



**Resources Department
Town Hall, Upper Street, London, N1 2UD**

AGENDA FOR THE HEALTH AND CARE SCRUTINY COMMITTEE

Members of the Health and Care Scrutiny Committee are summoned to a virtual meeting which will be held on **10 September 2020 at 7.30 pm.**

Link to meeting: [https:// weareislington.zoom.us/j/99196193717](https://weareislington.zoom.us/j/99196193717)

Enquiries to : Peter Moore
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Despatched : 2 September 2020

Membership

Councillors:

Councillor Osh Gantly (Chair)
Councillor Nurullah Turan (Vice-Chair)
Councillor Joe Caluori
Councillor Jilani Chowdhury
Councillor Tricia Clarke
Councillor Sara Hyde
Councillor Roulin Khondoker
Councillor Martin Klute

Substitute Members

Substitutes:

Councillor Mouna Hamitouche MBE
Councillor Anjna Khurana

Co-opted Member:

Substitutes:

Quorum: is 4 Councillors

1. Introductions
2. Apologies for Absence
3. Declaration of Substitute Members
4. Declarations of Interest

If you have a **Disclosable Pecuniary Interest*** in an item of business:

- if it is not yet on the council’s register, you **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent;
- you may **choose** to declare a Disclosable Pecuniary Interest that is already in the register in the interests of openness and transparency.

In both the above cases, you **must** leave the room without participating in discussion of the item.

If you have a **personal** interest in an item of business **and** you intend to speak or vote on the item you **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent but you **may** participate in the discussion and vote on the item.

***(a)Employment, etc** - Any employment, office, trade, profession or vocation carried on for profit or gain.

(b)Sponsorship - Any payment or other financial benefit in respect of your expenses in carrying out duties as a member, or of your election; including from a trade union.

(c)Contracts - Any current contract for goods, services or works, between you or your partner (or a body in which one of you has a beneficial interest) and the council.

(d)Land - Any beneficial interest in land which is within the council’s area.

(e)Licences- Any licence to occupy land in the council’s area for a month or longer.

(f)Corporate tenancies - Any tenancy between the council and a body in which you or your partner have a beneficial interest.

(g)Securities - Any beneficial interest in securities of a body which has a place of business or land in the council’s area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

This applies to **all** members present at the meeting.

5. Minutes of the previous meeting 1 - 8
6. Chair's Report

7. Public Questions

For members of the public to ask questions relating to any subject on the meeting agenda under Procedure Rule 70.5. Alternatively, the Chair may opt to accept questions from the public during the discussion on each agenda item.

8. Health and Wellbeing Board Update - Verbal

B. Items for Decision/Discussion	Page
9. Scrutiny Review Adult Paid Carers - witness evidence - Verbal	
10. COVID 19 Update	9 - 20
11. Scrutiny Review - GP Surgeries 12 month report back	21 - 32
12. Work Programme 2020/21	33 - 34

C. Urgent non-exempt items (if any)

Any non-exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be agreed by the Chair and recorded in the minutes.

D. Exclusion of Press and Public

To consider whether, in view of the nature of the remaining items on the agenda, it is likely to involve the disclosure of exempt or confidential information within the terms of the Access to Information Procedure Rules in the Constitution and, if so, whether to exclude the press and public during discussion thereof.

E. Confidential / Exempt Items	Page
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F. Urgent Exempt Items (if any)

Any exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be agreed by the Chair and recorded in the minutes.

The next meeting of the Health and Care Scrutiny Committee will be on 15 October 2020

Please note all committee agendas, reports and minutes are available on the council's website:
www.democracy.islington.gov.uk

Public Document Pack Agenda Item 5

London Borough of Islington Health and Care Scrutiny Committee - Thursday, 16 July 2020

Minutes of the virtual meeting of the Health and Care Scrutiny Committee held on Thursday, 16 July 2020 at 7.30 pm.

Present: **Councillors:** Gantly (Chair), Turan (Vice-Chair), Chowdhury, Clarke, Hyde and Khondoker

Also Present: **Councillor** Burgess

Councillor Osh Gantly in the Chair

153 INTRODUCTIONS (ITEM NO. 1)

The Chair introduced Members and officers to the virtual meeting and outlined the procedures for the meeting

154 APOLOGIES FOR ABSENCE (ITEM NO. 2)

Councillors Calouri and Klute

155 DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)

None

156 DECLARATIONS OF INTEREST (ITEM NO. 4)

None

157 MINUTES OF THE PREVIOUS MEETING (ITEM NO. 5)

RESOLVED:

That the minutes of the meeting of the Committee held on 10 March 2020 be confirmed and the Chair be authorised to sign them

158 CHAIR'S REPORT (ITEM NO. 6)

The Chair stated that this was the first meeting of the Committee to be held since the start of the COVID 19 pandemic, and that he would wish to place on record her thanks to NHS/Public Health/other partners, and Council staff who had worked so hard and tirelessly to maintain services and deal with residents during the pandemic

159 PUBLIC QUESTIONS (ITEM NO. 7)

The Chair outlined the procedure for Public questions

160 HEALTH AND WELLBEING BOARD UPDATE (ITEM NO. 8)

Councillor Janet Burgess, Executive Member Health and Social Care was present for discussion of this item and outlined her written report

During consideration of the report the following main points were made –

- It was noted that this information was contained in future reports and that any issues arising could be dealt with there in view of the length of the agenda.

- Councillor Burgess stated that L.B.Islington had fared better than many other places during the pandemic with a relatively low number of deaths and that this was in part due to the efforts of staff and partners who had worked extremely hard

161 **MOORFIELDS PERFORMANCE REPORT - PRESENTATION (ITEM NO. 9)**

Ian Tombleson and Tracy Lockett, Moorfields Hospital were present and made a presentation to the Committee, copy interleaved

During consideration of the presentation the following main points were made –

- Moorfields employs around 2350 staff and ranks first in terms of staff satisfaction with the quality and care they are able to deliver. 95% of staff feel that they would recommend Moorfields as a place to receive treatment 78% as a place to work
- Progress is being made on the Quality Account, and A&E achieved 98.5% within 4 hours as against 95% target. Referral to treatment is an 18 week pathway achieving over 94% against 92% target. Cancer is meeting all three of its targets, and there have been no year on year cases of MRSA of C difficile. Low rates of other infections
- Patient's experience – top performer nationally in Friends and Family test, and CQC emergency care survey 2018, overall good performance compared to other Trusts. CQC Children and Young People's Inpatient and daycase survey 2018 excellent results and good performance on NHS Cancer survey with patient rating of 8.3 out of ten. Patient participation activities – strategy launched in 2018, creating a genuine culture of participation in all services and activities
- Finance – Challenging year – overall deficit of £0.6m compared to £8.5 million surplus in 2018/19 and outlook challenging due to COVID 19
- It was noted that the last CQC inspection had rated the Trust overall as good, however it was outstanding in a number of areas, and the Trust were working extremely hard to achieve outstanding at the next inspection next year
- In response to a question as to complications with cataract surgery, it was noted that this is an extremely low number of cases and usually where there are other complications with patients
- In response to a question concerning the number of serious incidents, it was stated that these cases were extremely low, and usually a breach of process, rather than outcome

The Chair thanked Ian Tombleson and Tracey Lockett for attending

162 **SCRUTINY REVIEW - CARERS ADULT CARERS - CONSIDERATION OF REVIEW (ITEM NO. 10)**

Members considered whether to expand the review to include recent developments in relation to COVID 19. The Committee also considered a submission from UNISON that had been circulated in conjunction with this item. Andrew Berry UNISON outlined the submission, which was responded to by Councillor Burgess, Executive Member Health and Social Care

