO. 12)

The Committee received a performance update from the Camden and Islington Mental Health Trust. Mr Mafu, Managing Director Islington Division informed the Committee that there had been a divisional restructure that was helping to better support their community mental health transformation programme and the delivery of

their priorities. It was highlighted that priorities included keeping people safe and providing a focus on ensuring care and treatment worked for the people who received it.

It was also explained that the Clinical Strategy within Camden and Islington (C&I) was focused on an integrated, community mental health service and improving patient flow and experience. The Committee were informed that during the trusts last Care Quality Commission (CQC) inspection, which took place in 2019, they were rated good overall. They had been working to ensure the rating was sustained and to improve the areas CQC had recommended needed improvement.

It was highlighted that an area of focus in C&I was community mental health transformation. Here Central, North and South teams had been launched, in primary care, that would be multiagency and multidisciplinary, with a focus on prevention. New roles within the teams included population health nurses with a focus on physical health. As part of the transformation, they would also be looking to expand their interventions and to ensure greater collaboration within North Central London (NCL). There was work around eating and personality disorders being carried out at the NCL level. They were facing some challenges around recruitment; estates and there would be more work around stakeholder engagement.

A partnership between C&I and Barnet, Enfield and Haringey (BEH) were working together to reduce health inequalities, improve patient outcomes and create a sustainable workforce. Nine priorities had been identified including community mental health transformation, improving the crisis offer and having a single bed management plan for NCL.

The St Pancras Transformation Programme was progressing within C&I. Some services at St Pancras were being moved temporarily in order to complete the work within the trust. The Islington hub would be at Lowther Road. This included the community teams. Inpatient services would be at the Highgate Campus.

It was highlighted that Islington had the third highest prevalence of serious mental illness and the fifth highest prevalence of common mental health disorders. The trust would continue to remain agile and would adapt its strategy to meet any challenges, including those following Covid-19. Recruitment was a key challenge, and they would continue to ensure there was the right workforce within services. In August 2022 there was a cyber-attack that was managed nationally. Staff worked hard to ensure risks and the impact on services were minimised. There were some minor disruptions but no significant impact on patient care. Work was also underway to address inequalities and all services were assessed to prevent discrimination.

The appendix to the report included the services of the trust and a more detailed performance report.

Following a request by the Committee, Mr Mafu gave an update on the trusts use of Electro-Convulsive Therapy (ECT). It was explained that there were two groups of people that would benefit from ECT, people with catatonia and those with psychotic depression. Referrals for treatment would usually be by a multidisciplinary team of professionals including a qualified mental health practitioner, not a General Practitioner (GP).

ECT was supported by the National Institute of Health and Care Excellence (NICE) guidelines and the Royal College of Psychiatrists. It was administered to approximately twenty people per year and was described as a lifesaver by some as it

reduced debilitation caused by catatonia or psychotic depression creating a pathway for further treatment. There was a legal framework for the use of ECT that included the need for consent, although some people could have ECT under the Mental Health Act or could give an advanced directive regarding whether they would agree to ECT.

ECT was an expensive procedure and required four professionals, who could decline going ahead with treatment depending on the risks presented. This year there were two patients who didn't see improvements however the team also received thank you cards from individuals and families whose ECT was successful. There was no upper age limit for treatment but those under eighteen wouldn't usually receive it. The average age of those who received treatment was sixty. Sixty percent of recipients were female, and forty percent were male, usually white, and from less socially deprived areas. The ECT service was accredited. The accreditation looked at whether there was the right expertise, in the right environment and, treatment was delivered safely and efficiently.

In summary, Mr Mafu informed the Committee, ECT worked for some people but not everyone; it was never used as the end treatment; it helped to take people out of a debilitating situation and the trust only used it if it was necessary, it would not be promoted. The Committee were informed that colleagues from the ECT team would be happy to attend to talk more about the evidence base.

Councillor Craig asked why safety was one of the areas identified as requiring improvement in the CQC report and what was being done to address the issue; whether staff satisfaction feedback surveys were being carried out and what outcomes they were getting from them and what could be done to ensure residents were not being treated outside of borough. It was explained that safety was related to caseload size and issues around recruitment. The number of people allocated to a single practitioner had been reduced and casework had been separated into four pathways including support by a care co-ordinator, psychological input, social worker or senior medical practitioner. A staff feedback survey was circulated every year and they would meet with individual teams to identify priorities. It was explained that morale had fallen across the NHS, there was difficulty retaining staff, rates of pay were determined nationally and were not in-line with inflation and there were huge demands on staff because of demands on the service. There were initiatives to try and support staff such as reduced canteen prices. The trust would try to support people closer to home wherever possible however there could be more appropriate placements out of area. A placements team reviewed out of area placements to ensure, where possible, people could return.

Councillor Clarke felt ECT was a brutal practice that damaged the brain and asked if there was a breakdown of who received it, in particular she queried why more women received treatment. The trust was questioned about moving people out of St Pancras at a cost of £116,000 per month whilst they waited for the Highgate site to be finalised. It was explained that ECT was recommended by NICE under limited circumstances and with the equivalent of twelve women to eight men receiving it within a year, it was difficult to find statistical significance. The Trust said an update on the St Pancras programme could be provided at a later committee meeting. It was explained that the cost implications for Moorefield's ran into millions of pounds, so 9 patients would be temporarily placed elsewhere for 9 months.

Councillor Gilgunn asked about side effects caused by ECT. It was explained that the treatment was recommended by NICE, under limit circumstances and, outcomes were

mostly positive. If the Committee wanted more detail on the side effects a clinical colleague that practiced ECT could be invited to a future meeting.

Councillor Zammit asked what could be done to help children and young people due to an increase in severe mental illness, about the new role of population health nurses and whether community centres had been approached where there were problems with space. It was explained that access to services by children and young people was good, an indicator in the report showed those presenting with first episodes of psychosis were treated within two weeks of referral. They were working closely with universities to support students and early intervention was key, with the mental health transformation teams focusing on prevention. There were four population health nurses in the north, central and south localities who were undertaking outreach at different locations. Events were held and attended at community centres.

Councillor Croft referring to the key performance indicators (KPI's) asked what was causing the 'waiting times for beginning treatment within 6 weeks of referral' to have gone below target from February 2022 and, why the proportion of people completing treatment who move to recovery was also below target and what was being done to improve and learn from any best practice at Kingston where they were more frequently hitting their targets. Ms McGrath explained that gaps in recruitment and greater complexity post pandemic had affected their targets. Kingston had a different population, and the figures were linked to the demographics of the population and the social determinants of health.

Councillor Russell, asked about section nine in the report, which considered the addressing of inequalities. She asked whether any specific training was provided to staff to ensure trans and non-binary people had a welcoming experience. Mr Mafu explained all staff members undertook equality and diversity training, the training emphasised all people must be treated with respect.

The Chair asked how the trust were tackling stigma related to mental health in Black and Minority Ethnic (BME) communities and whether a shortage of staff, due to recruitment issues, was affecting the service. Mr Mafu explained there were several initiatives to ensure a more inclusive service was being provided. There was a system wide approach that included forums, a 'no wrong door' approach by services and KPI's that monitored ethnicity. The trust endeavoured to fill vacant posts and would use skills mixing and temporary staff to ensure patient safety. Every board meeting would consider a safe staffing report and were necessary vacancies would be filled by bank and temporary staff. They were also working with the police to help reduce violence and aggression on wards.

RESOLVED:

To send any further questions on ECT to Camden and Islington Mental Health Trust for their written reply.

23 LONDON AMBULANCE SERVICE PERFORMANCE UPDATE (ITEM NO. 13)

Mr Allen Brown, Camden and Islington Group Manager, London Ambulance Service (LAS) gave a presentation to the Committee. It was highlighted that the purpose of the LAS was to provide outstanding care for all their patients; be a first-class employer; provide the best value to taxpayers and to work with partners to optimise

healthcare and emergency service provision. LAS were the only London wide healthcare provider and were one of the busiest ambulance services in the world with approximately ten thousand employees and volunteers serving a population of 8.99 million people. During the current year the service had received 2.2 million 999 calls and 2.2 million 111 calls, seeing a million patients, with an average response time of six minutes and fifty seconds. On busier days the service received a 999 call every six seconds and a 111 call every three seconds. They had recruited over one thousand new staff members and ranked number one amongst NHS employers for apprenticeships.

The LAS faced several challenges including high demand for the service. This required closer partnership working on more community pathways; the introduction of a new patient flow system to ensure patients were taken to the nearest hospital that could provide the quickest care and a clinical hub, where clinicians could give telephone assessments.

There had been improvements made to benefit staff and patients including a new purpose-built control room and two education centres; new technology including a simulation room; revamped logistics and supply units and a new computer aided dispatch system. Their key priorities were the health and wellbeing of teams including improving the work culture and staff morale; the launch of a recruitment drive; work to reduce violence and aggression towards staff and investment into green, lower emission and electric vehicles.

On their performance, it was highlighted that they were on target for responding to category one serious emergencies and category three calls. Category two was a challenge with a target of eighteen minutes and a response time of approximately twenty minutes to over an hour. It was explained that it was a challenging time for the whole NHS and they were working with partners to help manage their flow; were offering financial incentives for staff to cover shifts, had looked at a range of alternative care pathways and aimed to put out twenty – thirty additional ambulances a day.

Councillor Russell asked whether the summer heat resulted in an increase in ambulance callouts and whether they were looking at this being a long-term risk caused by the changing climate and, whether paramedics could be using e-bikes. It was explained that the heat caused spikes in demand and the weather would dictate whether extra ambulances were put out. They were looking at e-bikes however there were some complications. They would provide the committee with a written response on this.

Councillor Jeapes asked what caused delays at hospitals and whether there was a problem caused by patients waiting to be admitted; whether the service was impacted by Islington becoming a low traffic neighbourhood and whether there were people being considered in category two when they should be considered in category one. It was explained that hospital delays were an issue that caused the loss of a lot of ambulance hours. A Hospital Liaison Officer would attend the hospital if the flow became an issue. Figures for this could be provided to the Committee. Being a low traffic neighbourhood did present challenges but there was no evidence it led to an increase in injury or death. Cases on the border of category one and two would be picked up by the clinical hub who would review those cases.
Councillor Craig asked about a new scheme that looked at offloading patients to a receiving centre, what was being done to improve the category two response times and whether the transition to urgent care plans had worked. It was explained that

although the scheme had been successful it would be challenging to implement in other areas, due to the lack of space at hospitals and the use of tents. To help with the category two response times they were looking at doing a recruitment drive; had introduced assistant ambulance practitioners; aimed to put out 20-30 extra ambulances a day; introduced a patient flow team; took patients to hospitals with more space and worked with hospitals on a rapid release system for emergencies. The introduction of urgent care plans had helped ambulance crews to make more informed decisions with patients.

Councillor Zammit asked whether councillors could be doing more to encourage careers in the ambulance service. It was explained that it would be good to attend schools to educate children on the ambulances work and to help encourage black and minority ethnic (BME) applicants.

Councillor Croft asked whether there was data on mental health emergencies and if there had been an increase in callouts. It was explained that there had been an increase in mental health issues, and it had also become the highest sickness indicator for staff. A car had been introduced to attend mental health crisis; suits were hard to find, and mental health nurses were present in the control rooms. There were figures available that could be circulated to the Committee.

The Chair asked whether a lack of carers had led to more calls to LAS by older people and what could be done if you cannot answer some of the questions asked when you call an ambulance for assistance. It was explained that it would be better to have more carers but there was no direct evidence related to whether a 999 call could have been more effectively dealt with by others. The questions were part of the triage system bought in, were tried and tested, and if questions were taken out and someone died it would be the responsibility of the service.

The Chair asked the Committee whether the Council should facilitate an event for children and young people who wanted information on how to get into the ambulance service or wider health and care jobs such as the mental health service or domiciliary care.

RESOLVED:

To look into facilitating a health and care careers day for children and young people.

24 SCRUTINY REVIEW OF ADULT SOCIAL CARE TRANSFORMATION - APPROVAL OF SCRUTINY INITIATION DOCUMENT AND INITIAL PRESENTATION (ITEM NO. 11)

John Everson, Director of Adult Social Care informed the Committee that the scrutiny initiation document set out the programme for a detailed look at work in social care. The objective of the review was to put adult social care in context and to provide an overview following a number of changes to legislation, particularly in regard to the Health and Social Care Act 2022. The Committee would be given the opportunity to understand those changes and the resulting impact, including changes to services within the council and with wider partners.

The Committee would be informed of the way people accessed and went through services and it would be put into the Islington context using demographics. There was an emphasis on early help and prevention that should come through in the programme. The transformation and developments being put in place in services and

with partners to address issues would then be considered. The vision for adult social care included ensuring strong, inclusive, connected communities where regardless of background people had fair and equal access to adult social care and the support to enable them, where possible, to live healthy, fulfilling and independent lives.

This meeting was to look at signing off the scrutiny initiation document. Meeting two would consider the adult social care context, vision and an overview of the integrated front door and urgent response service. Meeting three would look at the improved reablement service. Meeting four would be a summary.

