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 2UD on, **4 March 2024 at 7.30 pm.**

Enquiries to : Samineh Richardson
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Despatched : 23 February 2024

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

A.	**Formal Matters**	**Page**
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2.	Apologies for Absence	
3.	Declaration of Substitute Members	
4.	Declarations of Interest	
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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.	University College London Hospitals (UCLH) Performance Update	5 - 26
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B.	**Items for Decision/Discussion**	**Page**
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 15 April 2024

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www.democracy.islington.gov.uk

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London Borough of Islington

Health and Care Scrutiny Committee - Tuesday, 23 January 2024

Minutes of the meeting of the Health and Care Scrutiny Committee held at The Council Chamber, Town Hall, Upper Street, N1 2UD on Tuesday, 23 January 2024 at 7.30 pm.

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

Councillor Jilani Chowdhury in the Chair

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

The Chair welcomed everyone to the meeting and members and officers introduced themselves. Fire safety, webcasting and microphone procedures were explained.

The committee were informed that due to technical issues with the webcasting system it was not possible to webcast the meeting.

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

Apologies were received from Councillor Gilgunn

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

There were no substitute members at the meeting.

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

For transparency Councillor Russell informed the committee that she was the Deputy Chair of the London Assembly Health Committee.

For transparency Councillor Burgess informed the Committee she was a trustee of the Cloudesley Charity and the Council's Carers Champion.

29 **MINUTES OF THE PREVIOUS MEETING (ITEM NO. 5)**

RESOLVED: That the minutes of the meeting held on 18th December be confirmed as an accurate record of proceedings and the Chair be authorised to sign them.

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

The Chair informed the committee of new statutory guidance, on the operation of health scrutiny arrangements, the main focus of the change was the removal of the power of health overview and scrutiny committees (HOSC) to formally refer matters of concern relating to major service reconfiguration to the Secretary of State. Instead, the Secretary of State could act proactively, further to a request that he or she may receive from anyone and such action would be subject to consultation with the HOSC, amongst others.

The Chair reminded the committee that a written briefing had been circulated regarding a consultation on proposed changes to maternity, neonatal and children's surgical services in North Central London. The committee agreed to receive a presentation on this at their next meeting.

The committee were reminded that there were upcoming dates for the committee to meet with residents to get a better understanding of their scrutiny review into access to adult social care and GP services. Members were asked to confirm attendance and to provide some questions in advance to democratic services.

The Chair expressed his disappointment that a representative for the Islington Access Hubs was not available to attend another meeting, and requested they ensure attendance at the March meeting.

The Chair asked committee members and everyone presenting to keep presentations and questions short and to the point.

31 PUBLIC QUESTIONS (ITEM NO. 7)

The Chair advised that any questions from the public should relate to items on the meeting agenda and that members of the public would be given the opportunity to ask their questions once councillors had spoken.

32 WHITTINGTON HOSPITAL PERFORMANCE UPDATE (ITEM NO. 8)

The committee received a performance update from Whittington Hospital.

A committee member felt the hospitals accident and emergency (A&E) service needed improvement to ensure people who needed the service weren't put off from attending. It was explained that it was designed for 60,000 people but 108,000 people were attending and there were not always enough beds. They had however opened a second ward and were seeing some improvements in performance, and they had been allocated some funding for cosmetic changes.

The Chair asked whether more people were attending A&E because they were not getting GP appointments. It was explained that there was not specific data on this available and people may choose to visit A&E because they know they will be seen.

The Committee considered the transfer of patients from hospital beds to their homes, they were particularly concerned about muscle atrophy during hospital stays and were interested in how people were encouraged to stay active at home. It was explained that there was a focus on providing occupational and physical therapists whilst at the hospital and care packages for people once they had gone home. There were some difficulties related to funding and also placing people in settings outside of the hospital.

The Committee asked about early intervention and preventative care. It was explained that councillors could help spread health related messages to the

public by linking in with their public health team and encouraging people to visit their GP. Whittington Hospital said they would look at tic toc as a way to reach a younger audience.

A committee member asked about low staff morale concerns. It was explained the hospital had been doing a lot to improve staff morale, including hiring a new staff lead for wellbeing. Following a staff survey each department would also be creating an action plan to work on any issues identified.

A committee member asked if there were concerns regarding the number of deaths at the hospital. The committee were informed the number of deaths were within the normal parameters and were not an outlier so there were no concerns.

A committee member asked what type of response the hospital had received to the consultation on proposed changes to maternity, neonatal and children's surgical services in North Central London. The committee were informed that there had been approximately 500 responses that were largely positive toward Whittington Hospital.

A committee member asked if there was an existing strategic relationship with University College London Hospitals NHS Foundation Trust (UCLH). It was explained that there was joint working and clinical collaboration.

The Chair asked how the junior doctors strikes were impacting the hospital. The committee were informed that it was the right of the doctors to strike but it was impacting the hospital and the community in a number of ways, including waiting lists, the running of the organisation and the capacity of the hospital to make improvements.

33 **SCRUTINY REVIEW - AGE UK (ITEM NO. 9)**

The committee received a presentation from Age UK on their scrutiny review into access to GP Services and Adult Social Care.

A committee member asked whether councillors could help with signposting, particularly as they hadn't realised the scale of the organisations offering or that services were available to people aged 16+.

A committee member asked whether the Council or social services could do anything to help the charity to improve access. It was explained that improved communications, particularly joint working with a physical presence would be beneficial, for example the resources for a member of Age UK to be part of the Access Islington Hubs.

Following a question on access it was explained that they predominantly received referrals from professionals or were contacted by phone.

The committee asked whether Age UK faced any problems contacting GP surgeries or Adult Social Care. It was explained that the difficulties in

accessing GP appointments were usually around people's ability to use technology and for Adult Social Care (ASC) it was waiting for the resources once you were in the ASC system.

The committee considered how the public could be made more aware that Age UK supported anyone from age 16. It was explained that Age UK were receiving a high volume of calls, so the messaging about their services was getting out, however they could do some targeted messaging to people who they were not seeing, such as younger people.

A committee member asked how responsive Age UK could be. They tried to respond within 5 days of a referral but due to the rising number of referrals received it could be 6 days.

Following a question on referrals, it was explained that councillors could refer residents to Age UK and Adult Social Care at the same time.

The committee asked Age UK to forward any materials to them that could be shared with residents.

34 EXECUTIVE MEMBER UPDATE (ITEM NO. 10)

The Committee received an update from the Executive Member for Health and Care.

The committee considered the growing use of Physicians Associates and whether they were a concern. It was highlighted that clinical nurse specialists and nursing consultants could be a good source of experience in healthcare.

35 QUARTER 2 PERFORMANCE REPORT ADULT SOCIAL CARE (ITEM NO. 11)

The committee received the quarter two performance update from Adult Social Care.

36 WORK PROGRAMME (ITEM NO. 12)

Resolved:

To include an item on the consultation on proposed changes to maternity, neonatal and children's surgical services in North Central London at the meeting on the 4th March 2024.

MEETING CLOSED AT 9.45 pm

Chair

University College London Hospitals NHS Foundation Trust

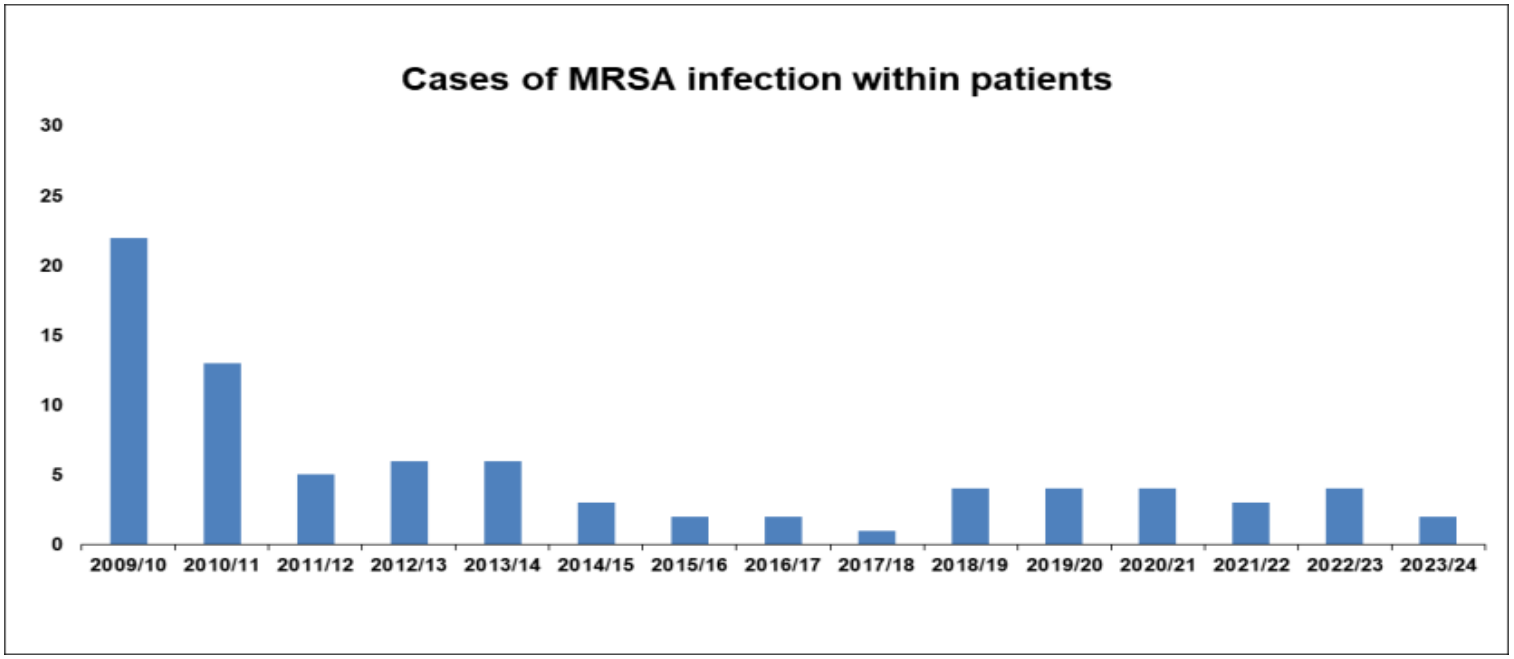
Update on performance for Islington HSC

Simon Knight, Director of Planning and Performance
Liz O'Hara, Director of Workforce

Performance against key targets

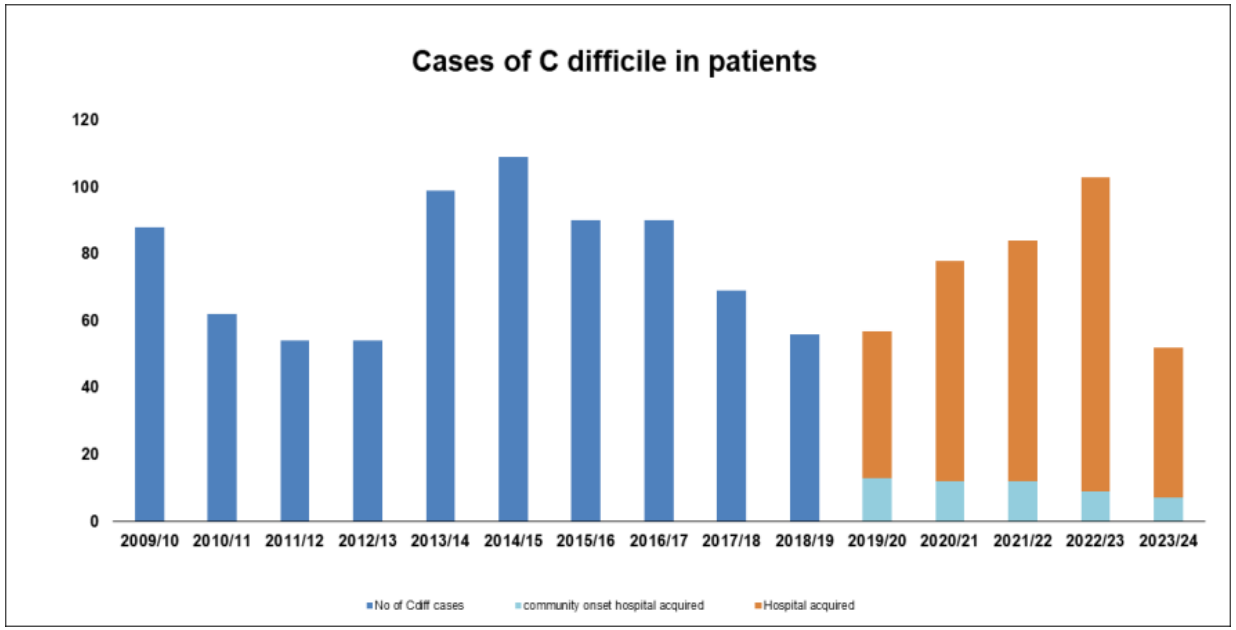
- Infection targets
- Patient surveys
- Referral to treatment times
- Cancer waiting times
- Waiting times in our emergency department
- Delayed transfers of care

MRSA infections



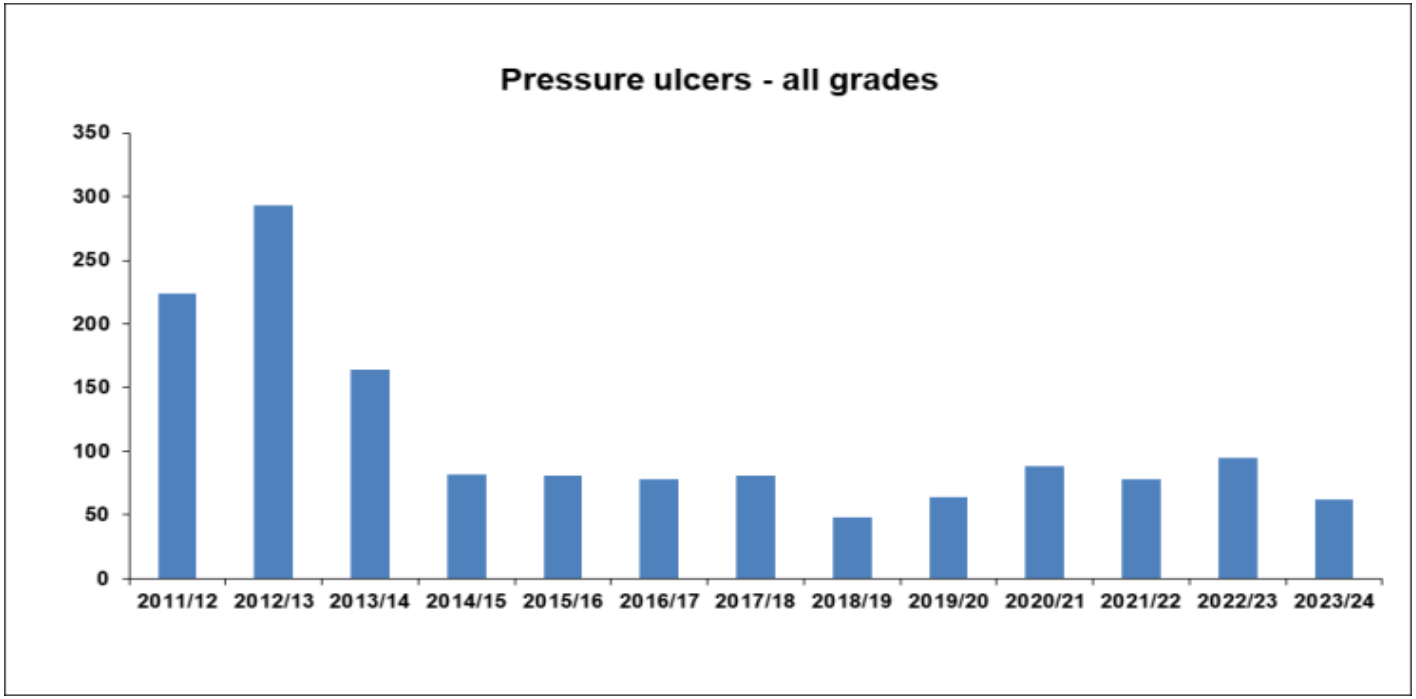
- Careful investigation has shown that there were no lapses in care identified for MRSA. The trust have learnt from these cases that further documentation for line assessments is required and appropriate risk assessments to be undertaken for screening.

Clostridium difficile infections



- The majority of the C.Diff cases came from haematology, oncology and neurology. There will be careful observation of rates in the coming months but we are currently below our expected trajectory

Hospital Acquired Pressure Ulcers



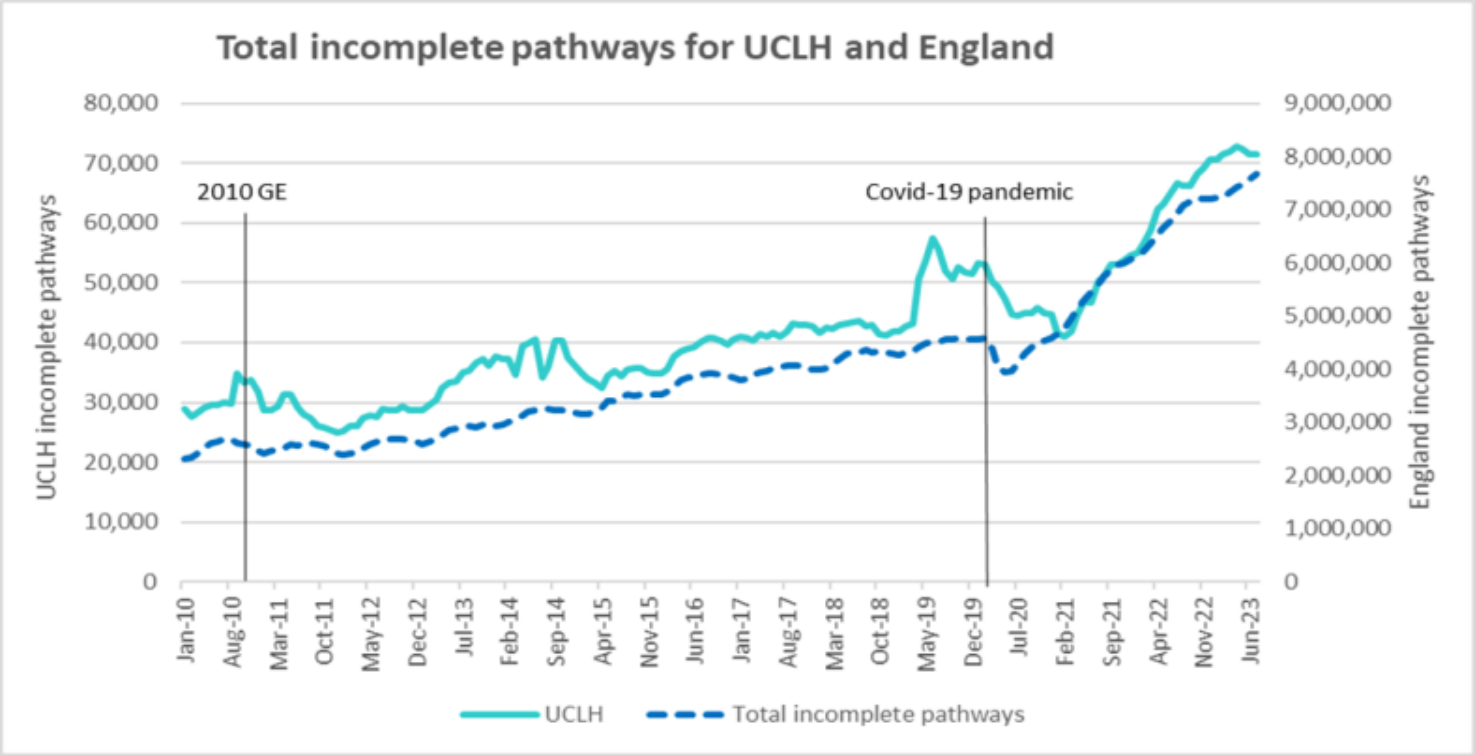
- All pressure ulcers are investigated and reviewed by the trust tissue viability team. There has been a significant reduction in hospital acquired pressure ulcers since 2013/14. A small rise was seen during Covid due to devices needed for treatment.
- The trust adhere to aSSKINg (a five step model to reduce pressure ulcers) which allows them to follow the best practice pressure ulcer management protocols. As well this the trust also use alternating pressure relieving mattresses to help prevent ulcers

