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ISLINGTON

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

AGENDA FOR THE HEALTH AND CARE SCRUTINY COMMITTEE

Members of the Health and Care Scrutiny Committee are summoned to a meeting, which will be held in the Town Hall on **4 October 2021 at 7.30 pm.**

Enquiries to : Peter Moore
Tel : 020 7527 3252
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Despatched : 24 September 2021

Membership

Councillors:
Councillor Clare Jeapes (Chair)
Councillor Jenny Kay (Vice-Chair)
Councillor Jilani Chowdhury
Councillor Tricia Clarke
Councillor Osh Gantly
Councillor Phil Graham
Councillor Sara Hyde
Councillor Martin Klute

Co-opted Member:

Substitute Members

Substitutes:
Councillor Gary Heather
Councillor Bashir Ibrahim
Councillor Anjna Khurana
Councillor Dave Poyser
Councillor John Woolf

Substitutes:

Quorum: is 4 Councillors

A.	**Formal Matters**	**Page**
1.	Introductions	
2.	Apologies for Absence	
3.	Declaration of Substitute Members	
4.	Declarations of Interest	

If you have a **Disclosable Pecuniary Interest*** in an item of business:

- if it is not yet on the council's register, you **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent;
- you may **choose** to declare a Disclosable Pecuniary Interest that is already in the register in the interests of openness and transparency.

In both the above cases, you **must** leave the room without participating in discussion of the item.
If you have a **personal** interest in an item of business **and** you intend to speak or vote on the item you **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent but you **may** participate in the discussion and vote on the item.

***(a)Employment, etc -** Any employment, office, trade, profession or vocation carried on for profit or gain.
(b)Sponsorship - Any payment or other financial benefit in respect of your expenses in carrying out
duties as a member, or of your election; including from a trade union.
(c)Contracts - Any current contract for goods, services or works, between you or your partner (or a body
in which one of you has a beneficial interest) and the council.
(d)Land - Any beneficial interest in land which is within the council's area.
(e)Licences- Any licence to occupy land in the council's area for a month or longer.
(f)Corporate tenancies - Any tenancy between the council and a body in which you or your partner have
a beneficial interest.
(g)Securities - Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

This applies to **all** members present at the meeting.

5.	Minutes of the previous meeting	1 - 8
6.	Chair's Report	

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 - if any

B. Items for Decision/Discussion **Page**

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 16 November 2021

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

www.democracy.islington.gov.uk

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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

285 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

286 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 ion, 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 tthat discussions were still taking place, but it was not thought that

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

287 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

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Camden and Islington
NHS Foundation Trust

HEALTH AND CARE SCRUTINY COMMITTEE

OCTOBER 2021

1. Introduction

Camden and Islington NHS Foundation Trust (C&I) is the largest provider of mental health and substance misuse services to people living in Camden and Islington. We have approximately 2,200 employees who work in multi-disciplinary teams providing a holistic approach to recovery. The Trust has delegated responsibility for the provision of social care in both Camden and Islington under the Section 75 agreements.

Despite the Coronavirus COVID-19 pandemic still affecting normal business and activities we have still made some good and steady progress against some of our priorities over the past year. This report provides a summary of the how the Trust has performed during the year with a focus on our response to the Covid -19 pandemic and addressing inquinates. Our Annual Report & Accounts provide a more detailed account of the Trust's business.

2. Key Drivers and Strategic Context

C&I's strategic Priorities, the things we want to be renowned for doing extremely well and that cement our reputation are:

1 Early and effective intervention

2 Helping people to live well

3 Research and innovation

4 Keeping our service users, carers and staff safe

The major programmers to deliver these strategic objectives continued throughout the year; many were affected by the pandemic, but not always adversely. For example, agile working has always been a key part of the estate transformation plan and of our Digital Strategy. Progress in this area accelerated during the pandemic when working from home became necessary during the lockdowns.

Despite, or perhaps because of, all the challenges of the past 18 months, we have still managed to build stronger partnerships, relationships, and new ways of working as a system across social, primary and secondary care, working as part of the North Central London Integrated Care System (ICS) and aiming to deliver the best and seamless care for our population through the pandemic

In particular we have been working closely with our neighbouring mental health trust, Barnet, Enfield and Haringey NHS Mental Health Trust (BEH). C&I and BEH already share a chair, Jackie Smith. In addition from October 2021, BEH's Chief Executive Officer Jinjer Kandola MBE , the will take over from Angela McNab as CEO of C&I. A joint review of our services is currently underway.

This **Mental Health Provider review** will look at how we can ensure our services are of a consistently high quality across all areas, and that our staff are able to work more easily and effectively together, as the NHS, as a whole, moves towards closer working between health, social care and voluntary partners It will report back in autumn 2021.

A further **Strategic Review of Mental Health** has been commissioned by North Central London CCG and has been taking place between March and September 2021. The aim

of the reviews is to ensure a consistent and equitable core service offer for the NCL population that is largely delivered at a neighborhood/Primary Care Network level. The core offer of equitable access to services will be based on identified local needs and fully integrated into the wider health and care system ensuring outcomes are optimised, as well as ensuring services are sustainable in line with the CCG's financial strategy and workforce plans.

Further detail on the strategic context and North Central London ICS developments are included as an appendix to this report.

National	NCL / London	Internal to C&I
• The Long-Term Plan • The People Plan • 'Fundamental purposes' – population health, unequal outcomes, efficiency, social and economic development • COVID	• Integrated Care System & Partnership Development • Financial sustainability • Strategic Review of Mental Health • Mental Health Provider Review • MH workstreams incl community, inpatient, crisis	• Cultural Pillars • Strategic priorities • Key strategies Clinical, Digital, People & EDI • St Pancras programme

2021-2022 Strategic Context

In terms of **local mental health** C&I covers a diverse population. The Innner London boroughs are densely populated with a large proportion of students and younger adults, relatively few children and older people compared to the national average. The boroughs are ethnically diverse with more than 40% of residents from BAME backgrounds.

We have a high percentage of service users between the ages of 20 and 40 years, who are relatively transient; this is related to having major transport hubs, universities and employment opportunities in the area. We also treat large numbers of people in LGBTQ+ communities and many tourists. There are high rates of alcohol and drug use among our service users.

The area has one of the highest rates of mental health problems in the country and so, there is great demand for our services. We expect this to increase due to the growing population, greater awareness of mental health, reduction in some local authority and voluntary services and , of course , the pandemic.

The Covid-19 pandemic and the response to it have affected and will continue to affect people's wellbeing. Low wellbeing and mental illness adversely affect an individual and those around them, and may persist, or progress to more serious illness that requires greater levels of intervention. Public health data notes large national surveys[1] have found higher numbers of people experiencing anxiety and depression than before the pandemic. People's satisfaction with life is now lower. Local residents' and stakeholders'[2] views paint a similar picture. A large majority (81%) of residents are somewhat or very worried about the impact of Covid-19[3], particularly on mental health and wellbeing (26%).

Modelling in Islington predicts there may be 28,266 new cases of moderate-severe anxiety and 38,671 new cases of depression in adults in the borough (a rise of 16 and 22%)[4]. There may be 12,052 new cases of depression (a rise of 19.5%) in the under-25s[4]. The same modelling in Camden predicts there may be 88,059 new cases of moderate-severe anxiety and depression in adults in the borough (a rise of 16-22%)[4]. There may be 14,816 new cases of depression (a rise of 19.5%) in the under-25s[4]. Those shielding or bereaved are most at risk[4]. The number of people affected by mild illness and reduced wellbeing (the scope of this piece of work) is likely to be higher.

Responding to these drivers, C&I has set our 2021**-22 Objectives**. These are available in the appendix

3. Managing and responding to the Covid Pandemic

This year has been dominated by the pandemic, which presented the greatest challenge our health and care systems have ever faced. Overnight we transformed the way we work.

In response to the pandemic situation surrounding Covid-19, the Trust invoked its emergency response plan and moved to a Silver and Gold Command structure which continued until late 2020-21. We implemented a set of strategic objectives for the emergency situation which included supporting the delivery of a local, regional and national response to the pandemic following all national guidance. We acted in accordance with the Civil Contingencies Act and other relevant legal frameworks, ensured all resources - financial, workforce and equipment - were made readily available to enable timely and effective responses and actions.

We knew that demand for our services was likely to increase because of the social restrictions imposed during the pandemic; both from people who were new to us and from existing service users whose condition may deteriorate. This was factored into our planning as we worked at pace to agree a strategy for the prioritisation of services and our must vulnerable service users. At times this meant redeploying staff from community teams to cover our hospital wards and keep our most unwell patients safe.

1.1. Acute Mental Health Services

Our Hospital areas have predominantly focussed on keeping our patients and staff safe in the context of COVID-19. We

- Entirely reorganised our wards to accommodate patients with the virus in order to keep others safe.
- We did not turn away any referrals and catered for a higher level of physical acuity with PPE
- Ensured the highest standards of infection control as a priority alongside ensuring our patients are supported to cope with the necessary restrictions needed to keep everyone safe
- Provided iPads for wards so that inpatients could stay in touch with loved ones and

- Continued to run all our services and introduced new ones. Within the space of a few weeks, we had opened a new service the **Mental Health Crisis Assessment Service** (MHCAS) for those in mental health crisis as an alternative to Emergency Departments that were busy with COVID-19 patient.

  MHCAS was established initially as a Covid-19 mental health diversion offer and continues to show system benefits and improved patient experience. Mental Health Liaison continues across acute medical wards led by Consultant Psychiatrists. This ward based work ensures quality of care for mentally unwell patients with physical health morbidities ensuring our local hospitals benefit from the known effect in reducing length of stay in medical wards. Emergency Departments across the C&I patch report a substantial benefit in reduced pressure in EDs which has grown over time whilst MHCAS continues to develop. This achievement was shortlisted for an HSJ award for its work offering emergency mental health care

  The service is now in a bespoke building on the St Pancras Hospital site providing a calm, responsive mental health specific emergency response. There has been a notable reduction in formal and informal admissions to psychiatric hospital from MHCAS, supporting the prevention arm of the Trust's Patient Flow Programme.

  Our Crisis Response Teams continued offering assessment and home treatment, face-to-face throughout the pandemic. They also continued developing responsiveness in our Crisis Single Point of Access.

1.2. Community Services

In our **Community Teams for** people with psychosis and for people with complex emotional difficulties we assessed all our service users and ensured that those who were most at risk were contacted regularly and informed how to access additional support, including face-to-face where most appropriate.

We also invested in new technology to help enable online clinical appointments wherever possible. and to support staff to work from home where appropriate, with meetings, training and events moved online to keep them safe. To combat digital exclusion among service users, we initiated a programme to give access to computers and training.

Our Substance **Misuse Team** rapidly developed new ways our service users who were on opiate substitute prescriptions and for those who were clinically vulnerable and accustomed to frequent face-to-face appointments. They provided rapid, proactive support to accommodation stood up of for rough sleepers in Camden and Islington.

Camden had the largest with the COVID-protect facility being set up in the Britannia Hotel. Within two days of this facility being set up, we were able to establish a rapid-prescribing service for existing and new rough sleepers, who had been moved into the hotel. This prescribing service was offered seven days a week, with two nurse prescribers and a consultant going on site each day to supervise consumption of opiate-substitute medication. The multidisciplinary model used in the Britannia was

commended as a best-practice model and was nominated for an NHS Parliamentary Award

Our community services for **Older Adults including Memory Services**, remained open. We were unable to bring vulnerable older people into our buildings and therefore had to adapt by increasing our remote interventions and, where appropriate, seeing people in their own homes. Despite the pandemic our two memory services continued to contribute to the three highest dementia diagnosis-against-prevalence rates in London. Despite difficulties posed by the pandemic, both our memory services improved their performance in reaching the national target for patients receiving a diagnosis within six weeks of referral.

Our **Learning Disabilities Team** continued to work face-to-face with service users following COVID-19 infection control measures. LD nursing teams developed accessible infection control guidance for service users, carers and service providers, including how to use PPE properly.

Despite the pandemic resulting in a shift to virtual working, a number of successes were achieved to improve access to digital technology for people with learning disabilities and their carers, including purchasing iPads for people who were digitally excluded and Camden Learning Disabilities Services (CLDS) set up a 'pop-up website (www.cldsinfo.net) to make sure people had access to relevant and up-to-date easy-read information.

Camden and Islington iCope (our Improving Access to Psychological Therapies or 'IAPT') services re-orientated the service to ensure a quick response to people struggling to cope with the impact of the pandemic, especially during the early months. This included developing a brief Cognitive Behavioural Therapy (CBT) based COVID-19 intervention for those overwhelmed by the current situation and needing more immediate support with coping strategies. The teams worked with local partners to help develop a pathway for bereaved local people and prioritised support for NHS and social care staff

Like other teams the **Primary Care Mental Health** teams quickly moved most services online using virtual consultations for most of its clinical contacts. However, it sustained an 'in person' service for those patients who needed it. The teams continued to work closely with GP colleagues and the Islington team extended their support to include a facilitated reflective practice group for primary care colleagues

We used our partnerships with community organisations to help support vulnerable groups; delivering health care, medicines and food to people who were unable to leave their homes.

In Camden we embarked on a collaborative project with voluntary community services led by Mind and Likewise to create **the Resilience Network**. The Network focussed on those service users in the community who had ongoing support needs or were socially isolated. Having seen the direct benefits to service users the Trust has now moved to create this provision in the new Core Community Mental Health offer. The Resilience Network was shortlisted for an HSJ Partnership Award.

Our Recovery **College** co-produced a new service with the Crisis Single Point of Access (CSPA) team; this Recovery Navigation service aimed to offer up to three supportive phone calls to service users, giving emotional and practical support. Where appropriate, CSPA referred service users to Recovery Navigators. During the phone calls or video consultations, we supported service users by signposting, referring them to local services and listening to their experiences in a non- judgemental way. Recovery navigation students (referrals from CSPA) made up 40% of our total new students for the year.

1.3. Workforce support for C&I and beyond

Staff safety and wellbeing was been a priority throughout the pandemic. In our acute areas Staff have been continuing to work in frontline patient-facing roles, wearing PPE throughout long days, managing additional tasks around testing and supporting isolation of patients and restrictions on leaving and visiting. In order to keep staff safe everyone had a one-to-one risk assessment in relation to the virus and an individual's vulnerability due to general health, culture, or family vulnerabilities. This C&I COVID Risk Assessment was co-designed with all our staff inclusion networks.

In addition to ensuring our own workforce was supported, C&I have worked with Tavistock and Portman NHS Foundation Trust (TPFT), BEH to create Keeping Well NCL, a Mental Health & Wellbeing Hub which delivers wellbeing and psychological support for health and care staff across NCL.

1.4. After Action Reviews

After the first wave of COVID we gathered data to help us evaluate our performance and reflected on what we had learnt so that this could shape our future services. We carried out a COVID After-Action Review, which was completed in September 2020. We were very pleased that stakeholders and service users said they were largely happy with our pandemic response. We identified six priorities where we felt we could have done things better and these have become part of our focus in 2021-22.

From this learning **6 priorities** have been identified for **how the Trust could do things differently in a future wave.**

- Systematic implementation and interpretation of guidance, specifically around infection control
- Strengthen redeployment processes
- Maintain community service activity where possible
- Improve data quality to better support planning
- Work to address the differential impact COVID-19 has on certain groups
- Enhance IT provision to enable service delivery

11 recommendations have been developed for the Trust to consider **taking forward the learning** of this After Action Review.

- Trust wide guidance on restoring face to face contacts
- Undertake analysis of differential impact of COVID-19 on our service users including safeguarding
- Strengthen capacity of infection control
- Refresh Trust incident response procedures

- Review role of volunteers and support offer available to them
- Support community and inpatient teams to understand each other's roles
- Refresh communications channels
- Review of IT response to COVID-19 to identify what actions are needed to have IT provision that meets the needs of our services
- Review of clinical activity reporting and what improvements are needed to ensure data accuracy
- Develop service user and carer engagement with continuous feedback
- Formalise redeployment plan
- Progress learning identified from inpatient cohorting

These After-Action Review executive summaries can be found in the appendix. Further learning will be captured after the third wave.

