



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

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## **AGENDA FOR THE HEALTH AND CARE SCRUTINY COMMITTEE**

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Members of the Health and Care Scrutiny Committee are summoned to a meeting to be held remotely by Zoom on 21 January 2021 at **7.00 pm**.

Link to meeting: <https://weareislington.zoom.us/j/98407048052>

Enquiries to : Peter Moore  
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Despatched : 13 January 2021

### 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
6. Chair's Report

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7. Public Questions

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

8. Health and Wellbeing Board Update - Verbal

<b>B. Items for Decision/Discussion</b>	<b>Page</b>
9. Whittington NHS Trust Quality Account	7 - 18
10. COVID 19 Update	19 - 46
11. Alcohol and Drug Abuse update	47 - 72
12. Performance update - Quarter 2	73 - 90
13. Scrutiny Review - Adult Paid Carers - witness evidence	91 - 92
14. Work Programme 2020/21	93 - 94

**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 4 March 2021  
**Please note all committee agendas, reports and minutes are available on the council's website:**  
[www.democracy.islington.gov.uk](http://www.democracy.islington.gov.uk)

# Public Document Pack Agenda Item 5

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

## Health and Care Scrutiny Committee - 26 November 2020

- 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

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### **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

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### **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

## Health and Care Scrutiny Committee - 26 November 2020

- 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 peoples 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

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 6<sup>th</sup>. 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

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**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

## Health and Care Scrutiny Committee - 26 November 2020

- 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)**

**Health and Care Scrutiny Committee - 26 November 2020**

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

# Whittington Health NHS Trust Quality Account 2019/20: *An Overview*

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Agenda Item 9

# CEO statement



Welcome to the 2019/20 Quality Account for Whittington Health NHS Trust. All of our priorities are produced in consultation with staff, managers, patients and external stakeholders and I would like to thank them for taking the time to contribute to this process — especially in what has been an unprecedented year.

I am pleased to report that we successfully met 33 out of the 38 priorities we set ourselves for 2019/20. We managed this despite the changes that we were forced to make to our services due to COVID-19.

Other highlights of the year include:

- The 2020 CQC report gave the Trust a rating of ‘Good’ overall, with our services rated as ‘Outstanding’ for caring. Our community health services were also rated as ‘Outstanding’. This is a tremendous achievement by our staff.
- A significant improvement in the post-operative geriatric care provided to elderly patients undergoing emergency laparotomy rose from 11 patients to 36.
- We are ranked first out of all hospitals in the country for undertaking care processes for patients with type one and type two diabetes.
- We had the third highest uptake of the flu vaccine by our staff across London at 83.4%.
- Being the first Trust in London to sign up to the NHS Workforce Race Equality Standard Cultural Change Programme. Over 75% of staff said they believe the Trust provides equal opportunities for career progression compared to 70.6% in

2018. Similarly in 2019 there has been a positive increase of 7% black, Asian and minority ethnic staff believing there are equal opportunities, moving up to 65.3% from 58.3%.

- Listening to more of our staff than ever before through the NHS Staff Survey. Last year we had a response rate of 56%, which is the highest response the Trust has received to date and an increase of 8% from last year’s 48% response rate.

Ensuring Whittington Health is a welcoming place to work continues to be a priority. We now have over 30 Speak Up advocates, who staff can raise concerns about any matter. From September 2018 to September 2019, 66 concerns had been raised, 30 were anonymous. Since September 2019, the rate of reporting had increased but the number of anonymous complaints had decreased showing that more people feel safe to approach the Guardian to raise their concerns.

Our priorities for 2020/21 have been chosen after lots of engagement with internal and external stakeholders. They reflect on previous learning and on our ambition to be an outstanding health care Trust, each of the four new priorities align with our vision of Helping People Live Longer Healthier Lives.

*Sarah Taylor*

# Progress against our priorities

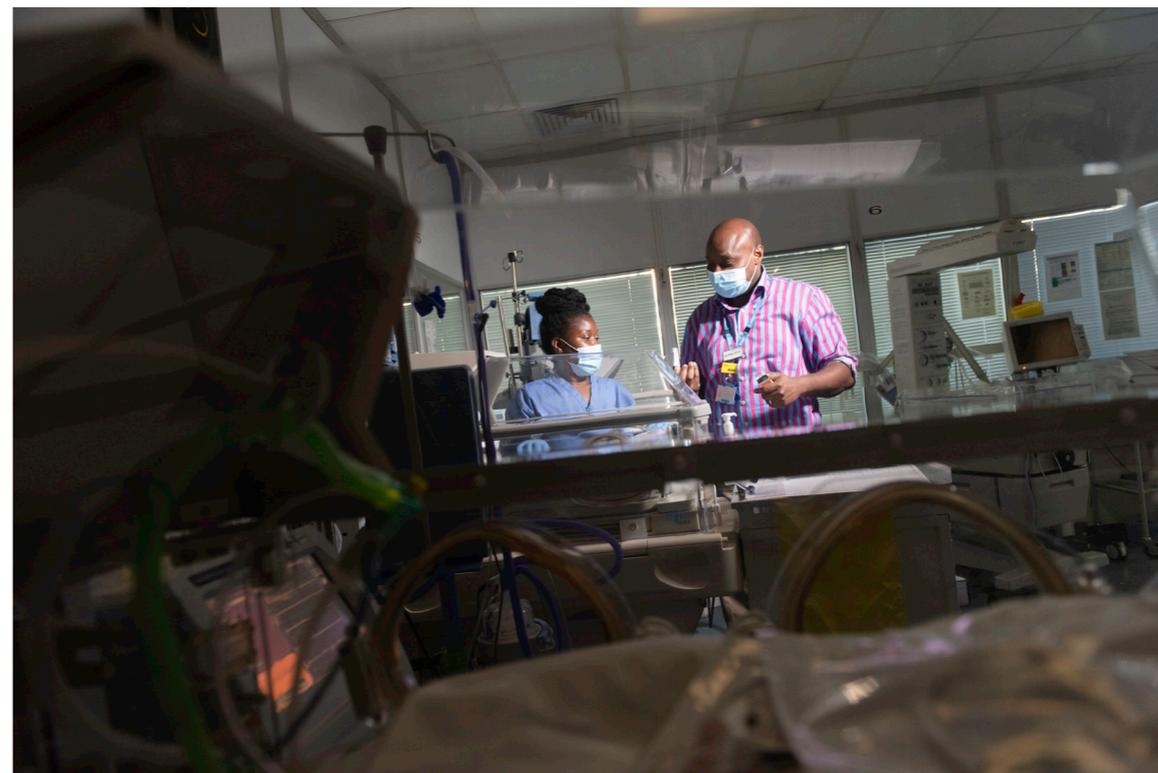
**Improving the quality of information available to patients.** An area highlighted to us by local Healthwatch and through learning from complaints and concerns raised through our Patient Advice and Liaison Service (PALS). We launched a new autism friendly map for the hospital site, reviewed 228 leaflets and have started work on reviewing our signage with our Patient Experience team.

**Keeping patient experience at the heart of Trust wide decision making.** Nine of our Trust Board meetings featured a patient story. This varied between in-person and by video – the use of video allowed the story to be shared wider and their impact persists beyond the actual presentation. We hope to use these stories at further sub board committees and Integrated Clinical Service Unit (ICSU) Boards too.

**Volunteer support at community site and in patient homes.** Our new Volunteer Strategy was launched in December 2019 and a year one implementation plan started in January. During the initial stages of the COVID-19 pandemic the service has co-ordinated the support of 10 volunteers involved in the distribution of personal protective equipment (PPE). These volunteers have outlined processes that include risk assessing the roles they support with, and having key contact links within the services they support.

**Reducing falls resulting in severe harm or death** has been a continuous goal for the Trust since 2014/15. The trend in the number of avoidable falls resulting in serious harm has shown sustained improvement from 11 incidents in 2014/15 to six in both 2015/16 and 2016/17, and four in 2017/18. There were no serious harm falls in 2018/19 and one declared in 2019/20.

**Reducing falls per 1000 bed days.** We started the year with 3.5 falls per 1000 bed days, but saw a fairly gradual decline in our figures until October (where we reached 1.8); in the remaining months the figures remained close to the average line, fluctuating between 2.1 and 2.6.



The quality and quantity of [patient safety incidents](#) reported has improved. There was an increase of 10%, from 2018/19, in the reporting of Near Misses (Good Catches) and an increase of 18.5% in the overall number of incidents being reported.

[Medical safety reviews for grade 3 acute kidney injuries \(AKI\)](#) within 24 hours. This has reached a monthly average of 95% and has been audited monthly by the Pharmacy team.

Reducing avoidable grade 3 and grade 4 [pressure ulcers](#) and ensuring appropriate investigations take place into any pressure ulcers. Grade 3 pressure ulcers have reduced from 130 in the previous year to 24. Grade 4 pressure ulcers have also reduced, but changes to the reporting criteria have required retraining to ensure the data is captured.

[Care of older people](#) was highlighted by local Healthwatch, national audit data, a national campaign and learning from incidents. The Trust has appointed a dementia specialist practitioner and all new staff receive training in dementia awareness – featuring John’s campaign. In October 2019 a frailty consultant has been in post – introducing multifactorial interventions that resulted in a significant increase in the number of Comprehensive Geriatric Assessments being completed on admission.

The Trust is committed to improving the experiences of [autistic people and people with learning disabilities](#) and increasing staff awareness. We met our target of seeing at least 75% of autistic patients or patients with a learning disability in under two hours in the Emergency Department.

During 2019/20 Camden and Islington NHS Foundation Trust



introduced a place of safety in their Highgate Wing, which has reduced the number of [mental health](#) patients in our Emergency Department. Adults who are experiencing a crisis are now streamlined to St Pancras Hospital and not to our site.

A [nursing associate](#) is a new support role that delivers hands on care for patients. We have continued to provide an adequate number of positions for nursing associate graduates to apply for. This has been enhanced by the appointment of a practice development nurse who supports this role.

Strengthening our [leadership](#) and focussing on the development of staff from a black, Asian and minority ethnic background has been prioritised. This has included taking in a second cohort of our reverse mentoring programme and participation in an 18 month initiative that aims to embed a culture of compassionate and inclusive leadership.

[Research](#) participation dropped slightly to 810 participants due to



a different study mix but this number is still well in excess of the Clinical Research Network target of 618. There has been a focus on developing a greater paediatric research portfolio with initial progress made in two epilepsy studies.

**Raising the profile of research** so that it can become embedded in patient care has been achieved through participation in studies that require multi-disciplinary clinical teams – helping to develop new treatments and knowledge for better health and care. Reducing 28-day readmissions means that patients are treated appropriately prior to discharge and requires safety net procedures to be in place. Through the increased use of our Hospital At Home service and Virtual Ward we have been able to remain in the top three Trusts in London for managing length of stay over 21 days.

**Discharge summaries** have been improved through a QI project that involved several stakeholders working together to design a new template. The new discharge summaries are clear to

patients, GPs and do not contain unnecessary information.

**Staff experience** at work and **staff wellbeing** is being supported and improved through staff networks and social engagements. The reinvigoration of our staff networks has helped to engage staff, these include: the Black, Asian and Minority Ethnic network, the LGBTQ+ network and Whatability (disability focused).

Ensuring our **Caring For Those Who Care** programme aims to bring all work related to staff experience together, ultimately improving the **culture** at work. This has included regular social events organised by Trust departments and staff networks and more participation in the NHS Improvement Culture and Leadership Collaborative, which aims to ensure leaders and senior managers adopt a more robust and purposeful leadership style to support colleagues and tackle issues in timely and well-ordered fashion.

Increasing medical, allied health professional, nursing and midwifery **student placements** and focusing on the quality of the experience for both the students and the practice area. We have worked with Health Education England on a pilot project to increase pre-registration student nurse placement numbers. Feedback from students remains excellent, with many moving onto full-time employment with the Trust. The student survey feedback was predominantly positive and we continue to develop individualised learning experiences for our undergraduate workforce.

Preceptorship programme is being rebranded as the 'Early year's career development' and this has been designed to **support newly qualified nurses** and nursing associates in the first two years since qualifying. 68% of attendees completed the three study day

programme.

The roll out of the [Learning from Excellence](#) project across the Trust has seen 140 people being nominated for a STAR Award, allowing staff to receive positive feedback in relation to excellence in work.

In order to improve learning from [national audits and compliance with NICE guidelines](#) the Trust's Management Group agreed a new executive governance committee structure which came into effect from 1 April 2020. This includes a new Clinical Effectiveness Group with responsibility for national audits, NICE guidance, and national benchmarking data and the new Quality Governance Committee, a sub-group of the Quality Assurance Committee.



# Care Quality Commission Report

The Care Quality Commission (CQC) published their full inspection report in March 2020 following our full inspection across the Trust in December 2019. Overall we have been once again rated as Good and as Outstanding for caring.

Since our last CQC inspection in 2017 we have dealt with increasing challenges and demands for all of our services, it is a testament to all of the hard work and dedication that despite this, overall, all of our services maintained or improved their rating.

We are especially pleased that our community health services are now rated as Outstanding. Across all domains of care, the CQC found our community health services to be Good or Outstanding. This is thanks to a huge amount of patient focussed hard work from a number of colleagues, well done to them.

Overall  
Good

Safe	Requires improvement ●
Effective	Good ●
Caring	Outstanding ☆
Responsive	Good ●
Well-led	Good ●

	Are Services Safe?	Are Services Effective?	Are Services Caring?	Are Services Responsive?	Are Services Well-led?	Overall
Acute Services	●	●	●	●	●	●
Community Health Services	●	●	☆	●	☆	☆
Mental Health Services	●	●	☆	●	●	●

# Clinical research



Our research and development department continues to adapt and develop to provide highly-skilled and dedicated staffing to support the major areas of clinical research which include:

- Anaesthetics
- Bariatrics
- CAMHS
- Community services
- Dermatology
- Emergency medicine
- Gastroenterology
- Haematology
- Infectious diseases
- Intensive care
- Obstetrics and gynaecology
- Oncology
- Orthopaedics
- Paediatrics
- Surgery

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In 2019/20 803 of our patients participated in 29 research studies adopted to the NIHR portfolio.