2022 Inpatient Survey

Comparison with peers - London

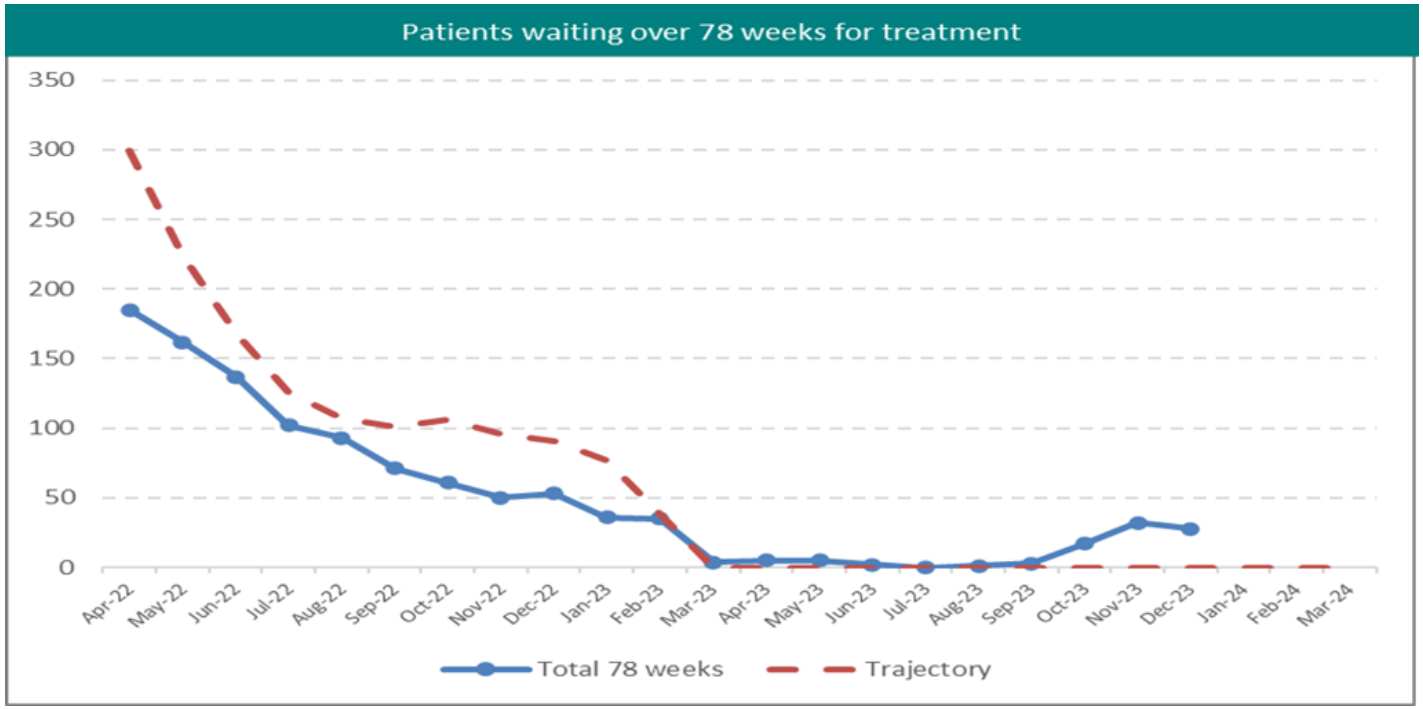
	Q: Overall experience	Q's better than other trusts	Q's worse than other trusts
UCLH	8.7	16	0
Guys & St Thomas's	8.3	3	0
imperial	8.3	1	1
St George's	8.1	0	1
Barts	8.0	1	4
Royal Free	8.0	0	4
Kings College	7.9	0	4
Chelsea & Westminster	7.9	0	13

Referral to Treatment Time (RTT)



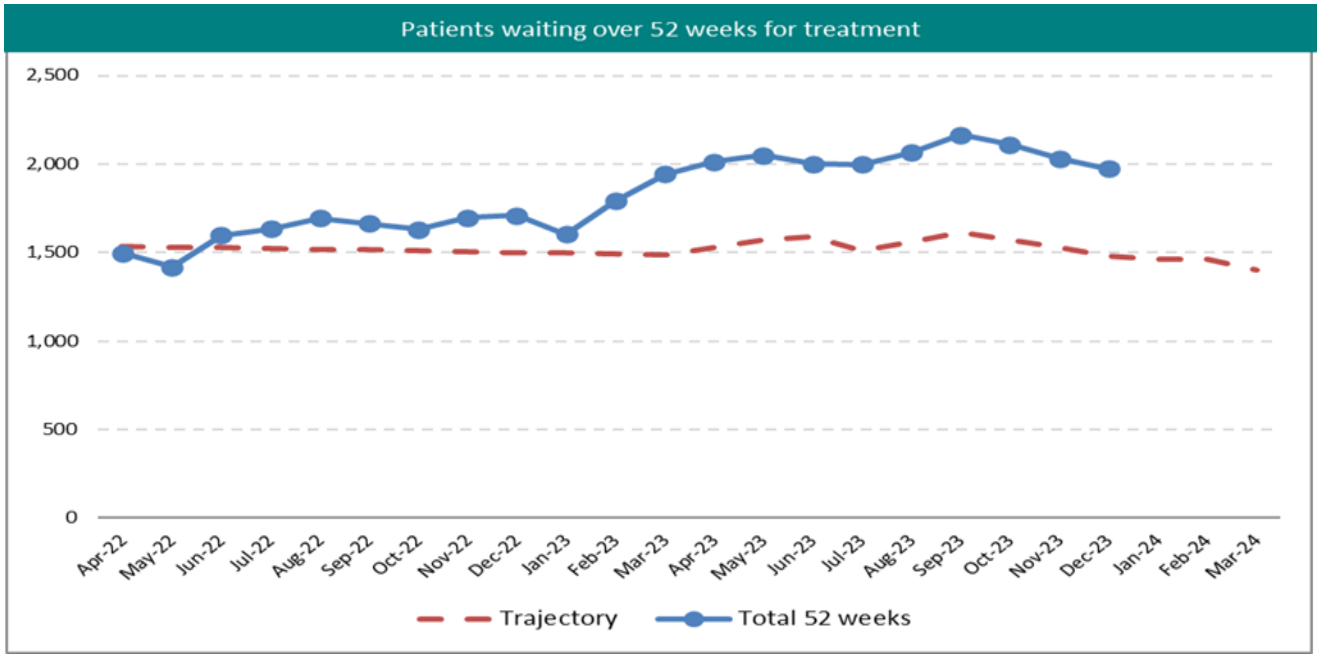
- UCLH and England have seen an increase in the number of incomplete pathways across this time period. There have been years in which there have been a slight decrease but the overall trend has been to increase.
- While there is a noticeable increase after Covid-19, it is worth noting that prior to the pandemic start there was an increase in pathways. As expected a dip for the pandemic, and then a large increase as we as a trust and a health service recover.

Referral to Treatment Time (RTT)



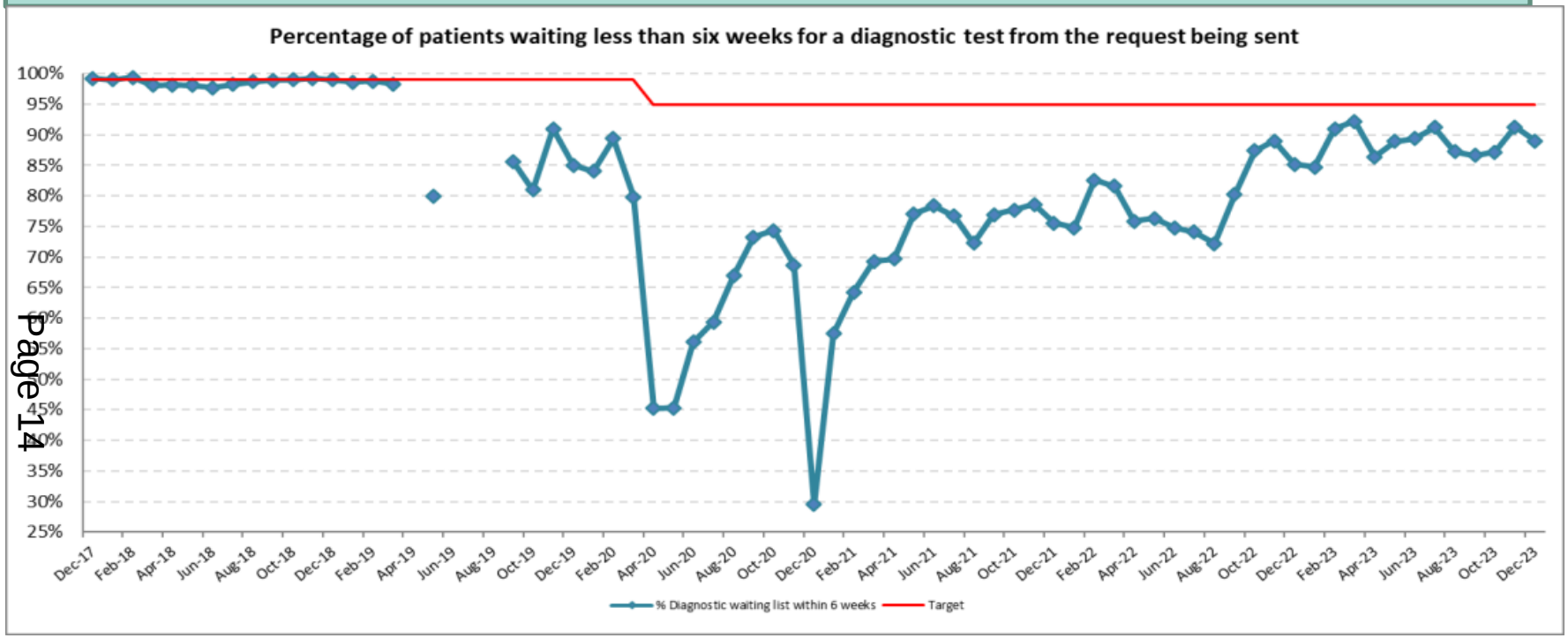
- We focused on achieving the NHS England's original target of eliminating 78 week waits by the end of Q4 2022/23. The cohort had steadily shrunk thanks to the efforts of operational teams and comprehensive tracking tools developed centrally. We reported 39, 78 week waits in December.

Referral to Treatment Time (RTT)



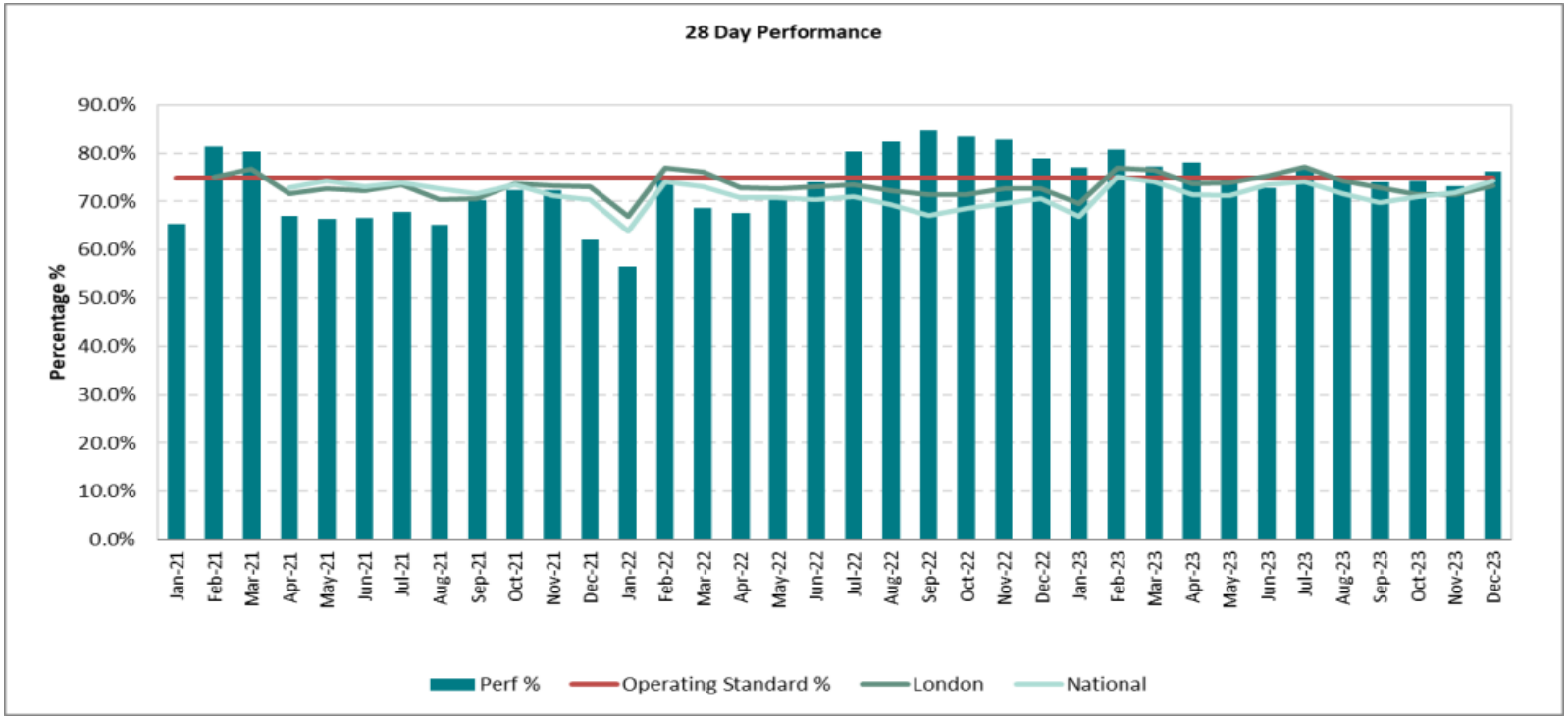
- We have modelled the number of 52-week waits we may have by March 2025 and where there may be peaks beyond into 2026. This early prediction has highlighted a small number of specialties where there is a risk of patients having to wait for more than 52 weeks which we are working on.

Diagnostic waits



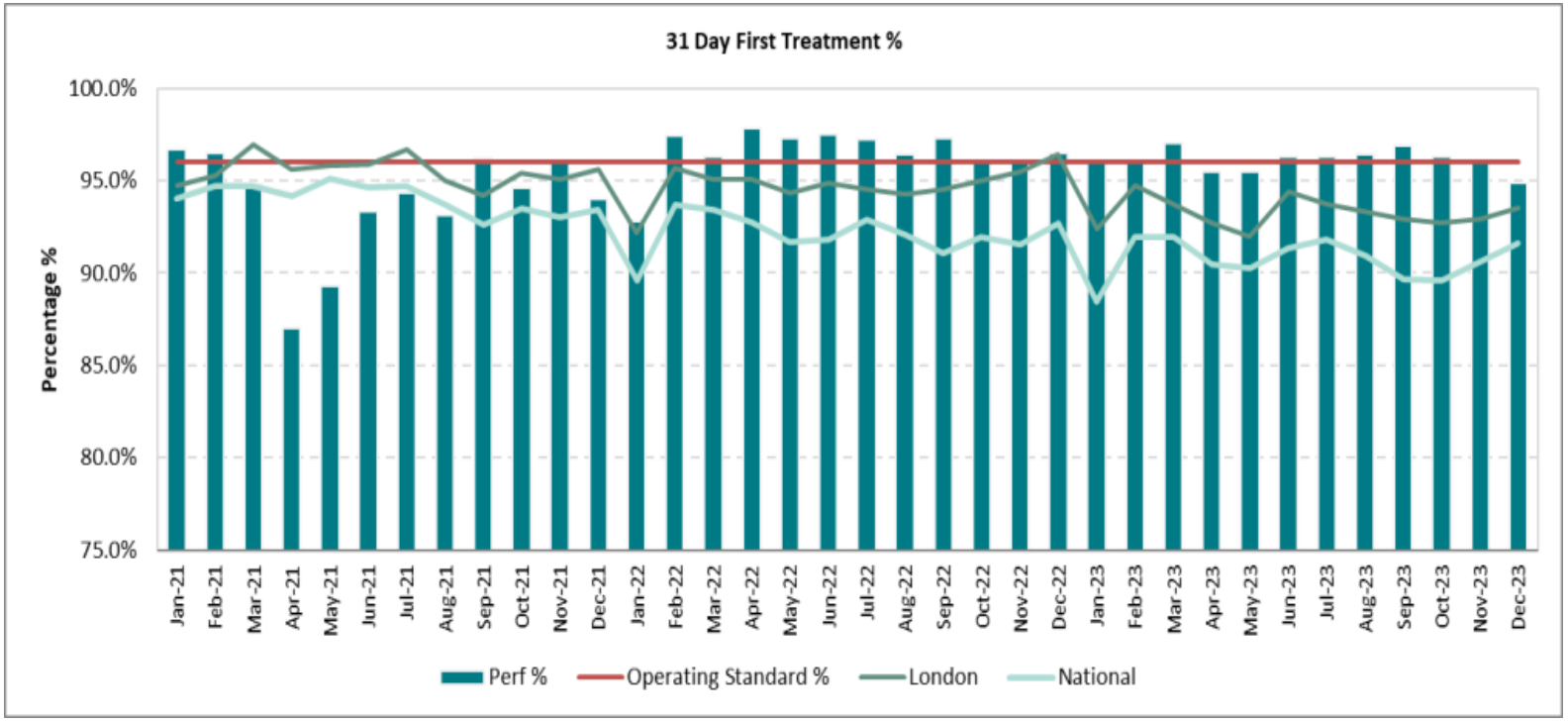
- We have achieved our highest performance during Q3.
- We remain on track to achieve early the sector wide target of 95% against the diagnostic waiting times despite the deterioration in performance in December.
- MRI performance, which accounts for the largest proportion of DM01 performance has worsened in the most recent quarter. The drop in performance was driven by the loss of a mobile scanner however some of the lost capacity will be recovered with the opening of a fifth scanner.
- Endoscopy has maintained strong performance and is continuing to support other local providers to reduce their backlogs

Access to timely cancer care



- Performance against the faster diagnosis standard has been challenging throughout 2023/24, but we were compliant at the end of Q3. Faster diagnosis standard requires that patients are receiving a diagnosis, or having cancer ruled out, within 28 days of referral
- We have remained better than the London and national position for Q3.
- Under the revised approach to performance tiering for cancer, trusts are being asked to ensure they deliver a performance of at least 70% for the faster diagnosis standard which will then increase to 72.5% in December which we have met.

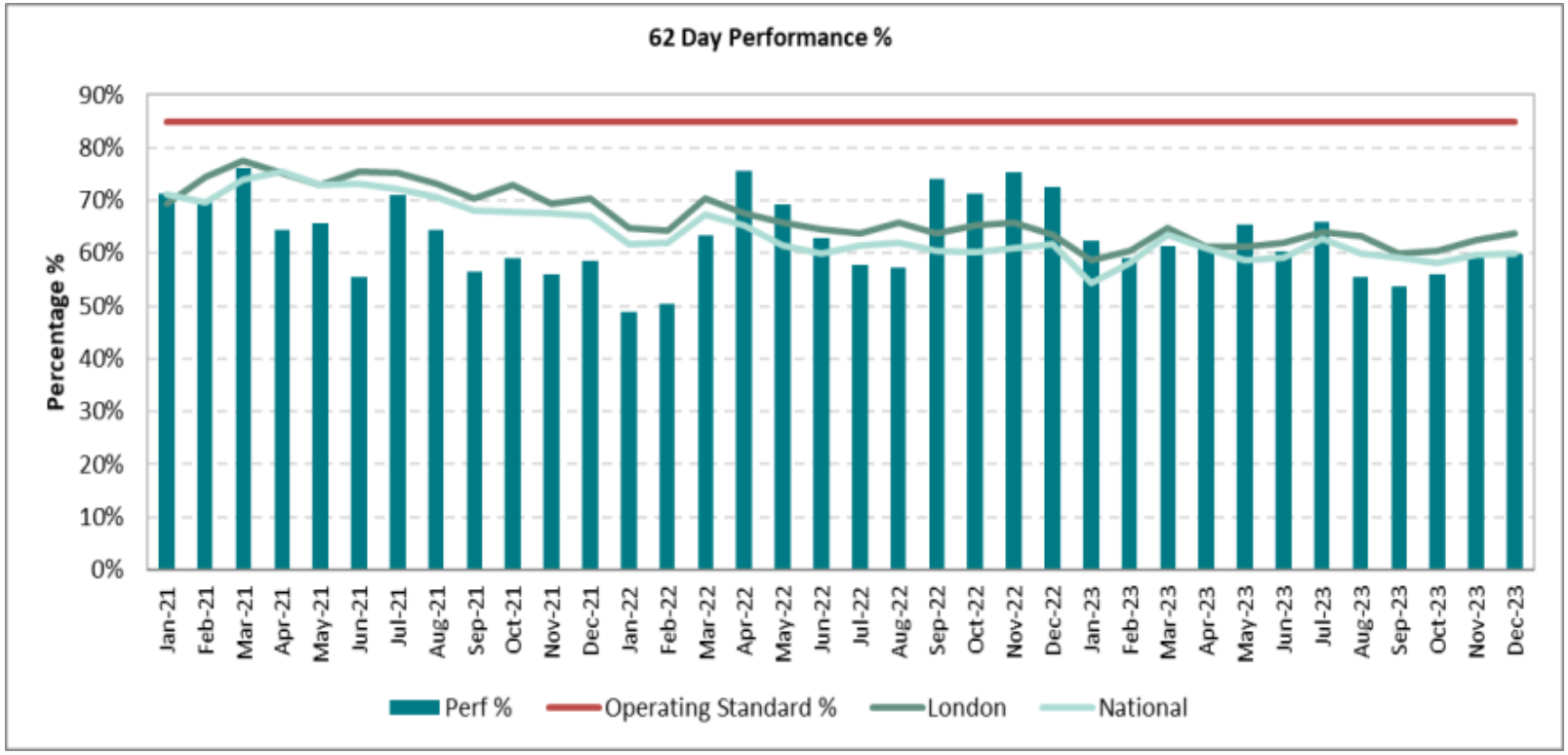
Access to timely cancer care



- UCLH's position against the revised standard that 96% of patients should be treated within 31 days of a decision to treat (across all points of delivery) was compliant for most of the year. Our position was above the London and national average.

