ISLINGTON

Chief Executive Department

Town Hall, London N1 2UD

Report of:

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

Delete as appropriate	~~Exempt~~	Non-exempt

SUBJECT: Quarter 3 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 3, 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 3 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 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 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 3 performance update – Public Health

PI No.	Indicator	2018/19 Actual	2019/20 Actual	**2020/21 Target**	**Q3 2020/21**	On target?	Q3 last year	Better than Q3 last year?
HI1	Population vaccination coverage DTaP/IPV/Hib3 at age 5-6 months	New Corporate Target	New Corporate Target	No target set.	Q3 data to be confirmed due to data quality assurances issues.	N/A - New Indicator for recovery	N/A	N/A
HI2	Population vaccination coverage MMR2 (Age 5)	New Corporate Target	New Corporate Target	No target set.	Q3 data to be confirmed due to data quality assurances issues.	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.	11 Clinics	Yes	N/A	N/A
HI4	Number of Long Acting Reversible Contraception (LARC) prescriptions in local integrated sexual health services.	N/A	1335	1100	261	No	375	No
HI5	Percentage of smokers using stop smoking services who stop smoking (measured four weeks after quit date).	N/A	57%	50%	53.2%	Yes	54.5%	No But above quarterly target.
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%	12.8%	No	12.3%	Yes
HI7	Percentage of alcohol users who successfully complete the treatment plan.	N/A	42.9%	42.0%	29.6%	No	42.7%	No

5. Key Performance Indicators Relating to Public Health

New corporate indicator;

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

5.1.1 There has been no change in the provision of childhood vaccinations. They have continued to be provided by primary care throughout the pandemic. However, the take-up may have impacted by either concerns about over-burdening health systems or fears about the safety of accessing healthcare during the COVID 19 pandemic.

5.1.2 The HealtheIntent childhood immunisation dashboard is a relatively new platform for use within primary care. This provides daily updates on vaccination status, coding errors and overdue vaccinations. It is the intention that this data will drive an improvement in the call-recall processes within primary care in order to increase the childhood immunisation rates.

5.1.3 Unfortunately, data is not available for Q3 due to quality assurance issues with the new North Central London (NCL) HealtheIntent dashboard. However, national Q3 data is likely to be available within the next month. Public Health hope to have the current issues with HealtheIntent resolved before the next reporting period.

Thus far national data is only available for Q2 of 2020-21 and showed a take-up of 86.9% at age 1 compared to 88.4% in Q2 2019-20.

5.1.4 The key successes have been that frequent messaging has gone out via health visiting services and in school communications; reminding parents of the importance of keeping all childhood vaccinations up to date and of the safety of the environment in which vaccines are delivered.

5.1.5 The key priorities for the final quarter of 2020/21 remain to ensure that as many children as possible receive vaccinations at the scheduled time; moreover that those who have missed or delayed vaccinations due to COVID 19 are proactively followed up to provide catch-up vaccinations. This (and the following quarter) is perhaps when Public Health might expect the biggest impact on vaccination take-up resulting as an indirect consequence of the impacts of Covid-19.

New Corporate Indicator;

5.2 Population vaccination coverage MMR2 (Age 5). As this is a recovery target, no annual target is set.

5.2.1 There are similar concerns that the MMR vaccination rates will have been affected by the COVID 19 lockdown. Local and national 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.

5.2.2 For 2019-20, the percentage of children fully vaccinated (i.e. 2 doses) against measles, mumps and rubella (MMR) at age 5 was at 70% in Islington, compared to 77% in London and 87% in England.

5.2.3 Thus far, national data is only available for Q2 of 2020-21. This showed a take-up of 69.9% for MMR2 at age 5, compared with 69.1% in Q2 2019-20. The data on the population uptake of 2 doses of the MMR Vaccine in Q3 are yet to be verified due to current quality assurance issues with the new NCL HealtheIntent dashboard/system.

5.2.4 Public Health continues to work with partnerships across the system to improve the uptake of childhood immunisations, for example;

- By working with the GP Federation and Quality Improvement team for GP practices to improve the use of data to drive the childhood immunisations programme. With the wider Islington immunisations group, Public Health will advocate for robust call-recall within GP practices.

- The aim of the setting up a dashboard to start monitoring the uptake of immunisations by different equalities groups in HealtheIntent, as has been done for flu, will be used to ensure that there is appropriate communications and engagement to specific communities, working with the NHS, other partners and community leaders to look at how to improve uptake.

- As part of the wider programme on immunisations, work among Islington school children in January was carried out looking at the benefits of immunisations, which aims to ensure that families are aware of the importance of immunisation. We are also working with parent and COVID 19 champions to promote the uptake of immunisations.

****New Corporate Indicator;***

5.3 Number of child health clinics run per week (out of a pre-COVID19 quota of 13/week).

5.3.1 The Health Visiting Service is a universal service delivering the Healthy Child Programme to all families in the borough with children aged 0-5. This includes 4 mandated developmental reviews of young children between birth and age 2. Home-visiting to carry out these reviews is an essential feature of the service in terms of safeguarding and early identification of problems.

