Public Health

222 Upper Street

Report of: Acting Director of Public Health

Meeting of: Health and Care Scrutiny Committee

Date: 15 November 2022

Ward(s): All

Subject: Public Health Performance Q1 2022/23

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 1, 2022-2023 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 1 2022/23 for measures relating to Health and Independence.

2.2 To note performance against targets as an end of year review of 2022/2023 for measures relating to Health and Independence.

3. Background

3.1 A suite of corporate performance indicators has been agreed which help track progress in delivering the Council's strategic priorities. 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 can 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. Key Performance Indicators Relating to Public Health

4.1 Quarter 1 Performance Update – Public Health

PI No	Key Performance Indicator	Target 2022/23	2021/22 Actual	Q1 2022/23	On target?	Q1 last year	Better than Q1 last year?
HI1	Population vaccination coverage DTaP/IPV/Hib3 at age 12 months	Improvement to 21/22	85%	88%	Yes	84%	Yes
H12	Population vaccination coverage MMR2 (Age 5)	Improvement to 21/22	70%	70%	Yes	71%	Similar
H13	Health visiting performance of mandated visits - % new birth visits	95%	N/A new indicator	96%	Yes	N/A new indicator	N/A new indicator
HI4	% Of eligible population (40-74) who have received an NHS Health Check.	8.5%	N/A new indicator	2.4%	Yes	N/A new indicator	N/A new indicator
H15	% of smokers using stop smoking services who stop smoking	55%	61.5%	64.7%	Yes	62%	Yes

	(measured at four weeks after quit date)							
H16	No of people in treatment year to date:	Primary drug users	5% increase of 21-22 Q4 baseline -1017	N/A new indicator	788	Yes	N/A new indicator	N/A new indicator
		Primary alcohol users	5% increase of 21-22 Q4 baseline - 619	N/A new indicator	339	Yes	N/A new indicator	N/A new indicator
H17	% Of drug users in drug treatment who successfully complete treatment and do not re-present within six months		20%	14%	9.1%	No	13.2%	No
H18	% Of alcohol users who successfully complete the treatment plan.		42%	36%	34%	No	37%	No
H119	Mental health awareness and suicide prevention		624	N/A new indicator	101	No	N/A new indicator	N/A new indicator
HI10	Making Every Contact Count (MECC)		300	N/A new indicator	56	Yes	N/A new indicator	N/A new indicator
HI11	No of Long-Acting Reversible Contraception (LARC) prescriptions in local integrated sexual health services		1100	1857	553	Yes	426	Yes

5. Immunisation

5.1 HI1 - Population vaccination coverage DTaP/IPV/Hib3 at age 12 months.

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, and 4 months.

5.1.2 In Q1, 88% of children had a complete set of 6-in-1 vaccinations before the age of 1, which is a small increase of 1% on Q4 of 2021/22. The rates of primary vaccinations at age 1 have been gradually increasing over the last 3 quarters, suggesting some recovery from lowered rates during the pandemic.

5.1.3 The children covered by the data for this quarter were born throughout the pandemic (between July 2020 and June 2021) and are therefore likely to have missed or delayed early vaccinations due to difficulties accessing healthcare or fear of accessing healthcare. It is encouraging to see levels now above pre-pandemic levels, suggesting that the "catch-

up" messaging is reaching this cohort of parents, who are encouraged to bring their children for missed vaccinations at any age.

5.2 HI1 - Population vaccination coverage MMR2 (Age 5).

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 the above indicator.

5.2.2 In Q1, 70% of 5-year-old children were fully vaccinated against MMR. The percentage uptake is similar to Q4 21-22 and similar to the pre-pandemic plateau of 70%.

5.2.3 The data represents children who were aged 5 in June 2022 (i.e., aged between 5 and 5 years and 11 months). This cohort were due their 2nd dose of MMR (given at age 3 years and 4 months) between November 2019 and October 2020 – so the youngest of this cohort of children were due their second dose of the MMR vaccine during the first 6 months of the pandemic.