During consideration of the report the following main points were made –

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- Members were of the view that in view of the recent COVID 19 pandemic, the scrutiny review should be extended in order to consider the effect that dealing with the pandemic has had on carers in Islington
- UNISON stated that there was a need to address a number of issues in relation to the Government's introduction of an Infection Control Fund for care homes and Domiciliary Care. It was noted that there had been confusion concerning the nature and allocation of funds and the email exchange between the EM Health and Social Care and the Leader
- In response to a statement the EM Health and Social Care stated that there were regular meetings between Trade Unions and the Council and these would continue and that there are also regular meetings with care providers
- It was stated that UNISON had concerns about care staff going into work and possibly spreading infection, given that some providers were not fully funding sick pay. The EM Health and Social Care stated that care providers were now providing for top up to SSP if staff were self-isolating and there had been funding provided for additional PPE. In relation to agency staff the Council were working with providers to limit the use of such staff, especially across more than one site, however there is a need for agency staff in some instances to ensure services are maintained
- Members welcomed the UNISON submission and stated that these could be considered as part of the Scrutiny Review going forward. Members expressed the view that the Scrutiny Review should be extended for a period to consider additional information on COVID 19 including deaths of residents in care homes and sheltered accommodation, availability of PPE, pay, including sick pay, for carers/domiciliary staff, and the impact of COVID 19 on BAME staff and residents
- Members noted that deaths in care homes had increased due to the Government decision to decant elderly people from hospitals early in the pandemic back into home cares. In addition there had been a lack of testing in care homes

RESOLVED:

- (a) That the UNISON submission be noted, and considered as part of the Scrutiny Review with UNISON to be invited to attend future meetings of the Committee where the Scrutiny Review is discussed
- (b) That the Scrutiny Review on Adult Paid Carers be extended for to consider evidence from the UNISON submission, together with additional information in relation to COVID 19 as referred to above, with a view to the final report being considered at the October/November meeting of the Committee

The Chair thanked Councillor Burgess and Andrew Berry for attending

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COVID UPDATE (ITEM NO. 11)

Councillor Janet Burgess, Executive Member Health and Social Care was present for discussion of this item, together with Julie Billett, Director Public Health, Mahnaz Shaukhat, Public Health, and Katherine Willmette, Adult Social Care. Presentations were made to the Committee, copies interleaved

During consideration of the presentation the following main points were made –

- As of 1 July there had been a cumulative total of 542 laboratory tested confirmed cases in Islington. The number of cases has been declining since mid-April. Islington has had the lowest rate of cumulative COVID cases in London, and the availability of testing has increased, however many

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suspected cases would not have been tested early on. There were 2 new cases reported between 20-26 June

- COVID deaths in Islington – Between 14 March and 19 June there have been a total of 150 COVID related deaths in Islington and an estimated 179 excess deaths. There were 2 deaths reported in Islington between 13 and 19 June. There are no statistically significant differences between COVID mortality rates between men and women in Islington, and there are no clear trends across deprivation areas. In Islington, although the mortality rate is higher in men than women, 154 per 100000 compared to 113 it is not a statistically significant difference
- As of 31 May 2020, Islington's age standardised mortality rate due to COVID was higher than the England average, 131 deaths per 100000 population, compared to 82, but similar to the London average 138. Mortality rates in non-COVID and COVID deaths follow a similar pattern across the local deprivation quintiles
- COVID related deaths peaked in Islington during the week 4 April to 10 April at 42 deaths but has been falling steadily since. 150 deaths in Islington were COVID related, and the majority of all COVID deaths took place in a hospital – 66%. Just over a third of all deaths took place in care homes, and 54% of all hospital deaths of Islington residents related to COVID
- Disparity of risks and outcomes in COVID – Men are disproportionately affected and the risk of death increases with age. In the NCL region those born in Africa were more likely to die of COVID, 66%, than those born in UK and Europe 51%
- In terms of Adult Social Care a silver commend was established, critical work areas identified, services supported and close working arrangements with other LBI services and partners to ensure support for critical areas
- 4 critical service delivery areas – hospital discharge, in house provision, contracting and brokerage, safeguarding residents. Hospital discharges were managed, priority groups emerged as the crisis developed, partnerships and collaboration were critical, and extensive support to commissioned services required to support care homes and domiciliary care providers
- Staff in non-critical areas were redeployed
- PPE – 672K items purchased at a cost of £200k, support to access mutual aid, daily provided briefings and dedicated website, and co-ordination and testing of staff. A number of other measures such as support to recruit staff, parking permits, key worker letters, and a £178k hardship fund uplift on spot purchased beds. Discussion had taken place with providers who face ongoing financial pressures, and collaborative commissioning approach through 1:1 discussions with individual providers
- Shielders had been identified and contacted, and since the beginning of COVID, all areas of adult social care have been making welfare calls to vulnerable residents known to Adult Social Care, some of whom were also on the shielding list. Vulnerable residents who appear not to be able to understand or manage their own affairs, even with support from a welfare check are referred to a new Adult Social Care Triage service
- Domiciliary Care – As of w/c 22 June 1231 Islington service users receiving domiciliary care, 20651 hours of care provided per week. Capacity in the market is high and recruitment is not currently an issue. Across all providers there is 3000 hours of capacity in the local market. Testing of staff and service users remains low with only 5 providers indicating that they have conducted testing out of 62 who have completed the ADASSA Market insight tool
- Providers are reporting that costs of PPE are rising additional financial support has been requested. It is expected the costs of delivery of homecare will rise and it is expected that there will be an additional cost of over £28800 -£37200

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per week. This represents an increase of an hourly rate from £18 per hour to nearly £20 per hour

- Older People – This week no new residents presented as newly COVID positive or symptomatic and no new resident or staff deaths were reported. Staffing levels remain generally stable, and care homes with vacant beds are working to fill these, and demand for placements for hospital discharges is currently limited. LBI continued to supply PPE this week, but only to two OP homes, and supplies provided were lower than recent weeks and similar to pre April 2020 levels
- There has been a considerable reduction in the overall number of COVID cases reported in OP care homes. Different homes have been affected by COVID differently, with some large outbreaks at some homes at the beginning of the crisis. Since then there have been no comparable outbreaks in any home. After a sharp increase in the number of confirmed and suspected COVID related deaths early in the pandemic during wide scale outbreaks in some homes, over the last 8 weeks the number of new COVID related deaths has stabilised with relatively small numbers of new deaths reported
- Next steps for care homes – work is going on to increase testing in care home settings, and homes will be able to receive support from commissioners, Public Health etc. and the situation in care homes will be monitored very closely
- Adult Social Care response and learning – arrangements have been put in place for all teams and services to respond effectively. The Hospital Discharge Service has integrated 3 teams, and staff are working flexibly to ensure people have care on discharge. There is also more outreach into the community. There is an extended working pattern weekends 8-8, with an Emergency Duty Team, Resource Team, Urgent Response Team, and In House services
- There has been flexible/remote working, fast decision making and reduced processes, focus on welfare of residents, and use of different technology, focus on staff well-being, giving staff professional autonomy, and joint working
- Challenges – returning services to normal, ensure PPE capacity and adequate staffing, isolation of staff working from home, risk of losing innovative ways of working, maintaining quick turnaround of decisions and less bureaucracy, inability of staff and provider to maintain social distancing/safe working practices, heightened staff anxiety about returning to the new normal
- Achievements and Learning – outcomes – excellent collaborative working, staff willingness to be flexible and take on new roles, residents appreciation, model of working combining face to face and remote working, processes and pathways streamlined. Learning can be carried forward into the recovery stage
- In response to a question it was stated that information will be provided in future on the Council website in relation to information on the pandemic
- The Chair stated that whilst Islington had recorded a lower number of deaths than many other London Boroughs, however L.B. Camden, who Islington shares a Public Health function fared even better. She enquired the reasons for this. The Director of Public Health stated that this was a complex issue, however it could be down to a number of factors, which would need further more detailed investigation in order to determine the specific reasons
- A Member referred to the fact that some of the poorest countries had coped better with the pandemic than Britain, and had far lower death rates, and the Government should learn from this for any second wave of the virus
- It was also noted that obesity was an increased factor in deaths from COVID 19, and that is an issue that needs to be addressed in the future
- In response to a question as to the deaths of residents per occupation, given that the retail sector had often remained working during the pandemic and staff had not had protective equipment in many cases, it was stated that the Council did not have data to analyse this effectively

