

Public Health

222 Upper Street

Report of: Acting Director of Public Health

Meeting of: Health and Care Scrutiny Committee

Date: 9 March 2023

Ward(s): All

Public Health Performance Q2, 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 2, 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 2 2022/23 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 2 Performance Update – Public Health

PI No	Key Performance Indicator	Target 2022/23	2021/22 Actual	Q1 2022/23	Q2 2022/23	On target?	Q2 last year	Better than Q2 last year?	
HI1	Population vaccination coverage DTaP/IPV/Hib3 at age 12 months	Improvement to 21/22	85%	88%	89%	On	83%	Yes	
H12	Population vaccination coverage MMR2 (Age 5)	Improvement to 21/22	70%	70%	69%	On	68%	Yes	
H13	Health visiting performance of mandated visits - % new birth visits	95%	N/A new indicator	96%	95%	On	N/A new indicator	N/A new indicator	
HI4	% Of eligible population (40-74) who have received an NHS Health Check.	8.50%	N/A new indicator	2.40%	3%	On	N/A new indicator	N/A new indicator	
H15	% of smokers using stop smoking services who stop smoking (measured at four weeks after quit date)	55%	61.50%	64.70%	68.80%	On	61%	Yes	
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	823	On	N/A new indicator	N/A new indicator
		Primary alcohol users	5% increase of 21-22 Q4 baseline - 619	N/A new indicator	339	355	On	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%	9.10%	7.60%	Off	13.80%	No	
H18	% Of alcohol users who successfully complete the treatment plan.	42%	36%	34%	37.90%	On	33%	Yes	
H119	Mental health awareness and suicide prevention	624	N/A new indicator	101	140	Off	N/A new indicator	N/A new indicator	
HI10	Making Every Contact Count (MECC)	300	N/A new indicator	56	78	On	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	386	On	452	No	

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 scheduled as 3 doses at ages 2, 3, and 4 months. The data is extracted from the local HealtheIntent childhood immunisation dashboard.

5.1.2 In Q2, 89% of children had a complete set of 6-in-1 vaccinations before the age of 1. This is similar to Q1 2022/23 (88%) but rates of primary vaccinations at age 1 have gradually increased over the last 4 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 October 2020 and Sept 2021) and therefore may have missed or delayed early vaccinations due to difficulties 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.

5.1.4 Targeting of messaging through the early years systems on the importance of catching-up on any missed vaccinations has continued and has slowly increased rates over the last few quarters. When compared with pre-covid 19 rates (84% in Q3 2019/20) indicate that primary immunisation levels are recovering and parents are encouraged to bring their children for missed vaccinations at any age.

5.2 HI2 - Population vaccination coverage Measles, Mumps and Rubella (MMR) (Age 5).

5.2.1 The MMR vaccine (measles, mumps and rubella) is given in 2 doses, at age 12 months and at age 3 years and 4 months. This indicator is based on the percentage of children aged 5 who have had both doses of MMR. The data given here is extracted from the local HealtheIntent childhood immunisation dashboard.

5.2.2 In Q2, 69% of children aged 5 had received both doses of the MMR vaccination. The percentage uptake is similar to Q1 22-23 and similar to the pre-pandemic plateau of 70%. The uptake of the MMR vaccine is similar to the same period last year for Q2 21/22 at 68%.

5.2.3 The children covered by the data for this quarter were due their second dose of MMR during the first year of the pandemic (between February 2020 and January 2021) and therefore may have been more likely to have missed or delayed vaccinations due to difficulties or fear of accessing healthcare during the pandemic.

5.2.4 Public Health officers are aware many families access this second vaccination late. Some of the opportunity time for catch-up will have been during the later stages of the COVID-19 pandemic when access to healthcare continued to be disrupted.

5.2.5 Catch-up for this cohort of children may prove a challenge, as they will have started school in 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.

5.2.6 The targeting of messaging through early years systems on the importance of catching-up on any missed vaccinations has continued. We have also instigated measures to target children starting school and the importance of being up to date with childhood vaccinations has been included in the [primary school admissions brochure](#).