5.3.2 The Child Health Clinics (13 weekly across the borough pre–covid) provide easy drop-in access to the service and the clinics have always been well used by parents, particularly to check weight (growth) and to discuss any concerns such as feeding, sleeping or emotional health.

5.3.3 This service reduced face-face visits significantly during the first lockdown, including the short term closure of all drop-in clinics. Both home visits and clinic access have gradually been re-introduced and the clinics are appointment-only to ensure COVID 19 security.

5.3.4 Despite the new lockdown, Health Visiting has continued to offer home visits to all parents for either their new birth visit or for their 6-8 week check. For those who do not want to have a home visit, a face-face clinic appointment is an alternative. This ensures that the majority of families are receiving a face-face visit within 8 weeks of birth. Together, these ensure that a physical growth check is carried out on the baby before 2 months and that any other concerns can be picked up early.

If staff resources are limited due to the impacts of Covid-19, home visits/face-face appointments will be triaged (this has only been necessary in limited localities and for limited periods) and a video alternative is offered.

The demand for appointments at a child health clinic (normally drop-in, but now appointment only) has been high, and the service has increased the number of clinics to 11 per week during Q3, offering 67 appointments. Access is through a triaged single duty phone line, allowing same-day access to a health visitor. A face-face appointment is always made available for urgent situations.

5.3.5This service has also responded to increased demand and conducted a "mystery shopping" exercise to identify where waiting lists for clinics were longer. This has resulted in the introduction of increased capacity, a single duty line number for access to the service (across the 3 localities), and assurance that any mother and baby can be seen promptly on time, although an immediate appointment may not be available in their most local clinic.

Physical space for clinics has been a limitation with most children's centres closed and some health centre spaces prioritised for COVID 19 vaccinations, but workarounds have been found. Repeat waiting list checks to ensure urgent face-face appointments are available where necessary.

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

5.4.1 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 thereby supports a reduction in unintended pregnancies, particularly teenage pregnancies.

5.4.2 The local integrated sexual health service is a mandated open access services providing advice, prevention and promotion, testing and treatment services for all issues related to sexually transmitted infections and sexual and reproductive health care. This service also provides other services to North Central London Boroughs such as outreach, training and specialist services. It is the largest provider of LARC in London.

5.4.3 COVID 19 has severely impacted on activity into these services through lockdowns; the stay at home instructions; staff redeployment to COVID care; staff sickness and shielding; and PPE requirements. Additionally, the ability to use some of the estates safely whilst maintaining social distancing guidance has also constricted the service. The first wave of the pandemic in March 2020 saw a significant level of staff redeployment to provide care and support to acute hospitals in responding to COVID hospitalisations. This reduced in the proceeding months and staff redeployment was less pronounced during the third lockdown. Critical services were prioritised and there was a move to telephone or digital consultations for most service users with triage available prior to clinic visits for people with face-to-face needs, significant clinical risk or vulnerability factors, symptomatic infection or other urgent needs.

5.4.4 The key performance indicators for LARC activity were significantly affected initially as this activity was stopped or delayed for a period of time during Q1. During this period, some LARC users were able to extend the use of their contraceptive and for others alternative methods were available and could be used, in line with new clinical guidelines issued in response to the pandemic. In Q2, the service saw a significant rise in activity as staff returned to the services adapted to working safely within Covid-secure requirements which enabled additional clinics to be prioritised for this activity.

This reduced again in Q3 with the second lockdown in November 2020 and the tiered restrictions throughout December, with figures lower than this time last year (261 during this quarter in 2020/21 compared with 375 in Q3 2019/20).

5.4.5 As well as the sexual health service, a number of GP practices provide a LARC service. This activity has been deprioritised nationally for similar reasons including staffing pressures and the challenges of delivering services within Covid-secure measures, and more recently to help ensure capacity for the vaccine rollout. Commissioners have arranged alternative provision to support increased capacity with alternative providers.

5.4.6 The alternative providers identified include commissioned abortion services who have staff with the required skills to fit LARC and where contraception has always been part of their service offer. The clinics and their staff are extremely sensitive to the services they provide and offer a very women-friendly environment. Further, as a result of current social distancing requirements and changes in legislation to allow for the provision of 'pills by post' (abortion pills delivered to and taken at home) during Covid, there is considerably less in-clinic activity taking place. LARC clinics in abortion services will be managed through telephone triage and arranged at separate times to abortion activity. It is anticipated that this will provide additional capacity to help manage 'catch up' activity as the impacts and lockdown restrictions of the second wave ease.

5.4.7 The key priorities for the next quarter include plans to recover service activities that have been affected by the most recent wave of COVID 19 and to continue with plans to improve LARC capacity across providers when it is safe to do so.

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

5.5.1The Stop Smoking Service 'Breathe' offers behavioural support and provides stop smoking aids to people who live, work or study in Camden & Islington. The 3-tiered service model ensures that smokers receive the support that is appropriate for their needs and suited to their lifestyle and circumstances.