1.5. Vaccinations

C&I's vaccine site was ready to go live for 21/02 as per national guidance to rapidly establish Hospital Hub vaccine site. The Hub was set up inside of three weeks at the Community Recovery Service for Older People site in Camden Mews. This includes relocation and support arrangements for existing clinical team using the building and establishing systems to schedule vaccines and 2nd doses. The Hub had capacity to vaccinate 60 a day. The site went live 03/02 following delay in national authorisation to order the vaccine, staffed by seconded staff

Vaccination hub operations were supported by dedicated volunteer Marshalls. Initial C&I vaccinators were identified and trained. As wave 2 pressures subsided and more services returned to normal, vaccinator capacity has been an issue. Vaccinators must be registered nurses, doctors, OT's or pharmacists all pressured staff groups

Vaccines were been offered to our staff, NHS P, ISS staff, voluntary care sector, the Tavistock and Portman and service users (SMI - cohort 6). They have been offered through partnerships with other NHS organisations, and our own Hospital Hub at Camden Mews, and a small number of satellite clinics at our inpatients sites

Vaccine dashboards establishment to monitor staff and service user vaccine uptake, with links to other systems and self-reporting forms to ensure external vaccines captured

Vaccine uptake amongst BAME staff remains below white staff. In addition to one-to-one conversations between all staff who have not yet had a vaccine and their manager, a number of target staff engagement events and webinars to discuss vaccinations and dispel anxieties have been facilitated. This includes events with a focus on BAME staff and women of childbearing age

The Trust has also made it a priority to vaccinate our service users with plans in place across all areas. We pleased to report we have been working with Primary Care Networks to support vaccination of our learning disabilities service users. In the community, we are working across all boroughs with community care coordinators identifying service users who are not engaging with primary care and supporting them to access the vaccine. At NCL system level, we are supporting homeless vaccinations with plans imminent to providing satellite clinic at Margarete Centre and Islington to follow.

Our plans for this year's Flu campaign and COVID booster vaccination started in earnest and is progressing well.

This year we are partnering with our colleagues at BEH to jointly deliver the Flu Vaccination and COVID Vaccination Booster programme 2021/22. Our key priorities are aligned to the National Programme.

We have completed our plans based on previous years' planning and success. We have identified all staff numbers to ensure 100% offer of the Flu and COVID booster vaccinations. We have also set trajectories to meet the 85% nationally set uptake target and plans are in place for ordering sufficient stock for all our frontline healthcare workers. NIVS (National Immunisation Vaccination System), Health Information Exchange (HIE), FLUMIS and COVMIS will support the recording of vaccinations and data for analysis, and staff will be trained to access and use these systems.

The community SMI service users will be expected to attend the Primary Care hub; however, a smaller identified group will be able to attend the Trust hubs with support from their key worker.

4. Quality Accounts

A Quality Account is a report about the quality of the services that provided to service users and other stakeholders by the Trust. It provides statements of assurance relating to the quality of services and describes how we review them, including data and data quality. It includes a description of audits we have undertaken, our research work, how our staff contribute to quality, and comments from our external stakeholders.

All providers of NHS services in England have a statutory duty to produce this report in order to increase public accountability and drive quality improvement within NHS organisations.

The safety and quality of the care we deliver at C&I is our utmost priority, and is reviewed by assessing whether;

- Service Users are safe (patient safety)
- How well the care and treatment provided works (clinical effectiveness)
- How service users experience the care they receive (patient experience).

This year our Quality Account report reflects how we have responded to pandemic. Whilst recognizing that the pandemic is still affecting normal business and activities The Trust is pleased to report, that over the last year we have still made some good and steady progress against some of our priorities and will need to look more carefully into those priorities whose progress was affected by the pandemic.

1.6. Progress Against Our Priorities

Improving our basic infrastructure and digital capability involves ensuring wi-fi is available on all Trust sites (over 37 locations) for service users and staff. We installed a new data network to improve connections, performance and speed across 14 sites,

deployed over 5,000 devices for our workforce and increased our network by moving to Windows 10 with its enhanced cyber-security features.

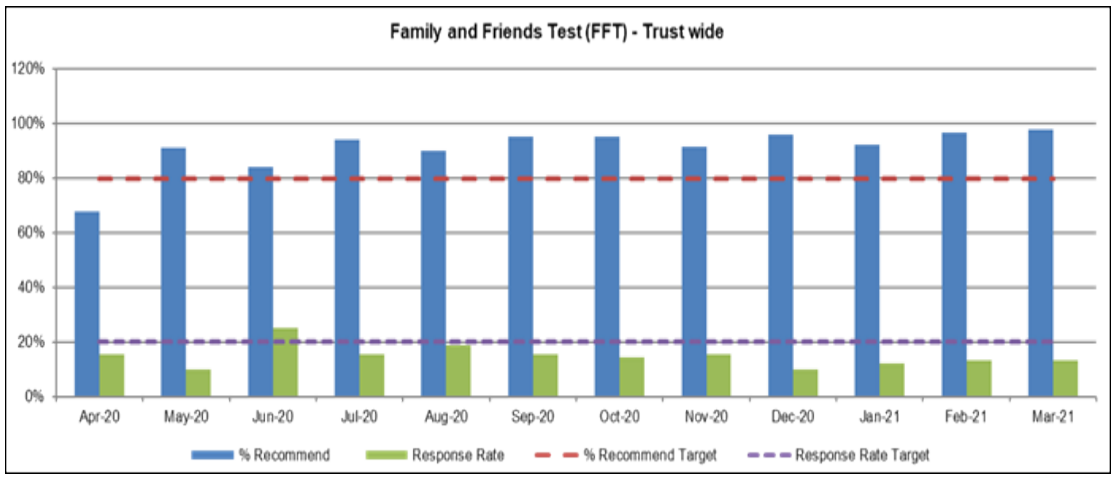
As above, in September 2020, we completed an after-action review of our response to the first wave of COVID-19 to capture learning and planning for ongoing work, including future waves. The Trust quickly established an incident response structure and Mental Health Crisis Assessment Service and rapidly moved from 55% to 90% of staff having remote working facilities. Infection control has worked well overall.

Volunteers completed 292 non-clinical tasks for staff and saved 116 hours of staff time. Feedback on the new 'Response Volunteer' service from staff, service user and volunteers' perspectives has largely been positive. Service Users have reported that the volunteer support has cheered them up or improved their mood.

When it comes to clinical effectiveness, we participate in both national and local clinical audit programs and studies to enhance service user care and experience. However, the COVID19 pandemic meant that several national and local audits were suspended so staff focused on the clinical challenges presented; no reports were published in 2020-21. During 2020- 2021, the Trust participated in 100% of national clinical audits and 100% of national confidential enquiries in which it was eligible to participate.

Nationally the data indicates that bed occupancy in acute mental health NHS facilities is often close to 100% and we have achieved an average of 91% over the past two years. Although this figure is high, it has allowed us to ensure service users are admitted to their local services, keeping links with family, friends, and the local community. We aim to reduce bed occupancy to 85% or below during the next 12 months.

We continued seeking feedback via the Friends and Family Test (FFT) survey asit supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience for us to continue improving. In 2020-21, our response rate dropped below the 20% target due to the COVID-19 pandemic's impact and the guidelines on friends and family visiting and leaving arrangements. However, the 80% recommended rate has been consistently met and exceeded since May 2020. This is very positive given the challenges posed to the services due to the pandemic.



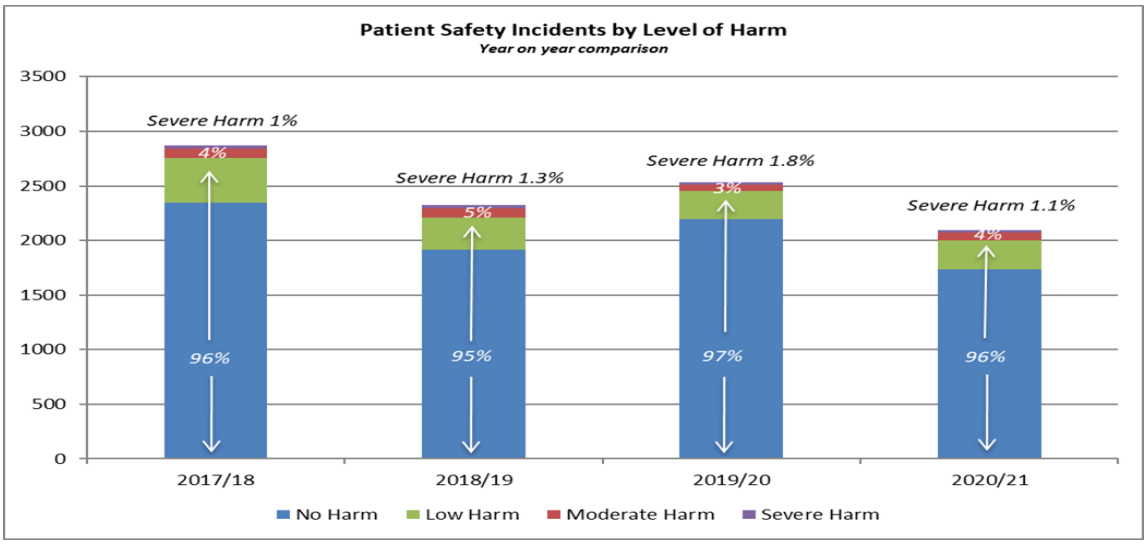
The National Community Service User Survey, commissioned by the CQC, was carried out in 2020. Our average score was higher than the London average and we maintained, or improved, performance against the indicators. The Trust's average survey score improved in 2020 compared to 2019. Across London, we were the highest-scoring trust for 11 questions and in the intermediate 60% on the remaining 17 questions.

During 2020-21 (135), formal complaints were slightly less than last year's (138). There was a reduction in concerns received (198) via the Advice and Complaints Service and resolved informally, compared with 218 in the previous year. This only represents a proportion of the issues that staff resolved directly with service users daily.

For national incident reporting rates, NHS England, and NHS Improvement state; "Increases in the number of incidents reported reflect an improved reporting culture and should not be interpreted as a decrease in the safety of the NHS".

The number of incidents reported has steadily increased over the last four years, with 6,064 incidents reported in 2020-21, a 10% increase on the previous year, highlighting a good culture of reporting and safety consciousness at the Trust.

Patient Safety Incidents accounted for 35% of the total incidents reported in 2020-21 (i.e. 2,096), a 17% decrease compared to the previous year. The majority (average of 96%) of the reported patient safety incidents also resulted in no harm, or low harm, comparing well with national reporting. The proportion of patient safety incidents resulting in severe harm has also remained consistently low over the past four years, at 1.1% of all incidents reported. This is further evidence of a good safety culture within the Trust and staff willingness to continue to report low-level issues and not just the more serious incidents.



The number of falls in 2020-21 (139) fell slightly by 4% from last year (145), and those resulting in moderate injury remained the same in each year (7). There were no reported falls of serious harm.

1.7. Review of our quality performance

Reducing Violence and Aggression (V&A) in 2020 came with unprecedented challenges. According to reports by the Health Service Journal (HSJ, 5th June 2020), “several mental health Trusts reported spikes in incidents across different mental health services”.

We employed a Violence Reduction Specialist / Reducing Restrictive Practice Lead in February 2020 to focus specifically on embedding a culture of identification and prevention by reviewing causations and using evidence-based interventions to reduce challenging behaviours.

A Suicide Prevention Strategy incorporating hospital-based and community services and recognising the needs of carers, families and clinical staff impacted by suicide will complete in (July 2021). Achievements include suicide prevention e-learning and creating a suicide prevention advice page on our internet for services users, families, and staff. We have developed a NCL Suicide Prevention Initiative, community-based suicide prevention strategy led by Public Health, and an NCL-wide bereavement service.

As part of our Clinical Strategy (2020-2025), we are working on implementing an integrated community mental health model across two primary care networks, including a substantial workforce expansion to enhance the offer provided to our residents. We have also implemented interventions to support effective discharges and focused specific interventions on high-intensity users.

Developments to improve physical health continued throughout the pandemic; nursing and support staff were trained in phlebotomy, ECG monitoring, inpatient assessment, oxygen therapy. There was an increased focus on precautions to prevent infections and personal protective equipment (PPE) to protect the users. Our flu vaccine uptake improved on the previous year to 67% from 56%. The COVID-19 vaccine programme started in January 2021, and by the end of the reporting period, 83% of frontline health and care staff have at least had the first dose of the COVID-19 vaccine.

As part of our Patient Experience and Engagement Strategy development, Leeds Beckett University reviewed our approach to embedding service users’ experience and engagement to improve services, finding we shared ambition Trust-wide to strengthen the voice of service users. Also noted was our strong affirmation of and commitment to public involvement, and the ability of the recently established Quality and Safety Committee and Quality and Safety Programme Board to coordinate work in the future.

The Young People's Advisory Board supports young adults from 18-24 who have used our services to provide feedback, advice or get involved in co-production to make adult mental health services more relevant to young people. Currently, the Board is looking into co-producing videos with adult mental health professionals to inform young people about our different services.

As part of the Trust’s Clinical Strategy, we are expanding peer coaching. Peer coaches provide sessional input into the Mental Health Crisis Assessment Service and the Trust secured funding from Islington GP Federation to provide peer coaching to the North Islington Primary Care Network. Coaches work with Practice Nurses, providing a physical health intervention for three GP practices in Camden.

1.8. Quality Care Commission Report

The Care Quality Commission (CQC) Mental Health Insight report published in April 2021 indicated that our inpatient services performance is improving, we are responsive, and performance is improving. The CQC indicated we are safe, well-led, our performance is stable, and that Trust-wide performance indicators are also stable. CQC reported the Trust overall as 'Good' in the 2019 inspection, as detailed below.

1.9. Quality Improvements

This year, to further develop and sustain a culture of continuous improvement at C&I, we have increased the capacity of the QI team and they:

- Supported COVID-19 related activities such as coordinating the delivery of over 40 generous charity donations
- Supported the coordination of Feed Our Frontline
- Supported the wider system to implement a new model for improvement with the Bed Side Learning Coordinator role and rapid improvement.
- Supported a team of doctors to convert our acute psychiatric admissions unit into a ward dedicated to suspected or confirmed COVID-19 patients.
- Supported 30 projects, successfully completed between April 2020 to March 2021. By March 2021 more than 248 staff had taken up the offer of QI training.
- The 2020 Staff Survey shows that nearly two thirds of the workforce (65%) feel able to make improvements in their area of work; this is one of the main outcome measures for the QI programme.

1.10. Quality Priorities and Improvement workstreams this year:

Promoting safe and therapeutic wards -

- Service user flow - *To improve service user experience during inpatient care –*
- Community Mental Health Framework
- Demand and capacity
- Service user and carer involvement and experience
- Network for Change – our BAME staff network
- Video consultations
- Annual planning and quality management systems

1.11. Listening to patients and staff

The annual Staff Survey is carried out every Autumn:

- 64% of staff completed the survey - up 4% from last year – which ranks the Trust first out of ten in London and fourth out of 52 in the country for mental health Trusts in respect of response rate
- The Trust is ranked third out of ten in London and 15th out of 52 in the country for MH Trusts in respect of Team Working
- 64% of C&I staff completed the survey - up 4% from last year – which ranks the Trust first out of ten in London and fourth out of 52 in the country for mental health Trusts in respect of response rate
- The Trust is ranked third out of ten in London and 15th out of 52 in the country for MH trusts in respect of team working

1.12. Clinical Research

Institute of Mental Health (IoMH)

The Trust and University College London (UCL) worked together over the past year to redevelop the St Pancras site, resulting in a vision that aligns more closely with future mental health care delivery. Research space is to be located at Lowther Rd, Greenland Rd and Highgate Mental Health and research space on the St Pancras Hospital site.

UCL covers a wide range of subjects, which we have consolidated into 15 priority research themes relevant to the Trust. They are

- Dementia
- Mood disorders
- Serious mental illness
- Psychological interventions
- Substance abuse

Our Division of Psychiatry is currently working on the Biomedical Research Centre (BRC) bid for a further five years of funding. There have been several impacts from work under the BRC umbrella, two are:

Practical NHS precision medicine in mental health has led to personalised treatments involving individual-level genetic testing to guide the prescribing of psychotropic medications

Annual screening for cardiovascular disease in serious mental illness as included in NHSE Long Term plan and PHE serious mental illness mortality indicators

1.13. Looking forward

Due to the impact of the COVID-19 pandemic, we could not make as much progress with our priorities as planned. Consequently, we feel it is vital to complete the work that was underway last year. We communicated this plan to our stakeholders in April 2021, e.g. Health & Scrutiny Committee and Healthwatch. With the agreement of our stakeholders, in 2021-2022, we will be continuing with the six quality priorities outlined overleaf

2020-21 Quality Priorities		
PATIENT SAFETY		
Priority 1	Reducing violence and aggression	New priority 2020/21
Priority 2	Suicide Prevention	New priority 2020/21
CLINICAL EFFECTIVENESS		
Priority 3	Refreshed Clinical Strategy	New priority 2020/21
Priority 4	Improving Physical Health	New priority 2020/21
PATIENT EXPERIENCE		
Priority 5	Service user and carer experience	New priority 2020/21
Priority 6	Expanding the peer workforce	New priority 2020/21

5. MH Transformation

The Community Services Transformation Programme will change the way that community mental health services are delivered and accessed, as well as how, and where, our staff and our partners work together. This programme is key to delivering the NHS Long Term Plan and our Clinical Strategy- helping people in the communities where they live and treating their physical and mental health needs holistically, alongside other support services.

