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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 **21 February 2022 at 7.30 pm.**

Enquiries to : Peter Moore
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Despatched : 11 February 2022

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

Substitute Members

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

Co-opted Member:

Vacancy

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 - 16
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 - Verbal

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 17 March 2022

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www.democracy.islington.gov.uk

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London Borough of Islington

Health and Care Scrutiny Committee - Tuesday, 16 November 2021

Minutes of the meeting of the Health and Care Scrutiny Committee held at the Town Hall on Tuesday, 16 November 2021 at 7.30 pm.

Present:	**Councillors:**	Jeapes (Chair), Kay (Vice-Chair), Chowdhury, Clarke, Gantly, Graham, Hyde and Klute
Also Present:	**Councillors:**	Turan, Lukes, Heather

Councillor Clare Jeapes in the Chair

301 INTRODUCTIONS (ITEM NO. 1)

The Chair introduced Members and officers to the meeting

302 APOLOGIES FOR ABSENCE (ITEM NO. 2)

None

303 DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)

None

304 DECLARATIONS OF INTEREST (ITEM NO. 4)

None

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

RESOLVED:

That the minutes of the meeting of the Committee held on 4 October 2021 be confirmed and the Chair be authorised to sign them

306 CHAIR'S REPORT (ITEM NO. 6)

The Chair stated that she had circulated a letter to Members of the Committee on the redevelopment of the St.Pancras site, and that if Members had any comments thereon they should notify them to the Chair

A Member stated that the Committee had not received an update on this matter for some time and the Chair stated that she would endeavour to obtain some more details and circulate these to the Committee

307 PUBLIC QUESTIONS (ITEM NO. 7)

The Chair outlined the procedure for Public questions

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

Councillor Nurullah Turan, Executive Member Health and Adult Social Care was present and made a verbal report to the Committee, during which the following main points were made –

- Priorities – ensuring every child has the best outcome in life, preventing and managing long term conditions to enhance both length and quality of life and reduce health inequalities, and improving mental health and wellbeing

309 HEALTHWATCH ISLINGTON (ITEM NO. 9)

Emma Whitby, Healthwatch was present and outlined the report to the Committee during which the following main points were made –

- Vision – improved health and social care for all local residents. Healthwatch part funded by LBI to fulfil statutory functions of Health and Care Act and currently going through a procurement process. Healthwatch gather and report views on health and social care, provide people with information on services and act as a critical friend approach in partnership wherever possible
- Work in 2020/21 – COVID, less business as usual, vaccination programme, diversity in Carers service review, sharing of views on remote and online appointments, referrals to digital support services
- Noted partnerships with diverse community health voices, and since 2014 raised around £450,000 for grass-roots partners. Healthwatch turnover is £270,000 per year
- Programme 2021/22 – Access to healthcare broadly, dentistry, long COVID, patient transport, digital inclusion strategy, impact of COVID survey public health
- Addressing health inequality – challenging workstream of the Fairer Together Partnership Board, all age Mental Health Partnership Board, Mental Health funding, £64,000 from Public Health England for grass-roots support. Working with VAI to bring smaller VCS input to the Integrated Care System
- Reference was made to the lack of a representative from Healthwatch on the Committee and that it would be useful if Healthwatch could find a representative to serve. It was noted that Healthwatch would look into this
- In relation to a question as to digital exclusion it was stated that some telephone companies did provide free data to poorer residents and that Healthwatch could provide details to SHINE
- Members thanked Healthwatch for the excellent work that they did on behalf of residents
- In response to a question it was stated that Healthwatch had positive relationships with organisations in the Borough and that they were talking with colleagues about representation on the ICS

RESOLVED:
That the report be noted

The Chair thanked Emma Whitby for attending

310 EXECUTIVE MEMBER ANNUAL REPORT/ANNUAL REPORT (ITEM NO. 10)

Councillor Nurullah Turan, Executive Member Health and Adult Social Care was present and outlined the presentation, copy interleaved, during which the following main points were made –

- Best start in life – noted the impact of COVID and system response
- Long term conditions – noted the achievements on diabetes, cancer and cardiovascular disease, dementia, long COVID, and development of dashboards to better understand population health needs and inequalities around long term conditions

- Smoking – 702 residents in 2020/21 who attempted to quit smoking did so successfully, representing a 58.3% quit rate
- Noted achievements in improving mental health and wellbeing and pressures faced as a result of the pandemic
- Drug and Alcohol services – difficult to maintain during pandemic, and whilst service open for some face to face work, the majority of support at the start of the pandemic was offered by phone or online. As lockdown eased there were more face to face appointments but capacity remains limited. Increase in numbers entering treatment due to pandemic
- Sexual health – provided in range of settings and young people's services available during pandemic with face to face contact with vulnerable young people, and introduction of remote contraceptive prescribing and online testing. These services are being re-procured and a new service will be in place by April 2022. Primary care – these have been significantly restricted during COVID due to requirements placed on NHS to prioritise COVID responses
- Noted that planning has started for the development of Islington's new Joint Health and Wellbeing strategy
- Since 2011 life expectancy has increased in Islington for men and remained unchanged for women. Life expectancy for men is now 79.5 years, an increase of 10% from 8 years ago and this is better than the national average. For women life expectancy is 83.2 years
- In relation to immunisation it was stated that the immunisation for children was 85%, and it was stated that during COVID this had had an impact and there is a challenge in Islington and other London Boroughs about population movement, and she was working with GP's, however he would look into specific reasons and let Members know
- In response to a question it was stated that there had been no significant increase in mortality rates
- It was stated that there had been an improvement in narrowing the gap with those residents in employment with mental health problems, but further details could be provided to Members as to the improvements made
- In response to a question as to life expectancy and the gaps between the wealthy and poor, it was stated that information was provided later in the report on Health Inequalities

The Chair thanked Councillor Turan for attending

311 LOCAL ACCOUNT (ITEM NO. 11)

Councillor Turan, Executive Member Health and Adult Social Care outlined the report, during which the following main points were made –

- Noted that the Council were continuing to support GP's and that the reductions in Government funding and to the NHS over the past years had had an impact on the service that could be delivered
- The view was expressed that Government action was continuing to undermine the NHS, and there was a need to protect NHS services
- Noted that 38% of GP's in Islington were 55 years of age or over and there were a large number of elderly nurses in the borough. In addition there was an increase in GP patients, which meant that the problems with GP waiting lists and appointments would be exacerbated
- Noted that 95% of care home staff had now been vaccinated, and vaccinations were now mandatory in care homes

- Noted that there were vacancy pressures across the entire social care system, and a lot of work is being undertaken with providers to encourage caring being promoted as a career
- In response to a question as to how the Council could improve funding bids it was stated that this was a constantly changing position, and it would be helpful in local MP's lobbied for increased funding, and it was felt that the CCG was being more supportive. Concern was expressed at the Government's increasing privatisation of the NHS, and referred to the awarding of COVID contracts to private firms during the pandemic
- Noted that the level of deprivation in Islington was greater than many other Local Authorities who receive more funding and a different model for bidding should be looked at
- Noted that the Council were increasing development work with UCLH as well as with the Whittington NHS Trust, given the number of Islington residents that attend UCLH

The Chair thanked Councillor Turan for attending

312 COVID 19 UPDATE - VERBAL (ITEM NO. 12)

Councillor Sue Lukes, Executive Member Community Safety and Pandemic response was present, together with Jonathan O'Sullivan, Interim Director of Public Health and John Everson Adult Social Care

During discussion the following main points were made –

- Adult Social Care – all care homes prepared for mandatory COVID vaccination requirements. Booster vaccines made available to all residents living in older peoples care home. Whittington Hospital will continue to offer this via in reach to residents in wider accommodation based settings in future weeks and months
- Noted that all possible support was being made available to assist people to have vaccinations
- Officers working with health and care partners to promote uptake of flu vaccine amongst staff and residents no new cases this month, no reported home care deaths due to COVID reported, Islington home care providers are currently able to meet demand. However if mandatory vaccinations are introduced by the Government for domiciliary staff this situation may change
- A Member stated that it would be useful to have vaccination rates per ward included in future reports and that clearer information should be provided on the Council website on how to access vaccinations
- Noted that the fact that L.B.Islington paying the London Living Wage had enabled them to retain staff, which has not been the case in other areas
- Public Health – Noted the information provided on the COVID dashboard

RESOLVED:
That the reports be noted

The Chair thanked Councillor Lukes, Jonathan O'Sullivan and John Everson for attending

313 SCRUTINY REVIEW HEALTH INEQUALITIES - WITNESS EVIDENCE (ITEM NO. 13)

Jonathan O'Sullivan, Acting Director of Public Health and Mahnaz Shaukat, Head of Health Care Intelligence were present and outlined the presentation, copy interleaved