Councillor Zammit asked whether personas could be used to clearly demonstrate the steps a person might go through once they have accessed a service. This was agreed. The Chair asked whether they would be meeting with vulnerable residents and whether this could be facilitated in the community. It was explained that the committee would meet service users for an informal discussion, in an appropriate setting.

RESOLVED:

To agree the Scrutiny Initiation Document.

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

The Cabinet Member for Health and Social Care explained there were no updates and the next meeting would be held in November.

26 COVID-19 UPDATE IF REQUIRED (ITEM NO. 10)

Jonathan O'Sullivan, Director for Public Health explained that Covid-19 infections had increased over the summer, had reduced but were starting to increase again. The majority of cases were the same type of OMICRON that had already been circulating in the community, so there was some immunity in the population.

Covid Vaccinations had been offered to older adults, health and social care workers, those with health conditions that made them vulnerable and those who lived with them. It was hoped that, subject to the national timetable, the vaccine would be rolled out to healthy adults over the age of fifty.

There had been an increase in Covid-19 infections in hospital admissions, following a low across central London in mid-September. There were currently 210-215 patients with Covid-19, with 25-30% of those admissions being due to Covid. No issues had been identified at care homes due to prevention measures still being in place to protect residents.

It was expected that there could be an autumn or winter surge in covid cases. New sub-variants were emerging, so it was important to get vaccinated. Flu had also begun to circulate in the community. This was early compared to most years and the type of flu was likely to be more infectious and more serious, so the flu vaccination was also strongly advised.

27 QUARTER 4 PERFORMANCE REPORT - PUBLIC HEALTH (ITEM NO. 14)

Jonathan O'Sullivan, Director of Public Health explained to the committee that public health indicators came in nationally, therefore they were considering the last quarter

of the financial year, January to March 2022. It was highlighted that services and the community were still affected by an OMICRON wave during December-January.

It was highlighted that primary vaccinations measured at 1yr was up compared to during Covid 19 however it was still below the level for heard immunity; an additional polio vaccination was being offered as a precaution following traces of the virus being discovered in the wastewater supplies; the measles, mumps and rubella (MMR) follow up vaccination had returned to pre-covid levels but was below the heard immunity level; it was proposed that the metrics on access to child health clinics be retired; long acting reversable contraception had been impacted by covid and they were seeing improvements due to prioritising it; there was a 66% success rate regarding stop smoking and there were improvements to the drug service indicators but there were still improvements to be made.

Councillor Turan explained there had been an increase in the number of people presenting with drug and alcohol problems. This was the impact of poverty, austerity and the cost-of-living crisis however services were doing a good job trying to help people at their most vulnerable.

Councillor Clarke highlighted the good work being done to help pregnant women stop smoking and asked for clarification around the statistics. It was explained that they were looking closely at the whole pathway, from preconception to delivery. Every pregnant woman should have a conversation and an offer of support and advice about stopping smoking. The statistics showed that those who engaged with the service were successful however the challenge was to encourage more people to take up the offer of support.

28 <u>WORK PROGRAMME 2022/23 (ITEM NO. 15)</u>

There were no comments or amendments to the work programme.

Councillor Russell asked whether the Council would be involved in Great Mental Health Day being organised by the Mayor of London for the 28th January and, whether a report by Age UK that looked at access to public toilets had been considered. Councillor Turan explained they had been looking at developing a plan to invest in toilet facilities and to work with businesses regarding access to toilets. They would look into participating in Great Mental Health Day. Councillor Craig raised the issue of changing facilities for older children. Councillor Turan said they were working with changing places toilets. The Chair requested an update on the aforementioned and this was agreed.

MEETING CLOSED AT 10:10pm

Chair

healthwatch Islington

Championing what matters to you

Healthwatch Islington
Annual Report 2021-22

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Message from our chair

We know many people are experiencing very difficult times with the ongoing impact of the pandemic, increasing inequality, and now the cost of living crisis. Many of the residents we have heard from this year have expressed concern about rising costs for gas and electricity. Working together with our community partners, we have supported these residents to access the Seasonal Health Intervention Network for the help they need with their energy bills.

Concerns about access to dentistry remained high throughout the year as dentists struggle to meet demand for NHS services. Our signposting team helped many Islington residents find NHS dentists. We sent some to dentists outside the borough, and liaised with specialist organisations in cases of severe need.

We also continued to hear concerns about non-emergency patient transport services. This seems to have settled down again but we have been sharing our concerns with other Healthwatch across the country and with national partner, Healthwatch England, to ensure that NHS England policy better reflects resident needs.

Engagement

During 2021-22 we continued to talk to residents in virtual meetings, over the phone and to support small numbers of residents face-to-face. Overall, we engaged with over 2,200 residents. We gathered views on accessing health and care, experiences of Long Covid, and the impact of the pandemic.

Our Winter Wellness campaign, funded by North Central London Clinical Commissioning Group, helped us to reach 587 residents to share information about vaccinations for flu and Covid, tips for staying well during cold weather, and signposting to financial support. We continued to highlight the potential benefits of vaccination to local residents, reaching 150 people through a hyperlocal project funded by Islington Council, and delivering workshops to 100 students including unaccompanied minors from Somalia, Eritrea and Afghanistan at City and Islington College with colleagues from public health, Islington Somali Community and Eritrean Community in the UK.

Advocacy

We continued to advocate for more inclusive services in general, and more inclusive mental health services in particular, through our positions within local commissioning structures. We co-designed a guide for local providers and commissioners, sharing top tips from across sectors for making mental health services more welcoming and inclusive to people from all backgrounds.

Volunteering

We are incredibly proud that this year, our volunteers received national recognition when Healthwatch Islington won the 'Celebrating our volunteer team' category in the Healthwatch Awards 2021, which were run by Healthwatch England. It's the second time we have won this award and we feel both lucky and grateful to have volunteers of such high calibre.

Responding to the emerging crisis in dentistry, our volunteers contacted all local dental practices to see which practices were taking NHS patients. They also visited local pharmacies to see how accessible they are for disabled people, including those with sensory impairments. And our Team of Digital Champion volunteers supported 178 residents to access digital support on topics including online safety, using e-consult to access a GP, and NHS vaccine passports.

We're concerned about how difficult it is to navigate many NHS websites, and the huge number of apps available. We're keen for local providers to test their online tools with residents who are less digitally confident so that services can be more inclusive, and we continue to advocate for the digitally excluded. It is not acceptable for public services not to offer alternatives to digital access.

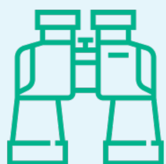
We thank everyone who has been in touch with us this year and kept us all going through this challenging time. We also thank our funders, and particular thanks again to Healthwatch Islington's volunteer team, and our dedicated staff.

Jana Witt
Healthwatch Islington Chair

About us

Your health and social care champion

Healthwatch Islington is your local health and social care champion. We make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.



Our vision

Improved health and social care outcomes for local residents.

Our mission

- To collect knowledge that reflects the diversity of needs and experiences within the borough and encourage people to feedback their honest views on services.
- To use the evidence we gather to influence service delivery, provision and commissioning for the benefit of local people to improve their experience.
- To reach out to and empower our local community to be informed about and involved in local services and exercise choice in taking up services.
- To support the independent assessment and audit of local services.

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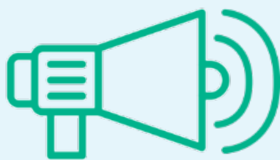
Our values

We want to engage communities on issues that matter to them, in ways that are accessible and meaningful to them. We don't ask people to give us their opinions or feedback on services without offering them information or support in return.

Our year in review

Find out how we have engaged and supported people.

Reaching out



400 people

shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

1,269 people

received our clear advice and information about topics such as keeping warm in winter and COVID-19 vaccinations.

Making a difference to care

We published

6 reports

about the improvements people would like to see to health and social care services.

Our most popular report responded to a national consultation on

patient transport services

where we highlighted the struggles people have accessing this service in Islington.

Health and care that works for you

We're lucky to have

26

outstanding volunteers, who gave their time across 107 days to make care better for our community.

We're funded by our local authority. In 2021-22 we received:

£156,100

which is the same as the previous year.

We also currently employ

7 staff

who help us carry out this work.

How we've made a difference throughout the year

These are the biggest projects we worked on from April 2021 to March 2022.

Spring

Teaming up with expert researchers, clinicians, and commissioners, our programme of online information events kept the community up to date about emerging issues like Long Covid.

We talked to different communities to understand their concerns about the COVID-19 vaccine, and gave reliable information to empower people to make informed decisions.

Summer

We celebrated the return of our face-to-face digital support sessions. Our volunteers helped residents get online to connect to friends, family, and the services they needed to stay healthy.

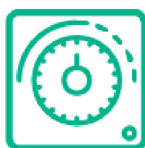
Our signposting team helped people in pain to find NHS dentists. We sent some to dentists outside Islington who were still taking patients, and liaised with specialist organisations in cases of severe need.

Autumn

We interviewed care home managers to find out how easy it was to access GPs, dentists, hospital transport, and other key services. We reported our findings to commissioners.

Working with Healthwatch across north central London, we conducted surveys, interviews, and focus groups with Long Covid patients to better understand their experiences of accessing care.

Winter



We had 'winter wellness' conversations in community languages with over 700 residents. Many of those we helped to support were living in poverty made worse by the cost of living crisis.

We responded to Islington Council's call for evidence of inequality, sharing many examples of unfairness in access to health and other essential services that we've seen in our work.

Listening to your experiences

Services can't make improvements without hearing your views. That's why over the last year we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feedback to services to help them improve.

Improving access to GP services

Thanks to people sharing their experiences of GP appointments with us, we've been able to help local commissioners draw up an action plan to make GP services easier to access for all our residents.

In May 2021, we published a report sharing people's feedback on GP access during the pandemic, based on phone surveys with residents and an analysis of GP websites. This year, we continued to gather people's feedback on access in a number of ways: interviews with care home managers and voluntary sector partners; an online survey; and by hosting a series of online meetings enabling residents to raise issues about GP access directly with commissioners.

29 of 70 respondents

who completed our online survey said they had found it difficult to contact their GP practice in the last 6 months.

In January 2022, commissioners responded by sharing a list of improvements they intend to implement relating to GP access. This will help resolve a number of issues we had raised with them on patients' behalf. Planned improvements include:

- Reviewing and improving practice websites to ensure information is up to date and easy to find.
- Working with e-consult providers to make the platform more user-friendly, particularly for less digitally-confident patients.
- Reducing the length of recorded messages on practice telephone lines.
- Providing ongoing support to community organisations to increase their capacity to support residents to access digital services.
- Reducing the time window when the GP can be expected to call for a telephone consultation, to allow patients more control over their other commitments.
- Better use of video consultations, and more consistency regarding when and why these appointments are offered.

What difference will this make?

Our insight has helped commissioners reflect on what they are already doing and what further action is needed to improve access to GP services.

"My experience of telephone consultation was good but being offered a video link would be better."

Patient insight shared with Healthwatch, then shared onwards with commissioners, October 2021.

Raising awareness of problems with NHS dental services

Thanks to so many people coming to us for help to find an NHS dentist, we have been able to understand the scale of the problems with NHS dentistry, and bring this to the attention of decision-makers.

- From our signposting work, and from feedback we received from surveys, we realised that people who weren't currently registered with an NHS dentist were having great difficulty accessing dental care.
- Though they may have had to wait a long time for an appointment due to Covid, patients who were already registered with a dentist tended to have fewer issues with access.
- Our volunteers carried out a mystery shopping exercise involving 19 local dentists and confirmed that it was much harder to get an appointment if you weren't already registered with the dentist. Dental practices tended to have an existing patient cohort and lacked capacity to take on more patients for NHS care.

In March 2022, we published a report sharing our findings with commissioners and local press. People were less likely to be able to find a dentist if they had moved to Islington within the last two years. Those needing treatment that their existing dentist didn't offer, such as certain root canal treatments, could also struggle to access treatment. Additionally, patients who hadn't been to their dentist regularly told us that they hadn't realised that non-attendance would jeopardise their ongoing access. We feel that more could to be done to make patients aware of this danger.

"Thank you for getting back to me, your help is wholeheartedly appreciated …Thank you for being a light at the end of a dark tunnel."

Resident with a high level of need, who we supported to access NHS dental care

What difference did this make?

We helped 64 local residents, some with very high levels of need, to find an NHS dentist who would treat them.

Our efforts to draw attention to problems with NHS dentistry have been replicated across the Healthwatch network. Healthwatch England have drawn attention to the crisis in the national media, and called for rapid and radical reform of the way dentistry is commissioned and provided. Together with the British Dental Association, Healthwatch England has sent an open letter to the Chancellor of the Exchequer Rishi Sunak calling for a recovery plan for NHS dentistry.

Three ways we've made a difference for the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.

Improving access to health services

It's important that NHS and social care services have strong links with the community. This helps make services easier to access and more responsive.

Philippa normally works full-time for Healthwatch, but this year she is based at CANDI (our local mental health trust). Her job is to strengthen links between the trust and the community and help ensure that mental health services reflect and consider the needs of the diverse population in Islington. Working with Population Health Nurses, Philippa has been going out to community settings to support the provision of free health checks. This has enabled residents to access a health check in an environment which feels familiar and safe. It's proved to be a great way of helping people to engage with the idea of physical and mental health.