New neighbourhood mental health services will be rolled out across Camden and Islington by 2024 as part of the biggest expansion of community mental health care in NHS history.

The £25m programme to implement the national Community Mental Health Framework and NHS Long Term Plan across North Central London will transform care and improve quality of life for thousands of residents experiencing long-term mental health challenges.

By 2024, new neighbourhood teams of NHS, social care and voluntary sector experts will offer one-stop holistic mental health care and support for adults including:

- Mental health checks and advice
- Physical health checks and follow-up care
- Psychological therapies
- Medication

- Social prescribing
- Social care including Care Act assessments
- Practical support for social needs like housing, accessing benefits and managing debt
- Support to get into work
- Help to connect with others in the community
- Wellbeing advice and support.

The new neighbourhood services will be delivered by NHS, social care and voluntary sector experts. Hundreds of new frontline workers – community outreach specialists, people with lived experience, psychiatrists, psychologists, occupational therapists, social workers and specialist nurses — are being recruited to deliver the new and expanded services.

The new approach represents a fundamental change in mental health care. The aim is to provide more timely, personalised and proactive care and support to help people recover quickly and stay well.

Everyone will be able to co-produce a personalised and flexible care and support plan, ensuring services are designed around their own unique needs. They will have a designated key worker who will manage their care and who they can contact if their needs change.

Their mental health, physical health and social needs will be addressed together. Care will be coordinated to ensure people don't have to repeat their story. There will be more support to help people to get into work and new bespoke programmes to tackle mental health inequality and ensure everyone can get help when they need it. They will receive care within four weeks of being referred.

By 2024, an additional 10,000 people across North Central London will be receiving mental health care and support.

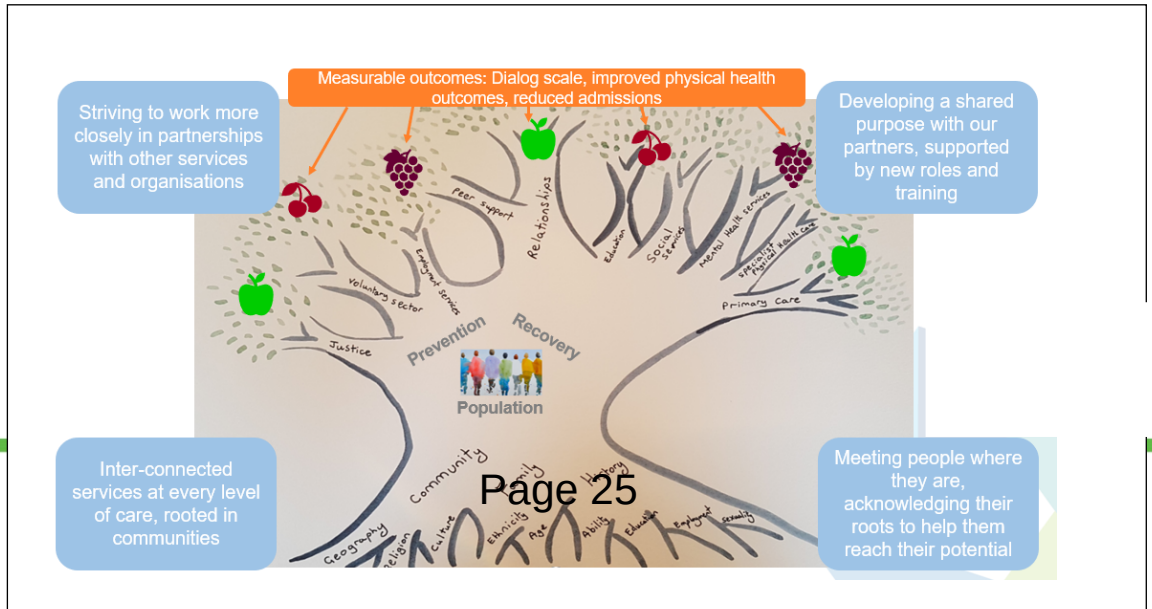
We have made good progress developing and implementing our vison of an expanded and transformed community mental health service in partnership with Primary Care Networks (PCNs), the Voluntary and Community Sector (VCS), local authorities, physical health providers, service users, families, carers and communities and in line with The Community Mental Health Framework for Adults and Older Adults

1.14. Our Model

We are creating and implementing a new, flexible, proactive model of community-based mental health care for people with moderate to severe mental illnesses across a range of diagnoses and needs, focussing on prevention and population health management. This represents a radical change and full implementation of this new model across all areas by 2023/24 is a key deliverable in the NHS Long Term Plan, with ringfenced new investment.

The new model, which has been co-produced with patients, residents and partners in Camden and Islington will:

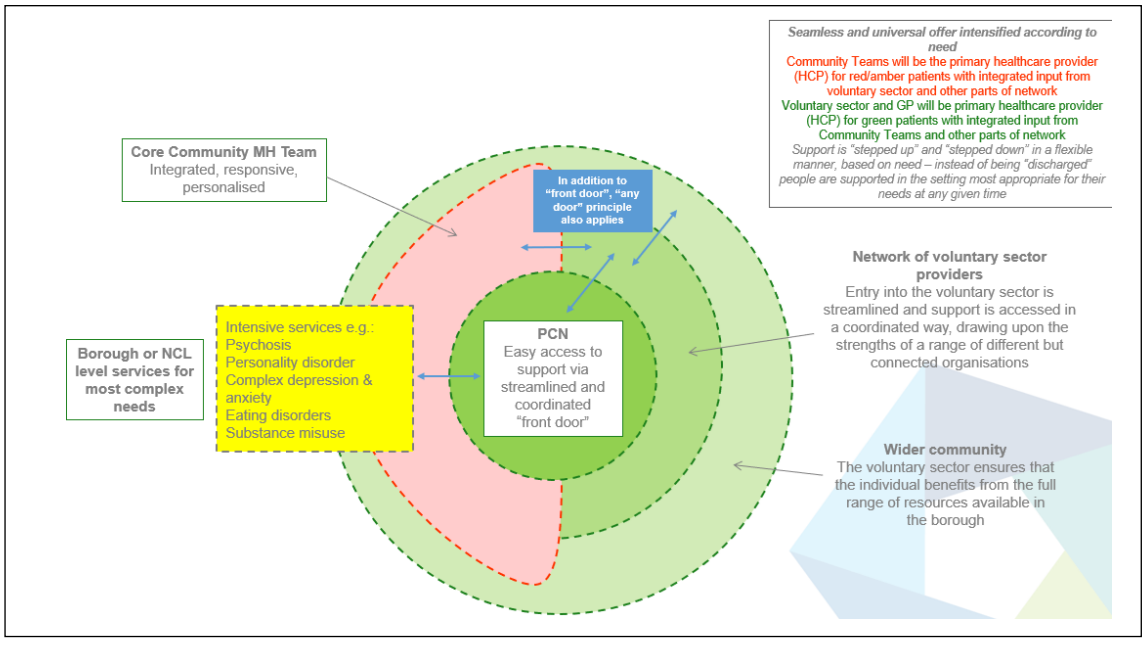
- **Remove the barriers** that service users currently experience between primary and secondary care – including to improve physical health care for people with severe mental illnesses – and between different secondary care community teams
- Shift focus on **prevention** and **population health management**
- Ensure that people can access care, treatment and support at the **earliest point of need**
- Be **accessible to all** regardless of age, diagnosis, condition, co-existing needs, ethnicity or socio-economic status
- Proactively **address health inequalities** (e.g. SMI physical health, BAME communities)
- Address the **social determinants** of health and wellbeing and overall quality of life including social isolation and issues relating to employment, finances, benefits and housing
- Be based on **cross-sector collaboration** including with local authorities, the voluntary sector, housing and substance misuse services
- Include a significant role for the **voluntary sector** in prevention, recovery and community participation
- Provide **strengths-based, personalised and co-produced** care, with a single care plan
- Be co-produced with people with **lived experience**, as well as carers and local communities
- Provide **evidence-based** and **trauma-informed** care
- Optimise data and **information sharing** across organisations



New roles have been developed and resources allocated to address historic inequalities and improve outcomes in community mental health, including:

- Developing ‘core’ teams with multi-agency representation from NHS, social care and VCS, rooted in their communities and wrapped around Primary Care Networks
- Enhancing ‘intensive’ teams that deliver more specialist care with shorter waiting times to those with the most complex needs, with flexible stepping up and down as required

Once established, neighbourhood teams will work with residents, health and care colleagues, community organisations and others to further develop services in line with local needs.



1.1. Our Progress

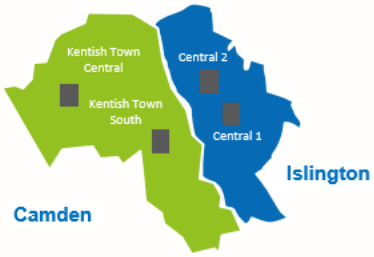
The new approach launched initially in four areas aligned to primary care networks:

Camden

- Kentish Town Central
- Kentish Town South

Islington

- Central 1 PCN
- Central 2 PCN



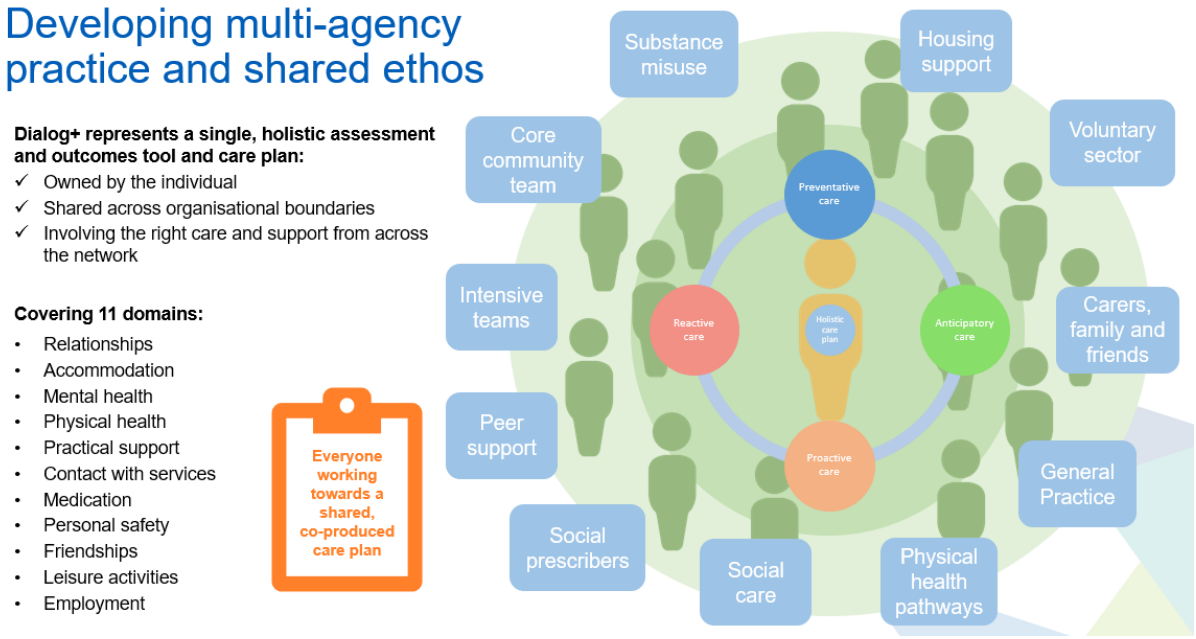
Transforming mental health care will take time. This new approach will be rolled out gradually in collaboration with health and care partners and our communities. More primary care networks will follow in 2022 and within three years the new approach will be available throughout Camden and Islington.

The Core Teams are built on the foundation of our Primary Care Mental Health Teams. In preparation for the launch the Trust has run an extensive recruitment campaign adding more than 30 WTE patient facing staff to our teams with ongoing recruitment of 10 WTE more. This total includes

- New Voluntary and Community Sector roles provided by and Hillside Clubhouse, Mind and Likewise in Camden and HealthWatch, Age UK and Islington Peoples Rights in Islington
- Peer Coaches
- Consultant Psychiatrists
- Psychologists including those with expertise in younger people's mental health
- Population Health Nurses (highly skilled Mental Health nurses with expertise in physical health)

You can watch the video prepared as part of the launch here and can also subscribe to receive our monthly community update here

Work is underway to implement a new shared support planning process using Dialogue Plus



6. St Pancras Transformation Programme

We thank the LBI and LBC JHOSC for their support of the Public Consultation that was heard in 2018 . **Financed by the redevelopment value of the St Pancras Hospital site o**ur estate transformation programme has continued as planned enacting that proposal. The programme will enable us to provide improved services in purpose-built facilities, bringing benefits for our staff and service users. The key elements of the St Pancras Transformation programme remain:

- To support and enable the Trust's Clinical Strategy, including delivering the maximum potential clinical and operational benefit.
- Delivering the Trust's Anchor programme.
- Construction of a new inpatient facility at Highgate East along with associated work on Highgate West to allow both sites to be used as a single campus and retain bed numbers.
- Construction of an Integrated Community Mental Health Centre in Camden – Greenland Road.
- Construction of an Integrated Community Mental Health Centre in Islington – Lowther Road.
- Construction of a Regional Centre at St Pancras Hospital (including the Institute of Mental Health) maintaining a beacon mental health presence.

And with partners:

- Enabling Project Oriel (the move of Moorfields Eye Hospital from City Road).
- Enabling new facilities for the dialysis services currently in North Wing.

- Enabling new rehabilitation wards to be provided to replace those currently in South Wing (included post public consultation).

1.2. Highgate East and Highgate West

A groundbreaking event was held on the site on 17 September 2021, marking a significant milestone in our journey to build our new mental health hospital. After three years of planning, co-designing and seeking approvals, the work to build our hospital has visibly begun as the building rises from the ground. The expected completion date remains as October 2023.

The Highgate East project has won the service user engagement category at the national Design in Mental Health Awards. This accomplishment is testament to all the staff and service users who have been involved in the co-de

The new building will have all single en-suite rooms, outdoor space for each ward, dedicated therapy spaces and a sports hall.

Work with staff and service users has continued to design the alterations needed to the Highgate West site to allow our inpatient wards to be operated as a single campus. A revised programme is expected from our contractor for consideration in October.

1.3. Integrated Community Mental Health Centres

Lowther Road is now empty and our builders, Kier, are disconnecting services in preparation of demolition. Services have been decanted to Regis Road, Holloway Road and Southwood Smith.

The full business case is due for approval by the Joint Investment Committee (Department of Health and Social Care (DHSC) and NHS England (NHSE)) in October.

The building is due to be completed in Spring 2023.

Teething issues remain and are being addressed. A comprehensive, multi-disciplinary lessons learned exercise is underway. The intention is to produce a best practice move preparation and planning booklet to aid the next set of services that will be decanted.

Regis Road is now in operation primarily as a decant facility and will be used as the centre of a Quality Improvement project on how best we can gain the benefits of agile working. The results will be fed into the preparation for future moves. Regis Road is a good facility consisting of some five consulting rooms, three clinic / treatment rooms, computer hubs for service users, along with training and conference rooms with breakout spaces and a wellbeing room for staff.