5.2.4 Catch-up for this cohort of children may prove a challenge, as they will have started school in either September 2020 or September 2021 (i.e., during the pandemic). Parents tend to see early childhood vaccinations as of less relevance once their child is of school age.

5.2.5 The NHS is contacting parents and caregivers of children who have missed one or both MMR doses via text, email, and letter to encourage them to schedule their child for an MMR vaccine.

5.3. Population vaccination coverage – key successes and priorities

5.3.1 Primary vaccinations are important in providing long-term protection to children against a number of dangerous diseases. Individual unvaccinated children are at risk from these diseases and when population levels of vaccination are low, outbreaks of infectious diseases are more likely and spread more easily through the unvaccinated population.

5.3.2 There is some concern that "vaccine fatigue" may weaken the impact of messaging, as flu and COVID become priorities over the winter. Going forward, the focus on the under-5 population will be targeted through early years services and networks, using the whole system to support the message that vaccines protect children.

5.3.3. Public Health Officers have also instigated measures to target children starting school and the importance of being up to date with childhood vaccinations which has been included in the primary school admissions brochure.

5.3.4 There is a London-wide push on polio vaccination and a further focus on childhood vaccinations since late August.

6. Children and Young People

6.1 Health visiting performance of mandated visits - % new birth visits

6.1.1 New birth visits are one of the mandated universal health checks carried out by health visiting services. New birth visits are carried out by a health visitor, usually within 10 to 14 days of the birth. They are the first of five key health and development reviews up to the age of 2 carried out by health visitors, and which are recommended for all babies and young children. They are intended to support the child and parent/s and check that development is on track. Parents and children who are more vulnerable may receive additional visits, and referrals can be made for extra help or support

6.1.2 The visit may happen in a number of locations, such as a clinic, children's centre, at home or at a GP surgery. During the visit, the health visitor can provide advice and support around a range of issues important for parents and their newborn baby. This includes information such as safe sleeping positions, vaccinations, infant feeding (breastfeeding, or bottle feeding), early development of the baby, and adjusting to life as a new parent, including emotional health and wellbeing.

6.1.3 During Q1 2022/23, 96% of babies and parent/s were seen by health visiting services, against a target of 95%. Equivalent national data is not available at the current time.

7. Healthy Behaviours/Lifestyle

7.1 Percentage of eligible population (40-74) who have received an NHS Health Check.

7.1.1 NHS Health Checks is a national prevention programme, which assesses the top seven risk factors associated with non-communicable disease and where appropriate, provides individuals with support and treatment. The programme aims to improve the health and wellbeing of adults (aged 40-74), through the promotion of early awareness, assessment, and management of major risk factors for cardiovascular disease (CVD).

7.1.2 In Islington, NHS Health Checks are provided through 31 GP practices across the borough via the Locally Commissioned Service (LCS) programme.

7.1.3 In Q1 ,2.4% (1,300) eligible residents received a health check against a full year target of 8.5%. This is a 59% increase in the number of NHS Health Checks delivered when compared to the same period last year (when 816 people received an NHS Health Check, compared to 1300 people in Q1 2022/23) and the same as the previous quarter (Q4).

7.1.4 This service is valuable to residents as it aims to identify individuals who are at risk of developing a cardiovascular disease (CVD). Evidence suggests that many long-term conditions can be avoided and that 85% of CVD is preventable.

7.1.5 The focus is to increase the uptake of the NHS Health Check offer though continued promotion and access to help reduce health inequalities in Islington.

7.2 Percentage of smokers using stop smoking services who stop smoking (measured at four weeks after quit date).

7.2.1 The community stop smoking service 'Breathe' offers behavioural support and provides stop smoking aids to people who live, work or study in Islington. The 3-tiered service model ensures that smokers receive the support that is appropriate for their needs and suited to their lifestyle. Breathe also trains, supports, and monitors a network of community pharmacies and GP practises to deliver stop smoking interventions under the Locally Commissioned Service provision (LCS).

7.2.2 In Q1, the number of smokers achieving the four-week quit rate was on target at 64.7% across the service. This is slightly lower than the previous period at 66% (Q4, 2021-22), but higher than this time last year (Q1 2021-22) when it was at 61.4%.