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- Reference was also made to the lack of information on deaths by ethnicity and that discussions had taken place with the Council Registrars to endeavour to get residents to supply this information in order that data could be gathered in relation to BAME deaths
- In response to a question it was stated that work is continuing to take place with care home and domiciliary care providers to ensure there are adequate supplies of PPE, and staff isolation is in place where there is a risk of infection. Lessons also need to be learnt from isolated spikes in the virus in Leicester, Kirklees, Blackburn etc. to ensure that this does not happen in Islington, and to look at high risk locations such as housing with multiple occupation, high risk establishments etc.
- Katherine Willmette also stated that additional costs had been incurred with PPE in the Adult Social Care/Domiciliary Care sectors, and it is estimated that this would mean an additional cost of £1.5/£2m per annum. It was stated that it is felt that the Council now had a sufficient supply of PPE to cope with any second wave of the virus, however this would continue to be monitored
- It was stated that the deaths in care homes were showing a downward trend, however there had been an impact of families who had not been able to visit care homes to see their relatives

The Chair thanked Councillor Burgess, Julie Billett, Mahnaz Shaukhat and Katherine Willmette for attending

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PERFORMANCE REPORT (ITEM NO. 12)

Councillor Janet Burgess, Executive Member Health and Social Care, and Julie Billett, Director of Public Health were present for discussion of this item

During consideration the following main points were made –

- COVID has resulted in a number of services either pausing or changing delivery approach since mid-March
- Key achievements at Q4 – 55% smokers using Stop Smoking Services, (target 50%), Access to Psychological Therapies 51% (target 50%), and 124 new permanent admissions to resulting in reduced visits to GP's
- Key challenges – increase number of drug users who complete treatment, increase number discharged from hospital, and reducing delayed transfer patients to social care. In terms of the percentage of alcohol users who successfully complete the treatment plan, this target was met and there was a 10% improvement from Q1. Services are reporting increases in demand for treatment, particularly from opiate and alcohol users
- The number of Long Acting Reversible Contraception prescriptions made in local integrated sexual health services has exceeded the annual target by 235, but has been affected by COVID 19
- The percentage of service users receiving care in the community through the use of direct payments, although below the target of 30% is in line with end of year performance
- It was noted that nationally over 1m people had stopped smoking during lockdown
- Members congratulated officers/Executive Member/Partners on the fact that there had been no delayed transfers of care during the pandemic to date
- It was noted that the number of residents receiving direct payments needed to be increased following the pandemic
- In response to a question as to dealing with mental health and self-neglect post lockdown, it was stated that discussions were taking place in the next week on this issue and details would be sent to Members of the Committee

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RESOLVED:

That the report be noted and that details of the proposals as to how to deal with self-neglect and mental health problems following lockdown be circulated to Member when available

The Chair thanked Councillor Burgess and Julie Billett for attending

165 DRAFT WORK PROGRAMME 2020/21 (ITEM NO. 13)

RESOLVED:

That, subject to the addition of further evidence in relation to the Adult Paid Carers Scrutiny review and this being extended to October/November, the draft work programme be approved

MEETING CLOSED AT 10.20 p.m.

Chair

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COVID 19 Update

September 2020



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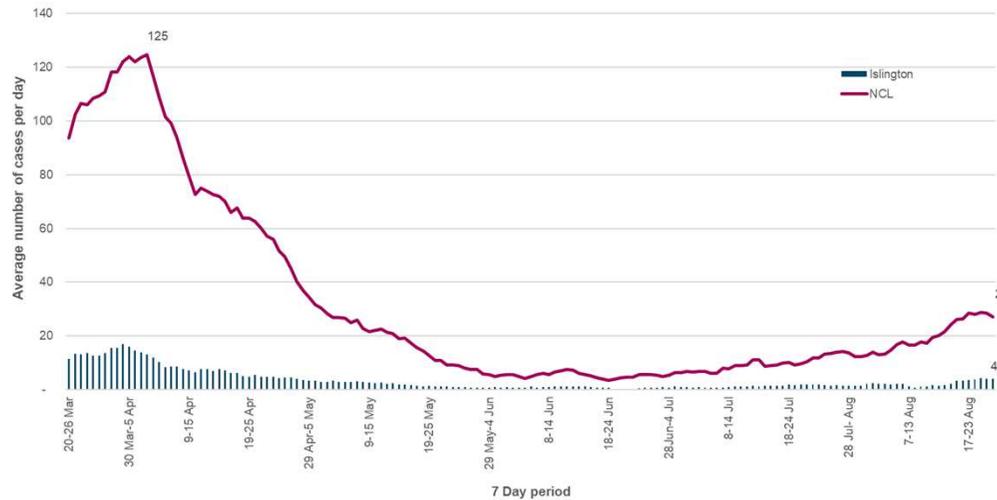
- A brief summary of the local and national impact of COVID-19 to date
- The current position in Islington
- The key challenges now, and over the next 6-9 months, based on a 'reasonable worst case' scenario



Brief summary of national and local impact of COVID-19 to date

The local and national impact of COVID - Cases

7 Day Moving average number of new daily cases of COVID-19, Islington compared to NCL, 20-26 March to 21-27 August



- As of 27 August 2020, there are a total of **654** laboratory confirmed cases in Islington.

- The average number of new daily cases peaked from 29 March – 4 April 2020 at 17 cases.

- The number of new cases per day has been on an overall declining trend since mid-April.

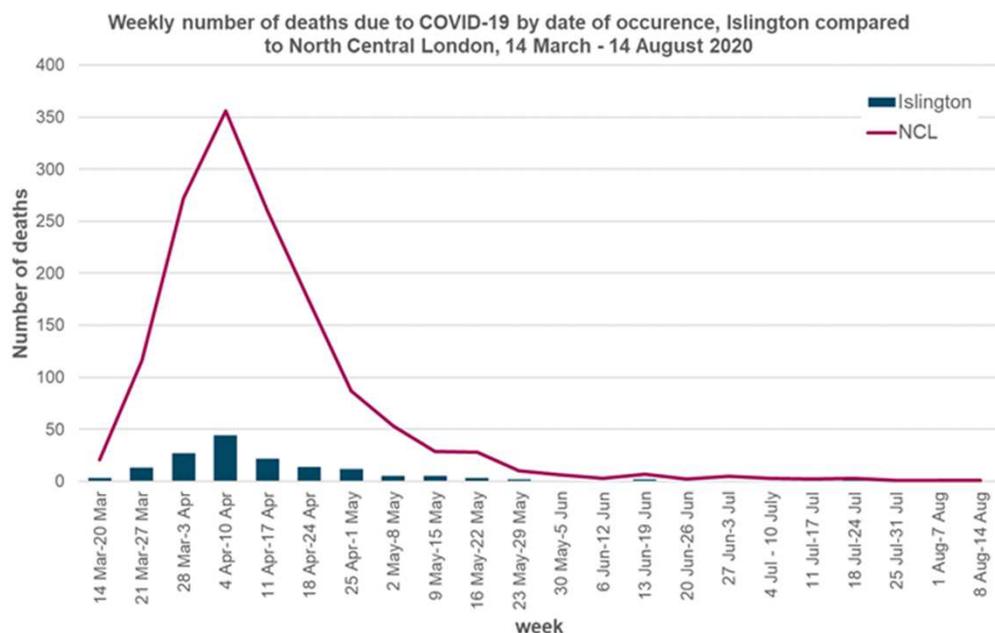
- Over the last 2 weeks the average number of new daily cases has increased slightly, with the last 7 days of complete data available (21/08/2020 – 27/08/2020) showing an average of 4 new cases a day.