## **There were 49 National Institute for Health Research portfolio studies recruiting and in follow-up at Whittington Health.**

Portfolio adopted studies are mainly, but not solely, consultant led and are supported by the Trust's growing Research Delivery team to facilitate patient recruitment.

We are currently rated as good by the CQC and health research plays a part in the day-to-day activity across many of our clinical and speciality areas. A refreshed research strategy has been delayed by covid but looking ahead, we aim to become a national leader in integrated care, covering all facets of district general hospital and community health research, and how they relate.

Key aims are:

- We will encourage all grades and disciplines of staff to engage in the Trust's Research and Innovation agenda.
- We will work with expert clinical groups and voluntary sector partners to increase public and patient involvement in our research.
- We will develop and expand research relationships with academia
- We shall increase engagement with industry
- We will focus on our areas of unique strength

# Quality Improvement

Over the last year over 120 Quality Improvement (QI) projects have been taking place across all of the Trust by staff in a range of roles.

In the 2019/20 we ran a large scale QI project to improve inpatient discharges. This included changing the focus of the documents to be useful information for the patient, and to provide a safe and concise handover of care.

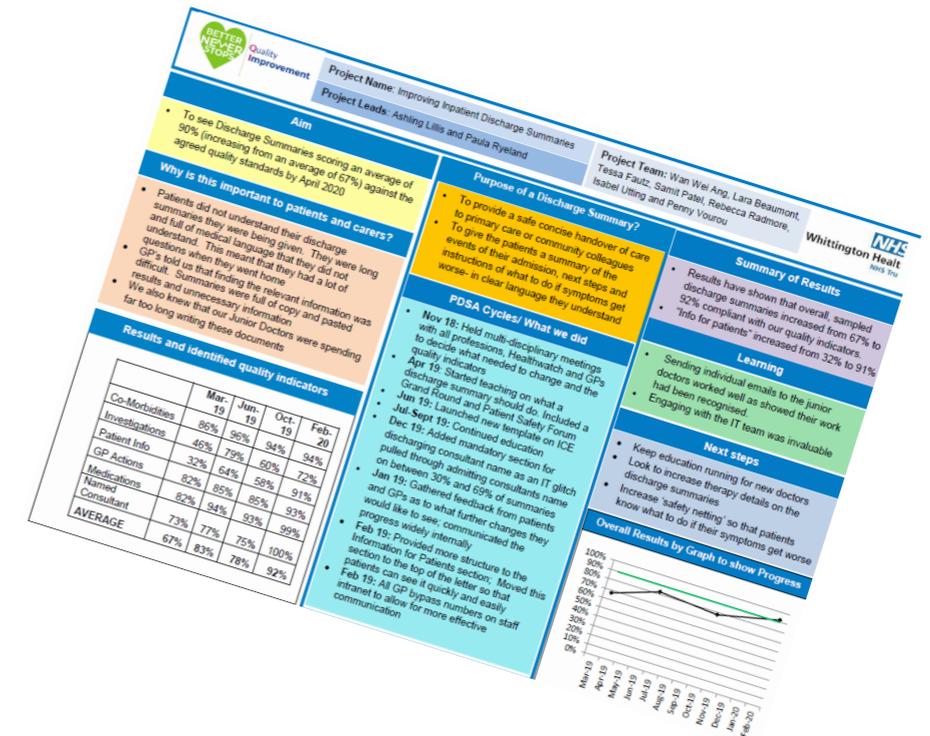
We decided to work on these because patients did not understand their discharge summaries they were being given. They were long and full of medical language that they did not understand. This meant that they had a lot of questions when they went home. GPs told us that finding the relevant information was difficult. Summaries were full of copy and pasted results and unnecessary information and we also knew that our junior doctors were spending too long writing these documents.

Aiming to see discharge summaries scoring an average of 90% (increasing from an average of 67%) against the agreed quality standards by April 2020.

As well as new templates and education, we devised six things that we were looking for these documents to do and we went through and measured different summaries from each specialty on these each quarter:

- **Including co-morbidities** (which helped with coding and therefore income).
- **Investigations** — whether they only included the significant ones and results were summarised and not copy and pasted.
- **Information for patients** — information for the patient that was to be written in simple jargon-free language.
- **GP actions** — to be clear what the GP needed to do. The actions had to be relevant and appropriate; and not ask GPs to ‘chase’ anything. We also said anything needed within 10 days had to be arranged before the patients was discharged (to help with this, we got GP surgery bypass numbers to enable our staff to contact surgeries easily).
- **Medications** — highlighting medication changes or additions, indications, durations and/or review dates.
- **Named consultant** — this was important so that the GP/ patient knew who had looked after them.

The results were fantastic — by Feb 2020 sampled discharge summaries increased from 67% to 92% compliant with our quality indicators. “Info for patients” increased from 32% to 91%.



# Listening to Patients and Staff

The Trust is committed to using patient and staff feedback as part of its Better Never Stops work. Each year staff are invited to feedback anonymously through the NHS Staff Survey and patients are given the opportunity to share their experiences through the National Cancer Patient Experience Survey, the National Inpatient Experience Survey and Friends and Family Tests.

81% of staff  
felt that care  
of patients  
is the Trust's  
top priority  
(2019 NHS Staff Survey)

56% of staff  
responded  
to the  
NHS Staff  
Survey, our  
highest ever  
response.

Patients who  
received  
treatment for  
cancer rated  
us 9 out of 10  
for our care (2019  
National Cancer Patient  
Experience Survey)

100% of patients  
had all the  
information  
needed about their  
operation before it  
happened (2019 National  
Cancer Patient Experience  
Survey).

# Looking forward

Our quality priorities have been developed following consultation with staff, people who use our services and stakeholders and are based on both national and local priority areas. We have also considered the impact of the COVID-19 pandemic at a Trust level as well as the global changes to healthcare.

## Our priorities for 2020/21

Reducing harm from hospital acquired de-conditioning

Improving communication between clinicians and patients

Improving patient safety education in relation to human factors

Improving blood transfusion care and treatment

As part of our consultation process, external stakeholders, patients, and staff have been invited to share their views on our proposed quality priorities. We held a stall in the hospital Atrium in January 2020 to gather opinions of patients and staff about improvements they would like to see in the coming year. A meeting was held with Healthwatch Islington and Haringey, and representation from Islington Clinical Commissioning Group (CCG) in February 2020 to review and hear feedback of our services and quality areas for development.

Further to this, each priority has been refined and agreed by clinicians and managers who will have direct ownership and approved at the relevant Trust committees. The quality account, including the 2020/21 priorities, have been shared with our commissioners and external auditors. Whittington Health recognises that to achieve sustainable improvement, projects need to be long-term, monitoring progress over a three year period.



**If you would like to comment on our Quality Account or have suggestions for future content, please contact us either:**

**By writing to:**

The Communications Department,  
Whittington Health,  
Magdala Avenue,  
London. N19 5NF

**By telephone:**

020 7288 5983

**By email:**

[communications.whitthealth@nhs.net](mailto:communications.whitthealth@nhs.net)

**Accessible in other formats:**

This document can be made available in other languages or formats, such as Braille or Large Print.

Please call 020 7288 3131 to request a copy.





# Update to Health & Social Care Scrutiny

## Covid-19 - Adult Social Care response

Page 19

January 2021

Agenda Item 10



# ASC Update



We now have a comprehensive work plan to ensure we are prepared for fluctuations in Covid 19 cases, building on the findings from the ASC Covid Taskforce, the publication of the ASC Winter Plan, and Ministerial calls. We carried out a comprehensive exercise to identify people who might be particularly vulnerable to COVID 19, as part of our Silver arrangements. This has enabled us to carry out targeted work with people suffering disproportionate effects of COVID 19. Sitting alongside this is another piece of work identifying the responses necessary across ASC as the situation changes. This gives us a very detailed overview of adult need in Islington, and is allowing us to react efficiently as we move between tiers.

Both the Winter Plan and Task Force recommendations focus on our work with providers, and particularly infection control, and how we oversee and support providers. This includes,

- distributing and reporting on the distribution of infection control funding
- Support to roll out the vaccine
- supporting providers with guidance as it emerges
- ensuring access to PPE by providers, either via the Portal or elsewhere
- supporting providers with testing availability according to appropriate guidelines
- promoting the use of the flu vaccine to the social care workforce
- supporting the re-opening of day/respite services where possible. Where not possible we are developing alternatives.
- working to prevent hospital admissions and supporting safe hospital discharges.



# Older People's Care Homes and Domiciliary Care



# Older People's Care Homes and Domiciliary Care Overview

## Older people's care homes

- There are eight older people's care homes in Islington – over the course of the pandemic **there have been COVID situations of varying scales in all homes.**
- Following a period of relative stability between April and December 2020, **we have started to see an increase in the number and scale of COVID situation in care homes** – this is likely linked to significantly increased rates of community transmission.
- **The nature of cases reported has changed over time with a decrease in symptomatic residents presenting and an increase in asymptomatic residents identified through whole setting testing.**
- **Staffing levels in Older People's care homes have remained generally stable** throughout the course of the pandemic.

## Domiciliary care

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

Please see slides overleaf for information on COVID-related trends in older people's care homes.

# Domiciliary care COVID testing update

Domiciliary care testing is being rolled out as part of the national programme.

- Link here: <https://www.gov.uk/government/publications/coronavirus-covid-19-testing-for-homecare-workers>
- Overview from their website: NHS Test and Trace is making weekly COVID-19 testing available to all homecare workers in England. All registered homecare agencies will be contacted with details of how to apply for test kits for their homecare workers. Homecare agencies will be responsible for ordering and distributing test kits to all homecare workers for them to conduct at home on a weekly basis. Homecare worker testing should only be conducted on Thursdays, Fridays, Saturdays, and Sundays (if the homecare worker is able to access a priority post box with Sunday collections). We will be extending this service shortly to all homecare workers in adult social care, including unregistered organisations, live-in carers, and personal assistants.
- Webinars: For more information providers can join webinars, hosted every Tuesday and Thursday.

19/09/24

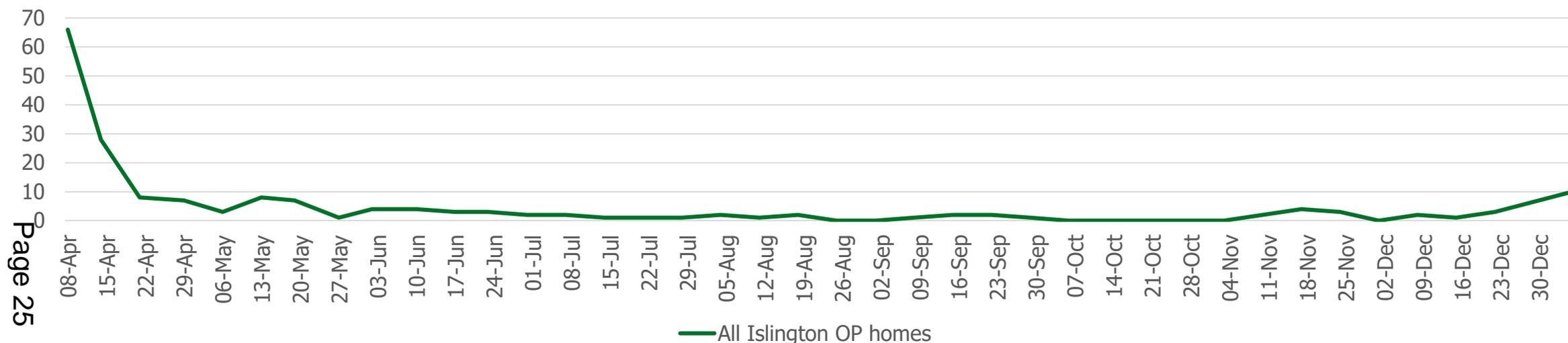
Feedback from providers:

- Providers progressively receiving testing kits and reporting an increase in staff testing.
- For providers yet to receive kits, officers have shared information on how symptomatic staff can access the test sites in Islington in addition how to access additional testing sites via NCL arrangements.



# OP home sector level trends – resident cases reported over time

COVID-19 resident cases (confirmed and suspected) reported to commissioners across all OP homes – weekly Gold report

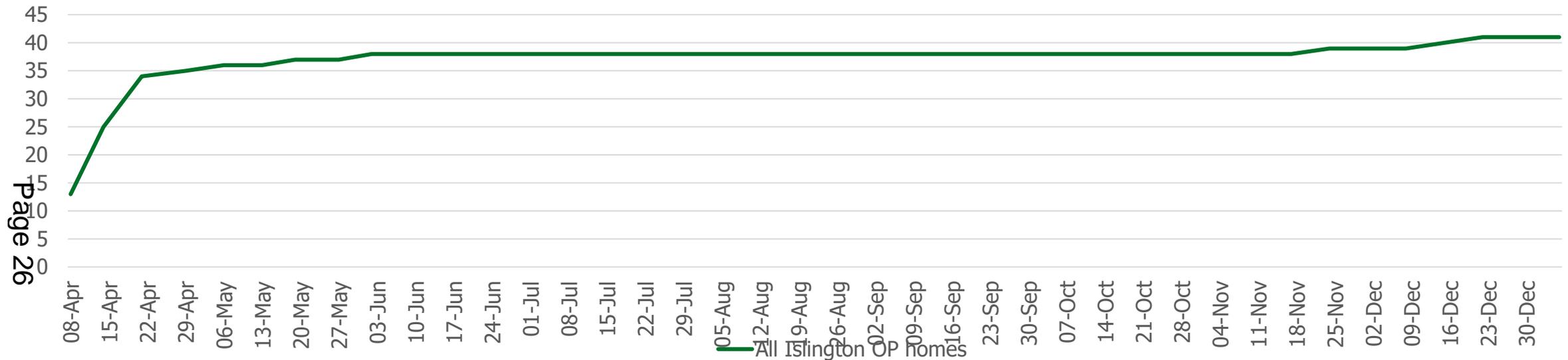


- All OP care homes have reported on the number of confirmed and suspected cases on a weekly basis to ASC commissioners since 8<sup>th</sup> April 2020. Prior to this, reporting was ad hoc, if there were cases suspected or confirmed. The above presents the total number of cases reported at weekly check ins, using the snapshot view to highlight trends. The above therefore may not accurately reflect day to day changes between value points.
- The data above includes confirmed and suspected cases – both symptomatic and asymptomatic. Changes reported week by week reflects that residents recovered, deteriorated and died, or testing clarified COVID status. It should be noted that limitations in the availability of testing and reliance on clinical judgement mean that this data, particularly earlier data, may not completely accurately reflect all COVID cases i.e. some suspected cases may not have been COVID-19 and some asymptomatic cases may not have been identified and there may variation in reporting.

