ISLINGTON

Public Health
222 Upper Street, London N1 1XR

Report of: Public Health

Meeting of:	**Date:**	**Ward(s):**
Health and Social Care Scrutiny Committee	**4th October 2022**	**All**

Delete as appropriate	~~Exempt~~	Non-exempt

SUBJECT: Public Health Quarter 4 and End of Year 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 is 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 the Quarter 4 and end of year position 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.

2. Recommendations

2.1 To note performance against targets in Quarter 4 2021/22 for measures relating to Health and Independence.

2.2 To note performance against targets as an end of year review of 2021/2022 for measures relating to Health and Independence.

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	2019/20 Actual	2020/21 Actual	2021/22 Target	Q4 2021/22	On target?	Q4 last year	Better than Q4 last year?
HI1	Population vaccination coverage DTaP/IPV/Hib3 at age 12 months	New Corporate Target	84%	Recovery target	87%	N/A - Indicator for recovery	84%	Yes
HI2	Population vaccination coverage MMR2 (Age 5)	New Corporate Target	71%	Recovery target	70%	N/A - Indicator for recovery	71%	Similar
HI3	Number of child health clinics run per week (out of a pre-covid19 quota of 12/week).	New Corporate Target	11 clinics	Recovery target	12 clinics	N/A - Indicator for recovery	11	Same
HI4	Number of Long-Acting Reversible Contraception (LARC) prescriptions in local integrated sexual health services.	1335	881	1100	462	Yes	143	Yes
HI5	Percentage of smokers using stop smoking services who stop smoking (measured four weeks after quit date).	57%	58.3%	50%	66%	On	58%	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%	17%	Off	12%	Yes
HI7	Percentage of alcohol users who successfully complete the treatment plan.	42.9%	32.8%	42%	36.25%	Off	32.8%	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.

5.1.2 In quarter 4, 87% 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 primary immunisation levels are recovering, although remain significantly below the World Health Organisation's 95% coverage rate, which is the level giving protection to the whole community (also known as 'herd immunity').

5.1.3 The data is extracted from the local HealtheIntent childhood immunisation dashboard and represents children who were aged 1 in March 2022.This cohort of children were due their first vaccinations between June 2020 and July 2021, all within the pandemic period. Children who missed their vaccinations during that period would have been able to catch up at any time up to March 2022 and still be included in this data.

5.1.4 As a relatively new platform within primary care, HealtheIntent data provides daily updates on vaccination status, coding errors and overdue vaccinations to drive improvement to the childhood immunisation rates. The data reported nationally for Islington can differ from HealtheIntent data due to coding issues and data flows, however we believe the data platform provides the most accurate picture of local population coverage for 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. The data is extracted from the local HealtheIntent childhood immunisation dashboard, as per above indicator.

5.2.2 In quarter 4, 70% of 5-year-old children were fully vaccinated against MMR. This is a small increase from the previous quarter and is similar to the pre-pandemic plateau of around 70%. This data represents children who were aged 5 in March 2022 and were due their 2nd dose of MMR between August 2019 and July 2020 early in the pandemic. Catch up vaccinations are available at any time, and the data suggests that those who may have missed their scheduled dose have been able to catch up even with the impacts of Covid on access.

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 The challenges faced during this year include a backlog of children unvaccinated during the pandemic due to both pressure on services and some parental reluctance to access routine care during that period. While rates are recovering, we are still reviewing data for a cohort initially due their vaccinations during the pandemic, so there may still be an impact for some months to come.

5.3.3 The appointment of 3 childhood immunisation co-ordinators has provided valuable additional resource within primary care. The work of the immunisation leads will continue in focussing specifically on call/recall systems, the provision of information to parents, accessibility of clinics and accurate coding.

5.3.4 The key priority for Public Health Officers will be to continue to make every contact count in terms of childhood vaccinations, so that parents receive multiple reminders of the importance of vaccinations through early years services, while nursery and school entry are additional touchpoints for checking vaccination status and reminding parents to keep up to date with vaccinations.

5.3.5 Most recently, at the time of writing of this report, vaccination for all children aged 1-9 has been advised by the UK Health Security Agency and is being offered by the NHS during August and September. Although no cases of polio have been identified and the risk to the general population is assessed as low, this follows identification of traces of the polio virus in sewage samples in London, including Islington, which suggests that there is some person to person spread occurring. Polio is a safe and effective vaccine and gives a very high level of protection against the risk of polio.

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 Child Health Clinics (previously pre pandemic 13 weekly across the borough) provided easy drop-in access to the service and the clinics have always been well utilised by parents. The service has been able to increase the number of clinics per week to 12 by the end of the year, which is close to pre-pandemic levels.

5.4.3 Progress has been made over the last quarter to re-introduce some drop-in clinics, where these are held in children's centre. 4 of the 12 weekly clinics are drop-in. It is expected that drop-ins at those clinics in health centres will become available soon.

