

London Borough of Islington  
**Health and Care Scrutiny Committee - Monday, 26 July 2021**

Minutes of the meeting of the Health and Care Scrutiny Committee held at on Monday, 26 July 2021 at 7.30 pm.

**Present:**           **Councillors:**           Jeapes (Chair), Kay (Vice-Chair), Clarke, Gantly, Graham, Hyde and Klute

**Also Present:**           **Councillors**           Lukes

**Councillor Clare Jeapes in the Chair**

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

The Chair introduced Members and officers to the meeting

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

Councillor Turan – Executive Member Health and Social Care, Councillor Chowdhury

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

None

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

None

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

RESOLVED;

That the minutes of the meeting of the Committee held on 24 June 2021 be confirmed and the Chair be authorised to sign them

**278        MATTERS ARISING FROM THE MINUTES (ITEM NO. )**

A Member referred to minute 270 - NHS Database and to an e mail she had received outlining proposals to delay implementation and that she would circulate this to Members

Members also wished to place on record their appreciation to the work of Dr.Keekhibia who attended the last meeting

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

None

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

The Chair outlined the procedure for Public questions, however as the meeting was being webcast if any members of the Public viewing the webcast had any questions these should be forwarded to the Clerk following the meeting

The Chair stated that she had received a question from a member of the public relating to GP provision at the new Holloway prison housing development and

whether there would be sufficient capacity and that she would refer this on to the CCG to respond

**281 HEALTH AND WELLBEING BOARD UPDATE - IF ANY (ITEM NO. 8)**

None

**282 WHITTINGTON PERFORMANCE UPDATE (ITEM NO. 9)**

Michelle Johnson, Director of Nursing, Whittington Hospital was present and made a presentation to the Committee, copy interleaved

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

- Progress against priorities – improving communication between clinicians, patients and carers – Trust launched an initiative to make the face behind the mask due to COVID, visible to patients using photo stickers. Also developed patient focused communication workshops, and provided during the pandemic additional ward clerk support through redeployed staff and volunteers, as well as keeping the PALS service open
- Improving safety education in relation to human factors – simulation projects have taken place and feedback from staff has been positive
- Reducing harm from hospital acquired de-conditioning – baseline assessment and process developed for monitoring mobility and physical activity on wards. Due to COVID further base line exercises were unable to be conducted in the second wave, however routine mobilisation continued
- Improving blood transfusion care and treatment – this was reviewed and added to the mandatory training matrix
- Clinical research – research at Whittington has had an unparalleled year the emergency and Integrated medicine has seen the bulk of research activity
- Quality improvement celebration – continually committed to improving care and the colorectal team won best overall project for their 5 year follow up remote surveillance programme
- CQC report – published in March 2020 and rated as good and as outstanding for caring. Since last CQQ report dealing with challenges and demands for all services. Community health services are rated as outstanding. During 2020/21 the approach to inspection and monitoring has been adapted to meet the challenges of the pandemic, and a COVID 19 vaccination monitoring assessment call took place on 5 March in relation to the vaccination hub, where Whittington is the provided and this went well
- Listening to patients and staff – staff reported improvements in bullying, harassment, and health and well-being. Patients who received treatment for cancer rated Whittington 9/10 for care, 51% of staff responded to staff survey, and 98% of inpatients felt that they were treated with dignity and respect
- Looking forward – priorities are 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 and reducing health inequalities in the local population
- In response to a question it was stated that the latest COVID wave consisted of more young people being admitted to hospital than the first and second waves and that they tended to be less ill and their stay in hospital shorter. There would be a focus by the Trust on the effects of long COVID in the following year
- In response to a question as to bullying and harassment it was stated that a Director of Equalities was being appointed and additional training was being rolled out to managers

The Chair thanked Michelle Johnson for attending

283 **COVID 19 UPDATE ASC REPORT / COVID 19 UPDATE HEALTH - VERBAL (ITEM NO. 10)**

Jonathan O’Sullivan made a verbal presentation to the Committee, during which the following main points were made. Councillor Sue Lukes, Executive Member Community Safety and Pandemic Response was also present

- There had been 1200 infections in the last 7 day period and this has risen sharply since mid April/May
- The increase has been largely driven by younger people and school age children and relatively few cases in the 60+ population age group
- There had been no deaths reported for 10 weeks, however it was difficult to predict future infections and there was no room for complacency
- Vaccinations had played a part in reducing infections in the older age groups, however as Islington had a relatively young population and only 30% had had their first dose vaccinations this was problematic, however initiatives were being taken to increase this. Approximately 2000 vaccinations had been taking place per day but this was now decreasing and measures were being looked at to ensure vaccinations for young people can be made easier to access
- Overall there had been 146000 first doses issued and dependent on the measure used it was estimated that 84% of over 70’s had been vaccinated. LBIslington had similar vaccination rates to the rest of inner London, which tended to have a younger age range than outer London Boroughs
- BAME vaccination rates were lower than other ethnic groups, however this was narrowing and attempts were being made to use community pharmacies for vaccinations, however approval from NHS England is needed for this, and this can be a lengthy process
- Noted that a pop up vaccination site in Bunhill Ward is being set up and concern was expressed that this information had not been provided to Ward Councillors and that this should be done in future when pop up clinics were planned in order for them to inform the local community
- A Member also expressed concern that more information was not available on the Council website in relation to the positive measures being taken against COVID and that this should be available in the future and circulated to Members

Adult Social Care – the report was noted

RESOLVED:

That the Director of Public Health be requested to circulate details of the positive measures the Council is taking to combat COVID and this be made available in future on the website and circulated to Members

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

284 **SCRUTINY REVIEW 2021/22 - APPROVAL OF SID - HEALTH INEQUALITIES (ITEM NO. 11)**

Members expressed concern that the SID did not reflect the issues discussed by Members and that it needed to focus more on Health Inequalities

Members stated that they would wish to consider issues such as diet, mental health, vaccination rates and infection rates amongst different sections of the community, and any disproportionality amongst such groups, and gaps in the community. This should also include vaccination rates for staff in care homes and domiciliary staff

It was stated that a report on Health Inequalities was being looked at by the previous Director of Public Health and that this could be made available to the Committee

RESOLVED:

That the Chair /Vice Chair be requested to discuss with officers a revised SID for consideration by the Committee at the next meeting

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**HEALTH INEQUALITIES - REPORT OF CCG (ITEM NO. 12)**

Clare Henderson, Director of Integration CCG was present and made a presentation to the Committee, copy interleaved

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

- Strategic intent – created Inequalities Investment Fund to seek collaborative and innovate approaches, break down barriers, target most deprived communities, deliver high impact solutions
- Inequalities in NCL - wide deprivation across the 5 boroughs, Haringey and Islington are the most deprived, and this difference is driving poor outcomes. Created a £2.5m Inequalities Investment Fund by top slicing COVID funding. The intention is to create a recurrent Inequalities Fund of £5m from 2022/23
- Noted the information on inequalities in NCL on 23 Public Health Metrics relevant to work on inequalities across NCL and how each NCL Borough varies from the London average
- Noted the 20% most deprived wards in NCL
- Noted the work taking place with partners and development of projects
- The Committee were informed of the Islington Inequalities Fund proposals – target population, black males and mental health, Islington respiratory wellness programme, reducing inequalities through systematically embedding a population health management approach, targeted interventions for the SMI population for BAME patients with a SMI diagnosis, Community research and support programmes, Ambulatory outreach
- Individual boroughs were given an indicative budget to work with based on their share of the most 20% most deprived wards and Islington proposals resulted in a total of £366680, and against the £250000 for Local Priorities Islington received a total of £50616
- Next steps – system commitment to ensure Fund becomes recurrent and grows over time. The evaluation and monitoring will inform how the £5m inequalities fund in 2022/23 is used
- Members expressed concern that Islington had high levels of deprivation and that to focus on 4 wards was not appropriate and the methodology used was not appropriate for Islington. It was stated that NCL looked across the NCL area, and some boroughs had not had the investment in certain services in the past as Islington had, and there is a need to level up

The Chair thanked Clare Henderson for her attendance

**MERGER CCG'S - REPORT OF CCG (ITEM NO. 13)**

Clare Henderson Director of Integration CCG, was present and made a presentation to the Committee, copy interleaved

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

- Pandemic has increased strength of relationships and ability to work as one system and highlighted health inequalities. As part of work to develop an integrated care system work is underway building on good practice seen in the pandemic response
- Journey towards an integrated care service – In April 2020 the 5 CCG's merged to form one CCG in line with the NHS long term plan. There are 32 thriving primary care networks across the area and continued to progress towards a more strategic approach to health commissioning. The next stage is to transition to an integrated care system
- High level outline of White Paper changes – integrated care systems will become statutory organisations and responsible for strategic commissioning, duty to collaborate, reduced bureaucracy, population health, government will have power to impose capital spending limit on Foundation Trusts, NHS England will formally merge with NHS Improvement and be designated NHS England
- Despite all the challenges of the last 18 months managed to build strong relationships and partnerships e.g COVID vaccination programme
- Noted vision for an integrated care system in NCL, and what integrated care will mean for residents
- Insights generated through engagement with residents will inform the development of NCL integrated care system, building on work already in, in response to what they said was important. As an Integrated Care strategy committed to integration between system partners at place to improve outcomes for residents
- 5 borough partnerships key features – partnerships are maturing locally, COVID and acceleration of the ICS has furthered existing partnership working. Place based leaders are working together to shape the ICP roles, priorities, local structures and teams and ways of working
- Each borough has a Partnership Executive in place, a delivery board, a Task and Finish working group, and all partnerships are at the stage of information sharing, co-ordination, and collaboration around delivery, and partnerships are also generally working on aligning more staff/teams from their home organisations to this way of working
- Noted development of place based partnerships, and next steps to continue strengthening the system, key areas where working with partners, and engaging with partners on the Systems Oversight Framework  
Immediate next steps – working with borough partnerships on programme of engagement and system design and principles for collectively agreeing priorities, developing a NCL population health strategy, engagement with staff and residents on key aspects of integrated care and engagement with clinical and professional leaders to set a vision for clinical leadership in an ICS
- Members expressed concern at the lack of accountability of the ICS and that the Government may seek to appoint people to the Board that were not representative of the local community
- Discussion took place as regards mental health in the borough and how this would be improved, and it was stated that Islington had a good core model and measures were being taken to increase community mental health, and to at shared amongst the 5 NCL boroughs. In terms of accountability it was stated that discussions were still taking place, but it was not thought that

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private companies would be represented on the ICS Board, and that representations could be made that there should be local accountability

- Reference was made to personal health budgets and the measures in place to make sure these were not exceeded and it was stated that this information could be provided to Members
- Noted that it was felt that the ICS Board would be beneficial in focusing on how resources could be best utilised across NCL, such as work passports for nurses
- Reference was made to the motion passed at full Council and that the concern of lack of local accountability should be conveyed to the Secretary of State and local MP's

The Chair thanked Clare Henderson for her attendance

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### **QUARTER 4 PERFORMANCE REPORT (ITEM NO. 14)**

Jonathan O'Sullivan, Director of Public Health was present and outlined the report

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

- Noted new corporate vaccination corporate indicators
- Noted targets outlined in the report on numbers of long acting reversible contraception prescriptions in local integrated sexual health services, percentage of smokers using stop smoking services who stop smoking, percentage of drug users in drug treatment who successfully complete treatment and do not represent within 6 months, percentage of alcohol users who successfully complete the treatment plan
- The Chair stated that she would wish to have more information in relation to the MMR vaccinations and she would contact the Director of Public Health following the meeting thereon
- A Member referred to the alcohol and drug figures and that a more detailed investigation needed to take place into the reasons for the targets not being met

RESOLVED:

- (a) That the performance against targets in Quarter 4 2020/21 for measures relating to Health and Independence
- (b) That a deep dive review into the issue of diet and the effect on type 2 diabetes to take place over a 12 month period take place and Councillor Kay and the Director of Public Health be requested to discuss the process for this
- (c) That Councillor Hyde be requested to contact the Director of Public Health with detailed questions for the December meeting of the Committee where the drug and alcohol service will be considered in order that officers can have these in advance and appropriate answers given

The Chair thanked Jonathan O'Sullivan for attending

288 **WORK PROGRAMME 2021/22 (ITEM NO. 15)**

RESOLVED:

That the work programme 2021/22 be noted

MEETING CLOSED AT 10.15 P.M.

Chair