**There has been an increase in care home resident cases in late December 2020/January 2021 – this is likely linked to significantly increased rates of community transmission. The majority of current cases are in one home which is being supported by ASC and Public Health. The overall proportion of residents affected (c.3%) remains low.**

# OP home sector level trends – cumulative COVID-related resident deaths

Cumulative COVID resident deaths (confirmed and suspected) reported to commissioners all OP homes – Gold report



- All OP care homes have reported on the number of COVID-related resident deaths on a weekly basis to ASC commissioners since 8<sup>th</sup> April 2020. In the first report, commissioners asked providers to report on deaths that had occurred since 25 March 2020. The above presents the cumulative total COVID-19 deaths reported at weekly check ins, using the snapshot view to highlight trends. The above therefore may not accurately reflect day to day changes between value points.
- The data above includes both confirmed and suspected COVID-19 deaths. It should be noted that limitations in the availability of testing and reliance on clinical judgement mean that this data, particularly earlier data, may not completely accurately reflect all COVID deaths. Determining COVID's role in cause of death (e.g. where it was a secondary cause) is complex and there may be variation in reporting.

**After a sharp increase in the number of confirmed and suspected COVID-related deaths early in the pandemic during wide scale outbreaks in some homes, the number of new COVID-related deaths has subsequently largely stabilised.**



# Covid-19 Mental Health and Learning Disabilities Care Homes Update



- There are **three learning disabilities care homes and five mental health care homes registered with the Care Quality Commission in Islington.**
- Over recent months there have been **small numbers of resident and staff cases identified via routine testing in these settings.** In all instances services have been supported by the local Public Health and Adult Social Care teams to ensure all appropriate steps are taken to reduce COVID risks.
- **There have been no COVID-related deaths in mental health or learning disabilities care homes in Islington.**
- **Staffing levels remain stable.**

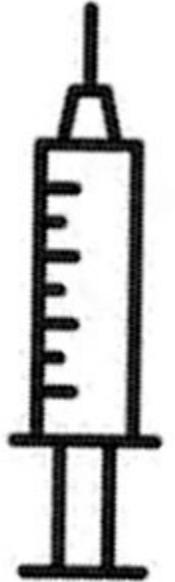


# Covid-19 Care home vaccination update



- **Adult Social Care Commissioning is supporting local health partners and contributing to the rollout of the vaccination programme for priority groups (care home staff and residents, and health and social care staff) at pace.**
- **By 15<sup>th</sup> January 2021 residents in all older people's care homes and extra care housing will have been offered their first COVID vaccine.** Plans are being developed to expand this to wider accommodation-based settings.
- **Since early December 2020, the Council have been supporting care home staff to access vaccination via hospital hubs. In January 2021 the scope of this expanded to wider health and social care staff.**
- **Proactive and inclusive communications are being developed to promote uptake for all eligible social care staff.**
- **Officers will continue to support this work over the coming months.**

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Care home colleagues have displayed excellent visible leadership on this front – from the manager at Bridgeside who [videoed](#) their experience to Lennox House staff who [videoed](#) theirs to encourage their peers to get the jab. There has also been great joint working across primary care, the CCG, acutes, and social care locally and across NCL.



Thank You for listening

Any Questions?



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# COVID 19 Update

## January 2021

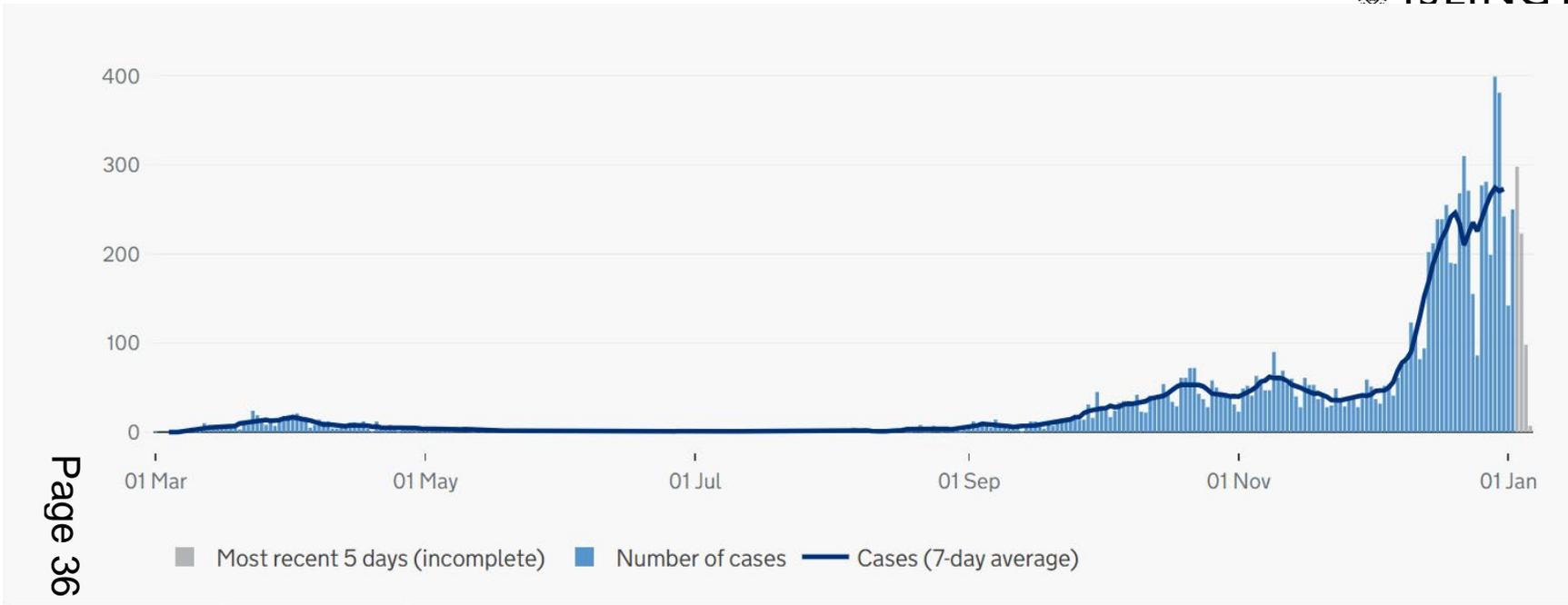
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- A brief summary of the local and national impact of COVID-19 to date
- An update on the current actions from the outbreak prevention and control plan

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

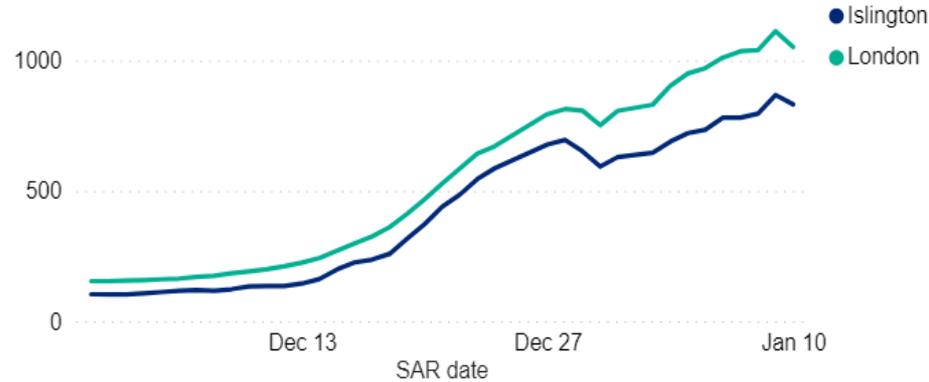
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- As of 11<sup>th</sup> January 2021, there are a total of **9,053** laboratory confirmed cases in Islington.
- For the latest 7 day period (December 30<sup>th</sup> to 5<sup>th</sup> January 2021) Islington's rate is 832 per 100,000 population, an increase of 21% from the previous week. The overall London rate is 1052 per 100,000 population.
- For the latest 7 day period (December 30<sup>th</sup> to 5<sup>th</sup> January 2021) for people aged 60 and over is 892.8 per 100,000 an increase of 32% from previous week.
- The percentage of residents testing positive is currently 25.2%.

# Trends in case rates, positivity and testing

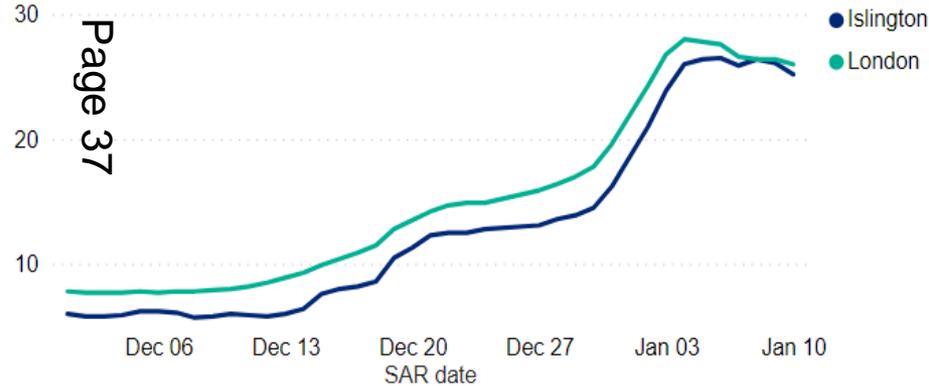
Case rate: weekly case rate per 100,000 (all ages)



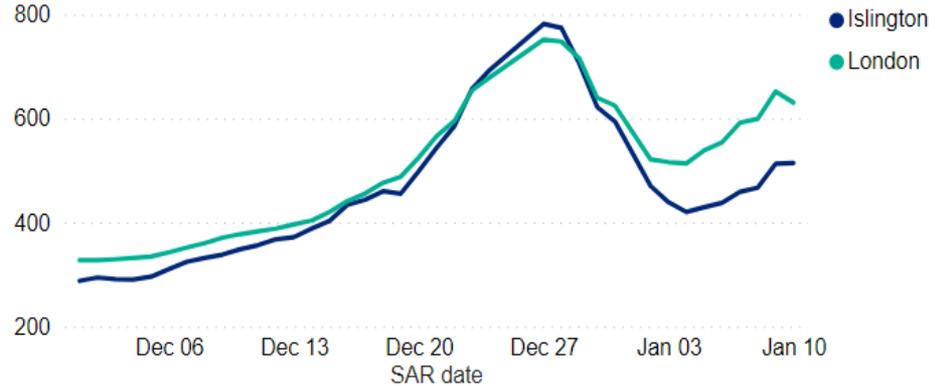
Case rate change: 7-day change in case rate (all ages)



Positivity: weekly percentage individuals test positive



Tests: daily individuals tested per 100,000 population - 7-day moving average



## Ethnicity

- Of the cases with an ethnicity recorded, 62% are White and 38% are from a Black, Asian, Minority ethnic group (BAME), overall similar to the borough's profile.
- All ethnic groups have seen substantial increases in confirmed infections since the start of December, with initially more of an increase among residents from White communities, and then latterly more of an increase among residents identifying as Asian, Black, mixed and other white.

## Age and gender

- Overall there are slightly more females who have been confirmed with COVID19 (53.2%) compared with males (46.1%).
- All age groups have seen a significant increase in the **number** of confirmed infections since the start of December; however the number of confirmed infections in 0-16 year olds peaked just before Christmas and has subsequently started to reduce.
- Over the past 6 weeks, the weekly distribution of cases shows a reduction in the **proportion** of Covid19 cases for those aged 0-16 but an increase in all other age groups, including those aged 65+. The overall age distribution is similar to the long term pattern of cases in the borough since the start of the pandemic.

## Deprivation

- Deprivation data over the past three weeks shows a clear socioeconomic gradient, with infection rates highest in the most deprived and lowest in the least deprived areas.

# Testing

## Total tests

- As of 11<sup>th</sup> January 2021 there have been 70,293 pillar 1 tests, 94,835 pillar 2 tests and 7,271 LFD tests amongst Islington residents.
- Both Pillar 1 and Pillar 2 test decreased amongst Islington residents during the period between xmas and new year and is now on the increase.
- For the 7 day period 30<sup>th</sup> December to 5<sup>th</sup> of January Islington had a testing rate of 514.2 per 100,000, London's testing rate for the same period is 630.4 per 100,000

## Ethnicity

- In the past 3 weeks (21<sup>st</sup> of December to 10<sup>th</sup> of January), the rate of testing has been highest amongst Other Ethnic and Bangladeshi groups, and lowest among Other Black.
- Positivity rates are highest among those with no recorded ethnicity, people from Other ethnic groups, and Other Black groups. This may indicate a need for more testing among these groups.

