



**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 on 15 October 2020 at 7.30pm

Link to meeting: <https://weareislington.zoom.us/j/95420794397>

Enquiries to : Peter Moore
Tel : 020 7527 3252
E-mail : democracy@islington.gov.uk
Despatched : 7 October 2020

Membership

Councillors:

Councillor Osh Gantly (Chair)
Councillor Jilani Chowdhury (Vice-Chair)
Councillor Tricia Clarke
Councillor Roulin Khondoker
Councillor Martin Klute
Councillor Phil Graham
Councillor Clare Jeapes
Councillor Rakhia Ismail

Substitute Members

Substitutes:

Councillor Anjna Khurana
Councillor John Woolf
Councillor Sara Hyde

Co-opted Member:

Substitutes:

Quorum: is 4 Councillors

A. Formal Matters	Page
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 - 6
6. Membership/Terms of Reference	7 - 10

7. Chair's Report

8. 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.

9. Health and Wellbeing Board Update - Verbal

B. Items for Decision/Discussion

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10. Healthwatch Annual Report/Work Programme 11 - 34

11. COVID 19 Update 35 - 46

12. Islington Health and Care Scrutiny Committee Elective Recovery Programme 15 Oct 2020 47 - 52

13. Merger of CCG's 53 - 60

14. Work Programme 2020/21 61 - 62

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

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 26 November 2020

Please note all committee agendas, reports and minutes are available on the council's website:

www.democracy.islington.gov.uk

Agenda Item 5

London Borough of Islington
Health and Care Scrutiny Committee - Thursday, 10 September 2020

Minutes of the virtual meeting of the Health and Social Care Committee on Thursday, 10 September 2020 at 7.30 pm.

Present: **Councillors:** Gantly (Chair), Turan (Vice-Chair), Caluori,
Chowdhury, Clarke and Klute

Also Present: **Councillor** Burgess

Councillor Osh Gantly in the Chair

166 INTRODUCTIONS (ITEM NO. 1)

The Chair introduced Members and officers at the meeting

167 APOLOGIES FOR ABSENCE (ITEM NO. 2)

Councillors Hyde and Khondoker. Apologies for having to leave the meeting early from Councillor Clarke and Turan and lateness from Councillors Burgess and Chowdhury

168 DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)

None

169 DECLARATIONS OF INTEREST (ITEM NO. 4)

None

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

RESOLVED:

That the minutes of the meeting of the Committee held on 16 July 2020 be confirmed and the Chair be authorised to sign them

171 CHAIR'S REPORT (ITEM NO. 6)

172 PUBLIC QUESTIONS (ITEM NO. 7)

The Chair outlined the procedure for Public questions

173 HEALTH AND WELLBEING BOARD UPDATE - VERBAL (ITEM NO. 8)

None

174 SCRUTINY REVIEW ADULT PAID CARERS - WITNESS EVIDENCE - VERBAL (ITEM NO. 9)

Christine Lehmann, Health and Adult Social Care gave a presentation on PPS in Islington to the Committee, during which the following main points were made –

PPE in Islington

- 1.49 million total PPS items distributed to date

Health and Care Scrutiny Committee - 10 September 2020

- £596.76K estimated total cost
- Approximately £110.59 PPE cost per service user
- PPE and the BECC have been supplying 20% of Islington's ASC average required PPE per week based on modelled PPE need
- A complex and dynamic situation with multiple tiers and supply routes including the London Resilience Forums, North London Central Partnership and national Government through the Department of Health and Social Care
- Problems with supply February/March and the PPE team brought together and developed a system to engage with providers gathering information in order to support and respond. In April created the reporting, monitoring and ordering process for the whole of the ASC PPE delivery system in partnership with the BECC
- ASC PPE team made up of colleagues from the ASC contracts team, project management team, Public Health performance/strategists, in-house team, re-deployees across the Council. New communication channels were established to focus on immediate need and a contacts list developed to identify providers outside of commissioned services. First priority was to ensure the safety and continued support of residents and the care staff working with them. Initially the PPE team directly procured from suppliers, transferring to the BECC team with ACS PPE team consulting on quantities and PPE items needed for stock. In May/June engaged with other Councils to ascertain the proportionality of PPE requests from providers, and created dashboard with NCL/4C to report on actual usage and project costs in line with national/regional modelled demand. July onwards local processes embedded, supply beginning to stabilise, 4C is expanding to support the other NCL boroughs based on Islington's work to date, Department of Health and Social Care PPE portal is launched
- Providers – 155 services in total – wide range of external and internal services including care agencies, care homes, mental health and learning disabilities teams, occupational health, direct payments recipients and their carers, supported living, in house-bridging and discharge services, self-funders and private based Islington service users. Good supplier and user feedback
- Despite many challenges able to respond quickly to meet need and develop robust systems
- It was noted that Islington now had an adequate supply of PPE in event of a second wave of the pandemic. In addition the DPH also had a stock of available supplies
- Members expressed concern that the Government did not have an adequate supply of PPE in place at the start of the pandemic
- Noted that two thirds of PPE had been distributed to domiciliary care providers
- In response to a question it was stated that home care providers had given assurances that they had adequate supplies of PPE for staff, however they could approach the Council in the event of shortages. The relationship with providers was good

Update – COVID 19 Adult Social Care response

Stephen Taylor, Health and Adult Social Care was present and made a presentation to the Committee thereon, during which the following main points were made –

- Service highlights – Community service provision, operational social work teams, Safeguarding, Contracts commissioning and brokerage and community response
- Older People's Care Homes – there are 8 in Islington and there have been varying issues during the pandemic of outbreaks of COVID. Data shows this

Health and Care Scrutiny Committee - 10 September 2020

has reduced from the large early outbreaks. Similarly, after a sharp increase in deaths in homes, there have been considerably smaller numbers recently. As of 25 August there had been no resident COVID deaths for 12 weeks

- Domiciliary care – providers have reported relatively low number of residents who have been confirmed COVID positive or who have been COVID symptomatic. Domiciliary care agencies have reported no COVID – related deaths or residents they care for to commissioners. After some initial workforce challenges in the sector staffing levels have stabilised and there is no capacity within the market

Katie Logan, Health and Adult Social Care made a presentation to the Committee, during which the following main points were made –

COVID 19 deaths in Islington

- As at 12 June there had been 37 deaths due to COVID among care home residents across Islington. One death in a supported living setting. Based on self-reported figures from service providers, the percentage of service users with COVID peaked in early April between 5-6%. No information at present on deaths in care homes at an individual level. However, it was noted that there had been one additional care home death between 12 June and the end of August
- There are not significant differences by borough, in the rate of COVID deaths amongst care home residents. Across NCL, there have been an average of 64 deaths per 1000 beds, and Islington is not significantly different to the NCL or London average
- Key messages – In London the risk of death for health and social care workers is elevated compared to the general population, as it is nationally. Across London between 9 March and 25 May, there were 64 reported deaths involving COVID of social care workers. Associated risks have been identified with gender, age and ethnicity and ethnicity is a significant driver or risk to the ASC workforce in Islington, as workers from a black ethnic group represent the largest population of the ASC workforce in Islington – 59%. COVID has resulted in high rates of staff absence across Adult Social Care. Nationally an average of 25% of frontline workers were unable to work during the COVID period. In Islington providers reported the highest rates of staff absence in April and May, at around 14%
- Islington ASC workforce characteristics – men are disproportionately affected by COVID 19 however 80% of the workforce in Islington is female. 72% of the ASC workforce in Islington is between the ages of 25-54 and 22% is aged 55 or over. The largest proportion of the ASC workforce in Islington is from a black ethnic group 59%, followed by white – 29%
- In response to a question relating to the Infection Control Fund, it was noted that this had enabled care providers to pay care staff full pay who could not work due to self-isolating. There had been 2 deaths of care staff in care homes due to COVID
- It was noted that with regard to frontline staff, particularly BME staff who were most at risk, some providers were arranging training, and the Council had provided risk assessment information and access to resources. An example could be provided to Members
- Concern was expressed that sickness levels were not high, and this may be due to care staff not being able to afford financially to take time off sick, and enquired whether providers were paying full sick pay. In addition, as the Infection Control funding is shortly due to end from the Government, there should be lobbying to the Government to continue this funding, It was noted

Health and Care Scrutiny Committee - 10 September 2020

the Council is lobbying the Government on a number of issues. Including this, and that this would continue

- It was noted that the ethical care charter should be being applied by all big providers, however whilst it did not apply to the smaller agencies consideration would be given to this issue when contracts are reviewed

The Chair thanked Katie Logan for her presentation

175 **COVID 19 UPDATE (ITEM NO. 10)**

Julie Billett, Director of Public Health outlined the report

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

- As of 27 August there are a total of 654 laboratory confirmed cases in Islington. As of 09 September there were 724 cases, and that this increase is in line with London and national increases. This is a matter of concern, however at present the new cases are mainly amongst younger people aged 18-29, and there had been no increases in hospitalisation as yet
- The average number of new daily cases peaked from 29 March-4 April at 17 cases
- The number of new cases per day has been declining since mid-April
- Over the last 2 weeks the average number of new daily cases has increased slightly, however testing has increased dramatically
- A total of 153 deaths in Islington have been recorded up to 14 August COVID related. There have been no deaths due to COVID 19 in Islington since the week commencing 25 July
- Contact tracing – between 28 May when test and trace service began and up to 23 August there have been 114 cases who had been in close contact with 435 contacts, and 79% of cases have been successfully contacted, this has now increased to 186 cases with a success rate of 77% and 585 contacts with a
- Key challenges – not sure what next few months over Autumn and Winter will mean for COVID 19, worst case scenarios need to be factored in, these could include rolling regional and local surge in cases, or a broadly controlled national and regional epidemic. Under both these scenarios national and international examples generally indicate that minority ethnic groups and particularly people in poor employment conditions, overcrowded conditions and excluded groups will likely be disproportionately impacted and affected
- Key actions August 2020-March 2021 – Implementation of a population wide and targeted communications and engagement plan, targeted preventative work with higher risk settings, maximising home care resilience and infection prevention and control, effective public health data and surveillance systems, increasing accessibility and engagement with testing and contact tracing, working with NHS to maximise influenza vaccination take up, and programme of exercising and testing plans
- It was noted that the local contact tracing system is being developed, and this will sit alongside the national contact tracing system, however as Islington was not a priority area in terms of increase in cases this may not happen for a number of weeks
- It was noted that residents were being facilitated with regard to testing, however there are currently there were issues with regard to capacity. Work is taking place to provide a testing site in the borough
- In response to a question it was stated that schools had been provided with a limited number of test kits and these could be replenished if necessary

The Chair thanked Julie Billett for attending

176 **SCRUTINY REVIEW - GP SURGERIES 12 MONTH REPORT BACK (ITEM NO. 11)**

Rebecca Kingsnorth, Assistant Director of Primary Care, Islington CCG, Alex Smith NCL CCG Islington and Imogen Bloor GP were present at the meeting and outlined the report

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

- It was noted that GP's were open for business, although during COVID had increased the use of remote appointments, and this was likely to continue. There is a need to communicate to residents the message that GP's were available
- With regard to the closure of the walk in centre, there had been engagement with the public, however following COVID the proposed service model did not fit, given the introduction of the new GP contract, and the CCG had also had to find 30% savings due to a financial deficit
- In response to a question as to whether Camden and Islington, who had historically had a financial surplus, were subsidising other NCL boroughs who had deficits, it was stated that Islington had a financial deficit of £14m and therefore savings had had to be made. However, it was noted that as part of the NCL CCG constitution there is a commitment that from the Governing Body that it would not disinvest from the 2019/20 financial baseline, in each borough for primary care, and mental health services, and that this was not time limited

RESOLVED:

That the report be noted

The Chair thanked Rebecca Kingsnorth, Imogen Blair and Alex Smith for attending

177 **WORK PROGRAMME 2020/21 (ITEM NO. 12)**

RESOLVED:

The Committee were informed by Councillor Burgess that she would be standing down as Executive Member Health and Social Care and that this was her last meeting of the Committee

- (a) That the Committee thank Councillor Burgess for her work as Executive Member Health and Social Care, and the contribution that she has made to the work of the Committee and health and social care in Islington
- (b) That the work programme be noted

MEETING CLOSED AT 10.05 p.m.

Chair

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Report of: Corporate Director - Resources

Meeting of	Date	Ward(s)
Health and Care Scrutiny Committee	15 October 2020	All

Delete as appropriate		Non-exempt
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SUBJECT: HEALTH AND CARE SCRUTINY COMMITTEE - MEMBERSHIP, TERMS OF REFERENCE AND DATES OF MEETINGS

1. Synopsis

- 1.1 The Committee is asked, to note the Committee's terms of reference and their meeting and working arrangements.
- 1.2 Scrutiny Committees carry out reviews of the council's policies, performance and practice and look at how external organisations conduct their business to ensure local, accountable and transparent decision making and shape future policy and practice.

2. Recommendations

- 2.1. To note dates of meetings of the Health and Care Scrutiny Committee for the municipal year 2018/19, the membership appointed by Council on 24 September 2020.

3. Background

- 3.1. The Health and Care Scrutiny Committee is established under the terms of the constitution of the London Borough of Islington.
- 3.2. The membership of the Health and Care Scrutiny Committee is attached below. The quorum is four councillors.

3.3. In addition to carrying out health related scrutiny reviews, the Committee invites local NHS trusts and health providers to the Committee to discuss their performance. This enables an ongoing dialogue to take place to enable the Committee to gain a better understanding of health service matters and to question the trusts on areas of concern throughout the year.

3.4. The following dates have been agreed for the remainder of this municipal year:

16 July 2020
10 September 2020
15 October 2020
26 November 2020
21 January 2021
4 March 2021
20 April 2021

Membership of the Committee 2020/21

Councillors:

Osh Gantly– Chair
Jilani Chowdhury – Vice Chair
Tricia Clarke
Martin Klute
Roulin Khondoker
Rakhia Ismail
Clare Jeapes
Phil Graham

Vacancy - Islington Healthwatch

Substitutes:

Councillors:

Sara Hyde
John Woolf
Anjna Khurana

3.5. Financial implications

The Director of Finance and Resources confirms that costs associated with the Review Committees have been budgeted for in the 2018/19 budget.

3.6. Legal Implications

The Council appoints Scrutiny Committees to discharge functions conferred by section 21 of the Local Government Act 2000.

3.7. Equalities Implications

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.

3.8. Environmental Implications

Papers are circulated electronically where possible and consideration given to how many copies of the agenda might be required on a meeting by meeting basis with a view to minimising numbers. Any agendas not used at the meeting are recycled. These are the only environmental implications arising from this report.

4.5 Resident Impact Assessment

There are no direct equality or other resident impact implications arising from this report

4. Conclusion and reasons for recommendations

The Committee are asked to note their terms of reference and working arrangements.

Background papers:

The Council's constitution
Programme of Meetings

Final Report Clearance

Signed by

.....
Director of Law and Governance

.....
Date

.....

Report author: Peter Moore
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HEALTH AND CARE SCRUTINY COMMITTEE

(This Scrutiny Committee is responsible in accordance with regulation 28 of the Local Authority (Public Health, Health and Wellbeing and Health Scrutiny) Regulations 2013) for the Council's health scrutiny functions other than the power under regulation 23(9) to make referrals to the secretary of state

Composition

Members of the Executive may not be members of the Scrutiny Committee.

Members of the Health and Wellbeing Board should not be appointed to this committee.

No member may be involved in scrutinising a decision which he/she has been directly involved.

The Scrutiny Committee shall be entitled to appoint a number of people as non-voting co-optees.

Quorum

The quorum for a meeting of the committee shall be four members.

Terms of Reference

1. To review the planning, provision and operation of health and care services in Islington area, invite reports from local health and care providers and request them to address the committee about their activities and performance
2. To respond to consultations by local health trusts and the Department of Health.
3. To consider whether changes proposed by local health trusts amount to a substantial variation or development.
4. To make reports and/or recommendations to a relevant NHS body or a relevant health service provider.
5. To recommend to the Council that a referral be made to the secretary of state under regulation 23(9) of the Local Authority (Public Health, Health and Wellbeing and Health Scrutiny) Regulations 2013.
6. To make reports and/or recommendations to the Council and/or the Executive on matters which affect the health and wellbeing of inhabitants of the area.
7. To carry out the functions of an overview and scrutiny committee in respect of matters relating to the Public Health Directorate or to Adult Social Services.
8. To undertake a scrutiny review, of its own choosing and any further reviews as directed by the Policy and Performance Scrutiny Committee and, consulting all relevant sections of the community, to make recommendations to the Executive thereon.
9. To carry out any review referred to it by the Policy and Performance Scrutiny Committee following consideration of a Councillor Call for Action referral.



Annual Report 2019–20

Guided by you

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Helping you find the answers	15
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Message from our chair



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We know many residents will be experiencing very difficult times during the current crisis and that inequalities will have exacerbated the impacts. Coronavirus means we have changed how we work but we are committed to engaging our residents using new ways, and old ways, to safely hear your views and help you access services.

We thank the staff in hospitals, GP practices, pharmacy, care homes, the social workers, the cleaners, mutual aid groups, the residents who continue to follow distancing rules, who have helped their neighbours, those who have donated items to feed residents and staff. And we look forward to working together as lockdown eases, but social distancing continues. We know that these continued distancing measures will also have disproportionate effects on residents who may be at risk, or have health needs.

This report covers our work before the pandemic, from April 2019 to March 2020, our most successful year yet. We engaged with over 2,300 residents. We worked with families through ‘Log-On: Parent Power’ to help parents make sure their kids are using the internet safely, got sheltered accommodation residents on-line and feeling more connected, and influenced how mental health referrals will be made for residents with language needs. We’ve gathered views on services for parents of children with learning disabilities, on Whittington Health’s plans for the future, and on how oral health is supported in care homes.

The pandemic has also shown us how important it is to provide good quality information. In the past year we’ve done just that; sharing information on accessing services, and managing health conditions including dementia, prostate cancer, diabetes, depression and anxiety with 100s of residents.

Jana Witt
Healthwatch Islington Chair

The pandemic has shown us how important it is to provide good quality information.

Our priorities

650 people spoke to us in 2019-20 about the improvements they would like to see from health and social care services. Our six priorities for the year ahead have been chosen based on what we heard from you.



Better access to information about health and care services in Islington

- We will support residents to use their devices and navigate the internet



Patient transport services

- We will share your experiences and concerns with decision makers and press for clearer eligibility criteria



Mental health support

- We will work to help services meet the needs of migrant communities



The impact on services from Covid 19

- We will help health and care services understand the issues affecting you



Information workshops, particularly on topics relevant to the Covid 19 pandemic

- We will offer additional support to make these events more accessible



Improving access to primary care

- We will continue to carry out engagement on this issue

About us

Here to make care better

We are the independent champion for people who use health and social care services in Islington. We work to make sure that those running services put people at the heart of care, and our board works to ensure that we are fulfilling our legal and statutory obligations.

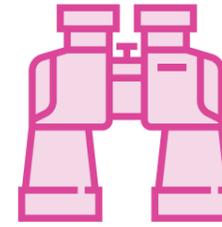
Healthwatch is here to understand the needs, experiences and concerns of people who use services and to speak out on their behalf.

We simply could not do this without the hard work and effort from our staff and volunteers and, of course, we cannot do it without you.

It's important that services continue to listen, so please do keep talking to your local Healthwatch. Let's strive to make the NHS and social care services the best that they can be.

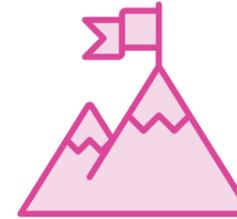
Page 14 As a board, we are passionate about improving health and social care services in Islington, and we are proud to support the important work of our dedicated staff and wonderful volunteers.

Our board are meeting virtually during the coronavirus pandemic. Visit our website to learn more about them.



Our vision is simple

Health and care that works for you. People want health and social care support that works - helping them to stay well, get the best out of services and manage any conditions they face.



Our purpose

To find out what matters to you and to help make sure your views shape the support you need.



Our approach

People's views come first - especially those who find it hardest to be heard. We champion what matters to you and work with others to find solutions. We are independent and committed to making the biggest difference to you.



How we find out what matters to you

Our staff and volunteers identify what matters most to people by:

- Visiting services to see how they work
- Running surveys and focus groups
- Going out in the community and working with other organisations



Find out more about us and the work that we do

Website: www.healthwatchislington.co.uk
Twitter: @hwislington
Facebook: www.facebook.com/HWIslington

Highlights from our year

Find out about our resources and the way we have engaged and supported more people in 2019-20.



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Health and care that works for you



20 volunteers

helping to carry out our work.

We employed
5 staff

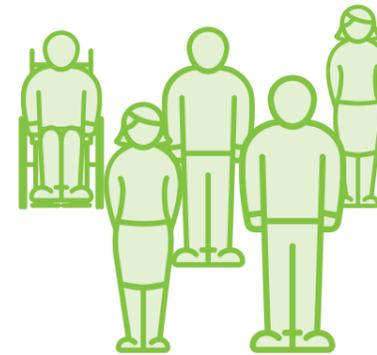
3 of whom are full time.

We received

£156,100 in funding

from our local authority in 2019-20.

Supporting people



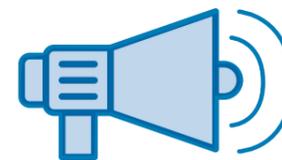
650 people

shared their health and social care story with us.

1,141 people

accessed Healthwatch advice and information at our community events, or contacted us with questions about local support.

Reaching out



3,931 people

engaged with us through our website, with 411 subscribers to our email newsletter.

Making a difference to care



We published

7 reports

about the improvements people would like to see with their health and social care, and from this, we made 25 recommendations for improvement.

How we've made a difference



Speaking up about your experiences of health and social care services is the first step to change.

Take a look at how your views have helped make a difference to the care and support people receive in Islington.

PATIENT TRANSPORT: Challenging decision-makers and raising your concerns

Thanks to your feedback, we were able to hold decision-makers to account.

Healthwatch had already been critical of the lack of public engagement around the re-commissioning of patient transport services. When the new service launched in September 2019 many people got in touch with us reporting poor experiences.

For example, residents who had previously been entitled to patient transport found they were no longer eligible for the service, and family carers were no longer allowed to accompany vulnerable relatives. More broadly, we felt there was a lack of transparency around eligibility criteria for the service.

- We supported individuals to successfully challenge decisions to refuse them transport
- We used our voice to draw attention to your concerns in local and national media
- We met with commissioners to push for change



'My mum is in a wheelchair and uses hospital transport. I'm her carer and am not allowed to travel with her. I don't think this is fair.'