- Population, Deprivation and health inequalities in Islington – health inequalities are largely due to the unfair and unjust inequalities in society in which people are born, live and age. These inequalities are structural and a consequence of the social and economic organisation of society and can be avoided. Inequalities are driven by a high level of deprivation amongst some communities affecting all aspects of people's lives including income, employment, education, housing and neighbourhood. These factors drive inequalities in physical and mental health. Poverty is also a key determinant of poor outcomes in health and linked to a higher level of risk behaviours and fewer protective levels for health. COVID 19 has exposed these inequalities and the risk of dying or becoming seriously ill with COVID was much higher amongst people suffering from deprivation and disadvantage
- L.B.Islington has an estimated population of 244400 people. Pre COVID was expected to increase by approx. 2% by 2026, with the largest growth expected amongst the older population (65 and over)
- The population is relatively young compared with the national average and is one of the most ethnically diverse places in the country. Approximately 33% of Islington residents are from BAME communities, with the largest groups being Other white and Black and African and Black Caribbean groups. There is a lot of uncertainty about the population and this may have been affected by COVID
- Deprivation – Islington is the 6th. Most deprived London Borough and the 53rd. most deprived in England. The geographic pattern of deprivation is different to many other areas. Islington's mix of housing means that deprivation is very disseminated across the borough and is strongly concentrated into social housing estates
- Islington residents have lower life expectancy and women lower life expectancy compared to the rest of London, but are similar to national averages. Inequality in life expectancy within Islington (the difference between the least and most deprived areas in Islington) is 9.8 years for men, compared to 7.2 in London and 9.4 in England. Inequality in life expectancy in Islington has widened and improvements in life expectancy slowed. The main causes of early death are cardiovascular disease, respiratory disease and cancer and those living in deprived communities have a higher death rate from avoidable g compared to the NCL average
- The impacts of COVID relate to the immediate and direct consequences of COVID but the longer term consequences will extend far beyond. COVID has exacerbated existing health inequalities and directly disproportionately impacted men, BAME communities, most deprived communities, people living in care homes, those with learning disabilities, those with a mental health condition, those with underlying health conditions and physical disabilities
- There have been a total of 1,627 COVID admissions to hospital up until July 2021.The highest proportion was for other ethnic groups, which is 2.85 times higher than the average in Islington. The black and Asian populations also have a higher rate of COVID admissions than the Islington average, whilst those from a white group or mixed group had a lower of similar level of COVID admissions compared to the Islington average. The rate of admissions was higher for men, although the rate is significantly different from the Islington average. Residents aged 55 or over had higher rates of COVID admissions, compared to the Islington average, similar to national patterns
- COVID Impacts mortality – the cumulative total of deaths up until 15 October is 161.3 (391 deaths with COVID mentioned, and this compares to 228.9 for London, and 251.4 for England. There have been two major waves, and ethnicity is not recorded on the death certificates but details have been obtained by linking deaths data from GP's and hospitals. People from white

British group were less likely to have died from COVID than average and those from Black and Asian groups more likely than average

- Disparity of risks and outcomes in COVID – national study showed men are disproportionately affected by COVID and despite making up to 46% of cases they make up almost 60% of deaths and 70% of admissions to intensive care. Similar ratios are found in Islington. Rates of diagnosis increase with age and the majority of patients in critical care are between 50-70 years of age. Those aged over 80 were 70 times more likely to die from COVID than those under 40. Ethnicity – highest in those of other ethnicity, followed by black ethnicity, and disparity in death rates also existed. A similar position was seen in Islington during the first wave, in the second wave rates amongst Asian communities as a whole was higher than amongst black communities
- Those living in deprived communities were more likely to be infected by COVID and had poorer outcomes, and urban areas such as London had higher rates of COVID diagnoses and deaths. Islington had a lower mortality rate than the national average. Co-morbidities included on the death certificate mainly were diabetes, hypertensive diseases, chronic kidney disease, COPD and dementia. The most profound link was with diabetes which was listed on 21% of death certificates. Occupations - Nursing auxiliaries and assistants saw an increase in all cause deaths linked to COVID 19 and subsequent analysis has shown that health, social care and transport workers had a significantly higher risk of severe COVID
- Long COVID – wide range of symptoms reported including fatigue, breathlessness, aches, sleep disturbance, cognitive impacts. An estimated 1.15% of the London population report long COVID symptoms, which equates to 2.788 people in Islington. Of those with confirmed COVID an estimated 7.5% experience long COVID symptoms that impact significantly affect their daily life. Diagnosis rates are lower than this, which suggests many people may be unaware of sources of support in Islington
- Impact of COVID on start well – maternal, ante-natal and early years –
- Changes in availability and support in pregnancy and for new parents, concerns about changes in unplanned pregnancy rates, risk of reduced access to immunisations, impacts on early socialisation and development, impacts on parental income and employment. School age children – educational attainment gap due to school closures, differential home schooling provision, reductions in physical activity and diet issues. Transition to adulthood – disruption to education and exams, financial consequences, possible disproportionate effect on young people's employment, impact of early unemployment and debt. Safeguarding and mental health – fewer opportunities to identify and monitor safeguarding concerns and reduced access to support for children, domestic and child abuse increases, stress factors affecting the mental health of children and young people, isolation, lack of routine, stress, anxiety and bereavement
- Islington is the most income deprived borough in London for income deprivation affecting children. In 2019 28% of residents under 18 living in families facing income deprivation. Islington has similar outcomes for GCSE attainment compared to London and better than the national average. Nearly a quarter of children in London are obese, and there are similar levels to London. Hospital admissions for self-harm amongst young people are significantly lower than national averaged, although higher than the London average. Islington has a lower rate of childhood immunisations compared to London and England. MMR uptake is far below the herd immunity for measles. The pandemic is likely to have widened the gap between children in poverty and others
- Live Well – Islington has one of the highest prevalence of common mental health illness in London. Smoking, alcohol and obesity are major risk factors

and higher in Islington than London or nationally, although these have reduced over time. Islington has 11,500 people living with diabetes, 3,800 with heart disease, and approximately 4,000 with COPD. Air pollution levels are improving but remain higher in Islington compared to England

- Age well – Islington has the 4th. Highest level of income deprivation affecting older people in London. 34% of residents over the age of 60 wer facing income deprivation, compared to a London average of 22%. NHS screening programmes to prevent early death are in place but there is a low uptake of bowel screening, and aortic aneurysm compared to London and England
- A lower proportion of older people live alone in Islington, although the trend is increasing and levels of dementia are higher than the London average. However this is due to much higher levels of early diagnosis, rather than population differences
- Moderate or severe frailty prevalence is high in Islington, and there is also relatively higher rates of alcohol admissions among older people
- Impact of COVID on Live Well and Age Well – physical activity – limited by lockdown, increase in sedentary behaviour, opportunity to encourage active travel. Healthy eating – evidence of change in dietary behaviours, impact of lockdown of food choices, rising food insecurity and increased use of foodbanks. Smoking – mixed evidence of trends during lockdown, increased economic circumstances associated with increased smoking, disruption to smoking cessation services. Alcohol – changes in patterns of use, concern about problematic drinking, bereavement, isolation, troubled relationships, job insecurity can contribute to this. Substance misuse – changes and disruption to services during lockdown, and impact on recovery, changes in drug supply, reports of increased on line gang recruitment and activity
- Physical health impacts COVID– temporary include managing delayed diagnosis of long term conditions, additional costs to health and social care system, medical organisational approach, loss of social connection. Short/Medium term – delayed diagnosis due to missed appointments, backlog of waiting lists, changes in service delivery due to lockdowns, disproportionate impact of virus on BAME, carers, older people, dementia, mental health needs, learning disabilities. Long
  Term service pressures, inequalities in health, distrust, potential increase in obesity. Large national surveys have shown higher numbers of people experiencing anxiety and depression than before the pandemic. Local residents and stakeholders views show that a large majority 81% of residents are somewhat or very worried about the impact of COVID, 26% on mental health and wellbeing. Modelling predicts there may be 28,266 new cases of . moderate/severe anxiety and 38,671 new cases of depression in the borough. Social isolation is more widespread and residents living alone are much more likely to experience extreme loneliness
- Some people have suffered more from COVID affects than others on mental health and wellbeing and levels are highest amongst women, young adults, people who live alone or with children or urban areas, or are BAME
- COVID resident engagement – engagement findings highlighted social inequalities and BAME communities were significantly more worried than others. Mental health was the most common concern. Also finances, employ ment, relationships and access to services. VCS and community groups have played a key role however in supporting residents through the pandemic
- Going forward – COVID will exacerbate further inequalities and poorer health outcomes in coming years. Working with NHS a population health management approach to improve wellbeing and reducing health inequalities is being developed across NCL. There needs to be a strong focus on recovery of evidence based preventative interventions, together with planned hospital

care, targeting most affected groups. Mental health is also important, with more individualised support for people with complex mental health problems

- A Member referred to the fact that Islington had one of the highest deprivation income levels in London, and it was illogical the way Government were making funding decisions on health services. Noted that work was taking place to address this issue with the CCG and ICS
- Noted that there had been investment in mental health services improvements, however there is a need to make the case to NCL to invest more funding to address health inequalities. Also noted that population health management would be assisted by the information gathered from the pandemic
- Reference was made to the Health Inequalities report referred to at the previous meeting and that an update on the recommendations should be provided to a future meeting of the Committee to assess progress
- Noted that poor housing conditions have a detrimental effect on health and that many poorer residents lived in unsatisfactory accommodation, exacerbating health inequalities
- Reference was made to the fact that many BAME residents who were elderly tended to be more deprived, due to migration and lower income employment. The Chair stated that this may be a possible topic for a scrutiny review in the next municipal year

RESOLVED:
That the report be noted and that an update on the recommendations on the Health Inequalities scrutiny review 2019/20 be considered at the next meeting of the Committee to assess progress

314 PERFORMANCE REPORT - QUARTER 1 (ITEM NO. 14)

Jonathan O'Sullivan. Interim Director of Public Health and John Everson, Director Adult Social Care were present for discussion of this report, copies interleaved, and during discussion the following main points were made –

Adult Social Care

- Noted the performance targets and achievement for the indicators in the report and that the proportion of adults with a learning disability in paid employment was similar to Q1 last year, which was an excellent achievement in view of COVID

Public Health

- Services were now starting to recover from COVID, however there was a need to ensure that those recovering from addiction to everyday life benefitted from social capital such as a job, housing to prevent them relapsing

RESOLVED:
That the reports be noted

The Chair thanked officers for attending

315 ANY OTHER BUSINESS (ITEM NO.)

A Member stated that he had now had an opportunity to consider the letter referred to by the Chair above in relation to St. Pancras site redevelopment, and was concerned that there was not sufficient detail in the proposals put forward in the letter for the Committee to comment. There were no details about transport links to the Peckwater

Health Centre for clients, or whether there would be displacement of clients as a result of the proposals

RESOLVED:
That the Chair be requested to ask for more details on the redevelopment proposals and these be circulated to Members of the Committee

316 WORK PROGRAMME 2021/22 (ITEM NO. 15)

RESOLVED:
That the report be noted

MEETING CLOSED AT 9.50 p.m.

