ISLINGTON

Chief Executive Department
Town Hall, London N1 2UD

Report of: Public Health

Meeting of:	**Date:**	**Ward(s):**
Health and Social Care Scrutiny Committee	**16 November 2021**	**All**

Delete as appropriate	~~Exempt~~	Non-exempt

SUBJECT: Quarter 1 Performance Report: 2021-2022

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, 2021-2022 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 2021/22 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 1 Performance Update – Public Health

PI No.	Indicator	2019/20 Actual	2020/21 Actual	**2021/22 Target**	**Q1 2021/22**	**On target?**	**Q1 last year**	**Better than Q1 last year?**
HI1	Population vaccination coverage DTaP/IPV/Hib3 at age 12 months	New Corporate Target	84%	No target set	85%	N/A - New Indicator for recovery	N/A no data was available for last year.	N/A
HI2	Population vaccination coverage MMR2 (Age 5)	New Corporate Target	71%	No target set.	70%	N/A - New Indicator for recovery	N/A no data was available for last year.	N/A
HI3	Number of child health clinics run per week (out of a pre-covid19 quota of 12/week).	New Corporate Target	11 clinics	No target set.	11	N/A - New Indicator for recovery	5	Yes
HI4	Number of Long Acting Reversible Contraception (LARC) prescriptions in local integrated sexual health services.	1335	881	1100	426	Yes	75	Yes
HI5	Percentage of smokers using stop smoking services who stop smoking (measured four weeks after quit date).	57%	58.3%	50%	62%	Yes	62%	Same
HI6	Percentage of drug users in drug treatment who successfully complete treatment and do not re-present within six months.	15.2%	12%	20%	13.2%	No	16.7%	No
HI7	Percentage of alcohol users who successfully complete the treatment plan.	42.9%	32.8%	42.0%	37%	No	33.7%	Yes

5. Key Performance Indicators Relating to Public Health

5.1 Population vaccination coverage DTaP/IPV/Hib3 at age 12 months. As this is a recovery target, no annual target is set.

5.1.1 This measure considers population coverage at age 12 months 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.

5.1.2 The Q1 data therefore represents children who turned 12 months old between April and June 2021, who were due their first vaccinations between June and October 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 data for quarter 1 shows 85% of children had all of their 6-in-1 vaccination before the age of 1. Comparison with pre-covid 19 rates (84%), indicates that immunisation levels have held up, despite the pressure on services during covid 19.

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 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 more accurate picture of true levels of population coverage of immunisations.

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

5.2.1 This measure considers population coverage at age 5 years of the MMR vaccine (measles, mumps and rubella), which is given in 2 doses at age 12 months and at age 3 years and 4 months.

5.2.2 Coverage for the MMR vaccine is measured when the child is age 5 years.
Q1 data therefore represents children who turned 5 years between April and June 2021; who were due their first dose vaccination in Q1 2018 and their second dose vaccination between August and October 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.

5.2.3 The HealtheIntent data for Q1 tells us that 70% of 5 year-old children were fully vaccinated against MMR. This figure is very similar to data from the last 3 quarters. This locally extracted (HealtheIntent) data is higher than that reported for Islington nationally, but is believed to be more accurate. The nationally reported rates for Q3 and Q4 were 66.4% and 67% respectively (national Q1 data is not yet available). This is a known discrepancy, due to inaccuracies in coding and issues with data flows.

5.2.4 Pre-covid 19 levels of vaccination have been maintained through covid supported by consistent messaging to parents 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.

5.2.5 A key priority for the coming year will be the newly available 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 are practical issues that can be addressed and should feed through into more accurate data being available on the national vaccination data platform.

5.3 Number of child health clinics run per week (out of a pre-covid 19 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 19) 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 The service reduced face-face visits significantly during covid 19, including the short-term closure of all drop-in clinics. Both home visits and clinic access were gradually re-introduced with appointment-only clinics to ensure covid 19 security.

5.3.4 Home visits are now the norm for new birth visits and a face-face appointment (home or clinic) for 6-8 week checks. For those who do not want to have a home visit or face-face clinic appointment, a virtual appointment is available. This ensures that the vast majority of families are receiving 2 face-face visits within 8 weeks of birth.

5.3.5 The demand for appointments at a child health clinic remains high and the service offered 11 clinics per week during Q1. 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 some health centre spaces prioritised for covid 19 vaccinations, but this is now improving and the move back into children's centres has progressed during Q1. The service is working towards resuming drop-in clinics (i.e. no appointment needed) with appropriate safety measures in place. These clinics provide an important opportunity for parents to discuss minor health concerns with a health visitor, potentially preventing unnecessary GP appointments or A&E visits.

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

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 provided by CNWL is a mandated open access service 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 eighteen months as a consequence of stay at home instructions; staff redeployment to covid 19 care; staff sickness; staff shielding and Infection Prevention and Control (IPC) requirements. Additionally, the ability to use some of the smaller community estates safely, whilst maintaining social distancing guidance has also constricted the operating capacity of services.

