

Report of: Executive Member for Health and Social Care

Meeting of	Date	Agenda Item	Ward(s)
Health and Social Care Scrutiny Committee	14 September 2017		All

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

Report: 2016/17 Annual Performance 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, for the year 2016-17 (i.e. 1 April 2016 to 31st March 2017).

2. Recommendations

- 2.1. To note performance against key performance indicators over 2016/17 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.

4. Adult Social Care

ADULT SOCIAL SERVICES						
Objective	PI No.	Indicator	Frequency	2016-17 Target	2016-17	2015-16
<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+ (Q4 target)	Quarterly	700.2	762.7	550.9
	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	Quarterly	92%	95.7%	89.2%
	ASC3	Percentage of service users receiving services in the community through Direct Payments	Monthly	35%	30.9%	30.9%
<i>Support those who are no longer able to live independently</i>	ASC4	Number of new permanent admissions to residential and nursing care	Monthly	105	137	133
<i>Carer reported Quality of Life</i>	ASC5	The quality of life for carers as reported in the carer survey.	Every 2 Years	8.0	7.3 out of 12	N/A
<i>Reduce social isolation faced by vulnerable adults (E)</i>	ASC6	The percentage of working age adults known to Adult Social Care feeling that they have adequate or better social contact. (E)	Annual (reports May)	70%	70.6%	70.8%

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 Q4 of 2016/17 was 762.7 which did not meet the target of 700.2 and represents a decrease in performance. This decrease mirrors decreases in performance in London and England generally.
- 4.3. In Islington, the main reason for NHS delays was access to further non-acute services and for social care delays, access to nursing/residential care. Work is underway with NHS partners to improve discharge processes and ensure that people are not kept in hospital unnecessarily. We are working to ensure that people are supported home as soon as possible with assessments for their social care needs made at home rather than in hospital.
- 4.4. Delayed Transfers of Care in Islington take place in the context of high levels of deprivation with 11% of the working age population claiming out of work benefits (the 3rd highest in London), 7.8% of the working age population claiming

sickness/disability benefits due to physical and/or mental ill health (the highest in London) and overall, Islington is the 5th most deprived Borough in London. Further information shows that Islington has the second highest prevalence of people with serious mental health conditions in London at 1.5% and in Islington and Haringey, 1.4% of the population have 3 or more long term health conditions, predominantly within the 65+ age group.

- 4.5. Looking at snapshot data for the number of patients delayed, the total number of people delayed on the 12 snapshot days in 2016/17 amounted to 168 patients, an average of 14 patients per snapshot day. Most patient delays and bed days delayed relate to patients discharged from University College London Hospital and the Whittington, the two main hospitals serving Islington. While the patient numbers are based on a snapshot so don't cover all patients, the snapshot data indicates that a very small proportion of patients experience delays. The London region is commissioning Day of Care Audits, to help understand the reasons why some patients face delays with discharge. Islington is planning to take part in one of these audits to gather intelligence about how services interact with individuals. This and other types of business intelligence will be used to inform actions in 2017/18 and 2018/19 both in Islington and across North Central London.
- 4.6. 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.
- 4.7. Although performance has declined, performance in Islington is still good compared with most other authorities in England.
- 4.8. 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 – has gone well and is now operational. 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.
- 4.9. On discharge from hospital, there has been an improvement in the proportion of people who are supported by our enablement service to return to the community within 91 days. The 2016/17 figure of 95.7% is better than the expected profiled target of 92% for 2016/17. This represents a high level of performance when compared with other local authorities.
- 4.10. 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.
- 4.11. The number of service users receiving Direct Payments at 30.9% is well above average when compared to other London boroughs, based on the 2015/16 benchmarking data. Comparative data for 2016/17 will be available around October 2017. 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. All staff have targets in their appraisals to promote and implement direct payments.

Admissions into residential or nursing care

- 4.12 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. Due to technical issues, the target for 2016/17 was based on data that suggested better performance than was actually the case. Therefore, the target of 105 actual permanent admissions of clients aged 65+ to nursing and residential care was too ambitious and was not achieved. The target hasn't been achieved but admissions have remained relatively stable with actual admissions in 2015/16 at 133 compared with 137 in 2016/17, despite pressures in the system. These pressures include an ageing population, greater acuity of need and pressures within acute hospitals.
- 4.13 A range of initiatives are in place to prevent admission to nursing or residential care through the availability of more person-centred services. For example, the proportion of social care clients aged 65+ receiving self-directed support is 99%. Joint work is ongoing at the health and social care interface to ensure that patients are discharged back to their own home. These measures include improvements to the intermediate care pathway and pilot work on Discharge to Assess.
- 4.14 Currently, around 50% of older adults admitted to permanent nursing and residential care are aged 85 and over with complex needs, including dementia coupled with age-related conditions. While every effort is made to limit the use of permanent nursing and residential care, there are instances where this is the best option for long-term support. Once clients are admitted to permanent nursing or residential care, a great deal of work takes place to ensure the best outcomes for those clients. Work for the High Impact Change Model is already showing success in enhancing health in care homes with the following established:
- 4.14.1 The Integrated Community Aging Team provides specialist geriatrician and MDT intervention and care planning.
- 4.14.2 Locality networks and GPs provide integrated multiagency intervention via primary care.
- 4.14.3 Comprehensive community health services provide intervention to care homes.
- 4.14.4 A pilot has commenced for an Integrated Urgent Care Professionals advice line. This allows care homes to gain access to advice in order to help prevent unnecessary admissions to hospital.
- 4.14.5 There is a Care Home Lead Nurse employed by Health and Care who provides care homes with expert support, advice, training and development.
- 4.15 Nursing and residential care admissions will continue to be monitored in 2017/18 to check progress.

