



Report of: Executive Member for Health and Social Care

Meeting of	Date	Agenda Item	Ward(s)
Health and Social Care Scrutiny Committee	12 January 2017		All

Delete as appropriate	Exempt	Non-exempt
-----------------------	--------	------------

Report: Quarter 2 Performance Report

1. Synopsis

- 1.1. Each year the council agrees a set of performance indicators and targets which, collectively, help us to monitor progress in delivering corporate priorities and working towards our goal of making Islington a fairer place to live and work.
- 1.2. Progress is reported on a quarterly basis through the Council's Scrutiny function to challenge performance where necessary and to ensure accountability to residents.
- 1.3. This report sets out progress on corporate performance indicators, related to Health and Social Care, over the first half of 2016-17 (i.e. 1 April to 30 September 2016).

2. Recommendations

- 2.1. To note progress to the end of Quarter 2 against key performance indicators falling within the remit of the Health and Social Care Scrutiny Committee.

3. Background

- 3.1. The council routinely monitors a wide range of performance measures to ensure that the services it delivers are effective, respond to the needs of residents and offer good quality and value for money. As part of this process, we report regularly on a suite of key performance indicators which collectively provide an indication of progress against the priorities which contribute towards making Islington a fairer place.
- 3.2. This year, rather than Policy & Performance Scrutiny Committee (PPS) scrutinising all quarterly performance reporting, a new approach has been agreed whereby each of the four theme based scrutiny committees will be responsible for monitoring performance in their own areas.

4. Adult Social Care

Objective	PI No.	Indicator	Frequency	Actual Q2 Apr-Sep	Expected profile Q2	Target 2016-17	On/Off target (compared to profile)	Same period last year	Better than last year?
<i>Support older and disabled adults to live independently</i>	ASC1	Delayed transfers of care (delayed days) from hospital per 100,000 population aged 18+	Q	689.6	681.8	685.8	Off	597.8	N/A
	ASC2	Percentage of people who have been discharged from hospital into enablement services that are at home or in a community setting 91 days after their discharge to these services	Q	98.97%	92%	92%	On	84.8%	Yes
	ASC3	Percentage of service users receiving services in the community through Direct Payments	M	30.6%	35%	35%	Off	31.7%	No
<i>Support those who are no longer able to live independently</i>	ASC4	Number of new permanent admissions to residential and nursing care	M	69	58	105	Off	81	Yes
<i>Support carers</i>	ASC5	Carers who say that they have some or all of their needs met (Score out of 12)	A	7.3	N/A	8	N/A	7.3	N/A
<i>Tackle social isolation faced by adult social care users (E)</i>	ASC6	The percentage of working age adults known to Adult Social Care feeling that they have adequate or better social contact (E)	A	64%	N/A	70%	N/A	64%	N/A

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

(E) = equalities target

Supporting independent living

- 4.1. Three measures are used to ensure that the Council is providing effective support to enable the most vulnerable to live independently for as long as possible.
- 4.2. The first, delayed transfers of care from hospital figure for Quarter 2 is 689.6 days, just behind the target of 681.8 days.
- 4.3. Delays at the Whittington, UCLH and St Pancras are monitored daily with a view to finding solutions for patients who are delayed in hospital, with action logs in place and updated regularly. Two extra staff have recently been recruited to the Rapid Response team at UCLH which will help in reducing delays. Senior management have identified a need to focus efforts on reducing delays in patients with mental health needs waiting for placements. Nationally, it is expected that the figure for delayed transfers of care will start to rise as we begin to experience the impact of 'winter pressures' across the NHS.

- 4.4. The Implementation of a new initiative called the Single Health Resilience Early Warning Database (SHREWD) – an electronic monitoring system which allows key information to be shared electronically between health and social care at the point when a patient is ready for discharge from hospital – is progressing well and should be operational by the end of the year. This is a more efficient process than verbal and paper communication between staff involved in a patient's discharge and should help to facilitate the discharge process.
- 4.5. On discharge from hospital, there has been an improvement in the proportion who are supported by our enablement service to return to the community within 91 days. The Quarter 2 figure of 98.97% is better than the expected profiled target of 92% for this quarter and also better than the same period last year (84.8%). However, again, performance may change in the short term because of 'winter pressures' but also because the service will be focussing more on reducing long term dependency on in-house care services.
- 4.6. The third measure supporting this objective is the percentage of service users receiving services in the community through Direct Payments. These provide a budget directly to the service user to enable them to 'buy' their own package of support tailored to meet their needs.
- 4.7. The number of service users receiving Direct Payments is slowly increasing, and Islington has a higher proportion of Direct Payments compared to other London boroughs. However, the overall number of service users in receipt of care packages is also increasing. This is as a result of an increase in service users choosing to remain in their own home rather than moving to a residential or nursing placement. We have developed more focus on the direct payments pathway and the department is working towards making direct payments our preferred option for delivering services. In addition service users who go through a reablement service and require ongoing care are offered direct payments rather than brokered service. The majority of our direct payments users are receiving long-term support packages. However, the proportion on Direct Payments has not increased and is below target. All staff have targets in their appraisals to promote and implement direct payments, and there is currently a project in place to shorten the process and increase take-up, given that we are aiming for full implementation of direct payments as the preferred way to deliver support packages.