Chair

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NOTES OF INFORMAL MEETING OF THE HEALTH AND CARE COMMITTEE ON 31 JANUARY 2022 AT 7.30 P.M.

PRESENT: Councillors: Jeapes (Chair), Kay, Hyde, Chowdhury, Gantly, Clarke, Graham, Klute

ALSO PRESENT: Councillors: Lukes and Turan

Councillor Clare Jeapes in the Chair

1. **Introductions – the Chair introduced Members and officers to the meeting**

2. **Apologies** – Councillors Hyde and Kay for lateness

3. **Declaration of substitute members** – none

4. **Declaration of interests** - none

5. Minutes of previous meeting

RECOMMENDATION:
That the minutes of the meeting of the Committee held on 16 November 2022 be confirmed and the Chair be authorised to sign them

6. Chair's Report

The Chair stated that an item on St.Pancras redevelopment had been added to the agenda for the next meeting on 21 February in response to Members questions on the redevelopment proposals

The Chair also stated that Siobhan Harrington, Chief Executive at the Whittington NHS Trust, and Michelle Johnson, Director of Nursing would be shortly leaving. Members expressed their appreciation of their work to the Committee and residents of the borough and that this should be discussed at the next meeting to decide on a more formal method to show their appreciation

The Chair also stated that due to COVID the scrutiny review on Health Inequalities witness evidence had been delayed, and in order to complete the review an additional informal meeting would need to be held in order to discuss the recommendations. It was stated that consideration should be given to an informal meeting of the Committee to discuss the recommendations on 28 February at 6.00 p.m.

The Chair also referred to the fact that there was a High Court hearing to review the privatisation of GP's in the borough by an American company the following day

The Chair also stated that there was also a day of action organised by Keep our NHS Public on 26 February which Members were welcome to attend

7. Health and Wellbeing Board Update - Verbal

Councillor Nurullah Turan, Executive Member Health and Social Care gave a verbal update to the Committee. During consideration of this the following main points were made –

- Noted that discussions were taking place on funding and that it was important that Islington did not lose funding to other boroughs, given its deprivation needs
- Noted that Islington wanted to work with partners to engage across NCL on the new structure and work for more central government funding

The Chair thanked Councillor Turan for attending

8. Health Inequalities Scrutiny Review - Witness evidence

Jonathan O'Sullivan, Director of Public Health was present and made a verbal update to the Committee, following circulation of a draft paper proposing a way forward in relation to witness evidence and draft recommendations for the scrutiny review, copy interleaved

- Noted that the witness evidence had been delayed due to COVID pressures
- Noted that it was proposed that the Whittington Hospital and evidence on diabetes would be presented to the Committee at the 21 February meeting, with a view to making recommendations at the March meeting
- Members expressed the view that a meeting should be arranged to consider draft recommendations, prior to the meeting of the Committee in March
- The view was expressed that lessons had been learnt from the pandemic about how things could be organised differently and how staff and Local Government could be very effective for its residents, during a pandemic. The Council had offered leadership to residents in very difficult circumstances, had engaged with the community, and offered advice and support and organised a very efficient vaccination programme. This had been made more difficult due to the inequalities in the borough, and the Government's behaviour during COVID

The Chair thanked Jonathan O'Sullivan for attending

9. Islington Safeguarding Report

Fiona Bateman, Chair Islington Safeguarding Board was present and outlined the report. During consideration of the report the following main points were made –

- Key achievements –criminal abuse role across the country during the pandemic but Central North London saw one of the lowest increases. Police detention rates for domestic abuse, rape and serious sexual assaults improved
- 107 local rough sleepers were accommodated as part of the national initiative. A further 93 hidden homeless cases were accommodated, and staff and volunteers and local residents were informed about emerging scams, such as charging people for COVID tests and vaccinations
- Partner organisations worked together to ensure care homes were fully prepared, particularly around infection control. Comprehensive system of welfare checks for shielding residents or those with care and support needs set up, with follow up welfare visits, organising food boxes and making referrals, including safeguarding referrals, when needed
- As staff could not visit people in care homes, measures put in place to ensure any new authorisation of a deprivation of liberty would take account of the fact that the person had not been seen face to face
- Service user and carer sub-group continued to run successfully during the pandemic
- Noted the progress on delivering the Islington Safeguarding Adults 3 year strategy
- Noted that there has been a slight increase in safeguarding adults concerns, however safeguarding enquiries have decreased
- The most common type of abuse in Islington during the last year were neglect, financial, physical and psychological abuse. The number of safeguarding concerns about modern slavery or sexual exploitation can be hard to spot but remains low
- Noted due to the pandemic the implementation of the Liberty Protections Safeguards had been postponed until April 2022 by the Government. Domestic abuse act passed into law
- In response to a question as to street homelessness it was stated that those transferred into accommodation during the pandemic had been closely assessed and that whilst this was welcomed by a number of homeless persons, there were some who did not and the Council could not compel people to remain in accommodation
- In response to a question as to do not resuscitate instruction on some patients there had been close co-operation between the Council/GP's/care homes etc. to needs on a case by case basis with regard to this during the pandemic, and the Whittington safeguarding board had looked into 11 cases on a case by case basis and that it had been established that these had been applied appropriately
- Noted the arrangements for attendance at the Islington Safeguarding Board and it was felt that partnerships were strong, however some improvements needed to be made at operational level, and to engage a wider section of the community such as voluntary and faith groups
- Reference was made to the fact that a number of vulnerable residents lived alone and their situation had worsened during the pandemic. Noted

that sheltered accommodation was monitored and if there is evidence of self-neglect appropriate action taken, although this had been more problematic during the pandemic
- Noted that NCL were looking at measures that could be taken to limit financial abuse
- Noted that some residents were uncomfortable with going out because of the pandemic, and it was stated that whilst residents could not be forced the Board would look at measures that could employed to encourage this

The Chair thanked Fiona Bateman for attending

10. Alcohol and Drug Abuse

Emma Stubbs, Lisa Luhman, and Charlotte Ashton Public Health were present, and outlined the report and presentation copy interleaved

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

- Better Lives, Islington's drug and alcohol service has been operational since April 2018 following a major redesign of services. Noted priorities for the treatment system and that during the initial lockdown periods, the initial focus of support was on ensuring residents could access, or continue to access the critical elements of their care. The service is now working towards as much face to face support as possible, whilst following guidelines
- The ongoing learning from the response to COVID has identified both challenges and opportunities and there have been challenges or limitations in service delivery. However the pandemic has also created opportunities and service users have benefitted from having responsibility and control of when they can collect medication and also better partnership working. This has led to substance misuse services and their partners exploring ways in which support can be offered in a more multi-disciplinary way. In addition the service nationally has been subject to review following the Dame Carol Black report which sets out a number of recommendations to improve drug and alcohol services
- Priorities for next 12 months – targeting priority groups such as opiate users who also use alcohol, Implement COVID recovery programme, develop systems and partnerships to address co-morbid trauma and mental ill health in those who use substances, deep dive into review of deaths in treatment, address recruitment and retention of workforce, review and respond to recommendations in Dame Carol Black's report
- Noted impact of COVID and service recovery proposals, together with service user perspectives
- Noted details of complexity of service users, and inequalities and deprivation affecting this
- In response to a question it was stated that the service had faced a number of challenges during the pandemic, and that the numbers of service users had increased. It was stated that details of drug related deaths, and additional data should be included in future reports
- Reference was made to the additional funding that had been made available, however there were ever more complex needs to be dealt

with, often related to housing, mental health and social services issues, and that there is a need to work more effectively across agencies to deal with these

- Discussion took place as to deaths in treatment and that this was not usually connected with overdosing, and that there was a need to identify and take a long term view about where more appropriate interventions could more effectively have been made, and a whole system approach taken
- Noted that the pandemic had made engagement with service users more difficult. Noted that the changes proposed to health community services may assist in this
- In response to a question as to the high number of under 18's admissions to hospitals it was stated that education was needed as to the effect of drugs on young people, and there were regular commissioner meetings across London to discuss concerns, however the purchase of drugs on the internet by young people was problematic
- A Member referred to the Islington website and the directory to services, and it was stated that this would be looked at to ensure it is more user friendly

RECOMMENDATION:

That the Director of Public Health be requested to

(a) Provide more detailed information related to of drug deaths in future reports

(b) Ensuring the LBI website is updated to be more user friendly and provide a better description of services available

(c) Provide details of how many estimated drug and alcohol users that the borough engages with, based on Public Health England figures

(d) Provide the service contract KPI's in future reports, together with national comparators compared to LBI figures

(e) That where available details of (a) – (d) above be circulated to Members following the meeting

The Chair thanked Emma Stubbs, Lisa Luhman and Charlotte Ashton for attending

11. Covid 19 Update - Verbal

Councillor Sue Lukes, Executive Member Community Safety and Pandemic response, and Jonathan O'Sullivan, Director of Public Health and John Everson, Director of Adult Social Care were present

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

- Noted that the decision for mandatory vaccinations for NHS staff had been amended and consultation was now going to take place and the 1 April scheduled date has been delayed
- Noted that discussions had taken place with providers and 80% of staff had now been vaccinated, and this was scheduled to rise to 95% by 1 April, however this may now be affected by the change by the Government to consult on the proposals
- Noted that there had been a number of small COVID outbreaks in care homes, however these had been small and mainly confined to staff
- Noted that rules around isolation and visiting care homes were changing
- Noted that OMICRON had increased COVID cases substantially in the borough, and that this was due to its high transmissibility, however it appeared the virus was milder than previous variants, and less likely to lead to hospitalisation and death
- Noted that infections had now dropped from the peak and that there had been a decline in hospitalisations, and death levels were lower than the previous year in January and there were less people on mechanical ventilators
- Noted the good vaccination programme which had assisted in reducing hospitalisations and deaths, especially in the 60+ age group
- Noted the excellent work carried out by Public Health staff during the pandemic
- Vaccination rates – 1200 residents had first and second vaccinations in the previous week and booster rates were very good
- Noted that Islington had received an additional grant from Government to assist with the vaccination process, and that this would be targeted to areas where there were low vaccination levels, such as Bunhill, Caledonian wards
- Noted COVID funding was due to end in March, however testing was likely to continue but guidance was awaited as to what form this would take

The Chair thanked Councillor Lukes, Jonathan O'Sullivan and John Everson for attending

12. Work Programme 2021/22

RECOMMENDATION:
That the report be noted and amended due to the changes in the programme due to the revised schedule for the Scrutiny review discussed earlier

The meeting ended at 10.10 p.m.

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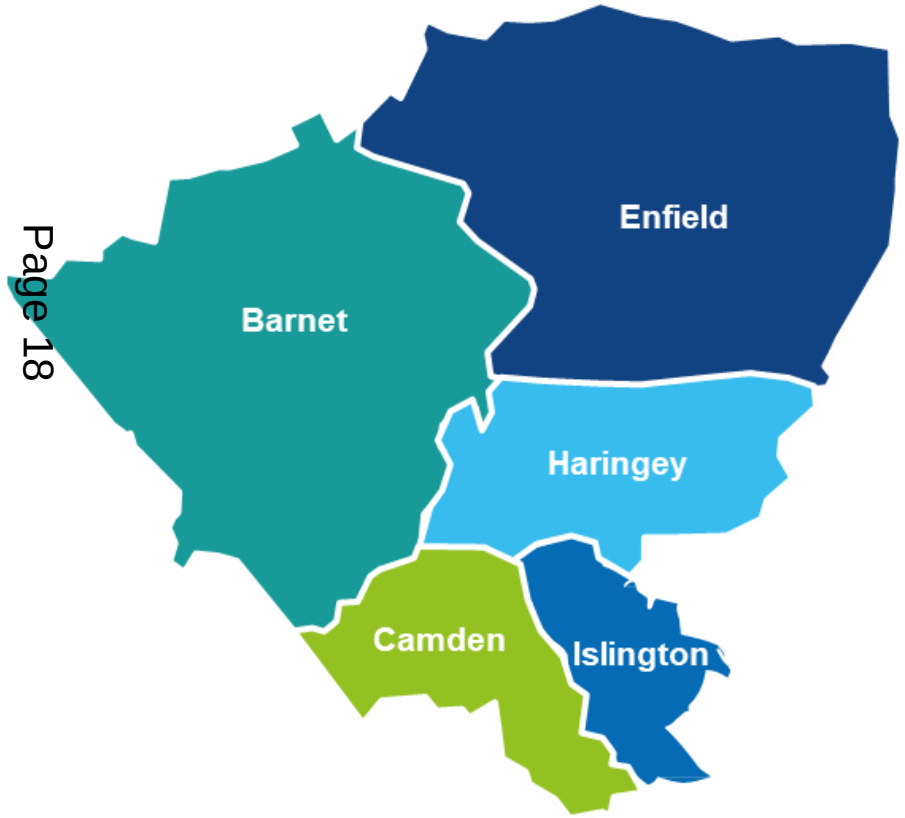
in health and care

Update on NCL ICS Transition

Presentation to Health and Care Committee
21 February 2022

NORTH LONDON PARTNERS
in health and care

The North Central London population



- North Central London is made up of five boroughs – Barnet, Camden, Enfield, Haringey and Islington.
- Around 1.6 million residents live in North Central London, with a relatively young population in some boroughs compared to the London average.
- Diverse population with historic high migration – from within UK and abroad; around 25% of people do not have English as their main language.
- Higher rates of deprivation than some London areas, with pockets of deprivation across all boroughs.
- Significant variation in life expectancy between most affluent and most deprived areas.
- Approx. 200,000 people in NCL are living with a disability.

[1] Index of Multiple Deprivation, 2019

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The North Central London health and care system

- 12 hospital trusts
- 5 local authorities
- One clinical commissioning group
- 200+ general practices
- 300+ pharmacies
- 200+ care homes
- A wide range of voluntary, community and social enterprise (VCSE) sector organisations and groups providing essential care

[1] Index of Multiple Deprivation, 2019

Overview

- ✓ NCL has continued to work towards transitioning to an ICS, building on the learning from the pandemic. The target date for ICS establishment has been moved from 1 April to 1 July 2022, subject to passage of the Health and Care Bill. As a result, NCL CCG will continue as statutory body until 30 June.
- ✓ Work has progressed well in key areas of ICS development including the development of borough partnerships which continues at pace.
- ✓ Of note, there has been progress in increasing patient and community involvement, this is set out on slides 17-19.
- ✓ With the appointment of our ICB Chair designate Mike Cooke and ICB CEO designate Frances O'Callaghan, we are building on existing relationships to develop emerging governance fora. The emerging principles set out on slide 17 will help us build on our existing commitments to enhance new ways of working. Details of the emerging governance are on slides 18 – 20.
- ✓ Key next steps include continued and strengthened engagement with our partners and residents, establishment of a leadership team, and developing the Board Membership and ICB constitution (slide 21).

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Progress of the Health and Care Bill

The Health and Care Bill is currently passing through parliament and is currently in the committee stage in the House of Lords. We are currently expecting the bill to gain Royal Assent in March or early April.

First stage (the House of Commons)

1. First reading
2. Second reading
3. Committee stage
4. Report stage
5. Third reading

Second stage (the House of Lords)

1. First reading
2. Second reading
3. Committee stage
4. Report stage
5. Third reading

Final stages

1. Consideration of amendments
2. Royal Assent

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We are building on strong foundations in NCL

Responding to the Covid-19 pandemic has accelerated, and consolidated, ways the system worked together to deliver for residents. This models the behaviours that will be at the heart of the ICS.

- **Innovative approaches to care:** pulse oximetry led by primary care and virtual wards led by hospitals to minimise Covid-19 positive patients' admission to hospital, and early discharge where appropriate.
- **Accelerated collaboration:** single point of access for speedier and safer discharge from hospital to home or care homes; development of post-Covid19 Syndrome multidisciplinary teams to support patients.
- **Mutual planning and support:** system able to respond quickly to a significant increase in demand for intensive care beds.
- **Smoothing the transition between primary and secondary care:** increased capacity for community step-down beds to ease pressure on hospitals.
- **Sharing of good practice:** clinical networks to share best practice and provide learning opportunities.
- **Clinical and operational collaboration:** ensuring consistent prioritisation across NCL so most urgent patients are treated first.

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Timeline of Transition to the NCL ICB

Following the delay to the target date, the timeline for our transition has been adapted to reflect further information made available and in line with legislative changes.

- Chair and CEO Designates Appointed
- NCL CCG EMT consultation commenced
- OD support mobilised
- Place development work (ongoing)
- Draft Constitution developed

- Draft ICB Objectives for 2022/23
- Engagement on Partnership Council / Board membership
- Clinical Leadership model development
- Commence TUPE consultation on staff transfer with trade unions and staff

- ICB established and CCGs abolished
- First ICB Board
- ICB website in place; day 1 comms plan in place
- Day one sign off of:
  - *Constitution*
  - *SoRD*
  - *SFI*
  - *Key ICB Policies*

2021 | Jan / Feb ’22 | Mar/ Apr ’22 | May / June ’22 | July ’22

- NCL financial planning for 2022/23 in line with planning guidance
- Recruitment of Executive ICB equivalent (including CMO, CN, CFO and CPO) and Non Executive Members to commence
- Partner members approach developed
- Draft Constitution engagement

- Final Governing Body and Committee Meetings
- People Transfer
- Property Transfer
- Primary care commissioning arrangements transferred to ICB
- Appoint partner members (designate)
- Regional Director to sign off constitution

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A reminder: purpose of an Integrated Care System

- The core purpose of an Integrated Care System (ICS) is to:
  - improve outcomes in population health and healthcare
  - tackle inequalities in outcomes, experience and access
  - enhance productivity and value for money
  - help the NHS to support broader social and economic development.
- Each ICS will have a responsibility to coordinate services and plan health and care in a way that improves population health and reduces inequalities between different groups.
- This way of working closely reflects how the NHS and Councils in North Central London have already been working together in recent years, to improve our population's health and reduce inequalities through greater collaboration.

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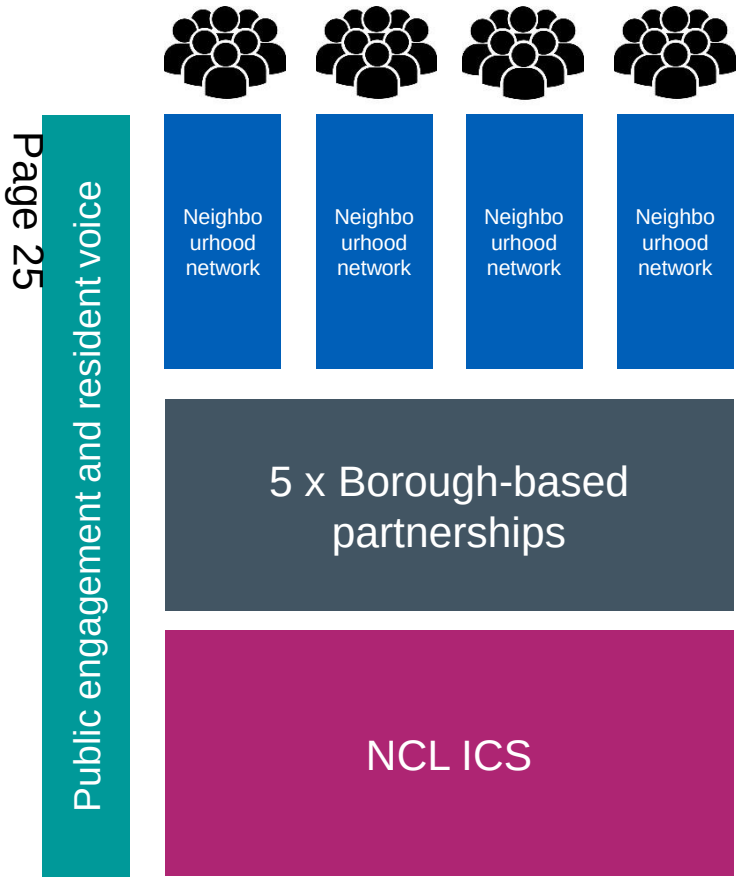
Neighbourhood, place and system

Together with system partners, we are designing what the North Central London Integrated Care System (NCL ICS) will look like at neighbourhood, place (borough) and system-level.



Neighbourhoods build on the core of the primary care networks through multidisciplinary teams taking a proactive population based approach to care at a community level.

The work at borough partnerships is focussed on bringing together partners **develop and coordinate services based on agreed outcomes for their populations.**

The NCL ICS will focus on activities that are better undertaken at an NCL level **where a larger planning footprint increase the impact or effectiveness** of these functions.

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The benefits of forming an ICS in North Central London

Improved outcomes

Enable greater opportunities for working together as 'one public sector system' – ultimately delivering improved patient outcomes for our population

Working at borough level

Support the further development of local, borough-based Care Partnerships and Primary Care Networks

Reduce inequalities

Identify where inequality exists across in outcomes, experience and access and devising strategies to tackle these together with our communities

Efficient and effective

Help us build a more efficient and effective operating model tackling waste and unwarranted variation

New ways of working

Accelerate our work to build new ways of working across the system to deliver increased productivity and collaboration

Economies of scale

Help us make better use of our resources for local residents and achieve economies of scale and value for money

System resilience

Help us become an system with much greater resilience to face changes and challenges to meet the needs of our local population by supporting each other

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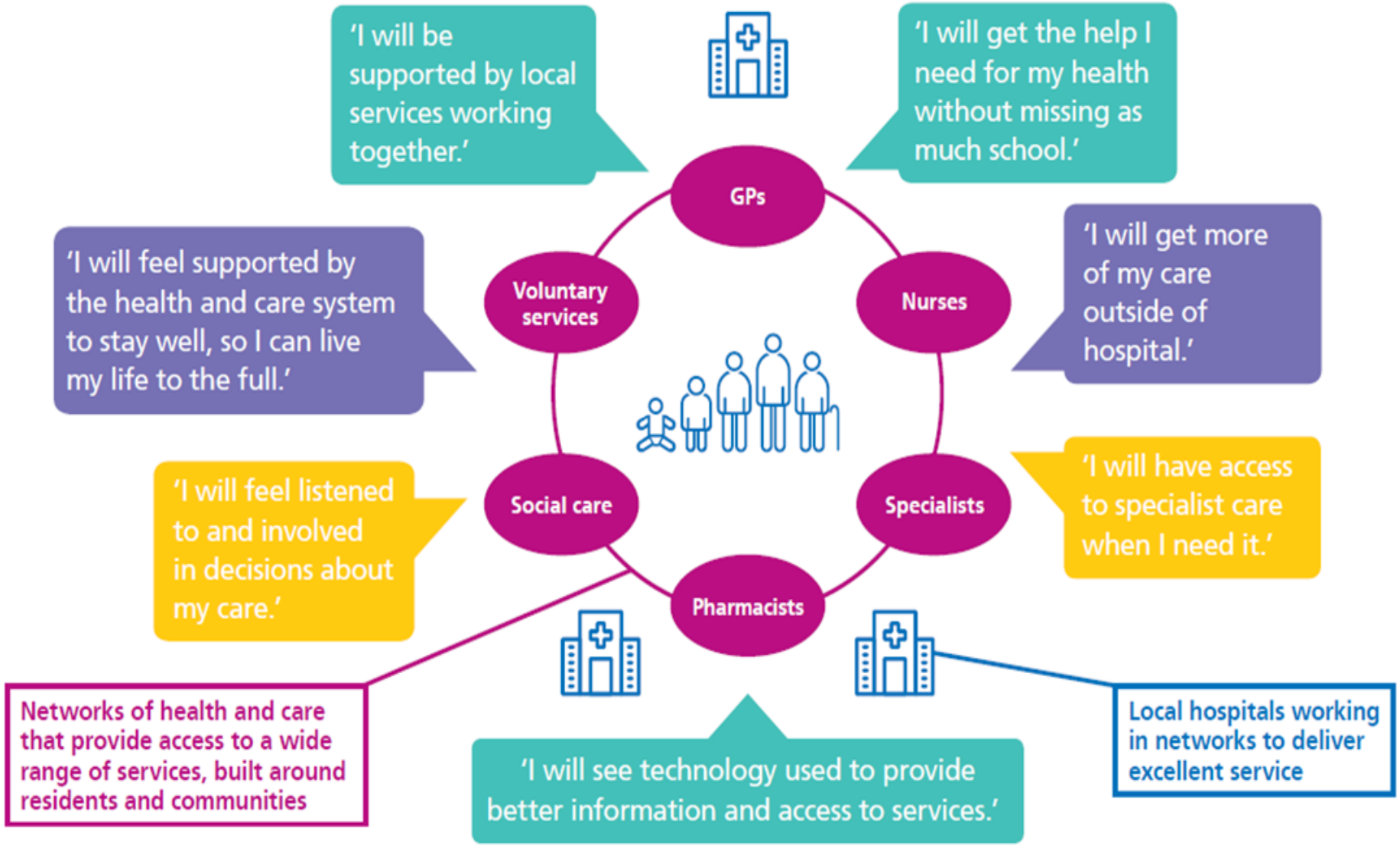

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Clinicians at the heart of our NCL ICS

Future clinical leadership

- Clinical leadership will remain at the centre of the NCL ICS – at system, borough and neighbourhood level.
- The NCL Integrated Care Board will include a Chief Medical Officer and Chief Nurse. These roles will be recruited to during Q4 (2021/22).
- Must reflect the multidisciplinary nature of an ICS, and the diversity of our population.
- Continued need for primary care clinical leadership.
- Setting objectives for effective partnership working between clinical and professional leaders, officers and system partners to provide high quality health and care for NCL patients and residents.

Our clinical workforce

- COVID-19 has made us think and act in a more integrated way, aiming to deliver the best care for our population.
- Development of the North Central London ICS will build on the good work undertaken to support staff throughout the pandemic.
- We are looking at the possibility of having some NHS staff based across multiple sites, to manage the demand on the system.
- Working together offers the opportunity to reduce duplication, learn best practice and learn from / teach each other.

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Community involvement and representation

Health and Wellbeing Boards

Health and Wellbeing Boards are linked to all borough partnerships

- Most boroughs have updated their Health and Wellbeing Board ToR to include a link to the Borough Partnerships.
- Councillors are engaged through the HWBB although there is increasing interest in direct involvement.
- Local scrutiny committees also regularly request reports on the development of integrated care locally.

Patient & resident involvement & engagement

Patient and resident engagement is being undertaken in different forms across borough partnerships

- All partnerships have their local Healthwatch as members on their partnership groups.
- Some Healthwatch members lead on specific areas of focus/priorities within the partnership.
- Borough partnerships have engagement groups (e.g. Haringey Citizen Health & Care Advisory Board, Camden Citizens Assembly, Islington conducts regular community engagement events).
- Some CCG borough teams also support a patient engagement forum, with resident and VCS representation.

Engaging the VCS

Voluntary & community sector organisations play a role in all partnerships

- VCS is represented on all partnership groups across all boroughs. In some, VCS leads on priorities areas (for example MIND in Camden alongside CIFT).
- In all others they are “plugged into” the work and have played an increasingly significant role in delivery of partnership plans (social prescribing, mental health and wellbeing support, delivery of equipment, support to access services, support to comms campaigns such as flu).

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Principles for communication and engagement

Effective communication and engagement across partnerships will be key to the ICS development and implementation. The key principles we will work to are included below.

Shape a programme of collaborative work between CCG, Council and Provider comms and engagement team – to build shared processes and ways of working for the future ICS, focused on:

- ✓ Building shared approaches to engagement, co-production etc.
- ✓ Models to bring together resource (staff and budgets) from across partner organisations
- ✓ Regular opportunities to share practice and make connections on engagement work across organisations
- ✓ Processes to centrally collect and report on insights to inform plans and decisions
- ✓ Shared evaluation models to demonstrate impact of engagement / community involvement
- ✓ Workforce training – develop skills to work with communities and VCSE, and build understanding that this is part of everyone's role in tackling health inequalities.

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Community involvement and representation

Strong resident, patient and VCS involvement (at system, borough and neighbourhood level) is critical. Over the next six months we will seek views, including the below areas of focus – from the ICS Community Partnership Forum, CCG Patient Public Engagement and Equalities Committee, Council Leaders, elected members, our Healthwatches and VCS, and wider audiences.

Ongoing work at System-Level:

- Ensure transparent governance – public board meetings; resident, service user and carer representatives in governance etc.
- Developing shared principles and methods for involving people and communities, and co-production.
- Capturing insights to build a picture of resident priorities and needs, and acting on this as a system.
- Develop a shared approach to involvement / decision making with VCSE, supporting a resilient third sector.

Ongoing work at borough level

- Develop borough partnership approaches on engagement and involvement, linked to ICS framework.
- Ensure partnership links with HOSCs, HWBB, Healthwatch and VCSE sector are strong and effective.
- Support Primary Care Networks and neighbourhood team links into communities.
- Make every contact count to signpost residents to services and support

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Draft principles informing the work of the Integrated Care Board (ICB)

It is vital that our ICB builds on existing commitments/programmes and ambitions. Some of the emerging principles informing the work of the ICB are below:

- **Taking a population health approach:** We need to continue to develop the way we plan services to take into account the needs of people and communities, acknowledging the wider determinants of health. This will support tackling health inequalities across and within the communities we serve.
- **Evolving how we work with communities:** Embedding co-design with partners and communities in planning and designing services, and developing systematic approaches to communications and community engagement.
- **Continued focus on boroughs:** Partnership working within boroughs is essential to enable the integration of health and care and to ensure provision of joined up, efficient and accessible services for residents.
- **Learning as a system:** We have learnt a lot as a system over the past 18 months, both with our response to the pandemic and our efforts to recover. Capturing this learning across primary care, social care, community, mental health and hospital services will guide our next steps for both individual services and system approaches.
- **Acting as a system to deliver a sustainable health and care system:** Providing high quality services enabled by workforce, finance strategy, estates, digital and data.

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ICS emerging fora

	NCL ICS Quarterly Partnership Council (Health and Care Partnership) Established June 2021	NCL ICS Steering Committee (NHS Body) Established June 2021	Community Partnership Forum Established October 2021	Borough Based/ Place Based Integrated Care Partnerships Established April 2020
PURPOSE	Drive improvements in population health and tackle health inequalities by reaching across the NHS, local authorities and other partners to address social and economic determinants of health	Responsible for NHS strategic planning and allocation decisions. Securing the provision of health services to meet the needs of the population. Overseeing and co-ordinating the NHSE revenue budget for the system	Strategic patient and resident forum, overseeing and ensuring resident involvement at a system wide level	Partnerships build on existing relationships to enhance borough-based work. Boroughs are the point of integration of service planning and coordination. Focal area for primary care, PCNs, local providers, voluntary sector and Council colleagues
MEMBERS	Provider chairs, primary care leadership, all five council leaders and executive leadership	NHS executive directors, primary care leadership, social care leadership, clinical leadership	Healthwatch representatives, Council of Voluntary Services, Patient representatives	Varies by Partnership but includes, Council leaders, local Governing Body members, Local Trust CEOs (Acute and/or Community), CCG Borough Director

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Key next steps

- ✓ Co-producing a population health outcomes framework and strategy – with input from across the system.
- ✓ Construction of the leadership team following the appointment of the new NCL ICS Chief Executive Designate.
- ✓ Engagement meetings between the NCL ICS Chair, NCL ICS Chief Executive and partners to consult on next steps in evolving NCL health and care partnerships and borough partnerships.
- ✓ By the end of June 2022, the Partnership will agree ambitions for the next few years, short term priorities and core principles for working together.
- ✓ Establish a board membership for the ICB including non-executive and partner members (council, NHS Provider and Primary Care).
- ✓ Develop the ICB Constitution and engage with system stakeholders (February 2022).
- ✓ Begin working with Local Authorities and other system partners to think through the implications of the recently published Integration White Paper ‘Joining up care for people, places and populations’.

Central and North West London NHS
NHS Foundation Trust

Peckwater Briefing Report

Context

This briefing paper provides some context on the current key factors in relation to the CNWL services in South Wing and is always intended to address the concerns from the members of the Scrutiny Committee.

Due to the result of the Camden and Islington original Public Consultation and the London Borough of Camden's (LBC) planning intentions, there is a requirement to include South Wing in the St Pancras Hospital (SPH) redevelopment. For this to happen the rehabilitation wards (54 beds delivered by Central and North West London NHS Foundation Trust (CNWL) within South Wing) need to be re-provided elsewhere.

C&I are working with key stakeholders including CNWL on the production of an Outline Business Case, as part of the St Pancras programme. C&I in conjunction with North Central London Integrated Care System have conducted a joint option analysis regarding the re-provision of the rehabilitation beds off site. Included in these options were a potential purchase and build on private land, possible development offers as well as demolishing and building a new facility on an NHS Property Services (NHS PS) site in Central Camden (Peckwater). CNWL are already renting space within Peckwater as are C&I from NHS PS.

A development at Peckwater has the potential to bring together services from across the ICS, from Royal Free, C&I and our services at CNWL. CNWL have been clear that we are unable to consider any options that results in a reduction in bed numbers and none are planned as part of this move.

C&I are working on the appointment of specialist advisors and project management support to lead the business case with a planned SOC submission early in the new financial year.

Service Continuity and Displacement Risk

Currently the conversations with the Camden and Islington Team around the Peckwater option are at quite a high level. C&I are fully aware of the requirements for the clinical teams and inpatient beds relocating from South Wing, which are included in the space plans along with the Peckwater teams; more detailed design workshops are planned over the coming months.

The only uncertainty as part of the planning for the move is that since March 2020 a large proportion of the ground floor space at Peckwater Centre (PWC) has been converted for use by Primary Care Services as part of the NCL CCG COVID response. Initially this was as a "hot hub" for people with COVID symptoms who could be managed outside hospital and subsequently as a mass vaccination centre for the population of this part of Camden. Whether a solution is found for these services as part of the moves or, as CNWL were previously planning we are still determining with the CCG. CNWL are currently managing the short-term impact of the loss of these spaces which the CCG is fully sighted on; this impacts on our efficiency of delivery but services have been continued.

Peckwater Premises Design

As part of the development and feasibility of Peckwater there will be a need to demonstrate to a number of parties, whether this be the local authority planning team, stakeholders and service users that this space meets the needs of the occupiers.

This work will now continue with the appointment of specialist advisors and project management support. A detailed list of outputs and requirements will be formed for the required clinical and specialist needs of the site. Any new site will need to be designed using current Health Building notes which guide design and will likely mean our patient space will be more generous than we currently have at St Pancras. The building at St Pancras is in need of continual small repairs and refurbishment, and a move to a new site will inevitably provide an improved environment for both staff and patients

Peckwater Site Benefits

CNWL (and Camden Provider Services before it) have long held the view that South Wing is not fit for purpose. CNWL were involved in the initial business case for the ownership of the St Pancras Hospital site from Camden PCT to Camden and Islington NHS Foundation Trust (CIFT) in 2013. A key benefit for the Peckwater site is to ensure the service maintains its identity as community provision, and is linked into these wider community services, as well as primary and mental health care. There is an opportunity as part of this move to work closely with the Royal Free renal dialysis unit from St Pancras (North Wing) to collocate with the GP practice at a single location at Peckwater Centre in Kentish Town.

Access to outdoor space

C&I are clear of our requirement for outside space and although designing the building to provide outside space on such a tight site will be a challenge, it is possible and there are examples that have been provided as to similar solutions elsewhere. This will be an output from the design workshops mentioned about which are due to take place over the coming months. CNWL anticipate this to be a benefit of the move.

Transport Links

Included is a map of Peckwater in relation to the current location at South Wing, this site is well supported with transport links with the following routes that pass near Peckwater Health Centre.

Bus: 134, 253, 29, 390, 393, 88
Train: Overground and Thameslink
Tube: Northern Line

Ends
Jo Wilson
QTS – CNWL Estates team
21 December 2021

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ISLINGTON

Chief Executive Department
Town Hall, London N1 2UD

Report of: Director of Adult Social Care

Meeting of: **Health and Care Scrutiny Committee**	**Date:** **21 February 22**	**Ward(s):**

Delete as appropriate	~~Exempt~~	Non-exempt

SUBJECT: Quarter 2 (July-September 2021) Performance Report

1. Synopsis

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

1.2 This report sets out Quarter 2 2021/22 progress against targets for those performance indicators that fall within the Adult Social Care outcome area, for which the Health and Care Scrutiny Committee has responsibility.