Championing community-based services

When we spoke to vulnerable residents at the Health Connector service at Manor Gardens, they told us that a friendly, warm welcome and positive, caring relationships with staff gave them a sense of belonging and feeling valued. It's also important that there isn't pressure to progress to other services if they don't feel ready. This helps them keep attending when they are feeling less confident.

We've heard a similar message in the past from residents using mental health day services, and many other community-based services. This voluntary sector model of support, focused on the residents' own priorities (rather than those of the wider health and care system) is really valued by residents, particularly those experiencing health inequalities. We stressed this point to Islington Council when they asked how they could make Islington fairer.

Counselling in community languages

Change takes time. We asked for this provision when we published our report 'Mental health support services for migrant communities in Islington' back in 2020. Pilot programmes ran this year and we're now conducting an evaluation of the service.

"It has been extremely beneficial to be able to express myself more clearly in my mother tongue. The benefit I have felt during and since my counselling has been so profound because I was able to speak freely without having to overcome a language barrier in order to express my feelings. I also felt that the counsellor was able to understand the cultural nuances of my problems. I know other people who would really benefit from this and who struggle, so I feel really grateful that I have been able to access this service at Arachne."

Feedback on the mother-tongue counselling service piloted this year. We asked for this provision in our 2020 report, 'Mental health support services for migrant communities in Islington'.

"I have been in the UK for 7 months. I wish this could happen often. It's the first time I've had advice. Language line is not available with my GP."

Feedback on the provision of free health checks with interpreting support, a programme Healthwatch has been delivering together with community and statutory partners.

Advice and information

If you feel lost and don't know where to turn, Healthwatch is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it's finding an NHS dentist, learning how to make a complaint, or getting access to counselling or other kinds of support– you can count on us.

This year we helped people by:

- Supporting the COVID-19 vaccination and booster programme
- Hosting 20,000+ visits to advice and information resources on our website
- Supporting over 700 residents to keep well and warm in winter
- Assisting 64 local people to find an NHS dentist

Working in partnership to address vaccine hesitancy

Arachne Greek Cypriot Women's Group partnered with us on a signposting project. We gave reliable information on Covid vaccinations to 150 local residents.

When Arachne contacted an elderly, Greek-speaking lady to talk about the importance of Covid vaccinations, she said that although she had had two COVID-19 vaccinations, she was reluctant to have any more boosters as she felt the pandemic was coming to an end. Arachne explained the importance of taking up the offer of a further booster, and that the pandemic was not yet over. They also explained the benefit of the vaccine helping to make the illness milder in the event that she did catch it. Better informed, she decided to go ahead and get herself the booster.

Helping residents in poverty cope with rising energy bills.

Islington Somali Community partnered with us on our Winter Wellness project. Across the partnership we helped over 700 residents, giving out information in a wide range of community languages.

One of the residents who Islington Somali Community supported had been through a difficult time during the pandemic. Her husband was their main provider. When he got Covid he was hospitalised for many weeks, and he was unable to return to work. Her eldest son was in a mental health facility. The family were struggling financially, and the bills kept piling up. She had tried to stay on top of things and most of her bills were paid. However, her energy bills were too much for her, and the amount she owed kept increasing due to extra fines. Islington Somali Community tried reasoning with her energy provider who demanded the full payment. They eventually said there was nothing they could do because they had passed her account on to debt collectors.

Islington Somali Community found out about Step Change, a specialist debt charity, through Healthwatch at one of our Winter Wellness information briefings. As a result, they were able to advise their client to apply to Step Change for support.

After the client signed up for Step Change, Islington Somali Community contacted her energy provider and managed to set up a repayment plan of £50 per month. At the client's request a key meter was also installed and she was very happy with the outcome.

Volunteers

We're supported by a team of amazing volunteers who are the heart of Healthwatch Islington.

This year our volunteers:

- Helped people improve their digital skills by providing one-to one digital support sessions for 134 residents, and supporting the delivery of specialist digital training events on themes such as understanding email, digital safety, and shopping online.
- Visited 40 Islington pharmacies to assess each building's physical accessibility, and see how information was displayed about the services the pharmacies provided.
- Carried out phone-based mystery shopping of 19 Islington dental practices to see how easy it was to access NHS appointments.
- Designed surveys, interviewed care providers, and shared their own experiences, all with the aim of improving local health and care services.

Ibrahim

"I have found volunteering with Healthwatch very brilliant and rewarding. I feel good to help people learn more about digital activities and feel safe online. I believe this is very good opportunity to gain new skills and enhance my knowledge on how to care for patients with compassion and empathy. This will definitely help me to become a good nurse in the future."

Seraphine

"I started off online but have been supporting digital learners in person for almost a year now. Volunteering helps me to put things in perspective, improve my organisation and panic less! It's a real team effort and together we achieve good outcomes. One learner was anxious and convinced she couldn't do online shopping but by the end of the session she'd bought herself a gown from M&S."

Jenni

"I'm a retired social worker. Volunteering with Healthwatch gives me opportunities to do what I've always enjoyed, talking with people about their experiences and hearing their views. I find it really interesting to consider different aspects of health provision. Most recently, I did some pharmacy visits which really made me think about how difficult it can be for people to get in and out of shops."

Do you feel inspired?

We are always on the lookout for new volunteers, so please get in touch today.

www.healthwatchislington.co.uk/volunteer

07538 764457

jennifer.kent@healthwatchislington.co.uk

Finance and future priorities

To help us carry out our work we receive funding from our local authority, Islington Council, under the Health and Social Care Act 2012. We bid for additional funding to enable us to carry out more projects and increase our impact.

Income	
Funding received from local authority	£156,100
Additional funding	£108,992
Total income	£265,092

Expenditure	
Staff costs	£182,277
Operational costs	£33,576
Support and administration	£23,184
Total expenditure	£239,037

Top three priorities for 2022–23

1. Hypertension (high blood pressure) – we'll be raising awareness of this condition which affects as many as one in five of us in Islington.
2. Championing inclusivity in health and care services. As well as promoting the adoption of the Accessible Information Standard, we'll be working with commissioners to encourage providers to develop Inclusion Action Plans.
3. Extending our digital inclusion work.

Next steps

The coming years are likely to be very difficult for local residents and for service providers, with increasing numbers of people experiencing poverty, and demand for services outstripping supply. Islington already has extremely high rates of child and pensioner poverty and this will continue to exacerbate health inequalities in our borough. We will continue to strive to reach more residents and work with local providers to be increasingly inclusive. We were really thrilled to be awarded a new contract to continue to deliver Healthwatch in Islington.

If this report has found you, get in touch and tell us about your experience, ask about our digital learning or come and volunteer.

Statutory statements

About us

Healthwatch Islington, 6-9 Manor Gardens, London N7 6LA.

Healthwatch Islington uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

Healthwatch Islington is a charitable company. Company no: 8407852
Charity Number: 1173157

The way we work

Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch board consists of 6 members who work on a voluntary basis to provide direction to, and oversight and scrutiny of, our activities. Our board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2021/22 the board met seven times and made decisions on matters such as our revised volunteering policies and approving our budget.

We ensure wider public involvement in deciding our work priorities. For example, we used insight from information and signposting enquiries to prioritise looking at NHS dental services this year. Similarly, feedback shared by service users led to us continuing to work to highlight issues with non-emergency patient transport. We hosted online public meetings (such as the Islington Patient Group meetings) which also gave residents the opportunity to identify emerging issues of concern.

Methods and systems used across the year's work to obtain people's views and experience.

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services. During 2021/22 we have been available by phone, by email, provided a webform on our website, attended virtual and physical meetings of community groups and forums, and provided our own virtual activities.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers. We do this by continuing to work with our Diverse Communities partnership. Each of our partners represent communities that are less able to get their voices heard by mainstream services.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We publish it on our website and printed copies are available on request.

Responses to recommendations and requests

There were no providers who failed to respond to our requests for information or our recommendations. This year, due to the COVID-19 pandemic, we did not make use of our Enter and View powers. Consequently, no recommendations or other actions resulted from this area of activity. There were no issues or recommendations escalated by our Healthwatch to the Healthwatch England Committee and so no resulting special reviews or investigations.

Health and Wellbeing Board

Healthwatch Islington is represented on the Islington Health and Wellbeing Board by Emma Whitby, our Chief Executive.

2021-2022 Additional outcomes

Project / Activity Area	Impact
North Central London Fertility Policy Review	As we had requested when we spoke with commissioners, the new Fertility Policy adhered to existing guidance that had been produced by the National Institute for Health and Care Excellence.
Ensuring more diverse representation in commissioning conversations	Commissioners were invited to meetings of our Diverse Communities Health Voice partnership to get direct feedback from communities facing health inequalities. Services discussed included the Experts by Experience programme, the Community Mental Health Framework, and statutory advocacy services.
Accessibility of Long Covid treatment pathways	Residents who had a GP in Islington but lived in Hackney told us they found it harder to access treatment. We told commissioners, who have responded by drafting an agreement on cross-border referrals which all providers are signing-up to.
Reaching into schools	Healthwatch Islington's work on the Accessible Information Standard has been selected to be featured on the school curriculum via an exam paper from Oxford Cambridge and RSA (Royal Society of Arts) Examinations.

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Adult Social Care Legal Context – Briefing Paper
October 2022

1 Current Legal Requirements for Adult Social Care

The Care Act 2014 is the underpinning legislation for Adult Social Care, providing the foundation for all activity and intervention and includes;

- The Wellbeing Principle
- Duties to assess and meet social care needs
- National Eligibility Criteria
- Advocacy
- Carers Rights
- Safeguarding Responsibility
- Charging for Social Care
- Which council is responsible
- Shaping the social care provider market
- Direct Payments

Overall, the Care Act aims to give people and their carer's more choice and control, more opportunity to live independent and fulfilled lives, and be kept at the heart of all involvement with Adult Social Care. This has led to the wide adoption of a Strengths Based Approach in Adult Social Care nationally and in Islington; taking a person-centred approach, focusing on what matters **to** people rather than what is the matter **with** people.

Some aspects of the Care Act in more detail;

National Eligibility Criteria

A person is eligible for assessment and support if

- their needs are caused by physical or mental impairment or illness,
- as a result of the needs they are unable to achieve two or more specified outcomes
- and as a consequence there is or is likely to be a significant impact on the person's well-being.

A carer meets the eligibility criteria if

- their needs are caused by providing necessary care for an adult
- and as a result their health is at risk or they are unable to achieve specified outcomes and as a consequence
- there is or is likely to be a significant impact on the carer's well-being.

Assessment

Adult Social Care is responsible for assessing anyone who 'may have needs for care and support'.
The aim of the assessment is to identify what needs the person may have and what outcomes they are looking to achieve to maintain or improve wellbeing.

The outcome of the assessment might range from

- offering guidance and information,
- connecting people with voluntary support,
- providing assistive technology and reablement,
- helping people into employment and arranging funded services

Prevention and early intervention

This is at the heart of Adult Social Care, and Local Authorities must consider the person's own strengths or if any other support might be available in the community to meet those needs. This is often provided through Occupational Therapy support, provision of equipment, assistive technology, voluntary sector support and reablement

Transitions

The Care Act aims to end the risk of young people and their families experiencing a 'cliff edge' in relation to their care when they transfer from Children's Services to Adult's Services. It is imperative that Children's Services, Adult Social Care, Education and Health Professionals work well together so that support can be seamless and continuous as they transition between children's and adult services. In Islington this is achieved through the Transitions and Progression To Adulthood Services where multidisciplinary teams across Children's and Adult Social Care work together to support young people and their families and carers.

Personal Budgets

A personal budget for an adult is the funding that is provided by the council to meet their needs. It is a statement which specifies the cost to the local authority of meeting the adult's eligible needs. The personal budget must be sufficient to meet the needs appropriately and the local authority can choose a more cost effective option if there is more than one way to meet needs appropriately, to ensure best use of public money. People are also financially assessed to make a financial contribution towards their care, and if criteria is met, health funding can also contribute towards the cost of care.

Support Planning

Following an assessment, a support plan is developed. This should be flexible and creative in how people's needs are met, not provide too much care thereby encouraging dependency, and always provide support that can prevent and delay needs arising or increasing.

Safeguarding
The Care Act 2014 places a duty on adult social care to safeguard people who appear to be at risk of harm and who are unable to protect themselves from potential harm. There is a duty for partner organisations to co-operate with safeguarding enquiries and Safeguarding Adult Boards are put onto a statutory footing. In carrying out safeguarding duties ASC has to apply the 6 principles of safeguarding; empowerment, prevention, proportionality, protections, partnership and accountability as well as use a making safeguarding personal approach. In Islington the Safeguarding Adults Team oversee this aspect of work, providing advice and guidance to staff and teams, and supports the strategic work of the Islington Safeguarding Adult's Board.

Market Shaping
Adult Social Care has a duty to shape, support and maintain appropriate and effective provision of services for meeting care and support needs in the local area. This must ensure there is a variety of providers to choose from, that services are of an appropriate quality, and that people have sufficient information on which to make their decisions. Care Act principles of wellbeing, outcomes, prevention and delay of need should inform commissioning, procurement, and management of market failure.