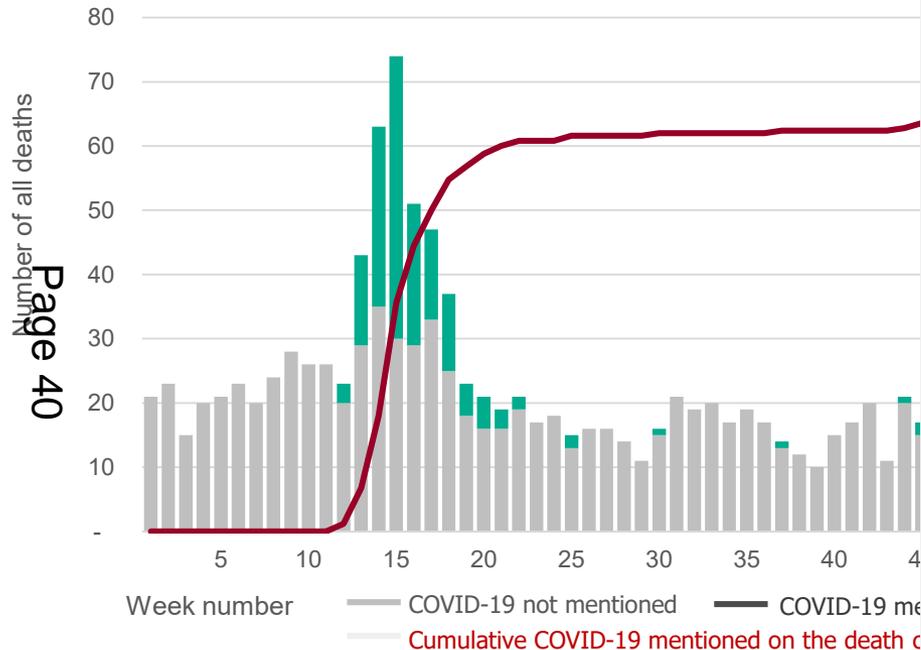
## Age and gender

- Overall, testing has been higher among females (though with a slightly higher positivity rate amongst males).
- The testing rate overall to date is highest among those aged 90+ (driven by care home testing), and then the next highest rates are among those aged between 20-59.
- In the past 3 week testing rates have been highest amongst the 20-59 year olds.

## Deprivation

- In the past 3 weeks there is no clear pattern of testing rates by deprivation quintile, which is broadly similar across all quintiles.

# Deaths by cause of death (weekly numbers and cumulative), for deaths that occurred up to 25<sup>th</sup> December 2020 but were registered up to 2<sup>nd</sup> of January 2021



preceding week

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# The key challenges and priorities during the second national lockdown, and longer term

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# Targeted communication and engagement plan

- Weekly online community drop in's hosted by LBI, Cllrs and Public Health with VCS, mutual aid groups, MTSS (mother tongue supplementary schools), faith communities, Arabic, Somali, Bengali speaking communities have taken place to:
  - Enable them to ask questions, share concerns and suggest ideas for reaching their communities more effectively regarding Covid-19 health messaging (5 Jan session - @60 attendees)
  - Find out what they know about COVID, encourage testing and provide updates on the vaccination roll out
  - To share broader information about We Are Islington and signposting to local support services
- Weekly email briefing with key messages for community members, faith leaders and seldom heard groups to create content and share information. This includes video scripts, videos, graphics on social media, newsletters, translated materials etc.
- Additionally, the Communications team have translated leaflets into Bengali, Arabic and Somali and distributed existing communication materials produced by other organisations, including Doctors of the World, NHS and NGLA videos & social media content. Translated materials also available here [Translations and BSL | Islington Council](#)
- Regular communication with BAMER and faith communities through VCS bulletins as part of the 'Local Outbreak Control - Communities Engagement Plan' with follow up calls.
- Engagement of BAMER, Older people groups re. Islington's Covid-19 Champions Training. Weekly briefings distributed to all Covid Champions
- Key health messages translated into community languages by local community organisations and shared through community whatsapp and other social media channels
- Identifying key influencers and trusted voices for seldom heard groups for next wave of community content e.g. vaccination roll out videos

## **SYMPTOMATIC TESTING**

In order to increase accessibility of testing in Islington, a second walk-through testing site has been established at the Finsbury Leisure Centre in EC1, which follows the earlier opening of the Sobell Leisure Centre.

Testing rates have increased very significantly, putting pressure at peak periods on in-person testing at sites, especially in the run-up to Christmas. At all times, there has been access to postal kits.

## **ASYMPTOMATIC TESTING**

Islington opened its first asymptomatic testing site at the Islington Assembly Hall before Christmas.

A second site opened at the start of the New Year, at the Vibast Community Centre in EC1, and a third at the Emirates opened on 13 January.

Further sites will become available as they are agreed to support geographic coverage and access.

A pilot in social care was overtaken by changes in national testing policy and the move to Tier 4 and then national lockdown, but we have continued to work with those services.

With the importance of the stay at home measure, the service is being oriented towards workers who do need to work out of the home and come into contact with others. We have established dedicated sessions at the test sites for primary school and early years staff. We have worked directly with secondary schools to set up their own local, in-school testing.



# Local contact tracing

Local areas have been asked to support the NHS Test & Trace service by providing extra follow-up of people with confirmed cases of COVID-19 who the national service has not been able to contact.

Our local Test & Trace model is grounded in the **We are Islington model**, working closely with other teams, notably in adult social care. It therefore will take a holistic approach including follow-up of uncontacted cases and the **proactive offer of practical and wellbeing support**, based on a service which is engaged and responsive to community needs and works with a range of BAME community organisations and resources and support in languages other than English.

The service went live **November 23<sup>rd</sup>**. We have a call handling team who work **9am -7pm, 7 days a week**, and support workers (PPE and risk assessed), who knock on the doors of those we haven't been able to reach via phone, this part of the service operates **9am – 5pm, 7 days a week**.

Success rate: our **success rate is 83%**. Added to the contacts made by the national team, this lifts successful contact with residents with confirmed infections to a range of 90-95%.

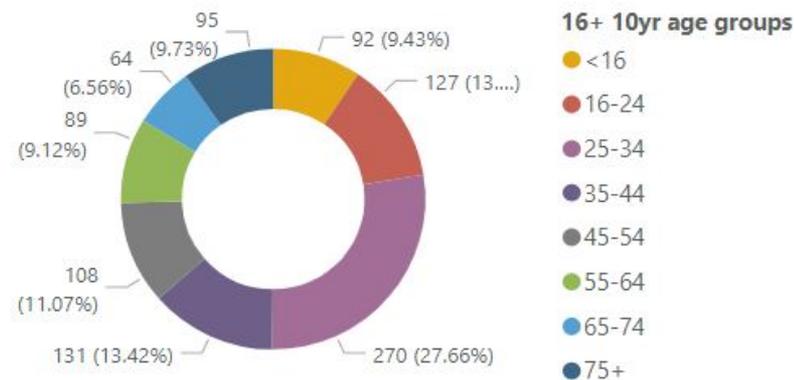
Case per day: we have seen an **increase** in cases since **24<sup>th</sup> December**.

Service provision: we are inducting a further **16 staff** who have been redeployed from Libraries to support with the increase. They will begin to work on cases from next week.

No. of cases since Go Live



Age ranges of cases since Go Live



The vaccination roll out began at the end of December and will be substantively ramping up over the coming weeks.

The NHS is prioritising the following people for vaccination until mid February, as agreed by the Joint Committee on Vaccinations and Immunisations:

- all residents in a care home for older adults and their carers
- all those 80 years of age and over and frontline health and social care workers
- all those 75 years of age and over
- all those 70 years of age and over and clinically extremely vulnerable individuals

All residents in our older people's care homes and extra care scheme have been offered the vaccine.

In Islington, there are two primary care centres giving vaccinations at Bingfield and Hanley Road practices. Local hospitals are also vaccinating health and care workers, those in hospital and those in priority groups visiting for appointments. The Business Design Centre will be Islington's large vaccination site (from February) and it is expected that there will also be a number of pharmacies giving vaccines.

The council is working collaboratively with the NHS to ensure:

- vaccination of our care homes and care workers
- equity in access to vaccination sites and equity in uptake of vaccination
- communications and engagement to residents, and particularly to those groups who have may have lower uptake because of vaccine hesitancy

# Protection of our care homes, domiciliary social care and the NHS

## **Supporting providers to implement the latest infection control guidance and best practice:**

Communication of key guidance changes and updates via a weekly bulletin.

Regular provider forums to share best practice.

Support from the local public health team and working in partnership with adult social care commissioners where any possible or confirmed cases are identified to ensure infection control measures are swiftly implemented.

The Council is regularly reviewing its local care home visitation position in line with national guidance and the local context. The Council is supportive of COVID-secure screened or outdoor visits, except if the home is in an outbreak. The Council is not currently recommending indoor visits supported by use Lateral Flow Test Device, except in exceptional circumstances.

## **Routine testing of residents and staff:**

Supporting and monitoring regular testing of staff and residents in care homes for older people, and people with mental health conditions or learning disability.

Participated in a pilot for one off testing of staff and residents in Extra Care and Supported Living, with additional local testing capacity identified to continue monthly testing in these settings until an announcement on the national offer is made.

Explore potential within developments around test technology and capacity to expand routine testing to other adult social care staff.

## **No admissions of residents who have tested positive for Covid-19 and still infectious into care homes:**

Development of agreed protocol across hospitals and Local Authorities within North Central London so that no residents are admitted to a care home while still in their isolation period following a positive Covid-19 test.



## Director of Public Health

Meeting of:	Date	Agenda item	Ward(s)
Health and Care Scrutiny Committee	21 <sup>st</sup> January 2021		All

Delete as appropriate	Exempt	Non-exempt

## **SUBJECT: WORKING WITH ISLINGTON RESIDENTS WHO NEED SUPPORT WITH THEIR DRUG AND ALCOHOL USE DURING COVID**

### **1 Synopsis**

- 1.1 This paper and the accompanying presentation provides an update on the local adult drug and alcohol recovery service, Better Lives.
- 1.2 Of particular focus in this report is the service response in continuing to provide critical support to drug and alcohol users during the Covid pandemic.
- 1.3 The provider of Islington's integrated drug and alcohol recovery service is Camden and Islington NHS Foundation Trust, in partnership with Humankind (formerly Blenheim CDP) and Westminster Drug Project.
- 1.4 The service has been operational from 1<sup>st</sup> April 2018.

### **2 Recommendations**

- 2.1 To note the complexities of delivering critical services during a pandemic and the service's response in meeting the needs of residents throughout this period.

### **3 Background**

- 3.1 Islington experiences some of the greatest levels of substance misuse (alcohol and drugs) related harm in London. Substance misuse has significant detrimental impacts on health

services, crime and community safety and is an important contributor to adult and children's social care needs, as well as having wider economic, employment and societal impacts.

- 3.2 Better Lives, Islington's adult drug and alcohol recovery services, has been operational since April 2018 following a major 18-month re-design and transformation programme. The vision and operating model for the new service aligns closely with Islington Council's corporate plan, and specifically the development of integrated, place-based working in localities focused on tackling the deeper social challenges that prevent residents from fulfilling their potential, improving outcomes for themselves and their families.
- 3.3 Islington's priorities for the drug and alcohol treatment system are: to continue to improve recovery outcomes for both service users and their families; increase uptake of the most appropriate treatment for those who need it; and ensure that treatment pathways meet the changing needs of the population of drug and alcohol users.
- 3.4 During covid lockdown, the initial focus of support was on ensuring that residents could access, or continue to access, the critical elements of their care. Assessments were carried out by phone and in person, with the necessary PPE safety measures in place.
- 3.5 Post lockdown, it was possible to offer other types of remote support including online groups and online key-working. There was a delay in offering online groups during lockdown while the appropriate platforms were developed and staff were trained to facilitate virtual groups. By the end of September, a number of on-line groups were available to service users including mindfulness, support for sobriety and relapse prevention. The service has been working hard to re-instate as much face-to-face provision as possible, although these activities have to be carefully managed so that social distancing can be maintained in buildings, and consideration will be given to the newest lockdown measures before further face-to-face support is offered.
- 3.6 Next steps are being planned but it has been difficult to sustain progress due to the changing nature of the pandemic.  
These steps include:
  - Planning for further waves of covid
  - Ensuring that all critical face to face interventions are reinstated safely and as soon as possible. These include drug screening; blood borne virus screening
  - Provider led workstreams on lessons learnt and to develop new ways of working post covid.

## **4 Implications**

### **4.1 Financial implications**

There are no financial implications arising from this report. Comments provided by Tom Cooksey.

### **4.2 Legal implications**

No legal implications as this complies with the local authority duties under the Care Act 2014. Comments provided by Anuara Ali, Community Services Solicitor (Solicitor-Advocate).

### **4.2 Environmental Implications and contribution to achieving a net zero carbon Islington by 2030**

As this is an update report with no decisions being made, there are no new environmental implications beyond those identified when the service commenced (energy and water use, purchasing and waste generation in the buildings being used).

#### 4.3 Resident Impact Assessment

A resident impact assessment was completed as part of the procurement process.

### 5 Conclusion and reason for recommendation

- 5.1 The anticipated positive impacts of Better Lives and the new service model it is delivering are starting to emerge, following a challenging first year of operation.
- 5.2 Work continues with Camden and Islington NHS Foundation Trust, and strongly involving people who use the service, to continue to develop Better Lives

#### Appendices

- Presentation: 2021 – Maintaining support for residents affected by drug and alcohol misuse throughout the Covid pandemic
- Appendix to presentation: supporting information

#### Final report clearance:

##### Signed by:



Director of Public Health

Date: 12/01/2021

##### Received by:

Head of Democratic Services

Date:

##### Report Author:

Emma Stubbs

Date: 12/01/2021

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#### Financial Implications

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Email: [Thomas.Cooksey@islington.gov.uk](mailto:Thomas.Cooksey@islington.gov.uk)

Date: 12/01/2021

#### Legal Implications

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Date: 12/01/2021

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# **WORKING WITH ISLINGTON RESIDENTS WHO NEED SUPPORT WITH THEIR DRUG AND ALCOHOL USE DURING COVID**

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**Emma Stubbs**

Senior Commissioning Manager

January 2021

# Key areas for presentation

- Background information:
  - Prevalence of alcohol and drug misuse in Islington
- Critical services during Covid
- Highlight area: support to people sleeping on the streets
- Issues and opportunities arising from Covid
- Performance
- Next steps

Not for presentation: An accompanying appendix with supporting information

# Local Prevalence

New estimates of the number of crack and/or opiate users (OCUs) and alcohol in Local Authorities taken from Diagnostic Outcomes Monitoring Executive Summary 2019/20.