It should be borne in mind that over this time the eligibility and availability of testing has increased dramatically, so early on many symptomatic cases will not have been tested.

Area	Cumulative number of cases as of 27/08/2020	Cumulative rate of cases per 100,000 as of 27/08/2020	Latest 7 day average number of daily new cases 21/08/2020-27/08/2020
Islington	654	270	4
NCL	5,591	370	27
England	288,211	512	935



The local and national impact of COVID - Deaths



Note: this chart includes deaths that occurred up until the 14th of August, but were registered up until the 22nd August
Source: ONS

- A total of 153 deaths in Islington have been COVID-19 related, up to 14 August 2020.
- In Islington, the number of COVID-19 related deaths peaked during the week of 4 April – 10 April at 42 deaths and has fallen steadily since.
- There have been no deaths in Islington due to Covid-19 since the week commencing 25 July.
- In NCL, the weekly number of deaths also peaked 4 April – 10 April at 353 deaths. Nationally the peak was seen a week later at 7,861.

Area	Cumulative number of deaths as of 14/08/2020	Age standardised mortality rate per 100,000 (March to July)	Number of deaths 08/08/2020-14/08/2020 (latest week of available data)
Islington	153	135	0
NCL	1,438		1
England	49,410	91	107



Contact Tracing

Between the 28th May when NHS Test and Trace service began and up until 23rd August, in Islington they have identified:

114 cases



79% of cases have been successfully contacted

who had been in close contact with



and of the contacts identified

435 contacts



70% of contacts have been successfully contacted



The key challenges now,
and over the next 6-9
months: potential COVID-19
scenarios

Potential COVID-19 scenarios over the next 6-9 months

- **We do not know what the next few months, over the autumn and winter, will mean for COVID19 risks.** We do know that there is no prospect of a vaccine being deployed (assuming an effective and safe vaccine is developed) and that the virus has not 'disappeared' in any country in which it has become established, even those that had put into place the toughest and widest set of measures.
- **The 'reasonable worst case' scenario** - developed by the Academy of Medical Sciences at the request of the government: under this scenario, COVID19 measures prevent the steep and very rapid increase in cases seen in March and April, but winter conditions and other factors contribute to a much longer period of substantial ongoing transmission over the autumn and winter and ultimately many more cases. This scenario is underpinning NHS preparedness planning for the autumn and winter. Based on the first wave, disproportionality impacts will risk being significant throughout, and if there are more cases, then the absolute impact will also likely be greater than in the first wave. Some of the mortality rate may be mitigated by improvements in knowledge about effective treatment. Appendix 2 summarises the various factors in this scenario.
- Looking at other international examples, other scenarios might include:
- **Rolling regional and local surges in cases**, requiring stepping up and down of additional regional or local measures and restrictions, together with a generally increased level of small, contained outbreaks in community, workplace and health and care settings. This is reminiscent of the current position in parts of Australia and what appears to be emerging in France.
- **Broadly a controlled national and regional epidemic**, with relatively low but continuing transmission. Some significant but localised outbreaks and lockdowns. This is reminiscent of the current position in countries such as Germany and South Korea; and would be more like a continuation of the current London and national position, with the risk of localised lockdowns or surges.
- Under these two other scenarios, national and international examples generally indicate that minority ethnic communities and particularly people in poor employment conditions, overcrowded conditions and excluded groups will likely be disproportionately affected and impacted.



Key actions, August 20 – March 21



Islington COVID-19 Prevention and Resilience Action Plan, August 20-March 2021

1. Implementation of a population wide and targeted communications and engagement plan

- Public communications campaign to maximize public engagement with key control measures (physical distancing; wearing face coverings; hand and respiratory hygiene; self isolation and participation in Test and Trace if a case or a contact)
- Targeted community engagement programme, co-produced with key communities to ensure key messages and guidance reach deeply into all communities, with particular focus on those at increased risk, to support and encourage adherence and tackle myths and misinformation
- Socio-economic and other barriers to adherence are identified and addressed as far as possible through a clear support offer to residents

2. Targeted preventative work with higher risk settings

- Systematic identification and proactive engagement with our highest risk settings to provide advice and support to adopt COVID secure measures, including:-
 - Food production/processing/packaging
 - Hostels/homeless settings
 - Places of worship
 - HMOs
 - Early years, schools, youth, further and higher education
 - Prison/custodial institutions
- Targeted work with key BAME communities to both support confidence in school return and reinforce stay at home/test and trace messaging if symptomatic. Methods include working with parent champions to engage the community, translating core material to other languages and working with school nurses and VCS partners to allow families the possibility of discussing their risk and concerns with trusted professionals

3. Maximizing adult social care system resilience and infection prevention and control

- Ongoing implementation of ASC COVID-19 response plans
- Health and care system winter capacity planning
- Implementation of care home resilience plan and system-wide infection prevention and control (IPC) measures, including:- isolation and cohorting of residents; minimizing staff movement and support to isolate if positive; PPE; IPC training, advice and guidance
- iWork recruitment offer to support provider recruitment
- Support to care homes with implementation of national routine staff and resident swab testing programme
- Support to eligible extra care and supported living settings with introduction of national routine testing programme
- Piloting other priority testing regimes outside of national programme, in conjunction with NCL STP testing programme



Islington COVID-19 Prevention and Resilience Action Plan, August 20-March 2021

4. Effective public health data and surveillance systems

- Maintaining and reviewing a population-level, as-near-to-real-time as possible, granular COVID-19 surveillance dashboard to ensure rapid identification, investigation and management of COVID-19 outbreaks
- Development and maintenance of resident-facing dashboard on LBI website
- Ensuring robust systems for data flow from national/regional to local, and vice versa
- Integrating local health and care sector surveillance data into local surveillance systems

5. Increasing accessibility of and engagement with testing and contact tracing

- Establish a walk-in Local Testing Site in Islington to increase accessibility/reduce barriers to engagement with testing
- Develop options for VCS support offer, linked to any in-borough testing site to maximise engagement with Test and Trace and connect residents with support needs into the local offer
- Planning for locally supported contact tracing, building on a national checklist and our own local work, ensuring approaches are safe and effective and support and reassure our communities

6. Working with the NHS to maximize influenza vaccination take up

- Maximise the uptake of seasonal flu vaccine by priority patient / population groups, ensuring every effort is made to address lower uptake in BAME or more disadvantaged population groups
- Work with CCG and primary care colleagues to find innovative, creative ways to achieve high levels of vaccination this season
- Maximize the uptake of seasonal flu vaccine in health and social care staff

7. Programme of exercising and testing our plans

- Establish programme of scenario-based exercises/tabletops within LBI, with partners via LRF, and engage in sub-regional and regional exercises to strength local plans and effective system working



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Report of: Director of Public Health

Meeting of:	Date:	Ward(s):
Health and Care Scrutiny Committee	10/09/2020	All
		Non-exempt

SUBJECT: 12 MONTH PROGRESS REPORT ON GP SURGERIES – RESPONSE TO THE HEALTH AND CARE SCRUTINY COMMITTEE RECOMMENDATIONS

1. Synopsis

1.1 The Health Scrutiny Committee’s final report on GP surgeries was received by the Executive in July 2019, and the Executive’s response to those recommendations was agreed in September 2019. The Committee had considered the sustainability of general practice in the borough, and the opportunities for supporting and strengthening its sustainability in the context of rising demand, changing patterns of need, and significant population growth. In its report to the Executive, the Committee made ten recommendations covering a range of areas, including GP premises, workforce development and retention, technological innovation and access to GP services. This report provides an update to the Scrutiny Committee on the actions being taken by Islington CCG, with partners, in response to the Scrutiny Committee’s recommendations.

There have also been significant changes in primary care during this period, driven by the health service response to the COVID-19 pandemic, which continues to impact on provision of general practice. These are described in summary in section 4 to provide context for the later responses to recommendations, and are referred to throughout the report.

Finally, an update is also provided in section 5.7 on the closure of the Walk-in Centre, which took place during this period, and the reinvestment of funds into primary care access.

This is relevant to the recommendations included here.

2. Recommendations

2.1 The Health and Care Scrutiny Committee is asked to:

- Note progress on actions being taken forward to address the recommendations of the Health Scrutiny Committee's review of GP surgeries;
- Note the changes that have been driven by the response to the COVID-19 pandemic; and
- Note the update provided on the closure of the Walk-in Centre in section 5.7.

3. Background

- 3.1 During 2018/19, the Health and Care Scrutiny Committee undertook a review of the sustainability of general practice in Islington, in the context of rising demand, changing patterns of need, and population growth.
- 3.2 The Committee received evidence about a range of service developments that have been or are being implemented to support increased capacity in primary care and strengthen future sustainability, including: social prescribing; primary care 'at scale'; integrated care and interfaces with other services; digital and technological advances; planned developments in the primary care estate; and approaches to both attracting new workforce into Islington and supporting the existing workforce.
- 3.3 The Committee considered a wide range of evidence in relation to GP surgeries in the borough and noted a number of key factors, including: the ageing profile of GPs who work in the borough; changing expectations of a younger generation of GPs; pressures on general practice associated with demographic growth and change; the need to develop more integrated networks of staff working across primary care and beyond; and the need to build resilience amongst Islington's GP community.
- 3.4 The Committee formulated a set of recommendations intended to improve the sustainability of general practice. The Scrutiny Committee noted how the increasing provision of a broader range of services and support in general practice, such as social prescribing, physiotherapists, and practice-based pharmacists, can assist in alleviating the workload and 'free up' GP time/capacity in order to improve access to GPs. The Committee also welcomed the development of digital technology applications that should assist patients and GPs in providing more accessible and efficient delivery of services.
- 3.5 The Executive agreed the recommendations and response to the recommendations in July 2019 and September 2019 respectively. This paper provides a one year update on progress on each of the recommendations set out in the scrutiny review.

There have also been significant changes in primary care during this period, driven by the health service response to the COVID-19 pandemic, which continues to impact on provision of general practice. These are referred to throughout the report.

Finally, in the intervening period the Islington Walk in Centre has also closed. The Committee were previously provided with updates on the engagement process undertaken in the period leading to the expiry of the Walk in Centre contract. This report includes an update on the closure of the Walk-in Centre and the reinvestment of funds into primary care access.

4. Changes in General Practice in response to COVID-19

4.1 The COVID-19 pandemic has, by necessity, led to rapid large scale change in general practice. In late March 2020, GP surgeries were nationally mandated to move to a 'Total Triage' model. Total triage means that every patient contacting the practice is triaged remotely by a clinician who will assess whether and what type of appointment is needed; to protect staff and patients it is not possible to walk into a practice without first being triaged into a face to face appointment. This can be achieved by phone or using online consultations.

Online consultation has been rolled out rapidly across NCL. The model varies by practice, with different levels of usage; some practices direct all phone contacts to online consultation with exceptions for patients who cannot use it, while some use a mix of online consultation and phone access.

Where a patient does require an appointment, this may be a telephone or video consultation, or a face-to-face appointment. The rapid expansion of remote consultations has enabled some clinicians to work from home, helping with management of social distancing in practices and enabling clinicians who have risk factors relevant to COVID-19 to continue working safely. NCL CCG has distributed over 500 laptops with EMIS access to practices to enable home working.

All face to face appointments require clinicians to wear personal protective equipment (PPE) and the patient to wear a mask. Practices have reviewed patient flow and lengthened appointment slots to ensure appropriate infection, prevention and control (IPC). Islington GP Federation has provided experiential IPC training to practices in Islington.

For patients with symptoms of COVID-19 a newly-funded 'hot' service has been in place since mid-April, staffed by local GPs who have developed a high level of expertise in assessing and managing the symptoms of COVID. This began with the option of on-site appointments at a single hub, and home visiting where required, and as numbers have fallen this has focused on home visiting and advice. Provision of home oxygen saturation monitors has enabled remote monitoring in many cases. This service continues to evolve as the numbers reduce and as practices are supported to begin seeing their own symptomatic patients, but remains in place as an option.

5. Response to Scrutiny Committee recommendations

5.1 **Recommendation 1. That given that a number of GP Surgeries are at present in ageing premises, and that GP services are provided from a number of different locations, the CCG/Islington GP Federation should work to establish integrated networks of GP surgeries, providing a wider range of facilities and services for patients.**

The Committee are aware that a revised national GP contract 2019/20-2023/24 includes an additional service specification (a Directed Enhanced Service) that practices may opt to provide, which requires groups of practices to work together in Primary Care Networks (PCNs). PCNs are expected, over the five year contract term, to be collectively accountable for provision of a range of services. This will facilitate joint working across primary care practices and premises.

All practices in Islington have opted to provide the Primary Care Networks Directed Enhanced Service (PCN DES), and have formed into four Primary Care Networks. A Clinical Director has been appointed to each Network and infrastructure support is provided by Islington GP Federation.

During 19/20 and 20/21 the Primary Care Networks have worked together to agree collective recruitment of additional roles under the PCN DES Additional Roles Reimbursement Scheme. This has seen an increase in the number of practice-based pharmacists in Islington, and partnerships with Age UK and Help on Your Doorstep, who have employed social prescribing link workers on behalf of the PCNs.

At practice level the establishment of primary care networks has supported a rapid primary care response to the COVID-19 pandemic. As an example, where one practice was initially unable to continue seeing patients face to face, due to the high proportion of staff in categories vulnerable to COVID, a practice in the same PCN was able to take this on and see patients from that practice, with remote access to patient records.

Similarly another practice was able to move all of their non-COVID-19-related services to another practice site to free up their premises to enable patients from across Islington, experiencing symptoms of COVID-19, to be seen face to face in a single site with enhanced infection prevention and control procedures.

The Primary Care Network Clinical Directors have made active links with partners within their PCN geography, and are members of the three Locality Leadership Teams that form part of the Fairer Together Partnership.

5.2 **Recommendation 2. That in relation to recommendation 1 above, the CCG/Islington GP Federation should consider, when looking at the development of integrated networks, establishing a closer working relationship of GPs in the borough, the physical expansion of premises where feasible, relocation of existing premises to larger sites, and remodelling of premises/sharing services to maximise clinical use. This should be done in liaison with the Council Planning Department to ensure that where new housing developments are planned in the borough, premises are allocated for GP provision, where this is necessary.**

Recommendation 3. That, due to demographic changes taking place in the borough, there is a need to ensure GP surgeries are situated in the right locations, and have the facilities available to cope with an ageing population. The CCG should work with the Islington GP Federation, North Central London, and the Council planners to ensure that they are aware of local housing developments/population trends that may impact on GP services in the borough.

Islington CCG has developed a strategic estates plan for Islington that identifies areas of need and opportunities for improvement. This has been incorporated into a Strategic Estates Plan for North Central London (NCL) that has been rated 'good' by NHS England. An initial process of Estates Locality Planning took place for Islington between October 2019 and March 2020, which involved partners across the NHS and local authority (including planning, new homes team, adult and children's services leads). The second phase of locality planning will start in Islington in September and conclude by December 2020. The process began by focusing on 'hotspots' for potential reorganisation of how services are delivered and located (optimisation of current estate) but also broadened to consider what 'agile' working and use of space would require i.e. to enable multiple teams to successfully use a shared space. The output for the second phase of this work will be a

prioritised list of premises projects, the development and endorsement of which will have had input from all Borough partners and will be used to make the case for capital funding from central NHS.

