ISLINGTON
For a more equal future

Public Health

222 Upper Street

Report of: Director of Public Health

Meeting of: Health and Care Scrutiny Committee

Date: October 2023

Ward(s): All

Public Health Performance Q4 and End of Year 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 4 and end of year 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 4 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 Q4, 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	Q4 2022/23	On target?	Q4 last year	Better than Q4 last year?	End of year position 22/23
HI1	Population vaccination coverage DTaP/IPV/Hib3 at age 12 months		Improvement to 21/22	85%	88%	89%	89%	**88%**	Yes	87%	Yes	**89%**
H12	Population vaccination coverage MMR2 (Age 5)		Improvement to 21/22	70%	70%	69%	70%	**69%**	Yes	70%	Same	**70%**
H13	Health visiting performance of mandated visits - % new birth visits		95%	N/A new indicator	96%	95%	95%	**94%**	Yes	N/A new indicator	Same	**95%**
HI4	% Of eligible population (40-74) who have received an NHS Health Check.		8.5%	N/A new indicator	2.4%	3%	2.7%	**4%**	Yes	N/A new indicator	Yes	**12.1%**
H15	% Of smokers using stop smoking services who stop smoking (measured at four weeks after quit date)		55%	62%	65%	69%	57%	**57%**	Yes	66%	Yes	**62%**
H16	No of people in treatment year to date:	Primary drug users	5% increase of 21-22 Q4 baseline - 1306	N/A new indicator	857	885	1041	**1076**	No	1244	No	**1076**
		Primary alcohol users	5% increase of 21-22 Q4 baseline - 412	N/A new indicator	210	218	292	**326**	No	392	No	**326**
H17	% Of drug users in drug treatment who successfully complete treatment and do not re-present within six months		20%	14%	9%	8%	7%	**8%**	No	17%	No	**8%**
H18	% Of alcohol users who successfully complete the treatment plan.		42%	36%	34%	38%	38%	**41%**	Yes	36%	Yes	**38%**
HI9	Mental health awareness and		624	N/A new Indicator	101	140	115	**157**	No	N/A New	N/A New	**513**

PI No	Key Performance Indicator	Target 2022/23	2021/22 Actual	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	On target?	Q4 last year	Better than Q4 last year?	End of year position 22/23
	suicide prevention (number trained).								Indicator	Indicator	
HI10	Making Every Contact Count (MECC) (number trained).	300	N/A new indicator	56	78	110	**98**	Yes	N/A new indicator	N/A new indicator	**342**
HI11	No of Long-Acting Reversible Contraception (LARC) prescriptions in local integrated sexual health services	1100	1857	553	386	423	**370**	Yes	462	No	**1732**

Quarter 4/End of Year (2022/23 Performance Report – Public Health)

5. Immunisation

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

5.1.2 This measure considers population coverage of two key routine childhood vaccinations indicators:

- HI1. The 6-in-1 vaccine (DTaP/IPV/Hib3 - vaccinating against diphtheria, hepatitis, Hib, polio, tetanus and whooping cough), which is scheduled as 3 doses at ages 2, 3 & 4 months. The indicator is the percentage of children aged 12 months who have had the complete set of 3 vaccinations.

- HI2. The MMR vaccine (measles, mumps and rubella) is given in 2 doses, at age 12 months and at age 3 years and 4 months. The indicator reported is the percentage of children aged 5 who have had both doses of MMR.

5.1.3 The data given here is extracted from the local HealtheIntent childhood immunisation dashboard. This may differ slightly from nationally reported data due to data quality and data upload requirements but is considered the most accurate and most timely measure.

5.1.4 COVER data (Cover of Vaccination Evaluated Rapidly) provides open access population level coverage of childhood vaccinations across the country and allows for benchmarking. The data reported nationally for Islington can differ from

HealtheIntent data which is regarded as the most accurate data source and therefore can differ due to coding issues and data flows.

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

5.2.1 In Q4, 88% of children aged 1 had a complete course of the 6-in-1 vaccine. The cohort includes children who may have missed or delayed their first due vaccinations between June 2021 and June 2022 due to difficulties or concerns about accessing health care services.

5.2.2 This quarters coverage is similar to the previous quarter (Q3) performance when it was at 89%. By the end of the year, take up of the vaccine is higher when compared to the last years end of year position (89% for 2022/23 vs 85% for 2021/22).

5.2.3 When comparing Islington quarter 4 performance (through the rates of coverage reported through COVER data for all three doses) Islington performance is lower at 84% than London and England rates for quarter 4 (87% and 92% respectively).

5.3 HI2 - Population vaccination coverage Measles, Mumps and Rubella (MMR) (age 5).

5.3.1 In Q4, 69% of children aged 5 received both doses of the MMR vaccination. This cohort were due their second dose of MMR between August 2020 and July 2021, during the pandemic period. Children who missed their vaccinations during that period would have been able to catch up at any time up to March 2023 and still be included in this data.

5.3.2 This quarters coverage is similar to the previous quarter (Q3). By the end of this year, the performance is on average the same at 70%, when compared to the end of year position from 2021/2022.

5.3.3 When comparing Islington's quarter 4 performance (through the rates of coverage reported through COVER data for both doses) Islington performance is lower at 69% when compared to the London average of 75% and 85% in England.

5.4 Population vaccination coverage – key successes and priorities

5.4.1 The performance of both the 6-in-1 and the MMR vaccinations have held up well, with 6-in-1 rates now slightly higher than pre-pandemic levels, and rates of MMR similar to that of pre-pandemic levels.

5.4.2 The organisation, commissioning and delivery of vaccinations is primarily the responsibility of the NHS, with GP practices for younger age groups and school-based vaccination teams for school-aged children and young people.

5.4.3 Public Health is supporting the NHS Integrated Care Board program to boost vaccination rates in Islington, by inviting under-vaccinated children to book for

vaccinations, raising awareness through local HealthWatch outreach activities within communities.

5.4.4 The national catch-up campaigns focussing first on polio and more recently on polio plus MMR, have also provided additional opportunities to amplify local messaging via the early years system.

5.4.5 There is, however, a lower uptake amongst the Somali and children of black African and black Caribbean ethnicities from available data. It is important to note inequalities by ethnicity are less easy to identify, as the recording of ethnicity is incomplete in a substantial proportion of primary care records. The community outreach activity will focus on these communities and geographies.

5.4.6 A survey to further understand parental attitudes towards vaccinations, the reasons for hesitancy and factors that support take up, was conducted. This is currently being analysed and will be followed by focus group sessions with parents.

5.4.7 The 2023's focus on childhood immunisation involves health promotion throughout summer, as well as building local resilience through early years and the local health protection forum.

6. Children and Young People

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

6.1.1 Nationally, local authorities are mandated to commission five universal health visiting checks for families, from pregnancy through to baby aged two. These reviews form part of the Healthy Child Programme (the national child public health programme) and is recommended for all babies and young children.

6.1.2 New Birth Visits (NBV) 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 In Q4, 94% (522/555) of babies received a New Birth Visit within the specified time frame. 25 were seen after 14 days (of whom 13 babies were still in hospital), and 8 were not completed (4 still in hospital and 4 moved out of area). Including late visits, 99% of babies were seen, and exception reporting accounted for all children.

6.1.4 The vast majority of visits were carried out at home, which both supports families within their own environment and enables health visitors to assess for any risks that may be present.

6.1.5 The performance in Q4 (94%) is very similar to Q3 (95%) and the same as the Q4 position for 2021-22 (94%). The local performance of 94% in Q4 compares very favourably to a national rate of 80% in Q4, and a regional (London) rate of 81% in Q3.

6.1.6 During the course of the year, performance has remained strong and consistent across the borough with on average 95% (2205/2325) of babies seen within 14 days of birth. Overall, the service achieved a good level of delivery of New Birth Visits and has met its target for 2022/23.

6.1.7 This is a universal service for all families with a new baby, including those with extended hospital stays. It focuses on "warm handover" from neonatal to home care, especially for very premature or disabled babies. This is an area of focus for the next year, as we develop the Start for Life element of the Family Hubs programme, and which has successfully integrated into the Bright Start program over the last year.

7. Healthy Behaviours

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

7.1.1 The National NHS Health Checks programme 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 Q4, 2165 Islington residents completed an NHS Health Check. This is 4% of the total eligible population according to data from the Office of Health Disparities (OHID).

7.1.4 Islington's health check performance in 2022/23 has exceeded the local target of 8.5%, surpassing England's (7.2%) and London's (10%) performance. This may in part reflect 'catch up' activity for people who may have been eligible for health checks when the Covid pandemic most affected GP practices.

7.1.5 This also reflects an emphasis on identifying risk factors and improving early diagnoses more generally which may also have been missed over that period.

7.1.6 The focus for next year will be on assessing service equality by gathering demographic data and engaging GP practices with lower coverage to increase health check delivery.

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 (LCS) provision.

7.2.2 In Q4, the success rate is above target across the service at 57% which is the same as the previous quarter (Q3). This is lower when compared with the same period from last year when the 4-week quit rate in Q4 2021/22 was higher at 66%. The overall end of year position for the year is at 62% and is substantially above the annual target, and better than those indicated in national guidelines.

7.2.3 More than half (66%) of all 4-week quits in Q4 were achieved by the community service. 9% of these quits were delivered in partnership with the Whittington Health respiratory team in Q4. Around 40% of the Breathe service users received intensive personalised tier 3 support in 2022/23.

7.2.4 The service has reached residents from across the borough, including some of the more deprived wards, such as Hillrise, Junction, Finsbury Park, Caledonian, Holloway and St Mary's.

7.2.5 The service has also successfully reached socio-economic groups with higher smoking rates, with 51% of successful quits in Q4 occurring among these groups (including those who are sick, disabled, or unable to work, long-term unemployed and routine and manual workers). Additionally, 52% of service users were from racially minoritised groups.

7.2.6 Activity within primary care (GPs and pharmacies) however remained at the same levels as previous quarters and remains a concern. This can be attributed to system pressures affecting staffing, capacity, and prioritisation of smoking cessation in these settings. Whilst activity has remained stable throughout 2022/23, it is less than half of GP and a third of pharmacy activity compared to 2019/20.

7.2.7 Smokefree pregnancy continued to be a strong focus for the service with excellent results in Q4. This work is embedded within an NCL programme which drives improvements in how maternity services record smoking and support pregnant smokers to quit. 38 pregnant women accessed the service in Q4, an 81% increase from last quarter. The 4-week quit rate was excellent at 76% in quarter 4 and 55% of quits were CO verified.

7.2.8 A new service provider is now in place and Public Health Officers continue to work to improve the service's reach across the community, with a particular focus on inequalities, and stop smoking success rate.

7.3 <u>Substance Misuse</u>

7.3.1 'Better Lives' is the Islington integrated drug and alcohol treatment service. 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

7.4 Number of people in treatment year to date.

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

7.4.1 In Q4, the number of people in drug treatment was at 1076 and the number of people in alcohol treatment at 326. This indicator is reported as a rolling measure which represents a snapshot of the numbers of people in treatment in the quarter. (It is not a cumulative indicator).

7.4.2 The number of people in drug and alcohol treatment has increased throughout the year with increases throughout the successive quarters. By the end of Q4, there had been 287 new presentations to treatment for drugs and 131 for alcohol during the year.

7.4.3 Please note the Q1 to Q3 data varies from that previously reported due to a change in the indicator.

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

7.5.1 In Q4, 8% of drug users in treatment successfully completed treatment and did not re-present within 6 months, against a local target of 20%. This is also the average performance for this indicator for the year 2022/23.

7.5.2 41% of alcohol users in treatment successfully completed treatment and did not re-present within 6 months and against the local target of 42%, showing an improvement in year and when compared with the same period last year (36% at Q4, 2021/22).

7.6 Substance misuse services summary and key issues for 2022/2023

7.6.1 The successful completion of alcohol treatment is showing an improvement in year and when compared with the same period last year (36% at Q4, 2021/22).

7.6.2 There were issues affecting reporting due to the severe outage issues with the service's case management system that happened earlier in the year. This impact has been addressed and is monitored to ensure effective reporting.

7.6.3 A number of newly recruited staff to improve the operation of pathways is now in place, with additional investment for outreach posts, which will improve pathways into the substantive treatment service, and core frontline posts and will improve service capacity and quality.