7.2.3 The post-pandemic recovery of smoking cessation activity in community pharmacies and GP practises was happening slowly during this quarter, with pressures affecting staffing and capacity (including Covid-related staff absences) able to support smoking cessation in these settings. However, among patients provided with support, specialist support in pharmacy settings, in particular, is achieving a high quit rate.

7.2.4 Smokefree pregnancy continues to be a strong focus and in Q1, 27 pregnant women accessed the service, with a high 4 week quit rate of 89% and 83% CO-verified quits (CO or carbon monoxide verification is a breath test that confirms a non-smoker).

7.2.5 Service users and residents in Islington are benefiting from a flexible, personalised service which now offers a hybrid service of in-person and remote appointments and the direct supply of postal nicotine replacement therapy. This model was developed following the successful implementation and in response to the pandemic. In-person support options and CO monitoring are also reinstated at some clinical settings and in the community (with the Breath van).

7.2.6 The focus for the next quarter is to continue to build strong referral pathways between community services and secondary care to support the implementation of the NHS Long Term Plan, which places tobacco dependency treatment at the heart of the NHS agenda. Furthermore, support will be given to GP and community pharmacy providers to increase capacity, training, and mentoring of their stop smoking advisors.

7.3 Substance Misuse: Number of people in treatment year to date;

- **Primary drug users,**
- **Primary alcohol users**

7.3.1 Better Lives is the integrated drug and alcohol treatment service in Islington. The service is commissioned to provide comprehensive support to 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)
- Education, training, and employment
- Family support service
- Psychiatric and psychological assessment and support.

7.3.2 In Q1, 788 people entered drug treatment and 339 entered alcohol treatment, showing a decrease when compared to the same period last year (1021) for drugs, while an increase for alcohol (257) for Q1, 2021/22. This can be attributed to services still managing the effects of the pandemic where there was a higher number of people in treatment due to increased demand at the end of 21/22.

7.3.3 A further increase in face-to-face delivery and group activities has been resumed to pre-pandemic frequency during this period and has resulted in better retention of service users within treatment.

7.3.4 In partnership with the Whittington Hospital, work has now re-started after interruptions caused by the pandemic. The service Better Lives is now attending regular Matron's meetings to identify residents with repeat admissions to Whittington due to drug or alcohol related issues.

7.3.5 An ECG machine is now located within the Better Lives site on Seven Sisters Road as a welcomed addition to the service offer. Previously, service users had to get an ECG request form from their keyworker to take to GP surgeries or the local hospital. This was not accessible during the pandemic, leading to further delays in treatment or necessitating a reduction in treatment dosage for safety due to non-completion of an ECG.

7.3.6 A range of groups were re-started this quarter. A new financial management group was also launched. The "Budgeting Group" will provide money-saving tips, prioritising spending, information on debt support services, and ways to save money. A number of complementary therapies also restarted this quarter, including yoga, tai-chi, and acupuncture. These therapies are all provided by local volunteers.

7.3.7 A key challenge is the on-staffing levels within the National Probation Service have caused some issues with having a dedicated point of contact for services and unclear pathways to escalate issues. Public Health Commissioners are supporting services by identifying alternative senior contacts within the service. Despite this, the co-location of drug and alcohol workers in the Probation Office at St John Street is working well with both services reporting the benefits of working together from the same premises.

7.4 Percentage of Percentage of drug and alcohol users in drug treatment who successfully complete treatment and do not re-present within 6 months).

7.4.1 In Q1, 9.1% of drug users in treatment successfully completed treatment and did not re-present within 6 months, against a target of 20%. 34% of alcohol users in

treatment successfully completed treatment and did not re-appear within 6 months, against a target of 42%.

7.4.2 Performance against both indicators has dropped from Q4 last year. This is an area of performance which commissioners will be reviewing with the service provider.