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 The key priorities for next year 2022 -2023 are;

- For all clinics to revert to drop-in facility. Some capacity for appointments may be retained to provide planned child health reviews.

- To monitor attendance numbers and adapt number and locations of clinics to the profile of demand and need.

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

5.5.1 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.

5.5.2 The local integrated sexual health 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.

5.5.3 During quarter 4, there were 462 LARC fittings compared to 517 in Q3. Although this represents a decrease in performance, this reflected the impact during the quarter of the wave of Covid Omicron infections and the service continues to prioritise increasing LARC in clinics with activity continuing an upward trajectory and returning to pre-covid levels ;2019/20 – 1853, 2020/21 – 1680, 2021/22 – 1857.

5.5.4 Despite the range of challenges to service delivery during the pandemic, the service has 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.

5.5.5 Performance in LARC has been positive locally. As we emerge from Covid-19 there are a number of key priority areas to focus on in 2022-23, including:

- Ensuring a high priority on LARC continues within sexual health services.
- Embed the new young people's sexual health service and support providers to increase LARC clinics for all ages.
- Review options with the NHS for a LARC Maternity Pathway to increase access.

<u>5.6 Percentage of smokers using stop smoking services who stop smoking (measured at four weeks after quit date). The annual target is 50%.</u>

5.6.1 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.

5.6.2 The success rate remained high and above target across the service for 2021-22. The quit rate overall for the year is 61.5%, which is above the annual target of 50%. In quarter 4, the four-week quit rate was the highest achieved in the year at 66%, higher than Q3 at 57% or when compared to Q4 in 2020-21 when the quit rate was 59%.

5.6.3 Smokefree pregnancy continued to be a strong focus for the service with excellent results. This work embedded within an NCL programme which drives improvements in how maternity services record smoking and support pregnant smokers to quit. 24 pregnant women accessed the service in Q4, more than double compared to Q3 (11) and the 4 and 12-week quit rates were very high at 70.8% and 62.5% respectively.

5.6.4 The North Central London (NCL) rate of smoking at delivery (SATOD) in Q4 (5.9%) is higher than in Q3 (4.8%) and it remained higher than the London rate (4.6%), and lower than England (9.4%). However, there was also better recording of SATOD across the system, as the rate of women with unknown smoking status in Q4 reduced to 1.8% from 2.3% in Q3. As part of the ongoing work to implement the NHS Plan for a smokefree pregnancy, a new pathway is being developed to include NHS-funded stop smoking support in secondary care with the aim to further reduce SATOD rates.

5.6.5 Breathe continues to work closely with the Whittington Hospital clinical teams and provides support to smokers on the wards.

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

5.7.1 '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.

5.7.2 In quarter 4, 17% of primary drug users successfully completed treatment, showing an increase from Q3 when the completion rate was 12.5 %. This does not meet the target of 20%, however, the Q4 performance shows a positive improvement in performance compared with recent quarters and is the highest since the pandemic begun.

5.7.3 There have been increases in the number of people in drug treatment over recent years, as well as in the complexity. For example, in Q4 2019/20 there were 966 people in drug treatment, 979 in the same period in 2020/21, increasing again to 1067 by Q4 this year. With the Everyone In initiative, there has been a significant increase in people using services with complex psych-social and drug use needs, in particular people who have been longer term and street homeless. Services have also retained people in care for longer to support access and continuity during the uncertainties and impacts of Covid. These factors have affected the percentage of people who have left treatment successfully.

5.7.4 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.

5.7.5 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. The focus is very much now on recovery.

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

5.8.1 In quarter 4, 36.25% of alcohol users successfully completed treatment, showing an increase from Q3 (35.5%) and Q2 (33.10%). This does not meet the target of 42%,

however, the Q4 performance shows an improvement in performance from earlier on in the year.

5.8.2 Just as the number of people entering drug treatment has increased, so has the number of people entering alcohol treatment. In quarter 4 2019/20 there were 565 people in alcohol treatment, 551 in the same period in 2020/21, increasing again to 640 by Q4 this year. It was anticipated that the numbers seeking support for alcohol use would increase this year due to the impact of increased drinking during the pandemic.

5.8.3 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

5.9 Key priorities for substance misuse and alcohol

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

- Ensuring that all face-to-face interventions continue to be 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 additional investment begins to become available as part of the National Drug Strategy and in continuing support for the larger and more complex cohort of people using services.
- Reviewing an analysis of drug/alcohol deaths in treatment service covering the past 18 months and working with services to identify lessons learned and recommendations for service delivery and reporting in the future.
- Reviewing a recent analysis of Audit C screening (a screening tool universally used to assess the impact/risk of someone's drinking) carried out by Islington GPs. This data will be used to identify practices where completion of Audit C's is lower and to raise awareness of the effectiveness of identify increasing risk of alcohol use at an earlier stage and referring to the appropriate services.

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: August 2022

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