As a result of our work, decision-makers have a much clearer understanding of the problems there are with the current model for patient transport from the perspective of the people who use the service. It is now up to those decision-makers to work to make changes. We are pleased to see that the assessment process is now quicker for example, and we look forward to seeing more improvements.

Dear Healthwatch
Thank you so much for your feedback. I am so pleased I am not the only one who has raised concerns Thank you for working on behalf of patients and escorts.



Women from Islington's Bangladeshi community attending a Healthwatch event at Barnsbury Community Centre

MENTAL HEALTH SUPPORT: Migrant communities talk to Healthwatch about their experiences

Healthwatch spoke to 73 residents from migrant communities who were living with mental health issues, along with staff from eight support organisations.

We learned that in many cases cultural and language barriers made NHS counselling and talking therapies less effective for members of migrant communities. These services were better suited to second generation members of these communities. A staff member from Islington Bangladesh Association explained:

‘Many of the questions that a therapist needs to ask are complex concepts to get across in the Bengali language, and also need to be asked very sensitively. This can be a challenge for time limited services.’

The changes that people told us would improve mental health support included:

- More mother tongue counselling services
- Counselling that is culturally sensitive to the needs of clients, particularly to faith.
- More work to empower people to know more about what mental health means, what’s on offer, and what their rights are.

We shared the feedback we gathered with decision-makers. As a result, a new advisory group has been set up to help ensure that the particular needs of migrant communities are fully considered when mental health services are commissioned in the future. Healthwatch, along with one of the support organisations that took part in this research, have been invited to chair the group.

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Healthwatch held focus groups to gather feedback on the Supporting Families Service.

A GREATLY VALUED SERVICE: Parents give feedback about family support from Centre 404

Centre 404 is a charity that supports people with learning disabilities and their families. The Supporting Families Service helps families complete health and social care assessments and apply for benefits, as well as grants for equipment and adaptations to the home. They also give advice and information, host a number of support groups and provide a programme of social activities for families.

Healthwatch spoke to 24 parents and family carers, two staff members, and three teams from referring agencies.

Feedback was positive. In particular, parents felt that the service was able to offer the patience and empathy that are sometimes less available in statutory settings.

‘I always found them amazing. They are very friendly and they make you feel at home, and like you’ve known them for years. The same lovely lady helped me twice, and they don’t forget something that you might have told them a year ago. It’s like, they really care. It’s not just a job to them, they really want to help you.’

Suggestions for improving the service included increasing its capacity, and broadening its offer to cover other disability groups. We shared our report with Centre 404 to help them showcase the value of the service to funders.

They are quite different from other organisations. I feel like I belong. They understand parents’ needs.



Share your views with us

You can help services understand the issues affecting care for you and your loved ones by telling us. If you’ve recently used a service and want to share your experience, we’re here to listen.

Website: www.healthwatchislington.co.uk/share-your-views
Telephone: check our website for phone contact details
Email: info@healthwatchislington.co.uk

Long Term Plan

#WhatWouldYouDo

Highlights



Nationally, our network held over 500 focus groups and heard from over 40,000 people.



More than 1,000 people across North Central London shared their views with Healthwatch.



Here in Islington, we decided to talk to local people about the support available for people with dementia.

NHS Long Term Plan

Following a commitment from the Government to increase investment in the NHS, the NHS published the 'Long Term Plan' in January 2019, setting out its key ambitions over the next 10 years. Healthwatch launched a countrywide campaign to give people a say in how the plan should be implemented in their communities.

Working with Healthwatch from Barnet, Camden, Enfield and Haringey we asked people #WhatWouldYouDo to improve the NHS locally. In Islington we held conversations with 198 local residents. We decided to focus on dementia services in particular, and worked with partners supporting our Greek and Somali speaking residents to put on focus groups for people with memory loss and their carers. The changes that people told us they would make to dementia services were:

- Easier access to support from GPs
- Better understanding of the services that are available
- More consistent provision of care plans for people diagnosed with dementia

Our findings have been shared with commissioners across North Central London to inform the design of future services.

The scan confirmed early onset dementia. There was no follow up from the GP or hospital. The scan was done seven years ago. I have no care plan. I live with my mother and do everything for her myself. It is difficult for me day-to-day as I also work.

Helping you find the answers



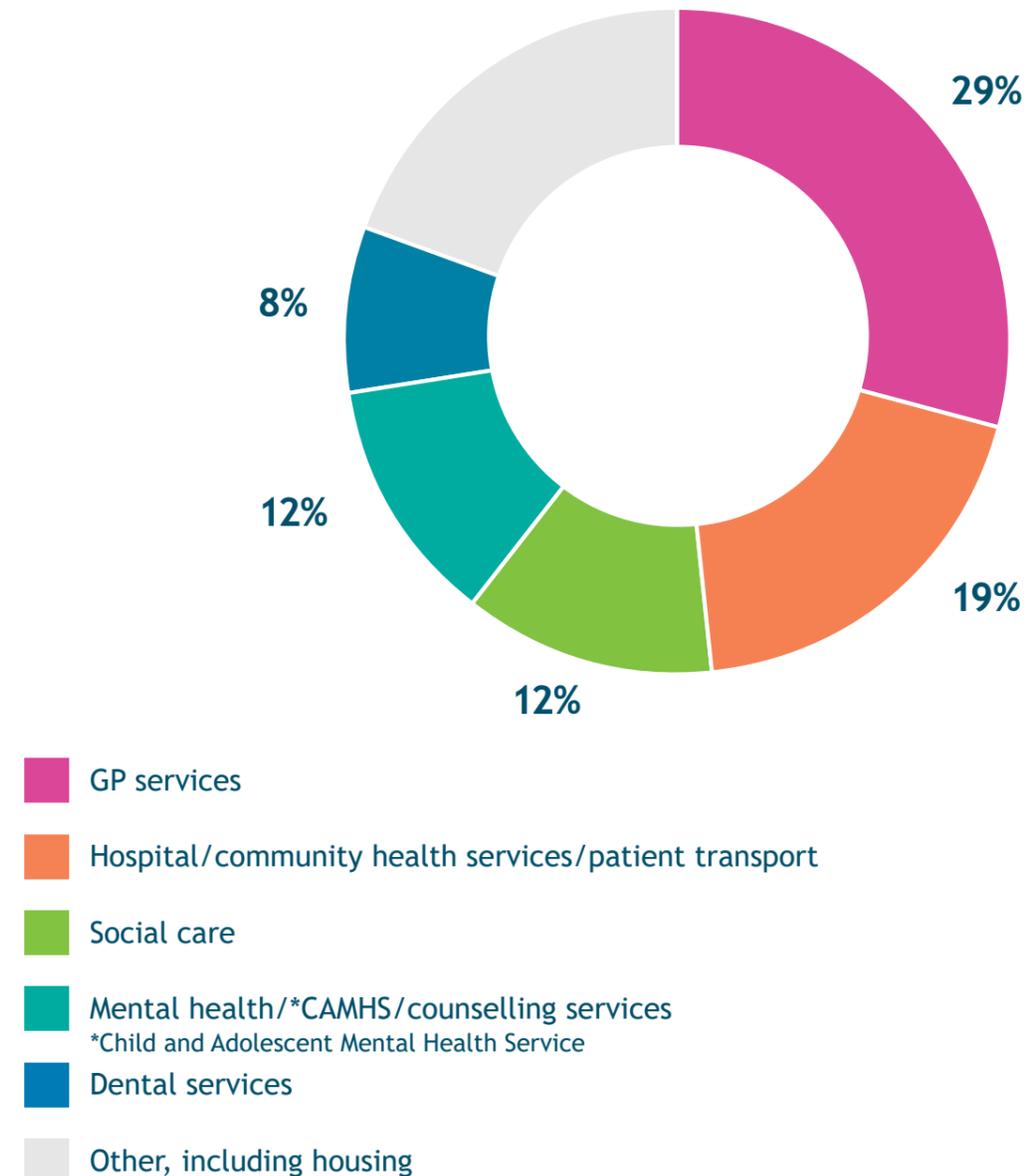
Finding the right service can be worrying and stressful. Healthwatch plays an important role in helping people to get the information they need to take control of their health and care and find services that will provide them with the right support.

This year we helped 1,141 people get the advice and information they need by:

- Providing advice and information articles on our website.
- Answering people’s queries about services over the phone, by email, or online.
- Talking to people at community events.
- Promoting services and information that can help people on our social media.

Here are some of the areas that people asked about.

People who contacted our information service asked for information about their entitlements, advocacy, support to complain, or help to access services. The services their queries related to were as follows:



DIGITAL INCLUSION: Local residents in social housing and sheltered accommodation improve their skills

Healthwatch has been helping some of our older residents to understand the benefits of being online and develop confidence with their devices, thanks to a partnership scheme with Clarion Housing.

Between December 2019 and March 2020, our staff and volunteer digital champions gave support to 44 residents of social housing, and supported living schemes at Foxham Road, Hawberry Lodge, Ash Court and Cope House.

I set up a phone password today and learned how to save and find contacts, and find my own phone number. I also learned Whatsapp and sent a message for the first time.

Action fan learns how to download book reading applications to her tablet at a drop in session in January



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As well as visiting the schemes we provided twice monthly drop in sessions open to all.

Residents who found it hard to text or touch small icons on the screen were shown how to interact with their phones using the voice activated digital assistant. Others wanted help with online shopping, or to register on the housing portal that allowed them to pay bills or request repairs online. We showed everyone who participated where to access trustworthy sources of information online, and how to search the web and bookmark the sites they felt would be most useful to support their health and wellbeing.



Help making a complaint:

Christine suffers with Parkinson's. She had a fall last year and was discharged by the hospital into a local care home that had no nursing support, when she needed rehabilitation. She became very ill. Her daughter, who is also her carer, contacted Healthwatch and got information on how to make a complaint. We also told her about local support available for Parkinson's and for her own role as a carer, and referred her to the NHS complaints advocacy service.



Accessing support for ADHD:

Holly was in year 10 and wasn't considered by her GP to have severe enough ADHD to be referred to the Child and Adolescent Mental Health Service. Her mother was worried because her daughter's school was managing her ADHD as misbehaviour, and she was concerned that this was affecting her daughter's self-confidence. Healthwatch found out that it was possible to self-refer, and let them know how to proceed. They were able to get an assessment booked for 12 weeks' time.



Entitlement to GP services:

A German-national who had been living in the UK for a decade was refused access to a local GP other than as a tourist. With all the confusion surrounding Brexit, both the practice manager and the receptionist had mistakenly believed that she was only entitled to this more limited form of access. Healthwatch flagged the issue up with commissioners and the resident was happy to get an apology from the practice concerned.



Contact us to get the information you need

If you have a query about a health or social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.