Carer Quality of Life

- 4.16 The target of 8.0 wasn't achieved but performance remained stable at 7.3 in 2016/17. While comparator data is not yet available for 2016/17, in 2015/16, the comparator average was 7.3.
- 4.17 The results of the Survey of Adult Carers have been analysed and used to inform work to enhance carer services. Social isolation, for example, was picked up as an area for development as carer satisfaction with access to social contact is low. This is similar to national and comparator results which show that carers can experience isolation as a result of their caring duties.
- 4.18 Work is ongoing under the provisions of the Care Act 2014 and the Children and Families Act 2014 to ensure the best outcomes for carers and young carers. There is a strong strategic context for services for carers in Islington, with support for carers embedded in the Corporate Plan Towards a Fairer Islington: Our Commitment, in the Joint Health and Wellbeing Strategy 2017-2020 and the Joint Commissioning Strategy.
- 4.19 This support includes support for carers receiving adult social services, young carers and carers receiving services from the Mental Health Trust. In addition to direct payments, the London Borough of Islington commissions voluntary organisations to provide advice, information, support groups, events, volunteering opportunities for carers, emergency carers cards and the Flexible Breaks fund service. These services also include respite opportunities and a dementia navigator service for carers of older adults.
- 4.20 The Young Carers' Service (jointly commissioned between Camden and Islington) provides support for carers up to 18 years of age who care for a family member. This support includes assessments, whole family support and outreach services. Other services include interventions to help reduce the caring responsibilities for young carers and carer assessments for young carers transitioning to adult carers.
- 4.21 Support is also provided for carers of people with long-term mental health conditions. The Mental Health Trust works with carers of people with long-term mental health conditions and when the cared-for person is closed to the Trust, the Trust maintains responsibility for the carer for 12 months while transferring the carer support to social care services.
- 4.22 For carers of people with learning disabilities support is provided with transition to adult social services and also at the time when the cared-for client is moved to new accommodation or to new services.
- 4.23 Therefore, a range of services is available for carers.

Reducing social isolation

- 4.24 This is captured annually in the Adult Social Care Survey and the 2016/17 result is 70.6% which exceeds the target of 70%.
- 4.25 Reducing social isolation underpins much of the work commissioned by Adult Social Care. We continue to fund day care provision, including lunch clubs across the

borough. These services are provided by a combination of in house services, the voluntary sector and the private sector. Critically, these services support older residents who do not meet the threshold for access to social care which may prevent the need to access statutory services. Additionally, service users who have been assessed as requiring support from social care are also able to access the aforementioned services. In addition to the provision of transport to and from venues, a range of activities on site and the provision of meals, day centres and lunch clubs seek so to reduce social isolation by linking service users to local community groups thereby broadening the number of social contacts for the individual.

5. Public Health 2016/17 Annual Performance

Objective	PI No	Indicator	Frequency	2016/17 actual performance	2016/17 Target	On/Off target	Same period in 2015/16	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%	On	New indicator	New indicator
	PH2	a) Proportion of children who have received the first dose of MMR vaccine by 2 years old	Q	82% (Q4)*	95%	Off	92% (Q4)	Worse
		b) Proportion of children who have received two doses of MMR vaccine by 5 years old	Q	72% (Q4)*	95%	Off	87% (Q4)	Worse
<i>Reduce prevalence of smoking</i>	PH3	a) Number of smokers accessing stop smoking services	Q	1,645	1,400	On	2,356	Worse
		b) Percentage of smokers using stop smoking services who stop smoking (measured at four weeks after quit date)	Q	46%	54%	Off	48%	Similar
<i>Early detection of health risks</i>	PH4	a) Percentage of eligible population (40-74) who have been offered an NHS Health Check	Q	28%	20%	On	29%	Similar
		b) Percentage of those invited who take up the offer of an NHS Health Check	Q	43%	66%	Off	52%	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	5,124	4,655	On	5,357	Similar
		b) Percentage of those entering IAPT treatment who recover	Q	49%* (Q4)	50%	Off	49% (Q4)	Similar
<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	17%	20%	Off	18%	Similar
	PH7	Percentage of alcohol users who successfully complete their treatment plan	Q	36%	42%	Off	40%	Worse
<i>Improve Sexual Health</i>	PH8	Proportion of adults newly diagnosed with HIV with a late diagnosis (CD4 count less than 350 cells per mm).	Q	42%	25%	Off	New indicator	New indicator

* Q4 data has been provided as annual 2016/17 data is not available.

