ISLINGTON

**Chief Executive Department**
**Town Hall, London N1 2UD**

**Report of:**

| **Meeting of:**<br>**Health and Social Care Scrutiny Committee** | **Date:**<br>**November 2020** | **Ward(s):**<br>**All** |
|---|---|---|
| | | |

| **Delete as appropriate** | ~~Exempt~~ | Non-exempt |
|---|---|---|

**SUBJECT: Quarter 1 Performance Report: 2020-2021**

## 1. Synopsis

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

1.2 This report sets out quarter 1 , 2020-2021 progress against targets for those performance indicators that fall within the Health and Social Care outcome area, for which the Health and Social Care Scrutiny Committee has responsibility.

1.3 It is suggested that Scrutiny undertake a deep dive of one objective under the related corporate outcome over a 12-month period. This will enable more effective monitoring and challenge as required.

## 2. Recommendations

2.1 To note performance against targets in Quarter 1 2020/21 for measures relating to Health and Independence

2.2 To suggest one objective under related corporate outcome for a deep dive review, to take place over a 12-month period.

## 3. Background

3.1 A suite of corporate performance indicators has been agreed for 2018-22, which help track progress in delivering the seven priorities set out in the Council's Corporate Plan - *Building a Fairer Islington.* Targets are set on an annual basis and performance is monitored internally, through Departmental Management Teams, Corporate Management Board and Joint Board, and externally through the Scrutiny Committees.

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

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

## 4. Quarter 1 performance update – Public Health

5.1 Key performance indicators relating to Public Health

| PI No. | Indicator | 2018/19 Actual | 2019/20 Actual | **2020/21 Target** | **Q1 2020/21** | On target? | Q1 last year | Better than Q1 last year? |
|---|---|---|---|---|---|---|---|---|
| HI1 | Population vaccination coverage DTaP/IPV/Hib3 at age 5-6 months (inclusion subject to confidence that we will have HealththeIntent data). | New Corporate Target | New Corporate Target | No target set. | The HealtheIntent dashboard is now being beta-tested with the GP federations. Data should be available in Q3. | TBC | N/A | N/A |
| HI2 | Population vaccination coverage MMR2 (Age 5) (inclusion subject to confidence that we will have Health e-Intent data | New Corporate Target | 70% | No target set. | 70.7% | TBC | 68.2% | N/A |
| HI3 | Number of child health clinics run per week (out of a pre-COVID quota of 12/week). | New Corporate Target | New Corporate Target | No target set. | 5 clinics per week. | Yes | N/A | N/A |
| HI4 | Number of Long Acting Reversible Contraception (LARC) prescriptions in local integrated sexual health services. | N/A | 1335 | 1100 | 75 | No | 320 | No |
| HI5 | Percentage of smokers using stop smoking services who stop smoking (measured four weeks after quit date). | N/A | 57% | 50% | 62% | Yes | 49.6% | Yes |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| HI6 | Percentage of drug users in drug treatment who successfully complete treatment and do not re-present within six months. | N/A | 15.2% | 20% | 16.7% | No | 10.2% | Yes |
| HI7 | Percentage of alcohol users who successfully complete the treatment plan. | N/A | 42.9% | 42.0% | 33.7% | No | 31.4% | Yes |

**5.2 **New Corporate Indicator*; Population vaccination coverage DTaP/IPV/Hib3 at age 5-6 months (inclusion subject to confidence that we will have Health e-Intent data). As this is a recovery target, no annual target is set..**

HealtheIntent is a population health management system that provides a dashboard view of clinically determined quality measures for defined population cohorts, for example children under the age of 5, adults with diabetes, people at the end of life, etc. HealtheIntent is able to pull in data from multiple partners in health and social care. One of the new dashboards that will be available to GPs will enable daily updates on childhood immunisations, allowing individual identification of due/overdue vaccinations as well as practice and population summaries.

There is some concern that childhood vaccination rates dropped during the first Covid-19 lockdown because of a general reluctance to engage with health services, hence the inclusion of this recovery indicator.

The HealtheIntent dashboard is now being beta-tested with the GP federation. Data should be available in Q3.

**5.3 **New Corporate Indicator;* Population vaccination coverage MMR2 (Age 5). As this is a recovery target, no annual target is set.**

There are similar concerns that MMR vaccination rates may have been negatively affected by Covid lockdown, but locally and nationally, rates of vaccination at age 5 were already well below the national target of 95% recommended by the World Health Organisation to achieve and maintain the elimination of measles. For Q1 2020-21, the percentage of children fully vaccinated (i.e. 2 doses) against measles, mumps and rubella (MMR) at age 5 was 71% in Islington, compared to 76% in London and 87% in England. Because this measure is of children aged 5, who were due their second dose vaccine at age 3, any impact of Covid would be small at this stage.

The HealtheIntent dashboard will allow daily feedback to practices on vaccination rates and children overdue vaccinations, as well as real time monitoring of vaccination rates across the borough. The childhood immunisation dashboard is now being beta-tested with the GP federations. Data should be available in Q3.

**5.4 **New Corporate Indicator;* Number of child health clinics run per week (out of a pre-COVID quota of 12/week).**

Child health clinics before Covid provided easy and open access to parents of young children to gain advice from the health visiting service on any concerns about their baby's health or development. They are also an opportunity to check growth by weighing and measuring a baby. There were 13 walk-in clinics per week across the borough. Child health clinics are, in normal times, provided in addition to the 5 mandated universal child health and development reviews offered to all families, as well as additional targeted work with some families.

At the start of lockdown, face to face appointments within the health visiting service were reduced to a minimum, for infection control reasons, and focussed on safeguarding or serious health or developmental concerns. A single weekly, appointment-only face-to-face clinic continued, with appropriate safety measures in place. Duty desks were set up to provide daily 9-5 telephone access to the health visiting service, which also provided the opportunity to triage for the single clinic and book a clinic appointment (or home visit) where necessary. The duty lines are well used and the service are confident that they have provided a reasonable alternative to drop-in clinics in the circumstances.

The mandated elements of the heath visiting service have continued in addition to the duty line, replacing face-face home visits with remote appointments either by phone or video link, except where there are safeguarding concerns or a need to see the baby in person. Many families have found these remote methods of delivery more accessible than face-face appointments (particularly fathers), and take-up has been similar to pre-lockdown rates.

In terms of clinic appointments, demand was high for face-face appointments, and necessary in some circumstances, but this needed to be balanced by the risk of infection. The number of face-face clinics was increased gradually to 5 clinics by mid-May, with the intention for a further expansion in July.

## 5.5 Number of Long Acting Reversible Contraception (LARC) prescriptions in local integrated sexual health services. Annual target of 1100, which is the same target as last year.

LARC is safe and highly effective in preventing unintended pregnancies and unlike other forms of birth control, it is a non-user dependent method of contraception. Increasing uptake and on-going use of LARC thereby supports a reduction in unintended pregnancies and particularly teenage pregnancies.

Appointments for women wanting a LARC intervention (fitting, removal or review of a device) has been severely impacted due to the impacts of COVID-19. During the peak period of lockdown in particular, this activity was restricted unless urgent, and guidance from the Department of Health and Social Care, National Health Service England and Public Health England was followed. Our sexual health services were able to provide advice about continued safe usage of LARC and/or provide alternative contraception, which the local service was able to safely prescribe remotely through the post, as a bridge to when LARC would become more widely available.

LARC appointments have been prioritised as services have phased re-activation of services during Q2 (not covered in this report), but capacity has been affected due to the necessary steps to ensure COVID-secure services for patients and staff. Issues such as social distancing have had practical impacts on the ability of clinics to accommodate patient numbers, although part of the LARC consultations are now done over the phone and/or online in advance to help with clinic capacity.

There is also pent-up demand within the system, due to ongoing demand for LARC, LARC devices needing to be replaced every few years or removed for those wishing to start a family. Primary care has largely not been able to restart this service due to competing pressures within surgeries and similar impacts of COVID secure measures.