Unmet need is the estimated proportion of people in your area who are dependent on opiates and/or crack cocaine or alcohol and not in the treatment system

Data Source NDTMS

Cohort and estimated number		Islington unmet need	National unmet need
Page 53	OCUs – 2168	60.2%	53.9%
	Opiate – 1749	56.1%	47.1%
	Crack – 1642	60.4%	58.5%
	Alcohol - 3674	84.7%	82.6%

Increasing numbers in treatment has always been one of the main focal points of commissioners and local providers. Covid gave a unique opportunity to draw people into treatment, particularly opiate users, who may have chosen to decline previous offers of support.

# Critical services during Covid

At the beginning of the Covid period it was vital to identify the critical services that needed to be maintained throughout the lockdown. The main areas identified for Better Lives were:

- Assessment
- Treatment starts and restarts
- Substitute prescribing

Other areas of urgent work included:

- Following individual risk assessment, and where clinically safe to do so, reducing the frequency of opiate substitute medication dispensing. This was required to ease pressures on community pharmacies and in conjunction with the Local Pharmaceutical Committee
- Increasing the provision of naloxone to opiate users and their family members (naloxone is an injectable medication administered to reverse the effects of opiates)
- Supporting rough sleepers accommodated as part of 'Everybody In' (see next slide)



# Highlight area: support to people sleeping on the streets

## Feedback from Better Lives

- **Outreach.** Better Lives outreach worker continued to focus on engaging people on the streets and in hostels
- **Training other frontline staff.** Training was set up for outreach staff from other agencies to enable them to complete drug and alcohol assessments in order to streamline and speed up engagement into treatment
- **Partnership working.** Joint working approach taken with delivery partners to address physical/emotional/social needs. The service also attended partnership meetings (police, local authority, housing, other agencies) to contribute to a holistic approach in supporting service user needs
- **Rapid access.** Better Lives “fast tracked” people with complex needs to substitute prescribing
- **Establishing a SPOC.** Lead worker linked to street outreach as a Single Point Of Contact making any communication easier for outreach partners to liaise with the service
- **Harm reduction.** Support for staff and service users placed into temporary housing, including provision of locked boxes; onsite assessments; and naloxone training for accommodation staff so that they could issue naloxone directly.

# Issues identified throughout the Covid period

## Feedback from Better Lives



ISLINGTON

- Residential rehab and inpatient detox closures or access severely restricted which limited available treatment options especially for more complex cases who benefit from the 24 hour support provided in these settings
- Pressures on local pharmacies
  - long waits for collecting medication
  - All service users had to be risk assessed for suitability for a reduction in their dispensing regime to ease pressure on pharmacies (the CQC issued a performance notice on a provider in Manchester during the pandemic around this issue)
- Reduction in availability of other services such as GP and mental health support
- There was a need to identify the staffing resource to support for people who were rough sleeping in Islington but housed outside of the borough
- More challenging to identify safeguarding issues when people are not being met with face to face. This was a specific concern for those experiencing domestic violence and abuse and the service worked with DV partners to develop safe sentences for service users to use indicate to keyworkers if feeling unsafe.

# Issues identified throughout the Covid period – cont'd



ISLINGTON

## Feedback from Better Lives

- There has been an increase in reported incidents related to domestic violence and abuse and safeguarding. Whilst this is concerning, it is positive to note that these issues are being identified and those involved appropriately supported
- More complex presentations which may be a consequence of the reducing availability of other support services or a delay in presenting/ deteriorating in mental and physical health due to Covid restrictions
- Access to essentials such as medication; food which was particularly challenging at the start of the pandemic whilst services such as We Are Islington were being set up
- In order to ensure that service users are safe over the Covid period, a decision was taken to delay any planned discharges from service. Alongside the increase in numbers of people presenting for opiate treatment in particular this has meant an increase in individual caseloads.

# Opportunities identified as a result of Covid - Feedback from Better Lives



ISLINGTON

- Covid has resulted in a much quicker expansion of virtual and remote interventions
- Use of MSTeams / Zoom to connect with staff and service users
- Services have been encouraged to take a more flexible approach to dispensing regimes (risk assessment dependent) which has had significant benefits for some service users in terms of their recovery
- Reviewing “traditional” ways of working. The move towards less site based working means that we can start to consider a more flexible way of working and expanding the scope of how and where we work with service users
- By taking different approaches to care, services were able to engage with those individuals for whom service models were not working (ie: people who sleep on the streets)
- Building on improved partnership working. During Covid a lot of perceived organisational boundaries were dropped to speedup Covid responses.
- The Family Service has been able to continue to support families affected by substance misuse with a blended approach of face-to-face and virtual support. They have supported a small number of families to obtain reconditioned laptops free of charge, to allow them to access a range of digital support options. Parents have also been provided with extensive information of free activities and fun things to do in the local community.



# Borough performance

New to treatment	2019/20*				2020/21*	
	Q1	Q2	Q3	Q4	Q1	Q2
<b>Alcohol</b>	39	65	111	137	30	75
<b>Alcohol and Non Opiate</b>	22	46	96	126	17	48
<b>Non Opiate</b>	10	18	43	57	17	36
<b>Opiate</b>	32	63	146	196	83	129
<b>Total</b>	103	192	396	516	147	288

\*accumulative data

Numbers seeking support for their opiate use increased as a consequence of the reduced availability of street purchased drugs. This is a trend noted in drug services throughout London.

During lockdown there was a marked reduction in the numbers of people presenting for support around their alcohol. Whilst these numbers are now improving, commissioners are working with the service to encourage greater numbers into treatment, especially in light of the reported impact of lockdown on people's drinking.

# Next steps



ISLINGTON

Next steps have been planned but it has been difficult to sustain progress due to the changing nature of the pandemic.

These steps include:

- Planning for further waves of covid
- Delivering flu vaccinations to staff and vulnerable service users
- Ensuring that all critical face to face interventions are reinstated safely and as soon as possible. These include drug screening; blood borne virus screening
- Provider led workstreams on lessons learnt and to develop new ways of working post covid
- Commissioning the new support funded awarded by MHCLG/PHE to provide drug and alcohol support to rough sleepers (£498k). The funding was made available following the excellent work delivered by partnerships as part of 'Everyone In'
- Equality impact assessments for any of these new approaches to delivering support.

Public Health commissioners are also initiating discussions with colleagues across the council about how we can share learning and develop a framework for what does good look like in relation to online and phone based care.



