

London Borough of Islington  
**Health and Care Scrutiny Committee - Thursday, 21 January 2021**

Minutes of the Virtual meeting of the Health and Care Scrutiny Committee held on Thursday, 21 January 2021 at 7.00 pm.

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

**Also Present:**           **Councillors**           Turan and Lukes

**Councillor Osh Gantly in the Chair**

**206        INTRODUCTIONS (ITEM NO. 1)**

The Chair introduced Members and officers to the meeting

**207        APOLOGIES FOR ABSENCE (ITEM NO. 2)**

None

**208        DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)**

None

**209        DECLARATIONS OF INTEREST (ITEM NO. 4)**

None

**210        MINUTES OF THE PREVIOUS MEETING (ITEM NO. 5)**

**RESOLVED:**

That the minutes of the meeting of the Committee held on 26 November 2020 be approved and the Chair be authorised to sign them

**211        CHAIR'S REPORT (ITEM NO. 6)**

None

**212        PUBLIC QUESTIONS (ITEM NO. 7)**

The Chair outlined the procedure for Public questions

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

None

**214        WHITTINGTON NHS TRUST QUALITY ACCOUNT (ITEM NO. 9)**

Michelle Johnson, Director of Nursing Whittington Hospital and Jonathan Gardner Whittington NHS Trust were present for discussion of this item

During discussion the following main points were made –

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- Noted that a new autism friendly map of the Whittington has been launched
- Volunteer support at community site and in patient homes
- Reduction in number of serious harm falls, and noted none in 2018/19 and one in 2019/20
- Quality and quantity of patient safety incidents reported has improved
- Trust has appointed a dementia specialist and a frailty consultant
- Increasing staff awareness and experiences of those with those with autism and learning disabilities
- Introduced a place of safety with Camden and Islington Foundation Trust at the Highgate wing
- Focusing on development of black Asian and minority ethnic staff has been prioritised
- Raising profile of research so that it can be embedded in patient care
- Staff wellbeing is being supported and improved
- Increasing medical, allied health professional, nursing and midwifery student placements and early years development training designed to support newly qualified nurses
- CQC report – rated as good and as outstanding for caring. Since last CQC inspection Trust dealt with challenges and demands for services. Community health services also rated as outstanding and across all domains of care the CQC found community health services good or outstanding
- Clinical research – research and development department continues to adapt and develop to provide highly-skilled and dedicated staffing to support the major areas of clinical research
- In 2019/20 Trust have carried out 120 quality improvement projects across the Trust by staff in a range of roles, one of which was to improve inpatient discharges
- Listening to patients and staff – 81% of staff felt that care of patients is the Trust's top priority, 56% of staff responded to staff survey – the highest ever, patients who received treatment for cancer rated Trust 9/10 for care, 100% of patients had all the information on their operations before it happened
- Priorities for 2020/21 – reducing harm from hospital acquired de-conditioning, improving communication between clinicians and patients, improving patient education in relation to human factors, improving blood transfusion care and treatment
- Staff had taken place in COVID related trials
- The CQC had identified that safety is an issue for the Trust, and that this would be a focus in future
- The Trust has been rated good for well led organisation and use of resources and its role in providing integrated care so that patients can be discharged in an orderly of efficient manner, and good work was taking place with partners
- Reference was made to research trials and involvement of BAME staff, and it was stated that this information could be provided following the meeting

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- A Member referred to previous issues regarding bullying and harassment at the Trust, and it was stated that whilst it is recognised that there is still a problem in small areas, the situation was improving and the response to the staff survey at 56% had been positive. It was noted that it tended to be specific areas and groups that felt disadvantaged, and that the Trust were taking a number of measures to address this. These included development programmes, especially for BAME staff and nursing vacancies had reduced to 10%, which had reduced from 25% in the last few years. Work is also taking place with the NHS national lead on race equality, to strengthen staff support and networks. Training was also taking place with senior managers to improve the position
- In response to a question it was stated that one of the issues is that the NHS tended to be a hierarchical structure, and that whilst clinicians were experts in their medical field they often did not have managerial or leadership abilities and work is taking place in this regard, together with work with front line managers
- It was stated that whilst the Trust were experiencing higher levels of COVID patients than the first wave of the pandemic, and there was an issue of staff absence due to asymptomatic cases and self-isolation. Staff mental health and psychological support had been put in place, however it was felt that this would be needed more in future than at the present time
- In response to a question as to the availability of routine appointments, it was stated that this presented a challenge, and in December it had been decided to cancel routine appointments to deal with COVID, however as the Trust moved into recovery mode it is hoped to address the backlog and new demands. It was also stated that work is also taking place with cancer patients, and treatment is prioritised and essential cancer treatment had not stopped during the pandemic. Virtual appointments were also taking place successfully
- Members thanked the Trust for the good work that staff were doing during the pandemic

### **RESOLVED:**

That the information requested above in relation to BAME staff taking place in clinical trials at the Whittington be circulated to the Committee

The Chair thanked Michelle Johnson and Jonathan Gardner for attending

## **215 COVID 19 UPDATE (ITEM NO. 10)**

Councillor Sue Lukes, Executive Member for Community Safety and Pandemic Response, Stephen Taylor Interim Director of ASC Transformation and Jonathan O'Sullivan, Acting Director of Public Health were present, and outlined the presentation, copy interleaved

During the presentation the following main points were made –

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- Adult Social Care – Winter Care plan includes distribution and reporting on distribution of infection control funding, support to roll out vaccine supporting providers with guidance, ensuring access to PPE by providers, supporting providers with testing ability, promoting use of flu vaccine, supporting reopening of day/respite services where possible, and working to prevent hospital admissions and supporting safe hospital discharges
- Older Peoples Care Homes/Domiciliary Care – Following a period of relative stability in care homes increase in number of COVID cases. Staffing levels have remained relatively stable. In domiciliary care there are relatively low numbers of residents with confirmed COVID cases and not COVID related deaths, and staffing rates have stabilised
- COVID testing is being rolled out to domiciliary staff and providers feedback is testing kits and staff tested is increasing. No shortage of PPE reported
- Mental Health Learning and Disabilities Care Homes – there are 3 learning disabilities care homes and 5 mental health care homes in Islington and over recent months there have been small number of residents and staff cases identified via routine testing in these settings. There have been no COVID related deaths in mental health or learning disabilities care homes in Islington. Staffing levels remain stable
- Care Homes vaccination programme – ASC supporting local health partners, and contributing to vaccination roll out for priority groups, and by 15 January residents in all older people’s care homes and extra care housing will have been offered their first COVID vaccine. Webinars were taking place for staff
- Health – COVID cases in Islington – as of 11 January 2021 there are a total 9053 laboratory confirmed cases in Islington
- Of the cases with an ethnicity record 62% are white and 38% BAME, similar to borough profile. Overall there are slightly more females who have been confirmed positive. Infection rates are higher in the most deprived and lowest in least deprived areas. In the past 3 weeks rate of testing has been highest amongst other ethnic and Bangladeshi groups, and lowest amongst other black. In the past 3 weeks the testing rates have been highest amongst 20-59 year olds
- In response to a question as to the take up of vaccinations amongst the community, particularly some BAME communities, it was stated that it was hoped that this would improve once it is seen that the vaccine is not harmful and safe uptake will improve
- Second walk in testing centre established at Sobell Centre, and sites for asymptomatic testing set up
- Local contact tracing is continuing and went live in November and there is a call handling team who work 9-7, 7 days a week and the success rate is 83%. There has been increase in cases since 24 December
- Roll out of COVID 19 vaccination begin at end of December and will be ramped up over the coming weeks. All residents in older people’s care homes and extra care scheme have been offered the vaccine and there are 2 primary care centres giving vaccinations at Bingfield and Hanley Road practices. Local hospitals are vaccinating health and care workers

those in hospitals and those in priority groups visiting for appointments. The Business Design Centre will be the largest vaccination site from February, and it is expected some pharmacies will be giving vaccines

- Protection of care homes, domiciliary social care and NHS – supporting providers to implement the latest infection control guidance and best practices, routing testing of residents and staff, no admission of residents who have tested positive for COVID 19, and still infectious into care homes
- In relation to whether there was enough vaccine supply in the borough, it was stated that there had been issues with supply, however it is hoped that these had now been resolved and more vaccine would become available
- Discussion took place as to difference between lateral flow and PCR tests and that is important that if a person is symptomatic they should go the Government website and follow the instructions for testing
- Noted that community engagement, faith leaders and BAME forum is taking place to encourage take up of vaccinations, and there had been an increase of 20% in take up from December to January
- In response to vaccinations as to sheltered accommodation residents, it was stated that residents would be dealt with in priority order, as there were often residents in sheltered accommodation in their 60's with no health problems
- Health – Noted that since the publication of the report there had been a decrease of approximately a third in infections, and there were currently 1350 confirmed cases, however this is still higher than at any point since mid -December. There had been a reduction across all age groups
- There had been an increase in COVID deaths and it was expected that this would continue into the next few weeks at least
- Reference was made to the increase in positive tests amongst the Bangladeshi and other black communities, however this could be as a result of increased testing
- A Member stated that it would be useful if Members could be provided with a ward breakdown of infection rates, and it was stated that whilst this could be provided it was an ever-changing position, however more work needed to be undertaken to see where infections were taking place such as in the workplace and travelling as restrictions were not as great as the first national lockdown. The Executive Member Health and Social Care stated that the GOV.UK website detailed the number of infections per postcode

