Public Health
222 Upper Street

Report of: Director of Public Health

Meeting of: Health and Care Scrutiny Committee

Date: March 2024

Ward(s): All

Public Health Performance Q2, 2023/24

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, 2023-2024 (reported one quarter in arrears due to 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 2, 2023/24 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, 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 the 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 challenges in order to provide more solid recommendations.

Public Health Performance Q2, 2023/24

4. Key Performance Indicators Relating to Public Health – Table 1.

Public Health Priority	PI Ref	Key Performance Indicator	Annual Target 2023/24	Actual 2022/23	Q1 2023/24	Q2 2023/24	On target?	Q2 Last year?	Better than Q2 last year?
Immunisation	**PHI1**	**Immunisation Population Coverage:**	**Improvement to 22/23**						
	PHI1 a)	DTaP/IPV/Hib3 at age 12 months.	- Improvement on 89%	89%	87%	86%	Near target	89%	Similar
	PHI1 b)	MMR2 - 1st and 2nd dose (Age 5)	- Improvement on 70%	70%	68%	Data not available	N/A	69%	_
CYP	**PHI2**	**% Uptake of the NHS Healthy Start Scheme**	Improvement to 64% baseline.	N/A New Corporate KPI	66% uptake (1,716 of 2,590 eligible)	69%	Yes	N/A New Corporate KPI	N/A New Corporate KPI
Smoking	**PHI3**	**% of people quitting successfully who use the stop smoking service**	55%	62%	56%	59%	Yes	69%	Lower
Health Checks	**PHI4**	**% of eligible population (40-74) who have received an NHS Health Check.**	10%	12.1%	3.7%	4.5%	Yes	3%	Yes
Substance Misuse	**PHI5**	**Number of adults accessing treatment in a 12-month rolling period – by Q4 2023/24**					Yes	N/A New Corporate KPI	N/A New Corporate KPI
	5a	Alcohol	389		370	407			
	5b	Alcohol and non-opiate	222		203	226			
	5c	Non-opiate	128		116	126			
	5d	Opiate	1033		866	899			
		Total	**1772**		**1555**	**1658**			
Substance Misuse	**PHI6**	**No. of people successfully completing drug and/or alcohol treatment of all those in treatment (12 months rolling) – by Q4 2023/24**					Yes	N/A New Corporate KPI	N/A New Corporate KPI
	6a	Alcohol	150		140	146			
	6b	Alcohol and non-opiate	81		61	47			
	6c	Non-opiate	54		40	35			
	6d	Opiate	55		43	49			
		Total	**340**		**284**	**277**			
Sexual Health	**PHI7**	**Number of Long-Acting Reversible Contraception (LARC) prescriptions in local integrated sexual health services.**	1200 based on 22/23 baseline for integrated care.		296	339 (635 – cumulative , to date).	Yes	386	No

5. Quarter 2 Performance Update – Public Health

5.1 Immunisation population coverage

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

- PHI1a - The 6-in-1 vaccine (DTaP/IPV/Hib3, vaccinating against diphtheria, hepatitis B, Haemophilus influenzae type b (Hib), polio, tetanus and whooping cough) is given in three doses at ages two, three and four months. The indicator is the percentage of children aged 12 months who have had the complete set of three vaccinations.

- PHI1b - The MMR vaccine (measles, mumps and rubella) is given in two doses, at age 12 months and at age three years and four months. The indicator reported is the percentage of children aged five who have had both doses of MMR.

5.1.2 The data provided is from the local HealtheIntent childhood immunisation dashboard. This may differ from nationally reported data due to data quality and data upload requirements of the national system but is considered the most accurate and most timely measure.

5.1.3 Primary care practices are required to upload vaccination data to inform the national program of COVER data (cover of vaccination evaluated rapidly), which provides open-access, population-level coverage of childhood vaccinations across the country.

5.1.4 While HealtheIntent is considered the most accurate local data source, COVER data allows benchmarking against other areas.

5.2 PHI1a - DTaP/IPV/Hib3 at age 12 months.

5.2.1 In quarter 2 (Q2), 86% of children aged 12 months had received a complete course of the 6-in-1 DTaP/IPV/Hib/HepB vaccine. Coverage for this quarter was slightly lower than the previous quarter (87%) and from the same quarter last year (89%).

5.2.2 The data is for children at any age between 12 and 24 months in September 2023 (i.e born between October 2021 and September 2022). Children who miss scheduled vaccinations are able to catch up at any age.

5.2.3 This cohort of children were due their first vaccinations between October 2022 and September 2023. The pandemic restrictions ended on the 24th of February - 2022. However, anxiety around attending health settings may have continued to affect uptake of the programme beyond the end of formal restrictions.

5.3 PHI1b - MMR2 - 1st and 2nd dose (Age 5).

5.3.1 MMR2 vaccination data is unavailable this quarter, due to data quality issues which have been recently identified. This may be linked to codes for MMR2 not being uploaded from GP practice systems into the North Central London (NCL) Integrated Care Board's HealtheIntent system, which is used to calculate the vaccination coverage. This issue is currently under investigation by colleagues in NCL. The issue does not seem to be affecting other vaccinations.

5.4 Population vaccination coverage (PHI1a and PHI1b) - key successes and priorities

5.4.1 Primary vaccinations are important in providing long-term protection to children against several diseases, which can cause serious illness. Individual unvaccinated children are at risk from these diseases. When population levels of vaccination are low, the risk of outbreaks of these infections are higher since they can spread more easily through the unvaccinated population.

5.4.2 Measles is a particularly infectious disease and can be a serious infection, and lead to serious complications, especially in young children and those with weakened immune systems. Measles spreads very easily between unvaccinated people, but two doses of the MMR vaccine confers very high level, lifelong protection.

5.4.3 High levels of population mobility in areas such as Islington affects the accuracy of COVER data which may not keep up with changes in- practice register populations. This is why HealtheIntent is used locally. However, Cover provides the only comparative data with other parts of the region and country.

5.4.4 In quarter 2, the rates of coverage reported through COVER for all 3 doses of 6-in-1 DTaP/IPV/Hib/HepB vaccination at age 12 months were 88% in Islington (up four percentage points on the previous quarter), 86% in London and 91% in England.

5.4.5 In quarter 2, the rates of coverage reported through COVER for both doses of the MMR vaccination at age 5 years were 65% in Islington (up three percentage points on the previous quarter), 73% in London and 84% in England.

5.4.6 **Key issues faced this quarter include:**

- Data issues have prevented accurate analysis of the MMR2 uptake this quarter. This is being reviewed by the HealtheIntent team.

- Vaccination rates at age 1 for the 6-in-1 immunisation have dropped slightly this quarter according to local data, however nationally reported vaccination rates increased by four percent on the previous quarter and were slightly above London rates.

5.4.7 **The focus for the next quarter, Q3:**

- The national focus on MMR catch-up will continue into the next period, and will be matched by local resources, supported by the appointment of the Immunisation Outreach Worker to Health Watch starting in Q3.
- A Community Conversation around child health and immunisations with community leaders in October and at the Early Years forum in November. This is to ensure raising awareness of messages about the safety and importance of vaccines.
- In addition, as the catch-up programme roll out progresses, further resources and key messages will be shared with the community and voluntary sector, ward councillors, schools, early years and other similar settings, through the NHS and in other settings, such as through attendance at community events and ward partnerships to raise awareness, provide information and encourage vaccination for those that are not fully protected.

6. Children and Young People

6.1 PHI2 - Uptake of the NHS Healthy Start Scheme.

6.1.1 The NHS Healthy Start is a national scheme which financially supports families on a low income to buy fruit, vegetables, pulses, milk, and infant formula. To qualify for the scheme, beneficiaries must be at least ten weeks pregnant, or have at least one child under the age of four years old. They also must be receiving income support.

6.1.2 Eligible families receive a prepaid Healthy Start card that can be used in shops to buy milk, fruit, and vegetables only. Once registered, the card is topped up monthly with:

- £4.25 each week of pregnancy from the tenth week
- £8.50 each week for children from birth to one year old
- £4.25 each week for children between one and four years old.

This is a highly targeted programme, benefitting those on the lowest incomes in an effort to reduce health inequalities.

6.1.3 In quarter 2, the uptake of NHS Healthy Start increased to 69% in Islington. This rise may be attributed to the ongoing positive impact of national and local promotion and awareness-raising efforts. This is an increase since the previous period and is in line with increases regionally and nationally.

