

**Report of: Public Health**

<b>Meeting of: Health and Care Scrutiny Committee</b>	<b>Date: 7 July 2022</b>	<b>Ward(s): All</b>
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**SUBJECT: Public Health - Quarter 3 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 3, 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 3 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 3 Performance Update – Public Health

PI No.	Indicator	2019/20 Actual	2020/21 Actual	2021/22 Target	Q3 2021/22	On target?	Q3 last year	Better than Q3 last year?
HI1	Population vaccination coverage DTaP/IPV/Hib3 at age 12 months	New Corporate Target	84%	No target set	85%	N/A - Indicator for recovery	84%	Yes
HI2	Population vaccination coverage MMR2 (Age 5)	New Corporate Target	71%	No target set.	69%	N/A - Indicator for recovery	71%	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.	13 clinics	N/A - Indicator for recovery	11	Yes
HI4	Number of Long-Acting Reversible Contraception (LARC) prescriptions in local integrated sexual health services.	1335	881	1100	517	Yes	261	Yes
HI5	Percentage of smokers using stop smoking services who stop smoking (measured four weeks after quit date).	57%	58.3%	50%	57%	Yes	53.2%	Yes
HI6	Percentage of drug users in drug treatment who successfully complete treatment and do not re-present within six months.	15.2%	12%	20%	12.5%	No	12.8%	Similar
HI7	Percentage of alcohol users who successfully complete the treatment plan.	42.9%	32.8%	42%	35.5%	No	29.6%	No

## **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 3, 85% 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 Q3 2019/20) indicate that immunisation levels held up relatively well, despite the pressure on services during the pandemic.

5.1.3 The data represents children who were aged 1 (i.e. any age between 12 and 24 months) in December 2021. This cohort of children were due their first vaccinations between February 2020 and April 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 3, 69% of 5-year-old children were fully vaccinated against MMR. This is a small increase from the previous quarter and just below the 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 Q3 2021/22 is 62%. This is a known discrepancy, due to inaccuracies in coding and issues with data flows.

5.2.3 The small drop in Q3 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. The reduction in MMR at 5 years being reported in London and nationally pre-dates the pandemic.

5.2.4 Coverage for the MMR vaccine is measured when the child is age 5 years. The quarter 3 data represents children who were aged 5 between October and December 2021. The very youngest of this cohort of children were due their second dose of the MMR vaccine early in the 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.

5.3.2 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 touchpoints 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 has provided valuable additional resource within primary care and the team are actively working with practices to improve and correct coding to streamline the call-recall systems.

### **5.4 Number of child health clinics run per week (out of a pre-covid 19 quota of 13/week).**

5.4.1 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 any problems.

5.4.2 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.

5.4.3 The service has been able to increase the number of clinics per week to 13 – now matching pre-pandemic levels. Clinics were run as appointment only throughout the pandemic and progress has been made over the last quarter to re-introduce some drop-in clinics, where these are held in children's centre. 3 of the 13 weekly clinics are drop-in. The clinics held in health centres are still appointment only for infection control reasons.

5.4.4 Access to appointments is through a triaged single duty phone line, allowing same-day access to a health visitor where necessary and a face-face appointment is always made available for urgent situations.

5.4.5 Physical space for clinics in health centres is now available, as health centres are no longer being prioritised for Covid-19 vaccinations. However, there is still an issue with allowing drop-in access to these clinics. This has been escalated and it is hoped that the situation will be resolved over the next quarter.

#### **5.4 Number of Long-Acting Reversible Contraception (LARC) prescriptions in local integrated sexual health services. The annual target is 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 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 In quarter 3, there was an improvement in performance with 517 LARC fittings during the quarter compared with 452 in Q2. In the same period for the year before there were 562. The service has continued to maintain high levels of LARC throughout the pandemic with only a small decrease this quarter from the previous year's quarter (45). There were specific challenges in Q3 linked to the Omicron wave of Covid-19 with a number of staff sick or isolating. Despite this the service has continued to operate with measures in place to mitigate any disruption in service provision and continues an upward trajectory for this year.

5.4.4 The improvement in performance is a positive result. As Covid-19 restrictions ease there are a number of key priority areas to focus on in Q4 to increase access to LARC:

- Completion of the new young people's sexual health service procurement whilst supporting services to maintain access to LARC
- Continue to highlight the need for a LARC Maternity Pathway with Clinical Commissioning Group (CCG) colleagues to increase uptake and to meet NICE recommended standards
- Increase clinic-based activity as covid-19 restrictions ease further.

#### **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 the target across the service. In quarter 3, the four-week quit rate was above target at 57%, slightly lower when compared to 61% in Q2 but higher when compared to Q3 in 2020-21 when the quit rate was 53.2%.

5.5.3 For pregnant women the 4 and 12-week quit rates are exceptional at 78.5% and 71.4% respectively, although this represents a small number of quits (11). The North Central London (NCL) rate of smoking at delivery in Q3 (4.8%) is significantly lower than in Q2 (5.7%) and it remains slightly higher than the London rate (4.4%), but lower than the England figure (9%).

5.5.4 The NCL programme for smoke free pregnancy remains a priority and 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. 52% of referrals went on to set a quit date in Q3. In addition, stop smoking champions appointed in each of the local hospitals' maternity departments are working closely with the Breathe specialist to ensure women are followed up appropriately.

5.5.5 With recovery plans enacted since Q4 2020-21, face-to-face appointments and carbon monoxide monitoring has resumed in some clinical settings, along with face-to-face promotion of the service during Stoptober in Q3.

5.5.6 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 residents aged 18 plus who need support in addressing their alcohol and/or drug use.

5.6.2 In quarter 3, 12.5% of primary drug users successfully completed treatment, showing a small decrease from Q2 when the completion rate was 13.8 %. 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. The increase in the number of people in treatment, is a trend reflected from previous 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 1005 in Q3 this year. This has affected the percentage of people who have left treatment successfully.

5.6.3 The service has carried out a caseload review during Q3 and discharged several service users who had become disengaged despite significant efforts to keep them in treatment.

5.6.4 Substance misuse services remained open and accessible but changed the way in which interventions were delivered to mitigate the impacts of Covid-19 during the pandemic. 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.

5.6.5 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.

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

5.7.1 In quarter 3, there was an increase in the percentage of alcohol users successfully completing treatment at 35.5% (in Q2 performance was 33%), although the target of 42% has not been met.

5.7.2 The numbers of people in alcohol treatment have risen from 470 in Q2 2020/21 to 540 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 and currently being promoted by substance misuse service providers, as well as on the council's website - "One You" and GP website

## **5.8 Key priorities for substance misuse and alcohol**

5.8.1 The key priorities for all substance misuse services going forward are very much aligned to Covid-19 recovery work:

- Ensuring that all critical face-to-face interventions are reinstated safely and as soon as possible. These include drug screening; blood borne virus screening.
- Working with commissioners and wider stakeholders to plan interventions/service developments as part of investment announced as part of the new National Drug Strategy and Dame Carol Black Independent Review.
- Reviewing the local analysis of drug/alcohol deaths among people known to treatment service covering the past 18 months; and working together (commissioners and services) to identify and implement recommendations for service delivery going forward.

## 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

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