

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

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

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Members of the Health and Care Scrutiny Committee are summoned to a meeting, which will be held in The Council Chamber, Town Hall, Upper Street, N1 2UD on, **3 July 2023 at 7.30 pm.**

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Despatched : 23 June 2023

Membership

**Councillors:**

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

Substitute Members

**Substitutes:**

Councillor Benali Hamdache  
Councillor Dave Poyser  
Councillor Heather Staff  
Councillor Flora Williamson

**Quorum: is 4 Councillors**

<b>A. Formal Matters</b>	<b>Page</b>
1. Introductions	
2. Apologies for Absence	
3. Declaration of Substitute Members	
4. Declarations of Interest	

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

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

In both the above cases, you **must** leave the room without participating in discussion of the item.

If you have a **personal** interest in an item of business **and** you intend to speak or vote on the item you **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent but you **may** participate in the discussion and vote on the item.

**\*(a)Employment, etc** - Any employment, office, trade, profession or vocation carried on for profit or gain.

**(b)Sponsorship** - Any payment or other financial benefit in respect of your expenses in carrying out duties as a member, or of your election; including from a trade union.

**(c)Contracts** - Any current contract for goods, services or works, between you or your partner (or a body in which one of you has a beneficial interest) and the council.

**(d)Land** - Any beneficial interest in land which is within the council's area.

**(e)Licences**- Any licence to occupy land in the council's area for a month or longer.

**(f)Corporate tenancies** - Any tenancy between the council and a body in which you or your partner have a beneficial interest.

**(g)Securities** - Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

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

5. Minutes of the previous meeting	1 - 6
6. Chair's Report	

7. Public Questions

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

8. Health and Wellbeing Board Update

<b>B. Items for Decision/Discussion</b>	<b>Page</b>
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10. Update on GP Surgeries from NHS Integrated Care Board	TO FOLLOW
11. Q3 Public Health Performance Report for Corporate KPI's	13 - 28
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The next meeting of the Health and Care Scrutiny Committee will be on 5 September 2023  
**Please note all committee agendas, reports and minutes are available on the council's website: [www.democracy.islington.gov.uk](http://www.democracy.islington.gov.uk)**

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# Agenda Item 5

London Borough of Islington

## Health and Care Scrutiny Committee - Monday, 24 April 2023

Minutes of the meeting of the Health and Care Scrutiny Committee held at The Council Chamber, Town Hall, Upper Street, N1 2UD on Monday, 24 April 2023 at 7.30 pm.

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

**Also Present:**           **Councillor:**           Turan

### Councillor Jilani Chowdhury in the Chair

**88**           **INTRODUCTIONS (ITEM NO. 1)**

The Chair welcomed everyone to the meeting and introductions were given.

**89**           **APOLOGIES FOR ABSENCE (ITEM NO. 2)**

None.

**90**           **DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)**

None.

**91**           **DECLARATIONS OF INTEREST (ITEM NO. 4)**

None.

**92**           **MINUTES OF THE PREVIOUS MEETING (ITEM NO. 5)**  
**RESOLVED:**

That the minutes of the previous meeting held on 9 March 2023 be agreed as a correct record and the Chair be authorised to sign them.

**93**           **CHAIR'S REPORT (ITEM NO. 6)**

The Chair thanked committee members for all of their work over the last municipal year.

The Chair advised that a representative of the Integrated Care Board had been invited to attend the next meeting to discuss matters relating to primary care.

**94**           **PUBLIC QUESTIONS (ITEM NO. 7)**

None.

**95**           **EXTERNAL ATTENDEES (IF ANY) (ITEM NO. 8)**

None.

**96**           **HEALTH AND WELLBEING BOARD UPDATE (ITEM NO. 9)**

Councillor Turan, Executive Member for Health and Social Care, provided a brief update.

The previous Health and Wellbeing Board meeting had considered the draft North Central London Population Health and Integrated Care Strategy and local priorities for health and care. The Board also received the Annual Public Health Report; the theme

of this was on the health and wellbeing of young people and in particular considered the impact of Covid-19.

The Board had also been updated on the Health Determinants Research Collaborative (HDRC) project and had received the Adult Safeguarding Board Annual Report.

In relation to the Adult Safeguarding Board annual report, a member noted the importance of considering equalities issues alongside safeguarding matters; it was thought that adult safeguarding concerns were under-reported in some communities and there was a concern that some vulnerable people may not be receiving support as a result.

**97**      **COVID-19 UPDATE, IF REQUIRED (ITEM NO. 10)**

Jonathan O'Sullivan, Acting Director of Public Health, provided an update. A spring booster campaign was underway for those who were immuno-suppressed.