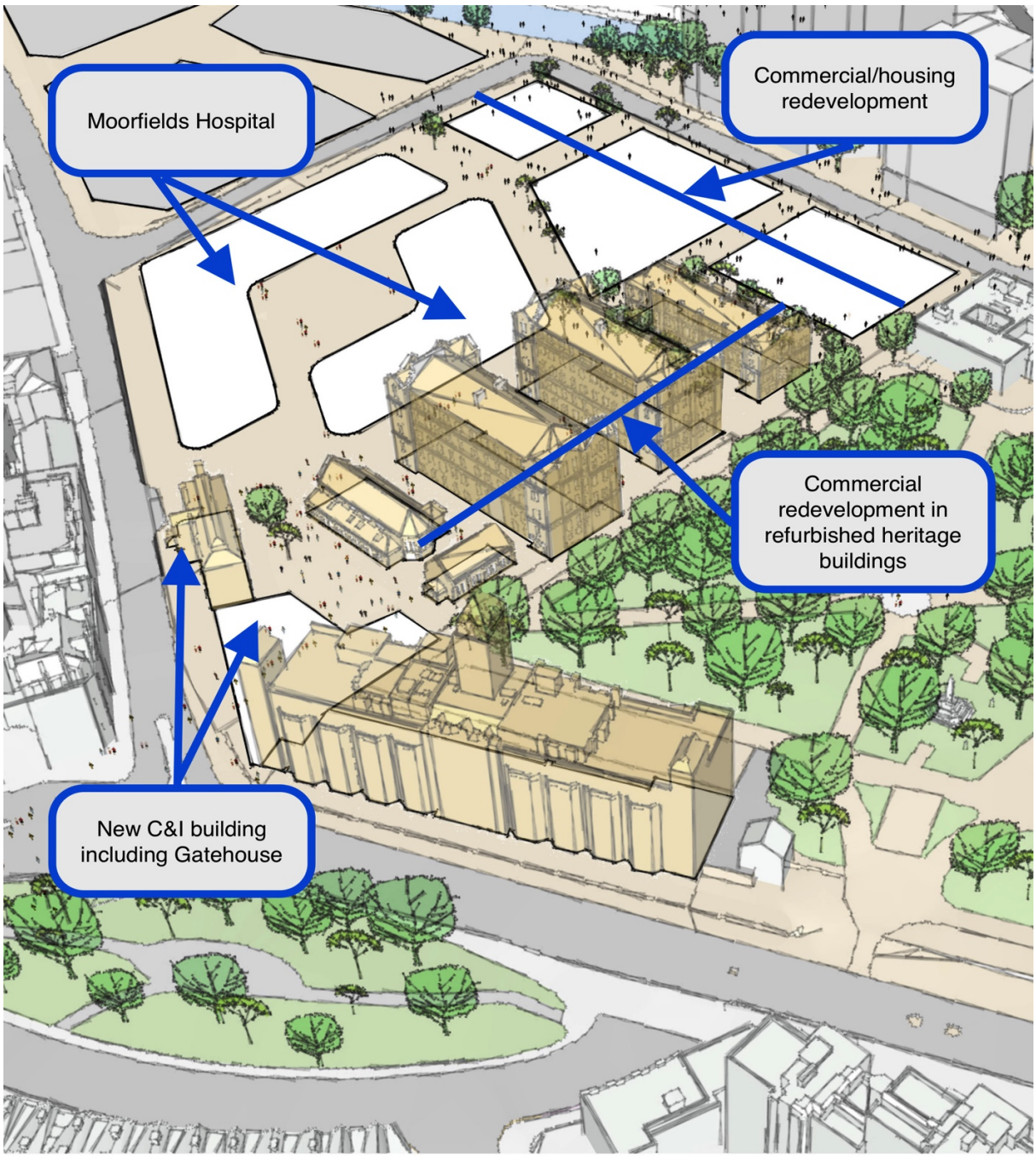
The redevelopment of Greenland Road will come later in the programme.

1.4. St Pancras Site

The Trust wishes the St Pancras site to remain a ‘beacon’ for mental health after its redevelopment. Key to this is the design of the Trust’s facility, which will include UCL’s Institute of Mental Health. This work will go through a similar design process to the Highgate East and Lowther Road buildings and will include opportunities for staff, service users and other stakeholders to be involved, starting this year.

Project Oriel is a major programme to provide a new joint eye hospital and research facility for Moorfields Eye Hospitals NHS Foundation Trust (MEH) and UCL. It is a very important and complex programme that we continue to closely support. In particular, we are working with MEH and North Central London Integrated Care System (NCL ICS) to allow Project Oriel timely access to the St Pancras site to allow their building and business case requirements to be met.

With the support of NCL ICS the Trust is leading a business case for the identification and development of a site in Camden that can accommodate Central and North West London NHS Foundation Trust (CNWL) services currently in **South Wing** and the **Dialysis services in North Wing** provided by The Royal Free London Hospitals NHS Foundation Trust (Royal Free). The business case is due submission in the New Year. It should be noted that this is complex work as it includes a wide range of disparate services and clinical / patient needs.



It is acknowledged that there will be a large amount of construction work on the St Pancras site over the period 2022 – 2026. To ensure we maintain services and most importantly **service user safety** during this period, a Site Safety Group has been set up, co-chaired by the Chief Nurse and Medical Director (with representation from other providers). Proposals from the various builders will be scrutinised through this forum.

Our redevelopment partner, Kings Cross Central Limited Partnership (KCCLP), has started initial informal discussions with the London Borough of Camden (LBC) regarding the **redevelopment of the St Pancras** site. The Trust will be supporting them actively in the planning process and at key meetings such as the Strategic Panel meeting with LBC on 22 November 2021.

Appendix One :Strategic Detail

The Mental Health Framework

The community mental health framework for adults and older adults sets out the "transformation and modernisation" of community mental health services.

'CMHTs' which are typically a secondary (specialist) care provisions operating with thresholds that require someone to have a level of severity of mental health need to qualify for support, are being replaced by new "core" community teams. These incorporate existing CMHTs with primary care mental health services (for people who need more than Improving Access to Psychological Therapies, IAPT, services can offer but currently fall below CMHT thresholds). The new core teams are to align with the new Primary Care Networks and offer whole-person, whole-population health approaches.

Core Team s are expected to meet a wide range of people's needs, including those with a severe and enduring mental health condition (as now) but also those with co-occurring drug or alcohol . They will be expected to offer a wide range of interventions, including care coordination, advocacy, psychological therapies, employment, housing and benefits support, and physical health care.

Further exceptions/ ambitions include a 'no wrong door' policy to make support more accessible and replacing the current Care Programme Approach with a new "personalised care and support plan" by April 2022

Significant new investment has been made available for the transformation.

Integrated care systems (ICS) and North Central London

The NHS Long Term Plan's vision of health and care is that it needs to be joined up locally around people's needs to respond effectively to what matters most to them. In this way decisions can be made in partnership with the communities they affect, leading ultimately to better outcomes.

It supports *Collaboration over Competition* in a move away from competing aims and separate funding flows to help address health inequalities, improve outcomes, and deliver joined-up, efficient services for local people.

The plan promotes collaboration between providers (ambulance, acute and mental health) across larger geographic footprints as being more effective in sustaining high quality care, tackling unequal access to services, and enhancing productivity. It confirmed that from April 2021 all parts of England would be served by an integrated care system; a partnerships that bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners to collectively plan health and care services to meet the needs of their population. The central aim of ICSs is to integrate care across different organizations and settings, joining up hospital and community-based services, physical and mental health, and health and social care.

C&I is part of the North Central London ICS alongside NCL CCG and other NHS provider partners in Barnet, Camden, Enfield, Haringey, and Islington.

The White Paper sets out how in April 2022, the ICS will become a statutory body and will be responsible for strategic commissioning and will be set a financial allocation by NHS England. Alongside the development of the NCL ICS, five Integrated Care

Partnerships (ICPs) are forming in each borough's geographical footprint to support working at a 'place' level. In addition to the NHS provision borough partnerships include Local Authority and Voluntary Community sector providers and Healthwatch . These will offer the place-based services in an integrated approach, shaped around local communities.

Mental Health Strategic Review

The population of North Central London has great levels of diversity in ethnicity, culture, and socio-economic status The Covid -19 Pandemic has thrown variations in care into sharp relief. Demand across NCL is varied with a wide range of differing needs and mental health vulnerabilities. In addition, historic differences in commissioning have resulted in fragmentation, variation and inequity of access to high quality mental health services across NCL. Referral pathways are complex and waiting times for some services are unacceptably long. This results in inequality of outcomes.

The purpose of the review is therefore to:

- better understand this variation and then
- develop a core service offer that will bring about greater consistency in access to community and mental health services for all NCL residents, driving out unwarranted variation whilst allowing local services to respond to variable patient need.

The core service offer for the NCL population that is largely delivered at a neighborhood/ Primary Care Network level. The core offer of equitable access to services will be based on identified local needs and fully integrated into the wider health and care system ensuring outcomes are optimised, as well as ensuring services are sustainable in line with the CCG's financial strategy and workforce plans.

The CCG engaged Healthcare management consultancy and analytics company Carnall Farrar as its design partner. The strategic service review commenced in March and is due to conclude in September 2021 with Carnal Farrar presenting an options appraisal and transition plan to support the implementation of a core service offer to the CCG. The options appraisal will consider a range of impact assessments including affordability and feasibility, to support implementation of the recommendations.

To be able to fund the recommendations that will arise from these reviews some difficult choices in terms of financial investment will need to be made. The new funding available is unlikely to be sufficient to address the historic differences between Boroughs and the CCG will therefore need to decide how to fund the core offer it wishes to provide.

Mental Health Provider Review

Barnet, Enfield and Haringey Mental Health NHS Trust (BEH) and C&I, with NCL CCG support, agreed in March 2021 to undertake a review of how, as key providers, we can build on our established relationship to maximize our impact, achieve benefits of scale and create a more integrated approach - thereby optimizing the mental health care for the NCL population.

The four main objectives agreed for this review are:

- Reducing health inequalities.
- Eliminating unwarranted variation and inconsistencies across the services.
- Improving outcomes for service users; and
- Creating a sustainable workforce model.

A Mental Health collaboration between BEH and C&I would undoubtedly strengthen the mental health voice in these wider provider collaboratives, avoid duplication, and help secure the investment required to transform and improve our services to meet the needs of our populations. A strong system-wide position can be promoted that there is no health without mental health.

A new era of Integrated Care Systems brings opportunities and risks for Mental Health as the implementation will not be by a wholly standardised model. A stronger Mental Health voice will ensure we deliver the step change needed in mental health provision which are often in competition with the other physical health ambitions the NHS long term vision aspires to.

The national direction of travel requires stronger partnerships in local places between the NHS, local government, the voluntary sector and others with a more central role for primary care in providing joined-up care. A joined up mental health approach across all boroughs and primary care networks will help ensure this happens.

The focus is increasing collaboration between BEH and C&I while maintaining organisational sovereignty and independence. It not a merger or proposing a single governance arrangement or a joint budget. There is no 'Levelling down' agenda nor investing in one Borough over another. Instead, it will be about ensuring equality across both our trusts. It is expected to deliver excellent services consistently, offer more to our people and become NHS Employers of Choice

The NCL ICS intends to form five Integrated Care Partnerships (ICPs) based on each of the five boroughs geographical footprints. These will offer the place-based services in an integrated approach, shaped around local communities. The Mental Health review will ensure a consistent approach and offer to the ICPs, and be able to influence their mental health and strategic priorities.

BEH and C & I are playing a lead role in the NCL programme to transform community services, developing integrated teams offering holistic care and a greater focus on prevention and early intervention. Strategic collaboration between BEH and C & I and our teams will support a more consistent and genuinely transformational approach to partnerships with boroughs and Primary Care Networks, the voluntary and community sector and social care. This will ensure the delivery of the "core mental health offer" which is being described

It is intended to seek agreement on the strategic, transformation and operational priorities from both Boards at the end of September and use this endorsement to produce detailed workstream timelines and plans to deliver these.

Public Health data

Camden and Islington Public Health conducted a needs assessment to establish, with a focus on people experiencing reduced mental wellbeing or a common mental illness (CMI) for the first time, what the impact of the Covid-19 on mental health and wellbeing would be. In addition to the increase

Social isolation is more widespread and particularly acute for some people (e.g. people shielding, those from LGBT+ communities, or people with learning disabilities who rely on services which have closed). Local residents who live alone are much more likely to experience extreme loneliness.

Some people have suffered more from Covid-19's effects on mental health and wellbeing. The wider determinants of health, including but not limited to ethnicity, gender, family and employment status, have an influence. Levels of depression and anxiety are still highest[1] among, for example: women, young adults, people who live alone or with children or in urban areas, or are from Black, Asian and Minority Ethnic (BAME) backgrounds.

Young people are worried about their education, finances and future Young children are responding to the uncertainty around them and worry about their family members. Parents are concerned about children's mental health and wellbeing and feel overwhelmed[4] by financial insecurity, childcare and home schooling.

Women are more worried than men, perhaps because they do more childcare and housework (associated with psychological distress).

More BAME residents reported worries about Covid-19 (compared to White residents), and they rate a supportive community as more important to their wellbeing[7], so may be more affected by social distancing. They are less aware of changes to national financial support measures. Throughout the UK, the mental health of BAME men has deteriorated more compared to White men

People not in paid work have poorer mental health than the full-time employed. Food poverty and housing problems are significant stressors for some residents, regardless of employment status.

Mental health had deteriorated somewhat or a lot for 70% of LGBT+ residents

For people with learning disabilities, there was a gap in services around emotional wellbeing, and accessing information around Covid-19 and support has been a particular difficulty

Unpaid carers have also suffered anxiety from loss of, and lack of information about, available support.

People who have had severe Covid-19 (especially healthcare professionals) and their families are at risk of anxiety and depression Healthcare professionals are at risk of burnout and psychological distress

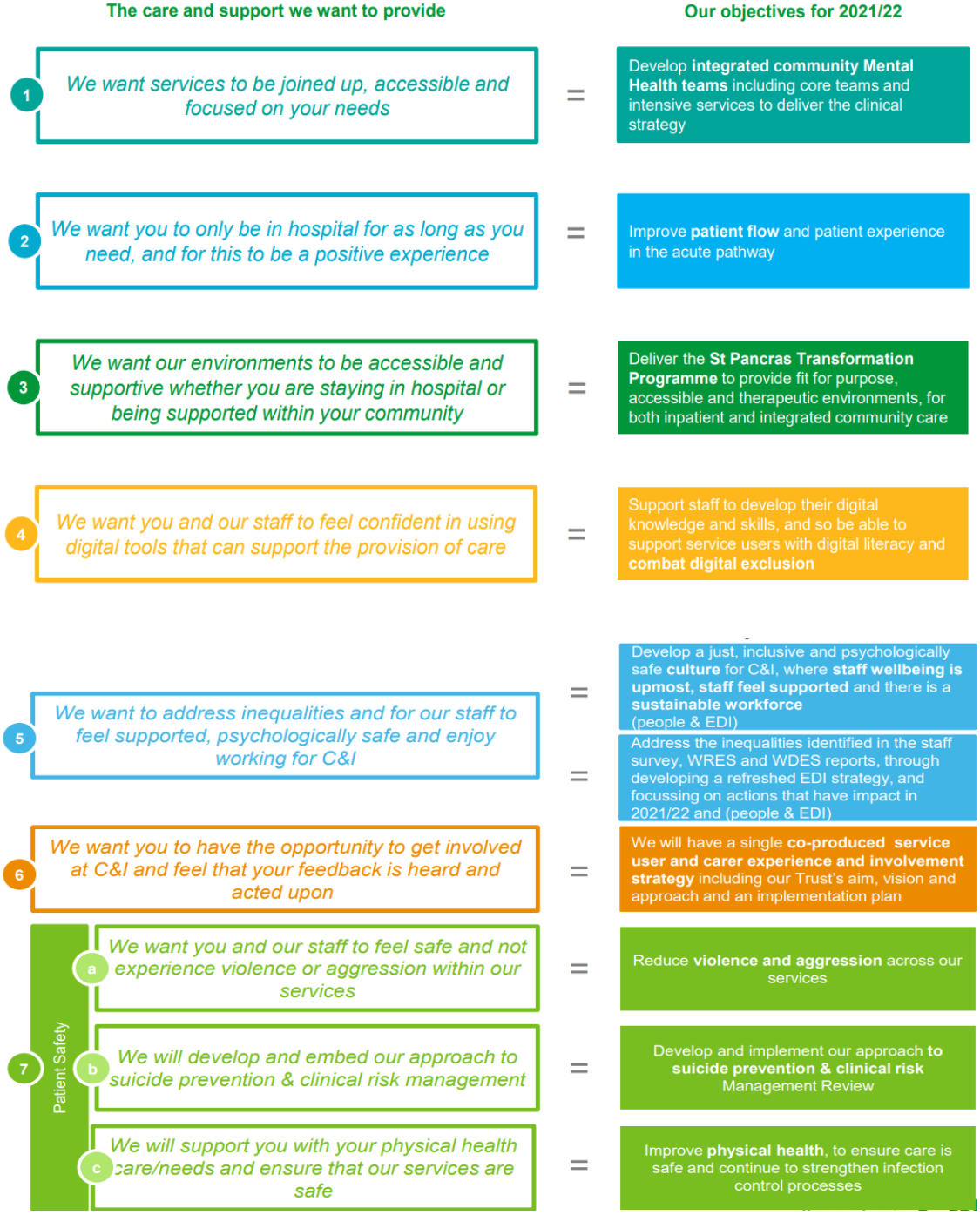
Sources

- UCL Covid-19 Social Study Results Release 25. Nov 2020
- Stakeholder meetings and stakeholder survey