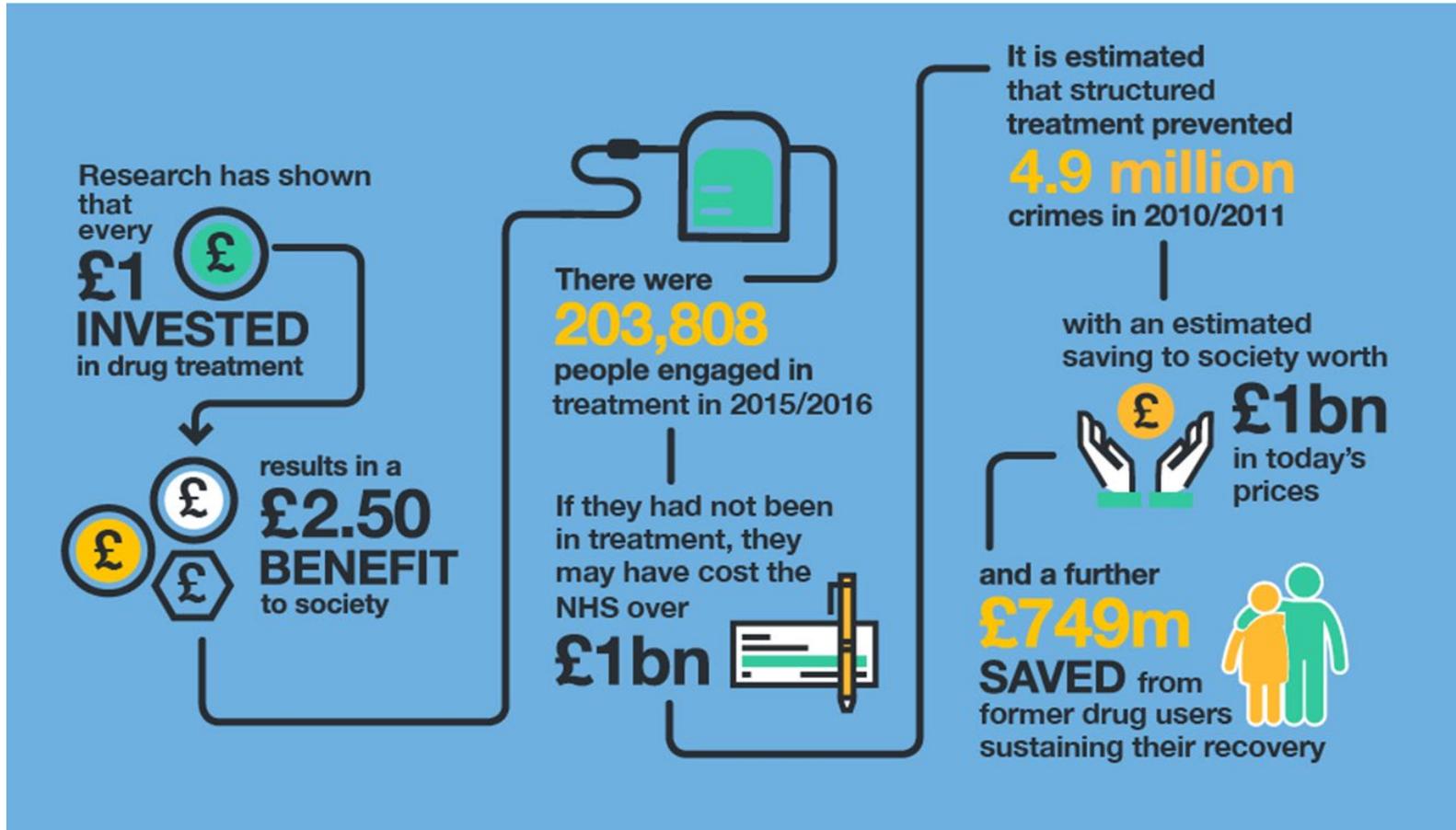
# APPENDIX

## WORKING WITH ISLINGTON RESIDENTS WHO NEED SUPPORT WITH THEIR DRUG AND ALCOHOL USE DURING COVID

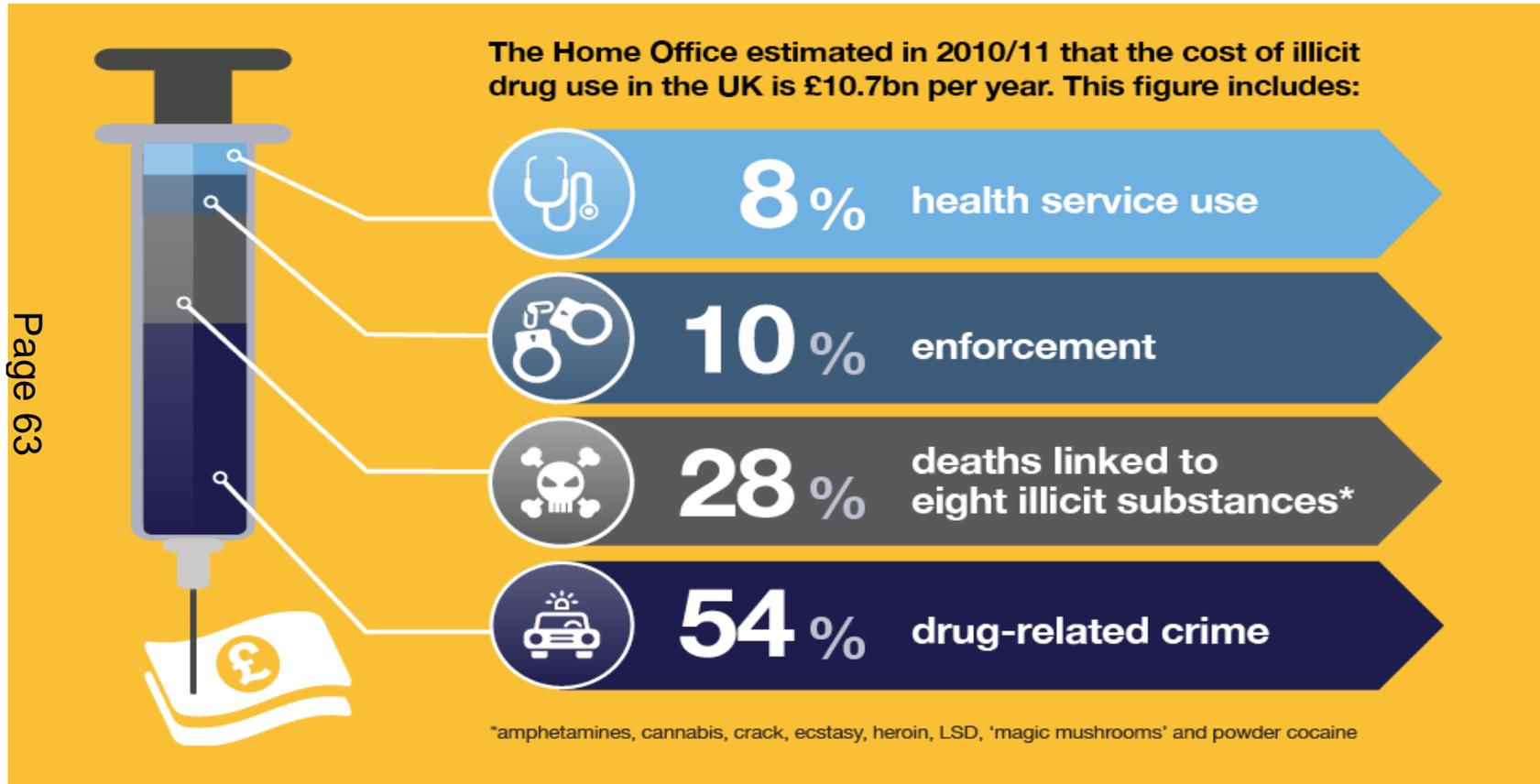
January 2021

# Why invest in treatment?

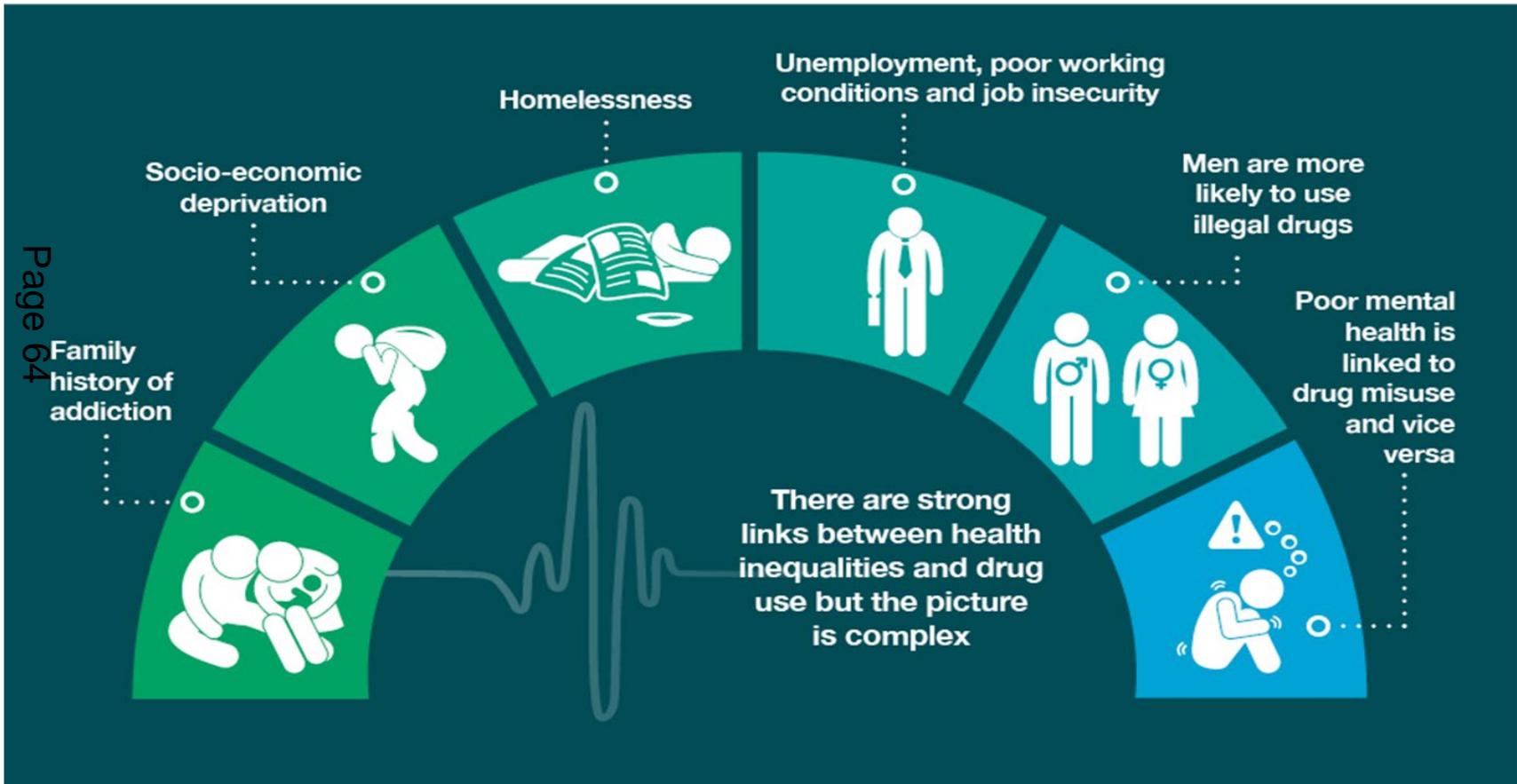
Page 62



# Impacts of substance misuse



# Impacts of substance misuse



## Local services

Better Lives, the new adult Islington drug and alcohol recovery service started on the 1<sup>st</sup> April 2018.

Camden and Islington NHS Foundation Trust (C&I) are the lead provider working in partnership with WDP and Humankind (formerly Blenheim).

Better Lives provide comprehensive support to local residents aged 18+ who need support in addressing their alcohol and/or drug use. This includes:

- Harm minimisation advice
- 1:1 structured support
  - Substitute prescribing
  - Group sessions
  - Peer support
  - On-site mutual aid (pre-covid)
  - Education, training and employment
  - Family support service
  - Psychiatric and psychological assessment and support

# Accessing support during Covid

## During Covid lockdown

- **Facilitating access.** The initial focus of support was on ensuring that residents could access, or continue to access, the critical elements of their care.
- **Adapting assessments.** Assessments were carried out by phone and in person, with the necessary PPE safety measures in place.
- **Outreach.** Better Lives staff attended other sites such as hostels and hotels to assess people in order to minimise the need for residents to travel around the borough.
- **Staff Well-Being.** Staff who were able to come in to work were risk assessed to ensure that they were able to adequately manage any risk to themselves and others.
- **Supporting wider needs.** Better Lives worked with volunteers / We are Islington / ICDAS members in delivering food and other essentials to service users



# Accessing support during Covid cont'd

## Post lockdown

- **Online and remote support.** As staff, service users and residents adjusted to Covid ways of living and working it was possible to restart other types of support such as online groups and online key-working.
- **Re-instating face-to-face support.** It has also been possible for the service to start reintroducing some service based activities, including support for families and friends of people using drugs and / or alcohol. Consideration will be given to the latest lockdown measures before further face-to-face support can be offered.
- **Covid secure sites.** In order to ensure Covid safe spaces, these activities have to be carefully managed so that social distancing can be maintained in buildings.



# Impact of Covid on service users

## Feedback from Better Lives

### Positives

- Service user survey results in June 2020 indicated 85% of service users rated their experience of the service during the first lockdown as good or very good
- 31% felt they received more support, 51% the same as usual and 18% less support. 15% reported missing group support
- Service users reported that prescriptions being delivered to pharmacies supported them to remain in treatment
- There has been an increase in the number of people remaining in treatment for 12 weeks or more and a decrease in service users leaving in an unplanned way (ie: dropping out of treatment)

### Challenges

- Support services, outside of drug and alcohol services, closing or moving online has had a negative impact on some service users, resulting in greater social isolation and poorer mental wellbeing. As a consequence Better Lives has been seeing more complex presentations. These cases are having to be managed within the service's own more limited treatment options as a consequence of needing to maintain covid safe spaces.
- A significant number of service users do not have the equipment or desire to access online support



# Impact of Covid on service users

## Feedback from Islington Clients of Drug and Alcohol Services (ICDAS)

ICDAS are the local drug and alcohol service user group who work with Better Lives and commissioners to develop the support available within the Borough.

During the pandemic, ICDAS had little face to face contact with service users so can't offer a more complete picture.

From those people that ICDAS have encountered there have been mixed responses about their experience during Covid although the prescription service has been mostly well received. Some people miss groups.

The largest zoom meeting at Better Lives was Stuart's Christmas quiz which attracted about a dozen attendees.

Anecdotal feedback from those people who are not using online support includes:

- No computer and/or internet
- Not enough technology expertise
- Tech OK but they don't want to
- Tech OK but they have relapsed



# Impact of Covid on staff

## Feedback from Better Lives

- IT kit was in high demand and availability limited at the early stages of covid. Some staff who were shielding at the start of the pandemic were trying to work from home with their own or no devices. However this issue was later resolved and all staff are now able to work remotely with Trust devices.
- Working remotely with service users left some staff feeling “deskilled” and there was a need to support and train staff in these new ways of working. This training has been offered to staff and will be reviewed during supervision sessions.
- With the exception of the initial national shortages of hand sanitiser, PPE availability has been good throughout the pandemic.
- The uncertainty, illness of family and friends, concern about the risks to service users and rate of change has been stressful for staff. We have supported staff by re-instating staff meetings (virtually) and offering reflective practice and “thinking space” sessions.
- Staff working from home have felt socially isolated at times. This has been addressed by implementing a rota to allow safe numbers of staff to work from service buildings.
- There have been added pressure on staff when having to cover for colleagues who are off sick or self isolating as a result of Covid.



# Borough performance

## Contract Management

During the initial stages of covid, formal contract monitoring was suspended to allow the service to focus on delivering the critical elements of care.

Contract management processes have now been reinstated and efforts are being made to develop a post covid way of working. This is however hampered by the changing pandemic scenario. The service is working hard to minimise the immediate disruption of changing tiers to the drug and alcohol support provided to service users whilst keeping the service covid safe for anyone using or working the sites.

Positively, the service is able to report very low numbers of covid deaths amongst their current treatment population, many of whom have conditions which make them clinically vulnerable.



# Case study from Better Lives

- SU A was referred from a local DV service to the Better Lives family service.
- They had experienced serious domestic violence which had been exacerbated by the lockdown and the increased alcohol intake/ deteriorating mental health of their partner. SU A had also retired just prior to lockdown.
- The family worker assessed and co-produced a care plan which focussed on expanding SU A's social network and self-care.
- They also developed a safety plan and worked together to understand what they could do to break the cycle of violence and co-dependency and get the support they needed for themselves as well as their partner.
- During lockdown they had a combination of telephone and socially distanced face to face contact using PPE.
- SU A started to make new connections and networks outside of the home environment.
- They also used the sessions to reflect on the impact of retiring.
- As the sessions progressed they reported feeling safer, calmer and less anxious.
- They are planning to join the "friends and family open support group" at the end of their one to one sessions.

**Report of:**

<b>Meeting of: Health and Social Care Scrutiny Committee</b>	<b>Date: January 2021</b>	<b>Ward(s): All</b>

<b>Delete as appropriate</b>	Exempt	Non-exempt
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**SUBJECT: Quarter 2 Performance Report: 2020-2021**

**1. Synopsis**

1.1 The council has in place a suite of corporate performance indicators to help monitor progress in delivering the outcomes set out in the council’s Corporate Plan. Progress on key performance measures are reported through the council’s Scrutiny Committees on a quarterly basis to ensure accountability to residents and to enable challenge where necessary.

1.2 This report sets out Quarter 2 , 2020-2021 progress against targets for those performance indicators that fall within the Health and Social Care outcome area, for which the Health and Social Care Scrutiny Committee has responsibility.

1.3 It is suggested that Scrutiny undertake a deep dive of one objective under the related corporate outcome over a 12-month period. This will enable more effective monitoring and challenge as required.

**2. Recommendations**

2.1 To note performance against targets in Quarter 2 2020/21 for measures relating to Health and Independence

2.2 To suggest one objective under related corporate outcome for a deep dive review, to take place over a 12-month period.

**3. Background**

3.1 A suite of corporate performance indicators has been agreed for 2018-22, which help track progress in delivering the seven priorities set out in the Council’s Corporate Plan - *Building a Fairer Islington*. Targets are set on an annual basis and performance is monitored internally, through

Departmental Management Teams, Corporate Management Board and Joint Board, and externally through the Scrutiny Committees.

3.2 The Health and Care Committee is responsible for monitoring and challenging performance for the following key outcome area: Public Health

3.3 Scrutiny committees can suggest a deep dive against one objective under the related corporate outcome. This will enable a comprehensive oversight of suggested objective, using triangulation of data such as complaints, risk reports, resident surveys and financial data and, where able to, hearing from partners, staff and residents, getting out into the community and visiting services, to better understand the challenge and provide more solid recommendations

#### 4. Quarter 2 performance update – Public Health

PI No.	Indicator	2018/19 Actual	2019/20 Actual	2020/21 Target	Q2 2020/21	On target?	Q2 last year	Better than Q2 last year?
HI1	Population vaccination coverage DTaP/IPV/Hib3 at age 5-6 months (inclusion subject to confidence that we will have HealththeIntent data).	New Corporate Target	New Corporate Target	No target set.	85%	N/A - new Indicator for recovery	N/A	N/A
HI2	Population vaccination coverage MMR2 (Age 5) (inclusion subject to confidence that we will have Health e-Intent data)	New Corporate Target	New Corporate Target	No target set.	70%	N/A - new Indicator for recovery	N/A	N/A
HI3	Number of child health clinics run per week (out of a pre-COVID19 quota of 12/week).	New Corporate Target	New Corporate Target	No target set.	8 clinics per week in July, reduced to 7 in September	Yes	N/A	N/A
HI4	Number of Long Acting Reversible Contraception (LARC) prescriptions in local integrated sexual health services.	N/A	1335	1100	402	Yes	298	Yes
HI5	Percentage of smokers using stop smoking services who stop smoking (measured four weeks after quit date).	N/A	57%	50%	60%	Yes	54%	Yes
HI6	Percentage of drug users in drug treatment who successfully complete treatment and do not re-present within six months.	N/A	15.2%	20%	16.7%	No	15.6%	Yes
HI7	Percentage of alcohol users who successfully complete the treatment plan.	N/A	42.9%	42.0%	28.6%	No	28%	Yes

## **5. Key Performance Indicators Relating to Public Health**

### **5.1 \*New Corporate Indicator; Population vaccination coverage DTaP/IPV/Hib3 at age 5-6 months. As this is a recovery target, no annual target is set.**

There is some concern that childhood vaccination rates dropped during the first COVID19 lockdown because of a general reluctance to engage with health services, hence the inclusion of this recovery indicator.

Actions are described under 5.2.

Q2 data reflects children who were born between July and Sept 2019, all of whom would have been due their baby vaccinations by January 2020 (i.e. pre-COVID19). North London's population health management platform (HealtheIntent) provides near-real time information on childhood immunisation rates.. The current uptake rate of of DTaP/IPV/Hib doses 1, 2 and 3 at age 1 (not at 5-6 months as intended from the indicator) of 85% is slightly lower than the London rate for Q1 of 88.6%.