6.1.4 Islington performance for quarter 2 is higher than the London (61%) and England (65%) averages, indicating Islington has higher engagement with the programme. The multi-disciplinary working group have worked collectively to raise awareness of Healthy Start amongst residents, frontline health and early years staff who have key touchpoints with families. The working group also meet regularly, with good attendance from key stakeholders. There is a will and commitment from all members to improve uptake. Letters were also sent to all eligible families in August 2023, building on collaboration between the Income Maximisation Team and Public Health.

6.1.5 While it is challenging to measure the impact of this local activity during the quarter under review, it is anticipated that it may positively influence results in the next quarter.

6.1.6 **The focus for the next quarter:**

- To take stock of recent promotional initiatives and to continue to promote this scheme to local residents via key stakeholders.

7. Healthy Behaviours

7.1 PHI3 - Percentage of smokers using stop smoking services who stop smoking (measured at four weeks after quit date).

7.1.1 The community stop smoking service 'Breathe' offers behavioural support and provides stop smoking aids to people who live, work or study or are registered with a GP in Islington. The three-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).

7.1.2 The indicator for service delivery is the proportion of service users successfully quitting at the four-week outcome point (referred to as four-week quit rate or success rate).

7.1.3 The new Breathe provider, Central and North West London NHS Foundation Trust, began delivery on 1st April 2023. The new stop smoking service provider continued to mobilise it's service in quarter 2. The team navigated a settling-in period and staff consultation, while managing the relocation and setup of their new office. In addition, they achieved their primary key performance indicators.

7.1.4 In quarter 2, 351 smokers set a quit date. The success rate is above target across the service this period at 59% overall. These outcomes represent an improvement when compared with the previous quarter (56%) but is lower when compared to the same quarter last year (67%).

7.1.5 NHS Digital reports on cumulative stop smoking data in London and England. Over the first two quarters of 2023/24 the Islington service (58%) performed better than the average quit rate in London and England (both 53%).

7.1.6 Almost three-quarters (73%) of all four-week quits in Q2 were achieved by the community service (Breathe) with an excellent quit rate of 68%. Almost half (45%) of Breathe service users received intensive personalised tier 3 support, indicating higher levels of dependence or accompanying needs.

7.1.7 The community service is well placed to reach smokers from target populations and worked closely with secondary care trusts to support the implementation of the NHS Long Term Plan for starting tobacco dependency treatment for people when they are inpatients. 63% of all service users in Q2 were referred by secondary care and 70% successfully quit smoking.

7.1.8 Smokefree pregnancy continued to be a strong focus, with this work embedded within an NCL programme, driving improvements in how maternity services record smoking, and offering support to pregnant smokers to quit. In quarter 2, 36 pregnant women accessed the service. An exceptional four-week quit rate of 81% was achieved and 90% of quits were verified with carbon monoxide (CO) breath testing.

7.1.9 Additionally, it is worth noting that the Islington quit rate (84%) for pregnant women was significantly higher than the London (56%) or England (50%) averages and was the highest in London. Islington also achieved the highest number of pregnant women quitting smoking (56) among London boroughs in the first two quarters of 2023/24.

7.2 **Impact on inequalities /health inequalities.**

7.2.1 More than half (57%) of successful quits in Q2 were amongst residents with the highest smoking rates, including those who are sick, disabled, or unable to work, long-term unemployed, unpaid carers and routine and manual workers. In particular, 77 people in routine and manual work occupations quit successfully in Q2 (67% success rate).

7.2.2 The service reached racially minoritised ethnic groups with higher smoking rates, such as Black Caribbean and Irish. There was a notable increase in the number of service users from Black, Asian or other minoritised ethnic groups: 151 in Q2 compared to 97 in Q1. The Breathe services provide translators through Language Line, in order to ensure residents receive an accessible service with the necessary assistance and resources where required.

7.2.3 Additionally, for 27 service users who disclosed a current or history of mental health issues, 16 quit smoking. For 47 service users who had serious lung disease (Chronic Obstructive Pulmonary Disease (COPD)), 23 quit smoking.

7.2.4 **Key challenges this quarter**:

- This period (Q2), activity levels across GPs and pharmacies remained low with success rates in these settings ranging from 40% (GPs) to 54% (pharmacies).

- To understand the barriers and challenges to improve performance within these settings, the Breathe service has completed an informal engagement exercise with locally commissioned stop smoking providers (GPs and pharmacies). The challenges found include competing work pressures; recruitment and retention of staff who have been trained in stop smoking support and low footfall (in pharmacies) and engagement by smokers. The service has outlined strategies for improvement which includes a collaborative communication approach between advisors of different practices; sharing of good practice and motivation, training and support of advisors, improved patient outreach and follow up.

- Despite the increased offer of face-to-face support, service users continue to prefer the model of telephone and other remote support instigated during the pandemic. However, this does not allow the service to verify the quit outcome

with carbon monoxide (CO) testing. 19% of all successful quits were CO-verified in Q2. This is an ongoing issue for stop smoking services and is reflective of national trends where 19% of successful quits were CO-verified in England in Q1 and Q2.

7.2.5 **The focus for the next quarter:**

- The service is keen to understand better why such a high proportion of service users are opting for telephone and remote support rather than face-to-face, and to identify factors that may increase numbers of people who attend in-person appointments. They are looking to conduct a thorough review to identify specific issues and identify incentives to encourage more in-person participation. This work will be completed by the end of Q4.
- The Breathe service is looking to improve their reach into communities such as LGBTQ+ where engagement could be improved. In partnership with the local Voluntary and Community Sector (VCS) organisations, the service is exploring various options in delivering the sessions at local venues in order to improve this goal. This initiative should be in place by Q4.

7.3 PHI4 Percentage of eligible population (aged 40-74) who have received an NHS Health Check.

7.3.1 NHS Health Checks is a national prevention programme, which aims to improve the health and wellbeing of adults aged 40-74 who do not have a diagnosed long-term condition, and who may benefit from advice and the promotion of early awareness, assessment, and where needed, treatment and management of risk factors for cardiovascular disease (CVD).

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

7.3.3 During quarter 2, 4.5% (2,373 individuals) of the eligible population completed an NHS Health Check. This represented a higher performance when compared to the previous quarter (3.7%) and when compared to the same quarter last year (3.3%).

7.3.4 This quarter, the percentage of the eligible population completing an NHS Health Check surpassed both the London average (3.2%) and the England average (2.2%).

7.3.5 Residents who completed a health check are made aware of the risk factors for cardiovascular disease, given appropriate advice and support, and signposted or referred to clinical or lifestyle interventions appropriate to their needs. For some patients, a long-term condition is identified, and our health check programme is now combined with the NHS's long term conditions management service (within primary care) to ensure alignment and seamless care is offered.

7.3.6 To address inequalities, Public Health Officers ensured the providers have prioritised the offer of health checks to residents on the mental health and the

learning disability registers, and to residents with a predicted very high risk of developing cardiovascular diseases (CVD).

7.3.7 As a result, for this quarter, 57 residents on the learning disability and mental health registers have received a health check and 85 health checks were completed by residents with an identified high risk of CVD.

7.3.8 **Key challenges this quarter:**

- Public health officers will be reviewing the reasons for incomplete health checks reported by some providers, where some but not all the results of the checks and tests have been reported.

- Public Health Officers are currently reviewing data quality issues regarding reporting of the number of health check invites issued, which is one of the key indicators for the programme.

7.3.9 **The focus for the next quarter**:

- Public Health Officers will be focusing on monitoring performance and reviewing the reasons for incomplete health checks by some service providers, in order to explore potential solutions.

7.4 Substance Misuse

7.4.1 Islington's current integrated drug and alcohol treatment service, Better Lives operates from three locations in the borough, supporting people that use drugs, as well as their families and carers.

7.4.2 The service offers multiple support interventions including; one to one key-working, group work and day programme(s), self-help and mutual aid groups, pharmacological treatments including; opioid substitution therapy (OST) and alcohol relapse prevention medication, access to residential rehabilitation and inpatient detoxification, physical health support; including blood borne virus testing and treatment.