Other relevant legislation to ASC

Human Rights Act 1998
ASC legal duties are to:
Respect – this includes respecting people's right to autonomy, choice and control, not overly interfering in people's lives, and when people do need support ensuring that the least restrictive options are put in place
Protect - this can include protecting a person known to be at risk of serious harm and recognising that people have a right to feel safe in their homes, communities and lives
Fulfil - taking steps to strengthen access to and realisation of human rights such as a right to family life and liberty. It includes having systems in place to prevent or investigate human rights abuses e.g safeguarding issues

Mental Capacity Act, 2005
This relates to when and how an individual may be judged to be able or unable to make their own decisions and incorporates • The test for capacity • How to make a decision on behalf of someone who lacks capacity • Lasting Powers of Attorney and Advance Decisions • Independent Mental Capacity Advocates • Court of Protection • Now, Deprivation of Liberty Safeguards • From Oct 2020, Liberty Protection Safeguards

Mental Capacity Assessments are carried out when there is a particular significant and long term decision to be made such as accommodation, care and finances. If a person has been assessed as lacking capacity to make a decision, then a practitioner may make a best interests decision on their behalf. Thinking about the person's human rights and how they might be affected should be at the centre of any

decisions about best interests. This means the person's wishes and feelings must be considered at all times and they must be supported to participate in decisions as much as possible. There is also a requirement to consult relevant others such as family members and other professionals involved in the care and support of the person.

Mental Health Act, 1983 (amended 2007)
The Mental Health Act provides the legal premise for compulsory detention in hospital for assessment, treatment, Community interventions e.g. Community Treatment Orders (CTOs), and Guardianship. It provides for the protection of patient's rights through the Nearest Relative, Advocacy, access to Mental Health Tribunals, and incorporates a provision for free after-care as well as options for the treatment of mentally disordered offenders.

It is extremely important to emphasise that where it is possible to treat a patient safely and lawfully without detaining them under the Act, the patient should not be detained. Wherever possible a patient's independence should be encouraged and supported with a focus on promoting recovery.

Duty of Care
This requires Adult Social Care to take actions within it's lawful power to prevent harm from occurring, where harm is reasonably foreseeable. It is never possible to eliminate risks but it is imperative to to take all reasonable steps and actions to mitigate risk and harm, thereby not being negligent.

2) Legislative Reform for ASC

Significant change and reform to aspects of law relevant to Adult Social Care is underway.

1. Health and Care Act

This introduces new measures to promote and enable collaboration in health and care, building on earlier recommendations made by NHS England and NHS Improvement in 2019. It also contains new powers for the Secretary of State to intervene in the health and care system, changes to public health, social care, and the oversight of quality and safety by the introduction of a new assurance/inspection programme.

A key aim of this legislation is to encourage integration; both within the NHS, but also for social care providers, integration between the NHS and other services and providers, creating potential to improve communication and co-operation between NHS and social care providers to improve outcomes for people and their carers.

In summary:

- This legislation aims to make it simpler for health and care organisations to work together to deliver more joined-up care to the increasing number of people who rely on support from multiple different services.

- The proposals include new powers for the Secretary of State to intervene in local service reconfigurations.

- Introduction of an assurance/inspection regime to be carried out by the Care Quality Commission

- The Secretary of State to have the power to make payments directly to social care providers (including profit-making organisations)

- Data collected from social care providers to be shared across local authorities, with a requirement to share anonymised information to the benefit of the health and care system

- The Secretary of State to have additional obligations, including a statutory duty to publish a report in each Parliament on workforce planning responsibilities across the social care sector; highlighting an intention to address chronic staff shortages and resolve workforce challenges.

- To move toward a "discharge to assess" model for hospital discharge. This would allow for assessment for NHS Continuing Healthcare (CHC), NHS Funded Nursing Care (FNC) assessments, and Care Act assessments to take place once a patient has been discharged from hospital.

- Removal of the "delayed discharge regime." This set time limits for the provision of support arrangements for hospital patients, with fines being paid by the local authority should they cause a patient's discharge to be delayed.

2. <u>Impact of Covid</u>

The government's ***Build Back Better: Our Plan for Health and Social Care*** recognised that Social care is an integral part of our society and economy and resulted in a decision to raise taxes and a UK wide 1.25% Health and Social Care Levy ringfences for health and social care and based on an increased National Insurance contribution, although this has subsequently been paused.

This emphasises the priority to ensure that adults who need extra care are well looked after and that the social care system could be working better both for people using it and for those caring for others. There is a commitment to reforming the adult social care system in England in order to meet the increasingly complex needs of an ageing population, as well as those of younger adults who need support.

Key to the plan is the need for:

- better integration between health and social care, so that care becomes less fragmented, and people are cared for in the right place for their needs
- a more joined up approach to the delivery of care that brings together national and local systems
- a continued focus on preventative care, so that fewer people require hospital care and those preparing for major treatment get support at the right time

3. <u>People at the Heart of Care White Paper</u>

This white Paper implements some of the ambitions set out in the ***Build Back Better: Our Plan for Health and Social Care paper*** and sets out a vision for the future of adult social care, proposing a 10-year programme of change towards a more personalised, digitised sector.
The white paper revolves around three objectives:

1. that people have the choice, control and support to live independent lives;
2. that people have access to quality and tailored care and support; and
3. that people find adult social care fair and accessible.

There was renewed commitment to increase state funding to the social care sector. For the first time, the government is proposing to set a lifetime cap on the cost of care while increasing pay for workers. These proposals are backed by the health and social care levy announced in September 2021, which pledged £5.4bn for adult social care in the next three years.

There was an initial commitment to spend £1 billion over the next three years on reforming the social care system, including funding supported housing, new technology, and career progression for those working in the sector.

Note: Given the current economic crisis, there is speculation that these pledges may be paused.

Digitisation is at the heart of the plans so that by March 2024 at least 80% of social care providers will have a digitised care record in place that can connect to a shared care record. The intention is to have a partnership between the Department for Culture, Media and Sport and the telecommunications industry to ensure home care providers have the infrastructure they need to work digitally.

A universal knowledge and skills framework for the care sector will be developed alongside a career structure for the social care workforce.

The proposals also include more support for unpaid carers, and funding for local authorities to be more innovative in the care they offer and widen the options available.

The white paper also confirmed that £3.6bn will be allocated to reform the social care charging system, as first announced in November 2021. Nobody in England will have to pay more than £86,000 for their personal care costs, alongside more generous means-tested support for anyone with less than £100,000 in chargeable assets.

Self-funders will be able to access the same rates for care costs in care homes that local authorities pay, bringing an end to self-funders having to pay more for the same care, while ensuring local authorities move towards paying a fair cost of care to providers.

Note: Given the current economic crisis, there is speculation that these pledges may be paused.

The white paper also confirmed that the secretary of state for health and social care will be given new legal powers to intervene in local authorities in order to improve services where there are significant failures to deliver their duties under the Social Care Act 2014.

4. Integration White Paper

This sets out proposals that aim to provide better, more joined-up health and care services at 'place' level, it provides some clarity in areas such as better data sharing and a focus on enabling workforce integration which would help to improve care for individuals.

The paper focuses on integration arrangements at place level and aims to accelerate better integration across primary care, community health, adult social care, acute, mental health, public health and housing services which relate to health and social care. Children's social care is not included within the scope of the paper, and it is left to individual places to consider the integration between and within children and adult health and care services.

Overall, it is not prescriptive and permits a good degree of local flexibility. It covers:

- **Governance.** All places will be required to adopt a governance model by spring 2023. This must include a clear, shared plan against which delivery can be tracked and which should be underpinned by pooled and aligned resources.

- **Leadership.** The paper states that there should be a single person accountable for the delivery of the shared plan and outcomes in each place or local area. This may be, for example, an individual with a dual role across health and care or an individual who leads a place-based governance arrangement. The single person will be agreed by the relevant local authority or authorities and integrated care board. These arrangements should, as a starting point, make use of existing structures and processes including health and wellbeing boards and the Better Care Fund.

- **Budget pooling.** NHS and local government organisations will be supported and encouraged to do more to align and pool budgets. There is an expectation that financial arrangements and pooled budgets will become more widespread and grow to support more integrated models of service delivery, eventually covering much of funding for health and social care services at place level.

- **Oversight.** The government will set out a framework with a small and focused set of national priorities and an approach from which places can develop additional local priorities. This will come into force in April 2023. Local leaders will be responsible for working with partners to develop their priorities. Local partners and integrated care systems (ICSs) will be responsible for identifying and addressing issues and barriers to delivery.

- **Digital**. Every ICS will need to ensure that all constituent organisations have a base level of digital capabilities and are connected to a shared care record by 2024, enabling individuals, their approved caregivers and their care team to view and contribute to the record.

- **Workforce.** ICSs will be required to support joint health and care workforce planning at place level, working with both national and local organisations. The paper outlines the intention to introduce integrated skills passports. This will: enable health and care staff to transfer their skills and knowledge between the NHS, public health and social care; increase nurse training opportunities in social care settings; and focus on roles which can support care co-ordination across boundaries, for example link workers.

  Funding will be provided to deliver Care Certificates, alongside significant work to create a delivery standard recognised across the social care sector.

5. Mental Health Act Reform

This has been consulted on for some time and was formally announced in the Queen's Speech in May 2022. It is 10 years since the Mental Health Act was previously amended and there is a need for further reform due to a continued rise in detentions; a disproportionate impact on Black and Black British Groups; evidence that Community Treatment Orders do not reduce hospital admissions, and important developments in recognising the rights of people who have disabilities who also have mental health needs. It is widely hoped that the following will feature as central to reform

- Principles of Choice and Autonomy; Least Restriction; Therapeutic Benefit and The Person as an Individual
- Automatic access to advocacy
- Addressing Racial Disparities
- Strengthening family and carer involvement

- More scope for tribunals to respond to people's concerns about their care
- An end to the use of police cells when initially detained and an end to the use of police vehicles in taking people to hospital
- Improving how people with Learning Disabilities and Autism are treated under the Mental Health Act

6. Deprivation of Liberty Safeguards

Deprivation of Liberty Safeguards was introduced in 2009 to provide legal authority to care for people who lack capacity to consent to their accommodation and care arrangements, and who were under high levels of care and supervision. The Mental Capacity (Amendment) Act 2019 has been passed and will replace DOLS with Liberty Protection Safeguards (LPS). The intention is that LPS will be a simpler legal framework and process applying to all settings, ensuring that the person is at the centre of all decision-making, include 16 and 17 year old's, increase legal compliance and cost effectiveness. It is expected that this process will be absorbed into the work of all social care practitioners rather than be a more specialist piece of work carried out by Best Interest Assessors.

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HEALTH IN ISLINGTON: Key Achievements

Councillor Turan

Executive Member for Health and Social Care

Presentation to Health Scrutiny Committee
November 2022

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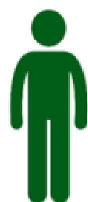
Life Expectancy

- Since 2011-13, life expectancy increased in Islington for men and remained unchanged in women in 2018-20.
- Life expectancy at birth for men in Islington was 79.5 years in 2018-20, a slight decrease on 2017-19. Life expectancy for men in Islington remained lower than the London average (80.3) and similar to England (79.4).
- For women in Islington, life expectancy was 83.2 years, which was lower than the London average (84.3), and similar to the England average (83.1).
- The reduction in average life expectancy in 2018-20 compared with 2017-19 is linked to deaths in 2020 during the first and second waves of Covid infection.

Life expectancy at birth and changes



Men	2011-13	2017-19	2018-20	Change
Islington	77.9	79.7	79.5	-0.2
London	79.9	80.9	80.3	-0.6
England	79.3	79.8	79.4	-0.4

Women	2011-13	2017-19	2018-20	Change
Islington	83.2	83.4	83.2	-0.2
London	83.9	84.7	84.3	-0.4
England	83.0	83.4	83.1	-0.3

Source: OHID, 2022

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Healthy Life Expectancy

- In Islington, men and women spend on average the last 16.5 and 19.4 years of life in poorer health respectively.

- For men, there has been a slight improvement in healthy life expectancy since 2016-18 in Islington, compared to slight reductions in London and national averages. Cumulative improvements since 2011-13 meant that healthy life expectancy in the borough is statistically similar to London and England.

- For women, when compared to 2016-2018, there has been an improvement in healthy life expectancy of 2.1 years in 2018-2020, compared to small reductions in London and England. As with men, healthy life expectancy for women is similar to the London and England averages.

Healthy life expectancy at birth

Men	2011-13	2016-18	2018-20	Change
Islington	57.6	62.6	63.0	+0.4
London	63.4	64.2	63.8	-0.4
England	63.2	63.4	63.1	-0.3

Women	2011-13	2016-18	2018-20	Change
Islington	58.0	61.7	63.8	+2.1
London	63.7	64.4	64.0	-0.4
England	63.8	63.9	63.5	-0.4

Source: OHID, 2022

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Islington's Health and Wellbeing Strategy Priorities

Ensuring every child has the best start in life

- Improving outcomes for children and families.
- Driving integration across early childhood services.
- Remaining focused on prevention and early intervention.