Admissions into residential or nursing care

- 4.8. The Council provides residential or nursing care for those who are no longer able to live independently. The aim is to keep this number as low as possible, supporting more people to remain in the community. In Quarter 2 there were 69 new permanent admissions to residential and nursing care for older adults (aged 65 and over). This was higher than the expected number for this quarter, however this may perhaps be an inaccurate prediction given that the number of new admissions for the same period last year was much higher, 81.
- 4.9. However, there are some issues which are causing a rise in admissions, for example the lack of extra care beds, as well as the challenging expectations of family members and other professionals. In order to address this, Islington is working with

hospitals on initiatives called 'Home First' and 'discharge to assess' in order to agree an approach.

Supporting carers

- 4.10. This is a survey held every two years measuring satisfaction of carers, so new data will not be available until next year. The Care Act puts a duty upon local authorities to meet the needs of carers. The Council has commissioned Age UK to engage and support more carers through the Islington Carers' Hub.
- 4.11. There continue to be challenges in the implementation of the Carers' Assessments across partners. At the request of Adult Social Care, the assessment forms have once again been modified, and roll out of the new forms is underway.
- 4.12. The statutory Carers Survey is currently underway; this survey will enable the Council to assess key quality of life indicators and highlight any issues that we may need to address. The results will be available in January 2017.

Reducing social isolation

- 4.13. This is captured annually in the Adult Social Care Survey and the 2015/16 result is: 64.2%.
- 4.14. Reducing social isolation underpins much of the work commissioned by Adult Social Care. We continue to fund voluntary sector day care provision across the borough and are currently procuring a community enablement service. This service will complement our mainstream reablement provision by providing short-term support to people to help reduce social isolation.
- 4.15. Our learning disability social inclusion service, seeks to reduce social isolation amongst people with learning disabilities by organising a range of leisure and social activities. Our new multi-disciplinary floating support service commenced in July 2016. This service is working with a range of clients to assist them in developing their independent living skills, to maintain their tenancies and to maximise their opportunities to become more socially included.
- 4.16. A number of our commissioned mental health services also help to reduce social isolation, for example through day service provision which encourages social inclusion through various creative group activities such as arts and crafts, cooking, creative writing, music and gardening.

5. Public Health

Objective	PI No	Indicator	Frequency	Q2 Actual Apr-Sep	Q2 Target Apr-Sep	Target 2016-17	On/Off target	Same period last year	Better than last year?
<i>Promote wellbeing in early years</i>	PH1	Proportion of new births that received a health visit within 14 days	Q	94%	90%	90%	On	New indicator	New indicator
	PH2	a) Proportion of children who have received the first dose of MMR vaccine by 2 years old	Q	92%	95%	95%	Off	91%	Better
		b) Proportion of children who have received two doses of MMR vaccine by 5 years old	Q	85%	95%	95%	Off	90%	Worse
<i>Reduce prevalence of smoking</i>	PH3	a) Number of smokers accessing stop smoking services	Q	378	350	1,400	On	580	Worse
		b) Percentage of smokers using stop smoking services who stop smoking (measured at four weeks after quit date)	Q	43%	54%	54%	Off	47%	Worse
<i>Early detection of health risks</i>	PH4	a) Percentage of eligible population (35-74) who have been offered an NHS Health Check	Q	18%	12%	20%	On	15%	Better
		b) Percentage of those invited who take up the offer of an NHS Health Check	Q	42%	66%	66%	Off	58%	Worse
<i>Tackle mental health issues</i>	PH5	a) Number of people entering treatment with the IAPT service (Improving Access to Psychological Therapies) for depression or anxiety	Q	2,485	2,328	4,655	On	2,708	Worse
		b) Percentage of those entering IAPT treatment who recover	Q	49%	50%	50%	Off	46%	Better
<i>Effective treatment for substance misuse</i>	PH6	Percentage of drug users in drug treatment during the year, who successfully complete treatment and do not re-present within 6 months of treatment exit	Q	18%	20%	20%	Off	16%	Better
	PH7	Percentage of alcohol users who successfully complete their treatment plan	Q	35%	42%	42%	Off	38%	Worse

Improve Sexual Health	PH8	Proportion of adults newly diagnosed with HIV with a late diagnosis (CD4 count less than 350 cells per mm).	Q	49%	25%	25%	Off	New indicator	New indicator
-----------------------	-----	---	---	-----	-----	-----	------------	---------------	---------------

Promote wellbeing in early years

- 5.1 The proportion of new births that receive a face-to-face visit from a health visitor within 14 days has exceeded the quarter two and year-to-date targets. The integration of health visiting and early years' services continues to move forward under the transformation of early years services. A review of the Healthy Child Programme is underway to improve programme delivery and data collection.
- 5.2 MMR vaccination of 2 year olds remains above 90% although not yet meeting the target of 95% required for herd immunity. The Islington Childhood Immunisations Steering Group, a joint group of local and national public health and NHS partners, continues to work together to increase immunisations rates. MMR2 coverage for 5 year olds has reduced from 89% in quarter one 2016/17 to 84.5% in quarter two, and from 90% in the same period last year. Islington Childhood Immunisations Steering group is investigating the reduction and in particular whether it reflects problems with data recording and entry, and we will work with local GPs and child health information teams to address any issues identified.