7.4.3 Services delivered by Via include outreach support for people sleeping rough, or at risk of sleeping rough. In operation since 2021, the service provides psycho-social support and prescribing outreach to people sleeping rough, or at risk of sleeping rough in Islington. Services by INROADS provide one-to-one key-working, connecting people to health services, provides harm-reduction support including Naloxone, as well as referrals into a range of other support services.

7.4.4 Islington Public Health also commission a service called SWIM (Support When It Matters), which provides culturally competent, holistic support to men of Black African or Black Caribbean background, who are in contact with the criminal justice system and who have non-opiate substance use needs. As well as offering a tailored group programme, SWIM ensures that those that require structured treatment access the support through the Better Lives service.

7.4.5 All services collaborate closely with criminal justice partners to ensure effective pathways into treatment from prison, probation and police, which includes co-locating of services and in reach support.

7.5 PHI5 Number of adults accessing treatment in a 12-month rolling period.

7.5.1 In quarter 2, there has been an increase in the number of adults accessing the alcohol and substance misuse services from the last quarter as highlighted in **table 2** below. The period covered in this report pre-dates implementation of most new resources being funded through the increase in the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG), including investment in extra treatment and recovery capacity. As described below, preparations and mobilisation were underway during this quarter.

7.5.2 Better Lives, INROADS and SWIM services are undertaking enhanced outreach and in-reach targeted at those who are known to services, but not currently accessing treatment. All services are working closely with key Islington partner agencies including community safety, street population teams and criminal justice agencies to focus efforts to encourage individuals into support. These intentions are achieving improvements on the numbers of adults accessing structured treatment.

Table 2. Number of adults accessing treatment in a 12-month rolling period to Q2 2023/24.

	Q2	**Performance compared with last quarter.**
Alcohol	407	10% increase from Q1 23/24
Alcohol and non-opiate drugs	226	11 % increase from Q1 23/24
Non-opiate drugs	126	9% increase from Q1 23/24
Opiates	899	4% increase from Q1 23/24
Total	**1658**	**7% increase from Q1 23/24**

7.5.3 The performance indicates there has been an encouraging increase in the numbers in treatment overall from Q1 23/24, indicating that the service is moving towards the target. There has been particular progress in bringing more people into treatment with alcohol and alcohol and non-opiate drug addiction. There will be a strong service focus for the coming quarter to help increase people with opiate addiction coming into treatment services.

7.5.4 The service continues to work with Public Health Officers to increase numbers in treatment and improve referral pathways. Better Lives have been proactive about working with other services to boost both referrals and engagement. The agreed plans with the service to increase numbers of people in treatment focuses on a targeted outreach approach and rapid access to opioid substitution therapy (OST).

This will help to further support numbers of people with opiate addiction into treatment and recovery services.

7.5.5 The improved accessibility and referral pathways will support residents to engage with support for their drug or alcohol use and reduce the harms to themselves and others caused by addiction. Proactive engagement will also enhance the chance of service users sustaining contact with the support services.

7.5.6 **Key challenges this quarter:**

- There were initial challenges in recruitment into the new roles funded by the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) within the service. This recruitment is intended to create extra service capacity in the current financial year to support more people in treatment in line with national strategy goals. Further efforts with recruitment were successful and this has been resolved, with extra capacity being created and the service is now fully staffed. Recruitment, however, may continue to be a challenge given national objectives to further lift capacity and engagement in treatment and recovery support for people with alcohol and substance misuse needs.

7.5.7 **The focus for the next quarter:**

- Implementation and early progress with the new resources to improve access and capacity to meet treatment and recovery needs for people with drug and alcohol misuse.
- Public Health Officers are working with the service in developing a 'number of people in treatment plan' to create a comprehensive approach to meeting the target for this indicator, in line with national strategic goals. This includes mapping referrals pathways, enhanced outreach, review of local data recording and service user insights, introduction of new reporting measures, and increasing awareness and promotion of the services.

7.6 PHI6 Number of people successfully completing drug and/or alcohol treatment of all those in treatment (12 month rolling).

7.6.1 In quarter 2, there has been an overall decrease in the number of successful completions from Q1 23/24. The alcohol and non-opiate and non-opiate have decreased, where alcohol and opiate have increased, as highlighted by the data in **table 3** below.