Preventing and managing long term conditions to enhance both length and quality of life and reduce health inequalities

- Addressing wider causes of poor health: particularly housing, employment and isolation.
- Promoting and enabling healthier lifestyles.
- Providing a collaborative, coordinated, and integrated care offer to residents.

Improving mental health and wellbeing

- Increasing focus on mental health and wellbeing for children and families.
- Increase employment opportunities and workplace health.
- Focusing on reducing violence and the harm it causes.
- Improving the physical health of people with mental health conditions.
- Working better as a system to provide a better holistic service to people with multiple needs which include mental health.
- Focusing on dementia.
- Improving service access.

Ensuring Every Child Has The Best Start In Life

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2021/22 Key Achievements – Best Start in Life (Early Years)

Implementing health visiting changes as a result of the 2020/21 health visiting review. Some key changes as a result of this review include:

- Reformed health visiting team structures, skill mix and training to achieve improved continuity of care and sustained rapport, especially with the most vulnerable families
- Monitoring of access to mandated developmental reviews by those families with highest needs
- After many years of falling numbers of teenage pregnancies, the Family Nurse Partnership closed, and remaining clients have been handed over successfully to intensive support caseload within the universal health visiting service.
- Working with Manor Gardens Welfare Trust to deliver improved cultural competence in mainstream services and ensuring culturally inclusive services and activities.

Implementation of the recommendations from the Early Intervention Foundation (EIF) on completion (2021) of the EIF's **Maternity & Early Years Maturity Matrix**

- The development of a Maternity and Early Years **Bright Start Strategy,** including recommendations from the review for a stronger focus on the perinatal experience for parents, and the development of a strategic partnership with maternity services.

Planning for Family Hubs and the national Start for Life programme

- Islington is one of 75 Local Authority areas receiving funding to deliver Family hubs and the Start for Life (age 0-2) programme for the period 2022-2025
- The Bright Start strategy and action plan aligns with the many of the goals of the Start for Life programme through the provision of family hubs - overall priorities are very similar and the funding will allow for increased investment in some key areas of need in the early years such as in perinatal mental health.

Childhood immunisations have remained a priority as we emerge from the pandemic.

- Rates of vaccination **for the 6-in-1 vaccine, given to babies in 3 doses at age 2, 3 & 4 months (**diphtheria, tetanus, Hib, polio, tetanus and whooping cough), and measured at age 1, have recovered to 88% (Q1 22/23), similar to pre-pandemic levels. Rates of **MMR vaccination (measured at age 5)** are 70% (Q1 22/23) similar to pre-pandemic levels. This was supported by an early summer MMR poster campaign. A programme of **polio booster jabs** has been ongoing since strains of the polio virus were found in London wastewater in August 2022.

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2021/22 Key Achievements - Best Start in Life (School Age)

Covid response

- Supporting schools with Covid-19 preventive and safety measures was a key and ongoing priority through last winter and until formal restrictions ceased in February this year.
- Since the end of national restrictions, Public Health have continued to provide Covid-19 advice to schools when asked, working with the London Health Protection Team (UK Health Security Agency).

Emotional and Mental Health

- The **Mental Health in Schools** group led by Public Health and the Healthy Schools team has continued post-Covid. The focus of this group has been moved to some of the longer-term impacts of Covid-19 on mental health.
- **Self-harm and eating disorders** have been the initial topics chosen by the group. A resource has been developed for schools giving guidance on tools, learning resources, training, and pathways to prevent and intervene early in self-harm, based on the Thrive framework for mental health services for children. A similar tool is in development around eating disorders
- The **Children and Young People's Social Prescribing Service** was re-procured as part of the Young Islington contract in January 2022. Funding has just been secured for a further year, to enable further development of the service and consideration within a review of all children's social and emotional mental health services in Islington.
- Services will be reviewed in relation to the Thrive framework, which includes **prevention and promotion of good mental health** at it's heart

2023 Forward Look

Implementation of Family Hubs and the Start for Life programme

National requirements of the **Family Hubs programme** require us to deliver visible change during the first half of 2023. Much of the infrastructure for this already exists in Islington, particularly for **age 0-5 through Bright Start**.

The key elements for change in Islington will include:

- formally moving beyond 0-5 services to a 0-19 (or 25 for young adults with Special Educational Needs) model and **communicating this to local families**
- continuing the process of co-locating a wide range of services to support more holistic and coordinated support around needs
- clear and **enhanced opportunities** for families to **be involved in the design of family hubs** through partnership boards, governance and in the **delivery of services themselves**, such as peer support programmes or mentoring schemes
- development of provision in the funded services **– parenting support**, **parent–infant relationships** and **perinatal mental health support**, **early language support**, **infant feeding support**, **parent and carer panels** and **publishing the start for life offer**

Key Challenges – Best Start in Life

Maternity & early years

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

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

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

Screening & immunisations
- Ensure antenatal and new-born screening
- Ensure childhood vaccinations

School age and beyond

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

Healthy Weight
- Deliver a whole system approach to healthy weight
- Support families to make healthy lifestyle choices
- Deliver and follow-up national child measurement programme (NCMP)

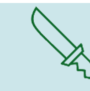
Oral Health
- Continue delivery of fluoride varnish
- Support universal oral health promotion

Transition to Adulthood
- Build health independence and behaviours for life
- Support student health and wellbeing

Vulnerable children

Safeguarding
- Implement learnings from local child deaths

Mental health
- Reduce smoking
- Support healthy maternal weight
- Reduce teenage pregnancy



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

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

Best Start in Life – Selected Outcome Metrics

	Public Health Indicators	Time Period	Value (latest)	Value (previous period)	Trends	London	England
Best Start in Life	Percentage of new births that received a visit within 14 days	2021/22	95%	95%	No change since 20/21	n/a	n/a
	Percentage of two year olds receiving a development check	2021/22	79%	80%	No change since 20/21	n/a	n/a
	Percentage of children achieving a good level of development at the end of Reception	2018/19	71%	70%	No change since 2016/17	74.1%	71.8%
	Maternal smoking status at time of delivery.	2021/22	5.4%		No change since 20/21	4.5%	9.1%
	Infant mortality (deaths under age of 1)	2018/20	3.1 per 1,000	3.0 per 1,000	No change since 2017/19	3.4 per 1,000	3.9 per 1,000
	Percentage of reception children who are overweight or obese	2019/20	21.70%	21%	No change since 2016/2017	21.60%	23%

Preventing and Managing Long-Term Conditions (LTCs)

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

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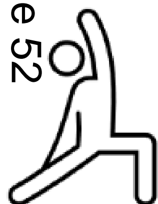
Key Achievements – Healthy Weight, Physical Activity and Food Security

Obesity, physical inactivity and a poor diet are risk factors for developing long term conditions such as type 2 diabetes, high blood pressure, high cholesterol and some cancers. These inequalities are interconnected, with prevalence higher in areas of deprivation and in some Black, Asian and Minority Ethnic groups.

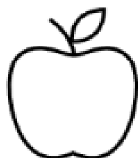
Behavioural weight management support services for adults

We have continued to deliver a tier 2 weight management offer for residents by providing free access to a 12-week Slimming World voucher. Between September 2021, 560 Islington residents accessed the service with more than 80% of people completing the programme achieving at least 3% body weight loss • We recently commissioned a new provider to deliver the tier 2 weight management service, which will supersede the current interim arrangement with Slimming World • Recognising the lack of engagement from men in traditional weight management programmes, we have also been working in partnership with Arsenal in the Community to launch a men-only programme called Shape Up. The first programme was successfully launched in September 2022, working with local GP practices to identify and attract eligible men to sign up.



Supporting residents to be physically active

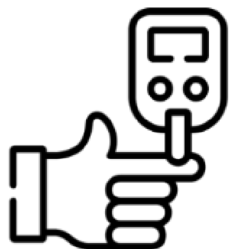
Working in partnership with the Greenspace and Leisure team, we have produced a new physical activity strategy for the borough called Islington Active Together. Following extensive engagement with stakeholders across the physical activity system, the strategy aims to provide a shared framework of our priorities and commitments which focus on supporting the least active residents in Islington • Last year we engaged with GPs and other health professionals to understand the barriers to discussing physical activity with patients, and identified how the workforce could be better supported to raise this issue • We have also been piloting an innovative new service with a local GP practice to support adults with a long-term health condition to increase their physical activity levels. The Get Active Specialists use health coaching skills and behaviour change techniques to support individuals to engage with physical activity opportunities in the community.



Tackling food insecurity

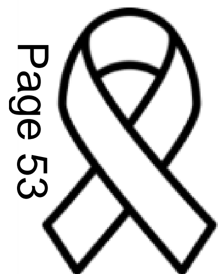
We have continued to play a key strategic role in the Islington Food Partnership and provided grant funding to support the coordination and chairing of the partnership, working with the community and voluntary sector. Last year, we provided a range of public health support for community food projects responding to residents in food crisis as a result of the pandemic. This year, we have updated the food poverty needs assessment to include local residents' voices and have been preparing to produce a new food strategy for Islington.

Key Achievements – Long Term Conditions



Diabetes:

- We have been implementing projects to increase referrals into the NHS Diabetes Prevention Programme (NDPP) and reduce ethnic inequalities in diabetes prevention. • A project to identify high risk individuals from GP records has had a significant impact; the proportion of NDPP uptake by people from ethnic minorities now better reflects the ethnic make-up of our population vulnerable to diabetes. • Engagement officers have helped to raise awareness and referrals across primary care • Community testing events are being delivered with point of care fingerpick testing to detect those at risk of diabetes. At the three events so far, nearly half of attendees are being picked up with pre-diabetic blood sugar levels who are then referred into NDPP. More testing events are planned.



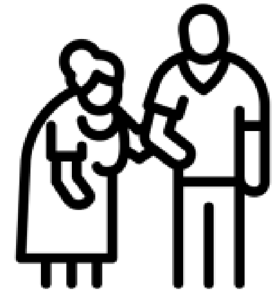
Cancer:

- We continue to support the planning and delivery of the North Central London (NCL) Cancer Prevention and Awareness strategy, which is due to be refreshed in 2023. • Targeted Lung Health Checks are commencing soon, a new screening initiative to detect and treat lung cancer earlier in smokers and ex-smokers. • A number of projects are underway to increase uptake of cancer screening – including call and recall, training, language support and projects relating to specific populations – people with learning disabilities and those experiencing homelessness.

Cardiovascular Disease:

- The NHS Health Check is a health check-up for adults in England aged 40 to 74, designed to spot early signs of cardiovascular diseases. Following major disruption to the delivery of health checks during the pandemic, there has continued to be a strong recovery in activity across primary care. For the 2021-22 year, 7.5% of the eligible population received a health check, a significant increase on the previous year (2.9% in 2020-21) and higher than the London and England averages (5.8% and 3.5% respectively).

Key Achievements – Long Term Conditions



Dementia

In January 2021, Islington was awarded the status of Dementia Friendly Community by the Alzheimer's Society, following work by a dementia co-ordinator and steering group to improve experiences of people living with dementia. In 2022 we conducted a review into progress so far, with insights gleaned from focus groups with residents and interviews with stakeholders. It identified much progress, as well as areas for further development. A new dementia strategy for Islington will be taken forward next year.

Long Covid

Long Covid (symptoms of Covid-19 that persist beyond 4 weeks) remains a poorly understood condition that affects around 3% of the population. A wide range of symptoms and syndromes are reported. This year, we updated our Long Covid Needs Assessment to understand the health burden of Long Covid locally, and also supported Healthwatch colleagues into a report on Long Covid experiences in NCL, from which an action plan was developed. We are also supporting commissioners to understand and explore variation in GP diagnosis rates between different GPs and primary care networks.

Data and Intelligence

We continue to develop HealtheIntent population health intelligence dashboards to better understand population health needs and inequalities around long term conditions, which will be used by the NHS and others to support more strategic and data-driven commissioning and initiatives.

Key Achievements – Long Term Conditions and Smoking

- Tobacco dependence causes and/or exacerbates long term conditions, such as COPD and complications from diabetes. Low incomes are associated with higher rates of Long Term Conditions (LTCs). Rates of smoking are also high among low income groups thereby exacerbating LTCs and deepening health inequalities. Smokers are also more likely to become seriously ill and die from Covid-19: smoking impairs lung immune function and damages upper airways, increasing risks of catching and having more severe infections.

- Breathe (Islington's Stop Smoking Service) successfully adapted their model to safely provide support to Islington residents who wanted to quit smoking during the pandemic. This flexible provision of telephone/online consultations with postal delivery of nicotine replacement therapy was very well used by residents and remains the preferred option by the majority of service users.

- In 2021/22 provision of locally commissioned stop smoking support in pharmacies and GPs has not yet returned to pre-pandemic levels. Breathe's flexible provision has increased the reach for those smokers who would in the past have accessed GPs and pharmacies for support

- In 2021/22, **739** people or 61.5% of residents who attempted to stop smoking, successfully quit (measured at 4 weeks after setting a quit date).
  - 197 service users disclosed a history of mental health problems and 111 stopped smoking (62% quit rate).
  - Of 198 residents referred to Breathe from the Whittington, 104 successfully quit (68.3% quit rate).
  - 190 residents with Chronic Obstructive Pulmonary (airways) Disease (COPD) set a quit date and 105 stopped smoking (55.2% quit rate).
  - Half of 640 service users who set a quit date with the Breathe service remained quit at 12 weeks from the quit date.