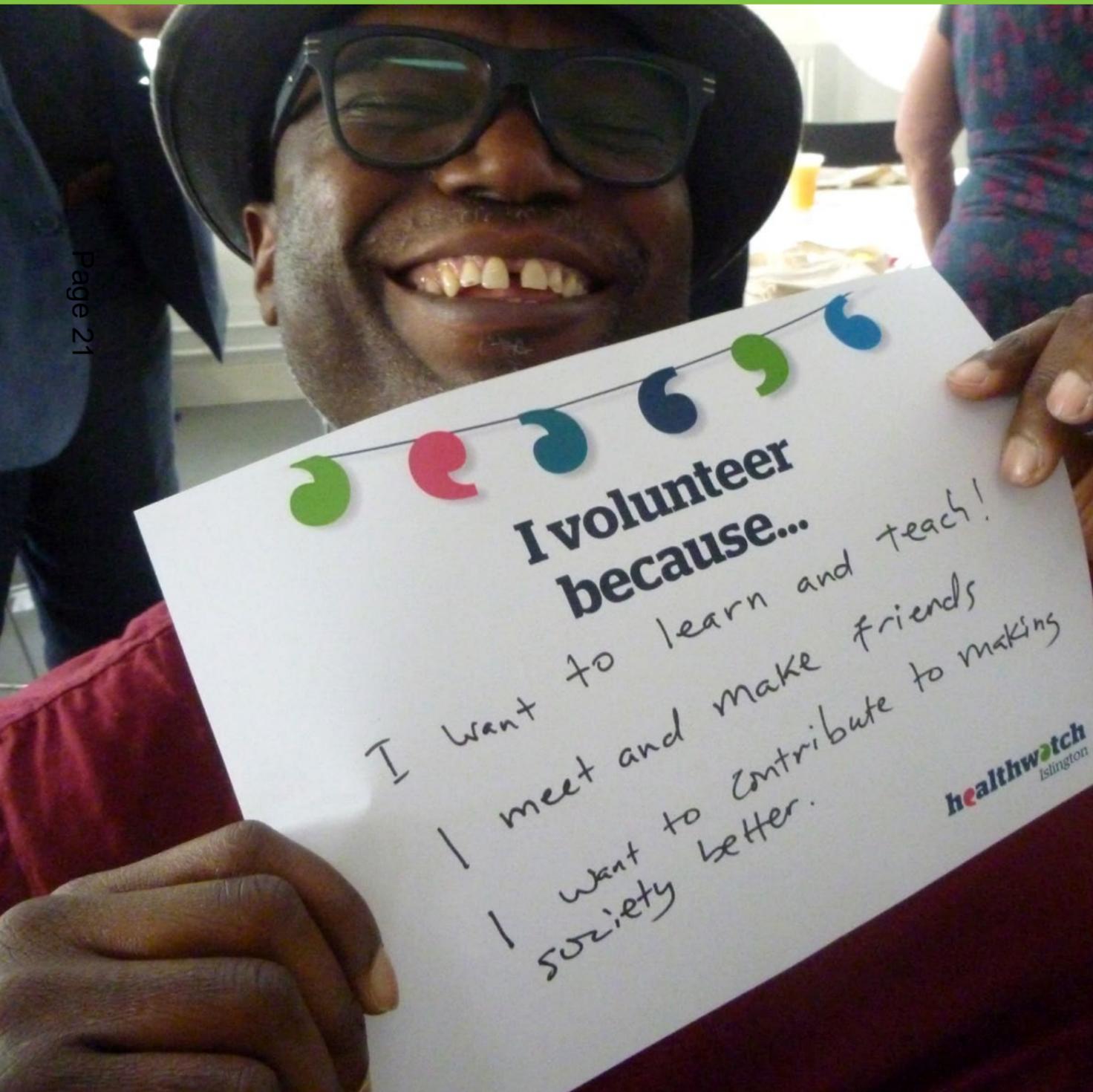
Website: www.healthwatchislington.co.uk/advice-and-information

Telephone: 07538 764436

Email: philippa.russell@healthwatchislington.co.uk

Volunteers

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At Healthwatch Islington we are supported by 20 volunteers to help us find out what people think is working, and what people would like to improve, to services in their communities.

This year our volunteers:

- Raised awareness of the work we do at events, and in the community.
- Visited services to make sure they are providing people with the right support.
- Helped support our day-to-day running.
- Trained as digital champions and supported people at risk of digital exclusion.
- Listened to people's experiences to help us know which areas we need to focus on.

ORAL HEALTH: Care home residents are well supported by staff to maintain healthy mouths and teeth

Thanks to the work of our volunteers, we can feel reassured that the quality of oral health care is good in care homes in Islington.

Healthwatch volunteers visited six local care homes and spoke to residents, relatives and staff. They asked about teeth and mouth cleaning, whether anyone had any problems with eating and drinking, and how often residents saw a dentist. They were impressed with what they found:

- Residents were well supported with care of their teeth and dentures
- Staff were well trained in oral health issues
- Staff said that the support provided by the Oral Health Promotion Team from Whittington Health was really valuable

Volunteers did feel that support could be even better if more information about dental care was given to relatives when their loved



'I last saw a dentist five years ago. I don't need to because I have dentures and they're comfortable.'

ones first entered the home, and if residents had more consistent access to dental check ups. We shared these suggestions with the homes in a report on our visits.

It is a fantastic report and we will continue to improve our services based on the recommendations.

Fatma Makalo, Centre Manager, Bridgeside Lodge



Volunteer with us

Are you feeling inspired? We are always on the lookout for new volunteers. If you are interested in volunteering, please get in touch.

Website: www.healthwatchislington.co.uk/volunteer

Telephone: 07538 764457

Email: jennifer.kent@healthwatchislington.co.uk

Our volunteers

We could not do what we do without the support of our amazing volunteers. Let's hear from some of the team and find out what it's like to volunteer.



Sue, active resident

'I like meeting people and talking to them and observing how people are treated and what could be done better. I think Healthwatch plays a very useful role in our community. They treat volunteers like colleagues and the atmosphere is always friendly at meetings and on visits. Other organisations could learn a lot from Healthwatch!'



Rose, carer

'I think the thing that is most personally satisfying about volunteering for Healthwatch is shaping the future of health and care services - working with ordinary people who use services and using their feedback to make those services better.'



Kate, student

'Volunteering with Healthwatch has been and continues to be a very rewarding experience. The team have always been incredibly accommodating of my needs and other commitments, notably university, and have always shown genuine care for my health and wellbeing. Thank you Healthwatch!'

I thoroughly enjoyed my role as a Healthwatch Digital Champion. It's been brilliant to be part of a project that encourages and supports people taking their first steps in getting online. It's been such a joy to witness their 'a-ha' moment.

Being part of the project has also helped me with my own confidence as I've met lovely individuals from various backgrounds and I feel more connected to my local community.'

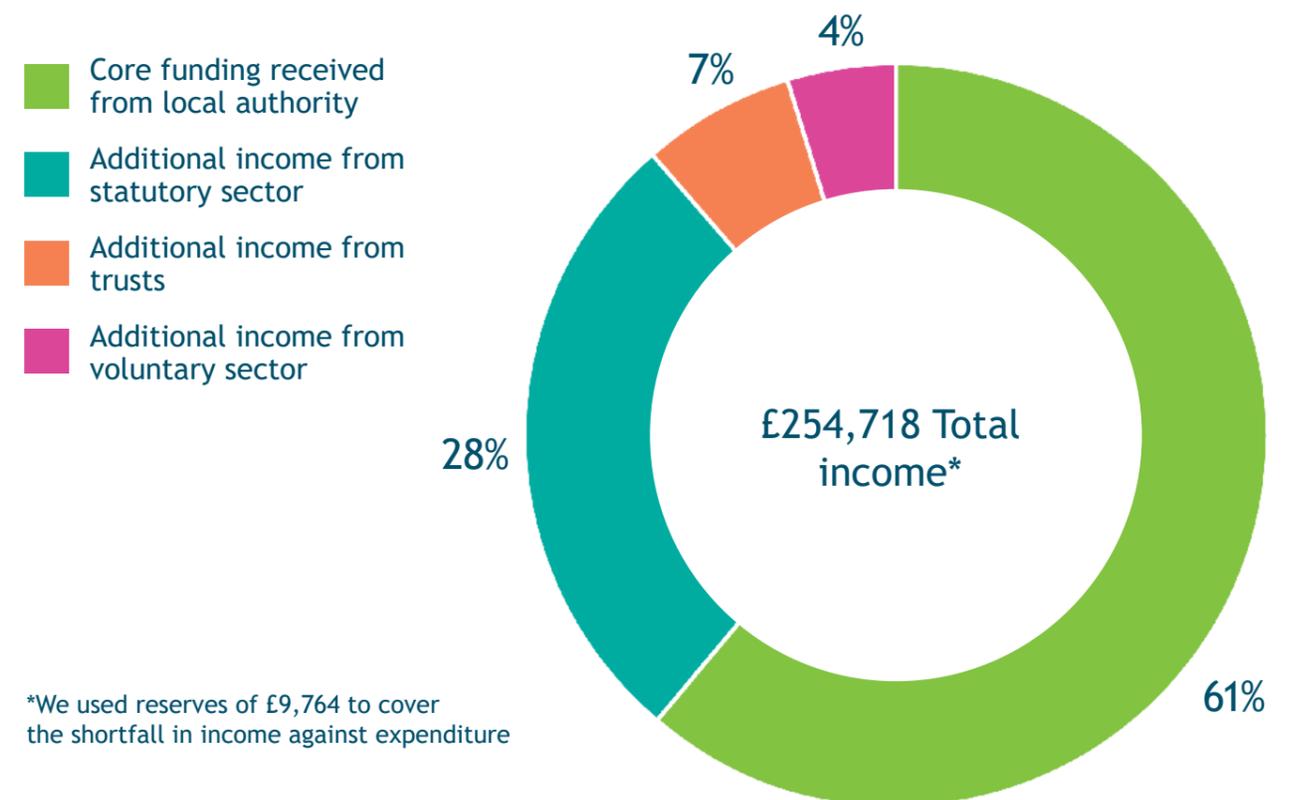
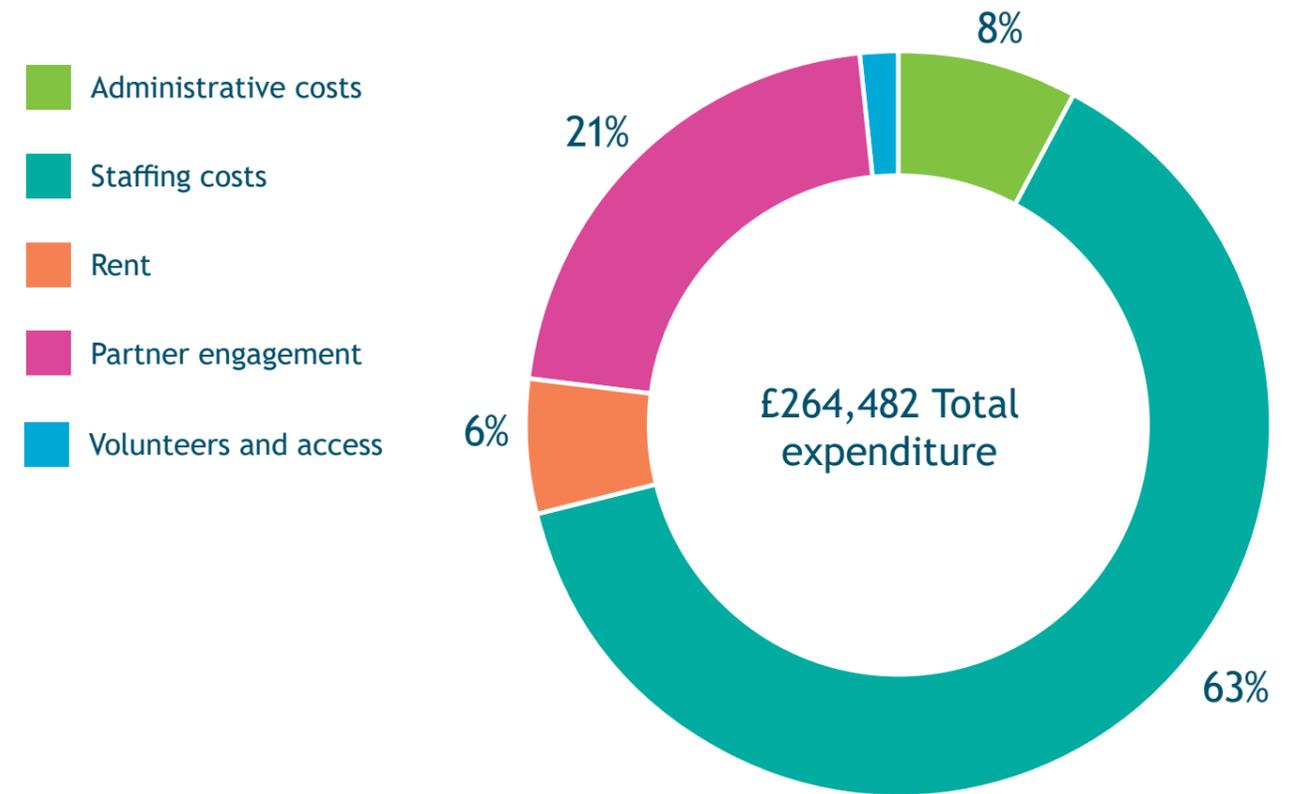
Rachel,
Healthcare assistant



Finances



We are funded by our local authority under the Health and Social Care Act (2012). In 2019-20 we spent £264,482.