A member asked about the current number of Covid infections. In response, it was advised that national data was no longer available and the main source of data was now from hospital admissions. There were currently approximately 150 people in hospital with Covid-19 across North Central London, however the majority of these were not in hospital because of Covid-19. It was commented that the vaccination campaign had made a huge difference to outcomes, as had immunity from previous Covid infections. It was estimated that 90% of people had at least one prior Covid infection. Long Covid remained a concern, and there were 4 major strains circulating at the current time.

A member asked if the lack of ONS data on infections was concerning, and queried how any response to a new variant could be effective without national data. In response, it was advised that any new variant would transmit so fast that national testing data would not necessarily be a helpful tool in responding to this situation. Hospital admissions were considered to be an appropriate measure of severity.

A member expressed concern about vulnerable people self-isolating and the number of people with Long Covid. It was commented that many of those experiencing Long Covid tended to recover within 12 months, although this was not the case for all.

**98**      **MOORFIELDS EYE HOSPITAL PERFORMANCE REPORT (ITEM NO. 11)**

The Committee received a presentation from Jon Spencer, Chief Operating Officer, and Sheila Adam, Chief Nurse and Director of Allied Health Professions, of Moorfields Eye Hospital.

The following main points were noted in the discussion:

- The Committee noted that the overall performance of Moorfields Eye Hospital was very positive.
- There were long wait times associated with cataracts procedures.
- The Committee noted Moorfields' new organisational strategy, which was focused on excellence, equity and kindness.
- Moorfields was developing a new facility, Oriel, at the St Pancras Hospital site and all services would eventually relocate to the new facility. The new facility would be more modern and easier to navigate for those with visual impairments. The site was expected to open in 2027. In the meantime, Moorfields was continuing to develop services offered at the City Road site.
- During the pandemic Moorfields had developed an online triage service that was available 9.00am until 9.00pm. It was considered that this innovative

approach had been successful and allowed referrals to be made more efficiently. However, Moorfields were mindful of digital exclusion issues and would always offer a non-digital option. The organisation was also reviewing demographic data on who used the service to focus further engagement on under-represented groups.

- The Committee commended Moorfields on the work of their “hand holding” volunteers who offered support to those attending day surgery.
- Staff turnover at Moorfields was lower than at other hospitals. As a specialist service, it was considered that there were different workplace pressures associated with their work, in comparison to a general hospital.
- A member noted that some Camden & Islington mental health patients had been moved out of borough, who were previously located at the St Pancras site. It was advised that Moorfields and other NHS partners were working to minimise the impact as much as possible.
- Following a question on delays to services, it was advised that there was a very short waiting list for high risk procedures. The most serious medical issues were prioritised for treatment.
- It was confirmed that the new Oriol development was not subject to a PFI agreement. A discussion was had on the financial aspects of the development; rising inflation was a risk.
- It was asked if Moorfields carried out preventative work in the community, for example outreach work in care homes. In response, it was advised that this was not currently offered, however may be explored in future.

The Committee thanked Mr Spencer and Ms Adam for their attendance.

**99**      **QUARTER 3 PERFORMANCE REPORT - ADULT SOCIAL CARE (ITEM NO. 12)**

John Everson, Director of Adult Social Care, introduced the report.

The following main points were noted in the discussion:

- The Committee considered the performance indicators and noted the work underway to increase the number of direct payments and catch-up on Annual Reviews.
- A stretch target had been set to increase the number of adults with learning disabilities into employment. It was noted that Islington was already comparatively ahead of other boroughs on this measure.
- Following a question, it was advised that around 3,000 adults received long-term support from Adult Social Care.
- It was advised that the council had high ambitions for adults with learning disabilities and sought to provide and broker meaningful employment opportunities. The council worked with partner organisations and businesses to support this, and sought to have conversations with young people and their carers at an early stage to discuss employment prospects. However, it was recognised that some people had very complex issues and may find it difficult to maintain employment. A member suggested that it might be possible to work with partners to create paid apprenticeships specifically for those with learning disabilities and additional needs.
- The Committee requested further information on the number of adults with learning disabilities in employment, including the numbers employed and the opportunities they were moving into. The Committee also asked for more information on the ICEP service that supports adults with learning disabilities into paid employment.

## Health and Care Scrutiny Committee - 24 April 2023

- It was explained that direct payments allowed residents to have more flexibility and choice around how their care service was delivered; this sometimes resulted in a more holistic care offer. Age UK was able to offer support in navigating the direct payments system. A member asked if there were other organisations available to provide advice to residents on direct payments.
- Following a question, it was advised that those entering care homes could be placed out of borough, however a number of local homes were undergoing works that should increase their capacity the end of the financial year.
- Thirteen agency social workers had been supported in becoming permanent Islington employees. The Committee commented on the need for permanent social workers, preferably based locally.
- A member noted that Dementia Action Week was 15-21 May 2023 and commented on the importance of this issue. Officers advised that the Islington Dementia Strategy was being developed and would be published later this year. This work could be shared with members at the time. A member asked how many Adult Social Care service users had dementia or Alzheimer's.

### RESOLVED:

That the quarterly performance report be noted.

### ACTIONS:

- The Committee requested further information on the number of adults with learning disabilities in employment and the opportunities they were moving into. The Committee also asked for more information on the ICEP service that supports adults with learning disabilities into paid employment.
- A member asked if there were organisations other than Age UK available to provide advice to residents on direct payments.
- A member asked how many Adult Social Care service users had dementia or Alzheimer's.

100

### **SCRUTINY REVIEW OF ADULT SOCIAL CARE TRANSFORMATION - FINAL REPORT (ITEM NO. 13)**

The Committee considered the proposed recommendations and suggested the following amendments:

- An amendment to clarify the recommendation on re-routing carers around Low Traffic Neighbourhoods to make their journeys more efficient.
- A recommendation to support joint recruitment initiatives across the local health and care sector.
- An amendment to confirm the aspiration to deliver the new 'seven day service' in house.

Officers noted the recommendations were in draft form and a further draft would be developed. It was advised that the final draft would be circulated by email. The Committee delegated authority to the Chair to agree the final version. The final report would then be submitted to a future meeting for agreement.

### RESOLVED:

- (i) That the draft recommendations be endorsed, subject to the above amendments.
- (ii) That authority be delegated to the Chair to agree the final draft of the recommendations.



101 **WORK PROGRAMME 2022-23 (ITEM NO. 14)**

It was noted that a future work plan would be developed for 2023-24.

A member expressed concern at the legal situation surrounding the Whittington Hospital private finance initiative and suggested that the Committee may wish to consider the implications for local services when the Whittington next attend the committee.

MEETING CLOSED AT 9.30 pm

Chair

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Law and Governance  
Town Hall, Upper Street, N1 2UD

Report of: Head of Democratic Services and Governance

Meeting of: Health and Care Scrutiny Committee

Date: 3<sup>rd</sup> July 2023

Ward(s): N/A

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## Subject: Health and Care Scrutiny Committee – Membership, Terms of Reference, and Dates of Meetings

### 1. Synopsis

- 1.1. The Committee is asked to note the Committee's terms of reference and other arrangements.

### 2. Recommendations

- 2.1. To note the membership, terms of reference and dates of meetings of the Health and Care Scrutiny Committee for the municipal year 2023/24.

### 3. Background

- 3.1. The Health and Care Scrutiny Committee is one of the Council's five scrutiny committees. Scrutiny Committees carry out reviews of the council's policies, performance and practice and also consider how external organisations conduct their business to support local, accountable and transparent decision-making and to shape future policy and practice.

3.2. The terms of reference of the Health and Care Scrutiny Committee are set out at Appendix A.

3.3. The Committee membership for 2023-24 is set out below

Councillor Jilani Chowdhury (Chair)  
Councillor Joseph Croft (Vice Chair)  
Councillor Janet Burgess  
Councillor Tricia Clarke  
Councillor Fin Craig  
Councillor Mick Gilgunn  
Councillor Caroline Russell  
Councillor Claire Zammit

Substitutes:

Councillor Benali Hamdache  
Councillor Dave Poyser  
Councillor Heather Staff  
Councillor Flora Williamson  
Councillor Benali Hamdache

3.4. The dates of meetings for 2023-24 are:

- 3rd July 2023
- 5th September 2023
- 5th October 2023
- 14th November 2023
- 18th December 2023
- 23rd January 2024
- 4th March 2024
- 15th April 2024
- 11th June 2024

## 4. Implications

### 4.1. Financial Implications

4.1.1. There are no direct financial implications associated with this report. The costs associated with scrutiny work are met from existing service budgets.

### 4.2. Legal Implications

- 4.2.1. The Council appoints scrutiny committees to discharge its statutory scrutiny functions under the Local Government Act 2000.
- 4.3. **Environmental Implications and contribution to achieving a net zero carbon Islington by 2030**
- 4.3.1. There are no direct environmental implications associated with this report. Scrutiny Committees will consider and review matters relating to environmental sustainability and related issues as they arise in their work programme.
- 4.4. **Equalities Impact Assessment**
- 4.4.1. 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.
- 4.4.2. An Equalities Impact Assessment is not required in relation to this report. Scrutiny Committees will consider and review equalities matters as they arise in their work programme.

## 5. Conclusion and reasons for recommendations

- 5.1. The Committee is asked to note its terms of reference and working arrangements.

### **Appendices:**

- Appendix A: Terms of Reference

### **Background papers:**

- None.

### **Final report clearance:**

Approved by:

**Head of Democratic Services and Governance**

Date: 23 June 2023

Report Author: Boshra Begum, Senior Democratic Services Officer  
Tel: 0207 572 6229  
Email: [democracy@islington.gov.uk](mailto:democracy@islington.gov.uk)

## Appendix A – Terms of Reference

### HEALTH AND CARE SCRUTINY COMMITTEE

(This Scrutiny Committee is responsible in accordance with regulation 28 of the Local Authority (Public Health, Health and Wellbeing and Health Scrutiny) Regulations 2013) for the Council's health scrutiny functions other than the power under regulation 23(9) to make referrals to the secretary of state

#### Composition

Members of the Executive may not be members of the Scrutiny Committee.

Members of the Health and Wellbeing Board should not be appointed to this committee.

No member may be involved in scrutinising a decision which he/she has been directly involved.

The Scrutiny Committee shall be entitled to appoint a number of people as non-voting co-optees.

#### Quorum

The quorum for a meeting of the committee shall be four members.

#### Terms of Reference

1. To review the planning, provision and operation of health and care services in Islington area, invite reports from local health and care providers and request them to address the committee about their activities and performance
2. To respond to consultations by local health trusts and the Department of Health.
3. To consider whether changes proposed by local health trusts amount to a substantial variation or development.

4. To make reports and/or recommendations to a relevant NHS body or a relevant health service provider.
5. To recommend to the Council that a referral be made to the secretary of state under regulation 23(9) of the Local Authority (Public Health, Health and Wellbeing and Health Scrutiny) Regulations 2013.
6. To make reports and/or recommendations to the Council and/or the Executive on matters which affect the health and wellbeing of inhabitants of the area.
7. To carry out the functions of an overview and scrutiny committee in respect of matters relating to the Public Health Directorate or to Adult Social Services.
8. To undertake a scrutiny review, of its own choosing and any further reviews as directed by the Policy and Performance Scrutiny Committee and, consulting all relevant sections of the community, to make recommendations to the Executive thereon.
9. To carry out any review referred to it by the Policy and Performance Scrutiny Committee following consideration of a Councillor Call for Action referral.

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Public Health

222 Upper Street

Report of: Acting Director of Public Health

Meeting of: Health and Care Scrutiny Committee

Date: 3 July 2023

Ward(s): All

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## Public Health Performance Q3, 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 3, 2022-2023 (reported one quarter in arrears due to reporting data lags), progress against targets for those performance indicators that fall within the Health and Social Care outcome area, and for which the Health and Social Care Scrutiny Committee has responsibility.

### 2. Recommendations

2.1 To note performance against targets in quarter 3 2022/23 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.

## Public Health Performance Q3, 2022/23

### 4. Key Performance Indicators Relating to Public Health

PI No	Key Performance Indicator	Target 2022/23	2021/22 Actual	Q1 2022/23	Q2 2022/23	Q3 2022/23	On target?	Q3 last year	Better than Q3 last year?	
HI1	Population vaccination coverage DTaP/IPV/Hib3 at age 12 months	Improvement to 21/22	85%	88%	89%	<b>89%</b>	Yes	85%	Yes	
H12	Population vaccination coverage MMR2 (Age 5)	Improvement to 21/22	70%	70%	69%	<b>70%</b>	Yes	69%	Similar	
H13	Health visiting performance of mandated visits - % new birth visits	95%	N/A new indicator	96%	95%	<b>95%</b>	Yes	N/A new indicator	N/A new indicator	
HI4	% Of eligible population (40-74) who have received an NHS Health Check.	8.50%	N/A new indicator	2.40%	3%	<b>2.7%</b>	Yes	N/A new indicator	N/A new indicator	
H15	% Of smokers using stop smoking services who stop smoking (measured at four weeks after quit date)	55%	62%	65%	69%	<b>57%</b>	Yes	57%	Similar	
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	823	<b>921</b>	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	355	<b>473</b>	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%	8%	<b>7%</b>	No	14%	No	
H18	% Of alcohol users who successfully complete the treatment plan.	42%	36%	34%	38%	<b>38%</b>	Yes	33%	Yes	
H119	Mental health awareness and suicide prevention	624	N/A new indicator	101	140	<b>115</b>	No	N/A new indicator	N/A new indicator	
HI10	Making Every Contact Count (MECC)	300	N/A new indicator	56	78	<b>110</b>	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	386	<b>423</b>	Yes	517	No	

## **Quarter 3 Performance Update – Public Health**

### **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 scheduled as 3 doses at ages 2, 3, and 4 months. The data is extracted from the local HealthIntent childhood immunisation dashboard.

5.1.2 In Q3, 89% of children had a complete set of 6-in-1 vaccinations before the age of 1 and were mostly born during the pandemic (between January 2021 and December 2021), and therefore may have missed or delayed early vaccinations due to difficulties or concerns about accessing healthcare during that period.

5.1.3 There has been an increase over the last four quarters. The data indicates that primary immunisation levels are recovering when compared with pre-COVID-19 rates (84% in Q3 2019/20). This can be attributed to the delivery of targeted messaging through early years systems; encouraging the "catch-up" messaging on missed vaccinations in reaching this cohort of parents.

5.1.4 Please note the data reported nationally for Islington can differ from the local HealthIntent data presented in this report due to coding issues and data flows. The local data is used in this report since it is more accurate.

#### **5.2 HI2 - Population vaccination coverage Measles, Mumps and Rubella (MMR) (age 5).**

5.2.1 The MMR vaccine (measles, mumps and rubella) is given in 2 doses, at age 12 months and at age 3 years and 4 months. This indicator is based on the percentage of children aged 5 who have had both doses of MMR. The data given here is extracted from the local HealthIntent childhood immunisation dashboard.

5.2.2 In Q3, 70% of children aged 5 had received both doses of the MMR vaccination. The uptake is the same as Q2 22-23 as well as the pre-pandemic plateau of 70%, and similar when compared to Q3 in 21-22 (69%). Uptake of the first dose of MMR for children aged 2 years during the same quarter was 86%.

5.2.3 The children covered by the data for this quarter were due their second dose of MMR during the first year of the pandemic (between May 2020 and April 2021), and therefore may have missed or delayed vaccinations due to difficulties or concerns about accessing healthcare during that period.

5.2.4 Prompted by concerns about levels of MMR vaccination, which have now been well below 'herd immunity' levels for several years, a national NHS MMR catch-up campaign was launched in September 2022 for children aged 1-6. The NHS contacted parents and carers of children who had missed one or both doses of MMR

by text, email and letter encouraging families to book their child in for the vaccine. In London, the impact of this campaign may have been affected by the focus on polio vaccination catch-up during the autumn of 2022. The impact of the national catch-up campaign would begin to feed through from the next reported period, Q4 of 2022-23.

5.2.5 Local messaging for parents and carers through the early years systems on the importance of vaccinations has been an ongoing programme of activity. Information about the importance of childhood vaccinations was included in the primary school admissions brochure. However, there are challenges for this cohort of children, as many will have started school during the pandemic. Parents may view early childhood vaccinations as less relevant once their child is of school age.

### **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 The London-wide push on polio vaccination (after polio was detected in wastewater samples taken over several months earlier in the year) led to a further focus on childhood vaccinations during the autumn of 2022. There was some concern that “vaccine fatigue” may have weakened the impact of messaging, as flu and Covid -19 become priorities over the winter.

5.3.3. A local survey of parental views on childhood vaccinations is currently being analysed. The findings from this survey will help us to understand what influences parents in their decisions around vaccinations and where delivery barriers may impact on uptake.

5.3.4 The NHS North Central London Integrated Commissioning Board (ICB) is providing local funding in support of actions to address vaccine inequalities. The project will focus on a targeted call-recall process for unvaccinated or under-vaccinated children, increased capacity through enhanced primary care access, and working with existing networks of parent-champions to spread trustworthy messaging as well as linking in with other activities (such as Help on Your Doorstep) to disseminate information more widely.

## 6. Children and Young People

### **6.1 Health visiting performance of mandated visits - % New Birth Visits (NVB)**

6.1.1 New Birth Visits are one of the mandated universal health checks carried out by health visiting services, usually within 10 to 14 days of the birth. They are the first of the five key health and development reviews up to the age of 2, which are recommended for all babies and young children.

6.1.2 The visit may happen in several settings, such as a clinic, a children's centre, at home, or at a GP surgery. Parents and children who are more vulnerable may receive additional visits, and referrals can be made for extra help or support.

6.1.3. The health visitor can provide advice and support around a range of issues important for parents and their new-born baby and 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.

6.1.4 In Q3, 95% (568/600) of babies received a New Birth Visit within the specified time frame. 28 were seen after 14 days (of whom 13 babies were still in hospital). Including late visits, 99% of babies were seen and exception reporting accounted for all children. Overall, the service achieved a good level of delivery of New Birth Visits and is meeting its target for 2022/23.

6.1.5 The vast majority of visits (560) were carried out at home, which both supports families within their own environment and enables health visitors to assess the environment in which the baby is living and if any risks may be present. Any reasons for conducting the review remotely include Covid-19 quarantining. The proportion of visits carried out at home during Q3 was slightly lower than Q2 (93% compared with 99%), which may have reflected short term staffing shortages during this period, as well as the Christmas and New Year period, family preferences and holidays.

6.1.6 Exception reports accounted for every baby not seen or seen after 14 days, which allows the service to review and assess how it is performing. Islington's 95% compares to a national average of 80% of babies seen within 14 days (in Q2 22-23 – latest available data) and a London average of 82% (in Q1 22-23 – latest available data). As well as local performance reporting, the data contributes to the national quarterly and annual reporting of [Health visitor service delivery metrics](#) which form part of the government's [child and maternal health statistics](#).