Forward Look – Long Term Conditions

- **Smoking. Public Health and** the Breathe are working with the NHS to improve the stop smoking offer to patients in hospital and to support new pathways between secondary care and the community.
- **Food insecurity:** We will develop a new Food Strategy in partnership with the VCS and community, with a particular focus on ensuring affordable and healthy food for residents.
- **Physical activity:** We will carry out the actions in the Islington Active Together strategy, with an emphasis on connecting the opportunities for physical activity with health and social care settings.
- **Obesity:** We will launch the new tier 2 behavioural adult weight management service, targeting residents living in areas of higher deprivation and people from Black, Asian and other ethnic minority communities.
- **Diabetes:** We will expand on projects that have been found to be successful, including identification of high-risk individuals from GP records, use of engagement officers to raise awareness in primary care, and putting on more testing events to detect people at risk of diabetes in the community.
- **Long Covid:** We will carry out the actions in the NCL action plan for Long Covid, including awareness raising and continued support with data and needs analysis.
- **Cancer:** We will work with NCL colleagues to refresh the cancer prevention awareness and screening strategy, reflecting progress and learning since the pandemic, including better use of data.
- **Dementia:** We will develop a dementia strategy for Islington, embedding dementia-friendly practices across the council and beyond.

Long Term Conditions – Selected Outcome Metrics

	Public Health Indicators	Time Period	Value (latest)	Value (previous period)	Trends	London	England
Long Term Conditions	Rate of smokers that have successfully quit at 4 weeks (validated)	2019/20	2515 per 100,000	2400 per 100,000	No change since 2018/2019	1,090 per 100,000	1,113 per 100,000
	Physically active adults	2020/21	74.0%	73.70%	No change since 2019/2020	64.9%	65.90%
	Proportion of adults (18+) who are classified as overweight or obese	2020/21	44.0%	47.60%	No change since 2019/2020	56.0%	63.50%
	Admissions episodes for alcohol related conditions	2020/21	423 per 100,000	692 per 100,000 (old method)	Decrease since 2018/19	348 per 100,000	456 per 100,000
	Gap in employment rate between those with a long term condition and overall employment rate .	2020/21	14.70%	9.80%	Increase since 2019/20	10.80%	10.70%
	Under 75 mortality rate from cardiovascular disease	2017/19	73.9 per 100,000	82.6 per 100,000	Decrease since 2016/2018	69.1 per 100,000	70.4 per 100,000
	Under 75 mortality rate from cardiovascular disease considered preventable	2017/19	30.40 per 100,000	32.50 per 100,000	Decrease since 2016/2018	28.37 per 100,000	29.21 per 100,000
	Under 75 mortality rate from cancer	2017/19	142.7 per 100,000	146.2 per 100,000	No change since 2016/2017	117.4 per 100,000	129.2 per 100,000
	Under 75 mortality rate from cancer considered preventable	2017/19	67.01 per 100,000	75.32 per 100,000	Decrease since 2016/2018	45.06 per 100,000	51.49 per 100,000
	Under 75 mortality rate from respiratory disease	2017/19	36.7 per 100,000	33.2 per 100,000	No change since 2016/2017	29.4 per 100,000	33.6 per 100,000
	Under 75 mortality from respiratory disease considered preventable	2017/19	20.65 per 100,000	20.36 per 100,000	No change since 2016/2017	15.40 per 100,000	17.08 per 100,000

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Improving Mental Wellbeing

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Suicide Prevention: Key Achievements in 2021/22

Completion and publishing of a multi-agency Islington and Camden suicide prevention strategy with progress in the 4 priorities areas of the strategy:

1. **Build a partnership for suicide prevention**
    - A large multi-agency partnership is now in place with representation from a broad spectrum of statutory and VCS partners, and working across a broad spectrum of determinants of suicide
    - A webpage is being established on the Islington Mind to share resources, training opportunities, evidence and best practice to support staff in all sectors working to prevent suicide

2. Enable a skilled workforce, confident to address suicide risk

- A suite of training is now available to support front-facing staff to address and discuss suicide, and sign-post or intervene appropriately
- A new half-day suicide prevention course will be available in 2023, and brief bereavement awareness training.

3. Increase support to key high-risk groups, including those who self-harm, people bereaved by suicide, middle-aged men, and people in suicidal crisis

- Support after Suicide service completed 2 full years of operation September 2022
- A Counselling service is provided to care leavers by the Brandon Centre
- Working jointly across NCL to piloting interventions to those who attend A&E following self-harm
- Working with the Listening Place and James' Place (VCS) to provide support to the suicidal, and linking with statutory crisis pathways
- Ensuring mental wellbeing messages and mental health support is included in Cost-of-Living work.

4. Improve data collection, monitoring, and insight

- Real-time reporting of suspected suicides now in place allowing local quarterly data review and analysis, and sharing data at NCL and London level
- Developing a local cluster response plan

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Key Achievements - Mental Wellbeing

- A **mental health and wellbeing needs assessment** was completed over the winter of 20/21 to understand the sub-clinical needs of residents as a result of the pandemic. The assessment pulled together the findings of the recent resident survey and a range of stakeholder views and information. The assessment led to a number of actions that have received oversight from the local All-age Mental Health Partnership Board.

- A strong theme of the needs assessment was the lack awareness about where residents can get support for their mental health and wellbeing. To that end a **programme of communications** continues to work with residents, external stakeholders and LBI corporate Communications Team. This programme responds to what we are hearing from residents so that our messaging is relevant and targeted. To support residents whose first language is not English, we have worked with community groups to translate voice messages in Arabic, Bengali, Somali and Turkish that can be easily disseminated via WhatsApp. We have also produced written information as requested by residents and frontline staff in English and Somali.

- Through the pandemic we **worked with We Are Islington colleagues** to up-skill and develop scripts for staff to ensure they are able to talk to residents about mental health and wellbeing and direct them to relevant support. In the run up to the changes in Universal Credit, we worked with relevant teams across the council and externally, who work with **those claiming benefits**, to ensure that mental health and wellbeing messages and the support available is included in their communications with residents. We are re-invigorating this work in the light of the cost of living crisis to ensure that all staff have up-to-date skills and information.

- We are working with the **Young Black Men and Mental Health programme** and have supported and trained six local barbers as Mental Health First Aiders to support the local community by providing a safe space for discussion and support.

- We are targeting major building developments through the Health Impact Assessment (HIA) process to include the consideration of mental health and wellbeing and suicide prevention for **construction workers.**

- We are working with **We Are Cally** to ensure that mental health and wellbeing training and support is embedded in the programme.

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Key Achievements - Mental Wellbeing

- **Making Every Contact Count and Mental Health awareness training** (Mental Health Awareness, Mental Health First Aid, Mental Health in the workplace for managers) continues to be delivered online. In the financial year 21-22, 192 frontline staff completed MECC training. Since April this year, 113 staff have completed MECC, and the course now includes specific information about support for cost of living crisis.

- Our **Covid-19 Health Champions** launched in September 2020 and continued until April 2022. We provided ongoing support to residents through a weekly newsletter and regular on-line drop-in sessions. The programme's aim was to disseminate trustworthy information and support to residents, participants have reflected that having an avenue to obtain information and connect with the council on this has elevated anxieties related to the pandemic.

- The successful bid to secure **£325,000 of Office for Health Improvement and Disparities** (OHID) delivered a number of projects by both council and voluntary sector partners to improve the mental health and wellbeing of residents across all ages with a particular emphasis on our most vulnerable residents and Black, Asian and other minority ethnic communities disproportionately affected by Covid. An evaluation of the programme was completed showing very positive results and highlighted learning that was fedback through the All-age Mental Health Partnership Board.

- We have become signatories of the OHID **Prevention Concordat**. The Concordat is a framework to ensure that areas are taking a preventative approach around mental health and wellbeing. We had very good feedback for the work we, and other partners, are doing. After presenting at a London-wide meeting, we have been approached by three other local authorities to gain learning from us.

- We continue to commission Manor Gardens to provide the **Wellbeing Service** which supports ethnic minority residents to better understand mental health and wellbeing, reduce stigma and promote social connectedness, we are currently evaluating the service to ensure it meets the needs of residents.

- Due to further demand and its positive reception, we are currently re-procuring the **bereavement training** that we set up through the pandemic. The training should begin again in January 2023.

Key Challenges - Mental Wellbeing

Due to the nature and the length of the pandemic, and the cost-of-living crisis there is and will continue to be **pressure on residents and staff in terms of their mental health and wellbeing**. It is important that we continue to pre-empt and keep abreast of the issues that people are facing to ensure that we are providing the right training, information and linking them into the right support at the earliest time. We will complement the existing focus on wellbeing and understanding of mental health issues and how to help, with greater attention to the lived experience with mental health conditions.

The relationship between **poor mental health outcomes and deprivation/social disadvantage** works in both directions; factors such as poor housing, poverty, unemployment and other causes of deprivation increase the risk of mental illness, but these issues/factors are also caused or exacerbated themselves by mental health conditions. Drawing on our own recent needs assessment, we will continue to work across the council, with the NHS and community and voluntary sector to help address these factors.

Physical health and mental health are inextricably linked. **Life expectancy is lower among people with some mental health conditions, and this is largely attributed to long term physical conditions.** Younger people (aged 15 to 34 years) with SMI experience the greatest level of health inequalities. They are 5 times more likely to have 3 or more physical health conditions than the general population. We will continue to ensure that our own commissioned services address people with mental health conditions, and in our work with the NHS on improving earlier diagnosis and management of long-term conditions.

Improving Mental Wellbeing – Selected Outcome Metrics

	Public Health Indicators	Time Period	Value (latest)	Value (previous period)	Trends	London	England
Mental Health	The number of people entering Islington IAPT service (iCOPE). Revised measure.	2021/22	5,720	2192	Increase since 2020/21	n/a	n/a
	Estimated proportion of dementia diagnosed	2022	82.4%	82.4%	No change since 2021	66.8%	62.0%
	Years of life lost to suicide, age standardise rate 15-74 years per 100,000 population (3 years average) (persons) .	2019/21	7.9 per 100,000	8.3 per 100,000	No significant change since 2018/20	Inner London 7.9 per 100,000 London 7.2 per 100,000	10.4 per 100,000
	Gap in employment rate between those in contact with secondary mental health services and overall employment rate.	2020/21	65.1%	70.0%	Decrease since 2019/20	68.5%	66.1%

Drug and Alcohol Services

In 2021/22, maintaining access to drug and alcohol services during the Covid-19 pandemic was critical. Particularly ensuring access to medication and the availability of:

- Assessments
- Treatment starts and restarts
- Substitute prescribing

Whilst the service was always open for face-to-face work when needed, during the pandemic, the majority of support was offered by phone or online. It has since been possible to expand and diversify this online offer, and service users can now access additional types of remote support, such as online key working and a range of groups, including mindfulness, support for sobriety and support for relapse prevention.

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

Other areas of priority work undertaken during 2021/22 have included:

- **Re-establishing links with services -** recent feedback from service users has primarily focused on the need to reconnect with treatment services but also with the other support provision which has been affected by Covid. Service users are indicating that the absence of this other provision – social spaces; access to learning opportunities – has impacted on their recovery progress.

- **Review of service models** – Covid has changed the way services operate and current specifications no longer reflect what is being delivered. This includes understanding what digital offers work and for whom and applying. Whilst an efficient way of providing services, there is further need to evaluate the effectiveness of this support.

Drug and Alcohol Services

- **2021 saw an increase in the numbers of people entering treatment**. By the end of 2021/22, 535 new people had entered treatment, compared to 503 in 2020/21. In addition, and in response to aspects of wider recovery support not being available, the treatment service actively retained people in treatment (instead of discharging them) in order to support service users during the pandemic. This increased the total number of people in drug treatment and increased keyworker caseloads.

- In 2021/22, the Office of Health Improvement and Disparities (OHID) issued a **new grant** (Universal Grant) to support Councils to reduce the crime associated with the drug market and address the rise in drug-related deaths. In partnership with providers and service users, Public Health funded a range of interventions to meet the outcomes of the grant including a **new designated substance misuse/criminal justice team**, and a **criminal justice peer support project**.

- In December 2021, the Government published the **new National Drug Strategy**: "From harm to hope: A 10-year drugs plan to cut crime and save lives". Its objectives include increasing the number of drug treatment placements (nationally), a treatment place for every offender with a substance misuse need and increased recovery options for people in treatment. To support local authorities to achieve the outcomes, the Government has issued a **three-year grant programme** – Supplementary Substance Misuse Treatment and Recovery Grant (SSMTR). Islington's confirmed grant allocation for 22/23 is £853,000, although this was mostly replacing new grants made available during Covid to support more people, especially people who are homeless, into treatment and recovery services, with outreach.

What next?:

- Ensuring that all face-to-face interventions continue to be reinstated safely and as soon as possible. These include drug screening and blood borne virus screening.
- Working with commissioners and wider stakeholders to plan interventions and service developments in response to the additional investment accompanying the National Drug Strategy.
- Reviewing an analysis of drug/alcohol deaths in treatment service over the past 18 months and working together with services to identify learning and recommendations for future service delivery and reporting.
- Reviewing a recent analysis of use of the Audit-C alcohol screening tool in General Practice in Islington. This will identify any local variation in alcohol-use screening, and to raise awareness of the opportunity it offers to identify higher-risk alcohol use at an earlier stage and to offer advice and / or refer patients to appropriate services.