5.5.2 During COVID 19, 'Breathe' continues to offer telephone support and postal nicotine replacement therapy, which has been well used and successful. The community service continues to work closely with Whittington Hospital clinical teams, which has proven very effective for patient outcomes. The availability of stop smoking support is steadily increasing in GP and pharmacy settings but is yet to reach pre-Covid levels.

5.5.3The overall success rates of the service remain above the target of 50%, (53.2% in Q3), despite pandemic restrictions. The community service has treated more smokers than Q2 with a high success rate. A coordinated approach with Whittington Hospital continues to result in improved quit outcomes for patients.

5.5.4 The community service has treated more smokers than last year and success rates remain above target. However, stop smoking activity in pharmacy and GP settings remains below 2019-20 levels which affect the overall number of smokers who quit this year. The overall quit rate is on target above 50% for Q3 (53.2% this year compared with 54.5% in the same quarter last year).

5.5.5 Islington residents received a high quality stop smoking service in Q3, with flexible options for support. Further proactive identification and referral of smokers by health professionals across all settings would ensure that vulnerable residents are prioritised during the pandemic.

5.5.6 In Q4 'Breathe' will support the NCL smoking in maternity programme by recruiting a specialist advisor to provide enhanced support to pregnant women, as the number of referrals is expected to increase. 'Breathe' will also pilot the provision of a type of disposable e-cigarette to smokers in supported accommodation, to assess how it may be able to contribute to increases in quit attempts in this target group.

5.6 Percentage of drug users in drug treatment who successfully complete treatment and do not re-present within 6 months. The annual target is 20%.

5.6.1'Better Lives' is an integrated drug and alcohol treatment service in Islington. The service is commissioned to provide comprehensive support to local residents aged 18 plus who need support in addressing their alcohol and/or drug use. This includes:

- Harm minimisation advice
- 1:1 structured support
- Substitute prescribing
- Group sessions
- Peer support
- On-site mutual aid (pre-covid)
- Education, training and employment
- Family support service
- Psychiatric and psychological assessment and support

5.6.2 During the first lockdown period, the initial focus of support was on ensuring that residents could access the critical elements of their care. Assessments were carried out both by phone and in person, with the necessary PPE safety measures in place. Since then it has been possible to offer other types of remote support including online groups and online key-working. By the end of September, a number of on-line groups were available to service users including mindfulness, support for sobriety and relapse prevention. The service has been working hard to re-instate as much face-to-face provision as possible, although these activities have to be carefully managed so that social distancing can be maintained in buildings. Consideration will be given to the newest lockdown measures before further face-to-face support is offered.

5.6.3 Performance for Q3 at 12.8% is lower than the quarterly target of 20%. The previous quarter's performance figure was 16.7%. However, the service has 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, who as a group bring higher levels of complex needs and issues. In addition, the treatment service has actively been retaining people in treatment (instead of discharging them) in order that service users are best supported during the pandemic. This will have affected the percentage of people who have left treatment successfully, since more service users who have otherwise successfully 'completed' treatment have been staying under the care of the treatment service. The capacity of the service to meet the increase in service users has been kept under regular review, and there has been sufficient resource to meet the increase and manage new ways of Covid-secure working.

5.6.4 The key priorities for the service going forward are:

- Ensuring that all critical face to face interventions are reinstated safely and as soon as possible. These include drug screening and blood borne virus screening

- Provider-led work streams on lessons learnt through service changes during the pandemic to identify effective ways of working and delivering services which could be continued going forward and to develop new ways of working post COVID 19.

5.7 Percentage of alcohol users who successfully complete the treatment plan. The annual target is 42%.

5.7.1 Commissioners are working with service providers to manage current demand and to ensure support and advice are widely available for any Islington resident who may be concerned with their own or others' alcohol use. For example, by promoting a new alcohol awareness app "Lower My Drinking" which is available for all Islington residents. 'Better Lives' have also launched their first podcast on the subject of alcohol dependency and the effect on the individual and others: https://soundcloud.com/thatalcoholanddrugpodcast/alcohol

5.7.2 Performance for Q3 saw a slight increase in the percentage of alcohol users successfully completing treatment at 29.6%, compared with performance of 28.6% in the previous quarter. However, the effect of the pandemic has been significant throughout 2020/21 and the target of 42% has not been met during any quarter. The service has reported an increase in demand for alcohol interventions, with a number of previous service users reporting not being able to manage recovery during the lockdown and they have subsequently begun drinking again.

5.7.3 As was reported last quarter, services have seen an increase in the number of people entering alcohol treatment. At the same time, fewer people are being discharged from treatment services in order that they are supported during the pandemic. Therefore, both of these factors have resulted in an increase in the number of people being supported by the service and also 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 are widely available for any Islington resident who may be concerned with their own or others' alcohol use.

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 is 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 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.

Signed by: Jonathan O' Sullivan

Director of Public Health
Corporate Director and Exec Member Date: 31st March 2021

Report Author:
Jasmin Suraya Commissioning, Governance & Contracts Officer
Tel: 020 7527 8344
Email: Jasmin.suraya@islington.gov.uk