Reduce prevalence of smoking

- 5.3 The number of people accessing stop smoking services exceeded the quarter two target, while the percentage of people using the service who quit (measured at four weeks) is below target at 43%. A new three tier model for smoking cessation support will be launched in April 2017 which local service users have helped to co-design. The new model includes:- online and telephone support; brief interventions and support provided by voluntary and community sector partners and faith groups, alongside GPs and community pharmacy; and clinical support to entrenched smokers. It is anticipated that this shift to a new, more flexible model of service provision will increase the numbers of people accessing quit smoking support locally, as well as increasing service effectiveness.

Effective detection of health risk

- 5.4 Invitations to health checks have continued to exceed targets, at 18% of the eligible population invited to date this year against a target of 12%. However the local uptake rate of health checks is below the national target of 66%, currently at 42%. We continue to work with GPs with a focus on proactive follow up invitations to those who do not take up the offer of an NHS Health Check.
- 5.5 A new health check service model was launched in April 2016, bringing together the community outreach provider and community pharmacy. Performance has increased from quarter one, where efforts were invested in mobilising the new contract. The community outreach provider has been able to further develop local networks, including with VCS organisations, increasing the delivery of health checks among those population groups most likely to benefit from a cardiovascular health check.

Tackle mental health issues

- 5.6 Over 1,300 people entered the Improving Access to Psychological Therapy (IAPT) programme in quarter two, exceeding the quarter and year-to-date targets. The

percentage of those entering IAPT treatment who recover is just short of the nationally set target (50%), at 49%.

- 5.7 In October, Public Health organised an event for World Mental Health Day attended by over 70 delegates from across Islington Council and the VCS. The event focused on the roles and responsibilities that all organisations in Islington have to play in improving mental health and showcased three newly commissioned services providing support to local organisations and the public in helping achieve this. The services include free-to-access Mental Health Awareness training, delivered by Rethink; The Direct Action Project which delivers workshops to promote mental health awareness among young people; and the Manor Gardens Wellbeing Service which supports community mental health champions working with excluded communities.

Effective treatment programmes to tackle substance abuse

- 5.8 The percentage of drug users in drug treatment during the year who successfully completed treatment and did not re-present within six months of treatment exit is just below the quarter two target (20%) at 18%. Although off target, this represents a 2% point increase from quarter two last year, with Islington in the top quartile nationally among non-opiate service users successfully completing treatment and not re-presenting within six months.
- 5.9 Quarter two has seen a small decrease in the percentage of alcohol users who successfully completed their treatment plan. This is in part due to a data cleaning exercise undertaken by one of our local providers, necessitated by a national change in the National Drug Treatment Monitoring System's coding. We are working with the service provider to examine the cause and to develop an action plan to improve performance where required to meet targets by the end of the financial year.

Improve sexual health

- 5.10 The proportion of adults newly diagnosed with HIV who are diagnosed at a late stage of infection was above (i.e. off) the quarter two target of 25%. This is a new measure which collects data on all new HIV diagnoses made by Central and North West London NHS Trust's(CNWL) open access sexual health services in Camden and Islington, regardless of service users' usual borough residence. It is based on relatively small numbers, and is therefore prone to fluctuation (with a total of 53 HIV diagnoses within CNWL's open access services to date this year).
- 5.11 CNWL, as the main commissioned provider of open access sexual health services in Islington and Camden, are required to meet a target of offering an HIV test to 97% of sexual health service users at first attendance, with the target uptake rate set at 80%. CNWL is consistently meeting or exceeding this and there is particularly high uptake among men who have sex with men.
- 5.12 CNWL is conducting an audit of late stage HIV diagnoses to build a clearer picture of how this group is presenting. It is understood that a proportion of people with late stage diagnoses reported by CNWL have been referred from inpatient services at UCLH. This follows work between CNWL's HIV and sexual health services and clinical teams within UCLH to increase the offer of routine HIV testing to patients coming into A&E and being admitted to hospital.

5.13 Data on rates of late HIV diagnosis based on Islington's resident's population are only available on an annual basis. New data have recently been published nationally which show that the overall late diagnosis rate in 2013-15 for Islington was 23.7%. This was an improvement on 2012-14 and the third lowest (best) rate in London.

Report authors:

Name: Jo Fry

Job Title: Performance Team Manager, Housing and Adult Social Services

Tel: 020 7527 2679

E-mail: jo.fry@islington.gov.uk

Name: Esther Dickie

Job Title: Project Manager, Public Health

Tel: 020 7527 8766

Email: esther.dickie@islington.gov.uk

Final Report Clearance

Signed by Date

Received by Date