*We used reserves of £9,764 to cover the shortfall in income against expenditure

Our plans for next year



COVID-19 has led to many changes to health and care services: non-urgent treatment being postponed, a reduction in face-to-face appointments, care homes limiting public access. It will be our role to help services to understand the impact that these changes are having in the wider community:

New beginnings

As lockdown eases, we will be moving to our new offices at Manor Gardens Welfare Trust. We have a long history of working together with Manor Gardens and others based within the building, including Age UK and the Stroke Project. We are part of the Food Poverty Alliance hosted by Manor Gardens and regular attendees at their Health Exchange briefings. The new space will give us more flexibility and we are sure it will strengthen existing partnerships and help us create new ones.

Of course our events and activities mainly take us out of the office and when it is safe to do so we will still be meeting residents in locations all around the borough. At the time of writing this report, we're not sure when that will be. In the meantime, we continue to talk to people over the phone and internet. We're here if you need help accessing services, or want to give your view.

Many thanks to the team at Voluntary Action Islington who have hosted us since we were first set up back in 2013.

In diversity there is strength and we commit to work with partner organisations to ensure that the voices of communities who may feel marginalised are heard. Our work with Diverse Communities Health Voice has helped us to help decision-makers to better understand community needs. This year, a member of the group will chair an Equalities Task and Finish Group of the borough's All Age Mental Health Board to help ensure that the particular needs of our black and minority ethnic communities are fully considered when mental health services are designed.



Our digital inclusion work started within this partnership and we are extending that out to more partners, and supporting more residents to be less isolated. Of course IT isn't as great as seeing people in real-life but in the short term it can help us connect with others and access vital services from home.

As a member of the Fairer Together Borough Partnership, we will champion residents' views and have committed to work with statutory and community colleagues to make Islington a fairer place

Emma Whitby
Healthwatch Islington Chief Executive

Thank you

Thank you to everyone that is helping us put people at the heart of health and social care, including:

- Members of the public who shared their views and experience with us.
- All of our amazing volunteers.
- Our Diverse Communities Health Voice Partners: Arachne, Community Language Support Services, Eritrean Community in the UK, Imece, Islington Bangladesh Association, Islington Somali Community, Jannaty, the Kurdish and Middle Eastern Women's Organisation and the Latin American Women's Rights Service.
- The Elfrida Society, Help On Your Doorstep, and Islington Borough User Group
- Network provider Three for sharing internet skills with our residents as well as funders Clarion, Awards for All, Cloudeley and Islington Council.
- University College London National Institute for Health Research for their support.

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Contact Us

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Healthwatch Islington

Update and work planning

Health and Care Scrutiny, October 2020

Our vision

Improved health & social care outcomes for local residents

- Part of a national network (in which we lead on impact measurement)
- Part funded by LBI to fulfil statutory functions of Health and Social Care Act 2013:
 - Gather and report views on health and social care,
 - Provide people with information on services,
- Collaborative, ‘critical friend’ approach, working in partnership wherever we can.

Our work in 2019/20

Whittington Estates: more diverse engagement in this consultation

Non-Emergency Patient Transport Service: we were NOT involved in this commissioning process, we continue to raise concerns about this system

Mental Health: we've highlighted poorer access for BAME communities and are leading a borough-wide inequalities workstream, initial outcomes are amendments to self-referral and greater cross-organisational working

The Digital Divide: we extended our model in to supported accommodation

Borough Partnership: we are an active member and will be the lead for inequality

We reached more people in 2020



20 volunteers
helping to carry out our work.

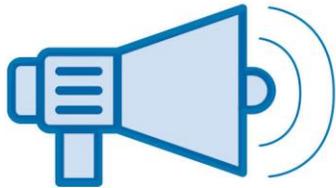
5 staff
3 of whom are full time.

£156,100
funding from our local authority.



650 people
shared their health and
social care story with us.

1,141 people
accessed our advice and
information service.



3,931 people
engaged with us through our
website.



7 reports
about the improvements
people would like to see
in local health and social
care services.

Responding to the pandemic



How to get an NHS dentist appointment during COVID-19

Routine dental care has had to change because of COVID-19, with social distancing rules making it difficult to access services. Here's some information on how to access an NHS dentist during the pandemic.

9 July 2020



Coronavirus: updated advice on shielding

From 1 August, the Government advice for those shielding in England changed. We look at what these changes mean for you if you have been told to shield.

26 June 2020



Staying healthy when living under lockdown

Researchers from University College London Hospital with expertise in obesity, diet and nutrition, and exercise and physical activity spoke to us about actions we can all take to stay healthy during the coronavirus pandemic.

19 June 2020

Our partnerships

We share responsibility and finances fairly, and bring resources to small grass-roots organisations, supporting their development through training and skills sharing and valuing their expertise.

Diverse Communities Health Voice

- Arachne, Community Language Support Services, Eritrean Community in the UK, Imece, Islington Bangladesh Association, Islington Somali Community, Jannaty, Kurdish and Middle Eastern Women's Organisation, Latin American Women's Rights Service.

Other partnerships

- We continue to work closely with Manor Gardens (we've now moved there) and University College London's research team. We are seeking out further partnerships.

Our digital inclusion work

We can help you to get online and connect to friends, family and the services you need to stay healthy.

Get more from your devices

It's more important than ever to have digital skills. We can show you how to use your smartphone, tablet, or laptop to get things done online. To find out more about our training call our Community Link Worker, Philippa Russell on [07538 764436](tel:07538764436)

[Find out more](#)

Our work plan for 2020/21

- The pandemic - impacts, response, access, reduced engagement,
- Accurate and trustworthy information,
- Digital Exclusion,
- The Fairer Together Borough Partnership
- Quality of delivery,
- We will not be visiting services until further notice.

COVID 19 Update

October 2020



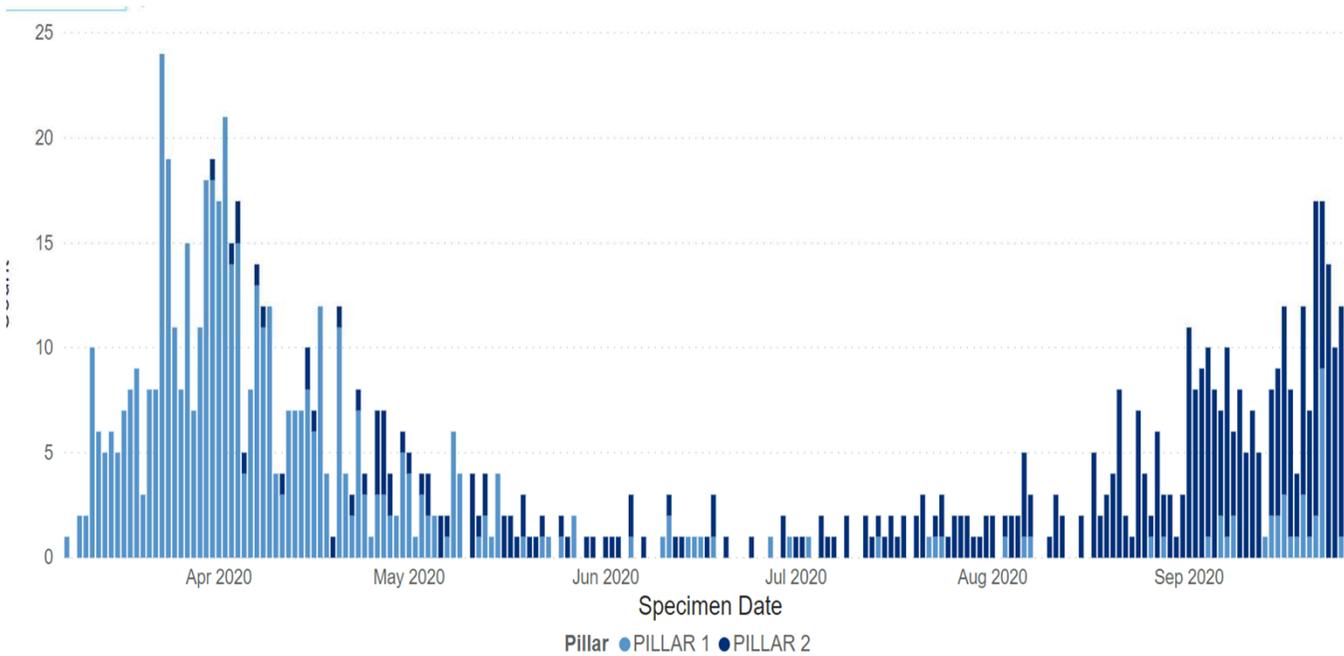
Contents

- A brief summary of the local and national impact of COVID-19 to date
- The current position in Islington
- The key challenges and priorities over the next 6-9 months



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

COVID-19 Cases in Islington



•As of 30th of September 2020, there are a total of 903 laboratory confirmed cases in Islington.

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

•Over the last 4 weeks the average number of new daily cases has increased.

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.