### **5.2 \*New Corporate Indicator; Population vaccination coverage MMR2 (Age 5). As this is a recovery target, no annual target is set.**

There are similar concerns that MMR vaccination rates will have been negatively affected by COVID19 lockdown, but locally and nationally, rates of vaccination at age 3 were already well below the national target of 95% recommended by the World Health Organisation to achieve and maintain the elimination of measles. For 2019-20, the percentage of children fully vaccinated (i.e. 2 doses) against measles, mumps and rubella (MMR) at age 5 was 70% in Islington, compared to 77% in London and 87% in England.

Data on population uptake of 2 doses of the MMR vaccine at age 5 shows the local uptake rate of 70% which is a bit below to the reported London rate for Q1 at 75.9 %.

Public Health continues to work with partnerships across the system to improve the uptake of childhood immunisations.

Specifically:

- We are working with the GP federation and Quality Improvement team for GP practices to improve the use of data to drive the childhood immunisations programme. This work will continue during Q1 and includes ensuring that the correct coding is used so immunisations are counted and ensuring that children are vaccinated in line with immunisations schedules. With the wider Islington immunisations group, we will advocate for robust call-recall within GP practices.
- We will also be setting up a dashboard to start monitoring the uptake of immunisations by different equalities groups in HealtheIntent, as we have done for flu, and we will use these data to ensure that there is appropriate communications and engagement to specific communities.
- We already know that uptake of immunisations is lower among the Somali community, so are working with partners and community leaders to look at how we can improve uptake.
- As part of the wider programme on immunisations, there will be work among Islington school children in January looking at the benefits of immunisations, which we hope will help ensure that families are aware of the importance of immunisation. We are also using parent and Covid champions to promote the uptake of immunisations.

### **5.3 \*New Corporate Indicator; Number of child health clinics run per week (out of a pre-COVID19 quota of 12/week).**

Child health clinics provide easy and open access to parents of young children to gain advice from the health visiting service on any concerns about their baby's health or development. They are also an opportunity to check growth by weighing and measuring a baby.

Prior to COVID19, there were 13 walk-in clinics per week across the borough. Child health clinics consisted of 5 mandated universal child health and development reviews offered to all families. Additional targeted work was carried out with some families.

Due to the pandemic, face-face appointments within the health visiting service were reduced to a minimum, for infection control reasons, and focussed on safeguarding or serious health or developmental concerns. A single, weekly, appointment only face-face clinic continued, with appropriate safety measures in place. Duty desks were set up to provide daily 9-5 telephone access to the health visiting service, which also provided the opportunity to triage for the single clinic and book a clinic appointment (or home visit) where necessary. The duty lines are well used and the service are confident that they have provided a reasonable alternative to drop-in clinics in the circumstances.

The mandated elements of the health visiting service have continued in addition to the duty line, replacing face-face home visits with remote appointments either by phone or video link, except where there are safeguarding concerns or a need to see the baby in person. Many families have found these remote methods of delivery more accessible than face-face appointments (particularly fathers), and take-up has been similar to pre-lockdown rates.

In terms of clinic appointments, demand was initially high for face-face appointments, and necessary in some circumstances, but this needed to be balanced by the risk of infection. As infection control measures improved, the number of face-face clinics increased to 8 clinics in July. This reduced to 7 clinics in early September, when home visits were re-introduced as standard for the new birth visit, and other health reviews were offered as face-face appointments, offering further opportunities for families to have contact with the service.

### **5.4 Number of Long Acting Reversible Contraception (LARC) prescriptions in local integrated sexual health services. Annual target of 1100, which is the same target as last year.**

LARC is safe and highly effective in preventing unintended pregnancies and unlike other forms of birth control, it is a non-user dependent method of contraception. Increasing uptake and on-going use of LARC thereby supports a reduction in unintended pregnancies and particularly teenage pregnancies.

Appointments for women wanting a LARC intervention (fitting, removal or review of a device) has been severely impacted. Due to COVID19, this activity was restricted unless urgent following guidance from the Department of Health and Social Care / National Health Service England and Public Health England. Services are flexing clinic arrangements as much as possible in order to respond to demand as soon as possible, but increasing capacity remains a challenge due to social distancing guidance and the ability of clinics to accommodate patient numbers.

There is pent up demand within the system due to LARCs needing to be renewed or taken out for those wanting to start a family, with a large reduction in access within primary care.

Work is ongoing in collaboration with London commissioners on new models for sexual health services, with more activity taking place remotely where this is clinically appropriate.

We expect the routine commissioning of anti-HIV Pre-Exposure Prophylaxis (PrEP) which started in October to further effect available clinical capacity for all other areas of sexual health provision, including LARC, when locked down is lifted (although remote pathways for PrEP have been developed).

Commissioners are developing plans to identify capacity and increase access across the borough outside of sexual health services.

Whilst it is positive to see the increase in activity of Q2, we expect to see this reduce again in Q3 due to the second lockdown, tier limitations and the reduction of available staff due to the pandemic.

### **5.5 Percentage of smokers using stop smoking services who stop smoking (measured at four weeks after quit date). Annual target of 50%.**

The Community Stop Smoking Service Breathe, has been delivering telephone support and direct supply of nicotine replacement therapy by post, due to initial pandemic restrictions, with proven success. Face to face appointments with carbon monoxide monitoring are not taking place since Q1, but video call is available.

The number of people setting a quit date in quarter 2 has slightly increased compared to Q1. The target for people successfully quitting has been exceeded with performance at 60%.

The high quit rate could be attributable to:

- Increased access by smokers determined to quit as reported by some Locally Commissioned Services (Pharmacies) who achieved very high quit rates (87%).
- A coordinated service provision for the most vulnerable smokers, between health care professionals at the Whittington and the Breathe hospital specialist, which improved quit outcomes of patients, achieving a very high quit rate of 75%.

A joint council and provider campaign 'Quit for Covid' begun at the end of Q1 which may have also driven service uptake further during Q2, especially by smokers who were motivated to quit because of COVID19. The campaign was promoted via the council's and provider's social media, local partners, other commissioned providers and the VCS, and amplified #QuitforCovid used by a number of councils nationally.

### **5.6 Percentage of drug users in drug treatment who successfully complete treatment and do not re-present within 6 months. Annual target of 20%**

Islington's drug and alcohol service, Better Lives, remains open and accessible, but have changed the way in which interventions are being delivered.

On the whole, most service sites are closed and may only be accessed by appointment only. For current service users, support is being offered via telephone, resource packs and digital solutions such as Zoom groups and the use of various recovery apps. Commissioners are working with service providers to ensure the level and range of support available to people with substance misuse needs is as accessible as possible.

For service users who are particularly vulnerable medicines are being delivered to their homes. Services have also increased the distribution of naloxone (an antidote that can be administered to reverse the effect of an opiate overdose) and safe storage boxes for medications. Better Lives have continued to provide training to front-line staff who may be supporting residents who they have concerns about related to drug and /or alcohol misuse. This training has been delivered by video link and the use of on-line modules.

Performance for Q2 has remained the same from Q1. Despite significant changes that have been made to service delivery and supporting service users during the pandemic response, this quarter's performance does not meet the target of 20%. However, it shows a slight improvement compared to this time last year (at 16.7% in Q2 2020 -21 vs 15.6% in 2019-20).

Services have seen an increase in the number of people entering drug treatment, which has partly been driven by substance misuse support offered to rough sleepers placed in emergency accommodation. This has increased the cohort of people in drug treatment.

In addition, drug treatment services have actively been retaining people in treatment (instead of discharging them) in order service users are supported during the pandemic - therefore this will affect the percentage of people who have left treatment successfully.

### **5.7 Percentage of alcohol users who successfully complete the treatment plan. Annual target of 42%.**

The performance for alcohol users in Q2 demonstrates a drop from performance in Q1 in the percentage of alcohol users successfully completing treatment at 28.6% which is similar to the position for this time last year.

As was reported last quarter, services have seen an increase in the number of people entering alcohol treatment. This has increased the cohort of people in alcohol treatment, and less people are people are being discharged from treatment services in order they are supported during the pandemic. Therefore, both of these factors have affected the percentage of people leaving alcohol treatment successfully.

Commissioners continue to work with service providers to manage current demand and to ensure support and advice is widely available for any Islington resident who may be concerned with their own or others' alcohol use, for example, promoting a new alcohol awareness app "Lower My Drinking" which is available for all Islington residents.

## **6. Implications**

### **6.1 Financial implications:**

There are no financial implications arising as a direct result of this report.

Any plans or strategies derived or agreed in relation to this report should use existing available resources and therefore not create a budget pressure for the Council.

### **6.2 Legal Implications:**

There are no legal implications arising from this report.

### **6.3 Environmental Implications and contribution to achieving a net zero carbon Islington by 2030:**

There are no environmental impact arising from monitoring performance.

### **6.4 Resident Impact Assessment:**

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010).

The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

### **7. Conclusion**

The Council's Corporate Plan sets out a clear set of priorities, underpinned by a set of firm commitments and actions that we will take over the next four years to work towards our vision of a Fairer Islington. The corporate performance indicators are one of a number of tools that enable us to ensure that we are making progress in delivering key priorities whilst maintaining good quality services.

### **Signed by:**



Date: 5 January 2021

Report Author: Jonathan O'Sullivan  
Tel: 020 7527 1220  
Email: Jonathan.o'sullivan@islington.gov.uk

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**Report of:**

<b>Meeting of: Health and Care Scrutiny Committee</b>	<b>Date: 21 January 2021</b>	<b>Ward(s):</b>
<b>Delete as appropriate</b>	<b>Exempt</b>	<b>Non-exempt</b>

**SUBJECT: Quarter 2 Performance Report**
**1. Synopsis**

- 1.1 The council has in place a suite of corporate performance indicators to help monitor progress in delivering the outcomes set out in the council’s Corporate Plan. Progress on key performance measures are reported through the council’s Scrutiny Committees on a quarterly basis to ensure accountability to residents and to enable challenge where necessary.
- 1.2 This report sets out Quarter 2 2020/21 progress against targets for those performance indicators that fall within the Adult Social Care outcome area, for which the Health and Care Scrutiny Committee has responsibility.
- 1.3 It is suggested that Scrutiny undertake a deep dive of one objective under the related corporate outcome over a 12-month period. This will enable more effective monitoring and challenge as required.

**2. Recommendations**

- 2.1 To note performance against targets in Quarter 2 2020/21 for measures relating to Health and Independence
- 2.2 To suggest one objective under related corporate outcome for a deep dive review, to take place over a 12-month period.

### **3. Background**

- 3.1 A suite of corporate performance indicators has been agreed for 2018-22, which help track progress in delivering the seven priorities set out in the Council's Corporate Plan - *Building a Fairer Islington*. Targets are set on an annual basis and performance is monitored internally, through Departmental Management Teams, Corporate Management Board and Joint Board, and externally through the Scrutiny Committees.
- 3.2 The Health and Care Committee is responsible for monitoring and challenging performance for the following key outcome area: Adult Social Care.
- 3.3 Scrutiny Committees can suggest a deep dive against one objective under the related corporate outcome. This will enable a comprehensive oversight of suggested objective, using triangulation of data such as complaints, risk reports, resident surveys and financial data and, where able to, hearing from partners, staff and residents, getting out into the community and visiting services, to better understand the challenge and provide more solid recommendations.

### **4. Quarter 1 performance update – Adult Social Care**

- 4.1 Key performance indicators relating to Adult Social Care.

PI No.	Indicator	2019/20 Actual	2020/21 Target	Q2 2020/21	On target?	Q2 last year	Better than Q2 last year?
HI8	Average number of social care beds delayed per day	7.2	<b>5.0</b>	<b>NA</b>	<b>NA</b>	5.6	<b>NA</b>
HI9	Percentage of ASC service users receiving long term support who have received at least one review	43%	<b>55%</b>	<b>48%</b>	<b>No</b>	51%	<b>No</b>
HI10a	Average number of full care act assessments completed per month (18-64)	41	<b>39</b>	<b>39</b>	<b>Yes</b>	44	<b>Yes</b>
HI10b	Average number of full care act assessments completed per month (65+)	71	<b>68</b>	<b>105</b>	<b>No</b>	65	<b>No</b>
HI11	Percentage of ASC enquiries where a risk is identified and the risk is removed or reduced	96%	<b>99%</b>	<b>99%</b>	<b>Yes</b>	96%	<b>Yes</b>
HI12	New admissions to nursing or residential care homes (all ages)	152	<b>142</b>	<b>53</b>	<b>Yes</b>	68	<b>Yes</b>
HI13	Percentage of service users receiving services in the community through Direct Payments	27.6%	<b>30%</b>	<b>26.6%</b>	<b>No</b>	24%	<b>Yes</b>
HI14	The percentage of working age adults known to Adult Social Care feeling that they have adequate or better social contact.	75%	<b>80%</b>	<b>NA</b>	<b>NA</b>	NA	<b>NA</b>

*Average number of social care beds delayed per day (Delayed Transfers of Care)*

4.2 This indicator cannot be updated at this point because NHS Digital have paused the collection and publication of official Delayed Transfers of Care statistics due to COVID-19 and the need to release capacity across the NHS to support the response. There is not yet an indication of when publication of these statistics will be resumed.

*Percentage of ASC service users receiving long term support who have received at least one review*

4.3 This is a new indicator for 2020/21. As of Q2 2020/21, 48% of service users who have been receiving services since the beginning of the year have had a review in the last 12 months. This is below the target for 2020/21 of 55%, but higher than the end of year 2019/20 position (43%) and an improvement from Quarter 1 of 2020/21 (45%).

1. Why is this not on target?

Challenges in Quarter 1 2020/21 have continued to present challenges in Quarter 2, including COVID-19. In this case, challenges to the Community Placement and Review Team, North and South Integrated Community Social Work Teams and Occupational Therapy teams affecting reviews have been staffing levels, working with service users, and reviewing residents in care homes. In the early part of the pandemic staff were not managing to conduct reviews in many care homes due to the crisis and home care staff were under heightened pressure. There have been additional challenges around staff changes, staff on long-term leave, and work relating to ongoing care quality concerns with a local care home required needed to take place as a matter of urgency with all of the residents in this home. These challenges combined have led to an increase in waiting lists as routine assessments and reviews have been more challenging to complete.