**RESOLVED:**

That details of infection rates by ward be circulated to Members

The Chair thanked Councillor Lukes, Stephen Taylor and Jonathan O'Sullivan for attending

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Emma Stubbs, Senior Commissioning Officer, Public Health was present, together with Barney McGee, Lisa Luhman and Liz McGrath of Better Lives, and outlined the presentation and report (copies interleaved)

During discussion the following main points were made –

- Islington experiences some of the greatest levels of substance misuse related harm in London, with detrimental impacts on health services, crime and community safety and social care needs
- Better Lives the adult drug and alcohol recovery service has been operation since April 2018 and during COVID lockdown the focus was on ensuring residents could access or continue to access the critical elements of their care. Post lockdown other types of remote support was offered however it has been difficult to sustain progress due to changing nature of the pandemic
- Increasing numbers in treatment – COVID gave an opportunity to draw people into treatment, particularly opiate users, who may have chosen to decline previous treatment
- Support has been extended to rough sleepers with better outreach, training other frontline staff, partnership working, rapid access, establishing a single point of contact, harm reduction
- Issues identified throughout the COVID – feedback from Better Lives – residential rehab and inpatient detox closures or access severely restricted which limited available treatment options, pressure on local pharmacies, reduction in availability of other services, staffing resources, safeguarding issues
- Increase in reported cases of domestic violence and abuse and safeguarding
- Opportunities identified as a result of COVID – rapid expansion of virtual and remote interventions, use of MS Teams/Zoom, more flexible approach to services, review traditional ways of working, different approaches to care, building on improved partnership working, continuation of Family Support Service
- Borough performance – numbers seeking support for their opiate use is increased as a consequence of the reduced availability of street purchased drugs. During lockdown marked reduction in numbers of people presenting for support around their alcohol, and whilst these numbers are increasing, commissioners are working with the service to encourage greater numbers into treatment
- Next steps – planning for future waves of COVID, delivering flu vaccinations to staff and vulnerable service users, ensuring critical face to face interventions are reinstated safely, provider led work streams, commissioning the new support funded programme to provide drug and alcohol support to rough sleepers, equality impact assessments for any new approaches to delivering support
- 85% of service users in June 2020 indicated experience of service as good or very good during first lockdown. Increase in number of people remaining in treatment for 12 months or more, and a decrease in number of service users leaving treatment. Challenges – support

services outside of drug and alcohol services, closing or moving online, and a significant number of service users do not have equipment or desire to access online support

- Borough Performance – Contract management – during initial stages of COVID formal contract monitoring was suspended to allow the service to focus on delivering the critical elements of care, but these have now been reinstated and efforts are being made to develop a post COVID way of working. The service is able to report a relatively low number of COVID deaths amongst their current population
- In response to a question it was stated that COVID had presented opportunities to engage users and to work with partners in a collective way to support users of the service
- In response to a question as to whether additional staff could be employed in order to cope with additional users of the service, it was stated that there were limited resources but the service model did allow tiered support
- Noted that there had been a reduction in staff available during COVID, and work had taken place with service users to provide alternative options, and there had been an increase in the number of volunteers who could assist with collection of medication and prescriptions
- It was stated that the illegal supply of street drugs had started to increase back towards pre COVID levels, however it is hoped that lessons learnt would enable the service to continue to increase service users, and in particular address rough sleeping. Statistics showed that at present the service only engaged with 40% of opiate users and the challenge is to find the remaining 60% and encourage them into treatment

The Chair thanked Emma Stubbs, Lisa Luhman, Liz McGrath and Barney McGee for attending

**217**      **PERFORMANCE UPDATE - QUARTER 2 (ITEM NO. 12)**

Councillor Nurullah Turan, Executive Member Health and Social Care, and Jonathan O’Sullivan, Director of Public Health were present for discussion of this item

RESOLVED:

That the report be noted

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

**218**      **SCRUTINY REVIEW - ADULT PAID CARERS - WITNESS EVIDENCE (ITEM NO. 13)**

RESOLVED:

That the witness evidence be noted

**219**      **WORK PROGRAMME 2020/21 (ITEM NO. 14)**  
**RESOLVED:**

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That the work programme be noted

MEETING CLOSED AT 9.30 p.m,

Chair