7.6.4 Public Health Officers are working with the provider to identify opportunities to partner with third sector providers to deliver innovative additional support services in 2023/24, with a particular focus on groups that are under-represented.

7.6.5 The service has embraced the newly launched Individual Placement and Support programme and we anticipate seeing further increases in the number of service users being supported into work. These are important underlying and long-term factors in achieving and sustaining recovery.

7.6.6 The focus going forward; Public Health Officers are;

- Collaborating with wider stakeholders to plan and implement interventions and service enhancements through additional investment delivered by the National Drug Strategy.
- Specifically, there is a focus on increasing numbers of people accessing treatment via the (1) criminal justice system, (2) healthcare settings, and (3) community pathways such as via Community and Voluntary (third sector) organisations.

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 (MHA) and Suicide Prevention Training courses aim to enhance mental health awareness and skill development among frontline staff and local communities in Islington.

8.1.2 The borough has significantly higher levels of mental health need than other London authority localities and England and there are considerable inequalities in mental health experienced within the borough.

8.1.3 In Q4, a total number of 157 people were trained in Islington. 61 people attended Islington-only MHA courses, which was an increase on the previous quarter (48). 96 people in total attended and completed the course in Islington.

8.1.4 Service highlights for this year (compared to last) include:

- An increase in the number of courses delivered.
- An increase in the number of people that have been trained.
- Reduced barriers to MHFA delegates (removal of the 'online activities')
- Strong networking and relationship building throughout the borough.
- Production of a new brochure sent to all key agencies and partner organisations and community groups.
- Updated training pages to support the timely promotion of courses.

The courses have significantly impacted employees' awareness of health inequalities, enhancing their understanding of mental health, stress, and addressing presenting needs.

8.1.5 2022-23 was the first full year delivering MHA training within the context of COVID 19 recovery, and the subsequent changes this brought to everyone's lives, including the way people work and the way they attend training.

8.1.6 One factor in the lower than target performance is the 'Did Not Attend' (DNA) rate, which increased to 33.7% this year, partly due to increased enrolment for courses.

8.1.7 The provider of the training, ReThink, plans to reduce open courses and increase group sizes, based on feedback and evidence from the past 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 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 4 , 98 staff and volunteers from Islington completed MECC training exceeding the quarterly target of 75. Over the course of the year, a total of 342 people in Islington completed the MECC training which is above the annual target of 300. This included 240 staff from departments across the Council, as well as 74 staff from voluntary and community sector organisations. The remainder of participants (28) were from NHS organisations and local businesses.

8.2.3 There has been a good level of engagement with MECC training throughout the year. The successes for this quarter and year include:

- The introduction of tailored Cost of Living focussed MECC training sessions which have been very well attended.
- Feedback on the quality and usefulness of the training has been very positive among staff and volunteers who have attended.
- Good engagement among staff working across sectors helps maximise the impact of our MECC programme, and supports residents to get help early across a range of issues that may be affecting their health and wellbeing.

8.2.4 In 22/23, 77% (265 people) of those who completed MECC training provided their ethnicity highlighting impact on inequalities. Of these:

- 47% were from White ethnic groups
- 31% were from Black ethnic groups
- 9% were from Asian ethnic groups
- 8% were from Mixed ethnic groups
- 5% were from Other ethnic groups.

8.2.5 The focus for the next quarter will be for Public Health Officers to work on the plans for recommissioning of the service offer, as the current service ends in March 2024.

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 Q4, the service has delivered LARC to 1,732 women and during the 22/23 financial year exceeded their target of 1100.This is an exceptionally positive as the service has had to manage the end of pandemic restrictions, MPox (formerly Monkey Pox) outbreak management and vaccination and a Hep A cluster outbreak over the same period.

9.1.5 The Integrated Sexual Health service provider has supported the successful rollout of the MPox vaccination which saw them as the second biggest delivery partner for the vaccine in London. There has been successful delivery of anti-HIV PrEP programme which demonstrated a 16% increase in uptake in the programme by Islington residents. By the end of Q3 the programme had reached 454 Islington resident, 1,093 NCL-wide.

9.1.6 The current service will expire in 2025. Public Health Officers are working with other boroughs across North Central London (NCL) localities in preparing for the re-commissioning of this service.

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:
	Corporate Director and Exec Member	

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