2. What action are you taking to get it back on track?

Although COVID-19 presents ongoing challenges, there have been steps taken to improve the waiting list. The Community Placement and Review Team are in a much better place in Quarter 2, with a robust allocation system that is reducing their list. We have established two COVID-19 specific review trays that hold cases for the North and South Integrated Community Social Work Teams, and three social workers have started in phases from June onwards and they are working through reviews. From the first of September, COVID-19 packages have changed in duration and are only for six weeks and if a case is allocated to a social worker, then they will take the review.

3. When do you expect it to be back on track?

We expect to see continued improvement in our figures for Q3 2020/21.

*Average number of full care act assessments completed per month (18-64)*

4.4 This is a new indicator for 2020/21 that monitors the level of demand flowing through the adult social care service. At the end of the year in 2019/20, the average number of full care act assessments completed per month among adult social care service users aged 18-64 was 41. We have set a target to reduce this figure by 5% this year, so a target of 39 assessments per month. As at the end of Q2 2020/21, this indicator is on target, with an average of 39 full care act assessments completed per month among adult social care service users aged 18-64.

We have also introduced an indicator to provide additional context for this figure, the percent of full care act assessments resulting in a new service. We have not set a target for this indicator as it is just to provide additional context and for the purpose of monitoring. As at the end of Q2 2020/21,

83% of full care act assessments in this age group had resulted in a new service, higher than the end of year figure for 2019/20 of 71%.

*Average number of full care act assessments completed per month (65+)*

- 4.5 This is a new indicator for 2020/21 that monitors the level of demand flowing through the adult social care service. At the end of the year in 2019/20, the average number of full care act assessments completed per month among adult social care service users aged 65+ was 71. We have set a target to reduce this figure by 5% this year, so a target of 68 assessments per month. As at the end of Q2 2020/21, this indicator is off target, with an average of 105 full care act assessments completed per month among adult social care service users aged 65+.

We have also introduced an indicator to provide additional context for this figure, the percent of full care act assessments resulting in a new service. We have not set a target for this indicator as it is just to provide additional context and for the purpose of monitoring. As at the end of Q2 2020/21, 84% of full care act assessments in this age group had resulted in a new service, higher than the end of year figure for 2019/20 of 75%.

1. Why is this not on target?

In 2020/21 the number of full Care Act assessments for older adults and the percentage of these resulting in a new service increased as a direct result of the COVID-19 pandemic. This was due to increases in demands for support, welfare calls and safeguarding alerts that came through the Adult Social Care front door (Access & Urgent Response service) as well as increased activity to support hospitals during COVID and requests for support in locality social work teams from existing caseloads. In addition, the suspension of our reablement service during the period is likely also to have contributed to this issue as people who would have had reablement care plan/service are now receiving care act assessments and support through external care agencies.

2. What action are you taking to get it back on track?

Additional social work staffing resources have been provided in the Urgent Response Service and the We are Islington teams in order to address this increased demand. Adult Social Care and Customer Services are also currently reviewing processes and systems at the first point of contact to improve the customer experience as well as looking to resolve issues swiftly and therefore reduce the demand on Care Act assessments in the future.

3. When do you expect it to be back on track?

Reductions in demand for support from adult social care by older adults will not realistically reduce until the current COVID-19 pandemic is resolved. The prioritisation of this group for vaccination will contribute to this and we would expect to see additional improvements in this area once a functional reablement offer is back in place.

*Percentage of ASC enquiries where a risk is identified and the risk is removed or reduced*

- 4.6 This is a new indicator for 2020/21 and is meant to help the service monitor safeguarding. Although the volume of safeguarding concerns reported to the Council has increased relative to

2019/20, the percentage of ASC enquiries where a risk is identified and the risk is removed or reduced was higher in Q2 of 2020/21 (99%) than at end of year 2019/20 (96%) and the figure for Q2 is on target for 2020/21 (99%).

The council's safeguarding adults duties are enshrined in the Care Act 2014. The Care Act formerly introduced the requirement for local authorities to safeguard people using a personalised approach. This approach is called Making Safeguarding Personal (MSP). MSP places the service user at the centre of safeguarding conversations, decisions and actions. A key element of this approach involves working with the person who has experienced harm/abuse to identify any risks and desired outcomes required to keep them safe.

A key indicator to measure the success of any safeguarding adults intervention is the removal or reduction of risks being experienced or faced by the person who has experienced harm/abuse. There will be a small number of cases where we are for a variety of reasons unable to reduce or remove a risk in a safeguarding concern. We maintain an oversight of professional decision making via case file audits, regular practitioner workshops and the mandatory inclusion of Safeguarding cases in supervision sessions. If we were to discover significant numbers of safeguarding cases where risks have not been reduced or removed we would carry out further assurance exercises to understand the trend, any reasons for it and develop mitigations if required.

#### *New admissions to nursing or residential care homes (all ages)*

- 4.7 This indicator has been amended in 2020/21 to reflect new admissions to nursing or residential care homes from all ages, whereas in previous years only new admissions of service users aged 65+ were reported.

The Council provides residential and nursing care for those who are no longer able to live independently in their own homes. The aim is to keep the number of permanent placements as low as possible, supporting more people to remain in the community. To meet transformation targets, a target of 142 total placements in 2020/21 has been set (a reduction from 152 in 2019/20). At the end of Quarter 2 2020/21, we have had a total of 53 new admissions, which places us on target for 2020/21 with a projected final number of 106.

Due to COVID-19 and the restrictions the pandemic placed on care homes, admissions to nursing and residential homes were very limited in Quarters 1 and 2 of 2020/21. Consequently, people were discharged into their own homes or maintained in their own homes until care homes could begin to safely admit new residents. This situation has improved now with the availability of COVID-19 testing prior to admission to care homes. Decreased admissions to care homes have also been influenced by pathway 3 discharges from hospital being led by health, a process established to maintain flow during the pandemic. These patients are being assessed through the NCL Continuing Health Care team, and this is likely to mean there are further LBI residents in placements who will have primary ASC needs but as yet are not captured on our system.

As at the end of Q2 there have been a total of 541 placements in nursing or residential care homes. New admissions have accounted for 10% of these placements. We have supported an additional 2,404 service users with long term homecare placements in the year to date.

*Percentage of service users receiving services in the community through Direct Payments*

- 4.8 Although below the target of 30%, in Q2 2020/21, 27% of all Islington community care and support is provided through Direct Payments, compared to 24% at this point last year. The total number of service users receiving services in the community through direct payments has decreased slightly, to 563 compared to 633 at this point last year

Personalisation is a key work stream of the Adult Social Care Transformation Plan. This work stream aims to improve processes and systems resulting in individuals in need of care and support having greater choice and control over their lives as well as increasing the number of people accessing direct payments. The key areas of work are; improving the training offer for direct payment users and personal assistants, updating the Personal Assistant Finder online tool, developing training for staff in adult social care around personalisation, reviewing the allocation of direct payments to ensure they are adequate to meet need and equitable, developing new policies and procedures and finalising a new commissioning framework for managed direct payment accounts.

A Direct Payments' Forum is in operation so that people using Direct Payments and their carers can discuss issues arising with Direct Payments processes and their experiences with council staff, and make suggestions for improvements. People using Direct Payments and their carers are also involved in a co-production working group to take forward actions from the forum and plan future events. These include setting up a peer support group for people using Direct Payments, and improving the training and support offer to people using Direct Payments and their Personal Assistants, and making it easier for people to find Personal Assistants. These are currently all taking place on line rather than in person to reduce the risk of infection.

*The percentage of working age adults known to Adult Social Care feeling that they have adequate or better social contact.*

- 4.9 Social isolation refers to a lack of contact with family or friends, community involvement or access to services. Results from the 2019/20 Social Care User Survey showed a decreased percentage of working age adults known to Adult Social Care feeling that they have adequate or better social contact (75%, compared to 78% in 2019/20). *This indicator is updated annually so was not updated for this report.*

During COVID 19 a significant amount of people were contacting the Council via We Are Islington for support with a range of essential services such as food packages, financial support and medicine delivery. It soon became apparent that a large number of people were also feeling socially isolated, some of these people were known to Adult Social Care (ASC) but others were not. As part of this identification of need three key things took place to support people feeling isolated at home:

1. Initially Adult Social Care and We Are Islington staff undertook welfare checks to all vulnerable people (known to ASC) and those on the governments shielding list – to ensure

that essential services were in place and that people could access support including for social isolation.

2. Following the feedback from the welfare calls and calls to We Are Islington colleagues from Public health undertook a mapping of local befriending and other community connecting services in Islington and found 85 local services offering this support
  - This was developed into a briefing which was shared with a wide range of front-line staff and commissioners across the council, NHS and VCS organisations to raise the profile of the available support.
  - Islington Council website was updated to help people seeking such support.
  - A resident leaflet has been developed, sign-posting residents to support and is being widely distributed.
  - Elected members and a range of VCS and statutory organisations, including Mutual Aid Groups and befriending services now come together regularly as the Social Connectedness Network. The Network has themed sessions to support organisations to understand the offer available and ensure residents get the appropriate support they need to keep connected.
  - Adult social care and public health worked with We Are Islington and Islington contact centre colleagues to develop an open questions 'script' to support strength based conversations and check on people's feels of isolation and loneliness
  
3. It became clear that professionals from ASC, WAI and the Mental Health Trust found it difficult to navigate the huge number of options available to residents from the VCS. Therefore
  - ASC established a single point of access with a local VCS provider Manor Gardens where referrals could be made. Manor Gardens operated a triage service which established which organisations and interests were best suited to meet the individual's needs and help put them in touch
  - Work is underway to develop this access point in localities and with strong links to VCS so that people can find or be routed to VCS for support to connect with a wide range of befriending and community activities that are available – many of these are now operating remotely on the phone or on-line, others still do face to face support where safe to do so.
  - Work is underway to improve the navigation and search functions on Islington Council's website so residents and professionals will find it easier to use and find the support they need. There will always be a role for face to face contact but improving digital access too will support a greater number of residents.

## **5. Implications**

### **Financial implications:**

- 5.1 The cost of providing resources to monitor performance is met within each service's core budget.

### **Legal Implications:**

- 5.2 There are no legal duties upon local authorities to set targets or monitor performance. However, these enable us to strive for continuous improvement.

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

5.3 There are no environmental impact arising from monitoring performance.

### **Resident Impact Assessment:**

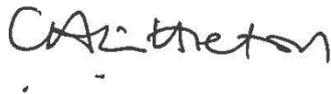
5.4 The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010).

5.5 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.

## **6. Conclusion**

6.1 The Council's Corporate Plan sets out a clear set of priorities, underpinned by a set of firm commitments and actions that we will take over the next four years to work towards our vision of a Fairer Islington. The corporate performance indicators are one of a number of tools that enable us to ensure that we are making progress in delivering key priorities whilst maintaining good quality services.

### **Signed by:**



[Corporate Director and Exec Member]

Date: [add date]

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## **NOTES OF MEETING WITH SMALL ORGANISATION PROVIDING DOMICILIARY CARE IN ISLINGTON – 10 DECEMBER 2020**

**Discussion took place with a small domiciliary care provider in the borough as to the service they provide and how small organisations can be better supported to bid for larger domiciliary care contracts in the borough**

**During discussion the following main points were made –**

- **The organisation employs 75% local residents as carers and many of the carers employed are BAME**
- **To be able to bid for larger contracts local organisations will need support and training – this could involve details of what is involved pre-specification of contract and what is needed to effectively bid**
- **Felt that co-operation and discussion took place and there is a good working relationship with other providers in the borough – it was felt that there is scope to bid for larger contracts which would maximise local employment, provide social value and enable money to be spent in the local economy**
- **The organisation stated that it gets good feedback from clients and the organisation tell carers that they should discuss client's needs with them to ensure that their needs are being met. The organisation has about 150 clients but usually get the clients that the larger organisations do not want and feel it provides excellent value for money**

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## **HEALTH AND CARE SCRUTINY COMMITTEE – WORK PROGRAMME 2020/21**

### **Agenda Despatch Date – 8 July 2020**

#### **16 JULY 2020**

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

### **Agenda Despatch Date – 2 September 2020**

#### **10 SEPTEMBER 2020**

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

### **Agenda Despatch – 07 October 2020**

#### **15 OCTOBER 2020**

1. Health and Wellbeing update
2. Work Programme 2020/21
3. 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 – witness evidence
2. Health and Wellbeing Update
3. Work Programme 2020/21
4. Islington Safeguarding Board Annual Report
5. Performance indicators – Quarter 1
6. COVID 19 update
7. Scrutiny Review – consideration of topic 2020/21

## **Agenda Despatch – 13 January 2020**

### **21 JANUARY 2021**

1. Scrutiny Review – Adult Paid Carers – witness evidence
2. Health and Wellbeing update
3. Work Programme 2020/21
4. Performance update – Quarter 2
5. COVID 19 update
6. Whittington NHS Trust – Quality Account/Performance update
7. Alcohol and Drug Abuse – Update

## **Agenda Despatch – 24 February 2020**

### **4 MARCH 2021**

1. Health and Wellbeing update
2. Work Programme 2020/21
3. UCLH Performance update
4. COVID 19 update
5. Scrutiny Review Adult Paid Carers – Final Report
6. Camden and Islington Mental Health Trust - Performance update

## **Agenda Despatch – 7 April 2021**

### **15 APRIL 2021**

1. COVID update
2. Work Programme 2020/21
3. Annual Health Public Report
4. Executive Member Health and Social Care – Annual Report
5. London Ambulance Service - Performance update

## **Agenda Despatch – 21 April 2021**

### **29 APRIL 2021**

1. Health and Wellbeing update
2. Work Programme 2020/21
3. Moorfields NHS Trust – Performance update
4. Performance update – Quarter 3
5. Progress Report – Merger of CCG's
6. Health Inequalities – Report of CCG

## **JUNE 2021**

**Quarter 4 Performance update/Council Targets 2021/22  
Health Inequalities Scrutiny Review – SID/Presentation**