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Sexual Health Services

Sexual Health support is provided in a range of settings across the borough. There follows a focussed update on: primary care provision, adult integrated service, services for young people and HIV prevention and support.

Primary care

Interventions delivered in primary care have continued to be affected by the Covid-19 pandemic, which has impacted upon primary care capacity and practices' ability to offer in-person appointments.

This has particularly affected Long Acting Reversible Contraception (LARC). Commissioners have worked with local sexual health services to prioritise LARC capacity and have maintained extra capacity developed during 2021/22, including separate clinics provided by trained staff working within abortion services.

Adult integrated sexual health services

Adult integrated sexual health services remained available as Covid continued into 2021/22.

Face to face contact was maintained for higher risk and vulnerable adults. Services were operating with significantly fewer staff due to workforce redeployment into Covid response roles across London and enhanced infection-control requirements continued to limit clinic capacity.

STI testing has continued to be offered largely online for most local residents, with some expansion of the services available remotely. This has enabled services to continue to offer face to face appointments where needed, whilst managing the reduced workforce capacity of the service.

Public Health's investment in the development of a **dedicated Independent Domestic Violence Advisor (IDVA) role within the sexual health service** has been positively received. The role is enabling the service to provide a faster and more effective support response to anyone that presents to the sexual health service with needs concerning domestic and sexual violence.

In recognition of the positive impact of this role in Islington, it has been possible to develop a IDVA service in collaboration with Haringey, Barnet and Camden councils. We believe this service to be the first of its kind and is drawing attention from colleagues across London as an example of innovative practice.

Sexual Health Services

Young People's Sexual Health

In 2021/22, commissioners completed work to procure a new young people's sexual health service jointly with Camden.

The aim of the service is to offer accessible, preventative services to young people up to age 25 which will:

- Reduce unwanted pregnancies
- Reduce the risk and transmission of STIs
- Provide education in the forms of targeted group work, one-to-ones and Relationships and Sex Education (RSE)
- Provide workforce development (WFD) to staff teams working with young people.

The new service allows for:

- Increased capacity for one-to-one appointments so that more young people are able to access more in-depth support around their sexual health
- Streamlined appointment booking
- Improved information-sharing between services about the support needs of individuals to improve care

The new service was launched in April 2022 and is provided by Brook, in partnership with Central North West London NHS Foundation Trust (CNWL). Both organisations have well-established links in Islington and commissioners continue to work closely with the providers to ensure the new services mobilises effectively and delivers high standards for Islington's young people.

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Sexual Health Services

<u>HIV prevention and support</u>

In 2021/22, officers sought to re-commission an **HIV support Service** for Islington residents living with a diagnosis of HIV, to support those newly diagnosed, and to support families and friends affected by someone's diagnosis. (service jointly commissioned with Camden).

Extensive stakeholder engagement was completed in order to co-produce a community service that would meet residents' needs. The new delivery model has brought together a number of existing HIV services working collaboratively with one lead provider. There is now a single referral process and just one assessment needed to develop a full support plan. Needs around healthy living, diet, benefits, training/ employment and mental and physical health are addressed either directly by the service, or through liaison and referral to other providers where more appropriate for the individual.

The new service launched in April 2022 and is delivered by a consortium of providers: YMCA Positive Health, Body and Soul, THT and Food Chain, with Living Well in place as the lead provider.

Every service user is invited to become a member of the **HIV service users' network** which provides a route to becoming a volunteer and coordinator within the service and to contribute to the ongoing development of service.

What next?

• Taking stock of the role of online and telephone/remote clinical services going forward to ensure the needs of residents are being met by this offer

• Identifying options for integrating sexual health interventions in other services and settings

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Public Health

222 Upper Street

Report of: Acting Director of Public Health

Meeting of: Health and Care Scrutiny Committee

Date: 15 November 2022

Ward(s): All

Subject: Public Health Performance Q1 2022/23

1. Synopsis

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

1.2 This report sets out the Quarter 1, 2022-2023 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.

2. Recommendations

2.1 To note performance against targets in Quarter 1 2022/23 for measures relating to Health and Independence.

2.2 To note performance against targets as an end of year review of 2022/2023 for measures relating to Health and Independence.

3. Background

3.1 A suite of corporate performance indicators has been agreed which help track progress in delivering the Council's strategic priorities. Targets are set on an annual basis and performance is monitored internally, through Departmental Management Teams, Corporate Management Board 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 can 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. Key Performance Indicators Relating to Public Health

4.1 Quarter 1 Performance Update – Public Health

PI No	Key Performance Indicator	Target 2022/23	2021/22 Actual	Q1 2022/23	On target?	Q1 last year	Better than Q1 last year?
HI1	Population vaccination coverage DTaP/IPV/Hib3 at age 12 months	Improvement to 21/22	85%	88%	Yes	84%	Yes
H12	Population vaccination coverage MMR2 (Age 5)	Improvement to 21/22	70%	70%	Yes	71%	Similar
H13	Health visiting performance of mandated visits - % new birth visits	95%	N/A new indicator	96%	Yes	N/A new indicator	N/A new indicator
HI4	% Of eligible population (40-74) who have received an NHS Health Check.	8.5%	N/A new indicator	2.4%	Yes	N/A new indicator	N/A new indicator
H15	% of smokers using stop smoking services who stop smoking	55%	61.5%	64.7%	Yes	62%	Yes

	(measured at four weeks after quit date)							
H16	No of people in treatment year to date:	Primary drug users	5% increase of 21-22 Q4 baseline -1017	N/A new indicator	788	Yes	N/A new indicator	N/A new indicator
		Primary alcohol users	5% increase of 21-22 Q4 baseline - 619	N/A new indicator	339	Yes	N/A new indicator	N/A new indicator
H17	% Of drug users in drug treatment who successfully complete treatment and do not re-present within six months		20%	14%	9.1%	No	13.2%	No
H18	% Of alcohol users who successfully complete the treatment plan.		42%	36%	34%	No	37%	No
H119	Mental health awareness and suicide prevention		624	N/A new indicator	101	No	N/A new indicator	N/A new indicator
HI10	Making Every Contact Count (MECC)		300	N/A new indicator	56	Yes	N/A new indicator	N/A new indicator
HI11	No of Long-Acting Reversible Contraception (LARC) prescriptions in local integrated sexual health services		1100	1857	553	Yes	426	Yes

5. Immunisation

5.1 HI1 - Population vaccination coverage DTaP/IPV/Hib3 at age 12 months.

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, and 4 months.

5.1.2 In Q1, 88% of children had a complete set of 6-in-1 vaccinations before the age of 1, which is a small increase of 1% on Q4 of 2021/22. The rates of primary vaccinations at age 1 have been gradually increasing over the last 3 quarters, suggesting some recovery from lowered rates during the pandemic.

5.1.3 The children covered by the data for this quarter were born throughout the pandemic (between July 2020 and June 2021) and are therefore likely to have missed or delayed early vaccinations due to difficulties accessing healthcare or fear of accessing healthcare. It is encouraging to see levels now above pre-pandemic levels, suggesting that the "catch-

up" messaging is reaching this cohort of parents, who are encouraged to bring their children for missed vaccinations at any age.

5.2 HI1 - Population vaccination coverage MMR2 (Age 5).

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 the above indicator.

5.2.2 In Q1, 70% of 5-year-old children were fully vaccinated against MMR. The percentage uptake is similar to Q4 21-22 and similar to the pre-pandemic plateau of 70%.

5.2.3 The data represents children who were aged 5 in June 2022 (i.e., aged between 5 and 5 years and 11 months). This cohort were due their 2nd dose of MMR (given at age 3 years and 4 months) between November 2019 and October 2020 – so the youngest of this cohort of children were due their second dose of the MMR vaccine during the first 6 months of the pandemic.

5.2.4 Catch-up for this cohort of children may prove a challenge, as they will have started school in either September 2020 or September 2021 (i.e., during the pandemic). Parents tend to see early childhood vaccinations as of less relevance once their child is of school age.

5.2.5 The NHS is contacting parents and caregivers of children who have missed one or both MMR doses via text, email, and letter to encourage them to schedule their child for an MMR vaccine.

5.3. Population vaccination coverage – key successes and priorities

5.3.1 Primary vaccinations are important in providing long-term protection to children against a number of dangerous diseases. Individual unvaccinated children are at risk from these diseases and when population levels of vaccination are low, outbreaks of infectious diseases are more likely and spread more easily through the unvaccinated population.

5.3.2 There is some concern that "vaccine fatigue" may weaken the impact of messaging, as flu and COVID become priorities over the winter. Going forward, the focus on the under-5 population will be targeted through early years services and networks, using the whole system to support the message that vaccines protect children.

5.3.3. Public Health Officers have also instigated measures to target children starting school and the importance of being up to date with childhood vaccinations which has been included in the primary school admissions brochure.

5.3.4 There is a London-wide push on polio vaccination and a further focus on childhood vaccinations since late August.

6. Children and Young People

6.1 Health visiting performance of mandated visits - % new birth visits

6.1.1 New birth visits are one of the mandated universal health checks carried out by health visiting services. New birth visits are carried out by a health visitor, usually within 10 to 14 days of the birth. They are the first of five key health and development reviews up to the age of 2 carried out by health visitors, and which are recommended for all babies and young children. They are intended to support the child and parent/s and check that development is on track. Parents and children who are more vulnerable may receive additional visits, and referrals can be made for extra help or support

6.1.2 The visit may happen in a number of locations, such as a clinic, children's centre, at home or at a GP surgery. During the visit, the health visitor can provide advice and support around a range of issues important for parents and their newborn baby. This includes information such as safe sleeping positions, vaccinations, infant feeding (breastfeeding, or bottle feeding), early development of the baby, and adjusting to life as a new parent, including emotional health and wellbeing.

6.1.3 During Q1 2022/23, 96% of babies and parent/s were seen by health visiting services, against a target of 95%. Equivalent national data is not available at the current time.

7. Healthy Behaviours/Lifestyle

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

7.1.1 NHS Health Checks is a national prevention programme, which assesses the top seven risk factors associated with non-communicable disease and where appropriate, provides individuals with support and treatment. The programme aims to improve the health and wellbeing of adults (aged 40-74), through the promotion of early awareness, assessment, and management of major risk factors for cardiovascular disease (CVD).

7.1.2 In Islington, NHS Health Checks are provided through 31 GP practices across the borough via the Locally Commissioned Service (LCS) programme.

7.1.3 In Q1 ,2.4% (1,300) eligible residents received a health check against a full year target of 8.5%. This is a 59% increase in the number of NHS Health Checks delivered when compared to the same period last year (when 816 people received an NHS Health Check, compared to 1300 people in Q1 2022/23) and the same as the previous quarter (Q4).

7.1.4 This service is valuable to residents as it aims to identify individuals who are at risk of developing a cardiovascular disease (CVD). Evidence suggests that many long-term conditions can be avoided and that 85% of CVD is preventable.

7.1.5 The focus is to increase the uptake of the NHS Health Check offer though continued promotion and access to help reduce health inequalities in Islington.

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

7.2.1 The community stop smoking service 'Breathe' offers behavioural support and provides stop smoking aids to people who live, work or study in Islington. The 3-tiered service model ensures that smokers receive the support that is appropriate for their needs and suited to their lifestyle. Breathe also trains, supports, and monitors a network of community pharmacies and GP practises to deliver stop smoking interventions under the Locally Commissioned Service provision (LCS).

7.2.2 In Q1, the number of smokers achieving the four-week quit rate was on target at 64.7% across the service. This is slightly lower than the previous period at 66% (Q4, 2021-22), but higher than this time last year (Q1 2021-22) when it was at 61.4%.

7.2.3 The post-pandemic recovery of smoking cessation activity in community pharmacies and GP practises was happening slowly during this quarter, with pressures affecting staffing and capacity (including Covid-related staff absences) able to support smoking cessation in these settings. However, among patients provided with support, specialist support in pharmacy settings, in particular, is achieving a high quit rate.

7.2.4 Smokefree pregnancy continues to be a strong focus and in Q1, 27 pregnant women accessed the service, with a high 4 week quit rate of 89% and 83% CO-verified quits (CO or carbon monoxide verification is a breath test that confirms a non-smoker).

7.2.5 Service users and residents in Islington are benefiting from a flexible, personalised service which now offers a hybrid service of in-person and remote appointments and the direct supply of postal nicotine replacement therapy. This model was developed following the successful implementation and in response to the pandemic. In-person support options and CO monitoring are also reinstated at some clinical settings and in the community (with the Breath van).

7.2.6 The focus for the next quarter is to continue to build strong referral pathways between community services and secondary care to support the implementation of the NHS Long Term Plan, which places tobacco dependency treatment at the heart of the NHS agenda. Furthermore, support will be given to GP and community pharmacy providers to increase capacity, training, and mentoring of their stop smoking advisors.