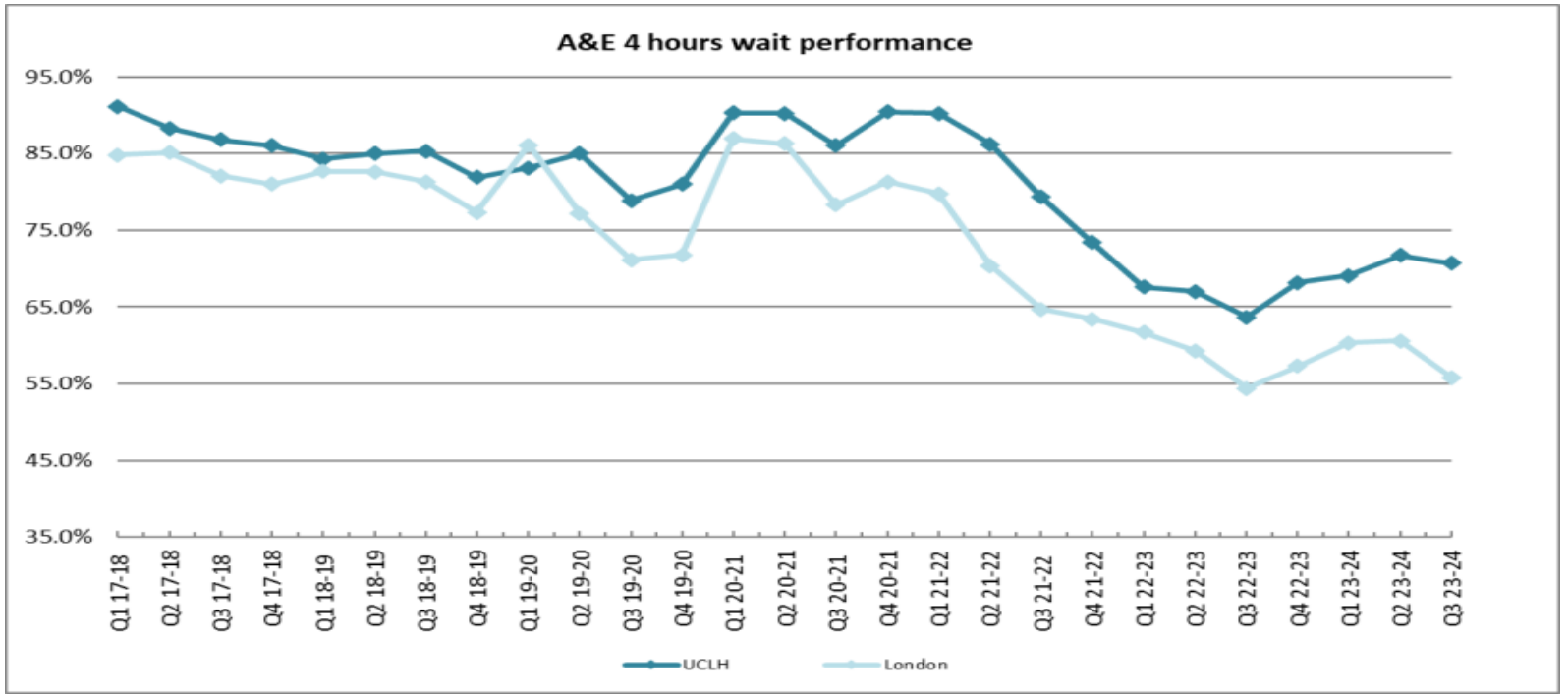
- UCLH has performed well against the inter trust transfer target of 24 days from receipt of referral from the referring trust to treatment date. We have seen strong performance against this standard in urology with an average of 83% for the last six months.

Access to timely cancer care



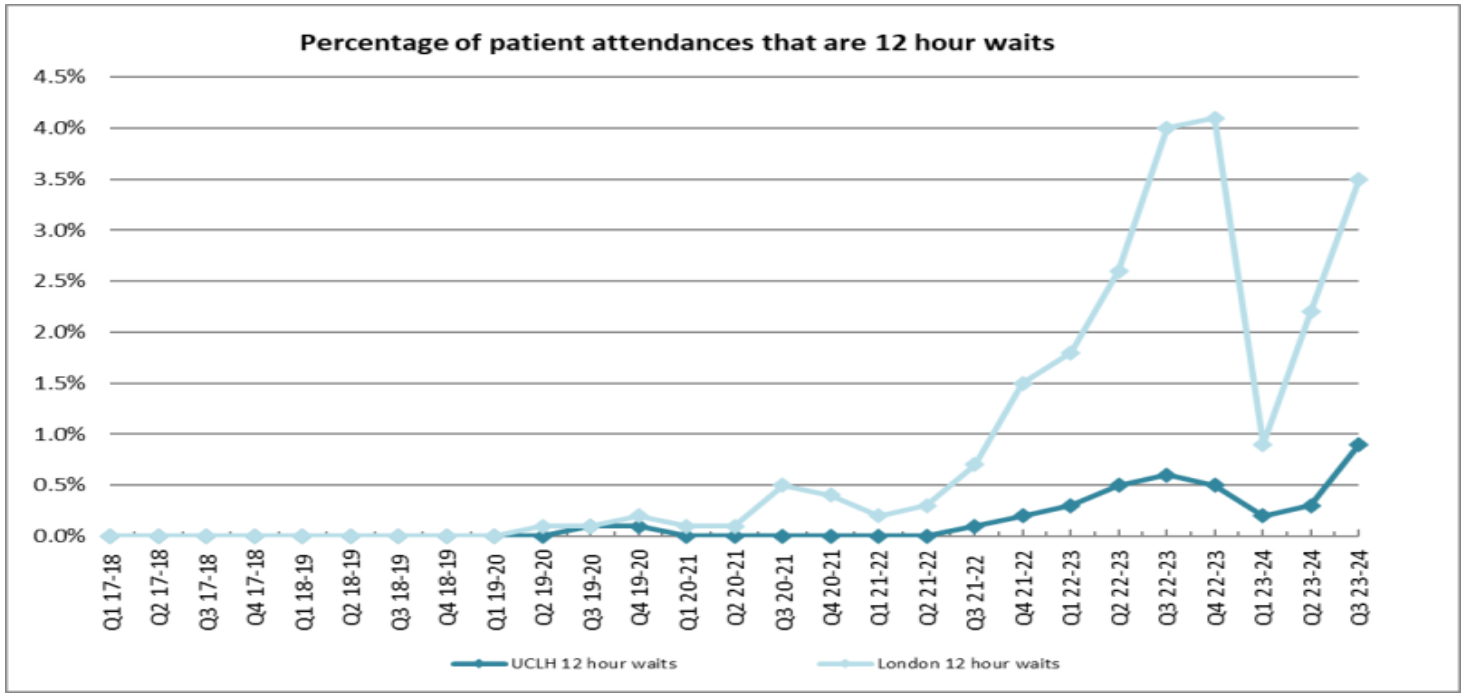
- Like other major cancer centres, historically we have struggled to meet the target that 85 per cent of patients with cancer should begin their first treatment within 62 days of an urgent GP referral.
- UCLH 62 day combined position was below the London average of 67%. The position at trust, London and national levels has become more challenged through quarter three due to the cumulative impact of industrial action on cancer waiting times

A&E



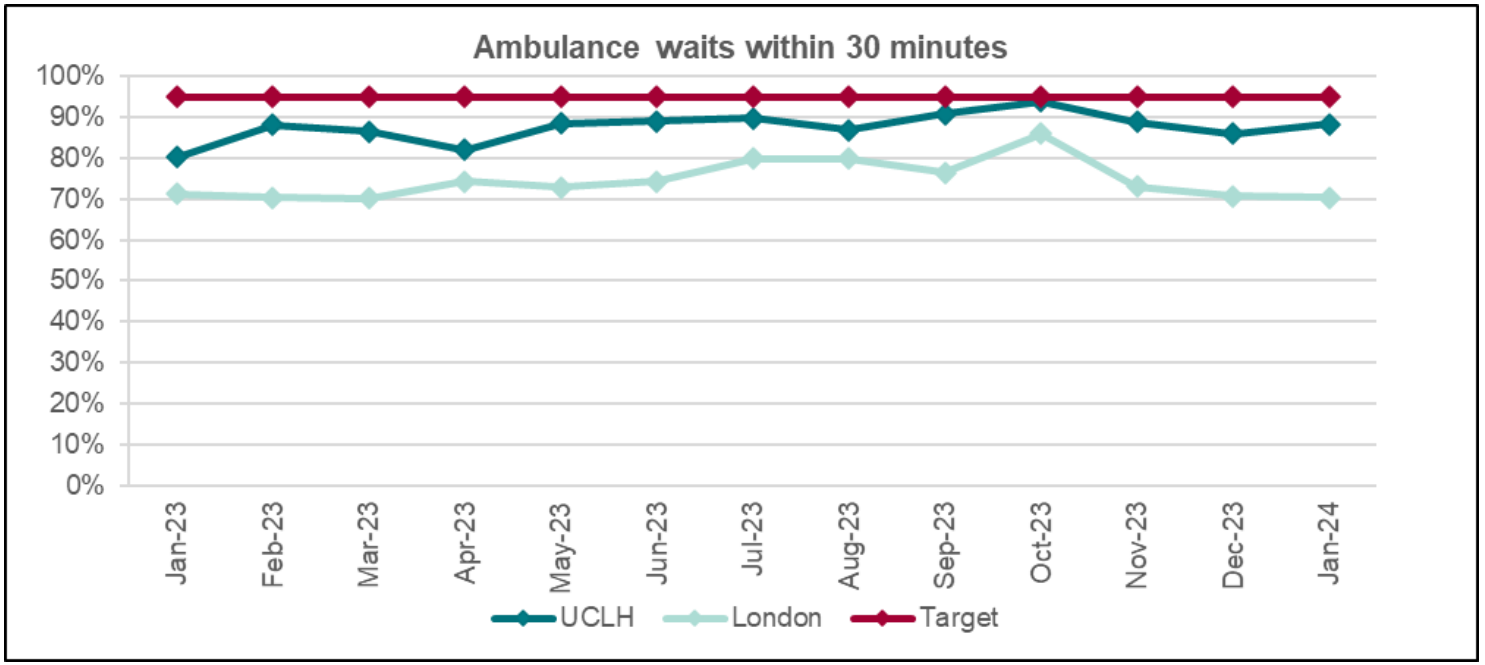
- UCLH has not met the four hour waits target of 76% in 2023/24 but has performed significantly better than the London average. Performance in 2023/24 has also been better than 2022/23.
- The emergency department is implementing a number of improvements plans including; improving flow and patient navigation through the department and reducing the number of patients waiting a long time by improving clinical review and escalation processes.
- The department is continuing to try and reduce the length of stay for patients with a mental health need. The right care right place model is being implemented which provides a framework for how the police and health services should improve the response to people with mental health needs.

A&E 12 hour performance



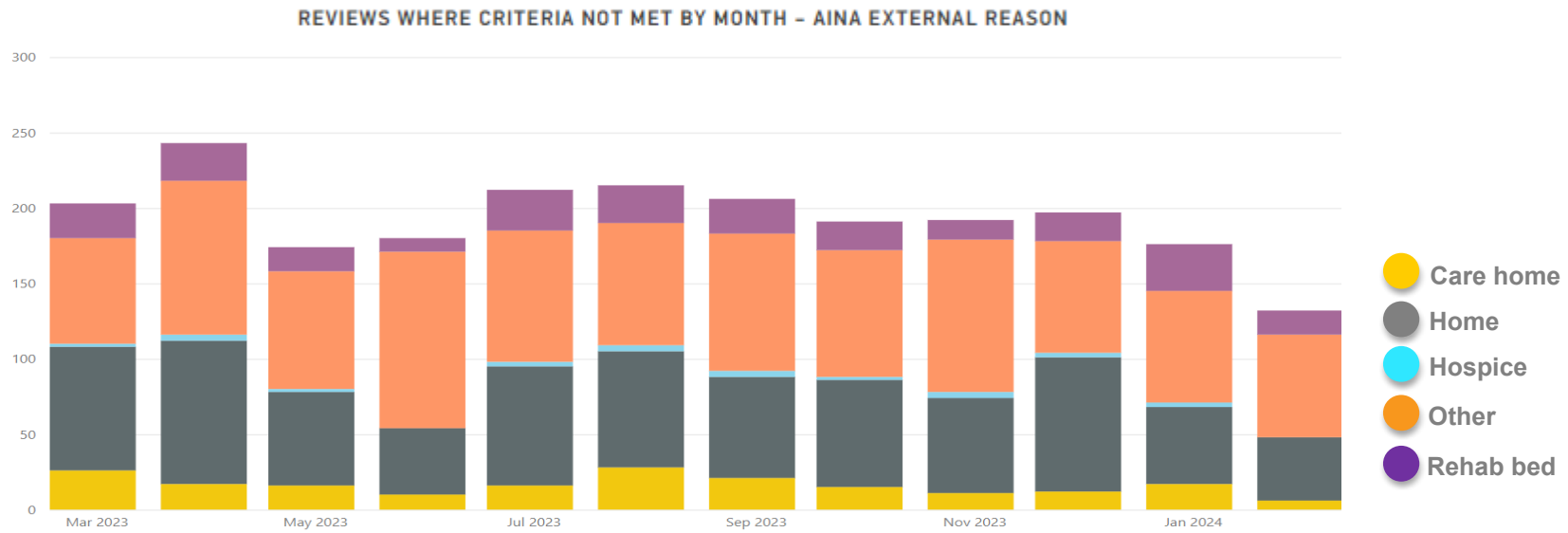
- The number of 12-hour trolley waits has increased over the last two years at UCLH. This has also been an issue across London. While we have been affected, we have not been as adversely affected as other trusts within London.
- 0.9% of our attendances resulted in a 12 hour trolley wait in Q3 2023/24, compared to the London average of 3.5%.

Ambulance handover time



- Ambulance conveyances to UCLH remained high at the end of Q3 due to system pressures and increased ambulance diverts to UCLH. However UCLH ambulance handover performance is one of the best in London with under 3% of handovers taking longer than 45 minutes compared to the London average of 10%.

Delayed transfers of care in 2023



- The trust is aiming to reduce the number of patients with a length of stay (LoS) over 21 days to below 19% of all inpatients. For most of the year performance has been at or below target and in January 2024 17.7% of patients had a length of stay over 21 days.
- A significant proportion of delayed discharges are due to external factors like the availability of intermediate care services or waits for modifications to be made to the patient's home. There are however delays due to internal patient flow issues which the Trust is also trying to address.
- A wide range of high impact winter improvement actions are being implemented to improve patient flow focusing on: increasing the number of discharges before 12 and 5pm; increasing the proportion of patients discharged via the patient lounge and increasing the proportion of patients discharged at the weekend.

Days of Action and Rescheduled Activity

Staff Group	No of Days
Nursing and Midwifery	4
Physiotherapists	1
Radiographers	3
Junior Doctors	34
Consultants	9
Total	**51**

- Electives was by far the most impacted activity type with 28.9% of activity lost due to strike action compared to an average of 7.3% for all activity types. Daycases was the least impacted of the elective activity types (4.8%).
- Most divisions which carry out significant amounts of elective activity lost between 10-15% of planned activity during industrial action.

Health, Wellbeing, and Morale

We have a pro-active, staff-led approach to health, well-being and morale which is enabled by support from the UCLH Charity and through investment by the trust to tackle the issues that matter the most to our staff. We have a comprehensive programme, *Be Well*, which seeks to address the multiple factors that impact our staff within and outside of UCLH. Such factors include:

- End of the Pandemic: fatigue and adapting to returning to business as usual.
- Winter Pressures: this annual increase in patients was mitigated by social distancing during the pandemic.
- Cost of Living Crisis: impact on staff and affordability of staff to continue working at the trust.
- Industrial Action: continued disruption to work, focus on emergency pathway and then recovery, impact on relationships between staff

Health and wellbeing indicators

- We regularly report on and review indicators that provide insight into the overall health, wellbeing and morale of our staff. We also pay attention to qualitative and informal feedback from our staff such as; staff sickness (which as increased as per the national trend), staff turnover (which is lower), and staff morale.

- Morale is one of two themes measured in the Annual Staff Survey alongside the 7 *people promises*. Our results in 2023 (for 2022) demonstrated that staff at UCLH report an above average score of **5.9** for morale. This is an above average score when compared to like for like acute trusts (which we have achieved for three years running).

- In the national annual staff survey, three sub-scores are calculated to provide an overall morale score for the trust. They are *thinking about leaving*, *work pressure*, and *stressors.* Last year, we saw improvements in the sub-scores linked to morale. Early indications for the most recent staff survey results which will be published in March 2024 are that we have at least held our morale scores and may well have improved in some of the areas.

What does UCLH do to enhance morale?

- We have a comprehensive, staff-led programme called Be Well. It has multiple strands to tackle different issues, including: i) Joy at Work; ii) staff break area uplifts (for staff kitchens/rest areas); iii) local wellbeing champions who signpost and support and iv) food and hydration initiatives including access to out of hours food that is nutritious.
- There are key workstreams to address our strategic workforce priorities (as per the staff survey) including, i) civility, respect and kindness, ii) violence and aggression from patients and the public, iii) flexible working, iv) equity, diversity and inclusion and v) health and wellbeing.
- We have dedicated Team Development Business Partners who provide support for team development and wellbeing.
- Specific services for listening to staff such as the Guardian Service, and other related services such as UCLH mediation services providing support for difficult behaviours.

Continued…

- Consistent and ongoing engagement with staff via annual, quarterly and bespoke surveys, regular all staff briefings, Staff Networks, and local team engagement forums which include local Staff Experience Groups or Health and Wellbeing groups.
- Extensive range of health and wellbeing services including Staff Psychology, Occupational Health, Physical Wellbeing Lead, Arts & Wellbeing, Complimentary Therapies Spa Centre
- Specific Cost of Living initiatives including UCLH Hardship Fund, and a new Citizens Advice Bureau service commencing 2024, Rewards and Discounts platform for staff, and salary sacrifice schemes.
- New initiatives for 2024 supporting working parents and carers.
- Staff Recognition programme includes annual staff awards, long service awards, specific thank you and recognition days, local recognition awards for teams.

North Central London Integrated Care System

NCL Start Well Programme
Islington

Context and objectives

North Central London Integrated Care System

- Today's session is an opportunity to brief you on the proposals that have been developed as part of the Start Well Programme. This Programme of work was initiated in 2021 to ensure maternity, neonatal, children and young people's services are set up to meet population needs and improve outcomes. The drivers for starting the work demonstrate that the programme is key to delivering against our duties around population health improvement and tackling inequalities.
- This is a long programme of work, and no decision has been made on the changes. The ICB Board agreed at its meeting on Tuesday 5 December 2023 to initiate a 14-week consultation period, from 11 December 2023 until 17 March 2024. A decision on the proposals is not expected to be made until Autumn/Winter 2024/25.
- The programme has developed a set of proposals to improve maternity and neonatal and children's surgical services in NCL. The purpose of the briefing today is to:
  - Provide some context on the programme, outline the rationale for change and how the options have been developed
  - Describe the options being put forward for public consultation
  - Outline the potential impact these proposals may have on different populations, including Islington
  - Capture your views and feedback on the approach to consultation and how best to engage with the populations in Islington who may be potentially impacted
- The link to the consultation website where you can find more information and details about the programme is: nclhealthandcare.org.uk/start-well

North Central London Integrated Care System

Background and context

The drivers for this programme and the need for change are rooted in our relentless focus on improving outcomes and reducing inequalities within our population

North Central London Integrated Care System

North Central London ICS has an ambition to provide services that support the best start in life, both for our residents and for people from neighbouring boroughs and beyond who choose to use our services.

We know that care received at the beginning of life is a powerful force against health inequalities and a catalyst for improved life chances which is why Start Well is a key priority in our Population Health and Integrated Care Strategy.

Central to the Start Well programme are the needs of pregnant women and people and their babies. We want to ensure our services are in the best position to support families through the life changing journey of pregnancy and birth.

Source: North Central London ICS Population Health and Integrated Care Strategy

https://nclhealthandcare.org.uk/our-working-areas/population-health/

The Start Well programme will support us to tackle inequalities and improve population health outcomes

North Central London Integrated Care System

The Start Well programme was initiated to ensure services are set up to meet population needs and improve outcomes. The drivers for starting the work demonstrate that the programme is key to delivering against our duties around population health improvement and tackling inequalities

- **Improving care at the start of life has the potential to have far reaching impacts on overall population health and life outcomes**
- **There is longstanding inequity in service provision across maternity, neonatal and paediatric services – with not everyone having access to the same care as others**
- **The quality of services could be improved, and some service users face differential outcomes and experience**
- **Our workforce is constrained and, in some instances, our people are working in environments that are not set up for them to provide the best possible patient care**
- **Ensuring we are in a position to respond to national reviews and best practice guidance such as the Three Year Delivery Plan for Maternity and Neonatal Care**

The ICS also has a number of other programmes which are aiming to achieve population health improvements and integration of care such as a review into community services, mental health services and the implementation of a Long Term Conditions Locally Commissioned Service for Primary Care.

Start Well is a collaborative programme involving a wide range of patients, carers, community representatives, clinical leaders and ICS partners

North Central London Integrated Care System

Start of review
November 21

Agreement across all organisations to commence the programme following Trust Board engagement.

Case for change development
November 21 – May 22

The clinical case for change was co-developed through significant clinical engagement, including: 60 interviews, 12 reference group meetings, 2 large clinical workshops and 5 surgical deep dive sessions

Case for change engagement
July – September 22

Engagement with patients and the public on the case for change, including:

- 207 in depth discussions
- 389 questionnaire responses
- 16 stakeholder meetings
- 2 youth summits

Over **75% of respondents agreed or strongly agreed with opportunities identified**

New care models
July – September 21

Future facing best practice care models were developed. This involved **over 100 clinicians** through workshops and task and finish groups

Options appraisal
November 22 – May 23

Evaluation of options was undertaken through **10** clinical reference group meetings, **8** finance group meetings and **3** patient and public engagement group meetings

Options appraisal workshop
May 23

Programme board workshop where options were narrowed involving local authority partners, Trust reps as well as NEL, NWL and Herts.