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 annual target. As part of the Council's Early Childhood Transformation plans, throughout 2016/17 the health visiting service has been working closely with Children's Services to develop and implement a new model for an integrated early childhood service. The new service, Bright Start Islington, is due to launch in September 2017 delivering closer integrated working between health visiting and early years' family support, as well as co-location, stronger information sharing arrangements, and a change in cultures and ways of working to support effective collaboration across professional boundaries.
- 5.2 Quarter 4 saw a decrease in recorded vaccination rates for Measles, Mumps and Rubella (MMR) compared with previous quarters in 2016/17. This was seen among both two year olds (Q1 93%; Q2 92%; Q3 92%; Q4 82%) and five year olds (Q1 89%; Q2 85%; Q3 85%; Q4 72%). This is likely to be associated with data recording, rather than an actual drop off in rates, following the introduction of a new child health information system (CHIS) and data hub arrangements in London. We are working with NHS England, other local authorities and provider partners across North Central London to rectify outstanding CHIS issues and implement action plans to increase childhood immunisation levels.

Reduce prevalence of smoking

- 5.3 The number of people accessing stop smoking services exceeded the annual target. The percentage of people using the service who successfully quit was below target (54%) at 46%, but was substantially above the Department of Health recommended quit rate of 35%.
- 5.4 During 2016/17, a major service review and period of engagement with stakeholders, including local smokers, was completed as part of a fundamental redesign of smoking cessation services. A new provider was procured to deliver the new service across Islington from April 2017. The objectives of the service re-design were to provide a more flexible offer to smokers to encourage greater engagement in and uptake of the smoking cessation support, improving outcomes.

Effective detection of health risk

- 5.5 Invitations to NHS Health Checks exceeded the annual target with over 17,000 residents invited, while uptake was below target at 43% with over 7,300 receiving an NHS Health Check. 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. In 2016/17, Islington was the fourth highest out of all 152 Local Authorities in England in terms of NHS Health Checks offered, and the twelfth highest in terms of NHS Health Checks delivered.
- 5.6 In March 2017, Haringey and Islington Councils were successful in a joint bid on behalf of the Haringey and Islington Wellbeing Partnership to the British Heart Foundation for £100,000 to deliver a two-year community blood pressure testing programme. The funding is being used to train a network of community and voluntary sector (VCS) providers across Haringey and Islington to raise awareness of high blood pressure and perform blood pressure testing in a variety of community settings, focussing on high risk and hard to reach groups.

Tackle mental health issues

- 5.7 Over 5,000 people entered the Improving Access to Psychological Therapy (IAPT) programme in 2016/17, exceeding the annual target. In Q4 2016/17, the percentage of those entering IAPT treatment who recover is just short of the nationally set target (50%), at 49%.
- 5.8 Islington Council commissions three mental health promotion services with a focus on building resilience and supporting effective signposting into mental health treatment services where required. In 2016/17, 325 staff, residents and volunteers in Islington completed Mental Health First Aid Training; 381 young people participated in mental health and wellbeing workshops and 50 new community Mental Health Champions were recruited.

Effective treatment programmes to tackle substance abuse

- 5.9 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 below the annual target (20%) at 17%, but similar to last year's outcome. Islington remains in the top quartile nationally among non-opiate service users successfully completing treatment and not re-presenting within six months.
- 5.10 The proportion of alcohol users who successfully complete a treatment plan is below the annual target (42%) at 36%. During the year, changes in data recording among one provider in particular led to a reduction in the number of recorded successful alcohol treatment completions.
- 5.11 The procurement of Islington's adult drug and alcohol recovery service to begin delivery in 2018/19 is well underway. The service specification is based on the feedback gathered through the extensive consultation work undertaken with stakeholders across the borough and was developed alongside drug and alcohol service users.

Improve sexual health

- 5.12 The proportion of adults newly diagnosed with HIV who are diagnosed at a late stage of infection was above (i.e. off) the annual target of 25%. This measure 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 of residence. It is based on relatively small numbers, and is therefore prone to fluctuation on a quarterly basis.
- 5.13 The higher percentage of late diagnoses recorded is not due to an increase in the number of people with a late diagnosis, but rather is due to a significant drop in newer infections being diagnosed. In January, CNWL published an article in the journal *Nature* highlighting this dramatic drop, which alongside existing initiatives for safer sex and earlier diagnosis and treatment, highlighted the impact of use of anti-HIV Pre-Exposure Prophylaxis (PrEP) among men who have sex with men in reducing new HIV infections.
- 5.14 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.

5.15 Data on rates of late HIV diagnosis based on Islington's resident population are only available on an annual basis. The latest available data is for 2013-15, when the rate in Islington was 23.7%. This was an improvement on 2012-14 and the third lowest (best) rate in London.

Report authors:

Name: Michele Chew

Job Title: Head of Quality and Performance, Housing and Adult Social Services

Tel: 020 7527 1168

E-mail: michele.chew@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:

4th September 2017

Received by

Date: