ISLINGTON

Chief Executive Department
Town Hall, London N1 2UD

Report of:

Meeting of: **Health and Social Care Scrutiny Committee**	**Date:** **January 2021**	**Ward(s):** **All**

Delete as appropriate	~~Exempt~~	Non-exempt

SUBJECT: Quarter 2 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 2 , 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 2 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 2 performance update – Public Health

PI No.	Indicator	2018/19 Actual	2019/20 Actual	**2020/21 Target**	**Q2 2020/21**	On target?	Q2 last year	Better than Q2 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.	85%	N/A - new Indicator for recovery	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	New Corporate Target	No target set.	70%	N/A - new Indicator for recovery	N/A	N/A
HI3	Number of child health clinics run per week (out of a pre-COVID19 quota of 12/week).	New Corporate Target	New Corporate Target	No target set.	8 clinics per week in July, reduced to 7 in September	Yes	N/A	N/A
HI4	Number of Long Acting Reversible Contraception (LARC) prescriptions in local integrated sexual health services.	N/A	1335	1100	402	Yes	298	Yes
HI5	Percentage of smokers using stop smoking services who stop smoking (measured four weeks after quit date).	N/A	57%	50%	60%	Yes	54%	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	15.6%	Yes
HI7	Percentage of alcohol users who successfully complete the treatment plan.	N/A	42.9%	42.0%	28.6%	No	28%	Yes

5. Key Performance Indicators Relating to Public Health

5.1 *New Corporate Indicator; Population vaccination coverage DTaP/IPV/Hib3 at age 5-6 months. As this is a recovery target, no annual target is set.

There is some concern that childhood vaccination rates dropped during the first COVID19 lockdown because of a general reluctance to engage with health services, hence the inclusion of this recovery indicator.

Actions are described under 5.2.

Q2 data reflects children who were born between July and Sept 2019, all of whom would have been due their baby vaccinations by January 2020 (i.e. pre-COVID19). North London's population health management platform (HealtheIntent) provides near-real time information on childhood immunisation rates.. The current uptake rate of of DTaP/IPV/Hib doses 1, 2 and 3 at age 1 (not at 5-6 months as intended from the indicator) of 85% is slightly lower than the London rate for Q1 of 88.6%.

5.2 *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 will have been negatively affected by COVID19 lockdown, but locally and nationally, rates of vaccination at age 3 were already well below the national target of 95% recommended by the World Health Organisation to achieve and maintain the elimination of measles. For 2019-20, the percentage of children fully vaccinated (i.e. 2 doses) against measles, mumps and rubella (MMR) at age 5 was 70% in Islington, compared to 77% in London and 87% in England.

Data on population uptake of 2 doses of the MMR vaccine at age 5 shows the local uptake rate of 70% which is a bit below to the reported London rate for Q1 at 75.9 %.

Public Health continues to work with partnerships across the system to improve the uptake of childhood immunisations.

Specifically:

- We are working with the GP federation and Quality Improvement team for GP practices to improve the use of data to drive the childhood immunisations programme. This work will continue during Q1 and includes ensuring that the correct coding is used so immunisations are counted and ensuring that children are vaccinated in line with immunisations schedules. With the wider Islington immunisations group, we will advocate for robust call-recall within GP practices.

- We will also be setting up a dashboard to start monitoring the uptake of immunisations by different equalities groups in HealtheIntent, as we have done for flu, and we will use these data to ensure that there is appropriate communications and engagement to specific communities.

- We already know that uptake of immunisations is lower among the Somali community, so are working with partners and community leaders to look at how we can improve uptake.

- As part of the wider programme on immunisations, there will be work among Islington school children in January looking at the benefits of immunisations, which we hope will help ensure that families are aware of the importance of immunisation. We are also using parent and Covid champions to promote the uptake of immunisations.

5.3 **New Corporate Indicator;* Number of child health clinics run per week (out of a pre-COVID19 quota of 12/week).

Child health clinics provide 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.

Prior to COVID19, there were 13 walk-in clinics per week across the borough. Child health clinics consisted of 5 mandated universal child health and development reviews offered to all families. Additional targeted work was carried out with some families.

Due to the pandemic, face-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-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 initially high for face-face appointments, and necessary in some circumstances, but this needed to be balanced by the risk of infection. As infection control measures improved, the number of face-face clinics increased to 8 clinics in July. This reduced to 7 clinics in early September, when home visits were re-introduced as standard for the new birth visit, and other health reviews were offered as face-face appointments, offering further opportunities for families to have contact with the service.

5.4 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 COVID19, this activity was restricted unless urgent following guidance from the Department of Health and Social Care / National Health Service England and Public Health England. Services are flexing clinic arrangements as much as possible in order to respond to demand as soon as possible, but increasing capacity remains a challenge due to social distancing guidance and the ability of clinics to accommodate patient numbers.

There is pent up demand within the system due to LARCs needing to be renewed or taken out for those wanting to start a family, with a large reduction in access within primary care.

Work is ongoing in in collaboration with London commissioners on new models for sexual health services, with more activity taking place remotely where this is clinically appropriate.

We expect the routine commissioning of anti-HIV Pre-Exposure Prophylaxis (PrEP) which started in October to further effect available clinical capacity for all other areas of sexual health provision, including LARC, when locked down is lifted (although remote pathways for PrEP have been developed).

Commissioners are developing plans to identify capacity and increase access across the borough outside of sexual health services.

Whilst it is positive to see the increase in activity of Q2, we expect to see this reduce again in Q3 due to the second lockdown, tier limitations and the reduction of available staff due to the pandemic.

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

The Community Stop Smoking Service Breathe, has been delivering telephone support and direct supply of nicotine replacement therapy by post, due to initial pandemic restrictions, with proven success. Face to face appointments with carbon monoxide monitoring are not taking place since Q1, but video call is available.

The number of people setting a quit date in quarter 2 has slightly increased compared to Q1. The target for people successfully quitting has been exceeded with performance at 60%.

The high quit rate could be attributable to:

- Increased access by smokers determined to quit as reported by some Locally Commissioned Services (Pharmacies) who achieved very high quit rates (87%).
- A coordinated service provision for the most vulnerable smokers, between health care professionals at the Whittington and the Breathe hospital specialist, which improved quit outcomes of patients, achieving a very high quit rate of 75%.

A joint council and provider campaign 'Quit for Covid' begun at the end of Q1 which may have also driven service uptake further during Q2, especially by smokers who were motivated to quit because of COVID19. The campaign was promoted via the council's and provider's social media, local partners, other commissioned providers and the VCS, and amplified #QuitforCovid used by a number of councils nationally.

5.6 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.

On the whole, most service sites are closed and may only be accessed by appointment only. For current service users, 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 to their homes. 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.

Performance for Q2 has remained the same from Q1. Despite significant changes that have been made to service delivery and supporting service users during the pandemic response, this quarter's performance does not meet the target of 20%. However, it shows a slight improvement compared to this time last year (at 16.7% in Q2 2020 -21 vs 15.6% in 2019-20).

Services have seen an increase in the number of people entering drug treatment, which has partly been driven by substance misuse support offered to rough sleepers placed in emergency accommodation. This has increased the cohort of people in drug treatment.

In addition, drug treatment services have actively been retaining people in treatment (instead of discharging them) in order service users are supported during the pandemic - therefore this will affect the percentage of people who have left treatment successfully.

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

The performance for alcohol users in Q2 demonstrates a drop from performance in Q1 in the percentage of alcohol users successfully completing treatment at 28.6% which is similar to the position for this time last year.

As was reported last quarter, services have seen an increase in the number of people entering alcohol treatment. This has increased the cohort of people in alcohol treatment, and less people are people are being discharged from treatment services in order they are supported during the pandemic. Therefore, both of these factors have affected the percentage of people leaving alcohol treatment successfully.

Commissioners continue to work 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:

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