Pre-consultation business case development
May 23 – September 23

Drafting of pre-consultation cases that outline proposals and new clinical model to be implemented

IIA engagement
May – June 23

Engagement with **over 120 service users** about their experiences of maternity and neonatal care to build up an understanding of the impact of implementing changes

Clinical senate review
July 23

A panel of over 30 senate panel members reviewed and feedback on proposals. Lead clinicians from NCL represented the programme

Finance assurance
August 23 – September 23

Assurance of capital assumptions for each option through 1:1 assurance meetings with CFOs

Further assurance of wider finance case through CFO group, and sign off in September

NHSE Assurance
November 23

Assurance of proposals by NHSE, a requirement in advance of commencing a consultation. Trust Board sign up to proposals is needed for this

ICB Board
December 5th 23

Seeking approval to commence consultation on proposals

Public consultation
December 23 – March 24

Seeking feedback on proposals which will inform subsequent decision making

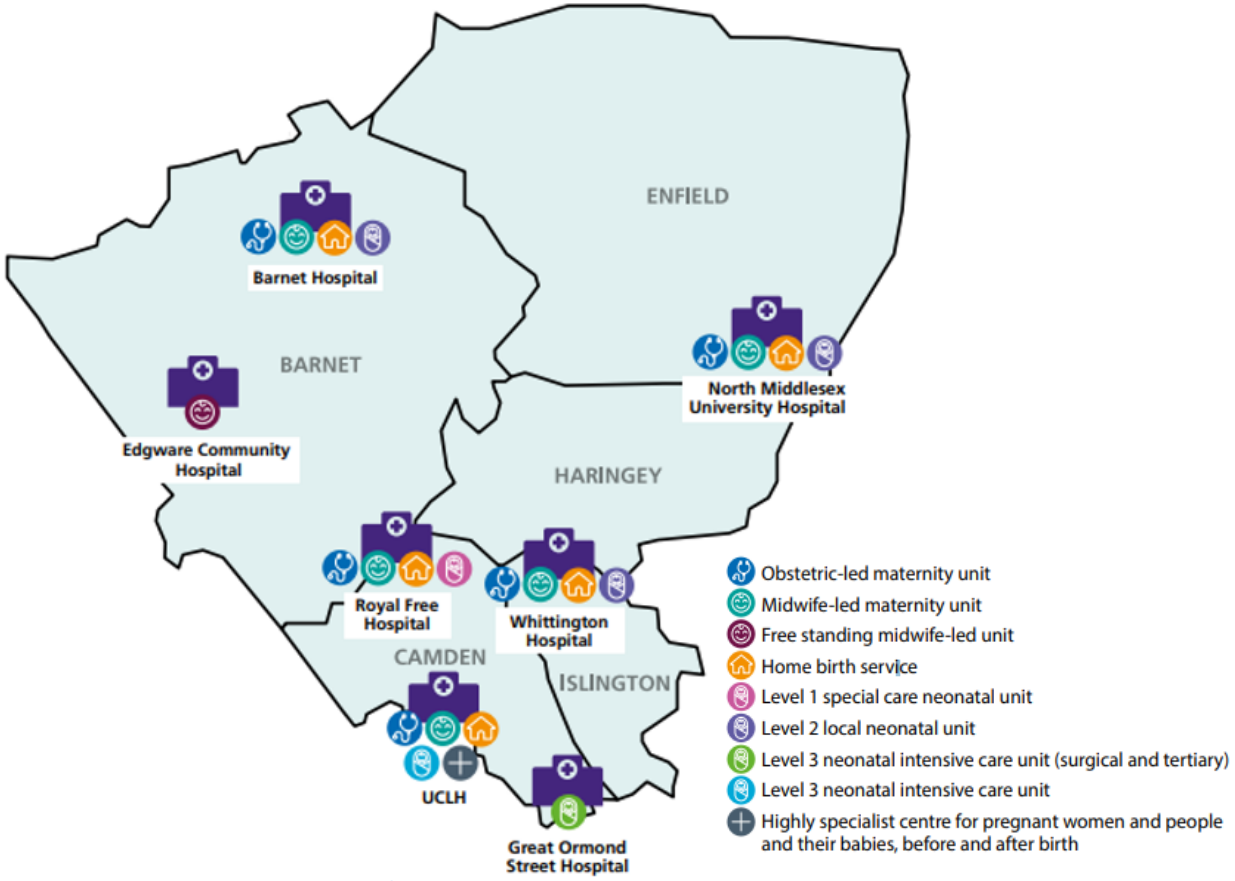
The programme, which began in November 2021, has benefited from extensive clinical and service user input.

North Central London Integrated Care System

Maternity and neonatal services proposals

How maternity and neonatal care is currently organised in North Central London

North Central London Integrated Care System



In our five boroughs we have **five maternity and neonatal units** and a **standalone midwifery led birth centre**:

- Five obstetric units
- Five alongside midwifery-led units
- One standalone midwifery-led unit at Edgware Community Hospital
- One special care neonatal unit (level 1)
- Three local neonatal units (level 2)
- Two NICUs (level 3 – one of which is at GOSH and out of scope of the proposals)

Pregnant women and people can access maternity care at their unit of choice. This means people who live within Barnet, Camden, Haringey, Enfield or Islington may choose a hospital outside of these area and those who live outside the NCL boroughs can access maternity care at a hospital within NCL

There are important clinical drivers for change in our maternity and neonatal services

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NCL has a declining birth rate, with increasing complexity of service users. There is insufficient activity and staff to sustain five maternity and neonatal units in the long term

Staffing levels do not always meet best practice guidance and there are high vacancy rates which frequently compromise service provision. This often leads to the inability to staff birth centres – meaning the choice of midwifery-led care is often compromised

The level 1 unit at the Royal Free Hospital was only 37% occupied in 2021/22. The number of admissions to the unit have been falling and there are expensive and complex mitigations in place to maintain its safety. This unit does not provide equitable care to service users and it represents a clinical risk, which requires a long-term solution as identified by the London Neonatal Operational Delivery Network and the Trust

The maternity and neonatal estate at the Whittington Hospital does not meet with modern best practice building standards. It has no ensuite bathrooms in its labour ward, its neonatal unit is cramped with risks around infection control. These risks are actively mitigated by excellent staff and clinical processes; however, this does create increased pressure on staff to safely deliver the service

Maternity CQC re-inspections has identified challenges with maternity services in NCL and there are opportunities to improve their quality

Edgware Birth Centre supports an ever-decreasing number of women to give birth – in 22/23 only 34 women gave birth there. Given the declining birth rate and increasing complexity of births it is unlikely this will increase in the future

Our vision for maternity and neonatal care is delivered through our new care model

North Central London Integrated Care System

The new care model proposes:

- **Bringing together maternity and neonatal care into four units as opposed to our current five**
- **Three level 2 neonatal units as well as the specialist NICU at UCLH**
- **No longer having a level 1 neonatal unit**
- **No longer having a standalone midwifery-led birth centre**

Our vision for maternity and neonatal services

Provision of high-quality equitable care: all units being able to provide the same level of neonatal care will address the current inequity of having a level 1 neonatal unit as local provision for those closest to that level 1 unit is less comprehensive than the local provision for those closer to any of the level 2 centres

Units that provide sustainable activity numbers: through consolidation, we will have larger units which are more clinically sustainable in the long term given the declining NCL birth rate and the need to make best use of our scarce workforce

Workforce resilience: units staffed in line with best practice, supporting our teams to deliver high quality care**.** Delivering this over four units as opposed to five means increased workforce resilience and units will be less vulnerable to short term closures – ensuring that choice of birth setting can be facilitated in a more consistent way. This may also help deliver greater continuity of care to parents, which is currently a challenge to deliver as our workforce are spread thinly

The right capacity to meet demand: ensuring that NCL has access to the right level of capacity to meet changing needs of our population – including access to specialist care where it may be needed

Environment that provides a positive patient experience: investing in our estate and making improvements that will address current issues. We will invest in making sure we have optimally sized units, meaning better value for money and wider benefits of adopting the new care model

Options for consultation – maternity and neonates

North Central London Integrated Care System

Our preferred option	
Option A: *UCLH, North Mid, Barnet, Whittington*	
UCLH	Consultant-led obstetric unit with co-located NICU (level 3) neonatal intensive care unit, alongside midwife-led unit and a home birth service
North Mid	Consultant-led obstetric unit with co-located LNU (level 2), alongside midwife-led unit and a home birth service
Barnet	Consultant-led obstetric unit with co-located LNU (level 2), alongside midwife-led unit and a home birth service
Whittington Hospital	Consultant-led obstetric unit with co-located LNU (level 2), alongside midwife-led unit and a home birth service
Royal Free Hospital	Maternity and neonatal services would cease to be provided

Option B: *UCLH, North Mid, Barnet, Royal Free*	
UCLH	Consultant-led obstetric unit with co-located NICU (level 3) neonatal intensive care unit, alongside midwife-led unit and a home birth service
North Mid	Consultant-led obstetric unit with co-located LNU (level 2), alongside midwife-led unit and a home birth service
Barnet	Consultant-led obstetric unit with co-located LNU (level 2), alongside midwife-led unit and a home birth service
Royal Free Hospital	Consultant-led obstetric unit with co-located LNU (level 2), alongside midwife-led unit and a home birth service
Whittington Hospital	Maternity and neonatal services would cease to be provided

Closure of the birthing suites at Edgware Birth Centre

Both options being put forward for consultation are deemed to be implementable

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The status quo is not an option for consultation because:

- The way services are currently set up won't meet the long-term needs of our population and doesn't resolve the challenges identified in our case for change

- Staffing services across five sites as opposed to four would continue to be a challenge and not make best use of our skilled workforce

- The neonatal unit at the Royal Free Hospital would continue to need support to maintain the skills of staff and this does not represent a long term, sustainable solution

Both proposed options being put forward for consultation have been deemed to be implementable and we are consulting on both options.

Option A has been identified as the preferred option for consultation because:

- it would mean fewer staff needing to move to a new location

- option B would mean some people would need to go to hospitals in North East London that would struggle to have capacity for this because of rising birth rates in some parts of North East London

- while option A would mean some people would need to go to hospitals in North West London, those hospitals have confirmed they have capacity for this as the number of births in North West London is falling

Future flows have been projected for each option, using an approach which considers choice

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Note: LSOA is a Lower Super Output Area and is the smallest granularity of geography that is used for travel time analysis. Typically, there are 1,000-2,000 residents within an LSOA.

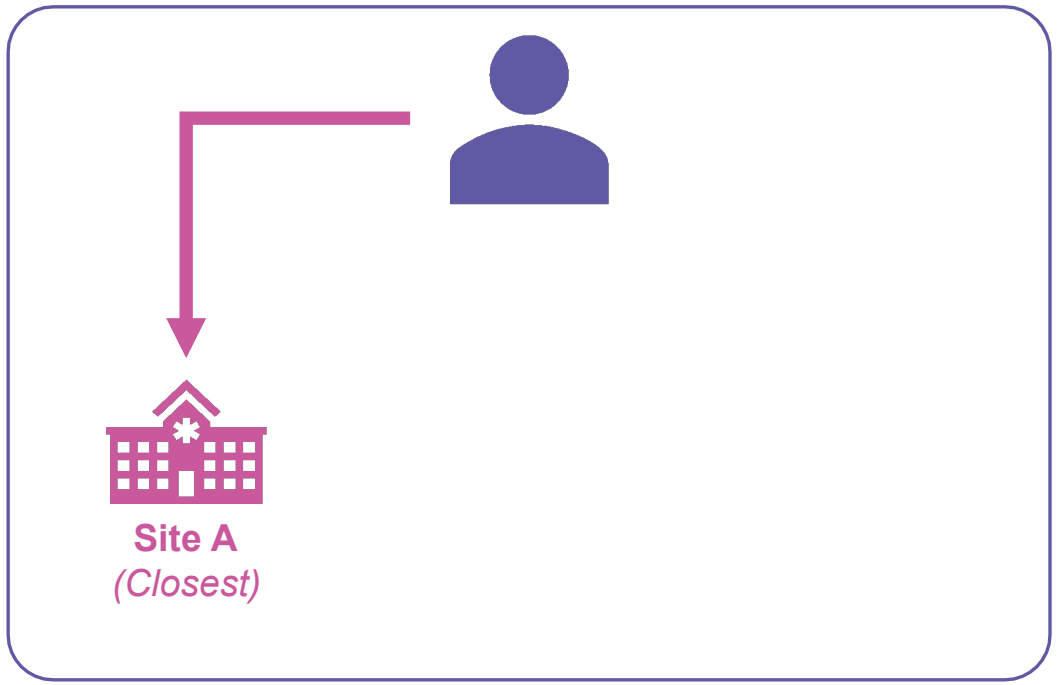
Approach	Description
1 **For each LSOA identify the closest hospital for the catchment population**	• The catchment population for the patient flow analysis has been defined as all LSOAs in NCL where there was activity in the 2021/22 baseline year and any LSOAs for whom an NCL site is the closest hospital, this includes any populations living in neighbouring boroughs. • The neighbouring ICSs have been defined as all London ICSs plus Hertfordshire and West Essex ICS • The closest hospital is found using the Travel Time API (Google), calculating the travel time in minutes at peak time
2 **Calculate the number of deliveries at each in scope hospital in 21/22 by LSOA**	• The volume of activity at each of the in-scope hospitals has been calculated for each of the LSOAs in the catchment population • The hospitals that are in scope of this work are all acute NCL hospitals and the following neighbouring units: St Mary's, Chelsea and Westminster, Northwick Park, Homerton, Whipps Cross, Royal London, Princess Alexandra, Watford General, Newham, Luton and Lister Hospitals
3 **Understand in each LSOA the number of people giving birth at their closest unit or choosing to give birth elsewhere**	• It is modelled that **everyone in an LSOA flows to their nearest unit by travel time (car/driving at peak times)**. If this unit is modelled as closed, then the population will be modelled as flowing to the next nearest. • However, if over 80% of people in any LSOA are currently choosing to go to a unit further away than their nearest by travel time, then everyone in that LSOA is modelled to travel further to the unit of choice. • In each option, when a unit closes, everyone who was modelled to go to that unit is then modelled to **go to their nearest hospital instead**

We identified the people who may be impacted by the proposals

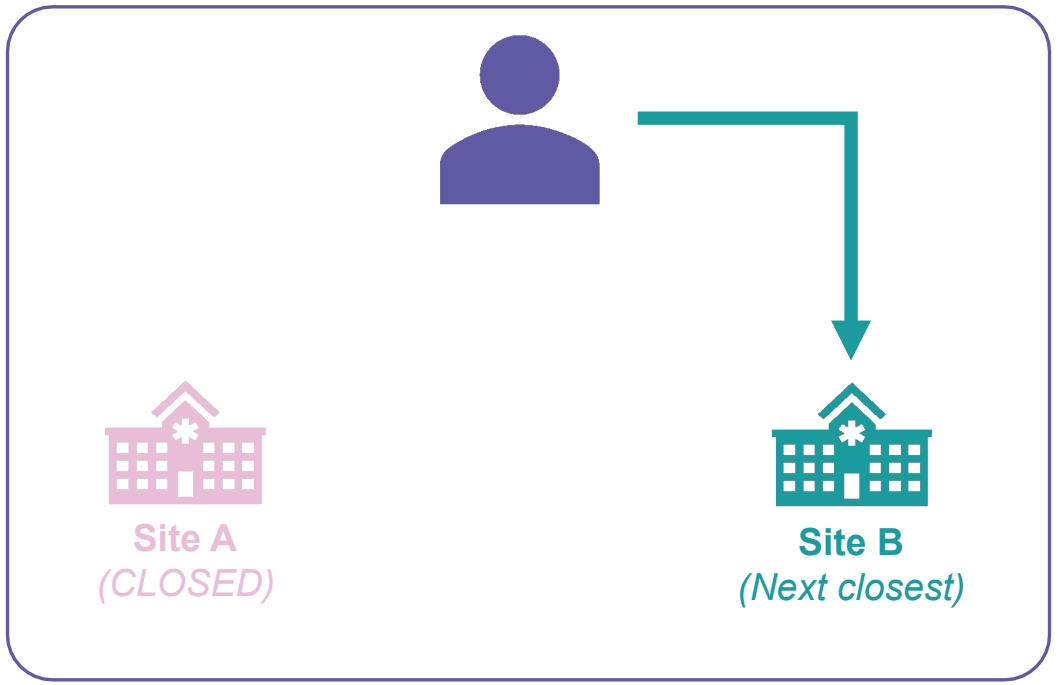
North Central London Integrated Care System

- We looked at where people currently live and identified geographies whose closest hospital is Royal Free (option A) or Whittington (option B)
- For the impacted populations we looked at what the next closest hospital would be and projected the activity to the next nearest unit. All activity in that LSOA is flowed to this hospital.
- This modelling is based on historic activity and a set of assumptions and therefore is indicative. Whilst the modelling approach has factored in choice there may be individuals within the impacted LSOAs who choose a hospital that is further away than the closest.

Currently: where people go now (the closest)



Future: Predicted flow if maternity unit at Site A closed



The proposals in option A would result in 2,560 deliveries being being moved to another unit

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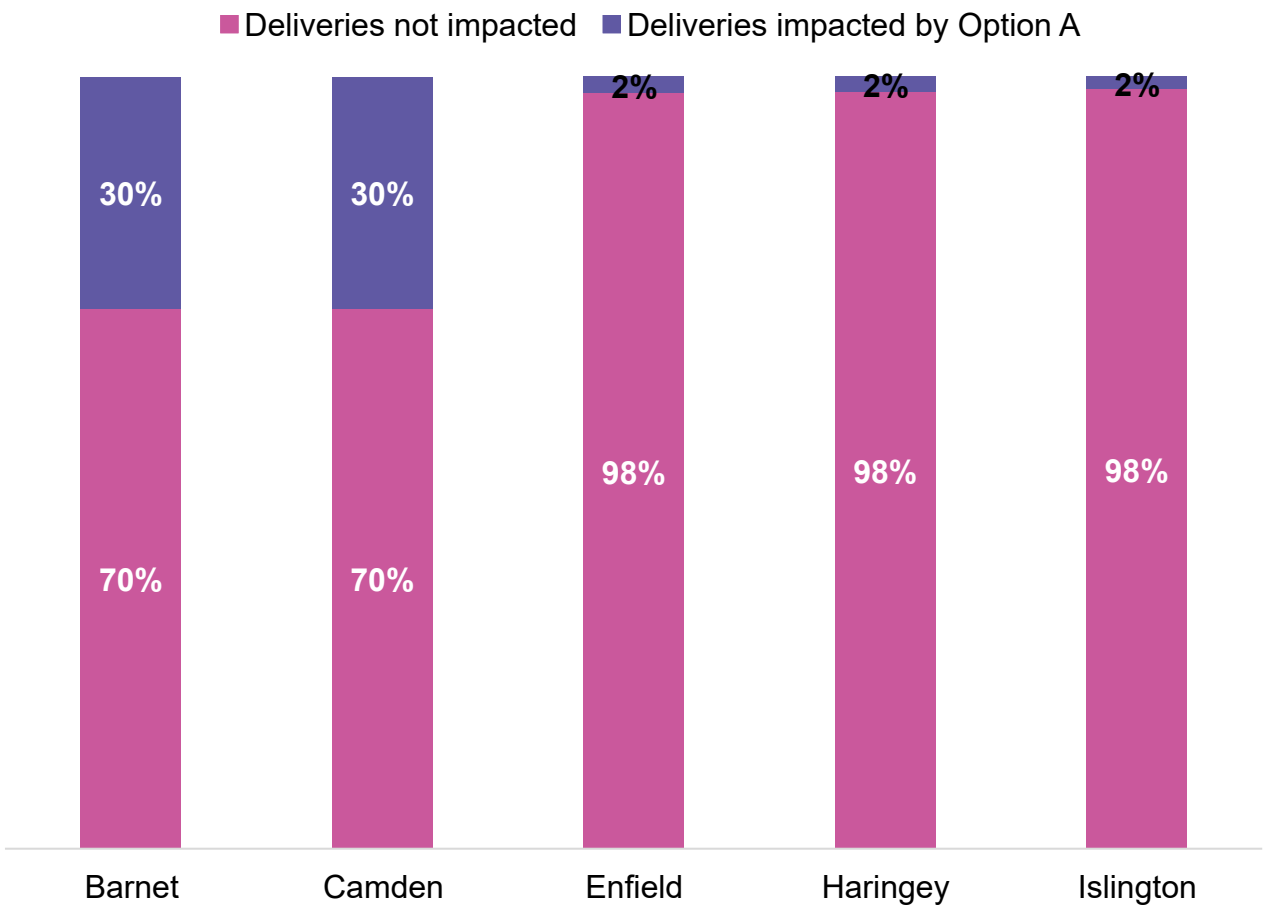
- Based on future activity modelling, in option A, 2,560 deliveries are would be moved from the Royal Free Hospital to another unit. This includes units that may be outside of NCL.
- Of the 2,560, 73% (1,860) are NCL residents and the remaining 27% (700) are non-NCL residents.
- Of the NCL residents impacted:
  - 1,211 live in Barnet
  - 475 live in Camden
  - 77 live in Enfield
  - 61 live in Haringey
  - 36 live in Islington
- The proportion of total deliveries impacted by NCL borough is set out in the graph to the right

Proportion of activity which may being impacted by borough

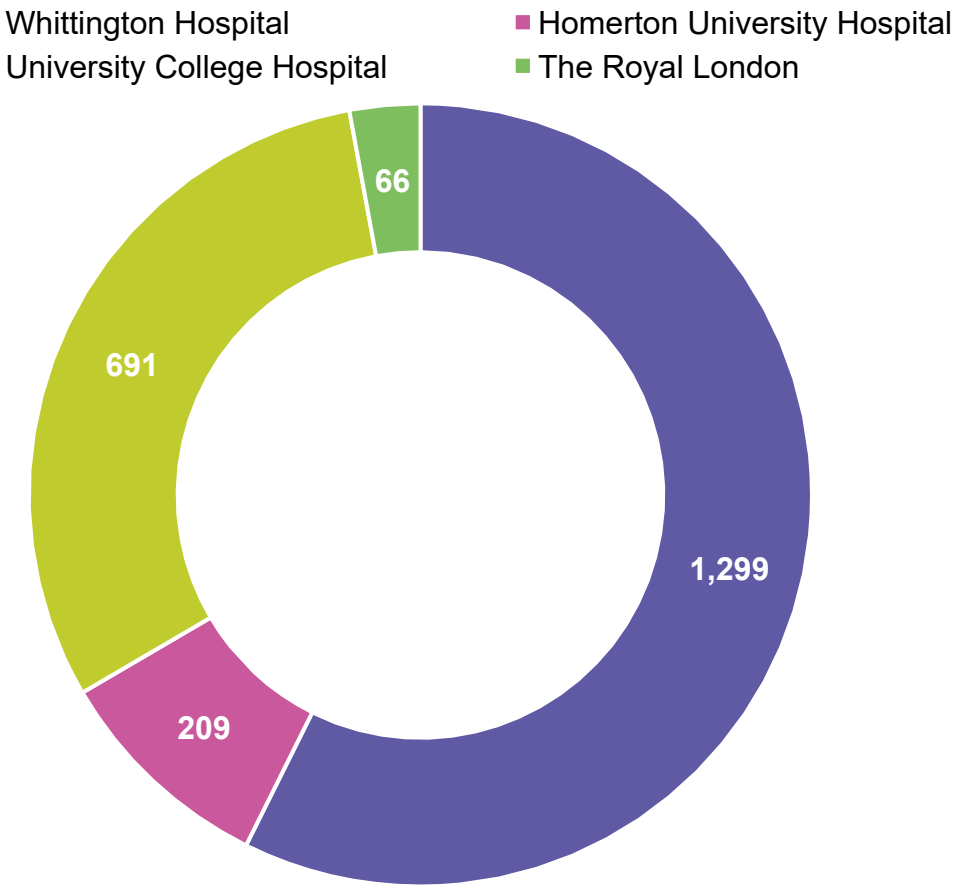


In Option A 98% of activity for Islington would remain at the same hospital

North Central London Integrated Care System

- Based on future activity modelling, in option A, 98% of deliveries for individuals who live in Islington, would remain at the same unit. This includes individuals who live in Islington but are actively choosing to deliver at a unit further away than the closest.
- 2% of individual would be required to deliver at a different unit if the Royal Free Hospital was modelled as closed (36 deliveries in total).
- The impacted individuals have been projected to flow to the closest hospital by car/driving which would be either:
  - Whittington Hospital (+29 deliveries)
  - Homerton University Hospital (+3 deliveries)
  - University College Hospital (+4 deliveries)
- The graph to the right highlights in option A where **all deliveries** for individuals who live in Islington would be. This includes deliveries where the unit would not change.

