ISLINGTON

Chief Executive Department
Town Hall, London N1 2UD

Report of: Public Health

Meeting of:	**Date:**	**Ward(s):**
Health and Social Care Scrutiny Committee	**February 2022**	**All**

Delete as appropriate	~~Exempt~~	Non-exempt

SUBJECT: Quarter 2 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 2, 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 2 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 2 Performance Update – Public Health

PI No.	Indicator	2019/20 Actual	2020/21 Actual	2021/22 Target	Q2 2021/22	On target?	Q2 last year	Better than Q2 last year?
HI1	Population vaccination coverage DTaP/IPV/Hib3 at age 12 months	New Corporate Target	84%	No target set	83%	N/A - Indicator for recovery	84%	Similar
HI2	Population vaccination coverage MMR2 (Age 5)	New Corporate Target	71%	No target set.	68%	N/A - Indicator for recovery	72%	No
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 - Indicator for recovery	8	Yes
HI4	Number of Long Acting Reversible Contraception (LARC) prescriptions in local integrated sexual health services.	1335	881	1100	452	Yes	402	Yes
HI5	Percentage of smokers using stop smoking services who stop smoking (measured four weeks after quit date).	57%	58.3%	50%	61%	Yes	60%	Similar
HI6	Percentage of drug users in drug treatment who successfully complete treatment and do not re-present within six months.	15.2%	12%	20%	13.8%	No	16.7%	No
HI7	Percentage of alcohol users who successfully complete the treatment plan.	42.9%	32.8%	42%	33.1%	No	28.6%	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 1 year 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. The data is extracted from the local HealtheIntent childhood immunisation dashboard.

5.1.2 In quarter 2, 83% of children had a complete set of 6-in-1 vaccinations before the age of 1.The comparison with pre-covid 19 rates (84% in Q2 2020/21) indicate that immunisation levels held up relatively well, despite the pressure on services during the early months of the pandemic.

5.1.3 The data represents children who were aged 1 (i.e. any age between 12 and 24 months) between July and Sept 2021. This cohort of children were due their first vaccinations between October 2019 and Feb 2021, including many who were due vaccinations during the early stages of the pandemic. Children who missed their vaccinations during that period would have been able to catch up at any time up to age 1 and still be included in this data.

5.1.4 We believe HealtheIntent data to provide the most accurate picture of local population coverage for immunisations. As a relatively new platform within primary care, it provides daily updates on vaccination status, coding errors and overdue vaccinations, in order to drive improvement to the call-recall process and to increase childhood immunisation rates. The data reported nationally for Islington can differ from HealtheIntent data due to coding issues and data flows.

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. The data is extracted from the local HealtheIntent childhood immunisation dashboard, as per above indicator.

5.2.2 In quarter 2, 68% of 5 year old children were fully vaccinated against MMR. This is a slight decrease from the previous quarter and a pre-pandemic plateau of around 70%. It also shows a slightly higher rate than reported for Islington in published national data, but is believed to be more accurate (for the same reasons given in 5.1 above). The nationally reported rates for Q2 2021/22 is 64%.This is a known discrepancy, due to inaccuracies in coding and issues with data flows.

5.2.3 Coverage for the MMR vaccine is measured when the child is age 5 years.
The quarter 2 data represents children who were aged 5 between July and Sept 2021. This cohort of children were due their second dose of the MMR vaccine pre-pandemic. However, catch up activity with children who missed their scheduled dose may have been impacted by the pandemic and therefore may have contributed to a reduction in coverage.

5.3. Population vaccination coverage – key successes and priorities

5.3.1 Overall, local vaccination levels have been sustained through covid-19, supported by consistent messaging to parents via local health visiting services, primary care and in school communications. The reduction in MMR at 5 years being reported in London and nationally pre-dates the pandemic, but the drop in Q2 may be an indication of the impact on access to, or changed use of general practice throughout covid, including the reduced scope for follow-up/reminders and opportunistic vaccinations for children who had missed their scheduled dose.

5.3.2 The key priority for Public Health Officers will be to continue to make every contact count in terms of childhood vaccinations. Well-established integrated early year's services provide multiple opportunities for reminding parents of the importance of vaccinations, the opportunities for catch-up and the safety of the environment in which vaccines are delivered. Nursery and school entry are additional touch-points for checking vaccination status and reminding parents to keep up to date with vaccinations.

5.3.3 NCL CCG have recently appointed 3 childhood immunisation co-ordinators. This will provide additional resource within primary care to improve coding and call-recall systems and other actions to improve the uptake of childhood vaccinations.

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 (previously pre pandemic 13 weekly across the borough) provide easy drop-in access to the service and the clinics have always been well utilised by parents. The 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; to check weight (growth) and to discuss any concerns such as feeding, sleeping or emotional health.

5.3.3 The demand for appointments at a child health clinic remained high and the service offered 11 clinics per week during quarter 2.

5.3.4 During this period, home visits were the norm for new birth visits and a face-face appointment (home or clinic) for the 6-8 week checks. For those who did not want to have a home visit or face-face clinic appointment, a virtual appointment was available. This ensured that the vast majority of families received 2 face-face visits within 8 weeks of birth. 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.

5.3.5 Physical space for clinics has been a limitation with some health centre spaces prioritised for covid-19 vaccinations. Plans had progressed during Q2 to move some clinics back into children's centres, but covid restrictions still made this unviable. The service is working towards resuming drop-in clinics (i.e. no appointment needed) with appropriate safety measures in place.