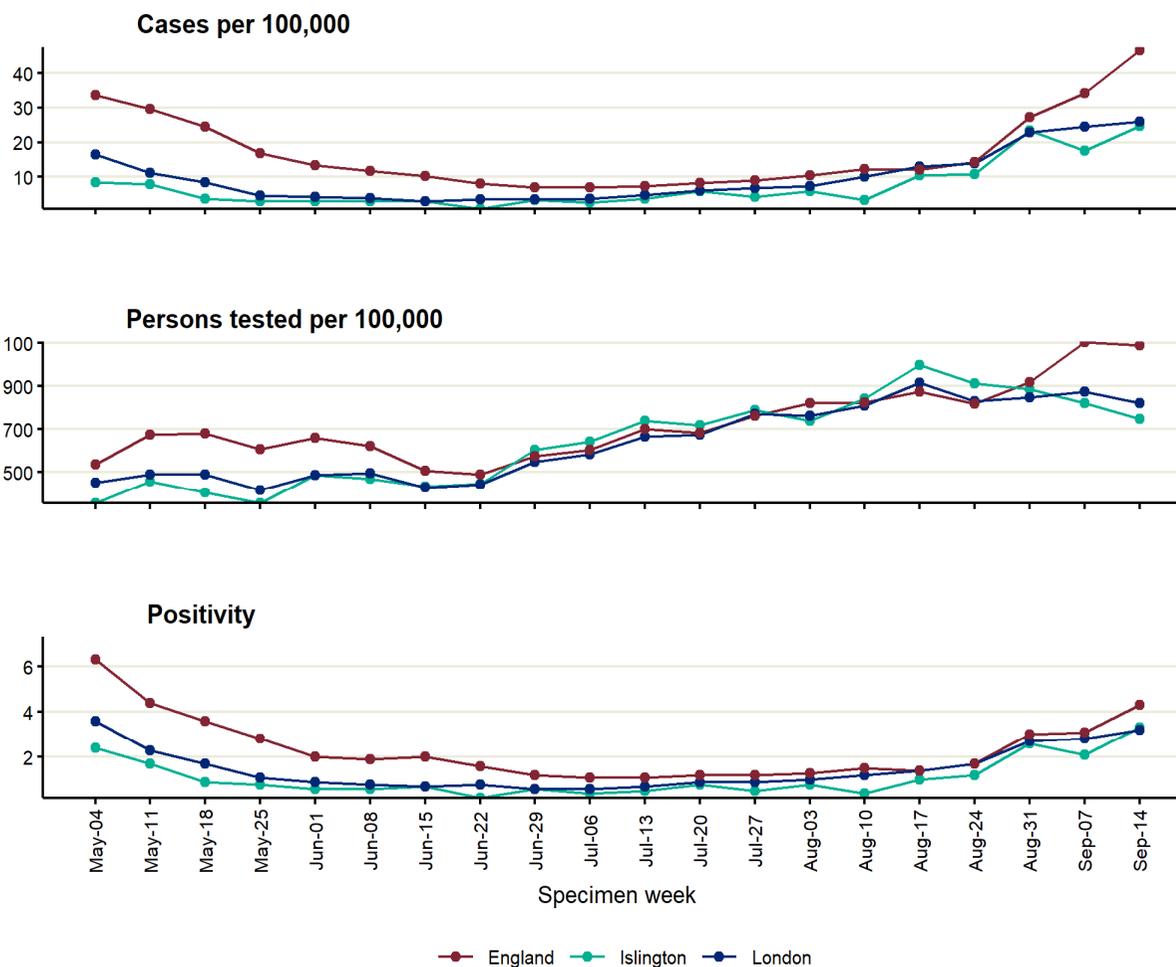
Area	Cumulative number of cases as of 30/09/2020	Cumulative rate of cases per 100,000 as of 30/09/2020	Latest 7 day incidence rate per 100,000 (18 th of September to 24 th of September)
Islington	903	372	33.9
London	49,333	550	35
England	382, 686	679	58.5



Persons tested and cases diagnosed per 100,000 population and positivity per week in Islington, London, and England (May 5th 2020 to September 20th 2020)



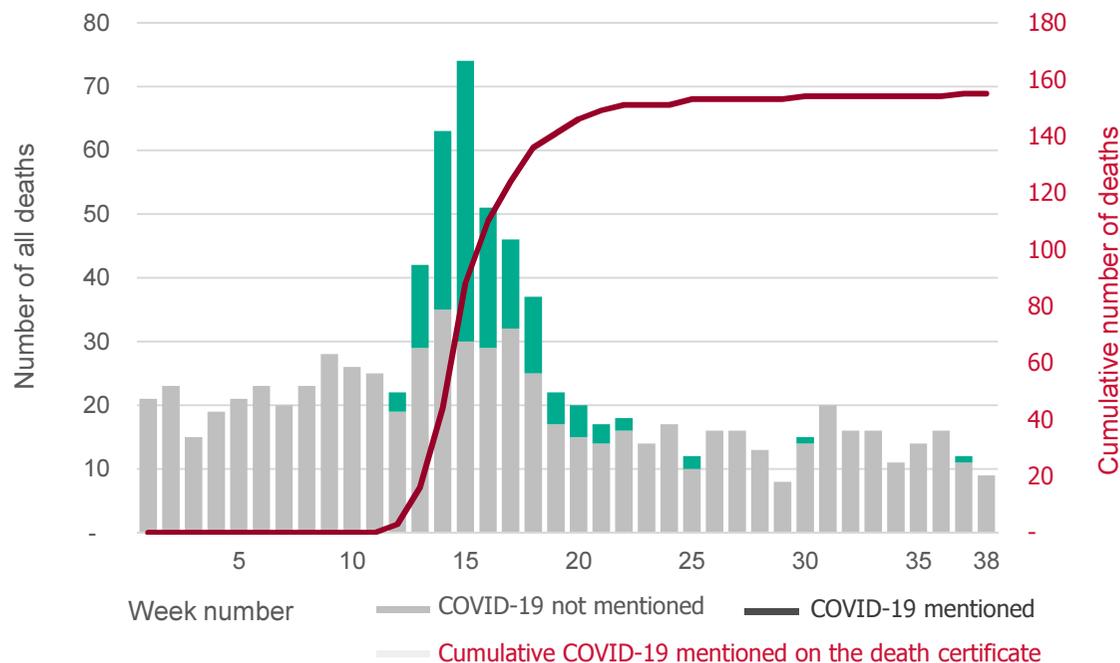
ISLINGTON



- The rate of positive Covid cases in Islington has been increasing since beginning of August but remains lower than that of England.
- Islington is showing a decline in the rate of persons tested per 100,000 since mid August whilst overall in England there is a rise in testing rates.
- Positivity rates in Islington are similar to that of London at about 4%.



Deaths by cause of death (weekly numbers and cumulative), for deaths that occurred up to 18 September 2020 but were registered up to 26 September 2020 by week,



- A total of 155 deaths in Islington have been COVID-19 related, up to 4 September 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 has been 1 death in the week to the 11th of September.



Contact Tracing

Between the 28th May when NHS Test and Trace service began and up until 30th September, in Islington they have identified:

419 cases



78% of cases have been successfully contacted (London & England 74%)

who had been in close contact with



and of the contacts identified

1118
contacts



71% of contacts have been successfully contacted (London 71% and England 75%)



The key challenges and priorities over the next 6-9 months

Strengthening Islington's COVID-19 Outbreak Prevention and Control Plan



- Building on Islington's COVID-19 Prevention and Outbreak Control Plan, we continue to progress a broad range of activities and programmes of work to prevent and mitigate the impact of COVID-19 and enhance our resilience for winter, working with our local and sub-regional partners
- Ensuring we maintain a systemic focus on understanding and preventing inequalities and disproportionate impacts of COVID-19 itself and the measures to control and contain the virus will continue to be a central focus of the response
- We have stepped up our Council and Borough emergency response GOLD arrangements
- Key areas of action and work happening across the council and with our partners include:

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Older people's care homes – current situation ISLINGTON

- **In line with recent national reports of increased cases of COVID-19 in care homes, we are beginning to see a small increase in the number of COVID-19 cases amongst care home staff and residents locally in Islington, following a period over the summer where homes were largely COVID-free.**
- Since the start of September, all care homes in the borough have been completing weekly testing of staff and monthly testing of residents, and this is helping identify infection early where staff and residents are asymptomatic.
- **In comparison to the first wave, care homes are better placed to respond.** All homes now have consistent access to PPE to use in all close contacts with residents and are trained in its proper use; they have improved access to testing; and wider infection prevention and control measures are now well embedded.
- **There have been no new COVID-19 related deaths in our care homes for fifteen weeks now.**
- **Staffing levels remain generally stable.**
- **ASC commissioners continue to work closely with Public Health, providers, and partners to monitor the care home situation and ensure all appropriate steps are taken to keep residents and staff safe**



Key issues

• Testing access and capacity

- At the current time, there is increased demand for testing across the country, including in Islington. Access to testing through the National Testing Programme remains an issue and prioritisation of testing capacity away from London to higher incidence areas has impacted on testing access locally.
- The council is working with key local partners, including North Central London Clinical Commissioning Group, to actively consider options to increase access to testing locally, whilst a national solution is awaited. Nationally, DHSC plan to scale up testing capacity further to 500,000 tests a day by the end of October.
- Communications to residents has highlighted the current issues with access to testing through the National Testing Programme; encouraged those who develop symptoms to try to access a test; and provided appropriate public health advice, should people be unable to access to a test within the first 5 days of developing symptoms.
- There has been positive progress with identifying a location for a walk-in testing site in Islington to increase accessibility of COVID-19 testing within the community. A local testing site located in a designated area of the car park at the Sobell leisure centre will be fully operational from 4th October. Another site to cover the south of the borough will be considered at a later stage.

• Local contact tracing

- Local contact tracing focuses on contacting those individuals who have tested positive, and have not been successfully contacted by the national service within 24 hours.
- The national system remains responsible for follow up of the contacts thus identified.
- Arrangements for outbreaks and complex situations do not change – responsibility remains with PHE's specialist health protection service working with local public health and environmental health teams.
- A Task & Finish Group has been convened to plan for the 'go live' of locally supported contact tracing, building on a national checklist and our own local work, ensuring approaches are safe, effective and support and reassure our communities.
- The national system is working with local teams across the country in a phased way to 'go live' systematically.

Key issues

- **Preventing and mitigating disproportionate impacts**

- A consistent and systematic focus on mitigating further disproportionate impacts of COVID-19 on our diverse communities sits at the heart of our Islington COVID-19 outbreak prevention and control plan and the continued work and next steps.
- Beyond the immediate and critically important measures that we will take to prevent and mitigate further disproportionate impacts of COVID-19 in the short term, we are also developing an action plan to tackle long-standing health inequalities experienced by people from Black, Asian and other ethnic backgrounds, as part of the Council's Challenging Inequality programme

- **Communications and engagement**

- We have established a COVID-19 communications and community engagement group and work plan, kept continuously under review, to help coordinate and drive this critical aspect of local activity
- There are many and various communication channels to the community as a whole, with specific groups, and targeted to different settings.
- Analysis of our resident survey and engagement is giving deeper quantitative and qualitative insight into the impacts and experience of COVID-19 in Islington.
- A major Keep Islington Safe (Keep London Safe) campaign is underway currently. The council has set up a resources page on its website – including posters, translations etc., which other organisations and groups can access and are encouraged to use. We are offering and rolling out training across communities for COVID-19 Health Champions

- **Supporting schools and higher/further education**

- The council continues to support our schools and higher/further education institutions both in terms of supporting settings to operate safely and supporting individuals and families to access the information and support they need, in particular BAME and vulnerable families.
- Ensuring continued communication and accurate COVID-19 data and information flow, including through delivery of webinars, routine presence at heads forum, and availability for individual queries remains central to this work.
- Settings are provided with advice and support on infection prevention and control including actions to take if there is a suspected COVID-19 case; ongoing support during an outbreak; support for decisions and communications in the event of partial or full closure of school or nursery; and support to engage in Test and Trace. We are currently reviewing all our Higher Education institutions outbreak plans.
- Supporting families sits at the heart of this work, and engagement with families, both directly and through Parent and Health Champions, to understand their needs and concerns and signpost those who require support to council and VCS services remains a priority.





1. Introduction

This report provides an overview of the elective recovery programme for North Central London (NCL). The elective recovery plan is based on priorities set out in Phase III planning guidance for managing Covid, published by NHS England and NHS Improvement, for the rest of 2020/21 (September 2020 to March 2021).