Table 3 Number of people successfully completing drug and/or alcohol treatment in the last 12 months:

	Q2	Performance change from last quarter.
Alcohol	146	4% increase from Q1 23/24
Alcohol and non-opiate drugs	47	23% decrease from Q1 23/24
Non-opiate drugs	35	12% decrease from Q1 23/24
Opiates	49	14% increase from Q1 23/24
Total	**277**	**2% decrease from Q1 23/24**

7.6.2 The increase in the number of successful completions in the service's opiate use pathways is an early encouraging sign of a range of changes being implemented to help improve treatment and recovery outcomes.

7.6.3 The service has implemented a caseload segmentation approach to help practitioners tailor the level of support for individuals based on risk assessment and needs. The goal is to ensure flexibility in responding to unique circumstances, resulting in personalised care plans. This approach appears to be contributing to an increase in successful completions, particularly for individuals dealing with alcohol or opiate addiction. The improvements for the opiate cohort are notable considering that achieving successful outcomes for this group is often challenging.

7.6.4 Further work is required to ensure improvements in the outcomes for people in the non-opiate drug use cohort. The introduction of a dedicated 'non-opiate drug use worker' imminently will support this.

7.6.5 The focus on making service changes to increase the numbers of people successfully completing treatment for their drug or alcohol use will help to reduce drug and alcohol related harm, as well as improving treatment outcomes and responding better to people and families who require support.

7.6.6 **Key challenges faced this quarter:**

- As detailed in the previous section, there have been challenges in recruitment to new roles within the service where staffing is needed to create service capacity and a specific offer for the non-opiate cohort.

7.6.7 **The focus for the next quarter:**

- Identifying substance misuse groups that successful outcomes are lower for and thus require improvement.
- Evaluating the impact of caseload segmentation on treatment outcomes.

- Implementation and embedding of other measures to improve outcomes in treatment and recovery.
- Benchmarking against current regional and national performance.

8. Sexual Health Services

8.1 PHI7 Number of Long-Acting Reversible Contraception (LARC) prescriptions in local integrated sexual health services.

8.1.1 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 as part of contraceptive choice is very effective in reducing the risk of unintended pregnancies.

8.1.2 LARC is delivered through the Integrated Sexual Health (ISH) service provided by CNWL (Central North - West London NHS Foundation Trust) and is a mandated open access service providing advice, prevention, promotion, contraception and testing and treatment for all issues related to sexually transmitted infections, sexual and reproductive health care.

8.1.3 Additional LARC capacity is offered through primary care and abortion services.

8.1.4 In quarter 2, there were 339 LARC fittings among Islington residents by Integrated Sexual Health services, with a cumulative total of 635 fittings since the start of the financial year. Q2 activity is higher when compared to the previous quarter's performance of 296 and lower when compared to the same period last year, when 386 LARCs were fitted. However, LARC fittings are on track to achieve or exceed the annual target of 1,200 by the end of this financial year.

8.1.5 The latest national comparative data for LARC has just been released, which covers the year 2021 when services remained significantly affected by the impacts of Covid-19 and related infection prevention as control measures. It shows uptake among residents in that year and allows for comparison with other areas, as well as London and national averages. This latest data shows that LARC fittings for residents in Sexual Health Services (29.2 per 1,000) was higher than the England average (16.1 per 1,000) and the London average (19.8 per 1,000) and the third highest rate of fittings in London.

8.1.6 In wider activity, the Integrated Sexual Health service has continued to increase the number of people on Pre-Exposure Prophylaxis (PrEP), an anti-HIV medication which is taken by those at the highest risk of acquiring HIV, and CNWL remains the second largest provider of PrEP in London. PrEP prevents the spread of HIV and reduces the risk of transmission between partners.

8.1.7 Public Health Officers have also been working with colleagues in communications on promotions for HIV awareness week in February 2024.

8.1.8 **The focus for the next quarter:**

- Over the rest of the year, Public Health Officers will be working with the service to focus on maintaining and improving access to LARC across different settings, including working with primary care partners.

9. Implications

9.1 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.

9.2 Legal Implications:

There are no legal implications arising from this report.

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

There is no environmental impact arising from monitoring performance.

9.4 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.

10. 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.

Final report clearance:

Authorised by: Jonathan O' Sullivan, Director of Public Health

Nurullah Turan, Corporate Director and Exec Member

Date: February 2024

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