7.3 Substance Misuse: Number of people in treatment year to date;

- **Primary drug users,**
- **Primary alcohol users**

7.3.1 Better Lives is the integrated drug and alcohol treatment service in Islington. The service is commissioned to provide comprehensive support to residents aged 18+ who need support in addressing their alcohol and/or drug use. This includes:

- Harm minimisation advice

- 1:1 structured support
- Substitute prescribing
- Group sessions
- Peer support
- On-site mutual aid (pre-covid)
- Education, training, and employment
- Family support service
- Psychiatric and psychological assessment and support.

7.3.2 In Q1, 788 people entered drug treatment and 339 entered alcohol treatment, showing a decrease when compared to the same period last year (1021) for drugs, while an increase for alcohol (257) for Q1, 2021/22. This can be attributed to services still managing the effects of the pandemic where there was a higher number of people in treatment due to increased demand at the end of 21/22.

7.3.3 A further increase in face-to-face delivery and group activities has been resumed to pre-pandemic frequency during this period and has resulted in better retention of service users within treatment.

7.3.4 In partnership with the Whittington Hospital, work has now re-started after interruptions caused by the pandemic. The service Better Lives is now attending regular Matron's meetings to identify residents with repeat admissions to Whittington due to drug or alcohol related issues.

7.3.5 An ECG machine is now located within the Better Lives site on Seven Sisters Road as a welcomed addition to the service offer. Previously, service users had to get an ECG request form from their keyworker to take to GP surgeries or the local hospital. This was not accessible during the pandemic, leading to further delays in treatment or necessitating a reduction in treatment dosage for safety due to non-completion of an ECG.

7.3.6 A range of groups were re-started this quarter. A new financial management group was also launched. The "Budgeting Group" will provide money-saving tips, prioritising spending, information on debt support services, and ways to save money. A number of complementary therapies also restarted this quarter, including yoga, tai-chi, and acupuncture. These therapies are all provided by local volunteers.

7.3.7 A key challenge is the on-staffing levels within the National Probation Service have caused some issues with having a dedicated point of contact for services and unclear pathways to escalate issues. Public Health Commissioners are supporting services by identifying alternative senior contacts within the service. Despite this, the co-location of drug and alcohol workers in the Probation Office at St John Street is working well with both services reporting the benefits of working together from the same premises.

7.4 Percentage of Percentage of drug and alcohol users in drug treatment who successfully complete treatment and do not re-present within 6 months).

7.4.1 In Q1, 9.1% of drug users in treatment successfully completed treatment and did not re-present within 6 months, against a target of 20%. 34% of alcohol users in

treatment successfully completed treatment and did not re-appear within 6 months, against a target of 42%.

7.4.2 Performance against both indicators has dropped from Q4 last year. This is an area of performance which commissioners will be reviewing with the service provider.

7.5 Substance Misuse Services - key priorities for the next quarter (2) 2022/23.

7.5.1 Public health commissioners are working with wider stakeholders to plan and implement interventions/service developments as a result of additional investment from the National Drug Strategy Programme. Additionally, work is underway to prepare for the implementation of the new integrated drug and alcohol service in April 2023.

7.5.2 Substance misuse services will support any local plans to ensure COVID and flu vaccinations are accessed by vulnerable and targeted groups.

8. Number of staff and volunteers completing training to support residents around their health and wellbeing.

8.1 Number of people receiving mental health awareness training.

8.1.1 Islington Mental Health Awareness and Suicide Prevention Training aims to deliver effective, evidence-based training that improves mental health awareness and skills to frontline staff, local communities, and others locally.

8.1.2 Islington has significantly higher levels of mental health need than other London boroughs and England, and there are considerable inequalities in mental health within the borough.

8 .1.3 In Q1, 101 people were trained against an annual target of 624. Rethink has planned course delivery across the year to account for peak periods and will address the lower group size of courses to move towards pre-pandemic levels of participation. The service has planned their first in-person open MHFA course on the 20th and 21st of July and will evaluate the return of face-to-face sessions to increase attendance rates.

8.1.4 This quarter's (Q1) successes include

- Open courses are fully booked.
- Delivery of 6 MHFA training sessions
- Requests and plans for the first in-person training sessions for Q2
- Improvements to Eventbrite and communication with delegates
- Camden and Islington promotional brochure was created.
- The DNA rate for Islington borough courses is very low (4.3%), which is an improvement over the annual rate of 29% last year.

8.2 Making Every Contact Count (MECC) – number of people trained in the programme.

8.2.1 Making Every Contact Count (MECC) is central to how we can better support residents to get the help they need earlier. The short (two-hour) training course provides staff with the skills, knowledge and confidence to spot opportunities in conversations with residents in order to signpost them to support related to health, wellbeing, money/debt advice and housing.

8.2.2 The training is available to all council, NHS and voluntary and community sector staff working or volunteering in the borough.

8.2.3 The number of staff and volunteers completing MECC training in Q1(56) was just below the quarterly target (75).

8.2.4 Over the summer, public health officers with the training provider have developed and launched a new version of the MECC training, covering the impacts of the cost-of-living crisis and how best to support and signpost residents who may be struggling financially.

8.2.5 Promotion of the training offer has been stepped up to ensure that the numbers completing the training remain on target for the year. The focus for the next quarter is to continue promotion of the new Cost of Living focused training, accompanied by targeted follow-up discussions with key frontline services to ensure good awareness and uptake of MECC training.

8.2.6 Feedback from participants completing the training remains very positive: "Simple, digestible information provided. Resources available for future use as well as the group format, which allows us to share experiences. "

9. Sexual Health Services

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

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

9.1.2 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 services for all issues related to sexually transmitted infections and sexual and reproductive health care.

9.1.3 In Q1, there were 553 LARC fittings. The service continues to perform positively and is on track to exceed performance for 22/23 based on their annual target of 1100.

9.1.4 Performance is also higher when compared to the previous quarter and to the same period last year, which were at 462 and 426 respectively and despite the service's prioritisation of mobilising Monkeypox diagnostics and vaccination clinics.

9.1.5 Islington continues a reduction in teenage pregnancies in Islington, with some of the lowest conception rates across London. A North Central London (NCL) LARC maternity group to implement a LARC pathway in maternity services has also now been established.

9.1.6 The focus for the next quarter is to continue to work with CNWL to prioritise LARC services and review the additional LARC capacity that was commissioned via Marie Stopes International (a termination of pregnancy provider) during the pandemic and assess if this activity can be brought back into local sexual health provision.

10. Implications

10.1 Financial implications:

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

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

10.2 Legal Implications:

There are no legal implications arising from this report.

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

There is no environmental impact arising from monitoring performance.

10.4 Resident Impact Assessment:

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010).

The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled

persons' disabilities and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

11. Conclusion

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

Signed by:		
	Jonathan O’ Sullivan	
	Acting Director of Public Health	
	Nurullah Turan	Date: 7 November 2022
	Corporate Director and Exec Member	

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Adult Social Care
222 Upper Street N1 1XR

Report of: Corporate Director of Adult Social Care

Meeting of: Health and Care Scrutiny

Date: 15 November

SUBJECT: Quarter 1 (April– June 2022) Performance Report

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 1 2022/23 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 1 2022/23 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 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 1 performance update – Adult Social Care

4.1 Key performance indicators relating to Adult Social Care.

PI No.	Indicator	2021/22 Actual	**Q1 Target 2022/23**	**Q1 2022/23**	On target?	Q1 last year	Better than Q1 last year?
ASC1	Percentage of ASC service users receiving long term support who have received at least one review	48%	**15.6%**(52% year-end)	**12.2%**	**No**	14.1%	**No**
ASC2	New admissions to nursing or residential care homes (all ages)	225	**50 (200 year end)**	**40**	**Yes**	37	**Similar**
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)	58%	**70%**	**65%**	**No**	62%	**Better**
ASC4	The proportion of adults with a learning disability in paid employment	9.3%	**9.3%**	**8.9%**	**Yes**	8.0%	**Better**
ASC5	Percentage of service users receiving services in the community through Direct Payments	29%	**31%**	**29%**	**Similar**	29%	**Similar**

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

As of Q1 2022/21, 12% of the service users who have been receiving services since the beginning of the year have had received a support plan review. This is a cumulative measure with targets set for each quarter with the aim of reviewing 52% of the eligible population by the year end. Performance for Q1 is off target (15.5%), however it is important to note that this indicator only captures the 266 annual reviews. When we look at all review activity, teams have completed 550 reviews including both annual and 6-week reviews.

Why is this not on target?

- Last year health funding was provided to aid the safe and timely discharge of residents from hospital. There was a requirement for Adult Social Care to review all residents receiving this funding within specific timescales. These residents received a covid review, different to the annual review but still focused on the best support for the resident. The health funded reviews were prioritised during the pandemic. The completion of these reviews has added to pressure in the teams and has meant that the level of routine 12 month reviews was reduced. There has been a big push top get the COVID reviews done and these are now almost completed. Another factor has been the service changes required to implement the new service model, which has impacted on productivity , but it is anticipated that future performance will improve as a result of these changes.

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
- Fortnightly review board to monitor progress and agree actions to improve performance.
- Monthly review board to monitor progress and agree actions to improve performance.
- The 4-week covid reviews have come to an end meaning that the Community Placement Review Team has more time to dedicate to annual reviews
- Islington Learning Disability Partnership (ILDP) are 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.
- This revised model of working came into place in September and we are beginning to see improvement in the reviews undertaken

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. Last year, Adult Social Care saw an increase in hospital discharges and complex cases. This change in demand due to the pandemic affected the overall number of new admissions to care homes last year. This is a trend that has been seen across all our NCL partnership boroughs.

In quarter one this year there has been 40 new admissions to care homes. Performance is slightly higher than this point last year (37 new admissions) but still on target to have no more than 50 new admissions per quarter.

What action has been taken:

- 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.

What action are you taking to keep it on track?

- Management actions are 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.

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 monitoring this as a corporate indicator is threefold. Firstly, we know that COVID-19 has affected employment nationwide, with the unemployment rate in the UK higher than what is 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 8.9% (53 people) of individuals with a primary support reason of learning disability in paid employment. This is above the 2021/22 performance of 8.0% in Q1.

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.
- An additional 4 people due to start paid in employment by iSET with a further one in the pipeline who is due to start soon.

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.

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 Q1 2022/23, 65% of service users reported that their desired outcomes were fully achieved. Performance is still below the target of 70% and but improved compared to Q4 last year (58%).

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.

When do you expect it to be back on track?

We expect to see continued improvement next quarter.

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

Providing support by direct payment aims to give the individual in need of support greater choice and control over their life. In Q1 2022/23 29% of Islington service users receiving services in the community are supported via a Direct Payment. Performance for this indicator is similar to last year (29%) and within 5% of the target 31%. 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.

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 vison 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: 07/11/2022

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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. 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 (verbal)
3. Scrutiny Review of Adult Social Care Transformation
   – 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 Adult Social Care Transformation – 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 Adult Social Care Transformation – Witness Evidence
4. Islington Safeguarding Adults Board - Annual Report
5. Scrutiny Review of Adult Paid Carers – 12 month report back
6. Whittington Hospital Performance update - moved from items to be scheduled
7. Work Programme 2022/23

Meeting date: 31 January 2023
Agenda despatch date: 23 January 2023

1. Scrutiny Review of Adult Social Care Transformation - 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 of Adult Social Care Transformation – 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 of Adult Social Care Transformation - Final Report

Items to be scheduled (DATE TBC):

- Update on Census Data
- Update on Access to GP Surgeries - to be covered in a future member briefing
- Update on Access to NHS Dentists - to be covered in a future member briefing

Scrutiny Committee Response Tracker

Date of meeting	Query raised	Response/ Update
4th October 2022	• Whether questions could be submitted to the Camden and Islington Mental Health Trust regarding Electro Convulsive Therapy for a written response.	Responsible service: Camden and Islington Mental Health Trust Date of response: Detail: Have agreed to provide a response by the date of the meeting.
4th October 2022	• Whether the London Ambulance service could look into using e-bikes and provide a written response to the Committee. • Figures for hours lost waiting at ED's. • Request for data around mental health emergencies.	Responsible service: London Ambulance Service Date of response: Detail: Have agreed to provide a response by the date of the meeting.
4th October 2022	• Whether the Council could help facilitate a careers day in the community for Health and Social Care roles, eg. mental health service, domiciliary care and ambulance service.	Responsible service: Planning and Development Date of response: Detail: The Council runs careers days for health and social care roles. A written update for circulation outside of the meeting has been requested.

4th October 2022	• **Whether personas could be used when presenting the scrutiny review evidence to demonstrate the steps a person might go through when using services.**	**Responsible service: Social Care, Islington Council** **Date of response:** **Detail: This has been integrated into the presentation.**
4th October	• **Provide an update on work around access to public toilets, including disabled and changing places toilets.**	**Responsible service: Councillor Turan, Executive Member for Health and Social Care** **Date of response:** **Detail: A written update has been requested for circulation outside of the meeting.**
4th October	• **Update on whether the Council will be taking part in Great Mental Health Day being organised by the Mayor of London**	**Responsible service: Councillor Turan, Executive Member for Health and Social Care** **Date of response:** **Detail: A written update has been requested for circulation outside of the meeting.**