The recovery plan addresses significant waiting time backlogs in planned care, as activity levels fell or halted in response to dealing with the immediacy of the covid pandemic. Backlogs have been accrued across the health system including for cancer, referral-to-treatment, mental health, community services and primary care (chronic disease management).

Deferred demand will also need to be addressed in recovery plans as referrals for both cancer and routine care and treatment have fallen during the pandemic.

2. Recommendation

The Health and Care Scrutiny Committee is asked to note the report.

3. Phase III of NHS Response to Covid-19

On 31st July 2020 NHS England / Improvement published further guidance on managing Covid with an emphasis on:

- Accelerating the return to near-normal levels of non-Covid health services, making full use of the capacity available in the 'window of opportunity' between the summer and winter;
- Preparation for winter demand pressures, alongside continuing vigilance in the light of further covid spikes locally and possibly nationally;
- Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.

Within the Phase III planning guidance priorities for elective care pathways and recovery were:

- Restoring cancer services, including referrals, to pre-covid levels and removal of the treatment backlog accrued during the pandemic. This includes fully restarting all screening programmes, securing diagnostic capacity and enacting plans for all people waiting more than 104 days for treatment;
- Recovering maximum elective capacity possible with admitted pathways (including daycase or inpatient procedures) to be at 90% of pre-covid levels and non-admitted (outpatient) pathways at 100% of pre-covid levels by October 2020;
- Within recovery plans patients are to be treated in order of clinical priority, more use made of advice and guidance and remote outpatient appointments, and waiting lists managed at a system (NCL) level to support mutual aid across providers;
- Elective recovery will be supported by the return of diagnostic imaging and endoscopy activity to 90% of pre-covid levels by October 2020;
- A focus on keeping NHS staff safe, healthy and well linked to publication of the NHS People's Plan for 2020/21;
- A focus on reducing inequalities and prevention, and protection of people most vulnerable to covid, following the experience of the pandemic to date in accentuating inequalities. Priorities included restoring NHS services inclusively with assurance through monitoring.

4. North Central London Phase III Plan Submission

On 21st September NCL submitted the final iteration of the NCL Phase III Plan covering the period from September 2020 to March 2021.

The plan, in particular built on existing work through the elective recovery programme, and demonstrates the following:

- Recovery of the 62-day cancer waiting time standard (from GP referral to treatment) by March 2021, with a 50% reduction in the backlog of people waiting over 60 days from September 2020 to March 2021;
- A recovery in outpatient activity to 90% of levels in 2019/20, with the ambition in the Phase III plan being to deliver 100% of prior year levels of outpatient activity;
- A recovery in elective daycase and inpatient activity to 88% of levels seen in 2019/20, against an ambition that activity for the rest of the year is a minimum of 90% of prior year levels;
- A 40% reduction in people waiting over 52 weeks from September 2020 to March 2021, with this excluding Royal Free London who have suspended national reporting of referral-to-treatment (RTT) waiting times;
- Sector wide plans for diagnostics are in place for recovery of both endoscopy and imaging test capacity.

5. Operational Performance and Recovery Plans

Phase III plans are set in the context of current performance along cancer and elective care pathways being materially impacted by the Covid pandemic since March 2020. Recovery plans are in development, and being delivered, across NCL, as the level of covid symptoms in the community and covid patients in hospital reduced during the spring and summer.

Recovery plans are addressing significant waiting time backlogs, as activity levels fell or halted in response to dealing with the covid pandemic. Deferred demand will also need to be addressed in recovery plans as referrals for both cancer and referral treatment have fallen during the pandemic.

Cancer Pathways

At the peak of the pandemic in April and May, there was a reduction in 2-week wait cancer referrals to NCL acute hospitals by up to 70%. Since then referrals have increased steadily to 70% of pre COVID-19 levels in July, and back to pre-covid levels at the end of August. Some reduction in referrals compared to historic levels is expected from changes to pathways that optimise the use of diagnostic rule-out tests to reduce referrals where appropriate.

The 62-day cancer patient backlog (patients waiting over 62 days for their treatment from GP referral) increased from circa 400 people pre-pandemic to 1,600 at the peak of the pandemic, but in September has reduced to 650 as the recovery plan is mobilised. To deliver the 62-day waiting time standard the backlog of people waiting more than 62 days for treatment needs to be circa 300 across NCL, and plans indicate that this will be achieved by March 2021.

Treatment of the most clinically urgent patients has been prioritised, and plans to treat all patients waiting more than 104 days for their treatment are being developed. In line with current protocols clinical harm reviews will be undertaken on all patients waiting more than 104 days for their treatment.

During the covid pandemic cancer and other urgent activity has been prioritised over routine work. Due to limited capacity for diagnostics and treatment, all patients were reviewed and allocated a priority level based on need. A surgical hub for NCL was set up to match demand and capacity which included utilising independent sector capacity. This was done to ensure that time-critical cancer surgery continued, and NCL maintained surgery throughput at higher levels than elsewhere.

The recovery plan for cancer focuses on:

- The use of a Surgical Clinical Prioritisation Group for cancer surgery to match demand and capacity across NCL, including local independent sector capacity;
- A programme to deliver additional endoscopy capacity by building additional capacity whilst optimising existing capacity (i.e. move to 3 session days, 6 days a week);
- Increasing access to diagnostic imaging including GP Direct Access capacity;
- Changes to pathways that optimise the use of diagnostic rule-out tests to reduce referrals where appropriate including qFIT for bowel cancer testing;
- Detailed analysis is also underway to understand the impact of COVID-19 on cancer including the implications for later stage diagnosis on diagnostic and treatment capacity, and outcomes. Since the COVID-19 pandemic (April to July 2020), 11,054 fewer 2-week wait referrals have been received by

NCL providers when compared to the same period in 2019. Assuming a conversion rate of 5% from referrals into a cancer diagnosis, this equates to potentially 553 deferred diagnoses. This information will aid better recovery planning, and ensure all available capacity is utilised.

Referral-to-Treatment pathways

The impact of covid on elective pathways continues to show a reduction in the overall waiting list for North Central London Trusts from 125,000 in February 2020 to 120,000 in March 2020, and 108,000 in June 2020. However, at the same time there was an increase in the waiting list backlog (patients waiting over 18 weeks for their treatment from GP referral) from 17,000 in February to 22,000 in March and 55,000 in June. These figures exclude Royal Free London who have suspended national reporting of referral-to-treatment waiting lists since February 2019.

The fall in the overall waiting list accrued from a sharp reduction (75%) in referrals from primary to secondary care from the end of March 2020 as the Covid pandemic hit. Referral levels in June had only recovered to 33% of pre-covid levels, and are currently running at 65% of pre-covid levels.

Whilst the overall waiting list for NCL CCG residents fell, the total number and proportion of patients waiting over 18 weeks for treatment increased as fewer patients have been treated in recent months compared to pre-covid levels.

Given the above, the number of people waiting for their treatment at NCL Trusts for more than 52 weeks has continued to increase from 450 at the end of May, 952 at the end of June, to a current figure of 2,400 in September. These figures exclude Royal Free London who have suspended national reporting of referral-to-treatment.

As with the cancer backlog, recovery work underway is focusing on prioritising treatment of the most clinically urgent patients rather than solely treating patients in chronological order from the RTT backlog.

The elective recovery plan for NCL has been clinically led and driven by evidence and best practice standards to ensure we do the right thing for our patients and make best use of resources, and focuses on:

- Adopting best practice principles including Getting It Right First Time (GIRFT) across all specialties, as was used to develop the service model for Adult Elective Orthopaedic Services for NCL;
- Clinical prioritisation of existing waiting lists through NCL-wide Clinical Networks for each specialty to ensure people were treated in order of clinical need. From this all high-priority patients have been offered an appointment, and Trusts are now offering appointments to medium priority patients. The NCL approach to clinical prioritisation has been adopted elsewhere;
- A process and principles for agreeing low priority work has been agreed, with work now underway in some areas including cataracts;
- Trusts across NCL have designated capacity for elective work, separate from covid and emergency capacity, to ensure that capacity for elective work is retained for any resurgence in covid. Identified elective hubs in NCL include Moorfields Eye Hospital, UCLH Phase IV (subject to revenue coverage), Chase Farm, and Royal National Orthopaedic Hospital (RNOH).
- A focus on recovery in six high volume low complexity specialties, and the use of elective centres to maximise throughput. The specialties are orthopaedics, ophthalmology, ENT, urology, general surgery and gynaecology. Co-ordinating providers and clinical leads, from across NCL Trusts and primary care, have been appointed for each of these specialties to maximise recovery and oversee waiting lists across providers;
- Continued use of independent sector capacity in line with the national contract agreed with these providers, with this capacity used where NHS capacity cannot be provided;
- Implementation of referral support services across the five Boroughs in NCL to standardise referral pathways into hospitals including access to advice and guidance from consultants to GPs as an alternative to outpatient referral;
- Adoption of revised national infection prevention control (IPC) standards;
- Addressing inequalities, informed by equality impact assessments, for the clinical prioritisation of waiting lists and adoption of infection prevention control guidance

From the above NCL is demonstrating a recover in elective activity, with the position at the end of September showing:

- Elective inpatient activity at 84% of pre-covid levels compared to 33% at the beginning of May and 59% at the end of July;
- Daycases at 73% of pre-covid activity levels compared to 26% at the beginning of May and 45% at the end of July;
- Outpatients at 70% of pre-covid activity levels compared to 49% at the beginning of May and 64% at the end of July;
- NCL recovery is ahead of London averages, but requires further pace from the actions above to meet the targeted recovery levels covering September 2020 to March 2021 (100% for outpatients and 90% for electives and daycases compared to pre-covid levels).

Royal Free London ceased Referral to Treatment reporting to the national system in February 2019 following implementation of new logic generating the waiting list, and is undertaking a significant data validation exercise. The Trust completed validation by April 2020 for the patients most at risk of still needing treatment in line with plans. The Trust is planning to complete the overall validation exercise by the end of October 2020, from which a return to national reporting will be determined.

Royal Free London is also further developing specialty based plans to recover the 52-week wait position, and these plans will be shared with the CCG and NCL system by the end of September 2020. The plans will require system support and mutual aid from other Trusts in some specialties including pain management.

The NCL system response and mitigations to address the 52-week wait backlog (including for Royal Free London) includes:

- 41% of the 52-week waiters fall within the six high volume elective specialities (Trauma and Orthopaedics, Ophthalmology, Urology, General Surgery, Gynaecology and ENT) and are in scope of the system wide interventions, such as:
 - High volume elective hubs going live (September Chase Farm and Moorfields Eye Hospital; UCLH Phase 4 November);
 - Exploring mutual aid in capacity across providers facilitated by the clinical network – speciality operational leads from organisation to review waiting lists collectively;
 - Expanding the mutual aid initiative to community service providers (e.g. pain management and gynaecology);
- Surgical Clinical Prioritisation Group set up to help optimise how Independent Sector capacity is used with input from each of the core surgical specialities (acknowledging the current contractual risks to future provision);
- Paediatric Dentistry initiative between GOSH and UCLH to hold high volume “tooth fairy weekends” to reduce the waiting list backlog;
- Implementation of new evidence-based primary care pathways, including the use of advice and guidance from hospital consultants to GPs as an alternative to referral;
- An addendum to provider access policies has been developed to support providers in managing access during covid recovery, supporting patients opting to defer their appointments due to concerns about covid-19 infection and challenges relating to compliance with self-isolation guidance.