- Covid-19 resident engagement. Camden and Islington Public Health team. Oct 2020
- 3https://www.ipsos.com/ipsos-mori/en-uk/half-parents-concerned-about-pupils-mental-health-and-wellbeing-children-return-school. Sept 2020
- Camden health and care citizens' assembly. Sept 2020
- Working parents, financial insecurity, and child-care: mental health in the time of Covid-19. Aug 2020
- Gender differences in the impact of the Covid-19 lockdown on unpaid care work and psychological distress in the UK. Aug 2020
- Gender differences in the impact of the Covid-19 lockdown on unpaid care work and psychological distress in the UK. Aug 2020
- Living in Islington. Healthwatch Islington. 2020
- Over-exposed and under-protected. The Runnymede Trust. Aug 2020
- Covid-19 and mental health deterioration among BAME Groups in the UK. 2020
- Cut hours, not people: No work, furlough, shorty hours and mental health during the Covid-19 pandemic in the UK. Jul 2020
- Stress and psychological distress among Sars survivors 1 Year After the Outbreak. 2007
- Centre for Mental Health forecast modelling toolkit. Nov 2020

C&I's 2021-22 Objectives

Taking account of the strategic context described our objectives for 2021-22 are as follows:


The care and support we want to provide
Our objectives for 2021/22
1
We want services to be joined up, accessible and focused on your needs
=
Develop integrated community Mental Health teams including core teams and intensive services to deliver the clinical strategy
2
We want you to only be in hospital for as long as you need, and for this to be a positive experience
=
Improve patient flow and patient experience in the acute pathway
3
We want our environments to be accessible and supportive whether you are staying in hospital or being supported within your community
=
Deliver the St Pancras Transformation Programme to provide fit for purpose, accessible and therapeutic environments, for both inpatient and integrated community care
4
We want you and our staff to feel confident in using digital tools that can support the provision of care
=
Support staff to develop their digital knowledge and skills, and so be able to support service users with digital literacy and combat digital exclusion
5
We want to address inequalities and for our staff to feel supported, psychologically safe and enjoy working for C&I
=
Develop a just, inclusive and psychologically safe culture for C&I, where staff wellbeing is upmost, staff feel supported and there is a sustainable workforce (people & EDI)
=
Address the inequalities identified in the staff survey, WRES and WDES reports, through developing a refreshed EDI strategy, and focussing on actions that have impact in 2021/22 and (people & EDI)
6
We want you to have the opportunity to get involved at C&I and feel that your feedback is heard and acted upon
=
We will have a single co-produced service user and carer experience and involvement strategy including our Trust's aim, vision and approach and an implementation plan
7
Patient Safety
a
We want you and our staff to feel safe and not experience violence or aggression within our services
=
Reduce violence and aggression across our services
b
We will develop and embed our approach to suicide prevention & clinical risk management
=
Develop and implement our approach to suicide prevention & clinical risk Management Review
c
We will support you with your physical health care/needs and ensure that our services are safe
=
Improve physical health, to ensure care is safe and continue to strengthen infection control processes

Appendix Two: Covid After Action Review

Summary of wave 1 After Action Review

- The **dedication of teams and volunteers** to respond to the pandemic has been exceptional. An **increased focus on staff wellbeing** has supported this.
- The COVID-19 **command structure was established quickly**. Has been a process of iterative changes to improve how it functions, and to continuously meet the changing needs of the pandemic
- The new **Mental Health Crisis Assessment Service was established quickly**
- New **dashboards** were set up quickly, but **data quality has been an ongoing issue**
- There has been **mixed feedback on the use of virtual consultations** with various barriers to its use. Being able to offer virtual consultations in these circumstances has been seen as positive, but face to face is still important
- **Collaboration across teams and partners has improved**, including the progression of integration work. There have however been some them vs. Us feelings between community and inpatient colleagues.
- Whilst we have **rapidly gone from 55% to 90% of staff having remote working facilities**, there have been some **significant IT difficulties** resulting in clinical risk
- Staff have appreciated the **enhanced staff communications**. **More work could be done to enhance service user, carer and partners communication**
- Despite **initial shortages of PPE and difficulties in accessing testing facilities**, **infection control has worked well overall**, with staff and service users kept safe through risk assessments and cohorting, and we have had no deaths in our inpatient services.
- Whilst **safe staffing levels were maintained on wards through redeployment**, **the redeployment process was labour intensive.**
- COVID-19 had had a **disproportional impact on certain groups**

The Wave 1 After Action Review included 6 priorities for how the Trust could do things differently in a future wave, and 11 recommendations to take forward the learning from the first wave.

Summary of Wave 2 After Action Review

Wave 2 was longer and had many more cases than wave 1, **but the negative impact to the Trust does not appear to have been so extensively felt**. This was supported by the measures that had been put in place in response to wave 1, such as redeployment planning. Adaptions were also made to improve the response including to the command structure processes, although this was slow to step down proportionality to the pandemic.

Key measures

- **Staffing absences were lower** in the 2nd wave
- **Acute admissions reduced during both waves**. Inpatients with 50+ day length of stays reduced significantly in wave 1, but not as much in wave 2
- **Community contacts** reduced during wave 1, whereas in **wave 2 there was only a slight decrease** around the peak. **Community referrals are still lower then pre COVID levels**
- **23 outbreaks in wave 2 but no serious illness related to these**. Whilst infection control measures established in wave 1 are still in place, further work in required to ensure this continues to remain standard practice, and that all processes are consistently followed across all areas.
- **83% of staff have received the COVID vaccine**, the majority of these received external to the Trust

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Update to Health & Social Care Scrutiny

Adult Social Care: Covid-19 - Update

John Everson

September 2021

Background – COVID vaccinations

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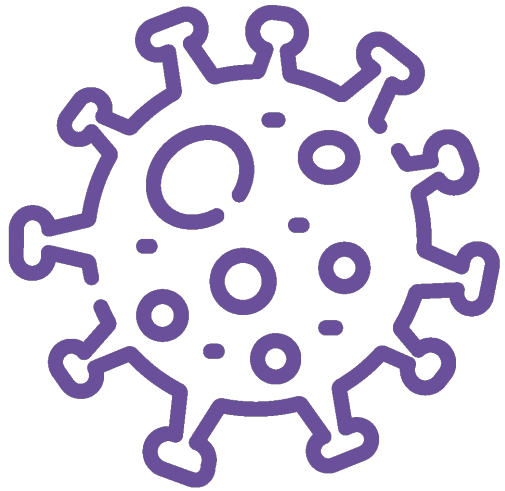
Since March 2020, **the COVID-19 pandemic has affected all of our lives and has had a disproportionately negative impact on staff and residents engaged in social care.**

The COVID-19 vaccination programme is a crucial national effort, alongside existing infection control measures, **to protect people from the virus.**

Since December 2020, the Council have taken a proactive role in promoting COVID vaccination uptake in the social care workforce – both in our own directly employed workforce, and for those employed by external providers in the local social care market.



In July 2021, the government passed legislation mandating that professionals entering CQC-registered care homes must be double vaccinated against COVID-19, unless medically exempt or entering in limited emergency circumstances. **A wide range of professionals are now in scope of the new legislation, which comes into force in November 2021.** For example, social workers, commissioning and contracts staff, occupational therapists, etc. in addition to those employed directly in care homes.

The majority of staff employed in care homes, as well as in the LBI ASC department are double vaccinated or will be by the time of the deadline.

Current COVID vaccination uptake – care homes overview

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Type of homes	Total staff	Fully vaccinated	Partially vaccinated	Unvaccinated
Older People's	623	582 (94%)	20 (3%)	21 (3%)
Mental Health	63	52 (83%)	9 (14%)	2 (3%)
Learning Disabilities	75	61 (81%)	9 (12%)	5 (7%)
Total	**761**	**695 (92%)**	**38 (5%)**	**28 (3%)**

Islington is performing better in staff uptake rates (92%) than the national average (82.2%.)

Type of homes	Total residents	Fully vaccinated	Partially vaccinated	Unvaccinated
Older People's	321	300 (93%)	1 (1%)	20 (6%)
Mental Health	69	53 (77%)	5 (7%)	11 (16%)
Learning Disabilities	17	15 (88%)	0 (0%)	2 (12%)
Total	**407**	**368 (90%)**	**6 (2%)**	**33 (8%)**

All Islington care home residents have been offered vaccinations on-site via in-reach teams.

Overall, there are high rates of full vaccination coverage with further increases expected. No providers expressed any business continuity concerns or concerns about impact on recruitment to date.

Islington approach to mandatory vaccinations

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To prepare for implementation of mandatory vaccination, officers have taken a range of actions.

<u>Work with affected external providers:</u>

- **Commissioners have sought implementation plans and updated business continuity plans from providers to ensure compliance with the new requirements and that risks are mitigated.**
- **Commissioners are supporting development of plans by sharing best practice.**
- **Commissioners continue to promote the iWork and Proud to Care offer for recruitment.**

<u>Work within the Council:</u>

- **LBI employees in scope of new regulations have been contacted to advise of the new requirements with managers seeking evidence of vaccination and supporting unvaccinated staff to access vaccination.**
- **Dialogue and evidencing of vaccination status is ongoing for LBI staff.**
- **The approach to LBI staff has been developed in conjunction with Trade Unions and is in accordance with Legal advice.**

Recent work on implementation of mandatory vaccination builds on long-standing work undertaken within the department and with local providers to support vaccination uptake for social care staff

Care Homes and Domiciliary Care Overview.

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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**.
- There was an increase in care home resident cases in late December 2020/January 2021 – this was likely linked to significantly increased rates of community transmission**. Since February 2021 there have been very few cases – all of which have been asymptomatic.**
- **There have been no new deaths since the start of February.**
- **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.
- There has been **extensive proactive work across Adult Social Care and Public Health to support care homes** – including with provision of bespoke clinical and infection prevention and control support and advice.

Mental Health and Learning Disabilities Care Homes

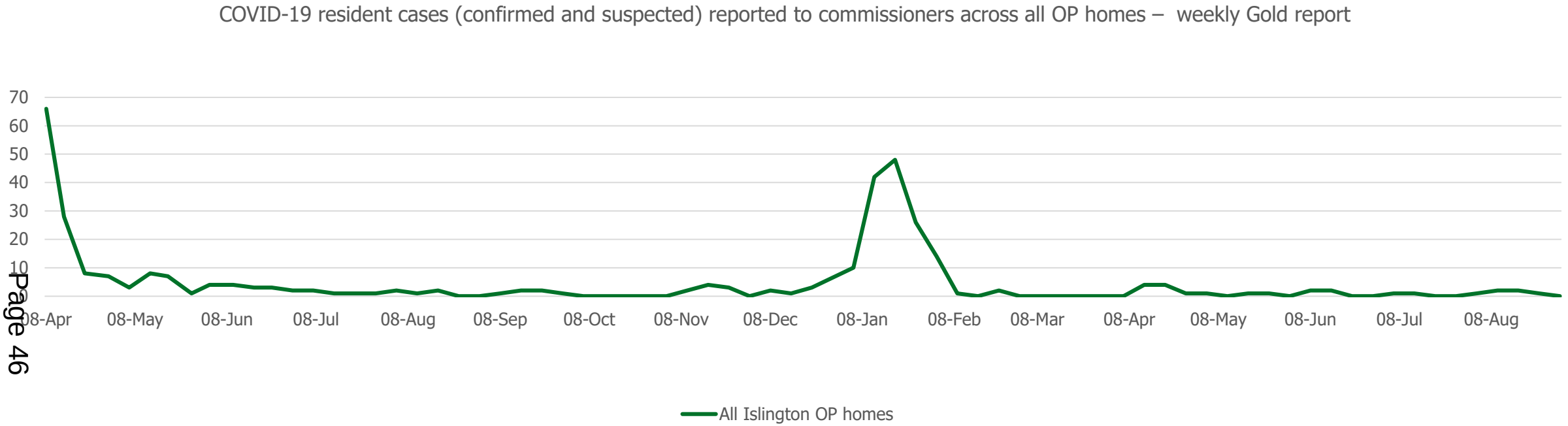
- There are **three learning disabilities care homes and five mental health care homes registered with the Care Quality Commission in Islington.**
- **There have been no COVID-related deaths in mental health or learning disabilities care homes in Islington.**
- **Staffing levels remain stable.**

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.

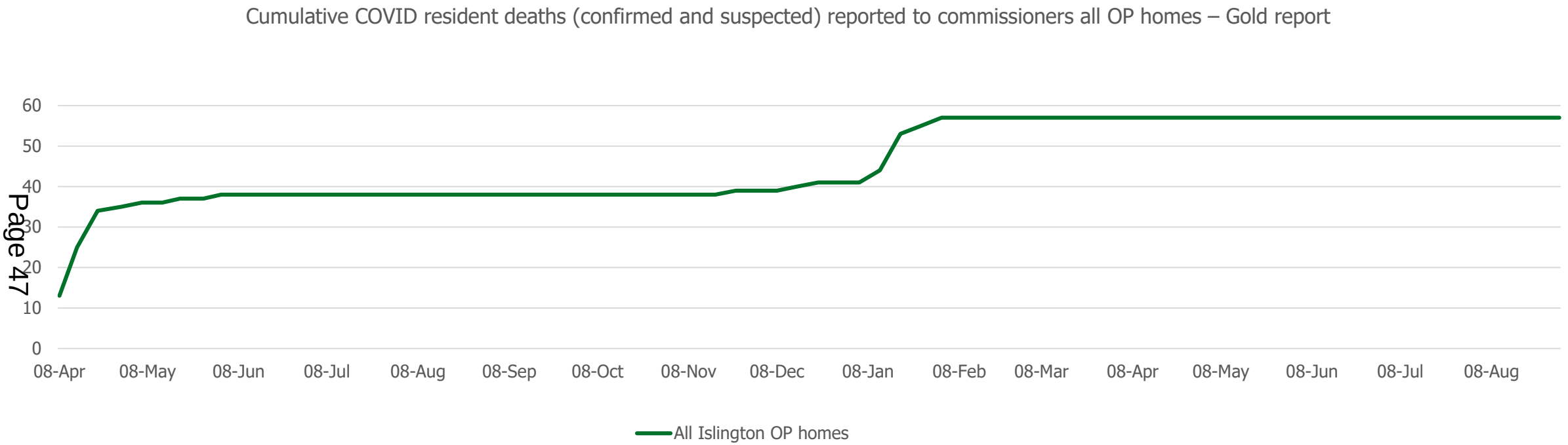
OP home sector level trends – resident cases reported over time



- All OP care homes have reported on the number of confirmed and suspected cases on a weekly basis to ASC commissioners since 8th 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 was an increase in care home resident cases in late December 2020/January 2021 – this was likely linked to significantly increased rates of community transmission. Since February 2021 there have been very few cases – all of which have been asymptomatic. There are currently no resident cases.

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



- All OP care homes have reported on the number of COVID-related resident deaths on a weekly basis to ASC commissioners since 8th 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 period of relative stability from April to November there was sadly an increase in the number of COVID-related resident deaths throughout December 2020 and January 2021, primarily linked to two large outbreaks. There have been no new deaths since the start of February.

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Covid-19 Infections and Vaccination Uptake in Islington - Update

Jonathan O'Sullivan
Acting Director of Public Health for Islington
Camden and Islington Public Health Directorate
September 2021

Overview

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- **Infections**
- Diagnoses of new Covid infections rose sharply through June and July before falling steadily over the summer from a 7-day peak of around 1,300 cases in late July, but infection rates have been much higher than summer last year.
- In the most recent seven day period (to 18 September), there were 407 Covid cases newly diagnosed in Islington. This was a rate of 164 per 100,000 compared to the London average of 184 per 100,000 and England's 265 per 100,000.
- Infections in people aged 60 and over has risen much less during this third wave than in the younger adult age groups, but cases have increased and there have been around 30-50 cases each week over the summer. There were 35 cases in the most recent week.
- There has been quite a lot of variation in infection rates by ethnic group over the summer. Aggregated ethnicity data has shown broadly similar rates and trends, with all groups experiencing an increase in infections and then a reduction. More disaggregated analysis showed a significantly higher rate in people from the Bangladeshi community towards the end of August and start of September which is currently falling rapidly.
- Numbers of occupied beds for people with Covid across North Central London over most of the summer have been in the range of 200-250 which, while very much lower than during the first and second waves, compares with a range of 55-65 during June when infections were lower.
- Vaccinations have been significantly protective of serious illness needing hospital admission. Most admissions so far during this third wave have been in relatively younger age groups (a greater proportion of people in their 30s to 50s, usually un- or partially vaccinated) compared to the previous two waves of infection, although there are still admissions among people aged 60 and over. Clinicians report that the patients are less likely to need intensive treatment and that admissions are shorter; a minority of the infections identified are in people admitted for other health reasons rather than Covid infection.
- After three months of no new reported deaths, the total number of deaths of Islington people with a Covid diagnosis increased by ten over August and mid-September, reaching a cumulative total of 375 deaths.