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 The London-wide push on polio vaccination led to a further focus on childhood vaccinations during late August and September. There is some concern that potential “vaccine fatigue” may weaken the impact of messaging, as flu and COVID - 19 become priorities over the winter.

5.3.3 A national MMR catch-up campaign was launched (September 2022) for children aged 1-6. The NHS is contacting parents and carers of children who had missed one or both doses of MMR by text, email and letter encouraging families to book their child in for an MMR vaccine. The impact of this campaign may have affected the focus on polio catch-up during the autumn of 2022.

5.3.4 National and regional planning for further catch up on childhood vaccinations in 2023 is underway. Locally, the focus on the under-5 population is targeted through early years services and networks, using the whole system to support the messaging that vaccines protect children.

5.3.5 Public Health intend to deliver a survey of parental views on childhood vaccinations in January. The findings from this survey will help us to understand what influences parents locally in their decisions around vaccinations and where delivery barriers may impact on uptake.

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 which are recommended for all babies and young children.

6.1.2 The visit may happen in a number of settings, such as a clinic, children's centre, at home or at a GP surgery. Parents and children who are more vulnerable may receive additional visits and referrals can be made for extra help or support.

6.1.3 The health visitor can provide advice and support around a range of issues important for parents and their new-born 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.

6.1.4 In Q2, 95% (533/562) of babies received a New Birth Visit within the specified time frame. 24 were seen after 14 days (of whom 10 babies were in hospital). Including late visits, 99% of babies were seen and exception reporting accounted for all children.

6.1.5 The vast majority of visits (99%) were carried out at home, which both supports families within their own environment and enables health visitors to assess the environment in which the baby is living and if any risks may be present. Reasons for conducting the review remotely include COVID-19 quarantining.

6.1.6 In the previous quarter (Q1 22-23), 96% of babies were seen within 14 days of birth, with 21 babies seen after 14 days.

6.1.7 The focus for the next quarter is to ensure that performance remains high and that face-face visits in the home are the standard.

7. Healthy Behaviours/Lifestyle

7.1 Percentage of eligible population (aged 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 GP practices across the borough via the Locally Commissioned Service (LCS) programme.

7.1.3 During Q2, 3% (1,807) eligible residents received a health check against a whole year target of 8.5%. This is a 39% increase in the number of NHS Health Checks delivered when compared to the previous quarter (1,807 compared to 1,300).

7.1.4 The number of NHS Health Checks delivered has continued to increase since Q2 2021/22. The latest performance (1,807) is also higher when compared with pre COVID-19 pandemic times (based on Q2 2019/22 - 1,694).

7.1.5 This service is valuable to residents as it aims to identify individuals who are at risk of developing a cardiovascular disease. Evidence suggests that many long-term conditions can be avoided and that 85% of CVD is preventable. The national programme objectives include the aim to reduce inequalities in the distribution and burden of behavioural risks, related conditions and multiple morbidities by identifying residents earlier who are at risk of developing CVD.

7.1.6 The focus for the next quarter is to maintain the uptake of the NHS Health Check offer.

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 practices to deliver stop smoking interventions under the Locally Commissioned Service provision (LCS).

7.2.2 In Q2, the number of smokers achieving the four-week quit rate was on target at 68.8% across the service. This is higher than the previous period at 64.7% (Q1) and when compared to this time last year when it was at 61%.

7.2.3 62.4% of all 4-week quits were achieved by the community service with a quit rate of 71%. 11.6% of these quits were delivered in partnership with the Whittington Health Respiratory Team. The community service is well placed to reach smokers from target populations and is working closely with hospitals to support the implementation of the NHS Long Term Plan goals; to improve access to support to quit within NHS services.

7.2.4 The service is successfully reaching socio-economic groups that have health inequalities due to higher smoking rates. 73.3% of successful quits were amongst residents in groups with the highest smoking rates in the borough (including those who are sick, disabled, or unable to work, long-term unemployed and routine and manual workers).

