Chief Executive Department

Town Hall, London N1 2UD

Report of:

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

Delete as appropriate	~~Exempt~~	Non-exempt

SUBJECT: Quarter 4 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 4, 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 4 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 4 Performance Update – Public Health

PI No.	Indicator	2018/19 Actual	2019/20 Actual	**2020/21 Target**	**2020/21 Actual**	**Q4 2020/21**	On target?	Q4 last year	Better than Q4 last year?
HI1	Population vaccination coverage DTaP/IPV/Hib3 at age 5-6 months	New Corporate Target	New Corporate Target	No target set	84%	84%	N/A - New Indicator for recovery	N/A - New Indicator	N/A - New Indicator
HI2	Population vaccination coverage MMR2 (Age 5)	New Corporate Target	New Corporate Target	No target set.	71%	71%	N/A - New Indicator for recovery	N/A - New Indicator	N/A - New Indicator
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	11 clinics	N/A - New Indicator for recovery	N/A - New Indicator	N/A - New Indicator
HI4	Number of Long Acting Reversible Contraception (LARC) prescriptions in local integrated sexual health services.	N/A	1335	1100	881	143	No	285	No
HI5	Percentage of smokers using stop smoking services who stop smoking (measured four weeks after quit date).	N/A	57%	50%	58.3%	58.8%	Yes	57%	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%	12%	12%	No	15.2%	No
HI7	Percentage of alcohol users who successfully complete the treatment plan.	N/A	42.9%	42.0%	32.8%	32.8%	No	42.9%	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 Two measures are used for population coverage of ;

- the 6-in-1 vaccine (vaccinating against diphtheria, hepatitis, Hib, polio, tetanus and whooping cough) which is given in 3 doses at ages 2, 3 & 4 months
- population coverage of the MMR vaccine (measles, mumps and rubella), which is given in doses at age 12 months and at age 3 yrs. and 4 months.

5.1.2 The Q4 data therefore represents children who turned 12 months between January and March 2021, who were due these first vaccinations between March and July 2020. Children who missed their vaccinations during that period would have been able to catch up at any time up to age 12 months and still be included in this data.

5.1.3 The HealtheIntent data for quarter 4 shows 84% of children had their 6-in-1 vaccination before the age of 1. This is similar to both HealtheIntent and nationally reported Islington data available for Q3 (both 84%). Comparison with previous quarters, which would have been less affected by COVID 19, indicates that immunisation levels have held up, despite the intense pressure on services during the first wave of COVID 19. Babies who were not vaccinated when due (between March and July 2020) have also since caught up.

5.1.4 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.

5.1.5 The platform is not yet fully live and is still in the process of quality assurance, however we do now have data that we can report with a reasonable level of confidence.

5.1.6 Data reported nationally for Islington can differ from HealtheIntent data due to coding issues and data flows. We believe the HealtheIntent data to be the most accurate picture of true levels of population coverage of immunisations.

5.1.7 To summarise, there has been no change in the provision of childhood vaccinations during COVID 19. 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.

5.1.8 The key successes for the year 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.

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 Coverage for the MMR vaccine is measured when the child is age 5 years. The Q4 data therefore represents children who turned 5 years between January and March 2021 and who were due their first dose vaccination in Q4 2017 and their second dose vaccination between May and July 2019. Children who missed their vaccinations during that period would have been able to catch up at any time since and still be included in this data.

a) The HealtheIntent data for Q4 suggests that 71% of 5 year old children were fully vaccinated against MMR. This figure has been near and consistent with data from Q2 (72%) and Q3 (71%). Q1 data is not available.

b) This locally extracted data is better than that reported for Islington nationally. The nationally reported rates for Q2 and Q3 were 70% and 66.4% respectively (national Q4 data is not yet available). This is a known discrepancy, suggesting inaccuracies in coding and issues with data flows.

5.2.2 There are similar concerns that the MMR vaccination rates will have been affected by the COVID 19 lockdown. For example, when compared with 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 The key successes has 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, highlighting opportunities for catch-up and the safety of the environment in which vaccines are delivered.

5.2.4 Recent data from the GP Federation Quality Improvement Support Team (QIST), suggests that recent work on call-recall systems has demonstrated considerable improvement on take-up. Additional calls have been made to families where a vaccination is overdue, which have resulted in increased take-up of vaccinations.

5.2.5 A key priority for the coming year will be the provision of accurate local data through the HealtheIntent platform, providing the opportunity for immediate feedback to primary care on due and overdue vaccinations. The HealtheIntent platform is also able to flag coding and reporting errors, which should feed through into more accurate data being available on the national platform.

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 During the recent lockdown, Health Visiting continued to offer home visits to all parents for either their new birth visit or for their 6-8 week check. They are now able to offer home visits for both new birth and 6-8 week checks. For those who do not want to have a home visit, a face-face clinic appointment is an alternative. This ensures that the vast majority of families are receiving 2 face-face visits 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.