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

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 service provided by CNWL (Central North West London NHS Foundation Trust) is a mandated open access service providing advice, prevention, promotion, testing and treatment for all issues related to sexually transmitted infections, sexual and reproductive health care.

5.4.3 Covid-19 has severely impacted activity over the last eighteen months due to a number of related factors. For example, not being able to use some of the smaller community estates safely, whilst maintaining social distancing guidance has limited operational capacity. CNWL have been providing additional clinic sessions to mitigate this reduced capacity per clinic, whilst operating in a covid safe environment. The service continued to hold a waiting list due to covid attributable operational impact and as part of 'catch up' activity due to appointments lost during periods of the pandemic.

5.4.4 Despite the range of challenges to service delivery during the pandemic, the services have been able to operate under hybrid access arrangements. This access provides service continuity to those with low risk needs and to those with non-complex hormonal contraception needs predominantly managed online or provided remotely. There is however, a need to maintain and balance in-clinic provision for complex cases needing a range of sexual health support, as well as continuing to offer services which require in person intervention.

5.4.5 In quarter 2, there was an improvement in performance with 452 LARC fittings during the quarter compared with 426 in Q1 and 402 in the same period last year when the service was still affected by the first wave of covid -19. The performance for this quarter (Q2) is approaching pre-covid levels.

5.4.6 The improvement in performance is a positive result. Whilst covid-19 restrictions remain in place the service will not be able to provide full in-clinic capacity, but continues to give a high priority to LARC appointments. The key areas of focus in Q3 to increase access to LARC include:

- Young people's sexual health providers to increase LARC clinics for all ages.
- Clinical Commissioning Group (CCG) led abortion services have established separate clinics to provide LARC to women outside of the abortion pathway (commenced June 2021).
- Discussions with the NHS about other opportunities to organise and offer LARC, such as within the maternity pathway.

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, suited to their lifestyle and circumstances. Breathe also supports, trains and monitors a network of community pharmacies and GP practices to deliver stop smoking support.

5.5.2 Overall, the success rate remains high and above target across the service. In quarter 2, the four-week quit rate was above target at 61%, similar when compared to 62% in Q1 and when compared to Q2 in 2020-21 when the quit rate was 60.3%.

5.5.3 For pregnant women the 4 and 12-week quit rates are exceptional at 75%, although this represents a small number of quits (15). This is an increase compared to Q2 2020-21, when only 7 pregnant women quit smoking. The North Central London (NCL) rate of smoking at delivery in Q2 remained higher than the London rate (5.7% and 4.4% respectively), but lower than the England figure (9%).

5.5.4 The NCL programme for smoke free pregnancy is designed to support improvements across maternity services. Enhanced training for midwives has provided the skills to address smoking behaviours and refer appropriately to the Breathe specialist. 91% of referrals went on to set a quit date in Q2. In addition, stop smoking champions appointed in each of the local hospitals' maternity departments are working closely with the Breathe specialist to close the feedback loop between Breathe and referring midwives to ensure women are followed up appropriately. Providing enhanced support to pregnant smokers and their partners remains a priority.

5.5.5 Despite the challenges of the covid-19 pandemic, 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.

5.5.6 With recovery plans enacted since Q4 2020-21, face-to-face appointments and carbon monoxide monitoring has resumed in some clinical settings. Breathe continues to work closely with the Whittington Hospital clinical teams and provides support to smokers on the wards.

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 provides comprehensive support to local residents aged 18 plus who need support in addressing their alcohol and/or drug use.

5.6.2 During 2020/21, substance misuse services remained open and accessible, but changed the way in which interventions were delivered to mitigate the impacts of covid-19. There was a move to remote support and where safe to do so, support was offered via telephone, digital solutions such as Zoom groups and various recovery apps. Services also increased the distribution of naloxone (an easy to administer medicine that rapidly reverses an opioid overdose) and safe storage boxes for medications.

5.6.3 Since then, it has been possible to offer other types of remote support including online groups and online key-working. A number of on-line groups are 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 activities have to be carefully managed to maintain social distancing and other measures to prevent and control infection risk within buildings.

5.6.4 In quarter 2, 13.8% of primary drug users successfully completed treatment, showing a small increase from Q1 when the completion rate was 13.2 %. This does not meet the target of 20%, however, the service has seen an increase in the number of people entering drug treatment, partly driven by substance misuse support offered to rough sleepers placed in emergency accommodation.

5.6.5 There have been increases in the number of people in drug treatment over recent years; for example, in Q2 2019/20 there were 812 people in drug treatment, 878 in the same period in 2020/21, increasing again to 949 in Q2 this year. In addition, the treatment service has actively retained people in treatment (instead of discharging them), in order to support service users during the pandemic. This has affected the percentage of people who have left treatment successfully.

5.6.6 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 other's substance misuse use.

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

5.7.1 In quarter 2, there was a decrease in the percentage of alcohol users successfully completing treatment at 33% (in Q1 performance was 37%) and therefore the target of 42% has not been met.

5.7.2 The numbers of people in alcohol treatment have risen from 408 in Q2 2020/21 to 470 this quarter. Commissioners are working with service providers to manage current demand and to ensure support and advice is widely available for any Islington residents 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 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.

5.8 Key priorities for substance misuse and alcohol

5.8.1 The key priorities for Commissioners in order to support the service and thus residents 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.
- Ensuring the service can still operate safely and effectively in light of any new restrictions linked to increased covid-19 rates or emerging variants.
- Identifying how alcohol users can be better supported and increasing the numbers of people accessing the service for alcohol misuse.

Report end.

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: February 2022

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