Option A: Projected deliveries by site for all Islington borough residents

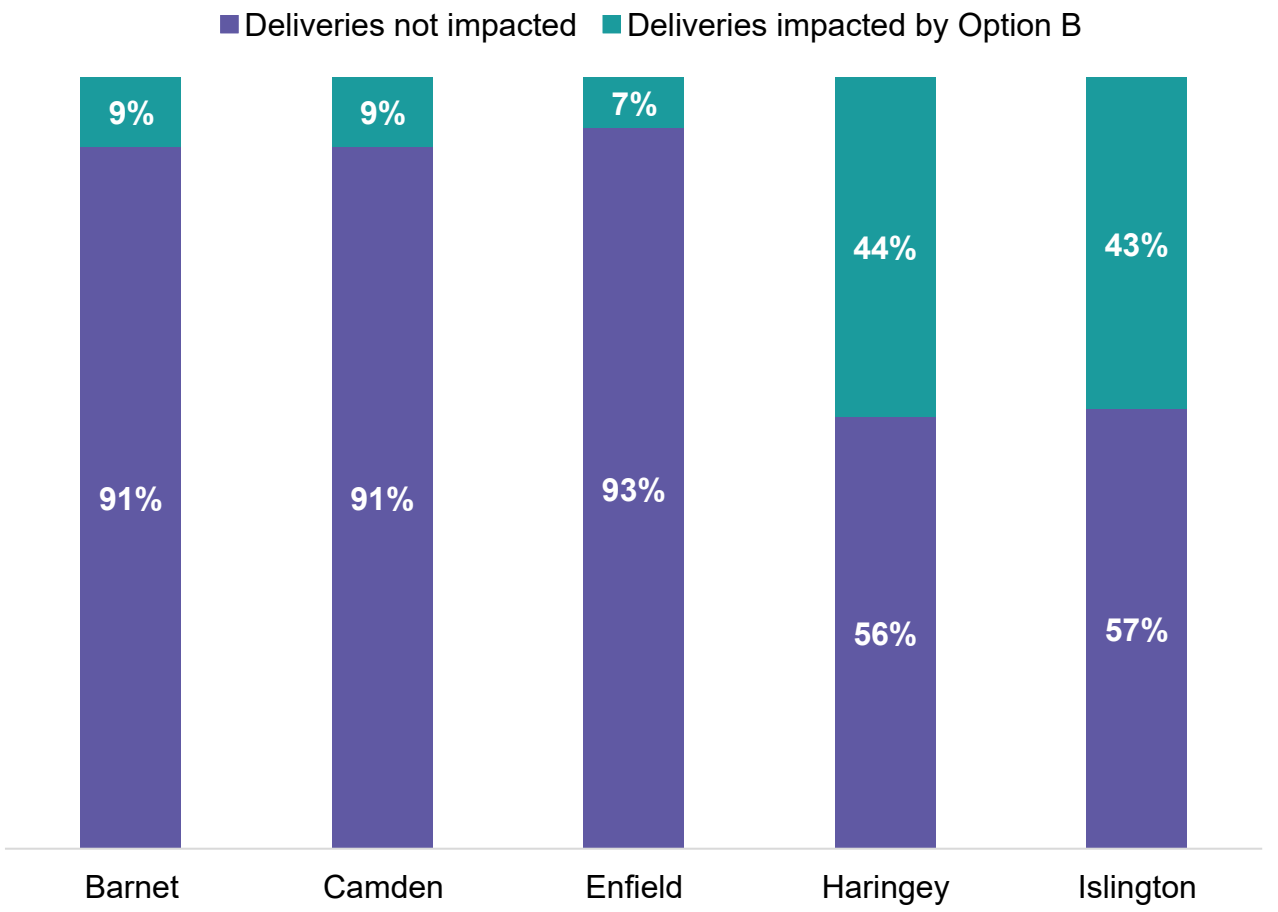


The proposals in option B would result in 3,391 deliveries being moved to another unit

North Central London Integrated Care System

- Based on future activity modelling, in option B, 3,391 deliveries are would be moved from the Whittington Hospital to another unit. This includes units that may be outside of NCL.
- Of the 3,391, 88% (2,978) are NCL residents and the remaining 11% (413) are non-NCL residents.
- Of the NCL residents impacted:
  - 360 live in Barnet
  - 151 live in Camden
  - 230 live in Enfield
  - 1,294 live in Haringey
  - 943 live in Islington
- The proportion of total deliveries impacted by borough is set out in the graph to the right

Proportion of activity which may being impacted by borough

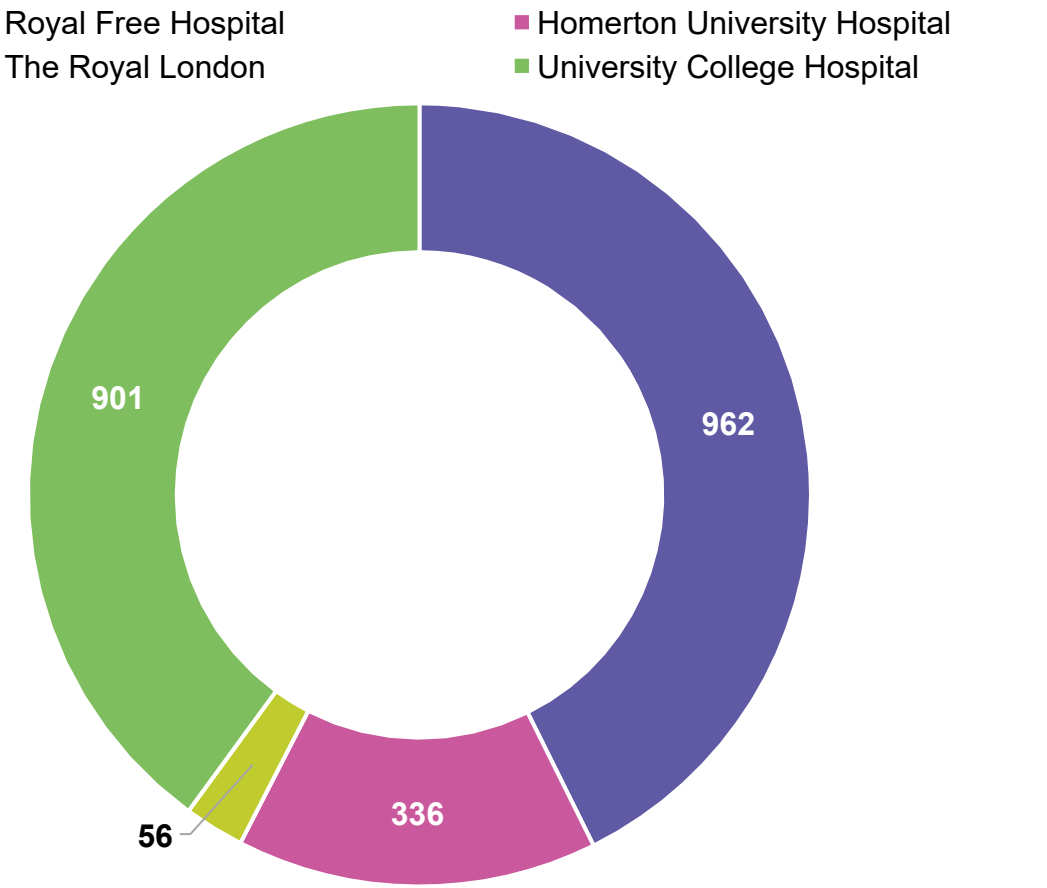


In Option B 57% of activity for Islington would remain at the same hospital

North Central London Integrated Care System

- Based on future activity modelling, in option B, 57% of deliveries for individuals who live in Islington, would remain at the same unit. This includes individuals who live in Islington but are actively choosing to deliver at a unit further away than the closest.
- 43% of individual would be required to deliver at a different unit if the Whittington Hospital was modelled as closed (943 deliveries in total).
- The impacted individuals have been projected to flow to the closest hospital by car/driving which would be either:
  - Royal Free Hospital (+624 deliveries)
  - Homerton University Hospital (+122 deliveries)
  - The Royal London (+6 deliveries)
  - University College Hospital (+191 deliveries)
- The graph to the right highlights in option B where **all deliveries** for individuals who live in Islington would be. This includes deliveries where the unit would not change.

Option B: Projected deliveries by site for all Islington borough residents



We have built up an understanding of the impact of our proposals through our Interim Integrated Impact Assessment

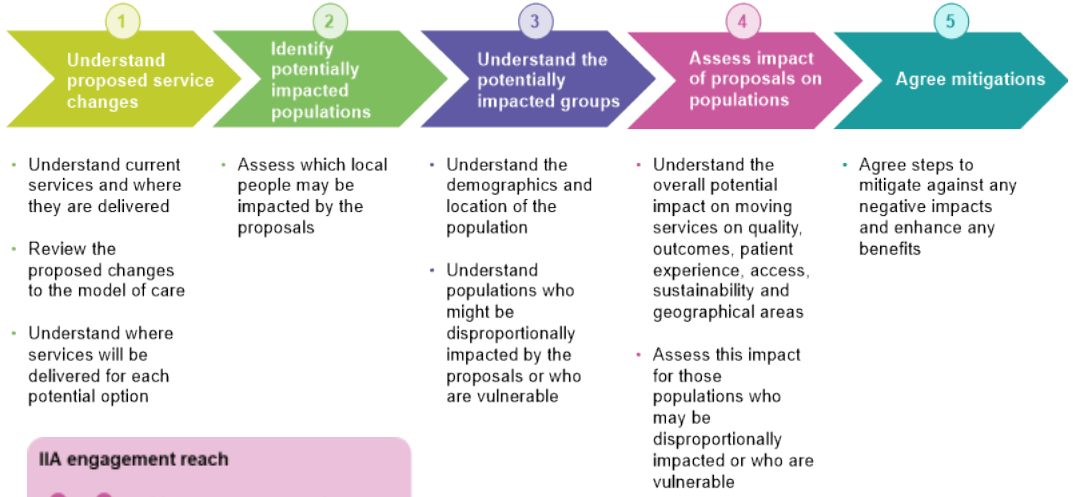
North Central London Integrated Care System

Our IIA draws on multiple strands of work which has supported us to build a picture of what the impact of our proposals could be, and who may be impacted:

1. Our case for change took a population health approach and identified service users with characteristics who may be at risk of health inequalities
2. We undertook a supplementary literature review to identify inequalities in maternal and neonatal outcomes undertaken by public health professionals
3. We engaged with potentially impacted groups to understand their views on the possible impact of proposals
4. We have undertaken extensive analysis on:
   - Accessibility (travel time, cost, parking, public transport access, car ownership)
   - Population demographics
   - Sustainability impact by looking at carbon emissions

We have identified the following impacts of our proposals:

- **Accessibility**: relatively small average increases in travel time across both options (both by public transport and car)
- **Cost of travel:** additional expenses when travelling by taxi on average of £4, but close to the closing sites up to £11
- **Accessing an unfamiliar hospital site:** changes may mean people having to travel to and navigate around a hospital site which they are unfamiliar with
- **Understanding changes:** service users need to be able to understand their choices of maternity care and what change could mean for them



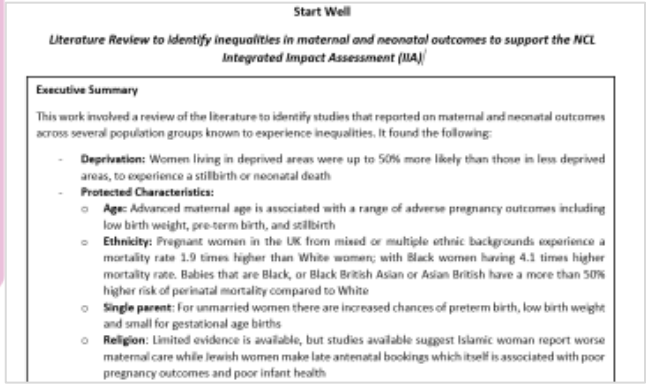
IIA engagement reach

38 engagement meetings facilitated

124 patients, residents and staff have been involved

9 sessions with parents who have recent experience of neonatal care

5 meetings with specialist midwives supporting women with complex needs



Start Well

Literature Review to identify inequalities in maternal and neonatal outcomes to support the NCL Integrated Impact Assessment (IIA)

Executive Summary

This work involved a review of the literature to identify studies that reported on maternal and neonatal outcomes across several population groups known to experience inequalities. It found the following:

- **Deprivation:** Women living in deprived areas were up to 50% more likely than those in less deprived areas, to experience a stillbirth or neonatal death
- **Protected Characteristics:**
  - **Age:** Advanced maternal age is associated with a range of adverse pregnancy outcomes including low birth weight, pre-term birth, and stillbirth
  - **Ethnicity:** Pregnant women in the UK from mixed or multiple ethnic backgrounds experience a mortality rate 1.9 times higher than White women; with Black women having 4.1 times higher mortality rate. Babies that are Black, or Black British Asian or Asian British have a more than 50% higher risk of perinatal mortality compared to White
  - **Single parent:** For unmarried women there are increased chances of preterm birth, low birth weight and small for gestational age births
  - **Religion:** Limited evidence is available, but studies available suggest Islamic woman report worse maternal care while Jewish women make late antenatal bookings which itself is associated with poor pregnancy outcomes and poor infant health

Two specific geographical areas were identified as being more vulnerable to the impact of our proposals

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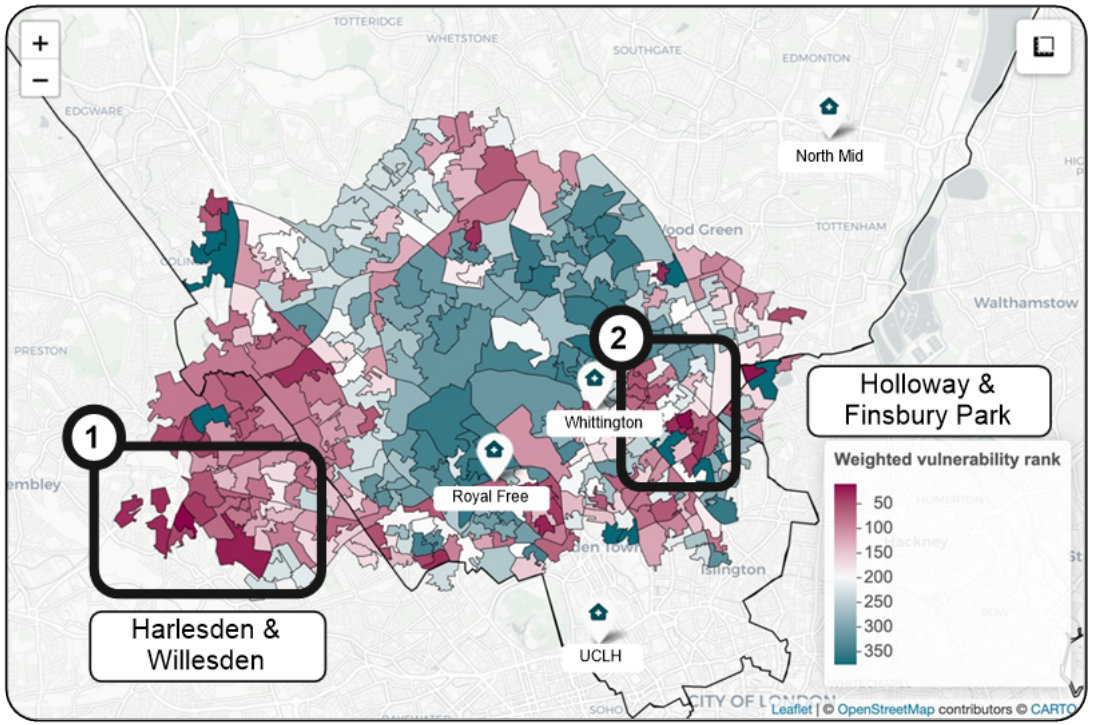

Weightings were used to ranks all LSOAs from highest to lowest against a range of metrics including ethnic minorities, deprivation and poor health outcomes where 1 = worst, 400 = best. A weighted average was then developed for each LSOA and used to identify populations who may be more vulnerable to the impact of our proposals

- **Two geographical areas** were identified as having residents who may be more vulnerable to the impact of our proposals because they face barriers to accessing services due to living in areas of deprivation and having high levels of poor general health
- As a result of the proposals, people in **Harlesden and Willesden** (option A), and **Holloway and Finsbury Park** (option B) may need additional support to:
  - **Access the hospital site** if they are disabled/in poor health or are not proficient in English
  - **Travel to hospital by taxi**, if required, as it will cost an additional £4-£5 per journey
  - **Access services online** as they may have lower digital proficiency
  - **Care for other family members** as they may be a lone parent
- **Black African and Black Caribbean** populations are concentrated in these geographies and have poorer maternity outcomes
- Harlesden has a large proportion of **Bangladeshi and Pakistani** populations, who are more likely to have worse maternal health outcomes

There are a range of population groups who may be impacted if we were to implement either option A or B

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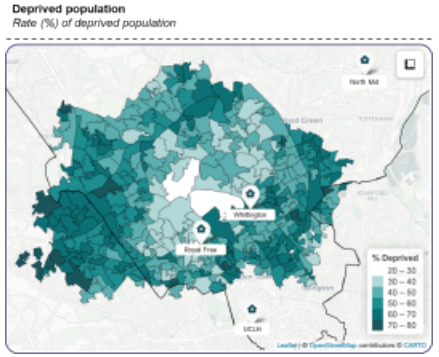
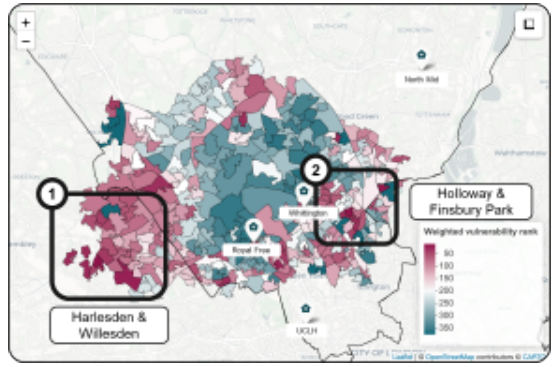
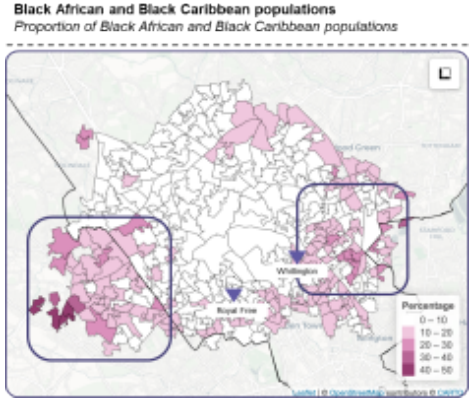
Women and people who live in deprived areas: there is a link between people living in deprivation and adverse outcomes from maternity and neonatal care. People living in these areas may be particularly impacted by increased taxi costs if either option A or B were to be implemented.



