Public Health

222 Upper Street

Report of: Acting Director of Public Health

Meeting of: Health and Care Scrutiny Committee

Date: 3 July 2023

Ward(s): All

Public Health Performance Q3, 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 3, 2022-2023 (reported one quarter in arrears due to reporting data lags), progress against targets for those performance indicators that fall within the Health and Social Care outcome area, and for which the Health and Social Care Scrutiny Committee has responsibility.

2. Recommendations

2.1 To note performance against targets in quarter 3 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.

Public Health Performance Q3, 2022/23

4. Key Performance Indicators Relating to Public Health

PI No	Key Performance Indicator		Target 2022/23	2021/22 Actual	Q1 2022/23	Q2 2022/23	Q3 2022/23	On target?	Q3 last year	Better than Q3 last year?
HI1	Population vaccination coverage DTaP/IPV/Hib3 at age 12 months		Improvement to 21/22	85%	88%	89%	**89%**	Yes	85%	Yes
H12	Population vaccination coverage MMR2 (Age 5)		Improvement to 21/22	70%	70%	69%	**70%**	Yes	69%	Similar
H13	Health visiting performance of mandated visits - % new birth visits		95%	N/A new indicator	96%	95%	**95%**	Yes	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%	**2.7%**	Yes	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%	62%	65%	69%	**57%**	Yes	57%	Similar
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	**921**	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	355	**473**	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%	8%	**7%**	No	14%	No
H18	% Of alcohol users who successfully complete the treatment plan.		42%	36%	34%	38%	**38%**	Yes	33%	Yes
H119	Mental health awareness and suicide prevention		624	N/A new indicator	101	140	**115**	No	N/A new indicator	N/A new indicator
HI10	Making Every Contact Count (MECC)		300	N/A new indicator	56	78	**110**	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	386	**423**	Yes	517	No

Quarter 3 Performance Update – Public Health

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 Q3, 89% of children had a complete set of 6-in-1 vaccinations before the age of 1 and were mostly born during the pandemic (between January 2021 and December 2021), and therefore may have missed or delayed early vaccinations due to difficulties or concerns about accessing healthcare during that period.

5.1.3 There has been an increase over the last four quarters. The data indicates that primary immunisation levels are recovering when compared with pre-COVID-19 rates (84% in Q3 2019/20). This can be attributed to the delivery of targeted messaging through early years systems; encouraging the "catch-up" messaging on missed vaccinations in reaching this cohort of parents.

5.1.4 Please note the data reported nationally for Islington can differ from the local HealtheIntent data presented in this report due to coding issues and data flows. The local data is used in this report since it is more accurate.

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 Q3, 70% of children aged 5 had received both doses of the MMR vaccination. The uptake is the same as Q2 22-23 as well as the pre-pandemic plateau of 70%, and similar when compared to Q3 in 21-22 (69%). Uptake of the first dose of MMR for children aged 2 years during the same quarter was 86%.

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 May 2020 and April 2021), and therefore may have missed or delayed vaccinations due to difficulties or concerns about accessing healthcare during that period.

5.2.4 Prompted by concerns about levels of MMR vaccination, which have now been well below 'herd immunity' levels for several years, a national NHS MMR catch-up campaign was launched in September 2022 for children aged 1-6. The NHS contacted 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 the vaccine. In London, the impact of this campaign may have been affected by the focus on polio vaccination catch-up during the autumn of 2022. The impact of the national catch-up campaign would begin to feed through from the next reported period, Q4 of 2022-23.

5.2.5 Local messaging for parents and carers through the early years systems on the importance of vaccinations has been an ongoing programme of activity. Information about the importance of childhood vaccinations was included in the primary school admissions brochure. However, there are challenges for this cohort of children, as many will have started school during the pandemic. Parents may view early childhood vaccinations as less relevant once their child is of school age.

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 (after polio was detected in wastewater samples taken over several months earlier in the year) led to a further focus on childhood vaccinations during the autumn of 2022. There was some concern that "vaccine fatigue" may have weakened the impact of messaging, as flu and Covid -19 become priorities over the winter.

5.3.3. A local survey of parental views on childhood vaccinations is currently being analysed. The findings from this survey will help us to understand what influences parents in their decisions around vaccinations and where delivery barriers may impact on uptake.

5.3.4 The NHS North Central London Integrated Commissioning Board (ICB) is providing local funding in support of actions to address vaccine inequalities. The project will focus on a targeted call-recall process for unvaccinated or under-vaccinated children, increased capacity through enhanced primary care access, and working with existing networks of parent-champions to spread trustworthy messaging as well as linking in with other activities (such as Help on Your Doorstep) to disseminate information more widely.

6. Children and Young People

6.1 Health visiting performance of mandated visits - % New Birth Visits (NVB)

6.1.1 New Birth Visits are one of the mandated universal health checks carried out by health visiting services, usually within 10 to 14 days of the birth. They are the first of the 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 several settings, such as a clinic, a 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 and 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 Q3, 95% (568/600) of babies received a New Birth Visit within the specified time frame. 28 were seen after 14 days (of whom 13 babies were still in hospital). Including late visits, 99% of babies were seen and exception reporting accounted for all children. Overall, the service achieved a good level of delivery of New Birth Visits and is meeting its target for 2022/23.

6.1.5 The vast majority of visits (560) 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. Any reasons for conducting the review remotely include Covid-19 quarantining. The proportion of visits carried out at home during Q3 was slightly lower than Q2 (93% compared with 99%), which may have reflected short term staffing shortages during this period, as well as the Christmas and New Year period, family preferences and holidays.

6.1.6 Exception reports accounted for every baby not seen or seen after 14 days, which allows the service to review and assess how it is performing. Islington's 95% compares to a national average of 80% of babies seen within 14 days (in Q2 22-23 – latest available data) and a London average of 82% (in Q1 22-23 – latest available data). As well as local performance reporting, the data contributes to the national quarterly and annual reporting of Health visitor service delivery metrics which form part of the government's child and maternal health statistics.

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

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 aims to improve the health and wellbeing of adults (aged 40-74), through advice and the promotion of early awareness, assessment, and where needed, treatment and management of the 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 Q3, 2.7% of the eligible residents (1,464 patients) received a health check against a whole year target of 8.5%. This shows, this indicator is on course for achieving this year's target.

7.1.4 The number of health checks performed during the quarter was lower than the previous quarter (1,464 compared to 1,806) but compares favourably with pre-Covid levels of activity and despite the significant impacts of winter health pressures on primary care.

7.1.5 This service is valuable to residents as it aims to identify individuals who are at risk of developing a cardiovascular disease or who may have an undiagnosed condition. Evidence suggests that many long-term conditions can be avoided and that 85% of CVD is preventable; early diagnosis and management of CVD and related conditions in primary care before more serious disease or complications develop is highly effective.

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

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. 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 Q3, the success rate was slightly higher than the target across the service (57% compared with a target of 55%), but lower than in some recent quarters including the previous quarter when the rate was 69%. The rate of 57% is similar to Q3 last year.

7.2.3 The community service is well placed to reach smokers from target populations, working closely with secondary care trusts. This supports the implementation of the NHS Long Term Plan in improving access to support to quit within NHS services. There is increasing work between the service and hospitals; during Q3, 6% of quits were delivered in partnership with Whittington Health's respiratory team. In total, over half (55%) of successful quits were in residents from groups or areas 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).

7.2.4 Smokefree pregnancy continued to be a strong focus for the service with excellent results in Q3. This work is embedded within the North Central London (NCL) programme which drives improvements in how maternity services record smoking and support pregnant smokers to quit. 21 pregnant women accessed the service in Q3, slightly less than last quarter. The 4-week quit rate was exceptional at 81% in quarter 3, with 65% CO-verified quits. CO verification has increased significantly from Q2 (44%).

7.2.5 The post-pandemic recovery of smoking cessation activity in community pharmacies and GP practices remains a concern: in Q3, levels of activity in primary care settings continued to be well below pre-Covid levels whereas some other public health services in primary care, such as health checks, have notably improved. System pressures are affecting staffing, capacity, and prioritisation of smoking cessation in these settings.

7.2.6 The focus for the next quarter (Q4) is to:

- Increase opportunities to reach smokers during the New Year and No Smoking Day campaigns.
- 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 <u>Substance Misuse: Number of people in treatment year to date</u>.

- **<u>Primary drug users,</u>**
- **<u>Primary alcohol users</u>**

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 Q3, the number of people in drug treatment was at 921 and the number of people in alcohol treatment at 473. The indicator is measured year to date, and therefore covers people seen by the service since the start of April 2022.

7.3.3 During the pandemic treatment facilities kept people under their care for longer periods of time to ensure service users had continual support. Services have now largely returned to pre-Covid operation, with greater scope to help support people move on from the service into linked structures or pathways of support.

7.3.4 Overall progress in 2022/23 year to date suggests that the service will achieve its full year goal for service users engaged in treatment support for drug use, and if the momentum in Q3 is maintained, also for alcohol use.

7.4 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 Q3, 7% of drug users in treatment successfully completed treatment and did not re-present within 6 months, against a local target of 20%. 38% of alcohol users in treatment successfully completed treatment and did not re-present within 6 months and against the local target of 42%. The equivalent national outcome figures for Q3 were 10% and 36% respectively.

7.4.2 Successful completion of alcohol treatment is showing improvement in year and compared with last year. Successful completion of drug treatment reported so far in 2022/23 has been notably lower than in 2021/22, albeit noting the impact of Covid -19 in the previous year. Underneath the overall drug treatment outcome figure, there is an improvement in performance over a number of linked outcomes such as housing, abstinence rates and unplanned exits.

7.4.3 It is important to note that this is a challenging performance indicator, especially for opiate drug users themselves, and that drug treatment outcomes are notably higher for non-opiate than opiate users. The National Drug Treatment and Monitoring System (NDTMS) uses a definition of successful completion of treatment for opiate use as being drug-free, which includes being free from opiate substitute therapy (OST) medication. The prescription of OST is an evidence-based part of treatment and can enable individuals who may otherwise struggle to give up opiate drug use to live a fuller and healthier life. It significantly reduces the risk of harm and has important social benefits but would not be considered a successful completion by this definition. People can remain stable on OST for extended periods of time.

7.4.4 New outcome measures are being introduced nationally from April 2023 which will take into account OST as part of recovery progress. This presents an opportunity to refresh this indicator for the following reporting yearly cycle 23/24.

7.5 Substance misuse services summary and key issues for Q3

7.5.1. The service has increased face-to-face delivery and returned to a pre-pandemic frequency. There is further work underway to help manage co-morbidities for people with drug and alcohol use problems. For example, there is increased risk of early lung health conditions. A newly established pilot Pulmonary Rehabilitation programme with the NHS North Central London Inequalities Team is now in place. So far, fifteen service users have been referred, with one cohort now completing the six-week programme. The programme includes GP's who identify suitable service users for referral.

7.5.2 The use of peer mentors in running service user-led groups (Peer led support group and the mutual recovery group) has increased. Peer mentors are now present within the induction group, women's group and 'Starting My Recovery' sessions. The Peer mentor contacts with service users this quarter is as follows:

- Groups – 87 contacts
- Events – 72 contacts

7.5.3 Public Health Officers have also been collaborating with services to promote and support the relaunch of the service user forum Islington Clients of Drug and Alcohol Services (ICDAS). This aims to increase its membership, building the group's capacity and its diversity.

7.5.4 The co-location of drug and alcohol support staff with colleagues from the Probation service continues to facilitate more joined-up support for people in the criminal justice system, including those leaving prison. There has been an on-going staffing turnover within the National Probation Service, which means it has been difficult to sustain a dedicated point of contact for services. Public Health Officers continue to work with services and the local probation service by identifying the right contacts or pathways within the service when needed.

7.6 Key priorities for the next quarter (Q3) 2022/23.

7.6.1 The focus for the next quarter (Q4 January – March 2023):

- Public Health officers will be collaborating with wider stakeholders to plan, implement interventions and service improvement using the anticipated additional investment from the National Drug Strategy. The focus for 2023/24 will be specifically on increasing the numbers of people accessing treatment, primarily via the criminal justice system and through the NHS, and via community pathways.

- Planning to report against new recovery progress outcomes which will be mandated after April 2023. The development of the new treatment measure will broaden the focus from successful completion of treatment to include treatment progress.

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 The Mental Health Awareness and Suicide Prevention Training courses aims to deliver effective, evidence-based courses that improve mental health awareness and support the development of relevant skills amongst frontline staff, local communities and others in Islington.

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

8.1.3 In Q3, a total of 115 people were trained in Islington, with the achievement of a pass rate of 72.7% for MHFA courses. This is very similar to the total number trained during quarter 2 which was at 118 people, with the service on track to achieve their course delivery forecast for the year. A total of 84 courses have already been booked and/or delivered for 2022/23 so far, higher than the total number of courses delivered for 2021/22.

8.1.4 The previous challenge of Do Not Attend (DNA) % has been reduced this quarter to 34.3% when compared with the previous period (Q2, when it was 41.8%). However, lower average group sizes for courses persist, translating to below-target numbers of people trained. This is despite course delivery targets being well on track.

8.1.5 The service provider continues to focus on seeking ways to increase the average group size so that the numbers of people trained are optimised, as well as continuing to utilise a range of measures to decrease DNA rates.

8.1.6 As in previous quarters, 100% of delegates who completed course feedback forms said that 'the training met their expectations and that they found the training useful'. The vast majority of respondents said they would change the way they work because of the training and felt that the training would have a positive impact on the culture and practise of their workplace in relation to mental health and wellbeing.

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 In quarter 3, 110 staff and volunteers from Islington completed the MECC training, compared with 78 the previous quarter, 46 in Q3 of the previous year, and

exceeding the quarterly target by 35 participants. There were particularly high levels of engagement with our 'Cost of Living' focussed MECC training course during this quarter.

8.2.3 The feedback from participants remains very positive. 100% of training participants agreed or strongly agreed that they would use the tools and techniques learned in the training. Comments included:

> - '*Very up to date information and the scenarios that help put things into place on how you can use this in your job role.'*
>
> - *'Really helpful - good to reflect on how important conversations are and how a short conversation can help people link up to services.'*

8.2.4 The focus for the next quarter is to continue promotional activity, alongside gathering feedback on the current MECC courses to help with future planning of the programme. Public Health Officers will also review the service for re- commissioning of this public health offer.

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 an effective contraceptive used to prevent unintended pregnancy. Sexual health services offer support to women in understanding the benefits and drawbacks of the range of contraception available in order to help identify the right contraceptive choice.

9.1.2 LARC is available through the 'Integrated Sexual Health' service, delivered by Central and North West London NHS Trust (CNWL). Sexual health services are open access and provide a number of services in addition to LARC, such as testing and treatment for sexually transmitted infections, sexual health advice, emergency hormonal contraception, anti-HIV Pre-Exposure Prophylaxis (PrEP) and other forms of contraception.

9.1.3 In addition to open access sexual health services, LARC is also available in primary care through a Locally Commissioned Service (LCS) agreement, funded through Public Health.

9.1.4 In Q3 2022/23, CNWL provided LARC to 423 women which is higher than the previous quarter of 386 (Q2).

9.1.5 The service has provided LARC to over 1300 women so far this year (Q1-Q3) and has already exceeded the full-year target of 1100.

9.1.6 When comparing to the same period last year, performance has remained stable (423 and 517 respectively).

9.1.7 LARC methods prevent pregnancy for an extended period after fitting and are more reliable than user-dependent methods, such as oral contraceptives, which require a daily tablet.

9.1.8 Recent data to enable comparison against other areas is not available. The latest published data is from 2021, when services were still experiencing the impacts of the Covid -19 pandemic. That data shows the rate of LARC prescribing in Islington was higher than the rate in London, but below the rate in England.

9.1.9 Public Health Officers continue to have a focus on increasing LARC uptake in all service areas and are currently developing LARC maternity pathways at the University College London Hospital Trust (UCLH).

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 Equalities 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. An Equalities Impact Assessment is not required in relation to this report.

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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