7.5 Substance Misuse Services - key priorities for the next quarter (2) 2022/23.

7.5.1 Public health commissioners are working with wider stakeholders to plan and implement interventions/service developments as a result of additional investment from the National Drug Strategy Programme. Additionally, work is underway to prepare for the implementation of the new integrated drug and alcohol service in April 2023.

7.5.2 Substance misuse services will support any local plans to ensure COVID and flu vaccinations are accessed by vulnerable and targeted groups.

8. Number of staff and volunteers completing training to support residents around their health and wellbeing.

8.1 Number of people receiving mental health awareness training.

8.1.1 Islington Mental Health Awareness and Suicide Prevention Training aims to deliver effective, evidence-based training that improves mental health awareness and skills to frontline staff, local communities, and others locally.

8.1.2 Islington has significantly higher levels of mental health need than other London boroughs and England, and there are considerable inequalities in mental health within the borough.

8 .1.3 In Q1, 101 people were trained against an annual target of 624. Rethink has planned course delivery across the year to account for peak periods and will address the lower group size of courses to move towards pre-pandemic levels of participation. The service has planned their first in-person open MHFA course on the 20th and 21st of July and will evaluate the return of face-to-face sessions to increase attendance rates.

8.1.4 This quarter's (Q1) successes include

- Open courses are fully booked.
- Delivery of 6 MHFA training sessions
- Requests and plans for the first in-person training sessions for Q2
- Improvements to Eventbrite and communication with delegates
- Camden and Islington promotional brochure was created.
- The DNA rate for Islington borough courses is very low (4.3%), which is an improvement over the annual rate of 29% last year.

8.2 Making Every Contact Count (MECC) – number of people trained in the programme.

8.2.1 Making Every Contact Count (MECC) is central to how we can better support residents to get the help they need earlier. The short (two-hour) training course provides staff with the skills, knowledge and confidence to spot opportunities in conversations with residents in order to signpost them to support related to health, wellbeing, money/debt advice and housing.

8.2.2 The training is available to all council, NHS and voluntary and community sector staff working or volunteering in the borough.

8.2.3 The number of staff and volunteers completing MECC training in Q1(56) was just below the quarterly target (75).

8.2.4 Over the summer, public health officers with the training provider have developed and launched a new version of the MECC training, covering the impacts of the cost-of-living crisis and how best to support and signpost residents who may be struggling financially.

8.2.5 Promotion of the training offer has been stepped up to ensure that the numbers completing the training remain on target for the year. The focus for the next quarter is to continue promotion of the new Cost of Living focused training, accompanied by targeted follow-up discussions with key frontline services to ensure good awareness and uptake of MECC training.

8.2.6 Feedback from participants completing the training remains very positive: "Simple, digestible information provided. Resources available for future use as well as the group format, which allows us to share experiences. "

9. Sexual Health Services

Number of Long-Acting Reversible Contraception (LARC) prescriptions in local integrated sexual health services.

9.1.1 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.

9.1.2 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 services for all issues related to sexually transmitted infections and sexual and reproductive health care.

9.1.3 In Q1, there were 553 LARC fittings. The service continues to perform positively and is on track to exceed performance for 22/23 based on their annual target of 1100.

9.1.4 Performance is also higher when compared to the previous quarter and to the same period last year, which were at 462 and 426 respectively and despite the service's prioritisation of mobilising Monkeypox diagnostics and vaccination clinics.

9.1.5 Islington continues a reduction in teenage pregnancies in Islington, with some of the lowest conception rates across London. A North Central London (NCL) LARC maternity group to implement a LARC pathway in maternity services has also now been established.

9.1.6 The focus for the next quarter is to continue to work with CNWL to prioritise LARC services and review the additional LARC capacity that was commissioned via Marie Stopes International (a termination of pregnancy provider) during the pandemic and assess if this activity can be brought back into local sexual health provision.

10. Implications

10.1 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.

10.2 Legal Implications:

There are no legal implications arising from this report.

10.3 Environmental Implications and contribution to achieving a net zero carbon Islington by 2030:

There is no environmental impact arising from monitoring performance.

10.4 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.

11. 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

Nurullah Turan Date: 7 November 2022

Corporate Director and Exec Member

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