Overview

- **Vaccinations**
- As of 22 September 2021, 154k adults in Islington had had their first jab, and 137k their second jab.
- Depending on the population estimate used, 62% to 76% of adults in Islington had had their first jab by 22 September. On the former measure, England is at just on 80%; on the latter measure, London is at approximately 80% and England around 90%. (See note on population estimates below – the rates calculated in slides 8 onwards are based on the larger population estimate, since the analysis is drawn from GP systems.)
- Since July and over the summer, the uptake of first vaccinations significantly slowed, locally and nationally, among younger adults, although several hundred people each week are still having their first jabs, mainly among the under-30s.
- There remain significant variations in uptake by age, ethnicity and deprivation. Older adults in priority groups aged 50 and over are significantly more likely to have been vaccinated than younger adults. People from Black communities are significantly less likely to have been vaccinated in both older and younger age groups. People in the most deprived areas are significantly less likely to have been vaccinated.
- Across London, outer London authorities tend to have higher rates than inner London areas. Islington ranked 24th for uptake of first doses among London authorities as of 19 September.
- At the time of writing, preparations are advanced with the NHS to offer school-based vaccinations for 12-15 year olds, and four GP hubs and ten community pharmacy sites are preparing to deliver the Phase 3 booster programme and 'evergreen' offer for those who have not yet had first or second vaccinations. An expanded flu vaccination programme is also being rolled out alongside Covid vaccinations.
- **A note on population estimates**
- There is considerable variation in the population estimates for Islington, varying from 200k (national statistics – census data 2011 updated with population surveys and housing estimates) to 240k (GP registrations data), which affect the calculation of rates and percentages. Factors such as population mobility and international migration are likely to affect accuracy of population estimates for all parts of the country but more so in inner city areas such as Islington, and may contribute to *part* of the reported differences in vaccination uptakes.
- The more the data is broken down below whole borough level, the greater the uncertainty regarding population sizes. However, comparison with other sources indicate that the variations seen within the borough are real, even if the extent of variation or precise rates and percentages are subject to uncertainties about the may vary according to population source.

Diagnosed infections: Islington

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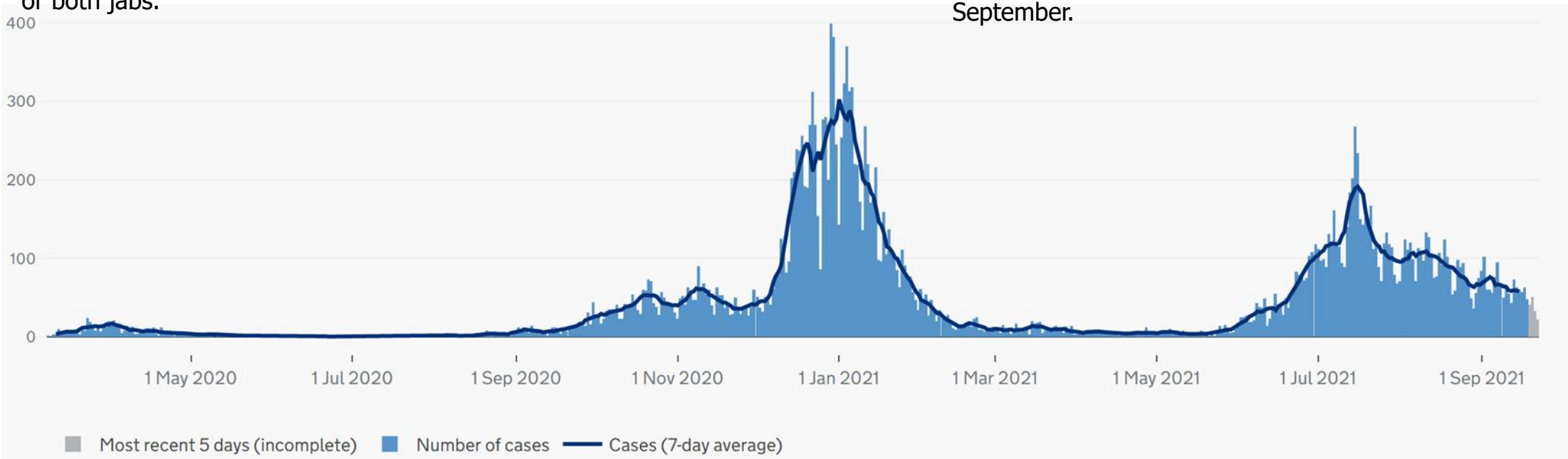
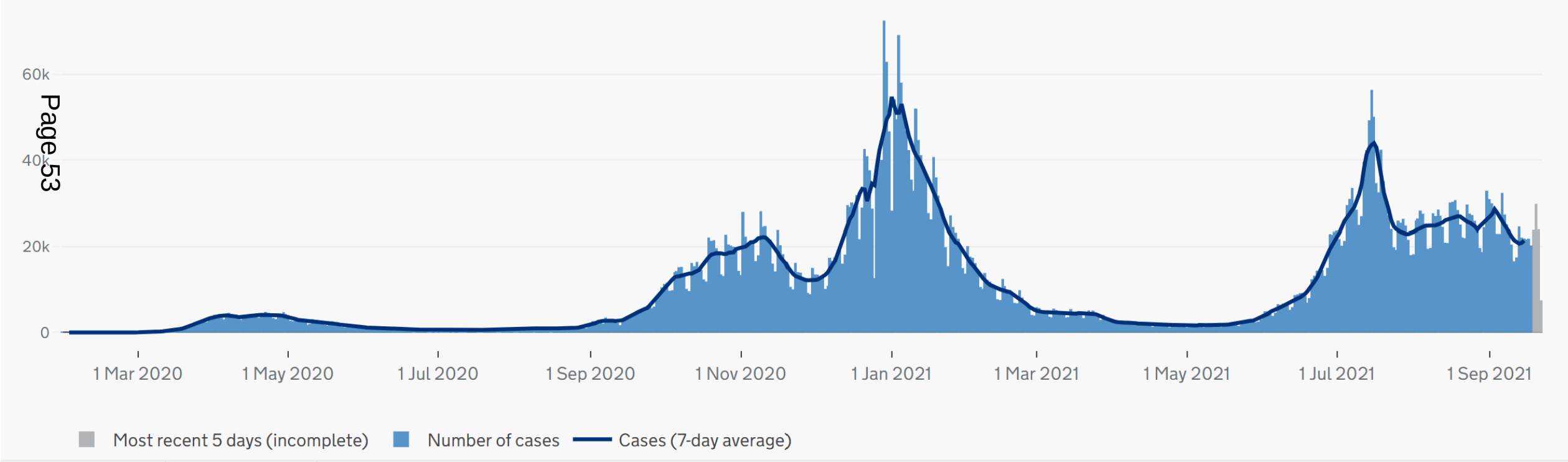
- Islington remains particularly vulnerable during this third wave of infections due to its younger and less vaccinated population. Infection rates have fallen from their peak in July of around 1300 cases per week to 400 in the most recent 7 days, and the borough's rate is among the lowest in London at the present time and significantly below the national average.
- The majority of infections have been in the 20-29 year old age group, followed by the 30-39 age group, which make up a much larger proportion of the local adult population in Islington than nationally and are less likely to have had one or both jabs.
- Rates increased in the 60+ group over the summer, but are currently falling in line with the overall trend of infection.
- With the re-opening of schools, the highest rates in the latest two weeks have been in secondary school and college age groups. This may be attributable to high levels of asymptomatic testing at the start of term in these age groups.
- Sadly, after many weeks of no new reported deaths with Covid, ten new deaths were reported through August into mid September.



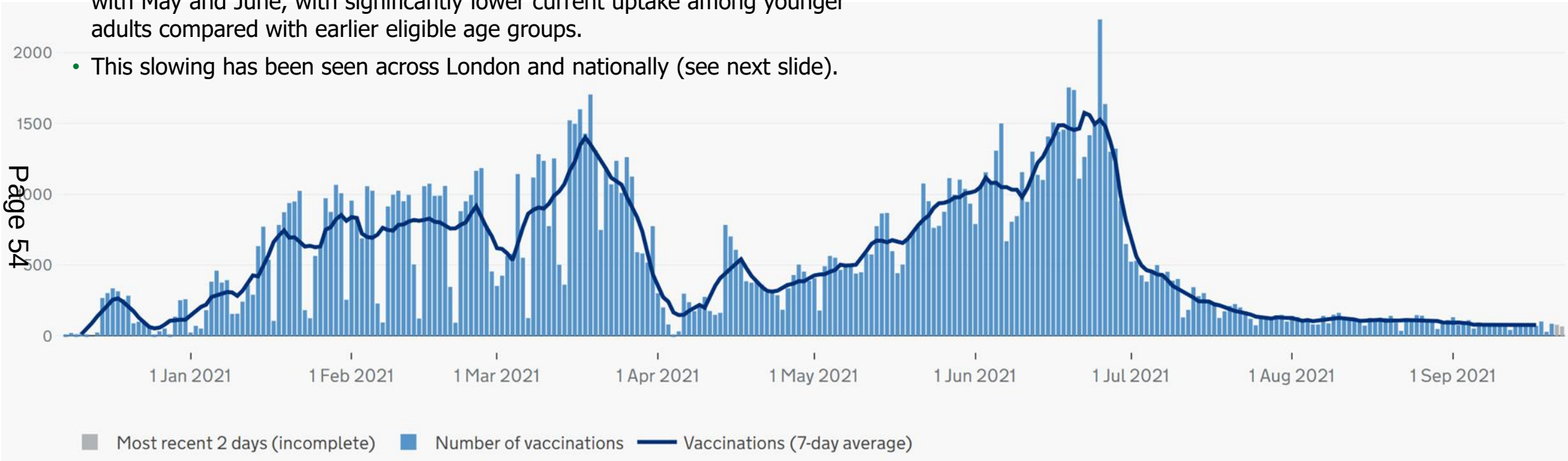
be registered with a GP, and a clear message that no-one will ask about immigration status.

Diagnosed infections: England

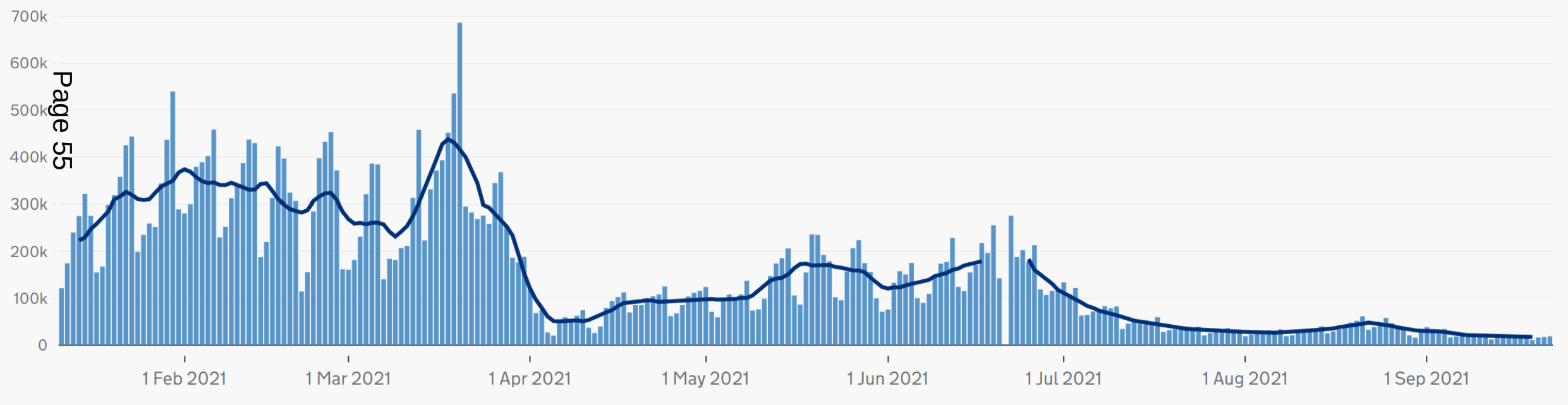


First vaccinations: Islington

- 154 thousand adults in Islington have been vaccinated with a first Covid jab to date.
- Several hundred residents continue to have their vaccination each week, especially among under 30s, but this rate of uptake is much slower compared with May and June, with significantly lower current uptake among younger adults compared with earlier eligible age groups.
- This slowing has been seen across London and nationally (see next slide).



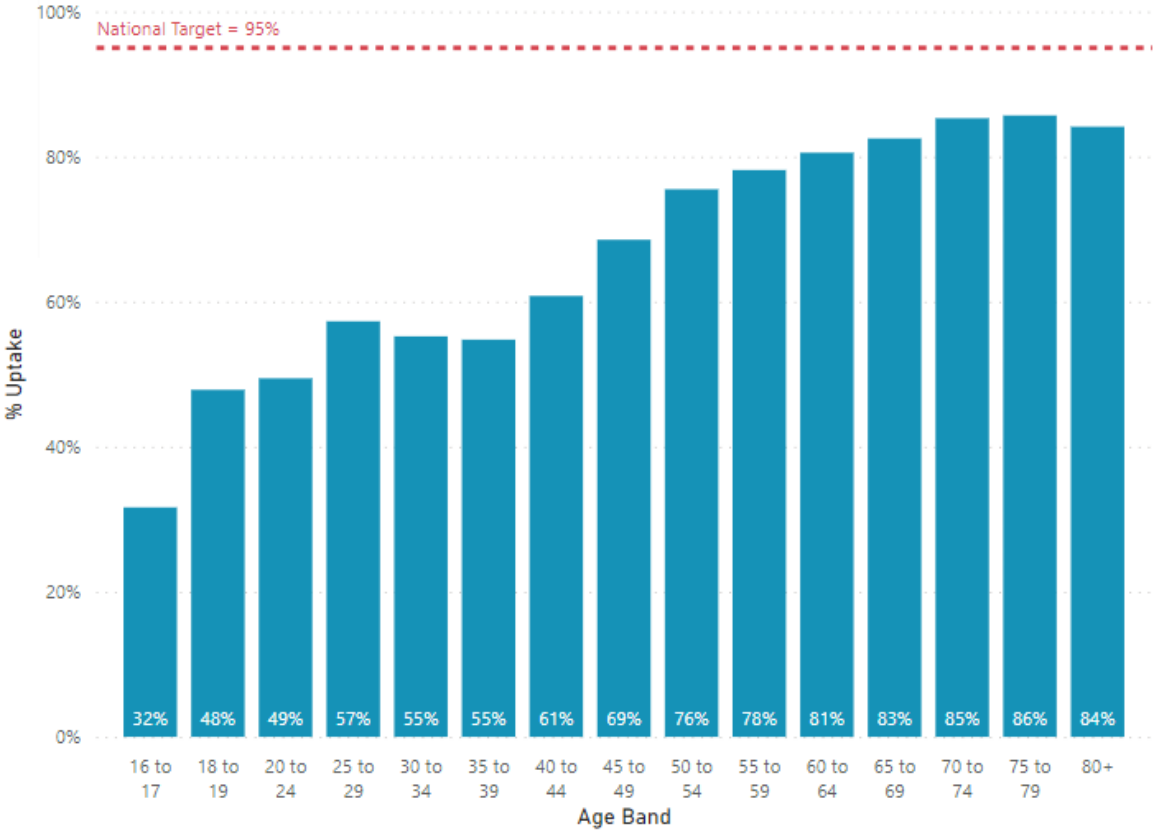
First vaccinations: England



Local Authority

Islington

% Uptake of COVID-19 1st dose vaccination by age group



Age Band	Eligible Population	Vaccinated Population	Unvaccinated	% Uptake
16 to 17	3,891	1,231	2,660	32%
18 to 19	5,226	2,501	2,725	48%
20 to 24	25,554	12,632	12,922	49%
25 to 29	40,361	23,125	17,236	57%
30 to 34	41,426	22,878	18,548	55%
35 to 39	29,743	16,290	13,453	55%
40 to 44	21,119	12,840	8,279	61%
45 to 49	16,282	11,160	5,122	69%
50 to 54	15,220	11,492	3,728	76%
55 to 59	13,722	10,725	2,997	78%
60 to 64	10,029	8,078	1,951	81%
65 to 69	7,237	5,971	1,266	83%
70 to 74	6,025	5,139	886	85%
75 to 79	3,938	3,374	564	86%
80+	5,129	4,315	814	84%
Total	**244,902**	**151,751**	**93,151**	**62%**