Work is ongoing in Islington, and in collaboration with other London commissioners on new models for sexual health services; with more activity-taking place remotely where this is safe and clinically appropriate to do so, which is assisting with the physical capacity constraints within clinics at the current time.

## 5.6 Percentage of smokers using stop smoking services who stop smoking (measured at four weeks after quit date). Annual target of 50%.

The percentage of smokers, who stopped smoking using the community stop smoking service, Breathe, and GP and pharmacy specialist support, exceeded the target of 50% in Q1, at 62%. This is despite changes in service delivery across all settings, due to pandemic restrictions.

The rapid response of the Breathe community service to initial pandemic restrictions, moving to telephone support and postal nicotine replacement therapy was successful and well used. The lack of face-to-face appointments in community settings did not have a negative impact in smokers accessing the service through referrals and self-referrals. The number of people setting a quit date with Breathe advisors in the community almost doubled compared to Q1 last year (138 in 2020/21 vs 72 in 2019/20). This could be attributable to the ongoing work between commissioners and service leads to maximise the service offer and promote it using online media. The national messaging around the importance of stopping smoking during Covid-19 may have also contributed to more residents seeking support, which has been seen nationally, too.
Successful quits in a hospital setting were equivalent to Q1 last year. While quits in pregnancy increased, GP and pharmacy activity fell significantly, as expected, given that primary care providers were asked to wind down non-essential services.

A joint council and provider campaign 'Quit for Covid' began at the end of Q1. It is expected to have boosted service uptake further during Q2.

## 5.7 Percentage of drug users in drug treatment who successfully complete treatment and do not re-present within 6 months. Annual target of 20%

Islington's drug and alcohol service, Better Lives, remains open and accessible, but have changed the way in which interventions are being delivered. Although Q1 performance of 16.7% does not meet the target of 20%, this is an increase from Q4 2019/20 of +1.5%. This increase was achieved through a period of significant pressures and changes that have been made to service delivery and supporting service users during Q1.

Service delivery has been very affected by COVID19 impacts. Most service sites are only accessible by appointment only which need to be arranged by telephone in advance. . Support is being offered via telephone, resource packs and digital solutions such as Zoom groups and the use of various recovery apps. Commissioners are working with service providers to ensure the level and range of support available to people with substance misuse needs is as accessible as possible.

For service users who are particularly vulnerable, medicines are being delivered direct to their homes., other service users have made use of volunteer delivery schemes or have been able to collect their own medications. Services have also increased the distribution of naloxone (an antidote that can be administered to reverse the effect of an opiate overdose) and safe storage boxes for medications. Better Lives have continued to provide training to front-line staff who may be supporting residents who they have concerns about related to drug and /or alcohol misuse. This training has been delivered by video link and the use of on-line modules.

The service have continued to accept referrals, and have in fact seen an increase in new people accessing treatment. The increase in people entering drug treatment can be partly attributed to proactive work with rough sleepers and emergency hotel residents who have been successfully engaged in drug treatment since the start of the COVID-19 pandemic.

**5.8 Percentage of alcohol users who successfully complete the treatment plan. Annual target of 42%.**

The Q1 performance for alcohol users is below target at 33.7% but higher than the position for this time last year, which was at 31.4%.

Changes have been made to the delivery of the alcohol service as mentioned in the section above. Despite these changes, services are reporting an increase in demand for alcohol interventions. A number of previous service users have reported not being able to continue with recovery during lockdown, and have subsequently begun drinking again. Commissioners are working with service providers to manage current demand and to ensure support and advice is widely available for any Islington resident who may be concerned with their own or others' alcohol use, for example, promoting a new alcohol awareness app "Lower My Drinking" which is available for all Islington residents.

## 6. Implications

### 6.1 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.

### 6.2 Legal Implications:

There are no legal implications arising from this report.

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

There are no environmental impact arising from monitoring performance.

### 6.4 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.

## 7. 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 vison of a Fairer Islington. The corporate performance indicators are one of a number of tools that enable us to ensure that we are making progress in delivering key priorities whilst maintaining good quality services.

**Signed by:**

[Corporate Director and Exec Member] Date: [add date]

Report Author:
Tel: [extension]
Email: [email]