6.1.7 The focus for the next quarter is to ensure that performance remains high and that face-face visits in the home are the standard.

## **7. Healthy Behaviours**

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

7.1.1 NHS Health Checks is a national prevention programme, which aims to improve the health and wellbeing of adults (aged 40-74), through advice and the promotion of early awareness, assessment, and where needed, treatment and management of the major risk factors for cardiovascular disease (CVD).

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

7.1.3 During Q3, 2.7% of the eligible residents (1,464 patients) received a health check against a whole year target of 8.5%. This shows, this indicator is on course for achieving this year's target.

7.1.4 The number of health checks performed during the quarter was lower than the previous quarter (1,464 compared to 1,806) but compares favourably with pre-Covid levels of activity and despite the significant impacts of winter health pressures on primary care.

7.1.5 This service is valuable to residents as it aims to identify individuals who are at risk of developing a cardiovascular disease or who may have an undiagnosed condition. Evidence suggests that many long-term conditions can be avoided and that 85% of CVD is preventable; early diagnosis and management of CVD and related conditions in primary care before more serious disease or complications develop is highly effective.

7.1.6 The focus for the next quarter is to maintain the uptake of the NHS Health Check offer for Islington residents.

### **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. Breathe also trains, supports, and monitors a network of community pharmacies and GP practices to deliver stop smoking interventions under the Locally Commissioned Service provision (LCS).

7.2.2 In Q3, the success rate was slightly higher than the target across the service (57% compared with a target of 55%), but lower than in some recent quarters including the previous quarter when the rate was 69%. The rate of 57% is similar to Q3 last year.

7.2.3 The community service is well placed to reach smokers from target populations, working closely with secondary care trusts. This supports the implementation of the NHS Long Term Plan in improving access to support to quit within NHS services. There is increasing work between the service and hospitals; during Q3, 6% of quits were delivered in partnership with Whittington Health's respiratory team. In total, over half (55%) of successful quits were in residents from groups or areas with the highest smoking rates in the borough (including those who are sick, disabled, or unable to work, long-term unemployed, and routine and manual workers).

7.2.4 Smokefree pregnancy continued to be a strong focus for the service with excellent results in Q3. This work is embedded within the North Central London (NCL) programme which drives improvements in how maternity services record smoking and support pregnant smokers to quit. 21 pregnant women accessed the service in Q3, slightly less than last quarter. The 4-week quit rate was exceptional at 81% in quarter 3, with 65% CO-verified quits. CO verification has increased significantly from Q2 (44%).

7.2.5 The post-pandemic recovery of smoking cessation activity in community pharmacies and GP practices remains a concern: in Q3, levels of activity in primary care settings continued to be well below pre-Covid levels whereas some other public health services in primary care, such as health checks, have notably improved. System pressures are affecting staffing, capacity, and prioritisation of smoking cessation in these settings.

7.2.6 The focus for the next quarter (Q4) is to:

- Increase opportunities to reach smokers during the New Year and No Smoking Day campaigns.
- Increase options for face-to-face service locations, whilst continuing to offer a flexible person-centred service.
- Increase take-up of CO verification by service users.

### **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 Q3, the number of people in drug treatment was at 921 and the number of people in alcohol treatment at 473. The indicator is measured year to date, and therefore covers people seen by the service since the start of April 2022.

7.3.3 During the pandemic treatment facilities kept people under their care for longer periods of time to ensure service users had continual support. Services have now largely returned to pre-Covid operation, with greater scope to help support people move on from the service into linked structures or pathways of support.

7.3.4 Overall progress in 2022/23 year to date suggests that the service will achieve its full year goal for service users engaged in treatment support for drug use, and if the momentum in Q3 is maintained, also for alcohol use.

#### **7.4 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 Q3, 7% of drug users in treatment successfully completed treatment and did not re-present within 6 months, against a local target of 20%. 38% of alcohol users in treatment successfully completed treatment and did not re-present within 6 months and against the local target of 42%. The equivalent national outcome figures for Q3 were 10% and 36% respectively.

7.4.2 Successful completion of alcohol treatment is showing improvement in year and compared with last year. Successful completion of drug treatment reported so far in 2022/23 has been notably lower than in 2021/22, albeit noting the impact of Covid -19 in the previous year. Underneath the overall drug treatment outcome figure, there is an improvement in performance over a number of linked outcomes such as housing, abstinence rates and unplanned exits.

7.4.3 It is important to note that this is a challenging performance indicator, especially for opiate drug users themselves, and that drug treatment outcomes are notably higher for non-opiate than opiate users. The National Drug Treatment and Monitoring System (NDTMS) uses a definition of successful completion of treatment for opiate use as being drug-free, which includes being free from opiate substitute therapy (OST) medication. The prescription of OST is an evidence-based part of treatment and can enable individuals who may otherwise struggle to give up opiate drug use to live a fuller and healthier life. It significantly reduces the risk of harm and has important social benefits but would not be considered a successful completion by this definition. People can remain stable on OST for extended periods of time.