Ethnicity

All

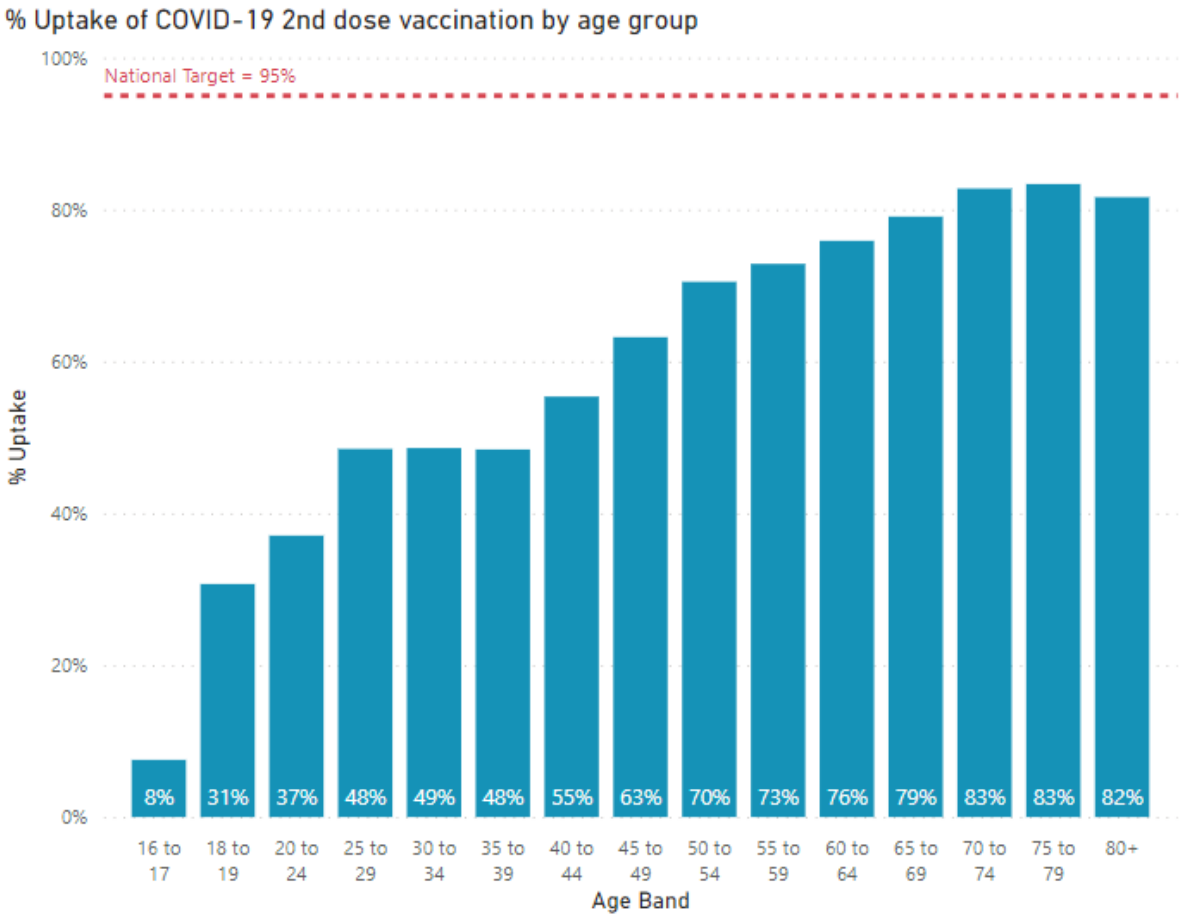
Age Band

Multiple selections

Ward name

All

Source: PHE COVID19 Situational Awareness portal 11th of September



Age Band	Eligible Population	Vaccinated Population	Unvaccinated	% Uptake
16 to 17	3,891	293	3,598	8%
18 to 19	5,226	1,604	3,622	31%
20 to 24	25,554	9,472	16,082	37%
25 to 29	40,361	19,567	20,794	48%
30 to 34	41,426	20,131	21,295	49%
35 to 39	29,743	14,398	15,345	48%
40 to 44	21,119	11,695	9,424	55%
45 to 49	16,282	10,289	5,993	63%
50 to 54	15,220	10,729	4,491	70%
55 to 59	13,722	9,997	3,725	73%
60 to 64	10,029	7,611	2,418	76%
65 to 69	7,237	5,723	1,514	79%
70 to 74	6,025	4,987	1,038	83%
75 to 79	3,938	3,283	655	83%
80+	5,129	4,187	942	82%
Total	**244,902**	**133,966**	**110,936**	**55%**

Ethnicity

All

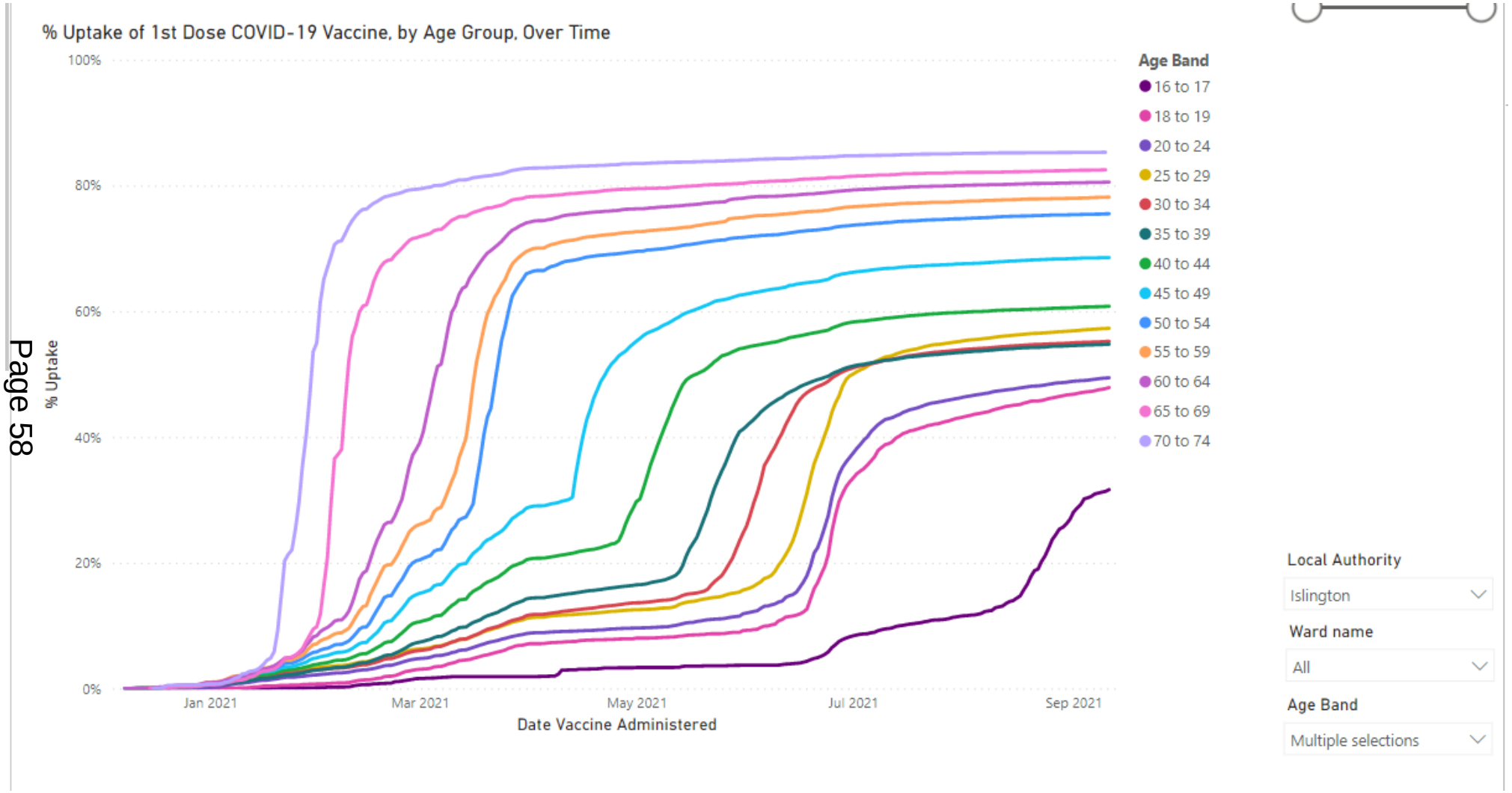
Age Band

Multiple selections

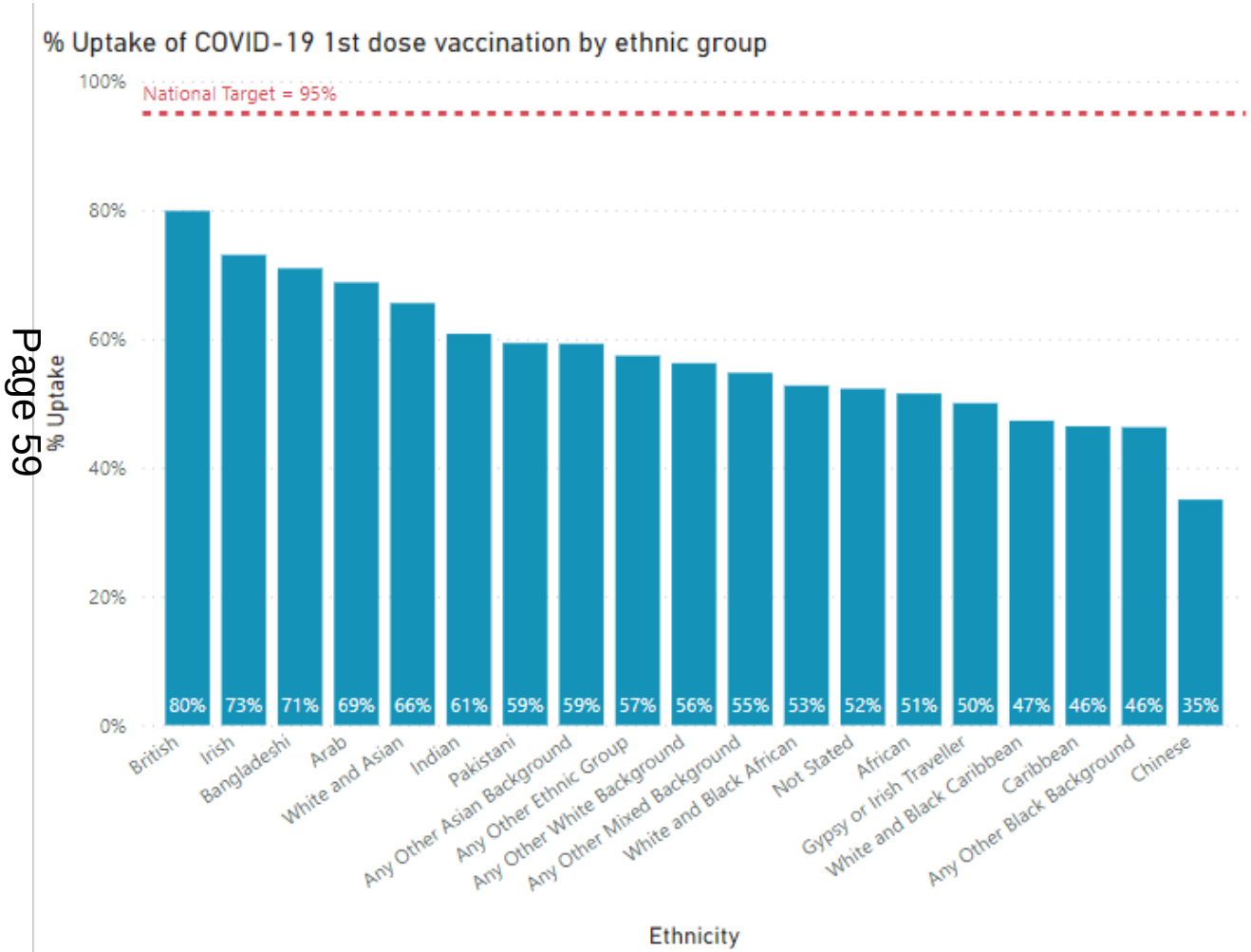
Ward name

All

Source: PHE COVID19 Situational Awareness portal 11th September



Source: PHE COVID19 Situational Awareness portal 11th September



Ethnicity	Eligible Population	Vaccinated Population	Unvaccinated	% Uptake
British	71,907	57,421	14,486	80%
Irish	6,511	4,755	1,756	73%
Bangladeshi	3,817	2,708	1,109	71%
Arab	32	22	10	69%
White and Asian	1,648	1,080	568	66%
Indian	4,259	2,588	1,671	61%
Pakistani	1,013	601	412	59%
Any Other Asian Background	5,979	3,541	2,438	59%
Any Other Ethnic Group	12,677	7,273	5,404	57%
Any Other White Background	61,096	34,341	26,755	56%
Any Other Mixed Background	4,255	2,328	1,927	55%
White and Black African	1,673	882	791	53%
Not Stated	36,203	18,913	17,290	52%
African	11,301	5,820	5,481	51%
Gypsy or Irish Traveller	2	1	1	50%
White and Black Caribbean	2,107	996	1,111	47%
Caribbean	5,368	2,491	2,877	46%
Any Other Black Background	6,386	2,954	3,432	46%
Chinese	8,668	3,036	5,632	35%

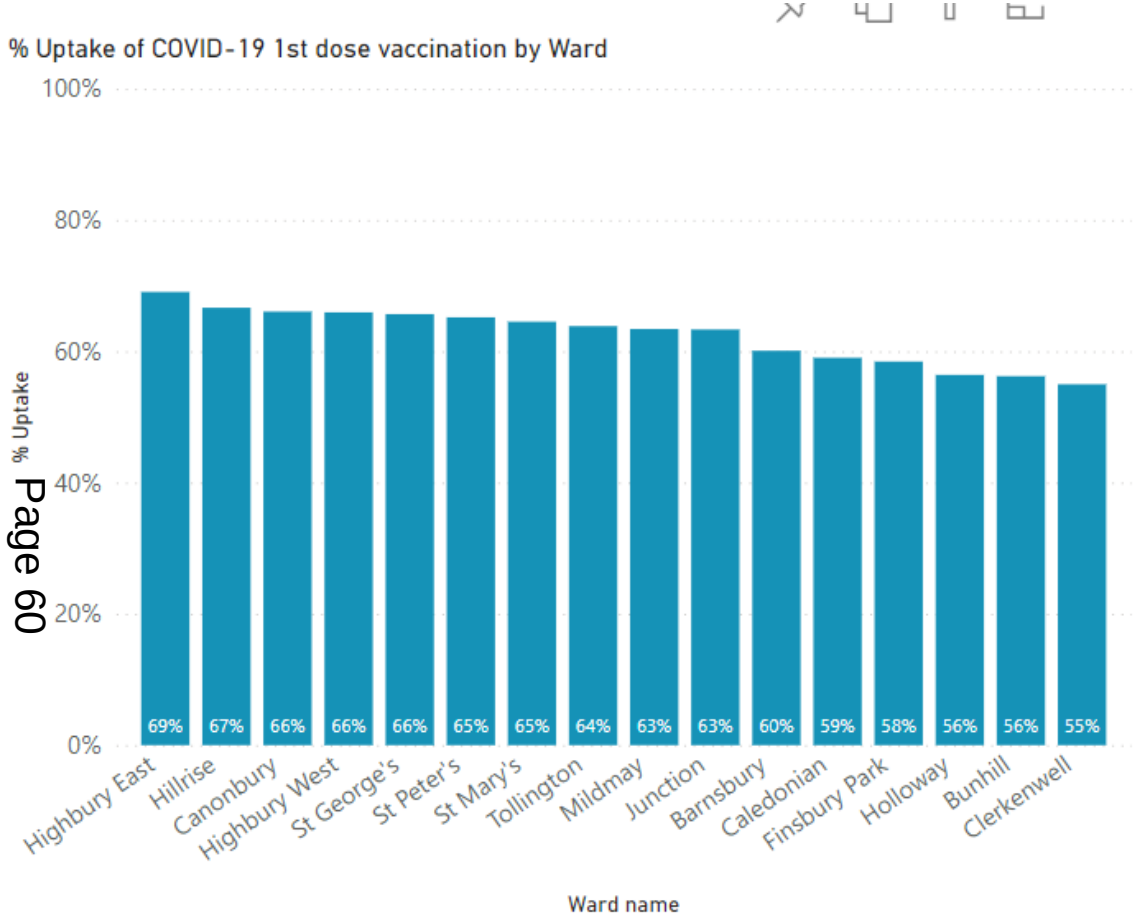
Ward name

All

Age Band

Multiple selections

Source: PHE COVID19 Situational Awareness portal 11th September



Ward name	Eligible Population	Vaccinated Population	Unvaccinated	% Uptake
Highbury East	12,786	8,828	3,958	69%
Hillrise	12,028	8,015	4,013	67%
Canonbury	12,760	8,428	4,332	66%
Highbury West	17,650	11,638	6,012	66%
St George's	13,053	8,572	4,481	66%
St Peter's	15,462	10,078	5,384	65%
St Mary's	14,411	9,297	5,114	65%
Tollington	14,404	9,195	5,209	64%
Mildmay	14,227	9,020	5,207	63%
Junction	13,544	8,577	4,967	63%
Barnsbury	14,835	8,914	5,921	60%
Caledonian	17,395	10,266	7,129	59%
Finsbury Park	18,040	10,543	7,497	58%
Holloway	19,681	11,102	8,579	56%
Bunhill	19,525	10,975	8,550	56%
Clerkenwell	15,101	8,303	6,798	55%

Ward name: All

Ethnicity: All

Age Band: Multiple selections

- All age first dose vaccination rates vary from 69% in Highbury East to 55% in Clerkenwell, currently. It seems likely that the three wards with lowest vaccination rates are in part affected by relatively larger student populations (who may or may not still reside in the borough). The variation in uptake rates at ward level among the 50+ population has been much narrower, and less than in other boroughs.