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

2. Recommendations

2.1 To note performance against targets in Quarter 2 2021/22 for measures relating to Health and Independence

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

3. Background

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

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

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

4. Quarter 2 performance update – Adult Social Care

4.1 Key performance indicators relating to Adult Social Care.

PI No.	Indicator	2020/21 Actual	**Target 2021/22**	**Q2 2021/22**	On target?	Q2 last year	Better than Q2 last year?
ASC1	Percentage of ASC service users receiving long term support who have received at least one review	39%	**52%**	**48%**	**No**	48%	**Similar**
ASC2	New admissions to nursing or residential care homes (all ages)	186	**159 (40 per quarter)**	**116**	**No**	53	**No**
ASC3	Percentage of service users who have been supported with safeguarding and who are able to comment, report that their desired outcomes were fully achieved (making safeguarding personal)	67%	**70%**	**58%**	**No**	72%	**No**
ASC4	The proportion of adults with a learning disability in paid employment	7.8%	**8.2%**	**8.8%**	**Yes**	8.0%	**Better**
ASC5	Percentage of service users receiving services in the community through Direct Payments	27%	**30%**	**27%**	**No**	26%	**Better**

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

As of Q2 2021/22, 48% of service users who have been receiving services since the beginning of the year have had a review in the last 12 months. It is important to note that this indicator only captures reviews completed with residents who have had support from Adult Social Care for more than a 12-month period. However, the actual number of reviews completed with all residents receiving support has been considerably higher compared to last year. Reviews relating to the Health provided Covid funding streams, which initially provided 6 week, now reduced to 4 week funding to support discharges from hospitals have understandably had to be prioritised.

The prioritisation of these covid related reviews has enabled Adult Social Care to review all these cases in a timely manner enabling the department to ensure that the best possible outcomes are achieved for residents.

Why is this not on target?

- Teams have reprioritised work throughout the pandemic depending on need and risk. This included welfare checks for people who were most at risk during the pandemic and following up on safeguarding concerns. There was also the need to complete a large number of joint Continuing Health Care (CHC) reviews with Health colleagues. This was due to a backlog from NCL and not an Adult Social Care delay. These reviews would not count against this indicator.
- Health funding has been provided to aid the safe and timely discharge of residents from hospital. Funding was initially for a 6-week period and subsequently is now provided for a 4-week period. There is a requirement for Adult Social Care to review all residents receiving this funding within these timescales with a focus on strengths and the best possible outcomes for the individual. These reviews have understandably had to be prioritised. This prioritisation has enabled Adult Social Care to ensure that the best possible outcomes are achieved for residents.

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

- A service improvement action plan has been set to review practice in relation to the appropriate recording of what constitutes a review of a resident's needs, to monitor performance and update policy as needed.
- Service improvement targets have been set for teams and the trajectory will be monitored by the senior leadership team.
- Specific targeted work has started in two teams where review targets are lower than anticipated to ensure that all review work is being appropriately captured and to undertake appropriate LAS updates as needed.
- Additional reviews capacity is currently being explored to support an improved end of year position, with the caveat that it is a very difficult social care locum market at present.
- Weekly review check in meetings with Team Managers and Heads of Service
- Monthly review board to monitor progress and agree actions to Improve performance.
- The department's dedicated review team has designed a revised review framework to manage higher volume of reviews more effectively and this has enabled the team to complete an increased number of reviews and this should improve the indicator performance in the next quarter.
- The North and South team who are having to concentrate on other key priorities have transferred 100 cases that were awaiting a review to the dedicated Review Team. This team is using the review framework to prioritise and complete. This work continues with more cases being prioritised in this way.

When do you expect it to be back on track?

We expect to continue the upward direction of travel and see improvements in reviews in the next quarter.

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

The Council provides residential and nursing care for those who are no longer able to live independently in their own homes. The aim is to support more people to remain independent and within the community for longer, therefore keeping admissions to a minimum. At the end of Quarter 2 2021/22, we have had 116 new admissions, above the target of 40 per quarter (159 total placements for the year).

In the past year, Adult Social Care has seen an increase in hospital discharges, safeguarding concerns and complex cases. The change in demand due to the pandemic has affected the overall number of new admissions to care homes. This is a trend that has been seen across all our NCL partnership boroughs. Listed below are some reasons why we have a high number of admissions this quarter.

Why is this not on target?

- There has been an increasing complexity of need associated with the pandemic and this has seen more people requiring long-term support in a care setting following discharge from hospital.
- We have seen hospital discharges peak in Q4 2020/21 and they have remained high in Q1 and Q2 2021/22.

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

- Daily Integrated multi-disciplinary Quality Assurance Meeting (IQAM) and daily hospital meeting to sign off any packages of care or requests for placements. Chaired by member of the Senior Leadership Team at Assistant Director level or above. The purpose of the meeting is to be assured that a strength based approach is being taken when assessing or reviewing residents and that the least restrictive options are explored with innovative solutions being used to meet need and to achieve the best outcomes for residents.
- Specific project to bring together Community Health and Social Care colleagues to manage urgent need in a more targeted and integrated manner to ensure we are supporting residents to remain living in the community for as long as possible, as well as preventing hospital admission that can ultimately lead to a decrease in function and increase in needs.
- Management actions in place to provide assurance that all support packages are recorded in a timely manner on the electronic care records system (LAS) to enable accurate performance recording in this area.

When do you expect it to be back on track?

When the pandemic has stabilised and the number of hospital admissions and discharges reduces to a more appropriate level.

4.4 **The proportion of adults with a learning disability in paid employment**

This national Adult Social Care Outcomes Framework (ASCOF) measure intends to improve employment outcomes for individuals with a learning disability. The reason for including this as a new corporate indicator this year is threefold. Firstly, we know that COVID-19 has affected employment nationwide, with the unemployment rate in the UK higher than what is was pre-pandemic. Secondly, we know there is a strong link between employment and quality of life. Being in paid employment benefits an individual's health, wellbeing, finances and the economy. Finally, we know that adults with learning disabilities experience inequalities when seeking to enter the job market.

Local performance is on target, with 8.8% of individuals with a primary support reason of learning disability in paid employment. This is above the target of 8.2% and above the 2020/21 performance for England (5.1%) and London (6.1%).

What action has been taken

- Islington's iSet service launched in October 2021, the re-branded employment service supporting residents with learning disabilities (previously known as the Community Access Project).
- The learning disability and autism subgroup meet every quarter. This group brings together council (iSet) and employment support providers to review data, discuss any challenges and share networking opportunities across the system.
- Employment support partners reported 1 new job start in Quarter 2.

Areas for further development

- Guidance to be revised on the recording of employment information to ensure the department is capturing all people with a learning disability in paid employment.
- There are plans being rolled out that will increase the number of reviews completed with people with learning disabilities. This will support the identification of more residents who can access paid employment.

4.5 **Making Safeguarding Personal (An individualised approach to safeguarding that focusses particularly on what the resident would like the outcome of the safeguarding to be)**

This indicator measures the percentage of service users who have been supported with safeguarding, and who are able to comment, report that their desired outcomes were fully achieved.

This is a new indicator for 2021/22 and it helps the service monitor safeguarding. The safeguarding adult's duties are enshrined in the Care Act 2014. The Care Act formally introduced the requirement for local authorities to safeguard people using a personalised approach. This approach is Making Safeguarding Personal (MSP). MSP places the service user at the centre of safeguarding conversations, decisions and actions.

One of the assurance mechanisms to track that the Making Safeguarding Personal principles are being followed is achieved is by asking service users if their desired outcomes were fully met from the safeguarding investigation.

In Q2, 58% of service users reported that their desired outcomes were fully achieved, below the target of 70% and Q2 last year (72%).

Why is this not on target?

- Capturing this outcome accurately on the system has not been consistent. There are robust management actions to remedy this.
- It should be noted that the data sources for this indicator are not just from Adult Social Care, for example the Mental Health Trust also feed into this indicator, and this has lowered the indicator performance. There are measures in place to ensure the Trust improve performance in this area, these are being overseen by a member of the senior leadership team.
- The restrictions on contact with service users and carers and the reduced access to alternative means of support due to closures in services linked to COVID has directly impacted on the ability to fully meet the desired outcomes of service users.
- It should also be noted that Adult Social Care are working with some adults who may disagree with the protection measures that are proposed, especially when the safeguarding involves a family member or friend. For these reasons they may not feel their outcomes have been met.

What action are you going to take to get it back on track?

- Working with Islington Digital Services to review the safeguarding module of our electronic case records system to ensure that this, and other key questions, are mandatory to answer for staff completing
- Safeguarding audits and reviews at the point the case is closed, led by the Safeguarding Team leads, will focus on improving this indicator
- A weekly safeguarding closure panel is now in place to oversee the outcomes of safeguarding enquiries and to support the embedding of best practice in this area.
- We are looking at improving our understanding of key factors that influence service user satisfaction in safeguarding enquiry outcomes and are developing an improvement plan around Making Safeguarding Personal

When do you expect it to be back on track?

We expect to see improvements in Q3.

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

Adult Social Care is currently below the target of 30%, in Q2 2021/22 with 27% of Islington community care and support provided via a Direct Payment. Although off target, performance for this indicator is slightly better than Q2 in 2020/21 (26%). Islington performance is above the 2020/21 performance for London (24.4%) and similar to England (26.6%).

An additional 75 people with learning disabilities have been identified to transfer over to direct payments by the end of November with a further 23 having been identified as new direct payment users, and who will be transferred once reviews have been completed later in the year, when capacity within the Learning Disability Service (ILDP) allows.

Why is this not on target?

- Service user recruitment of new personal assistants was paused during the pandemic. This is due to the risk of bringing a personal assistant into the home and other COVID-19 associated risks. This 'pause' has now been lifted and recruitment can proceed as before.

What action are you going to take to get it back on track?

- 75 people with learning disabilities have been identified as new direct payments users and will be transferred to direct payments by the end of November. These additional people will increase performance to 29% (if nothing else changes).
- An additional 23 will be added later in the year once reviews have been completed. This will enable us to reach the target of 30% (if no other factors change).
- There are a number of Direct Payments User and carers forums and working groups that have been commenced that are focussing on improvements to processes that will simplify the Direct Payment process.
- Other work within the department includes the review and refresh of Direct Payments (DPs) policies and procedures
- Direct Payments are being discussed in the daily quality assurance meetings with the aim to identify residents who would benefit from having a direct payments to more flexibly manage their support.