7.2.5 Smokefree pregnancy continued to be a strong focus for the service with excellent results in Q2. This work is embedded within an NCL programme which drives improvements in how maternity services record smoking and support pregnant smokers to quit. 27 pregnant women accessed the service in Q2, same as last quarter. The 4-week quit rate continues to be very high at 85% in quarter 2, with 43.5% *CO-verified quits.

**CO or carbon monoxide verification is a breath test that confirms a non-smoker.*

7.2.6 The post-pandemic recovery of smoking cessation activity in community pharmacies and GP practices was not yet evident during this quarter: similar to lower levels of activity to Q1 where noted. System pressures are affecting staffing, capacity and prioritisation of smoking cessation in these settings. However, specialist targeted support in pharmacy settings is achieving an excellent quit rate (84.6%), although numbers of service users remain lower than pre-pandemic.

7.2.7 The focus for the next quarter (Q3) is to:

- continue to build strong referral pathways with secondary care,
- support LCS providers to increase capacity through training and mentoring of their stop smoking advisors,
- increase options for face-to-face service locations whilst continuing to offer a flexible person-centred service,
- increase take-up of CO verification by service users.

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 Q2, the number of people in drug treatment is 823 and the number of people in alcohol treatment is 355.

7.3.3 This indicator is measured by year to date (rolling 12-month indicator); therefore, in Q2, this includes all clients currently in treatment (who were in treatment the previous year) and all clients who are new to treatment in the current year. Therefore, it may be more useful to compare with the same period last year

(Q2 from 2021/22) where the number of drug users was 949 and alcohol users was 470. This shows a decrease in both the numbers of people in drug and alcohol treatment from the same period last year. However, at the end of 21/22 services were still managing higher numbers of people in treatment as a result of increased demand, caused to some extent by the impact of the pandemic.

7.3.4 During quarter 2, further increase in face-to-face delivery and groups/activities returned to their pre-pandemic frequency. A number of groups were re-started this quarter which includes a literacy programme run by volunteers. The sessions offer support to service users with any/all literacy concerns, including help with CV writing, completion of forms, support with reading and writing. The service also offers reading coaches who offer 1:1 sessions around improving reading and numeracy and free support/sessions around using technology.

7.3.5 The service's gardening group 'Gardening for Health' was entered into the Royal College of Psychiatrist Awards 2022 and won the 'Outstanding Commitment to Sustainability /Green Care' award.

7.3.6 The service has been liaising with Islington's Mental Health Crisis Team to refresh and develop joint working protocols, making the referral pathway into the service easier for Better Lives service users. Better Lives are planning to train crisis team clinicians to dispense naloxone to service users who are known to use opiates or are known to spend time with opiate users to administer naloxone if needed. (Naloxone is medication that can be administered to immediately reverse the effects of an opiate overdose).

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 Q2, 7.6 % of drug users in treatment successfully completed treatment and did not re-present within 6 months, against a target of 20%. 37.9% of alcohol users in treatment successfully completed treatment and did not re-present within 6 months, against a target of 42%. These and other drug and alcohol misuse figures are likely to have been affected by a major outage of the service's case management system and so should be interpreted with caution.

7.4.2 The performance during this quarter highlights the percentage of drug users who successfully complete treatment has dropped from Q1 (9.1%) but was higher for alcohol users (34%). Performance against the same indicators compared to the same quarter last year, also showed a drop for drug users but an increase for alcohol users.

7.5 Substance Misuse Services - key priorities for the next quarter (Q3) 2022/23.

7.5.1 Turnover among some key personnel in partner agencies has created some short-term challenges in communication and pathways. The staffing challenges within the National Probation Service has continued to cause some issues with

having a dedicated point of contact for services and pathways to escalate issues if they arise. Commissioners have been working with services to identify new and senior contacts. Despite this challenge, the co-location of drug and alcohol workers in the Probation Office at St John Street is working well and both services report the benefits of working together from the same premises.

7.5.2 There have been several staffing changes within the drug and alcohol service located in HMP Pentonville, which is separately commissioned by NHS London. Local commissioners have been supporting services to identify new key contacts as part of a continuous support offer for those being released from prison.