Recovery plans will also be supported through the development of a referral support service across NCL to ensure that new referrals from primary care into secondary care are made after considering the appropriate use of advice and guidance, community services and existing triage services with the latter including musculo-skeletal services

Diagnostic Tests

During the first wave of the pandemic median waits for diagnostic tests moved from 2.1 weeks in February 2020 to 9.6 weeks in May 2020 as routine activity was paused. As recovery plans have been mobilised and activity has been reinstated June saw a reduction in the median waiting time for a diagnostic test (8.5 weeks compared to 9.6 weeks in May).

Recovery plans developed, in line with elective pathways, are based on clinical prioritisation of existing waiting lists to set priorities for treatment based on clinical need.

Diagnostic capacity (imaging and endoscopy) is a key interdependency for cancer, referral-to-treatment and primary care recovery plans, with examples being phlebotomy being required across chronic disease

management, cancer and elective pathways, and endoscopy for cancer (where additional capacity from the independent sector is being used to reduce backlogs).

A Diagnostic Imaging Recovery Plan for NCL has been prepared during August and has a focus on:

- By 1 October 2020: bring tests back up to 100% of October 2019 levels;
- By 31 March 2021: restore the NCL waiting list backlog to pre-COVID levels;
- By 31 December 2021: establish a provider network to deliver a sustainable long term imaging service that meets the needs of the residents of North Central London;
- Short-term focus on maximising NHS capacity and use of independent sector capacity, and standardising GP Direct Access criteria/thresholds;
- Longer-term focus (from 2021/22) on interoperability and establishing community diagnostic hubs.

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North Central London CCG – Merger Update

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Agenda Item 13

Background

- Our journey to merging Barnet, Camden, Enfield, Haringey and Islington CCGs to form North Central London (NCL) CCG commenced in early 2019.
- The merger proposal was approved by all five Governing Bodies in September 2019 and by NHS England in November 2019.
- Member practices were invited to vote on a new NCL CCG Constitution in November, with a majority of votes received in favour of the new Constitution (and a majority in each borough also achieved).
- Staff of all five CCGs were transferred to the new NCL CCG on 1 April 2020, following a TUPE consultation.
- The five CCGs merged to form North Central London CCG on 1 April 2020.
- The single CCG continues to work closely with Councils, providers, general practices, voluntary, community organisations, and unions, to achieve our shared aims.

Key features of single NCL CCG



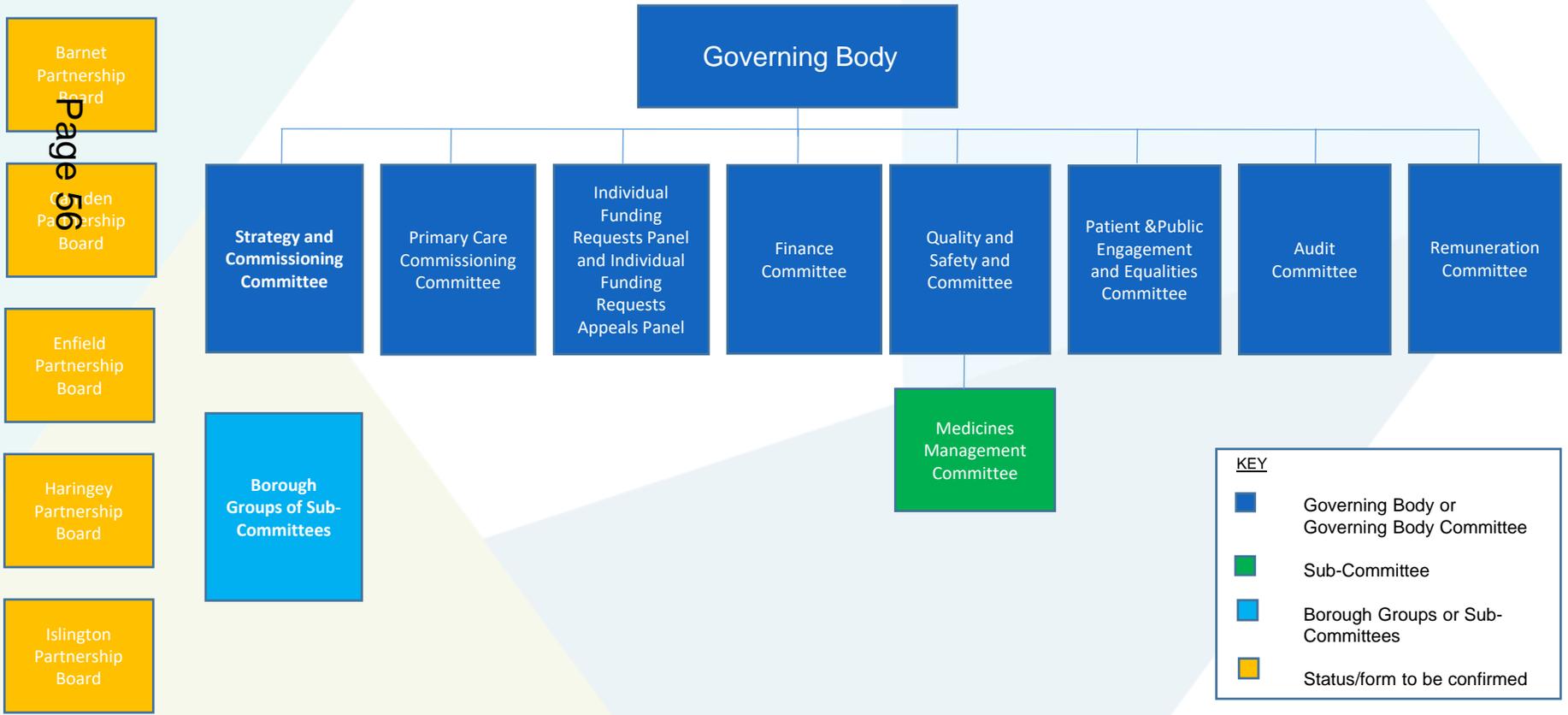
- NCL CCG is made up of a single Governing Body, with two elected GP representatives from each borough. The GB also comprises a secondary care clinician, registered nurse, three lay members and CCG representatives.
- A number of committees have been established for NCL CCG and Terms of Reference for all committees have been approved by the Governing Body.
- There continues to be borough-level decision-making arrangements for primary care, community, and mental health commissioning within schemes of delegation.
- As well as clinical representation on our Governing Body, we have recruited to a range of clinical lead roles including some NCL-wide and some within boroughs.
- The CCG has a single Executive Management Team.

CCG Governance



North Central London
Clinical Commissioning Group

Robust, transparent and efficient governance arrangements are at the heart of North Central London CCG. The Governing Body is the primary decision making vehicle for the NCL CCG – supported by eight Governing Body committees reporting into it.



The Governing Body will have a clinical majority and comprise **17 Voting Members**:

Elected roles

- 10 Elected Clinical Representatives (2 from each borough)

Appointed roles

- 1 Secondary Care Consultant
- 1 Registered Nurse
- 3 Lay members with different remits including patient and public engagement, equality and diversity and finance.

Executive Director roles

- 1 Accountable Officer
- 1 Chief Finance Officer

Attendees (non-voting)

- Other Executive Directors on the NCL Executive Management Team
- 1 Healthwatch representative from across NCL
- 1 Director of Public Health from across NCL
- 1 local authority Councillor from across NCL

KEY

- Governing Body or Governing Body Committee
- Sub-Committee
- Borough Groups or Sub-Committees
- Status/form to be confirmed

Primary Care in NCL

North Central London is a diverse area covering five London boroughs, with 200 member practices.



Barnet
Estimated Population: 396,000
Practices: 52
Primary Care Networks: 7
Federation: Barnet Federated GPs

Camden
Estimated Population: 270,000
Practices: 33
Primary Care Networks: 7
Federations: Haverstock Healthcare & Camden Health Evolution (CHE)

Enfield
Estimated Population: 334,000
Practices: 47
Primary Care Networks: 4
Federation: Enfield GP Federation

Haringey
Estimated Population: 269,000
Practices: 36
Primary Care Networks: 8
Federation: Federated 4 Health

Islington
Estimated Population: 242,000
Practices: 32
Primary Care Networks: 4
Federation: Islington GP Federation

Partnership working

- The collective Covid-19 response has helped health and care services across NCL integrate and collaborate better than ever before.
- This will be built on in the coming months as we recover from Covid-19 and work with our system partners to set out plans for our development towards an Integrated Care System (ICS) for NCL.
- The borough remains the key level for partnership working and local Integrated Care Partnerships (ICPs) continue to develop.
- We will continue to have a presence at local Health and Wellbeing Boards – and HOSCs – with both clinical Governing Body members and Executive CCG staff attending.
- We will continue to work closely with the Councillors from each borough who hold the health & care portfolio; one member attends Governing Body meetings; regular meetings also take place between the CCG and the five lead members.

Patient and public engagement

- Patients and residents were engaged and informed of our merger plans throughout 2019/20 and this local engagement with residents as well as partners will be built on as we recover from Covid-19 and progress our plans to establish an integrated care system and borough-based integrated care partnerships.
- As part of the development of the ICS and ICPs, the CCG will work with partners to consider how best to engage with our residents and patients across the NCL footprint.
- In addition to three lay members on the Governing Body, we have recruited 13 community members to join six of our committees.
- The Patient & Public Engagement and Equalities Committee meets bi-monthly.

- We are developing a new operating model for the single CCG that will enable us to realise the benefits of working as a single organisation, for the CCG and wider NCL health and care system.
- Some of our key priorities as we move forward as a single NCL CCG are:
 - ✓ Embed the new NCL CCG in a changing health and care landscape
 - ✓ A sustained Covid-19 response as the system begins to recover
 - ✓ ICS and borough-based ICP development
 - ✓ Address health inequalities in North Central London and invest appropriately to ensure better health outcomes for all residents
 - ✓ Transform services to ensure they are integrated, coordinated and structured around our population and communities
 - ✓ Work with partners to address our financial challenges as a system.

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. Healthwatch Annual Report/Work Programme
4. COVID 19 update
5. Merger of CCG's
6. Hospital backlog – Elective surgery

Agenda Despatch – 18 November 2020

26 NOVEMBER 2020

1. Scrutiny Review Adult Paid Carers – Draft recommendations/Final report
2. Health and Wellbeing Update
3. Work Programme 2020/21
4. Alcohol and Drug Abuse update
5. Camden and Islington Foundation Trust – Performance update
6. Performance indicators – Quarter 1
7. COVID 19 update
8. Scrutiny Review – witness evidence
9. Scrutiny Review – consideration of topic 2020/21

Agenda Despatch – 13 January 2020

21 JANUARY 2021

1. Scrutiny Review – Adult Paid Carers - Final report
2. Health and Wellbeing update
3. Work Programme 2020/1
4. Executive Member Health and Social Care - Annual Report
5. Performance update – Quarter 2
6. COVID 19 update
7. London Ambulance Service – Performance update
8. Annual Safeguarding report
9. Whittington NHS Trust – Quality Account/Performance update

Agenda Despatch – 24 February 2020

4 MARCH 2021

1. Scrutiny Review – new topic - Presentation
2. Health and Wellbeing update
3. Work Programme 2020/21
4. Annual Health Public Report
5. UCLH Performance update
6. COVID 19 update
7. Local Account

Agenda Despatch – 21 April 2021

29 APRIL 2021

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

JUNE 2021

Quarter 4 Performance update/Council Targets 2021/22