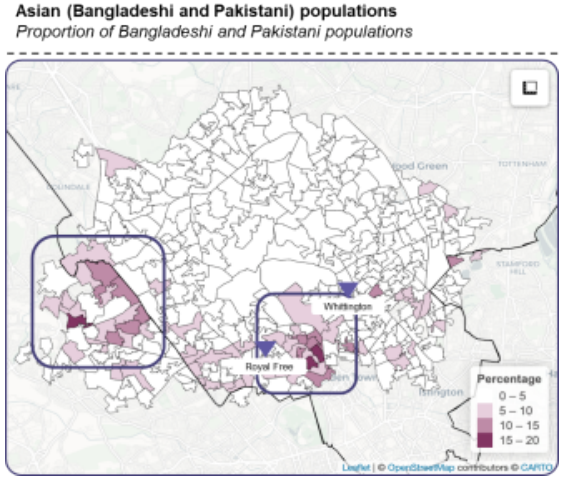
People living in geographic areas who may have vulnerabilities: we identified two neighbouring areas with a higher concentration of people who may be vulnerable to service changes. **Harlesden and Willesden** would be more impacted by option A and **Holloway and Finsbury Park** would be more impacted by option B. The reason that these areas have been identified is due to their higher concentration of people who belong to an ethnic minority, people with poorer English proficiency and areas of higher deprivation. Mitigations for these populations include a focus on continuity of care and ensuring there is integration with other local services



Black African (including Somali) and Black Caribbean women and people of childbearing age: there is evidence that Black African and Black Caribbean women and people may experience poorer maternity outcomes. The impact on Black African and Black Caribbean women of proposed changes may be around navigating to a potentially unfamiliar hospital site, language, additional transport costs and consideration of their wider health needs during pregnancy.



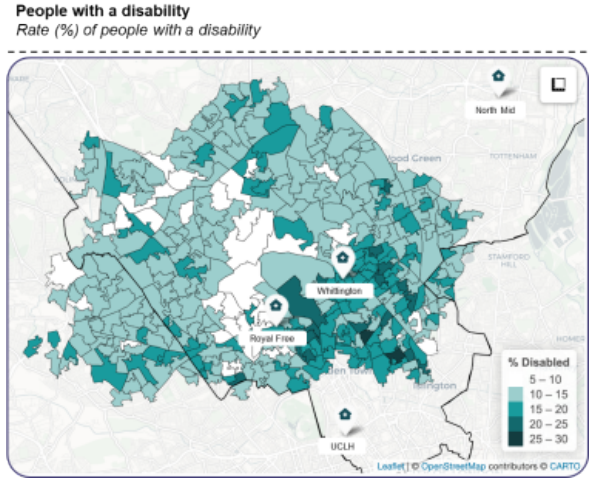
Asian women and people of childbearing age: there is evidence that Asian (particularly Bangladeshi and Pakistani) women and people may experience worse outcomes from maternity care. The impact for them may be around navigating to a potentially unfamiliar hospital site, language, additional transport costs and consideration of wider health needs given evidence of higher prevalence of conditions such as diabetes.

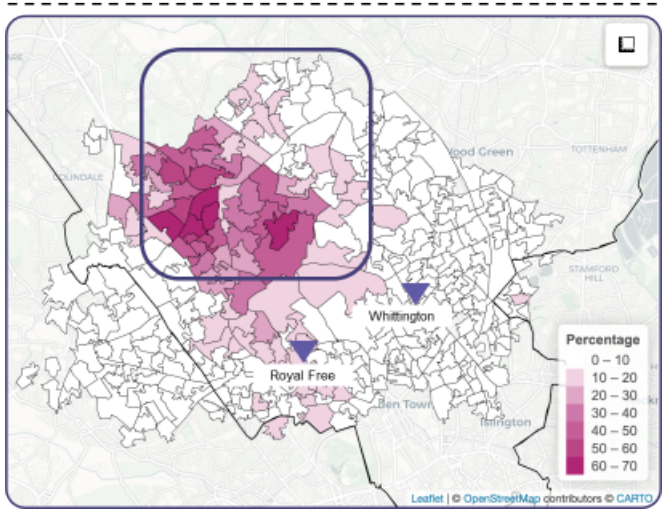


There are a range of population groups who may be impacted if we were to implement either option A or B

North Central London Integrated Care System

Women and people of childbearing age with disabilities (including learning disabilities): people with disabilities may be more impacted by proposed changes due to challenges navigating to an unfamiliar hospital site, taxi costs due to lower car ownership and the physical accessibility of hospital sites.





Women and people from the orthodox Jewish community: Orthodox Jewish people may be impacted by the proposed changes, particularly around Option A. Consideration may need to be given for the specific needs of this group around maternity care. This includes requirements around Kosher food, observance of Shabbat and the impact on travel and ability to access online or digital materials.

Through engagement with service users to date, we have developed mitigations that may need to be put in place to support service users with a range of different needs should a decision be taken to implement proposals. This covers areas such as:

- Communication and information sharing
- Travel and transport
- Ongoing engagement with communities

There are a number of other service users who have characteristics that make them potentially more impacted should we implement option A or B which our IIA identifies. This includes older and younger pregnant women and people, people with poor literacy and women and people in inclusion health groups.

We would seek as a priority to engage with all of these groups during the consultation period.

North Central London Integrated Care System

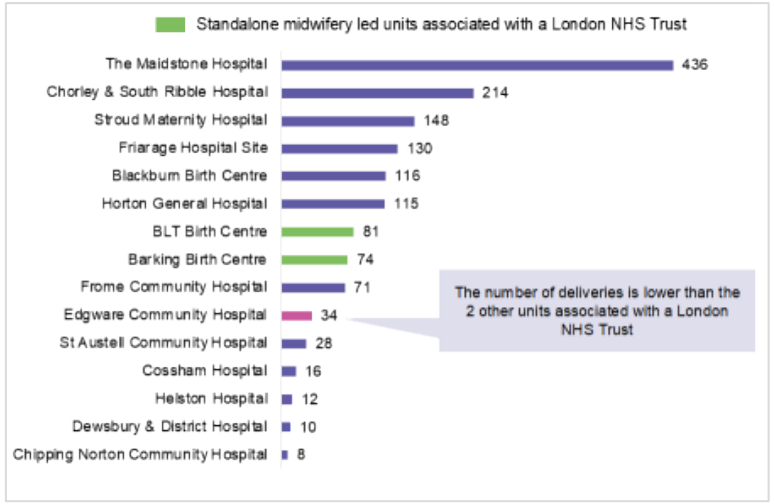
The birthing suites at Edgware Birth Centre

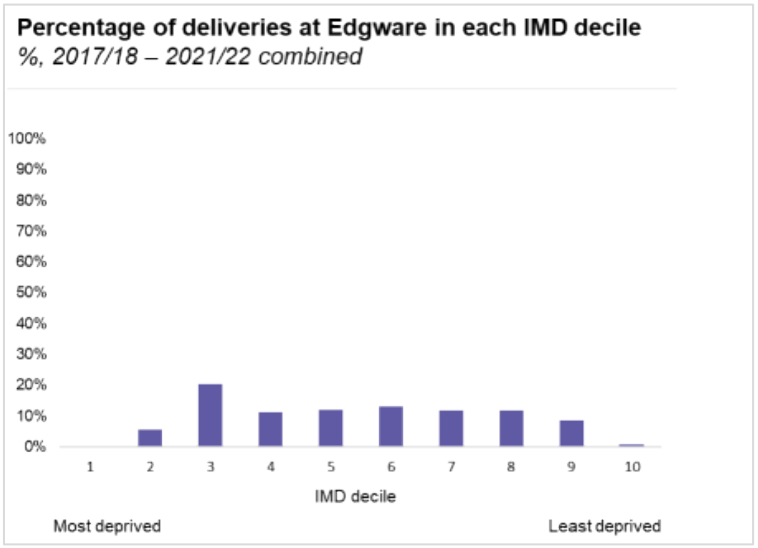
We are also proposing closing the birthing suites at Edgware Birth Centre

North Central London Integrated Care System

Case for change for Edgware Birth Centre

- Edgware Birth Centre does not provide the right type of capacity for our population, with analysis suggesting only 30% of women across NCL would be clinically appropriate to give birth there and an even smaller number of this 30% would be within close travelling distance of the unit
- Births are becoming more complex and anticipated to decline over the next 10 years, meaning it would be very difficult to increase activity numbers at the unit
- The number of births at the unit has been declining every year since 2017 and it is one of units with the smallest number of births in the country, with only 34 births in the last financial year
- We do not have the workforce to support the unit as well as our other alongside midwifery-led units which leads to short term closures of the service
- There are opportunities to use the space at the site in a more efficient way and provide antenatal and post natal services for our local population there that are more in line with their needs





We are consulting on this as a separate proposal alongside the maternity and neonatal proposals. They are not dependent on one another.

North Central London Integrated Care System

Surgery for babies and children

There are several important clinical drivers for change in our paediatric surgical services

North Central London Integrated Care System

There is currently a lack of defined emergency surgical pathways for young children meaning that clinicians in emergency departments make multiple enquires to secure the right pathway for individual children.

Some children are transferred up to three times before receiving emergency surgical treatment in the right setting. From April 2020 to March 2021, 144 children and young people were transferred from an NCL provider to other hospitals for an emergency surgical procedure

Access to surgical and anaesthetic workforce to deliver care for young children is limited at local sites and scarce nationally, with the ability to undertake an operation often dependent on the skills of the individual staff on duty that day

There are some operations being undertaken in very low volumes at local sites which raises questions about the ability of staff to maintain their skills

There is lack of clarity on the role of Great Ormond Street Hospital in caring for local NCL children and young people requiring surgery, alongside its tertiary and quaternary work

Children are not always looked after in age-appropriate environments, or on child-only lists which does not represent a high-quality patient experience

There are long waits for planned operations, particularly in ENT and Dentistry, and there are opportunities to consider how these high-volume specialties better manage demand and capacity

There were broader opportunities to improve identified through the case for change which are being addressed through other programmes of work.

Our proposals will improve quality outcomes and patient experience for paediatric surgical care

North Central London Integrated Care System

Paediatric surgery care model benefits

Access

Paediatric surgical care will be delivered in the appropriate setting to ensure that all patients receive the care they require as quickly as possible

Workforce

Make best use of paediatric surgeons and consultant paediatric anaesthetists to deliver planned and emergency surgical care to children at a fewer number of sites

Sustainable services

Consolidating low volume specialties and ensuring staff maintain competencies will ensure that surgical services remain sustainable

Environment

Ensure all children receive care in a child friendly environment where possible, on dedicated children's surgical lists

Surgical pathways

Providing clarity on surgical pathways reduces time taken to find a bed at local units or transfer children

Option for consultation – paediatric surgery

North Central London Integrated Care System

- We developed and appraised options for the location of planned and emergency surgical services for children and young people in NCL
- Following our options appraisal, there is one option for consultation for the location of the ‘Centre of expertise: day case’ and ‘Centre of expertise: emergency and planned inpatient’

Option for consultation

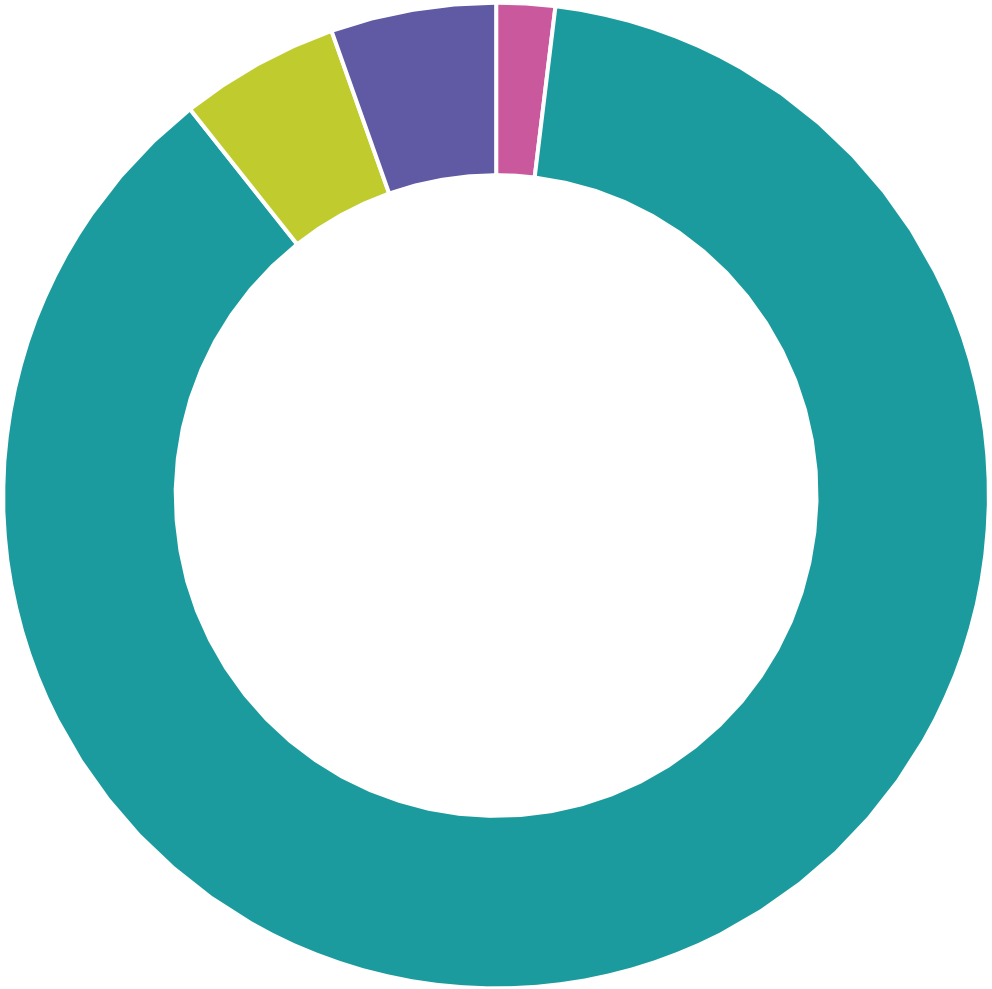
Centre of Expertise: emergency & planned inpatient		Centre of Expertise: day case	
GOSH	Would deliver majority of surgical care for children under 3 years and under 5 years (general surgery and urology). Would provide planned inpatient surgery for children age 1 years and over for low volume specialties.	UCLH	Would delivers all day case surgery for children age 1 and 2 years. Would provide day case activity for all children age 3 years and over for low volume specialties.

The proposed care model would move less than 10% of paediatric surgical care in NCL

North Central London Integrated Care System

Centre of Expertise: Daycase – c.300 children
Bringing together planned daycase activity

Centre of Expertise: Emergency & planned inpatient – c. 300 children for surgical care and c.1,000 children for surgical assessment
Bringing together emergency for very young children and planned inpatient care



Out of area
Emergency paediatric surgical activity that would continue to be delivered outside NCL (e.g., major trauma)

Local and specialist units
Most of the emergency and planned activity would remain at local units or at specialist units. This means that children and young people are seen at the place best suited to their needs.

North Central London Integrated Care System

The consultation

The programme has benefited from substantial input from service users and local communities and public consultation will expand the reach of the engagement to date

North Central London Integrated Care System

Case for change development

- Review of existing patient experience insights data from 11 different sources
- Establishment of a youth mentoring scheme and youth summits
- Targeted engagement with a small number of patient groups

Care model development

- Establishment of the Patient and Public Engagement Group (PPEG) to review and input into care models
- Feedback from case for change engagement informed their development
- Two youth summits involving 35 young people

IIA Engagement

- 11-week targeted engagement period focussing on those with protected characteristics and at risk of poorer outcomes
- 38 sessions held, reaching 124 patients

Case for change engagement

- A 10-week engagement programme
- 43 engagement events
- 207 in-depth conversations
- 389 questionnaires completed

Options appraisal

- PPEG responsible for development and initial evaluation of access criteria
- PPEG Chair a member of the programme board and participated in the programme board workshop for the options appraisal

Public Consultation

- Widely promoted high volume engagement with all staff, stakeholders and residents
- Some in-depth conversations with targeted groups
- A formal part of our statutory duties around major service change and ongoing involvement of people and communities

14-week public consultation from mid-December 2023

North Central London Integrated Care System

Approval given to commence a 14-week consultation to gather views from service users, stakeholders, residents and staff, running from **11 December – 17 March 2024.**

Development of the consultation plan

The Consultation Plan is a working document which details the purpose, scope and plan of how we will deliver this public consultation.

The consultation is being jointly run by NCL Integrated Care Board, on behalf of the Integrated Care System and its partner organisations, and NHS England as the commissioner of some specialised neonatal and surgical services.

The plan has been reviewed by our Programme Board, NHSE at a formal assurance meeting, and Healthwatch representatives. The plan will be iterative, and we will monitor progress throughout the consultation to ensure we are meeting our objectives.

The consultation will be overseen by the Start Well Programme Board, and we will provide regular updates on planning and delivery. Responses will be independently collected and analysed by an external organisation in line with best practice.

At the end of the consultation period, we will have an independently drafted report detailing the feedback received during the 14-week period.

Key Legal Duties

This consultation will fulfil our duty under the

- **NHS Act 2006** (as amended by the Health and Social Care Act 2012 and the Health and Care Act 2022)
  - to ensure that people who use NHS services are involved in the development and consideration of proposals for change in the way services are provided and decisions about how they operate
  - to consult local authorities
  - To regard the need to reduce health inequalities in access and outcomes
  - consider the 'triple aim' with regard to the health and wellbeing of people, quality of services and efficient and sustainable use of resources
- **Equality Act 2010** (Public Sector Equality Duty) to demonstrate how we have taken account of the nine protected characteristics and given regard to:
  - Eliminate discrimination, harassment and victimisation
  - Advance equality of opportunity
  - Foster good relations
- **The Gunning Principles for a fair consultation**

Through consultation we are seeking to gather views from a diverse range of voices

North Central London Integrated Care System

We will deliver a 14-week formal public consultation, in line with best practice that complies with our legal requirements and duties. Our aims are:

- To inform stakeholders about how proposals have been developed in a clear, simple and accessible way that allows for 'intelligent consideration'
- Provide adequate time and opportunities for staff, residents and stakeholders to give their views on proposals, and the potential impacts
- Ensure a diverse range of voices are heard
- Seek alternative proposals or evidence not yet considered
- Understand the advantages and disadvantages of the proposed change and any unintended consequences
- Explore what mitigations might be used to reduce the impact of disadvantages
- Find out what matters most to patients and how this might affect implementation
- Provide analysis of responses to enable conscientious consideration before a decision is made

Consultation aims

Raise awareness of consultation with staff, patients, service users and residents and encourage to participate

Remind people that their views matter and encourage them to share feedback through direct engagement

Encourage participation from a diverse range of voices by providing adequate time and opportunities for people to respond

Focus resources on hearing from people with protected characteristics and more impacted groups

Provide staff engagement mechanisms all for health and care staff in NCL during the consultation period.

Capture stakeholder attitudes of key groups and influencers on the proposals and the consultation process

Consultation materials and promotion

North Central London Integrated Care System

Consultation materials

We have developed materials that explain the proposals and rationale in a clear and accessible way.

Information is available on our website and in hard copy, with an easy read, different formats and translated versions

In line with best practice, we have commissioned an experienced independent organisation to collate and analyse responses to the consultation.

This includes a questionnaire that will cover the three components of our proposals:

- Maternity and neonatal services proposals
- Edgware birthing suites proposals
- Surgery for babies and children

We are asking for each of these elements:

- To what extent do you agree/disagree with our proposals
- What are the main disadvantages and how could we address these?
- Are there any other solutions or information we should consider?

We will promote and encourage participation in the consultation in several ways:

Displays: in key locations we will promote the opportunity to respond to the consultation such as in NCL hospitals and clinics and other healthcare settings such as GP surgeries and pharmacies

Online promotion: social media channels, such as Facebook, Instagram, X and Linkedin, will be used to reach out to potential participants in the consultation. Branded graphics will be produced that are aligned with the look and feel of printed materials

Partner channels: all providers and partners such as councils will be asked to profile the consultation on their websites and through newsletters and other public facing channels and drive traffic to the NCL ICB website.

VCSE networks: we will provide content including information and visual materials and ask colleagues in voluntary and community sector organisations to use their channels to promote the consultation.

Media: We will seek to promote the consultation through earned (free) or paid-for content in local newspapers, newsletters and local radio.

Our consultation approach includes a focus on the groups identified through our IIA

North Central London Integrated Care System

Our approach does the following:

- Build on previous engagement contacts, over 300 VCSE organisations will be contacted to take part in the consultation
- Work with partners, including councils and VCSE organisations, ICBs in neighbouring areas
- Prioritising groups identified by the interim IIA or with protected characteristics or at greater risk of health inequality
- Targeted engagement in geographical areas where there may be particular impact drawn out in the interim IIA, including areas outside of North Central London
- Identify the best ways of reaching and engaging priority groups ie. through third parties and trusted partners
- Ensure we develop a range of opportunities for stakeholders to respond to the consultation
- Arrange any events and meetings in accessible venues and offer interpreters, translators and hearing loops where required
- Make sure there is equality monitoring of participants to ensure the views received reflect the local population

Resident groups we will be targeting through the consultation

- Black African (including Somali) and Black Caribbean women
- Asian women and people of childbearing age who (with a particular focus on Pakistani and Bangladeshi women)
- People living in areas of deprivation
- Orthodox Jewish women
- People with disabilities
- People living in Harlesden and Willesden
- People living in Holloway and Finsbury Park
- Older women of childbearing age (40+)
- Younger women of childbearing age (under 20)
- Women with mental health problems
- People from LGBTQ+ communities
- People who are carers
- People with poor English proficiency
- People with poor literacy
- People belonging to inclusion health groups such as people who are homeless, dependent on drugs and alcohol, asylum seekers and Gypsy, Roma and Traveller

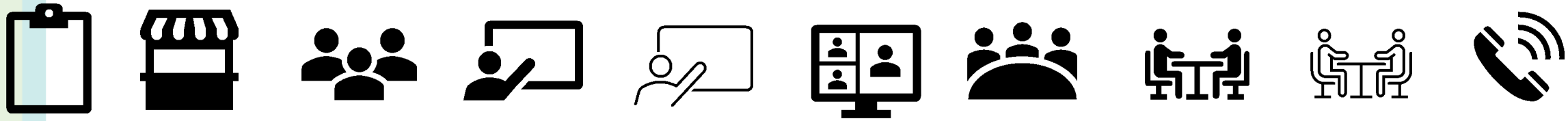
We will tailor our engagement techniques during the consultation period

North Central London Integrated Care System

- Broad range of techniques will be used, tailored to each audience and their level of interest.
- Opportunities online and face to face
- Working with third-party advocates (VCSE) to reach communities who may not engage directly
- Materials in accessible formats including Easy Read and translations
- Mechanisms in place to capture and analyse outputs.