7.4.4 New outcome measures are being introduced nationally from April 2023 which will take into account OST as part of recovery progress. This presents an opportunity to refresh this indicator for the following reporting yearly cycle 23/24.

## **7.5 Substance misuse services summary and key issues for Q3**

7.5.1. The service has increased face-to-face delivery and returned to a pre-pandemic frequency. There is further work underway to help manage co-morbidities for people with drug and alcohol use problems. For example, there is increased risk of early lung health conditions. A newly established pilot Pulmonary Rehabilitation programme with the NHS North Central London Inequalities Team is now in place. So far, fifteen service users have been referred, with one cohort now completing the six-week programme. The programme includes GP's who identify suitable service users for referral.

7.5.2 The use of peer mentors in running service user-led groups (Peer led support group and the mutual recovery group) has increased. Peer mentors are now present within the induction group, women's group and 'Starting My Recovery' sessions. The Peer mentor contacts with service users this quarter is as follows:

- Groups – 87 contacts
- Events – 72 contacts

7.5.3 Public Health Officers have also been collaborating with services to promote and support the relaunch of the service user forum Islington Clients of Drug and Alcohol Services (ICDAS). This aims to increase its membership, building the group's capacity and its diversity.

7.5.4 The co-location of drug and alcohol support staff with colleagues from the Probation service continues to facilitate more joined-up support for people in the criminal justice system, including those leaving prison. There has been an on-going staffing turnover within the National Probation Service, which means it has been difficult to sustain a dedicated point of contact for services. Public Health Officers continue to work with services and the local probation service by identifying the right contacts or pathways within the service when needed.

## **7.6 Key priorities for the next quarter (Q3) 2022/23.**

7.6.1 The focus for the next quarter (Q4 January – March 2023):

- Public Health officers will be collaborating with wider stakeholders to plan, implement interventions and service improvement using the anticipated additional investment from the National Drug Strategy. The focus for 2023/24 will be specifically on increasing the numbers of people accessing treatment, primarily via the criminal justice system and through the NHS, and via community pathways.
- Planning to report against new recovery progress outcomes which will be mandated after April 2023. The development of the new treatment measure will broaden the focus from successful completion of treatment to include treatment progress.

## **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 The Mental Health Awareness and Suicide Prevention Training courses aims to deliver effective, evidence-based courses that improve mental health awareness and support the development of relevant skills amongst frontline staff, local communities and others in Islington.

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

8.1.3 In Q3, a total of 115 people were trained in Islington, with the achievement of a pass rate of 72.7% for MHFA courses. This is very similar to the total number trained during quarter 2 which was at 118 people, with the service on track to achieve their course delivery forecast for the year. A total of 84 courses have already been booked and/or delivered for 2022/23 so far, higher than the total number of courses delivered for 2021/22.

8.1.4 The previous challenge of Do Not Attend (DNA) % has been reduced this quarter to 34.3% when compared with the previous period (Q2, when it was 41.8%). However, lower average group sizes for courses persist, translating to below-target numbers of people trained. This is despite course delivery targets being well on track.

8.1.5 The service provider continues to focus on seeking ways to increase the average group size so that the numbers of people trained are optimised, as well as continuing to utilise a range of measures to decrease DNA rates.

8.1.6 As in previous quarters, 100% of delegates who completed course feedback forms said that 'the training met their expectations and that they found the training useful'. The vast majority of respondents said they would change the way they work because of the training and felt that the training would have a positive impact on the culture and practise of their workplace in relation to mental health and wellbeing.

### **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 best support residents to get help for issues affecting their health and wellbeing. The short training courses provide staff with the skills, knowledge, and confidence to spot opportunities in the conversations they are already having with residents to signpost them to support. The training is available to all council, NHS, voluntary and community sector staff.

8.2.2 In quarter 3, 110 staff and volunteers from Islington completed the MECC training, compared with 78 the previous quarter, 46 in Q3 of the previous year, and

exceeding the quarterly target by 35 participants. There were particularly high levels of engagement with our 'Cost of Living' focussed MECC training course during this quarter.

8.2.3 The feedback from participants remains very positive. 100% of training participants agreed or strongly agreed that they would use the tools and techniques learned in the training. Comments included:

- *'Very up to date information and the scenarios that help put things into place on how you can use this in your job role.'*
- *'Really helpful - good to reflect on how important conversations are and how a short conversation can help people link up to services.'*

8.2.4 The focus for the next quarter is to continue promotional activity, alongside gathering feedback on the current MECC courses to help with future planning of the programme. Public Health Officers will also review the service for re-commissioning of this public health offer.