The Islington Local Estates Forum (LEF) is now meeting on a bi-monthly basis to ensure oversight of live premises schemes (One Public Estate, ETTF and local NHS schemes) and to consider new opportunities as they arise. The LEF will also help to identify S106 and CIL opportunities for health in a more systematic way.

Islington and Haringey Councils and Islington and Haringey CCGs (now merged into NCL CCG) have also been successful in bidding for funding from the One Public Estate (OPE) programme. This funding is being used to develop feasibility studies for several sites in Islington where the NHS and Local Authority can work together to deliver new and improved primary and community health centres along with new affordable housing. Work to combine the Drivers Day Centre and Goodinge Health Centre sites is advancing well due to Programme management via OPE. The CCG, Whittington Health, GP practice and LBI new homes team are in advanced discussions about delivering a new, improved Primary Care centre along with affordable housing units on the combined site.

The CCG has also been successful in bidding to the Estates and Technology Transformation Fund (ETTF), which is a national fund, in order to support the development of new premises for Andover Medical Centre and Archway Medical Practice. Both of these schemes are joint ventures with LBI. ETTF capital funding of c. £1mil has also been secured to extend The Village Practice. This extension should be complete by March 2021

The CCG is also working with property owners of existing GP premises in the borough to bid for NHS Improvement Grant funding, which can be used to make internal improvements and to build extensions. In the last 12 months, two practices in the South Locality (Amwell and Killick St) have used this funding to create 2 new consultation rooms at each premises, increasing their capacity to see patients.

The CCG also receives proposals from landlords regarding extensions to GP premises that the landlord wishes to fund. These proposals also require consideration by the CCG, and they have an impact on CCG budgets via increased rent. The CCG assesses the strategic fit and value for money of these proposals before approving them.

5.3 Recommendation 4. That due to recruitment/retention problems of GPs, and the fact that a significant number of GPs in the borough will be retiring in the next 10 years, the work/life attractions of Islington as a location be advertised, in order to attract younger GPs and clinical staff. The Committee noted that the high cost of housing / cost of living in London may however be a deterrent to recruitment.

During the past year the Community Education Provider Network mentioned in the initial response to recommendations, has evolved into a Training Hub, which is now hosted and administered by Islington GP Federation. The Federation with the support of the CCG has developed a bespoke leadership programme for newly qualified GPs (NQGPs). This is coming to the end of its second year and we are seeing increased interest in the third year of the scheme as word of mouth and actively contacting local VTS schemes has built confidence in the posts. They have become a valuable addition for recruitment in Islington. As funding has decreased for these roles, the Federation has supported a 50% increase in funding for year 3 to allow 4 posts to continue. These will be linked to supporting PCN

activity and we hope to demonstrate their on-going benefit to secure further funding in future.

The Training Hub is also working with Islington PCNs to develop Workforce and Education Leads in each PCN. One of these will be helping to begin work on coordinated induction, educational assurance across PCNs and support for inter-professional educators. We believe that a well-managed educational environment will also support recruitment of GPs and other roles.

The rapid expansion in the option of remote working for clinicians will also impact on work/life balance and may support retention.

- 5.4 **Recommendation 5. That the Committee noted that many younger GPs have indicated that they wish to have more flexibility and variety in their careers, and younger nurses wish to pursue more career development. The Committee are of the view therefore that there should be increased development of team working in GP practices, such as the recruitment of advanced care practitioners, pharmacists, physician associates, based in practices, and there should be more of a focus on provision of care as a team and developing a more holistic approach. The CCG should continue to work towards this goal, and to investigate other new ways of working to encourage and develop recruitment to GP practices.**

Islington practices are currently supported by a shared team of 14 practice-based pharmacists, 8 PCN social prescribing link workers, and by 'super administrators' who are able to undertake some of the administrative tasks that were previously undertaken by GPs, particularly coding of clinical letters into clinical records. At the time of writing, PCNs will shortly be submitting to the CCG their plans for recruitment in 20/21 to the range of roles allowed through the PCN DES Additional Roles Reimbursement Scheme.

In planning to implement the Enhanced Health in Care Homes specification within the PCN DES, which begins in October 2020, the CCG has supported the PCNs to form partnerships with the Islington Learning Disabilities Partnership and the Islington Serious Mental Illness Health Checks team, to provide regular specialist support into the Learning Disability and Mental Health homes covered within the specification.

Federation, PCN and Training Hub Leadership will support the new PCN Workforce and Education Lead roles. Their initial aims are to focus on supporting and developing Social Prescribing Link Worker and Practice Pharmacist roles as well as the Enhanced Health in Care Homes DES specification and educational support for the developing teams. The Training Hub is also working with the CCG to improve its induction of all roles into the borough and to use that as an opportunity to make that first impression for Islington being a great place to work.

Islington GP Federation with the support of the CCG has developed a bespoke leadership programme as referenced in 5.3 above that is different from the national GP programmes with a clear aim to develop great GPs that will remain in the borough. This programme has been running over the last two years with 8 participants having gone through. Of these 8, 4 of these have gone on to take on leadership roles with the borough as well as continue sessions in their practices. 1 has become a clinical lead, 1 now works with the Quality improvement team, 1 has taken a lead role in Long Term Conditions at the CCG and 1 has just been recruited to lead on workforce and education within the PCNs and Training Hub. This portfolio approach is providing a good way to keep GPs in general practice as well as developing our future leaders.

20/21 sees the launch of the CPD support and Fellowship programmes for new and mid-career Nurses and GPs. Islington funding will enable the Training Hub to offer 1 Newly Qualified GP (NQGP) – PG Cert Fellow, 2 NQGP Leadership Fellows, 1 mid-career GP Fellows, 4 Newly Qualified General Practice Nurse (NQGPN) Fellows and 2 mid-career GPN fellows. Islington's Training Hub is also providing access to trainee Nurse Associate schemes, General Practice Nurse qualifications, General Practice Nurse Leadership qualifications and Advanced Care Practitioner qualifications, with a total 16 places across these programmes.

August 2020 also sees the launch of the Supporting Mentors Scheme with the aim to retain experienced GPs through offering portfolio working whilst supporting less experienced GPs through high quality mentoring. This has only recently been published and is being reviewed locally.

5.5 Recommendation 6. That there should be consideration given to common terms and conditions for practice nurses, to enable more movement between surgeries, so that this will create increased job opportunities/job satisfaction for nursing staff. This will be beneficial in recruiting and retaining nurses in the borough in the short and longer term.

The Training Hub highlighted Nurses and Nursing as a priority within the borough. At its last Steering Committee in June a sub working group was established which includes broad representation across Islington from the LMC, Whittington Health, the CCG and Islington GP Federation and Nurse representation. With the initial aim to understand the issues further, this committee arranged a listening group with the nurses earlier this month identifying the following themes: being valued, having flexibility, fair pay, opportunities for career progression, educational leadership within the practice, mentoring and being mentored, building relationships with patients and seeing their efforts lead to change for patients. Next steps are for the working group to bring together current activity and determine a strategy to address some of these issues.

North Central London CCG is continuing to work with the Londonwide Local Medical Committee (following a pause to the work during COVID-19) to issue guidance on good employment practices across London. It is essential to take a regional view on this work to avoid a competitive market across the different boroughs. Some national guidance is already available, following work by the Academic Health Science Network in South West England, so the London guidance is building upon this, reducing it to a concise set of practical recommendations. Other initiatives are also being implemented, as part of a national pilot 'CARE programme' to build wider workforce leadership within PCNs, including improving access to continuing professional development (CPD), peer support and leadership opportunities.

