

London Borough of Islington
Health and Care Scrutiny Committee - Thursday, 26 November 2020

Minutes of the meeting of the virtual meeting of the Committee held on Thursday, 26 November 2020 at 7.30 pm.

Present: **Councillors:** Gantly (Chair), Chowdhury (Vice-Chair), Klute, Graham, Jeapes. Hyde and Ismail

Also Present: **Councillors** Turan, Lukes

Councillor Osh Gantly in the Chair

192 INTRODUCTIONS (ITEM NO. 1)

The Chair introduced Members and officers to the meeting

193 APOLOGIES FOR ABSENCE (ITEM NO. 2)

Councillors Clarke and Khondoker

194 DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)

Councillor Hyde for Councillor Clarke

195 DECLARATIONS OF INTEREST (ITEM NO. 4)

None

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

RESOLVED:

That the minutes of the meeting of the Committee held on 15 October 2020 be confirmed and the Chair be authorised to sign them

197 CHAIR'S REPORT (ITEM NO. 6)

The Chair stated that she intended to start future virtual meetings of the Committee at 7.00p.m., however the meeting would revert to a 7.30 p.m. start once meetings returned after the pandemic to the Town Hall

RESOLVED;
Accordingly

198 PUBLIC QUESTIONS (ITEM NO. 7)

The Chair outlined the procedure for Public questions

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

Councillor Turan, Executive Member Health and Social Care updated the Committee, during which the following main points were made –

- The Annual Public Health report had been considered which had focused on health inequalities
- The Annual Safeguarding report was considered and this was on the agenda later that evening

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- Noted that COVID 19 had had a disproportionate effect on certain communities, and that there was less take up amongst BAME communities of COVID tests and flu jabs

The Chair thanked Councillor Turan for his update

200 **ISLINGTON SAFEGUARDING ANNUAL REPORT (ITEM NO. 9)**

Elaine Oxley, Head of Safeguarding Adults, and James Reilly, Chair Islington Safeguarding Board were present and outlined the report

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

- Reference was made to paragraph 3.2 of the report, and that the action plan to address the learning and to implement the recommendations of the Safeguarding Adults Review into the care of Mr. Yi was completed. This was a joint borough review, and the Judge had been critical of one authority not doing appropriate checks properly
- Concerns about modern day slavery or sexual exploitation of adults with care and support needs remains low, but work is taking place to raise awareness of these issues
- Noted the actions taken by partners, and the details of the sub-groups of the Safeguarding Board
- Noted that James Reilly was standing down as Chair of the ISB, and Members thanked him for all his work on the Board
- A Member referred to paragraph 3.4 of the report, and the issues of neglect, financial abuse and psychological abuse. It was stated that residents may suffer more than one type of abuse, and such abuse could be perpetrated by a wide number of people, which could include family members, neighbours or carers
- Reference was made to fire risks caused by vulnerable residents, especially living in houses that are multi-occupied. It was stated that the London Fire Brigade did work to assess homes that are at risk, and that this often identified those residents who were vulnerable, and LFB could provide fire alarms, fire resistant bedding etc. and make contact with Adult Social Services. It was noted that the main focus was on Council housing, however there are other meetings that take place with other Housing providers/organisations
- Noted that there is a focus by the ISB on 16-26 year olds, and that this is a focus on identifying a number of factors such as mental health, housing, social care and to examine these cohorts and stop them being involved in gangs

The Chair thanked Elaine Oxley and James Reilly for attending

201 **COVID 19 UPDATE (ITEM NO. 12)**

Councillor Sue Lukes, Executive Member Community Safety and Pandemic Response was present, together with Jonathan O'Sullivan, Acting Director of Public Health, and Jon Tomlinson Service Director Strategy and Commissioning and made a presentation to the Committee, copy interleaved

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

- Comprehensive plan underway to ensure prepared for further increases in COVID 19, and to identify those vulnerable people. Both the winter plan and Task Force recommendations focus on work with providers, and particularly infection control, and how the Council oversee and support providers

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- Older People's Care Homes and Domiciliary Care review – there are 8 older people's care homes in Islington, and there has been an overall reduction in the number of cases across all homes, and at home level a considerably smaller number of cases where situations have emerged. The number of cases reported has changed, with a decrease in asymptomatic residents presenting, and an increase in asymptomatic residents identified through whole setting testing. In older people's care homes there have been no resident COVID related deaths since June. Staffing levels in older people's homes have remained generally stable
- Domiciliary care – agencies report that they have cared for relatively low numbers of residents who have been COVID positive, or who have been COVID symptomatic. Agencies have reported no COVID related deaths they care for to commissioners, and staffing has stabilised after some initial challenges
- Domiciliary care testing update COVID – Public Health England are not recommending routine testing of homecare staff, and there is no pathway nationally for domiciliary care staff testing similar to that which exists for home care staff. Officers are however exploring testing options
- All older people's care homes have reported on a number of confirmed and suspected cases on a weekly basis to ASC commissioners since 8 April. There has been a considerable reduction in the overall number of cases from 66 at the peak, to no more than 8 cases reported since 21 April. The nature of the cases have changed, with a decrease in symptomatic residents presenting, and an increase in asymptomatic residents identified
- Mental Health – no resident or staff cases were reported in mental health care homes this week, and no deaths to date. All homes are testing as per national guidance
- Learning Disabilities Care Homes update –no new resident or staff cases. Staffing levels remain steady. All homes are testing as per national guidance
- Noted that following the new COVID tier regulations Islington would be in tier 2, and there is a need to explain, and where necessary, enforce the new regulations, as mass vaccinations would probably not be completed until the Summer
- Another testing station has now been introduced in the south of the borough at the Finsbury Leisure Centre, and there is now local test and trace which will enable the Council to track those with the virus
- More community messaging is taking place
- Noted that there has been a significant increase in the level of infections in the borough, and there were now over 300 new infections being reported each week, mostly in young adults. There had however been an increase in infection rates for older adults, but hospital admissions were still relatively low, and much reduced from the first wave of COVID. There had been 3 deaths in recent weeks, however these all had existing health problems

- Islington is being placed in Tier 2 with the rest of London, and it was noted that a lot of work had been taking place across London to plan for this
- Members were informed that 3 vaccines which are safe would be available for COVID, and there would be engagement with the NHS and the community in relation to the 'roll out' of such vaccines, and there is likely to be significant supplies starting to come through in January. It was noted that work is taking place with BAME communities to provide health messages to encourage take up of vaccinations
- In response to a question, it was stated that Licensing teams were going out and visiting venues to ensure that there was compliance with the regulations
- In response to a question it was stated that testing is still a problem, and is being operated at a national level by multi-national companies, and it is difficult

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to get results locally quickly, before it gets to the local test and trace contacting system. However Council local test and trace are now being given additional powers, and resources, and there is a need to work across London on this

- It was stated that work is taking place with 6th. Forms in schools to ask them to assist in engaging young people, via social media, to get public health messages across
- Noted that excellent work had taken place during the pandemic between Public Health and ASC commissioners, and that work is taking place to identify additional risks in BAME communities in order to mitigate them
- Members were informed that there did not appear to be rates of infection amongst the learning disabled seen in other parts of the country, and that information on this could be submitted to a future meeting of the Committee. Testing is important in domiciliary care and will be prioritised in future

The Chair thanked Councillor Lukes, Jonathan O'Sullivan and Jon Tomlinson for the presentation

202

SCRUTINY REVIEW - ADULT PAID CARERS - WITNESS EVIDENCE/NOTES OF CARERS (ITEM NO. 10)

Robbie Rainbird, Head of Processing was present, and made a presentation to the Committee, copy interleaved. During consideration of the report the following main points were made –

- Principles of contributions policy – the income Council receives by charging for care services makes a significant contribution to the capacity to help those who need care. The principles of the contributions policy have been developed, in order to make sure that service users are treated equally, and that the public subsidy goes to the people who need it most
- People are not charged more than reasonably practicable for them to pay
- Adult Social Care will assess the needs of the user to determine the type of care and support an individual to help them remain living at home or in the community.
- Financial assessment process – help and advice is available to residents and family members during the process to complete financial circumstances form – this can be receiving form by post, telephone conversation, home visit and by website
- Resident's contributions are calculated, and resident's income is used as part of the calculation of how much they should contribute to their care. If the resident has capital over £23500 they will have to pay for the full cost of their care. If resident's income is over £14250 there is a scale for how much a resident's contribution will be
- Protected income and expenditure – everyone will have a certain level of income protected, so that they can continue to meet basic living expenses. Each service user will receive an individual assessment of their expenditure. This will consider household expenditure i.e. Council Tax, rent that is not covered by benefits, plus an individual disability related expenditure assessment to determine any additional costs due to a resident's disability
- All financial assessment outcomes are confirmed in writing, with a breakdown of costs, and identify any unclaimed benefit entitlement, and offer to help them claim. There is a review and appeal process, and a reassessment of the charge can be requested if there is a change in circumstances. All contributions are reviewed annually

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- Invoices for care contributions are issued every 4 weeks, and the Financial Assessment and Income Recovery Team are available via e mail or telephone, and help is available to set up payments for care and support contributions or have debt issues
- A Member referred to the fact that certain payments received by residents, such as DLA/Attendance allowance should not be taken into account when assessing financial contributions, as these were paid to them to assist with other aspects of their needs. It was stated that contributions were means tested, and that 42% of residents did not contribute to their care
- Members were of the view that there needed to be a comparison with other Boroughs to ensure that Islington residents were not paying higher levels of contributions than residents in other boroughs

RESOLVED:

- (a) That a report be submitted to the next meeting on comparison of charging levels with other Boroughs, as requested above
- (b) That the notes of the meetings with Carers be noted

The Chair thanked Robbie Rainbird for his presentation

203 **QUARTER 1 PERFORMANCE REPORT (ITEM NO. 11)**

Councillor Turan, Executive Member Health and Social Care, Jonathan O'Sullivan, Acting Director Public Health, outlined the report during which the following main points were made –

- Concern that children's vaccinations rates had reduced, and the MMR2 rate was only at 71%, compared to the 95% target
- Alcohol users reduction is below target, but has increased since this time last year
- Noted that BAME communities were being engaged in relation to take up of vaccinations generally, not just COVID, and death certificates now will include details of ethnicity. This will assist in determining specific communities in order to target specific areas. Data is being collected and analysed, so that lessons can be learnt as to the best methods to be employed across different communities
- In response to a question as to whether there were plans in place to increase vaccination rates, it was stated that the CCG/GP's were prioritising this area, and different methods of engaging and targeting specific groups were being looked at, however GP's needed real time data, as at present this information was not recorded on GP systems. Work is also taking place with health visitors and schools

The Chair thanked Councillor Turan and Jonathan O'Sullivan for attending

204 **SCRUTINY TOPIC 2020/21 - VERBAL (ITEM NO. 13)**

RESOLVED:

That a Scrutiny Review on Health Inequalities be approved as the scrutiny topic for the municipal year

205 **WORK PROGRAMME 2020/21 (ITEM NO. 14)**

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RESOLVED:

That the work programme 2020/21 be noted, subject to a presentation on Health Inequalities being submitted to the March meeting of the Committee

MEETING CLOSED AT 10.05 p.m.

Chair