7.5.3 The service has experienced severe outage issues with their case management system since the summer which has resulted in incomplete data being submitted and impacted on the reporting of performance indicators. It is expected that this will have been substantially addressed for in time for the Q3 report.

7.5.4 The focus for the next quarter (Q3, October – December 2022):

- Working with wider stakeholders to plan and implement interventions/service developments as a result of additional investment from the National Drug Strategy.
- Resolving issues with the service's case management system and implementing a new system (RIO) to ensure consistency of performance monitoring.
- Substance misuse services will support any local plans to ensure COVID -19 and flu vaccinations are accessed by vulnerable/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 for 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 Q2, 140 people were trained from Islington. When compared to the previous quarter, this represents an increase in the number of people trained in Islington compared to Q1 22/23 where performance was at 101 for Q1.

8.1.4 Successes for this quarter;

- Courses continue to be fully booked and there is a high level of advance booking for the next quarter.
- Delivery of some face-to-face training has recommenced for the Mental Health First Aid and Mental Health Awareness courses.

- Camden and Islington specific promotional brochures created and distributed.
- Improvements have been made to the Eventbrite booking system and communication with delegates to enhance attendance improved.

8.1.5 Benefits /impact for service users /residents include: all delegates who completed feedback forms agreed that they found the training useful; 91% reported they will change the way they work as a result of the training; 90% stated the training will have a positive impact on the culture and practice of their workplace in relation to mental health and wellbeing.

8.1.6 DNA (Did Not Attend) rates have been an issue, particularly due to the effects of the pandemic and resulting in lower-than-expected numbers of people trained in recent years. This is improving and there was a particular improvement to attendance rates of the Samaritans' course, which can be attributed to the promotion of the courses, a new brochure and publicising the training on World Suicide Prevention Day to reach a wider audience.

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 best support residents to get help for issues affecting their health and wellbeing. The short training courses provide staff with the skills, knowledge and confidence to spot opportunities in the conversations they are already having with residents to signpost them to support. The training is available to all council, NHS, voluntary and community sector staff.

8.2.2 Public Health currently offer three courses under the MECC umbrella. These include:

- The Cost of Living and MECC - a one hour course focussed on supporting residents struggling financially.
- Good Conversations for MECC - a two-hour course focussed on building good communication skills and how to support residents across a range of issues that affecting their health and wellbeing.
- The Basics of Motivational Interviewing – a three-hour course for staff or volunteers who are having longer conversations with residents, to support them in making changes to improve their health or wellbeing.

8.2.3 The number of staff and volunteers completing MECC training in Q2 is 78 and above the quarterly target (75), in part linked to the launch of the new MECC Cost of Living training offer in July 2022. This is also significantly higher than the previous quarter 1 when 56 people completed the training.

8.2.4 There has been good uptake across sectors this quarter with:

- 41% of training participants from council departments;
- 37% of participants were from local voluntary and community sector organisations;
- 12% from the NHS;
- 10% from local businesses.

8.2.5 Feedback from participants remains consistently positive. A 100% of training participants agreed or strongly agreed that they would use the tools and techniques learned in the training. Comments included: "Useful, practical and succinct training", "Useful strategies to engage with clients" and "Lots of interesting resources that I was not aware of".

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 Q2, there were 386 LARC fittings with the service.

9.1.4 Performance was lower when compared to Q1 (553 LARC fittings), but is higher than the same quarter last year (327 LARC fittings). During Q2, CNWL and many other sexual health services were heavily impacted by the need to mobilise and respond rapidly to the Mpx outbreak which primarily occurred among gay, bisexual and other men who have sex with men. However, the service remains on track to exceed their annual target of 1100 LARC fittings for 22/23.

9.1.5 Access to LARC services has been sustained. The services continue to be open access and patients can be seen whether they live or work in the borough or are travelling through. There is focus on reviewing and assessing LARC offer through other settings in the community, such as via GP surgeries and health centres.

Report end.

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:

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