COVID-19 also provided opportunities for nurses to work more collaboratively with their Whittington Health community nursing colleagues and it is hoped that we can build upon this to create increased job opportunities and career satisfaction. This should enable greater retention of our nursing staff within the borough.

5.6 Recommendation 7. That there is a need to further develop the use of digital technology to support new ways of working in primary care. In addition to those initiatives already being undertaken, the development of online consultations should be further developed, and support should be given to the North London Health

Information Exchange initiative, which will allow clinical staff to view integrated records from across provider organisations.

One of the rapid responses to the COVID-19 pandemic was the roll out of online consultations to all practices over a very short period of time. This enabled patients to access general practice services online in addition to the telephone. A programme team continues to support practices to embed this new way of working as it requires not just installation of the programme but also adjustments to internal processes to allocate time to review and respond to information submitted. At the time of writing NCL CCG is reviewing the results of a survey of all practices which includes questions on the use of online consultations and practice support needs to enable continued support to be better-tailored.

Online consultations have supported Total Triage by allowing patients to be triaged online – consequently their health need is addressed either via text message, email, telephone and video appointment, and via face-to-face if needed. The introduction of the Total Triage model described in section 4 has led to a huge increase in the number of consultations undertaken over the telephone or by video, with face to face appointments currently in the minority to ensure the safety of staff and patients. This, coupled with the roll-out of over 500 remote working laptops across NCL has enabled general practice staff to work remotely, thus facilitating social distancing within practices and protection of staff in vulnerable groups or who are shielding. This may also support improved work/life balance for staff.

Training has been made available during this period on remote consulting and video consulting, with telephone triage training in development.

The National GP Survey shows that we have seen an improved awareness among patients of online services compared to last year.

5.7 Recommendation 8. That discussions should take place with regard to further improving access for patients to GP surgeries, with increased availability of an increased range of services at HUBS, extended access in evenings and at weekends, and provision of investment for additional facilities to provide more appointments at GP surgeries.

An Extended Access Service, which provides additional GP and nurse appointments 6.30-8pm on week days and 8am to 8pm at weekends, has been in place in Islington since 2017, and in pilot form before this as part of a Prime Minister's Challenge Fund scheme. In addition, practices in Islington have, for several years, been able to opt to provide an Extended Hours service to their own patients. This was expanded in 2019/20, with the Primary Care Networks taking collective responsibility for providing this Extended Hours service to 100 per cent of patients.

The new GP contract mandates that from April 2021 funding and responsibility for the Extended Access service will pass to the Primary Care Networks and be provided as a unified offer with the Extended Hours scheme. National guidance in relation to this is awaited, however borough teams within NCL CCG are working with PCN Clinical Directors and current providers to review learning to date. The current Extended Access provider has, for example begun to use practice-based pharmacists in supporting triage and providing medication based consultations.

In addition to these national developments, Islington CCG has put in place an Improved Access Local Incentive Scheme with local GP practices, that incentivises practices to provide a greater number of appointments, with 'stretch targets' set against the Islington

average number of appointments. The average number of appointments available increased over the first year of the scheme. Due to COVID-19 a full year of data for 19/20 is not available, however using data for April 19 to January 2020 it is possible to see that the increase achieved the previous year had been maintained. The number of primary care booked¹ appointments (recorded as part of the Improved Access Local Incentive Scheme) has increased from an average of 68 per 1000 patients per week in April 2018 (at the start of the scheme) to an average of 75 per 1000 patients over 2018/19, to an average of 76 per 1000 patients in 19/20. The changes to primary care access brought about by COVID-19, with new appointment types, will require this scheme to be measured differently, and the approach to this will be developed with practice managers.

With respect to national GP patient satisfaction data, Islington practices do perform in line with or better than the national average in terms of the percentage of patients reporting:-

- Their overall experience of their GP surgery is good
- That it is easy to get through to their surgery on the phone
- That they were offered a choice of appointment time (with a local improvement in 2020 on 2019)
- That the overall experience of booking an appointment is good (again with local improvement in 2020).

Closure of the Islington Walk-in Centre

The Committee are aware that during 2018/19 and 2019/20 Islington CCG undertook engagement with patients and the public about the upcoming expiry of the Walk in Centre contract in March 2020. A report from this engagement is available [here](#).

In September 2019 the Islington CCG Governing Body considered three options for courses of action on the expiry of the Walk in Centre contract. These were informed by:

- the engagement process;
- the new GP contract referenced elsewhere in this paper, which was published in January 2019 and introduced the concept of Primary Care Networks and new roles in general practice; and
- the financial position of the CCG.

The full report that informed this governing body decision is available [here](#). The option approved was for:

- Closure of the Walk in Centre when the contract expired
- 70% (£250k) of the contract value related to Islington patients (£361k) to be reinvested in primary care with the remainder retained as a saving.
- each Primary Care Network to be funded for additional in-hours capacity and required to deliver consultations which at a minimum equal 70% of those provided by the Walk in Centre for Islington residents only;
- a proportion of overall investment to go to Islington Federation to be delivered via the iHub (extended access service), to provide additional out of hours appointments to contribute to the above target;
- a risk reserve (10% of the £250k) to be retained to manage any additional A&E attendances resulting from the closure of the Walk in Centre;
- a navigator to be placed in the Walk in Centre for three months prior to closure to alert patients to the upcoming change and to support unregistered patients to register with a practice and to encourage registered patients to use their own GP practice and not to attend A&E if they have a primary care problem.

¹ As opposed to available appointments.

Following this decision discussions took place with the PCN Clinical Directors regarding the investment. There was a shared appetite to consider the investment in the context of all the new PCN developments and not assume that Walk-in Centre appointments needed to be 'replaced like-for-like'.

This resulted in a plan to develop a practice nursing team to provide a range of clinics e.g. wound care, immunisations and screening, in evenings and at weekends as part of the extended access service. It is expected that this will support improved outcomes and equality of access for patients but also improved resilience in practice nursing provision for practices, with the team able to support practices with short-term practice nursing vacancies. This plan was at concept stage in February 2020 but progress was delayed by COVID-19. The early discussions of this plan did inform, however, the rapid establishment of a time-limited joint district nursing and practice nursing team to support patients who were shielding during the pandemic, with their ongoing health needs.

The joint district nursing and practice nursing team served to further embed a strong professional relationship with Whittington Health; the federation will be seconding a District Nurse from the WH team who will work closely with the federation's Practice Nurse lead, along with key clinical and operational staff, over September to design the joint nursing team described above. Initial iterations will see teams based at the I:HUB locations, in order to both maximise use of the investment and support patient behaviours around accessing care during the extended hours period.

Also involved in the design of these clinics are the LMC, who are keen to ensure the GP practice teams remain fully core to such changes. Underpinning these nursing teams is the opportunity for practice nurses and HCAs to work in a hybrid model – both in practice and within a nurse team where there will be greater opportunity for peer support, mentoring and supervision, to aid with professional development.

The portion of the investment in immediate additional capacity in iHub has also been made. The COVID-19 pandemic has actually reduced demand for extended access services in the initial months of the year and so the activity has been profiled to provide increased access in the winter months:

- Additional weekly capacity will now be provided in the form of 14 hours of practice based pharmacist resource, to provide additional triaging of patients, plus support around long term condition management.
- In addition to 10 hours of HCA capacity provided weekly, to support around both long term condition management as well as wound care support.
- This will free up 8 hours of GP time, weekly, which will enable more face to face and telephone consultations.
- Given the change in patient behaviour as a result of COVID-19, £15,000 will be utilised to launch a significant bus shelter campaign, akin to the flu campaign that was run in winter 2017. The aim of this will be to encourage patients to feel comfortable and confident calling their GP practices to access face to face appointments throughout the extended access period. This should help to ensure that the additional capacity provided is fully utilised.