## **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 an effective contraceptive used to prevent unintended pregnancy. Sexual health services offer support to women in understanding the benefits and drawbacks of the range of contraception available in order to help identify the right contraceptive choice.

9.1.2 LARC is available through the 'Integrated Sexual Health' service, delivered by Central and North West London NHS Trust (CNWL). Sexual health services are open access and provide a number of services in addition to LARC, such as testing and treatment for sexually transmitted infections, sexual health advice, emergency hormonal contraception, anti-HIV Pre-Exposure Prophylaxis (PrEP) and other forms of contraception.

9.1.3 In addition to open access sexual health services, LARC is also available in primary care through a Locally Commissioned Service (LCS) agreement, funded through Public Health.

9.1.4 In Q3 2022/23, CNWL provided LARC to 423 women which is higher than the previous quarter of 386 (Q2).

9.1.5 The service has provided LARC to over 1300 women so far this year (Q1-Q3) and has already exceeded the full-year target of 1100.

9.1.6 When comparing to the same period last year, performance has remained stable (423 and 517 respectively).

9.1.7 LARC methods prevent pregnancy for an extended period after fitting and are more reliable than user-dependent methods, such as oral contraceptives, which require a daily tablet.

9.1.8 Recent data to enable comparison against other areas is not available. The latest published data is from 2021, when services were still experiencing the impacts of the Covid -19 pandemic. That data shows the rate of LARC prescribing in Islington was higher than the rate in London, but below the rate in England.

9.1.9 Public Health Officers continue to have a focus on increasing LARC uptake in all service areas and are currently developing LARC maternity pathways at the University College London Hospital Trust (UCLH).

## **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 Equalities 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. An Equalities Impact Assessment is not required in relation to this report.

## **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

A handwritten signature in black ink that reads "JO'Sullivan". The signature is written in a cursive style and is underlined with a single horizontal line.

Nurullah Turan  
Corporate Director and Exec Member

Date: June 2023

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## HEALTH AND CARE SCRUTINY COMMITTEE

### WORK PROGRAMME 2023/24

#### Meeting date: 3 July 2023

1. Membership and Terms of Reference
2. Health and Wellbeing Update (Executive Member - verbal)
3. Update on GP Surgeries from NHS Integrated Care Board
4. Quarter 3 Performance Report – Public Health
5. Scrutiny Review – selection of topic
6. Work Programme 2023/24

#### Meeting date: 5 September 2023

1. Health and Wellbeing Update (Executive Member - verbal)
2. Scrutiny Review – Approval of Scrutiny Initiation Document & Initial Presentation
3. Healthwatch Annual Report and Work Programme (TBC)
4. Quarter 4 Performance Report - Adult Social Care
5. Scrutiny Review 2022-23: Adult Social Care Transformation Final Report
6. Work Programme 2022/23

#### Meeting date: 5 October 2023

1. Health and Wellbeing Update (Executive Member - verbal)
2. Scrutiny Review – Witness Evidence
3. Camden and Islington Mental Health Trust Performance update
4. London Ambulance Service Performance update (TBC)
5. Quarter 4 Performance Report – Public Health
6. Work Programme 2022/23

#### Meeting date: 14 November 2023

1. Health and Wellbeing Update (Executive Member - verbal)
2. Executive Member for Health and Care - Annual Report
3. Scrutiny Review – Witness Evidence
4. Quarter 1 Performance Report – Public Health
5. Quarter 1 Performance Report – Adult Social Care
6. Work Programme 2022/23

**Meeting date: 18 December 2023**

1. Health and Wellbeing Update (Executive Member - verbal)
2. Scrutiny Review – Witness Evidence
3. Whittington Hospital Performance update (TBC)
4. Islington Safeguarding Adults Board - Annual Report
5. Work Programme 2022/23

**Meeting date: 23 January 2024**

1. Scrutiny Review - witness evidence
2. Health and Wellbeing Update (Executive Member - verbal)
3. Moorfields Eye Hospital Performance report (TBC)
4. Quarter 2 Performance Report – Adult Social Care
5. Work Programme 2022/23

**Meeting date: 4 March 2024**

1. Health and Wellbeing Update (Executive Member - verbal)
2. Quarter 2 Performance Report – Public Health
3. UCLH Performance update (TBC)
4. End of Life Care
5. Scrutiny Review – draft recommendations

**Meeting date: 15 April 2024**

1. Health and Wellbeing Update (Executive Member - verbal)
2. Quarter 3 Performance Report – Public Health
3. Quarter 3 Performance Report – Adult Social Care
4. Update on Access to NHS Dentists
5. Scrutiny Review - Final Report

**Other possible items**

The Committee previously suggested that it may be helpful to review issues relating to direct payments and the council's emerging Dementia Strategy.