Light engagement → **Deeper engagement**

Survey distributed on email	Drop in event/stall: face to face	Attendance at meeting: short agenda slot	Presentation and feedback: Start Well Team	Presentation and feedback: commissioned	Small group discussion online	Small group discussion: face to face	Interactive workshop: Start Well Team	Interactive workshop: commissioned	Telephone / online interviews



This type of engagement will be **promoted widely** to allow **a range of people to participate** in the consultation and give their views

This type of engagement will **focus on groups with protected characteristics and those identified by the IIA as potentially being more impacted** to understand their views and impact of the options in a meaningful way

North Central London Integrated Care System

Next steps

Next Steps

North Central London Integrated Care System

Consultation input	• We would welcome your support and suggestions in terms of who we should reach out to and are very happy to come along to meetings and events • Please share the opportunity to take part in the consultation with your networks
Evaluating responses to the consultation	• We are working with an independent partner to evaluate consultation responses. • At our mid-way review we will assess our approach and review demographic information on responses to date. • Following the consultation period, we will publish an evaluation of the responses, in a report produced by this independent organisation, this will include who we reached during the consultation.
After consultation	• Feedback will inform future decision-making, the next steps and how plans would be implemented. • Following consultation, we expect NCL ICB Board, on behalf of NCL Integrated Care System and alongside NHS England who commission neonatal and specialist surgical services for children, after consideration of the consultation outcome, to make a decision by the end of 2024 or early 2025.

Access Islington Hub

Health & Care Scrutiny Committee

- Money.
- Food.
- Wellbeing.
- Housing.
- Family.
- Community Safety.
- Work.

The Access Islington Hub Model

The Access Islington Hub initiative followed the implementation of the We Are Islington Model, with a specific **focus** on **early intervention** and **prevention**, staff development and **collaboration** and **partnership** working with our **VCS** and **Health** Partners.

There are two Access Islington Hubs in operation – the Central Hub at 222 Upper Street and the South Hub in Finsbury Library. The **third hub in the North of the borough has ben developed in partnership with Manor Gardens** and is scheduled to be launched In June 2024.

The hubs aim to offer comprehensive support encompassing **Money**, **Food**, **Wellbeing**, **Housing**, **Family**, **Community Safety** and **Work**. Collaborations with services such as iWork, IMAX, Income Recovery, and Bright Lives Coaching bolster the support network, with **ongoing efforts** to **refine** staffing, **delivery** methods, and **outreach** for continuous **improvement**.

Advisors in the hub environment have two roles: Triage and Connectors. **Triage advisors** are the **initial contact**, **addressing immediate needs** and managing day-to-day operations. The resident journey involves a triage stage for immediate needs, **followed by connection sessions** for more in-depth support to uncover underlying needs. This structured process ensures residents receive comprehensive assistance without stigmatisation, **addressing** significant **issues** like **food** poverty or **financial deprivation**

Our **Connectors** have undergone specialised **training** in areas like **Motivational Interviewing** and **Trauma-Informed Practice** whilst Hub **Managers** have also **received** additional training in **reflective practice** and **supervision** for effective team guidance and since their launch in September 2023, over 600 residents with complex needs have been supported through Connection Sessions.

Our areas of focus are:

Early Intervention and Prevention: The Access Islington Hub is designed to focus on early intervention and prevention to address challenges faced by residents.

Comprehensive Support: The initiative aims to provide wraparound support for residents, covering various aspects of their lives.

Continuous Improvement and Collaboration: We are committed to continuous improvement, acknowledging the need for collaboration and partnerships with various services, VCS partners and health which are crucial for strengthening the support network.

Access Islington Hub

Our Priorities

Throughout the initial phase of the Access Islington Hubs programme, we've recognised that there's a significant journey ahead of us to realise our ultimate ambition and vision. Through collaborative strategic planning, we have established key priorities to advance us towards achieving our vision:

Pathways & Referrals

Strengthening our pathways and developing our inward and outbound referrals is one of the key priorities as part of the first phase through the development of the Access Islington Hubs. This includes the development and implementation of appointment booking, and follow-up procedure.

- Developing inward & outward referral pathways
- Internal pathways are revised to ensure they are effective
- Developed appointment bookings and follow-up pathway
- Strengthening pathways between services and external organisations

Training & Development

Giving staff the right tools and learning opportunities will enable residents to receive a better service when visiting the hubs. Staff have already undertaken a series of training courses which has helped provide them to deliver wraparound support to residents. Understanding each staff members skills will help to resource the hubs:

- Champion Connectors establish for each domain of support
- Additional training
- Skills matrix
- Well established training programme

Effective Resourcing

To manage demand across our 2, soon to become 3, Access Islington Hub sites, requires a new way of working, which will change the resident's journey through a hub. Below are some key areas for us to develop in order to maintain a high level of support, with limited resourcing:

- Appointment booking
- Resource & skills matrix
- Training and development
- Service demand, data and reporting

Engagement & Service Offer

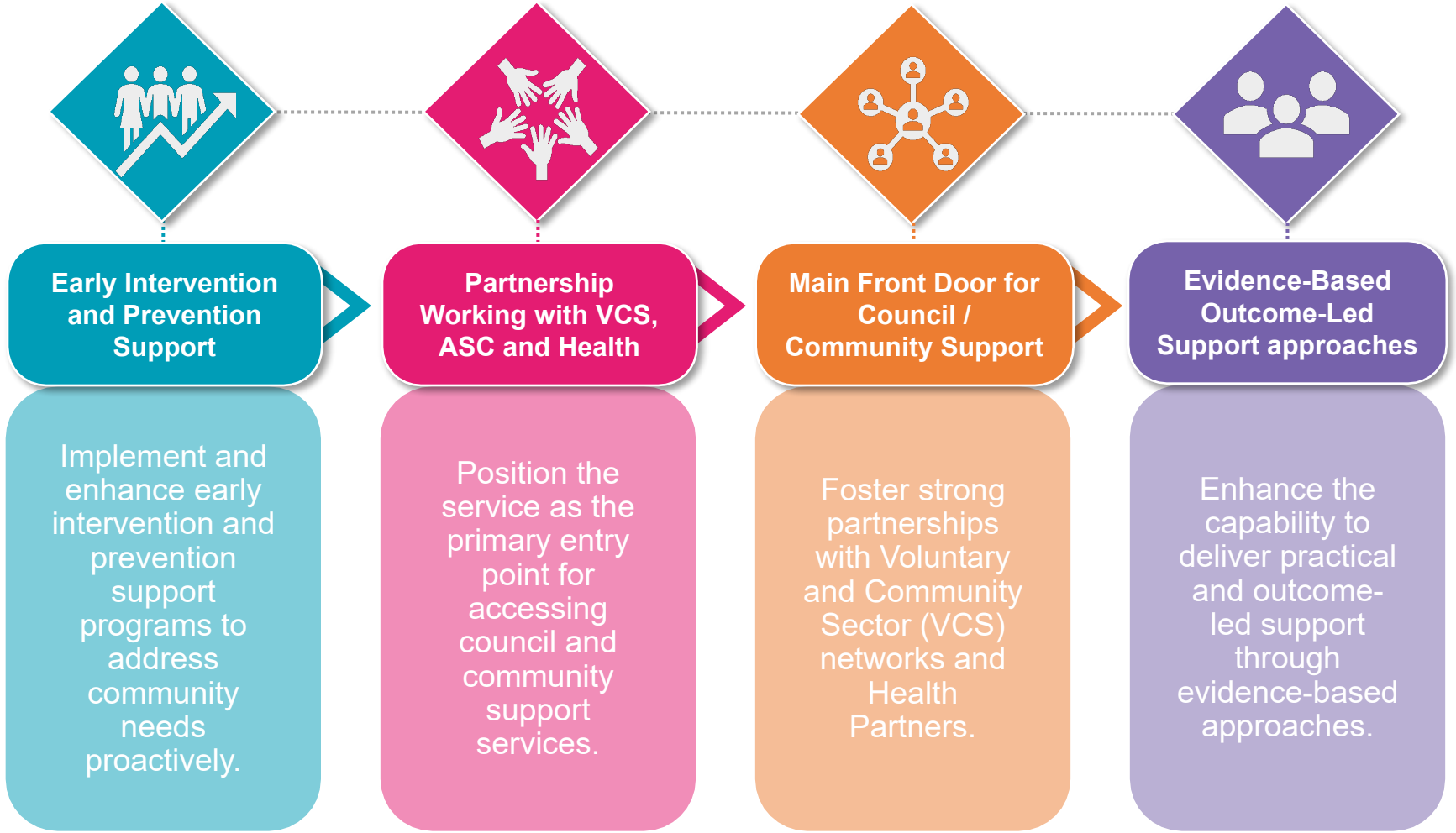
For the hubs to function proactively, strengthening our relationship with the VCS, Health and internal services must be established. Whilst engagement has taken place throughout the prototyping phase, there is still work to be done in establishing these pathways.

- Engagement Strategy
- Established working groups
- Developing the offer with internal services, VCS and Health
- Collaborative approach & benchmarking

Our Objectives

The aim of Access Islington Hubs is to bring services and staff closer together to wrap around local communities. The ambition is twofold: -

- First, we want to see Access Islington Hubs as a recognised and valued community resource where local people can access early intervention and prevention services that support their needs.
- The second and linked ambition for the Access Islington Hubs is to be rely less on a physical space and focus our efforts in delivering services within key community assets.
- Thirdly, we aim to create an environment in which community activities and events can thrive, with dedicated community spaces.



Access Islington Hub

Key Elements - Our Strategic Approach

How this delivery model could interact with health and adult social care services and practitioners to benefit residents:

Early Intervention and Prevention in Health and Social Care: Collaborate with local healthcare providers and practitioners to integrate health assessments, screenings, and education within the hub services and explore partnerships with health professionals to provide workshops on preventive healthcare, mental health awareness, and healthy lifestyle choices for residents.

Partnership with VCS Partners in Health and Social Care: Strengthen collaboration with VCS partners involved in health and social care initiatives. This could include NGOs providing healthcare services, mental health support, or specific programs for vulnerable populations. Consider joint projects with VCS partners to address specific health-related challenges in the community, such as promoting vaccination drives, health education campaigns, or access to healthcare resources.

Relationship Building with Health Practitioners: Foster relationships with local health practitioners, clinics, and services to ensure a seamless referral system for residents requiring medical attention or specialised care. Establish regular forums for communication and coordination between the hub and healthcare providers to discuss emerging health needs within the community.

Staff Training and Development in Health and Social Care: Implement training programs for staff to enhance their understanding of health-related issues, enabling them to provide more comprehensive support to residents. Facilitate cross-training opportunities with healthcare professionals to create a more holistic approach to addressing residents' needs.

Communication Plans for Health Initiatives: Develop communication plans specifically focused on health-related initiatives. This could involve disseminating information about health workshops, medical check-up events, or partnerships with healthcare organisations. Utilise various communication channels to raise awareness about the importance of preventive healthcare and the services available through the hub.

Monitoring and Evaluation in Health and Social Care: Implement a monitoring and evaluation system that includes health-related metrics to assess the impact of your initiatives on residents' well-being. Seek feedback from residents and healthcare partners to continuously refine and improve health-focused services.

Expanding Outreach Initiatives in Health and Social Care: Work towards expanding outreach initiatives to reach marginalised populations who may face barriers in accessing healthcare services. Consider mobile health clinics or partnerships with mobile healthcare units to bring essential health services directly to the community.

Links/Relationships with ASC front door

Establishing a strong connection with the Access Service, commonly referred to as the 'front door' to Adult Social Care, remains a crucial focus. Given that individuals seeking assistance from the Access Service are often among our most vulnerable residents, emphasising the need to clearly define and cultivate the relationship between the Access Islington Hubs and the Access Service, is a priority.

Below are some key areas that show the relationship between the two services:

Collaborative approach

- Collaborative working between Access Islington and the Access Service.
- Regular meetings and conversations with management.

Established relationships

- Hub staff have a well-established relationship with the Access Service team manager and staff, that allows staff to receive advice effectively & when required, when a resident presents in one of our hubs.

Regular check-ins

- Regular service check-ins with Access Service management highlighting updates, changes to front door processes and updates within community activities and placement.

Staff training & skills

- Staff trained and access to LAS)
- Ability to identify and report safeguarding issues and alerts
- Confidence and ability in liaising with MH crisis teams

Briefing Sessions

Wednesday morning sessions between 9-10am, are used by Access Islington to deliver briefings around service provisions in the borough. We will continue to arrange briefings through the development of our forward plan. Some recent sessions from partners include:

Islington Core Mental Health Team

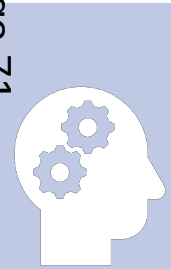
Responding to emotional distress

- Understanding and processing emotions
- What support is available in the borough
- How we can support residents whilst maintain resilience

Mental Health Crisis – LBI

Crisis Pathway & Referrals

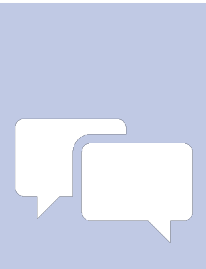
- Understanding current MH landscape in Islington
- Roles and responsibilities
- Crisis intervention referral pathway and process



Islington Mind

Responding to the mental health needs of Islington residents with ongoing mental health problems.

- The Mental Health Recovery Pathway
- The Integrated Community Support Service
- The Structured Integrated Support Service



Talk for Health

Service Overview

- Community Mental Health
- Peer Support Networks
- Staff Mental Health and Wellbeing

Opportunities and future thinking - ASC & Health

There are a range of entry points for residents to access health care in the borough:

GPs | Community Pharmacies | The Integrated Front Door for social care | Sexual health services | 111 support

Whilst Access Islington Hub cannot serve as a gateway to primary care – training on appropriate pathways will enable staff to help residents to identify where they can most effectively meet their needs.

There is an opportunity to build strong referral pathways with the Integrated Front Door for social care, which is still in development. As a starting point, staff will be trained in the criteria for access, and support those likely to meet the criteria to self-refer using the online referral page.

There is also an opportunity to go further with the hubs forming part of the integrated front door itself by co-locating front door access staff into the hubs.

Some other opportunities we are exploring include:

Monitoring Health Inequalities: Working collaboratively with Islington Public Health and partners to monitor and address health inequalities within the community. By identifying disparities in health outcomes, the hub can develop initiatives aimed at reducing these gaps and promoting equitable access to support services.

Collaboration with General Practitioners (GPs) and Healthcare Professionals: Establishing partnerships with local healthcare providers to offer joint services. This could include health check-ups, mental health support, and workshops on overall well-being. Implement a system for sharing relevant health information securely between the hub and healthcare professionals to provide more holistic support alongside well-established referral pathways.

Population Health Assessments: Conducting regular assessments of population health to identify trends, vulnerabilities, and areas requiring targeted support. This proactive approach enables the hub to address emerging health issues and allocate resources effectively.

Customised Interventions: Utilising health data to tailor interventions for individuals and communities. For example, if there is an increase in mental health challenges within a specific demographic, the hub can design targeted programs to address these concerns.

Access Islington Hub

ISLINGTON
For a more equal future

Public Health
222 Upper Street

Report of: Director of Public Health

Meeting of: Health and Care Scrutiny Committee

Date: March 2024

Ward(s): All

Public Health Performance Q2, 2023/24

1. Synopsis

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

1.2 This report sets out the quarter 2, 2023-2024 (reported one quarter in arrears due to data lags), progress against targets for those performance indicators that fall within the Health and Social Care outcome area, and for which the Health and Social Care Scrutiny Committee has responsibility.

2. Recommendations

2.1 To note performance against targets in quarter 2, 2023/24 for measures relating to Health and Independence.

3. Background

3.1 A suite of corporate performance indicators has been agreed which help track progress in delivering the Council's strategic priorities. Targets are set on an annual basis and performance is monitored internally, through Departmental

Management Teams, Corporate Management Board, Joint Board and externally through the Scrutiny Committees.

3.2 The Health and Social Care Scrutiny Committee is responsible for monitoring and challenging performance for the following key outcome area: Public Health.

3.3 Scrutiny committees can suggest a deep dive against one objective under the related corporate outcome. This can enable a comprehensive oversight of the suggested objective, using triangulation of data such as complaints, risk reports, resident surveys, and financial data and where able to, hearing from partners, staff and residents, getting out into the community and visiting services, to better understand the challenges in order to provide more solid recommendations.

Public Health Performance Q2, 2023/24

4. Key Performance Indicators Relating to Public Health – Table 1.

Public Health Priority	PI Ref	Key Performance Indicator	Annual Target 2023/24	Actual 2022/23	Q1 2023/24	Q2 2023/24	On target?	Q2 Last year?	Better than Q2 last year?
Immunisation	**PHI1**	**Immunisation Population Coverage:**	**Improvement to 22/23**						
	PHI1 a)	DTaP/IPV/Hib3 at age 12 months.	- Improvement on 89%	89%	87%	86%	Near target	89%	Similar
	PHI1 b)	MMR2 - 1st and 2nd dose (Age 5)	- Improvement on 70%	70%	68%	Data not available	N/A	69%	_
CYP	**PHI2**	**% Uptake of the NHS Healthy Start Scheme**	Improvement to 64% baseline.	N/A New Corporate KPI	66% uptake (1,716 of 2,590 eligible)	69%	Yes	N/A New Corporate KPI	N/A New Corporate KPI
Smoking	**PHI3**	**% of people quitting successfully who use the stop smoking service**	55%	62%	56%	59%	Yes	69%	Lower
Health Checks	**PHI4**	**% of eligible population (40-74) who have received an NHS Health Check.**	10%	12.1%	3.7%	4.5%	Yes	3%	Yes
Substance Misuse	**PHI5**	**Number of adults accessing treatment in a 12-month rolling period – by Q4 2023/24**					Yes	N/A New Corporate KPI	N/A New Corporate KPI
	5a	Alcohol	389		370	407			
	5b	Alcohol and non-opiate	222		203	226			
	5c	Non-opiate	128		116	126			
	5d	Opiate	1033		866	899			
		Total	**1772**		**1555**	**1658**			
Substance Misuse	**PHI6**	**No. of people successfully completing drug and/or alcohol treatment of all those in treatment (12 months rolling) – by Q4 2023/24**					Yes	N/A New Corporate KPI	N/A New Corporate KPI
	6a	Alcohol	150		140	146			
	6b	Alcohol and non-opiate	81		61	47			
	6c	Non-opiate	54		40	35			
	6d	Opiate	55		43	49			
		Total	**340**		**284**	**277**			
Sexual Health	**PHI7**	**Number of Long-Acting Reversible Contraception (LARC) prescriptions in local integrated sexual health services.**	1200 based on 22/23 baseline for integrated care.		296	339 (635 – cumulative , to date).	Yes	386	No

5. Quarter 2 Performance Update – Public Health

5.1 Immunisation population coverage

5.1.1 This measure considers population coverage of two key routine childhood vaccinations:

- PHI1a - The 6-in-1 vaccine (DTaP/IPV/Hib3, vaccinating against diphtheria, hepatitis B, Haemophilus influenzae type b (Hib), polio, tetanus and whooping cough) is given in three doses at ages two, three and four months. The indicator is the percentage of children aged 12 months who have had the complete set of three vaccinations.

- PHI1b - The MMR vaccine (measles, mumps and rubella) is given in two doses, at age 12 months and at age three years and four months. The indicator reported is the percentage of children aged five who have had both doses of MMR.

5.1.2 The data provided is from the local HealtheIntent childhood immunisation dashboard. This may differ from nationally reported data due to data quality and data upload requirements of the national system but is considered the most accurate and most timely measure.

5.1.3 Primary care practices are required to upload vaccination data to inform the national program of COVER data (cover of vaccination evaluated rapidly), which provides open-access, population-level coverage of childhood vaccinations across the country.

5.1.4 While HealtheIntent is considered the most accurate local data source, COVER data allows benchmarking against other areas.

5.2 PHI1a - DTaP/IPV/Hib3 at age 12 months.

5.2.1 In quarter 2 (Q2), 86% of children aged 12 months had received a complete course of the 6-in-1 DTaP/IPV/Hib/HepB vaccine. Coverage for this quarter was slightly lower than the previous quarter (87%) and from the same quarter last year (89%).

5.2.2 The data is for children at any age between 12 and 24 months in September 2023 (i.e born between October 2021 and September 2022). Children who miss scheduled vaccinations are able to catch up at any age.

5.2.3 This cohort of children were due their first vaccinations between October 2022 and September 2023. The pandemic restrictions ended on the 24th of February - 2022. However, anxiety around attending health settings may have continued to affect uptake of the programme beyond the end of formal restrictions.