5.4.4 Quarter 1 is showing a marked improvement in performance to last quarter, with 637 LARC fittings compared with 219 in the previous quarter and just 75 in the first quarter of 2020/21 at the height of the impact of the first wave of covid 19. CNWL have been providing additional clinics to mitigate the reduced capacity per clinic available whilst operating in a covid safe environment. With increasing levels of fittings again, the service no longer holds a waiting list.

5.4.5 Whilst residents are now able to enjoy more freedom, services continue to face operational challenges to deliver this service due to IPC measures, until guidance changed for fully vaccinated health service staff and some staffing pressures due to social isolation. With this in mind, the improvement in performance is a very welcome and positive result. This improving performance should continue, but it is dependent on covid 19 restrictions and whilst these remain in place the service as a whole will not be able to provide full in-clinic capacity.

5.4.6 Recovery for LARC will continue to be prioritised through our local community provider and across primary care. Current areas of work to increase access to LARC include:

- Agreeing a contact variation with one of our Young People's Sexual Health providers to increase LARC clinics for all ages.
- Agreeing a contract variation with CCG abortion services to provide LARC to women outside of the abortion pathway.
- Discussions with the NHS about other opportunities to organise and offer LARC.

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.

5.5.2 The overall success rate of the service remains above the target (50%) at 62% in Q1 and has increased from Q4 (58%). During covid 19, 'Breathe' implemented a remote consultation offer of telephone/ video support and postal nicotine replacement therapy, which has been well utilised and is successful. The majority of service users continue to access telephone support with very good self-reported outcomes.

5.5.3 With activated recovery plans since the last quarter, face-to-face appointments have been made available and carbon monoxide monitoring has since resumed in Q1 in some clinical settings. The take up of face-to-face appointments is expected to steadily increase.

5.5.4. NHS Trusts are implementing system improvements through the NHS Prevention Programme: tobacco dependence treatment plan, across NCL. This is expected to help increase referral rates and outcomes for patients from hospital during 2021-22, which have been very affected through the most impacted of covid 19 periods. 'Breathe' continues to work closely with Whittington Hospital clinical teams where ward rounds by the stop smoking specialist have resumed since the last quarter for example. We expect this to increase and to improve opportunities to verify quits with carbon monoxide monitoring.

5.5.5 Almost half of quits were under the 'Breathe' community service in Q1 2021/22, compared with 29% (pre-covid 19) in the same quarter of 2019/20. The service also supports a network of stop smoking specialists working in GP practices and pharmacies (locally commissioned services) through training and activity monitoring. Stop smoking activity continues to increase in these settings compared to 2020-21 levels, but during this quarter remained well below pre-pandemic levels.

5.5.6 Islington residents continue to receive a high quality stop smoking service in Q1, 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. 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 2020/21, 'Better Lives' remained open and accessible but changed the way in which interventions were delivered to mitigate the impacts of covid 19. For current service users, there was a move to remote support, where safe to do so, support is offered via telephone, resource packs and digital solutions such as Zoom groups and the use of various recovery applications.

5.6.3 In the initial months of the lockdown period service users who were particularly vulnerable, had medicines and other essential items delivered to their homes. Services also increased the distribution of naloxone (an easy to administer medicine that rapidly reverses an opioid overdose) and safe storage boxes for medications.

5.6.4 'Better Lives' were a key partner in supporting the "Everyone In" initiative and were able to provide rapid prescribing for rough sleepers who were placed in emergency accommodation. This resulted in a marked increase in the numbers of people accessing drug treatment, many of whom had very complex needs, so making the overall case mix of the service more complex. Since then, it has been possible to offer other types of remote support including online groups and online key-working.

5.6.5 By the end of autumn 2020, 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.

5.6.6 Q1 performance is at 13.2%, this is an increase from Q4 when performance was at 12 %. This quarter's performance does not meet the target of 20%, however, the service has seen an increase in the overall complexity of people in drug treatment linked to the substance misuse support offered to rough sleepers placed in emergency accommodation. The service has also continued to actively retain people in treatment (instead of discharging) in order that service users are supported during the pandemic. Both of these are factors in the lower percentage of people who have left treatment successfully compared with the immediate pre- covid period.

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

5.7.1 Performance for Q1 demonstrates an increase in the percentage of alcohol users successfully completing treatment at 37% (Q4 performance was 32.8%). The target of 42% has not been met, however, Q1 saw an increase of 5.8%. During the pandemic the service 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. This includes promotion of a new alcohol awareness app "Lower My Drinking" which is available for all Islington residents. The 'Lower My Drinking' App is promoted by 'Better Lives' on their website, social media channels, and via drug and alcohol awareness training sessions. There is information about the app on the NCL GP "alcohol" webpages and on the electronic boards shown by GPs and Housing.

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.
- Assessing lessons learnt from service changes in response to covid 19 and to develop new ways of working post covid 19.

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

Acting Director of Public Health
Corporate Director and Exec Member Date: November 2021

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