It is also important to note that the closure of the Walk in Centre was well-managed, with a clear communications campaign and navigators on site supporting attendees at the Walk-in Centre. Due to COVID-19 walk in attendances ceased in advance of 31st March 2020 to

ensure patient and staff safety. Walk-in Centres in other boroughs remain closed due to COVID-19.

- 5.8 **Recommendation 9. That, given that the Committee heard evidence about the benefits that have been achieved for patients through social prescribing, there should be increased development of provision in this area for GPs to link in with non-medical based services, which can provide support and develop skills and self-knowledge, in order to assist patients in managing their conditions. Evidence has also shown that social prescribing builds capacity into the health and social care system, and offers an alternative to traditional health care interventions. There is new funding provided by the national GP Contract specifically for additional social prescribing workforce, which supports this work.**

Since July 2019, the Islington GP Federation has led the contracting of the additional roles and capacity that have been introduced into GP practices, as outlined in the response to Recommendation 5. In addition to the 6 pre-existing, commissioned Social Prescribing Link Workers (SPLWs) in Islington, 8 SPLWs are now working within Islington's PCNs, with further recruitment underway. This additional capacity will be further enhanced by the recruitment of new, additional roles in Primary Care, such as Health and Wellbeing Coaches. NCL CCG continues to work closely with Islington GP Federation, the Primary Care Network Clinical Directors, Age UK Islington and Help on Your Doorstep, to ensure that a joined up, whole-system approach is being taken to the development of Islington's Primary Care Network Social Prescribing offer, in order to maximise the impact of these new roles. Partnership working to-date has been very positive, demonstrating the strength of existing relationships.

The Covid-19 pandemic has accelerated change and forged stronger partnerships in the borough. Throughout the pandemic, the PCN Social Prescribing Link Workers have been actively involved in Primary Care's proactive vulnerable patient contact work. Whilst there has been an increase in demand for social prescribing support, partnership working across Age UK Islington, Help on your Doorstep, the PCN Clinical Directors, NCL CCG and Islington Council, has ensured that service processes are responsive and adaptive to current, local needs which has maintained the social prescribing capacity in the borough. The SPLWs and their host Voluntary, Community and Social Enterprise (VCSE) sector employers have been well connected to various humanitarian support offers in the borough, including; food distribution hubs, medication collection services and befriending.

In the past 18 months, Health and Care System Partners in Islington have established the *Fairer Together Borough Partnership*; a partnership that is striving to improve health and wellbeing outcomes for local people through increased integrated working. This programme has led to the creation of 3 Locality Leadership Teams in the borough, with representation from, but not limited to; Islington PCN Clinical Directors, Secondary Care, Community Services, Social Care, NCL CCG and VCSE partners. These networks have enabled local services to implement change quickly and identify gaps or duplication in provision across services. Through the Locality Leadership Teams, PCNs have been able to explore new opportunities, including identifying new, additional SPLW providers. Furthermore, through the Fairer Together Programme, existing social prescribing services will be continually reviewed to ensure Islington has a clear, streamlined social prescribing offer.

NCL CCG and the Islington GP Federation continue to be active members of the North Central London Social Prescribing and Supported Self-Management Advisory Group. This group brings together colleagues from the NHS, Local Authorities and the VCSE sector from each of the 5 NCL boroughs. It provides a forum to share best practice in social

prescribing as well as build consensus and collaborate on STP-wide priorities. Guidance developed by this group is shared with PCNs in NCL regularly.

- 5.9 **Recommendation 10. That the Committee welcome the additional funding provided through the GP contract, and the development of digital and IT technology to support practices, and the Committee support the workforce projects taking place across the North Central London region. The Committee support the development of the NHS App, and the provision of 25% of appointments being made available on line, recognising that this does not remove the ability for patients to book in person or over the phone, and that any unbooked online appointments are not, therefore, 'lost'. The Committee encourages practices to consider making changes to their appointments booking systems, and to consider their triage processes, as part of their online booking process, recognising that practices already seek to ensure they have effective triage processes to ensure that patient needs are met.**

This recommendation is closely related to recommendation 7 above and progress has been accelerated by the response to COVID-19. As mentioned in the recommendation 7 response, the implementation of online consultations has supported practices to triage their patients online before offering advice either via text, email, telephone and video consultation, and face-to-face consultation if needed. A programme team is supporting practices to embed online consultations through integration with clinical systems (functionality is being tested prior to rollout to practices), regular communications in GP bulletins, and training organised through the online consultation provider. Current areas of focus are further opportunities for training and developing a digital support offer for PCN development. The NCL programme team works closely with the London Digital First Programme Team, which enables them to share and apply regional and national best practice and learnings.

6. Recommendations

6.1 The Health and Care Scrutiny Committee is asked to:

- Note progress on actions being taken forward to address the recommendations of the Health Scrutiny Committee's review of GP surgeries;
 - Note the changes that have been driven by the response to the COVID-19 pandemic; and
- Note the update provided on the closure of the Walk-in Centre in section 5.7.

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HEALTH AND CARE SCRUTINY COMMITTEE – WORK PROGRAMME 2020/21

Agenda Despatch Date – 8 July 2020

16 JULY 2020

1. Health and Wellbeing Board update – Situation report
2. Work Programme 2020/21
3. Scrutiny Review – Draft Report – Adult Paid Carers- Consideration of extending scrutiny to cover issues relating to COVID 19 – Deaths of residents in care homes, sheltered accommodation, PPE, deaths of staff, Payments for carers/domiciliary staff, Impact on BAME staff in all sectors
4. Performance update – Quarter 4
5. COVID 19 update
6. Moorfields Quality Account

Agenda Despatch Date – 2 September 2020

10 SEPTEMBER 2020

1. Scrutiny Review – Adult Paid Carers – witness evidence
2. Health and Wellbeing update – situation report
3. Work Programme 2020/21
4. COVID 19 update
5. Scrutiny Review GP Surgeries – 12 month report back

Agenda Despatch – 07 October 2020

15 OCTOBER 2020

1. Health and Wellbeing update
2. Work Programme 2020/21
3. Scrutiny Review – Draft recommendations
4. Healthwatch Annual Report/Work Programme
5. COVID 19 update
6. Camden and Islington Mental Health Trust – Performance update
7. Introduction of Test and Trace – update
8. Merger of CCG's /Hospital backlog due to COVID 19 - update

Agenda Despatch – 18 November 2020

26 NOVEMBER 2020

1. Scrutiny Review Adult Paid Carers – Final report
2. Health and Wellbeing Update
3. Work Programme 2020/21
4. Alcohol and Drug Abuse update
5. Annual Safeguarding report
6. London Ambulance Service – Performance update
7. Performance indicators – Quarter 1
8. COVID 19 update
9. Whittington NHS Trust – Performance Update

Agenda Despatch – 13 January 2020

21 JANUARY 2021

1. Scrutiny Review - witness evidence
- 2 Health and Wellbeing update
3. Work Programme 2020/21
4. Local Account
5. Executive Member Health and Social Care - Annual Report
6. Performance update – Quarter 2
7. COVID 19 update

Agenda Despatch – 24 February 2020

4 MARCH 2021

1. Scrutiny Review – witness evidence
2. Health and Wellbeing update
3. Work Programme 2020/21
4. Annual Health Public Report
5. UCLH Performance update
6. COVID 19 update

Agenda Despatch – 21 April 2021

29 APRIL 2021

1. Health and Wellbeing update
2. Work Programme 2020/21
3. Scrutiny Review – Draft recommendations
4. Moorfields NHS Trust – Performance update
5. Performance update – Quarter 3

JUNE 2021

Quarter 4 Performance update/Council Targets 2021/22