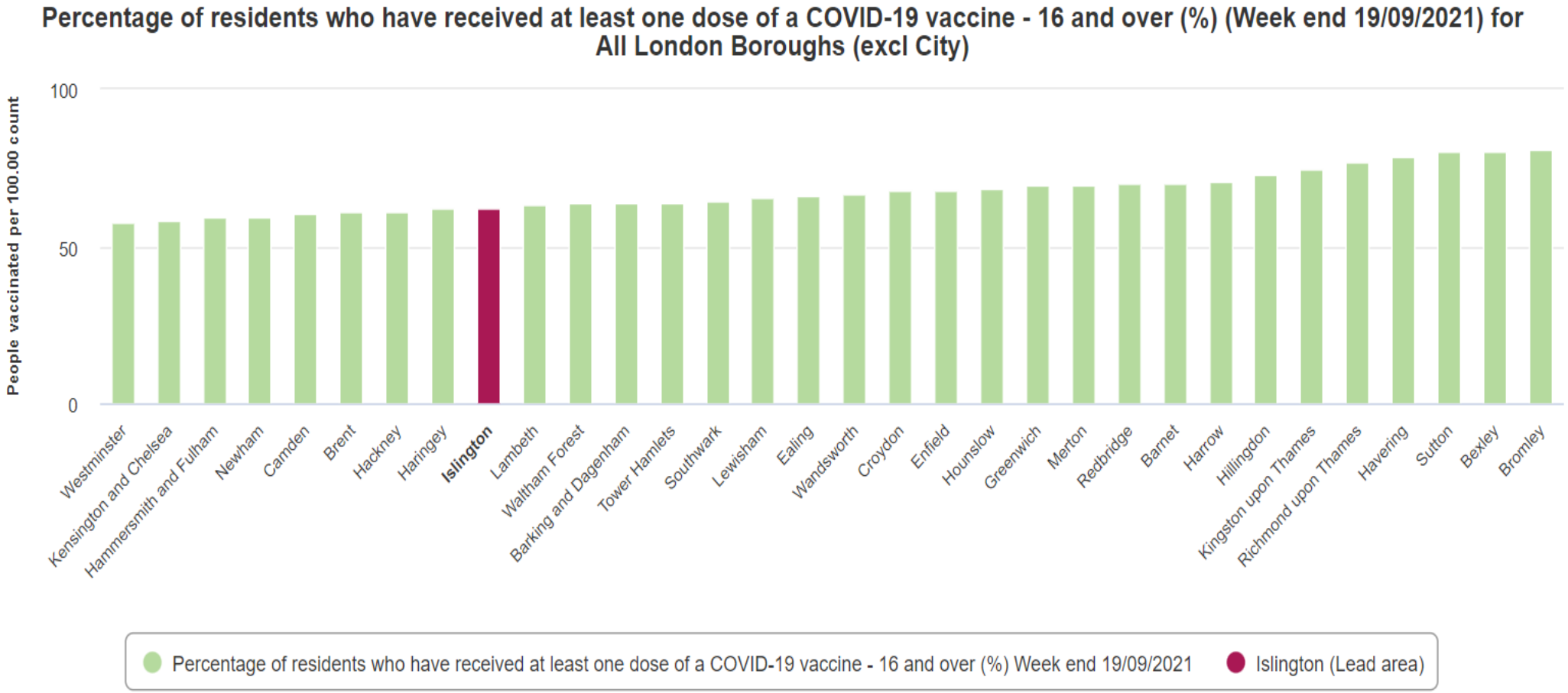
Source: PHE COVID19 Situational Awareness portal 11th September

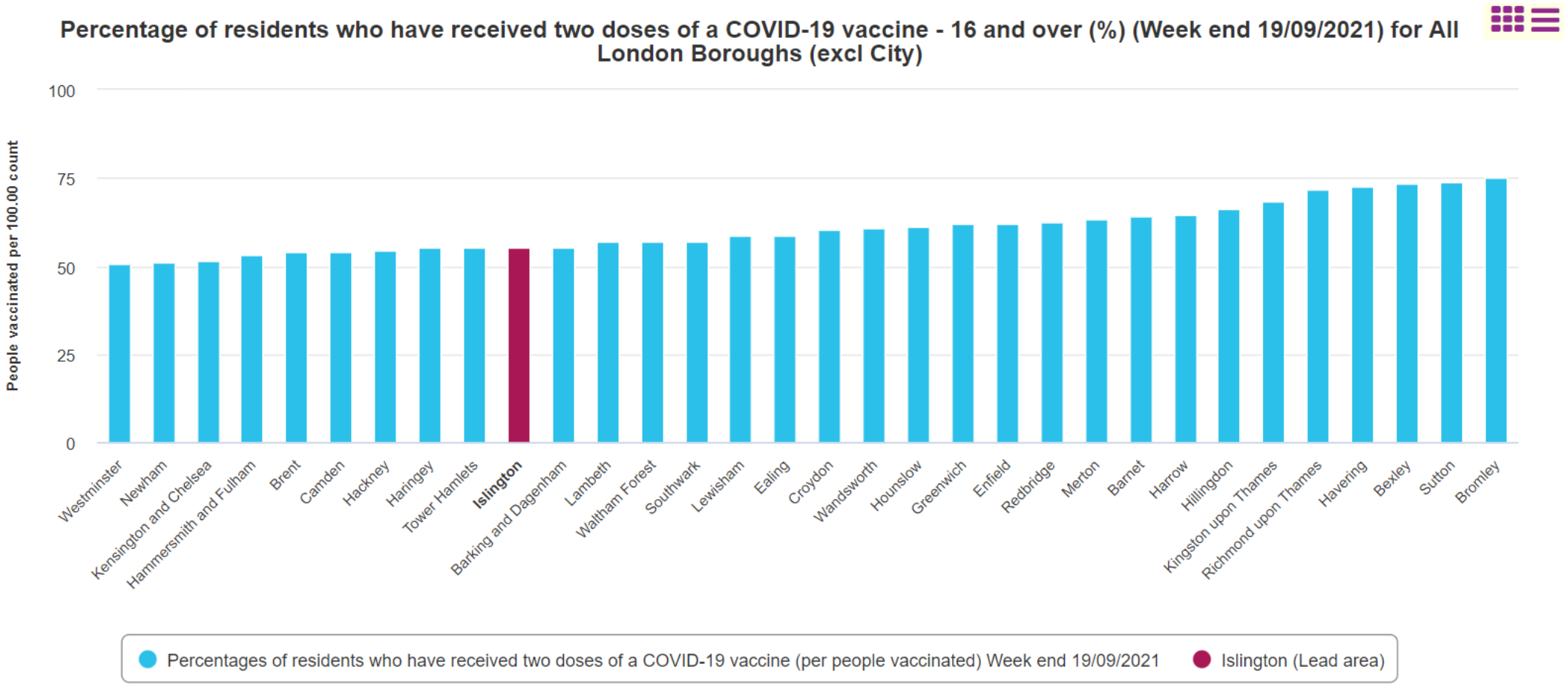
First Covid19 Vaccine uptake for key vulnerable groups

Priority group	Overall uptake 1st Dose	Overall uptake 2nd Dose
Housebound	86.0%	81.1%
Learning disability	67.6%	59.7%
Severe Mental illness	68.0%	60.2%

- There is a continuing focus to support and offer vaccination to people in excluded and more vulnerable groups. Over the summer a special call/recall was carried out with people with LD and their carers to offer vaccinations and hear concerns or issues. The above data is tracked with primary care systems. Vaccination for homeless people (not included) is monitored separately.

Source: HealtheIntent (EMIS): data as at 09/09/21


Percentage of residents who have received at least one dose of a COVID-19 vaccine - 16 and over (%) (Week end 19/09/2021) for All London Boroughs (excl City)
People vaccinated per 100.00 count
100
50
0
Westminster
Kensington and Chelsea
Hammersmith and Fulham
Newham
Camden
Brent
Hackney
Haringey
Islington
Lambeth
Waltham Forest
Barking and Dagenham
Tower Hamlets
Southwark
Lewisham
Ealing
Wandsworth
Croydon
Enfield
Hounslow
Greenwich
Merton
Redbridge
Barnet
Harrow
Hillingdon
Kingston upon Thames
Richmond upon Thames
Havering
Sutton
Bexley
Bromley
Percentage of residents who have received at least one dose of a COVID-19 vaccine - 16 and over (%) Week end 19/09/2021
Islington (Lead area)


Percentage of residents who have received two doses of a COVID-19 vaccine - 16 and over (%) (Week end 19/09/2021) for All London Boroughs (excl City)
People vaccinated per 100.00 count
100
75
50
25
0
Westminster
Newham
Kensington and Chelsea
Hammersmith and Fulham
Brent
Camden
Hackney
Haringey
Tower Hamlets
Islington
Barking and Dagenham
Lambeth
Waltham Forest
Southwark
Lewisham
Ealing
Croydon
Wandsworth
Hounslow
Greenwich
Enfield
Redbridge
Merton
Barnet
Harrow
Hillingdon
Kingston upon Thames
Richmond upon Thames
Havering
Bexley
Sutton
Bromley
Percentages of residents who have received two doses of a COVID-19 vaccine (per people vaccinated) Week end 19/09/2021
Islington (Lead area)

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SCRUTINY REVIEW INITIATION DOCUMENT (SID)

Review:

Scrutiny theme

A review of health inequalities in the context of the Covid 19 pandemic in Islington. Has Covid exacerbated inequalities? What can the council, the NHS, VCS and other partners do to reduce health inequalities?

Scrutiny Review Committee: Health and Care Scrutiny Committee

Director leading the review: Jonathan O'Sullivan

Lead Officers: Miriam Bullock with Public health leads for selected areas of focus

Overall aims:

To highlight the impacts of Covid19 on existing health inequalities in Islington, and how these have been further affected through the Covid19 pandemic.

To share how services/communities are responding to the challenges through the pandemic, including lessons learned and new ways of working.

To share how plans and approaches to recovery can best focus on addressing the health inequalities.

Objectives

- To provide an overview of health inequalities in the borough pre-pandemic.
- To provide an overview of what is known about further direct and indirect impacts on health inequalities since the start of the pandemic in 2020 for communities and residents, focused on selected issues.
- To explore local responses to health inequalities:
    - Through the pandemic period to date
    - Early recovery priorities and actions to date
    - Longer term priorities and actions
- To highlight organisational or resourcing implications for the council, NHS and partners to reduce health inequalities, and the interface between local and central government support.
- To recommend any actions that may need to be taken in light of the findings of the review so that the council, NHS and other local partners can best support reductions in health inequalities going forward.

How the review could be carried out?

Scope of the review

The topic needs to be completed by the end of 21/22, and carried out over five scrutiny sessions with witnesses. It is acknowledged that the theme is very broad and wide-ranging. It is not possible to exhaustively cover all possible aspects. Selected topics are important in their own right but additionally reflect different key dimensions of health inequalities. In the selection of themes for this Scrutiny, it is noted that the council's Challenging Inequalities Programme commenced with a focus on ethnicity.

The identified topics are: :

- Psychological health and wellbeing across the community – to take stock of the key impacts upon health and wellbeing through the Covid period, and ways in which these needs are being addressed
- Inequalities in Islington – who is affected, and where? What do we know about the direct and indirect impacts on inequalities of the Covid pandemic?
- Whittington Health's approach as a provider of integrated hospital and community services - How services are addressing health inequalities as part of their recovery and longer term plans
- How has Covid impacted on the lives, health and wellbeing of people with disabilities? How can long term health inequalities be better addressed in the future? [NB title/focus will be agreed with presenter – who may be an external academic]
- Long term conditions – what are the key successes, challenges and inequalities in the care of people with diabetes? What changes or interventions will make the most difference?

There could be a standard model for each session (with adjustment depending on the topic and presenter/s) to broadly cover –

- The extent of inequality, who is affected and how?
- What has been the impact of Covid on these inequalities?
- What has been the response to date since the start of the pandemic? What do we know of their effect?
- How will future recovery and plans understand/monitor, address and reduce these health inequalities?
    - What are the key strengths and challenges?
    - What are the resource implications (financial, workforce, community, etc)?

Types of evidence:

- Witness evidence to support the above could include:
    - LBI officers

○ NHS commissioners/managers ○ Clinicians ○ VCS ○ Academics ○ Service users, or representatives of communities affected
Additional Information: • Session one – themed Scrutiny meeting on subject of mental health and wellbeing – including social connectedness and isolation • Session two – an overview of health inequalities in the borough; including the direct and indirect COVID impact • Sessions three/four/five (timetabled to availability of speakers) • Whittington Health • People with disabilities, inequalities and Covid • Diabetes and health inequalities – prevention, help-seeking and care management In carrying out the review the committee will consider equalities implications and resident impacts identified by witnesses. The Executive is required to have due regard to these, and any other relevant implications, when responding to the review recommendations.

Programme	
Key output:	To be submitted to Committee on:
1. Scrutiny Initiation Document	Agreed sign-off via Chair's Action – to circulate ahead of, or for, the October committee
2. Draft Recommendations	It was agreed that an interim set of recommendations from the first three committee meetings on inequalities would be considered in February; the March meeting would receive an update
3. Final Report	The Scrutiny Ctte will need to finalise recommendations from the final session in order to complete the report to the available time.

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HEALTH AND CARE SCRUTINY COMMITTEE – WORK PROGRAMME 2021/22

Agenda Despatch Date – 16 June 2021

24 JUNE 2021

1. Health and Wellbeing Board update
2. Work Programme 2021/22
3. Scrutiny Review – Approval of topic
4. COVID 19 update
5. LAS – Performance update
6. NHS Database

Agenda Despatch Date – 16 July 2021

26 JULY 2021

1. Scrutiny Review – Presentation/SID
2. Health and Wellbeing update
3. Work Programme 2021/22
4. COVID 19 update
5. Whittington Hospital Performance update
6. Merger of CCG's
7. Health Inequalities report – CCG
8. Quarter 4 Performance report

Agenda Despatch – 24 September 2021

04 OCTOBER 2021 – THEMED SCRUTINY MENTAL HEALTH

1. Health and Wellbeing update
2. Work Programme 2021/22
3. COVID 19 update
4. Camden and Islington Mental Health Trust Performance update
5. Scrutiny Review – Approval of SID/witness evidence

Agenda Despatch – 8 November 2021

16 NOVEMBER 2021

1. Scrutiny Review – 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. Healthwatch Annual Report/Work Programme
8. Executive Member Annual Report
9. Local Account

Agenda Despatch – 08 December 2021

16 DECEMBER 2021

1.Scrutiny Review – witness evidence
2 Health and Wellbeing update
3. Work Programme 2021/22
5. COVID 19 update
6. Alcohol and Drug Abuse – Update

Agenda Despatch – 31 December 2021

10 JANUARY 2022

1. Health and Well Being update
2. Moorfields Performance update
3. COVID update
4. Scrutiny Review – witness evidence
5. Annual Public Health report
6. Work Programme 2021/22

Agenda Despatch – 11 February 2022

21 FEBRUARY 2022

1. COVID update
2. Work Programme 2021/22
3. Health and Wellbeing update
4. Scrutiny Review – Draft recommendations
5. Performance indicators – Quarter 2
6. UCLH Performance update

Agenda Despatch – 21 March 2022

29 MARCH 2022

1, COVID update
2. Health and Wellbeing update
3, Scrutiny Review – Final report
4. LAS Performance update
5. Performance indicators – Quarter 3

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