5.3 PHI1b - MMR2 - 1st and 2nd dose (Age 5).

5.3.1 MMR2 vaccination data is unavailable this quarter, due to data quality issues which have been recently identified. This may be linked to codes for MMR2 not being uploaded from GP practice systems into the North Central London (NCL) Integrated Care Board's HealtheIntent system, which is used to calculate the vaccination coverage. This issue is currently under investigation by colleagues in NCL. The issue does not seem to be affecting other vaccinations.

5.4 Population vaccination coverage (PHI1a and PHI1b) - key successes and priorities

5.4.1 Primary vaccinations are important in providing long-term protection to children against several diseases, which can cause serious illness. Individual unvaccinated children are at risk from these diseases. When population levels of vaccination are low, the risk of outbreaks of these infections are higher since they can spread more easily through the unvaccinated population.

5.4.2 Measles is a particularly infectious disease and can be a serious infection, and lead to serious complications, especially in young children and those with weakened immune systems. Measles spreads very easily between unvaccinated people, but two doses of the MMR vaccine confers very high level, lifelong protection.

5.4.3 High levels of population mobility in areas such as Islington affects the accuracy of COVER data which may not keep up with changes in- practice register populations. This is why HealtheIntent is used locally. However, Cover provides the only comparative data with other parts of the region and country.

5.4.4 In quarter 2, the rates of coverage reported through COVER for all 3 doses of 6-in-1 DTaP/IPV/Hib/HepB vaccination at age 12 months were 88% in Islington (up four percentage points on the previous quarter), 86% in London and 91% in England.

5.4.5 In quarter 2, the rates of coverage reported through COVER for both doses of the MMR vaccination at age 5 years were 65% in Islington (up three percentage points on the previous quarter), 73% in London and 84% in England.

5.4.6 **Key issues faced this quarter include:**

- Data issues have prevented accurate analysis of the MMR2 uptake this quarter. This is being reviewed by the HealtheIntent team.

- Vaccination rates at age 1 for the 6-in-1 immunisation have dropped slightly this quarter according to local data, however nationally reported vaccination rates increased by four percent on the previous quarter and were slightly above London rates.

5.4.7 **The focus for the next quarter, Q3:**

- The national focus on MMR catch-up will continue into the next period, and will be matched by local resources, supported by the appointment of the Immunisation Outreach Worker to Health Watch starting in Q3.
- A Community Conversation around child health and immunisations with community leaders in October and at the Early Years forum in November. This is to ensure raising awareness of messages about the safety and importance of vaccines.
- In addition, as the catch-up programme roll out progresses, further resources and key messages will be shared with the community and voluntary sector, ward councillors, schools, early years and other similar settings, through the NHS and in other settings, such as through attendance at community events and ward partnerships to raise awareness, provide information and encourage vaccination for those that are not fully protected.

6. Children and Young People

6.1 PHI2 - Uptake of the NHS Healthy Start Scheme.

6.1.1 The NHS Healthy Start is a national scheme which financially supports families on a low income to buy fruit, vegetables, pulses, milk, and infant formula. To qualify for the scheme, beneficiaries must be at least ten weeks pregnant, or have at least one child under the age of four years old. They also must be receiving income support.

6.1.2 Eligible families receive a prepaid Healthy Start card that can be used in shops to buy milk, fruit, and vegetables only. Once registered, the card is topped up monthly with:

- £4.25 each week of pregnancy from the tenth week
- £8.50 each week for children from birth to one year old
- £4.25 each week for children between one and four years old.

This is a highly targeted programme, benefitting those on the lowest incomes in an effort to reduce health inequalities.

6.1.3 In quarter 2, the uptake of NHS Healthy Start increased to 69% in Islington. This rise may be attributed to the ongoing positive impact of national and local promotion and awareness-raising efforts. This is an increase since the previous period and is in line with increases regionally and nationally.

6.1.4 Islington performance for quarter 2 is higher than the London (61%) and England (65%) averages, indicating Islington has higher engagement with the programme. The multi-disciplinary working group have worked collectively to raise awareness of Healthy Start amongst residents, frontline health and early years staff who have key touchpoints with families. The working group also meet regularly, with good attendance from key stakeholders. There is a will and commitment from all members to improve uptake. Letters were also sent to all eligible families in August 2023, building on collaboration between the Income Maximisation Team and Public Health.

6.1.5 While it is challenging to measure the impact of this local activity during the quarter under review, it is anticipated that it may positively influence results in the next quarter.

6.1.6 **The focus for the next quarter:**

- To take stock of recent promotional initiatives and to continue to promote this scheme to local residents via key stakeholders.

7. Healthy Behaviours

7.1 PHI3 - Percentage of smokers using stop smoking services who stop smoking (measured at four weeks after quit date).

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

7.1.2 The indicator for service delivery is the proportion of service users successfully quitting at the four-week outcome point (referred to as four-week quit rate or success rate).

7.1.3 The new Breathe provider, Central and North West London NHS Foundation Trust, began delivery on 1st April 2023. The new stop smoking service provider continued to mobilise it's service in quarter 2. The team navigated a settling-in period and staff consultation, while managing the relocation and setup of their new office. In addition, they achieved their primary key performance indicators.

7.1.4 In quarter 2, 351 smokers set a quit date. The success rate is above target across the service this period at 59% overall. These outcomes represent an improvement when compared with the previous quarter (56%) but is lower when compared to the same quarter last year (67%).

7.1.5 NHS Digital reports on cumulative stop smoking data in London and England. Over the first two quarters of 2023/24 the Islington service (58%) performed better than the average quit rate in London and England (both 53%).

7.1.6 Almost three-quarters (73%) of all four-week quits in Q2 were achieved by the community service (Breathe) with an excellent quit rate of 68%. Almost half (45%) of Breathe service users received intensive personalised tier 3 support, indicating higher levels of dependence or accompanying needs.

7.1.7 The community service is well placed to reach smokers from target populations and worked closely with secondary care trusts to support the implementation of the NHS Long Term Plan for starting tobacco dependency treatment for people when they are inpatients. 63% of all service users in Q2 were referred by secondary care and 70% successfully quit smoking.

7.1.8 Smokefree pregnancy continued to be a strong focus, with this work embedded within an NCL programme, driving improvements in how maternity services record smoking, and offering support to pregnant smokers to quit. In quarter 2, 36 pregnant women accessed the service. An exceptional four-week quit rate of 81% was achieved and 90% of quits were verified with carbon monoxide (CO) breath testing.

7.1.9 Additionally, it is worth noting that the Islington quit rate (84%) for pregnant women was significantly higher than the London (56%) or England (50%) averages and was the highest in London. Islington also achieved the highest number of pregnant women quitting smoking (56) among London boroughs in the first two quarters of 2023/24.

7.2 **Impact on inequalities /health inequalities.**

7.2.1 More than half (57%) of successful quits in Q2 were amongst residents with the highest smoking rates, including those who are sick, disabled, or unable to work, long-term unemployed, unpaid carers and routine and manual workers. In particular, 77 people in routine and manual work occupations quit successfully in Q2 (67% success rate).

7.2.2 The service reached racially minoritised ethnic groups with higher smoking rates, such as Black Caribbean and Irish. There was a notable increase in the number of service users from Black, Asian or other minoritised ethnic groups: 151 in Q2 compared to 97 in Q1. The Breathe services provide translators through Language Line, in order to ensure residents receive an accessible service with the necessary assistance and resources where required.

7.2.3 Additionally, for 27 service users who disclosed a current or history of mental health issues, 16 quit smoking. For 47 service users who had serious lung disease (Chronic Obstructive Pulmonary Disease (COPD)), 23 quit smoking.

7.2.4 **Key challenges this quarter**:

- This period (Q2), activity levels across GPs and pharmacies remained low with success rates in these settings ranging from 40% (GPs) to 54% (pharmacies).

- To understand the barriers and challenges to improve performance within these settings, the Breathe service has completed an informal engagement exercise with locally commissioned stop smoking providers (GPs and pharmacies). The challenges found include competing work pressures; recruitment and retention of staff who have been trained in stop smoking support and low footfall (in pharmacies) and engagement by smokers. The service has outlined strategies for improvement which includes a collaborative communication approach between advisors of different practices; sharing of good practice and motivation, training and support of advisors, improved patient outreach and follow up.

- Despite the increased offer of face-to-face support, service users continue to prefer the model of telephone and other remote support instigated during the pandemic. However, this does not allow the service to verify the quit outcome

with carbon monoxide (CO) testing. 19% of all successful quits were CO-verified in Q2. This is an ongoing issue for stop smoking services and is reflective of national trends where 19% of successful quits were CO-verified in England in Q1 and Q2.

7.2.5 **The focus for the next quarter:**

- The service is keen to understand better why such a high proportion of service users are opting for telephone and remote support rather than face-to-face, and to identify factors that may increase numbers of people who attend in-person appointments. They are looking to conduct a thorough review to identify specific issues and identify incentives to encourage more in-person participation. This work will be completed by the end of Q4.
- The Breathe service is looking to improve their reach into communities such as LGBTQ+ where engagement could be improved. In partnership with the local Voluntary and Community Sector (VCS) organisations, the service is exploring various options in delivering the sessions at local venues in order to improve this goal. This initiative should be in place by Q4.

7.3 PHI4 Percentage of eligible population (aged 40-74) who have received an NHS Health Check.

7.3.1 NHS Health Checks is a national prevention programme, which aims to improve the health and wellbeing of adults aged 40-74 who do not have a diagnosed long-term condition, and who may benefit from advice and the promotion of early awareness, assessment, and where needed, treatment and management of risk factors for cardiovascular disease (CVD).

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

7.3.3 During quarter 2, 4.5% (2,373 individuals) of the eligible population completed an NHS Health Check. This represented a higher performance when compared to the previous quarter (3.7%) and when compared to the same quarter last year (3.3%).

7.3.4 This quarter, the percentage of the eligible population completing an NHS Health Check surpassed both the London average (3.2%) and the England average (2.2%).

7.3.5 Residents who completed a health check are made aware of the risk factors for cardiovascular disease, given appropriate advice and support, and signposted or referred to clinical or lifestyle interventions appropriate to their needs. For some patients, a long-term condition is identified, and our health check programme is now combined with the NHS's long term conditions management service (within primary care) to ensure alignment and seamless care is offered.

7.3.6 To address inequalities, Public Health Officers ensured the providers have prioritised the offer of health checks to residents on the mental health and the

learning disability registers, and to residents with a predicted very high risk of developing cardiovascular diseases (CVD).

7.3.7 As a result, for this quarter, 57 residents on the learning disability and mental health registers have received a health check and 85 health checks were completed by residents with an identified high risk of CVD.

7.3.8 **Key challenges this quarter:**

- Public health officers will be reviewing the reasons for incomplete health checks reported by some providers, where some but not all the results of the checks and tests have been reported.

- Public Health Officers are currently reviewing data quality issues regarding reporting of the number of health check invites issued, which is one of the key indicators for the programme.

7.3.9 **The focus for the next quarter**:

- Public Health Officers will be focusing on monitoring performance and reviewing the reasons for incomplete health checks by some service providers, in order to explore potential solutions.

7.4 Substance Misuse

7.4.1 Islington's current integrated drug and alcohol treatment service, Better Lives operates from three locations in the borough, supporting people that use drugs, as well as their families and carers.

7.4.2 The service offers multiple support interventions including; one to one key-working, group work and day programme(s), self-help and mutual aid groups, pharmacological treatments including; opioid substitution therapy (OST) and alcohol relapse prevention medication, access to residential rehabilitation and inpatient detoxification, physical health support; including blood borne virus testing and treatment.

7.4.3 Services delivered by Via include outreach support for people sleeping rough, or at risk of sleeping rough. In operation since 2021, the service provides psycho-social support and prescribing outreach to people sleeping rough, or at risk of sleeping rough in Islington. Services by INROADS provide one-to-one key-working, connecting people to health services, provides harm-reduction support including Naloxone, as well as referrals into a range of other support services.

7.4.4 Islington Public Health also commission a service called SWIM (Support When It Matters), which provides culturally competent, holistic support to men of Black African or Black Caribbean background, who are in contact with the criminal justice system and who have non-opiate substance use needs. As well as offering a tailored group programme, SWIM ensures that those that require structured treatment access the support through the Better Lives service.

7.4.5 All services collaborate closely with criminal justice partners to ensure effective pathways into treatment from prison, probation and police, which includes co-locating of services and in reach support.

7.5 PHI5 Number of adults accessing treatment in a 12-month rolling period.

7.5.1 In quarter 2, there has been an increase in the number of adults accessing the alcohol and substance misuse services from the last quarter as highlighted in **table 2** below. The period covered in this report pre-dates implementation of most new resources being funded through the increase in the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG), including investment in extra treatment and recovery capacity. As described below, preparations and mobilisation were underway during this quarter.

7.5.2 Better Lives, INROADS and SWIM services are undertaking enhanced outreach and in-reach targeted at those who are known to services, but not currently accessing treatment. All services are working closely with key Islington partner agencies including community safety, street population teams and criminal justice agencies to focus efforts to encourage individuals into support. These intentions are achieving improvements on the numbers of adults accessing structured treatment.

Table 2. Number of adults accessing treatment in a 12-month rolling period to Q2 2023/24.

	Q2	Performance compared with last quarter.
Alcohol	407	10% increase from Q1 23/24
Alcohol and non-opiate drugs	226	11 % increase from Q1 23/24
Non-opiate drugs	126	9% increase from Q1 23/24
Opiates	899	4% increase from Q1 23/24
Total	**1658**	**7% increase from Q1 23/24**

7.5.3 The performance indicates there has been an encouraging increase in the numbers in treatment overall from Q1 23/24, indicating that the service is moving towards the target. There has been particular progress in bringing more people into treatment with alcohol and alcohol and non-opiate drug addiction. There will be a strong service focus for the coming quarter to help increase people with opiate addiction coming into treatment services.

7.5.4 The service continues to work with Public Health Officers to increase numbers in treatment and improve referral pathways. Better Lives have been proactive about working with other services to boost both referrals and engagement. The agreed plans with the service to increase numbers of people in treatment focuses on a targeted outreach approach and rapid access to opioid substitution therapy (OST).

This will help to further support numbers of people with opiate addiction into treatment and recovery services.

7.5.5 The improved accessibility and referral pathways will support residents to engage with support for their drug or alcohol use and reduce the harms to themselves and others caused by addiction. Proactive engagement will also enhance the chance of service users sustaining contact with the support services.

7.5.6 **Key challenges this quarter:**

- There were initial challenges in recruitment into the new roles funded by the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) within the service. This recruitment is intended to create extra service capacity in the current financial year to support more people in treatment in line with national strategy goals. Further efforts with recruitment were successful and this has been resolved, with extra capacity being created and the service is now fully staffed. Recruitment, however, may continue to be a challenge given national objectives to further lift capacity and engagement in treatment and recovery support for people with alcohol and substance misuse needs.

7.5.7 **The focus for the next quarter:**

- Implementation and early progress with the new resources to improve access and capacity to meet treatment and recovery needs for people with drug and alcohol misuse.
- Public Health Officers are working with the service in developing a 'number of people in treatment plan' to create a comprehensive approach to meeting the target for this indicator, in line with national strategic goals. This includes mapping referrals pathways, enhanced outreach, review of local data recording and service user insights, introduction of new reporting measures, and increasing awareness and promotion of the services.

7.6 PHI6 Number of people successfully completing drug and/or alcohol treatment of all those in treatment (12 month rolling).

7.6.1 In quarter 2, there has been an overall decrease in the number of successful completions from Q1 23/24. The alcohol and non-opiate and non-opiate have decreased, where alcohol and opiate have increased, as highlighted by the data in **table 3** below.

Table 3 Number of people successfully completing drug and/or alcohol treatment in the last 12 months:

	Q2	Performance change from last quarter.
Alcohol	146	4% increase from Q1 23/24
Alcohol and non-opiate drugs	47	23% decrease from Q1 23/24
Non-opiate drugs	35	12% decrease from Q1 23/24
Opiates	49	14% increase from Q1 23/24
Total	**277**	**2% decrease from Q1 23/24**

7.6.2 The increase in the number of successful completions in the service's opiate use pathways is an early encouraging sign of a range of changes being implemented to help improve treatment and recovery outcomes.

7.6.3 The service has implemented a caseload segmentation approach to help practitioners tailor the level of support for individuals based on risk assessment and needs. The goal is to ensure flexibility in responding to unique circumstances, resulting in personalised care plans. This approach appears to be contributing to an increase in successful completions, particularly for individuals dealing with alcohol or opiate addiction. The improvements for the opiate cohort are notable considering that achieving successful outcomes for this group is often challenging.

7.6.4 Further work is required to ensure improvements in the outcomes for people in the non-opiate drug use cohort. The introduction of a dedicated 'non-opiate drug use worker' imminently will support this.

7.6.5 The focus on making service changes to increase the numbers of people successfully completing treatment for their drug or alcohol use will help to reduce drug and alcohol related harm, as well as improving treatment outcomes and responding better to people and families who require support.

7.6.6 **Key challenges faced this quarter:**

- As detailed in the previous section, there have been challenges in recruitment to new roles within the service where staffing is needed to create service capacity and a specific offer for the non-opiate cohort.

7.6.7 **The focus for the next quarter:**

- Identifying substance misuse groups that successful outcomes are lower for and thus require improvement.
- Evaluating the impact of caseload segmentation on treatment outcomes.

- Implementation and embedding of other measures to improve outcomes in treatment and recovery.
- Benchmarking against current regional and national performance.

8. Sexual Health Services

8.1 PHI7 Number of Long-Acting Reversible Contraception (LARC) prescriptions in local integrated sexual health services.

8.1.1 Long-Acting Reversible Contraception (LARC) is safe and highly effective in preventing unintended pregnancies. Unlike other forms of birth control, it is a non-user dependent method of contraception. Increasing the uptake and on-going use of LARC as part of contraceptive choice is very effective in reducing the risk of unintended pregnancies.

8.1.2 LARC is delivered through the Integrated Sexual Health (ISH) service provided by CNWL (Central North - West London NHS Foundation Trust) and is a mandated open access service providing advice, prevention, promotion, contraception and testing and treatment for all issues related to sexually transmitted infections, sexual and reproductive health care.

8.1.3 Additional LARC capacity is offered through primary care and abortion services.

8.1.4 In quarter 2, there were 339 LARC fittings among Islington residents by Integrated Sexual Health services, with a cumulative total of 635 fittings since the start of the financial year. Q2 activity is higher when compared to the previous quarter's performance of 296 and lower when compared to the same period last year, when 386 LARCs were fitted. However, LARC fittings are on track to achieve or exceed the annual target of 1,200 by the end of this financial year.

8.1.5 The latest national comparative data for LARC has just been released, which covers the year 2021 when services remained significantly affected by the impacts of Covid-19 and related infection prevention as control measures. It shows uptake among residents in that year and allows for comparison with other areas, as well as London and national averages. This latest data shows that LARC fittings for residents in Sexual Health Services (29.2 per 1,000) was higher than the England average (16.1 per 1,000) and the London average (19.8 per 1,000) and the third highest rate of fittings in London.

8.1.6 In wider activity, the Integrated Sexual Health service has continued to increase the number of people on Pre-Exposure Prophylaxis (PrEP), an anti-HIV medication which is taken by those at the highest risk of acquiring HIV, and CNWL remains the second largest provider of PrEP in London. PrEP prevents the spread of HIV and reduces the risk of transmission between partners.

8.1.7 Public Health Officers have also been working with colleagues in communications on promotions for HIV awareness week in February 2024.

8.1.8 **The focus for the next quarter:**

- Over the rest of the year, Public Health Officers will be working with the service to focus on maintaining and improving access to LARC across different settings, including working with primary care partners.

9. Implications

9.1 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.

9.2 Legal Implications:

There are no legal implications arising from this report.

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

There is no environmental impact arising from monitoring performance.

9.4 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.

10. 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.

Final report clearance:

Authorised by: Jonathan O' Sullivan, Director of Public Health

Nurullah Turan, Corporate Director and Exec Member

Date: February 2024

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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 2023/24

Meeting date: 5 October 2023

1. Health and Wellbeing Update (Executive Member - verbal)
2. Scrutiny Report 2022/2023
3. Scrutiny Review – Witness Evidence
4. Camden and Islington Mental Health Trust Performance update
5. Quarter 4 Performance Report – Public Health
6. Work Programme 2023/24

Meeting date: 14 November 2023

1. Health and Wellbeing Update (Executive Member - verbal)
2. Scrutiny Review – Witness Evidence - Islington GP Federation
3. London Ambulance Service Performance update (TBC)
4. Quarter 1 Performance Report – Adult Social Care
5. Work Programme 2023/24

Meeting date: 18 December 2023

1. Executive Member Update (verbal)
2. Executive Member for Health and Care - Annual Report
3. Scrutiny Review – CQC Witness Evidence
4. Islington Safeguarding Adults Board - Annual Report
5. Quarter 1 Performance Report – Public Health
6. Work Programme 2023/24

Meeting date: 23 January 2024

1. Executive Member Update (verbal)
2. Scrutiny Review - Age UK witness evidence
3. Whittington Hospital Performance update (TBC)
4. Quarter 2 Performance Report – Adult Social Care
5. Work Programme 2023/24

Meeting date: 4 March 2024

1. Executive Member Update (verbal)
2. Start Well Programme Update
3. Quarter 2 Performance Report – Public Health
4. Scrutiny Review - Access Islington Hubs
5. UCLH Performance update (TBC)
6. Work Programme 2023/24

Meeting date: 15 April 2024

1. Executive Member Update (verbal)
2. Overview of Addiction Services – TBC
3. Quarter 3 Performance Report – Public Health
4. Quarter 3 Performance Report – Adult Social Care
5. Update on Access to NHS Dentists
6. Moorfields Eye Hospital Performance report (TBC)
7. Scrutiny Review - Final Report
8. Scrutiny Review – draft recommendations
7. Work Programme 2023/24

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.