5.3.5 The demand for appointments at a child health clinic (normally drop-in, but now appointment only) remains high. The service offered 11 clinics per week during Q4, with 68 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.

5.3.6 Physical space for clinics has been a limitation with most children's centres closed during Q4 and some health centre spaces prioritised for COVID 19 vaccinations, but workarounds have been found. The service expects to begin moving clinics back into children's centres from May.

5.4 Number of Long Acting Reversible Contraception (LARC) prescriptions in local integrated sexual health services. The annual target of 1100 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 amongst teenagers.

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

5.4.3 COVID 19 has severely impacted on activity in these services over the last year as a consequence of stay at home instructions; staff redeployment to COVID 19 care; staff sickness; staff shielding; and PPE requirements. Additionally, the ability to use some of the estates safely whilst maintaining social distancing guidance has also constricted the operating capacity of services.

5.4.4 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 19 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. During Q2, the service saw a significant rise in activity as staff returned and services adapted to working safely within COVID 19 secure requirements which enabled additional clinics to be prioritised for this activity. LARC activity was prioritised during this period, with significant numbers of fittings through late summer and early autumn. Capacity and activity reduced again with the second lockdown in November 2020 and the tiered restrictions throughout December, with this activity continuing to be restricted through Q4 under the third national lockdown. Q4 data is currently only available for two months of the quarter.

5.4.5 As well as the sexual health service, a number of GP practices provide a LARC service in usual circumstances. During the pandemic, LARC activity in GP settings has been deprioritised nationally for similar reasons as noted above including staffing pressures, the challenges of delivering COVID 19 secure services, and more recently to help ensure capacity for the vaccine rollout. Commissioners have arranged additional 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. Furthermore, 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 19, there is considerably less in-clinic activity taking place. LARC clinics in abortion services are being managed through telephone triage and arranged at separate times to abortion activity. This will also help to provide additional capacity to help manage 'catch up' activity as lockdown restrictions of the second wave ease.

5.4.7 The key priorities for 2021 include plans to recover service activities that have been affected through COVID 19 and to increase access to LARC across all 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 is 50%.

5.5.1 The community 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. The service also supports a network of stop smoking specialists working in GP practices and pharmacies (locally commissioned services) through training and activity monitoring.

5.5.2 During COVID 19, 'Breathe' implemented a remote consultation offer of telephone/ video support and postal nicotine replacement therapy, which has been well used and successful. Recovery plans are now been activated, so that face-to-face appointments are being made available in some clinical settings. Breathe continues to work closely with Whittington Hospital clinical teams which has proven very effective for patient outcomes. Ward rounds by the stop smoking specialist have now resumed. Stop smoking activity is steadily increasing in GP and pharmacy settings but is yet to reach pre-COVID 19 levels.

5.5.3 The overall success rate of the service remains above the target (50%) at 58.8% in Q4, and has increased from Q3 (53%). The telephone support offer of the community service has had exceptional results, with a 71% quit rate in Q4, compared to 53.2% in Q3. A coordinated approach with Whittington Hospital continues to result in improved quit outcomes for patients.

5.5.4 The community service has achieved more 4-week quits than Q4 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.

5.5.5 The overall success rate is above target at 58.3% for the whole year, compared with 57% overall for last year. Islington residents received a high quality stop smoking service in 2020-2021, 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 and after the pandemic. Ensuring pregnant smokers are referred into the service has been a challenge during COVID 19, but we expect activity to pick up from Q1 because carbon monoxide monitoring by midwives has now resumed.

5.5.6 In Q1 of 2021-22, 'Breathe' is resuming limited provision of face-to-face appointments for those service users who prefer them and on-site support in Whittington wards. Providing enhanced support to pregnant smokers and their partners remains a priority and referrals are expected to increase, since carbon monoxide monitoring by midwives has been resumed. Lessons learnt through service changes during the pandemic will inform service plans going forward, by identifying effective ways of working and delivering services flexibly post-COVID 19.

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 the integrated drug and alcohol treatment service in Islington.
The service is commissioned to provide comprehensive support to local residents aged 18+ 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 19)
- 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, or continue to access, the critical elements of their care. Assessments were carried out 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.

5.6.3 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.

5.6.4 Q4 performance is at 12% which shows a small drop from Q3 when performance was at 12.8%. This quarter's performance does also not meet the target of 20%. 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. Thus, this has increased the cohort of people in drug treatment and treatment services have been actively retaining people in treatment and 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. The annual target is 42%.

5.7.1 Performance for Q4 demonstrates an increase in the percentage of alcohol users successfully completing treatment at 32.8% (in Q2 performance was 29.6%). The target of 42% has not been met for the last quarter or the year, however, during the pandemic 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 have subsequently begun drinking once more.

5.7.2 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.

5.7.3 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; blood borne virus screening
- Provider led work streams on lessons learnt and to develop new ways of working post COVID 19.

Commissioners will support the service with these priorities but is it challenging to sustain progress due to the changing nature of the pandemic.

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: June 2021

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