When do you expect it to be back on track?

Improvements should be see next quarter with the additional 72 individuals transferred to direct payments.

5. Implications

Financial implications:

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

Legal Implications:

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

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

5.3 There are no environmental impact arising from monitoring performance.

Resident Impact Assessment:

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

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

6. Conclusion

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

Signed by:

Director of Adult Social Care Date:

Report Author: Evie Lodge
Tel: 7536
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Chief Executive Department
Town Hall, London N1 2UD

Report of: Public Health

Meeting of: **Health and Social Care Scrutiny Committee**	**Date:** **February 2022**	**Ward(s):** **All**

Delete as appropriate	~~Exempt~~	Non-exempt

SUBJECT: Quarter 2 Performance Report: 2021-2022

1. Synopsis

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

1.2 This report sets out Quarter 2, 2021-2022 progress against targets for those performance indicators that fall within the Health and Social Care outcome area, for which the Health and Social Care Scrutiny Committee has responsibility.

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

2. Recommendations

2.1 To note performance against targets in Quarter 2 2021/22 for measures relating to Health and Independence.

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

3. Background

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

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

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

4. Quarter 2 Performance Update – Public Health

PI No.	Indicator	2019/20 Actual	2020/21 Actual	2021/22 Target	Q2 2021/22	On target?	Q2 last year	Better than Q2 last year?
HI1	Population vaccination coverage DTaP/IPV/Hib3 at age 12 months	New Corporate Target	84%	No target set	83%	N/A - Indicator for recovery	84%	Similar
HI2	Population vaccination coverage MMR2 (Age 5)	New Corporate Target	71%	No target set.	68%	N/A - Indicator for recovery	72%	No
HI3	Number of child health clinics run per week (out of a pre-covid19 quota of 12/week).	New Corporate Target	11 clinics	No target set.	11	N/A - Indicator for recovery	8	Yes
HI4	Number of Long Acting Reversible Contraception (LARC) prescriptions in local integrated sexual health services.	1335	881	1100	452	Yes	402	Yes
HI5	Percentage of smokers using stop smoking services who stop smoking (measured four weeks after quit date).	57%	58.3%	50%	61%	Yes	60%	Similar
HI6	Percentage of drug users in drug treatment who successfully complete treatment and do not re-present within six months.	15.2%	12%	20%	13.8%	No	16.7%	No
HI7	Percentage of alcohol users who successfully complete the treatment plan.	42.9%	32.8%	42%	33.1%	No	28.6%	Yes

5. Key Performance Indicators Relating to Public Health

5.1 Population vaccination coverage DTaP/IPV/Hib3 at age 12 months. As this is a recovery target, no annual target is set.

5.1.1 This measure considers population coverage at age 1 year of the 6-in-1 vaccine (vaccinating against diphtheria, hepatitis, Hib, polio, tetanus and whooping cough) which is given in 3 doses at ages 2, 3 & 4 months. The data is extracted from the local HealtheIntent childhood immunisation dashboard.

5.1.2 In quarter 2, 83% of children had a complete set of 6-in-1 vaccinations before the age of 1.The comparison with pre-covid 19 rates (84% in Q2 2020/21) indicate that immunisation levels held up relatively well, despite the pressure on services during the early months of the pandemic.

5.1.3 The data represents children who were aged 1 (i.e. any age between 12 and 24 months) between July and Sept 2021. This cohort of children were due their first vaccinations between October 2019 and Feb 2021, including many who were due vaccinations during the early stages of the pandemic. Children who missed their vaccinations during that period would have been able to catch up at any time up to age 1 and still be included in this data.

5.1.4 We believe HealtheIntent data to provide the most accurate picture of local population coverage for immunisations. As a relatively new platform within primary care, it provides daily updates on vaccination status, coding errors and overdue vaccinations, in order to drive improvement to the call-recall process and to increase childhood immunisation rates. The data reported nationally for Islington can differ from HealtheIntent data due to coding issues and data flows.

5.2 Population vaccination coverage MMR2 (Age 5). As this is a recovery target, no annual target is set.

5.2.1 This measure considers population coverage at age 5 years of the MMR vaccine (measles, mumps and rubella), which is given in 2 doses at age 12 months and at age 3 years and 4 months. The data is extracted from the local HealtheIntent childhood immunisation dashboard, as per above indicator.

5.2.2 In quarter 2, 68% of 5 year old children were fully vaccinated against MMR. This is a slight decrease from the previous quarter and a pre-pandemic plateau of around 70%. It also shows a slightly higher rate than reported for Islington in published national data, but is believed to be more accurate (for the same reasons given in 5.1 above). The nationally reported rates for Q2 2021/22 is 64%.This is a known discrepancy, due to inaccuracies in coding and issues with data flows.

5.2.3 Coverage for the MMR vaccine is measured when the child is age 5 years.
The quarter 2 data represents children who were aged 5 between July and Sept 2021. This cohort of children were due their second dose of the MMR vaccine pre-pandemic. However, catch up activity with children who missed their scheduled dose may have been impacted by the pandemic and therefore may have contributed to a reduction in coverage.

5.3. Population vaccination coverage – key successes and priorities

5.3.1 Overall, local vaccination levels have been sustained through covid-19, supported by consistent messaging to parents via local health visiting services, primary care and in school communications. The reduction in MMR at 5 years being reported in London and nationally pre-dates the pandemic, but the drop in Q2 may be an indication of the impact on access to, or changed use of general practice throughout covid, including the reduced scope for follow-up/reminders and opportunistic vaccinations for children who had missed their scheduled dose.

5.3.2 The key priority for Public Health Officers will be to continue to make every contact count in terms of childhood vaccinations. Well-established integrated early year's services provide multiple opportunities for reminding parents of the importance of vaccinations, the opportunities for catch-up and the safety of the environment in which vaccines are delivered. Nursery and school entry are additional touch-points for checking vaccination status and reminding parents to keep up to date with vaccinations.

5.3.3 NCL CCG have recently appointed 3 childhood immunisation co-ordinators. This will provide additional resource within primary care to improve coding and call-recall systems and other actions to improve the uptake of childhood vaccinations.

5.3 Number of child health clinics run per week (out of a pre-covid 19 quota of 13/week).

5.3.1 The Health Visiting Service is a universal service delivering the Healthy Child Programme to all families in the borough with children aged 0-5. This includes 4 mandated developmental reviews of young children between birth and age 2. Home-visiting to carry out these reviews is an essential feature of the service in terms of safeguarding and early identification of problems.

5.3.2 The Child Health Clinics (previously pre pandemic 13 weekly across the borough) provide easy drop-in access to the service and the clinics have always been well utilised by parents. The clinics provide an important opportunity for parents to discuss minor health concerns with a health visitor, potentially preventing unnecessary GP appointments or A&E visits; to check weight (growth) and to discuss any concerns such as feeding, sleeping or emotional health.

5.3.3 The demand for appointments at a child health clinic remained high and the service offered 11 clinics per week during quarter 2.

5.3.4 During this period, home visits were the norm for new birth visits and a face-face appointment (home or clinic) for the 6-8 week checks. For those who did not want to have a home visit or face-face clinic appointment, a virtual appointment was available. This ensured that the vast majority of families received 2 face-face visits within 8 weeks of birth. Access is through a triaged single duty phone line, allowing same-day access to a health visitor. A face-face appointment is always made available for urgent situations.

5.3.5 Physical space for clinics has been a limitation with some health centre spaces prioritised for covid-19 vaccinations. Plans had progressed during Q2 to move some clinics back into children's centres, but covid restrictions still made this unviable. The service is working towards resuming drop-in clinics (i.e. no appointment needed) with appropriate safety measures in place.

5.4 <u>Number of Long Acting Reversible Contraception (LARC) prescriptions in local integrated sexual health services. The annual target is 1100.</u>

5.4.1 Long Acting Reversible Contraception (LARC) is safe and highly effective in preventing unintended pregnancies. Unlike other forms of birth control, it is a non-user dependent method of contraception. Increasing the uptake and on-going use of LARC thereby supports a reduction in unintended pregnancies, particularly amongst teenagers.

5.4.2 The local integrated service provided by CNWL (Central North West London NHS Foundation Trust) is a mandated open access service providing advice, prevention, promotion, testing and treatment for all issues related to sexually transmitted infections, sexual and reproductive health care.

5.4.3 Covid-19 has severely impacted activity over the last eighteen months due to a number of related factors. For example, not being able to use some of the smaller community estates safely, whilst maintaining social distancing guidance has limited operational capacity. CNWL have been providing additional clinic sessions to mitigate this reduced capacity per clinic, whilst operating in a covid safe environment. The service continued to hold a waiting list due to covid attributable operational impact and as part of 'catch up' activity due to appointments lost during periods of the pandemic.

5.4.4 Despite the range of challenges to service delivery during the pandemic, the services have been able to operate under hybrid access arrangements. This access provides service continuity to those with low risk needs and to those with non-complex hormonal contraception needs predominantly managed online or provided remotely. There is however, a need to maintain and balance in-clinic provision for complex cases needing a range of sexual health support, as well as continuing to offer services which require in person intervention.

5.4.5 In quarter 2, there was an improvement in performance with 452 LARC fittings during the quarter compared with 426 in Q1 and 402 in the same period last year when the service was still affected by the first wave of covid -19. The performance for this quarter (Q2) is approaching pre-covid levels.

5.4.6 The improvement in performance is a positive result. Whilst covid-19 restrictions remain in place the service will not be able to provide full in-clinic capacity, but continues to give a high priority to LARC appointments. The key areas of focus in Q3 to increase access to LARC include:

- Young people's sexual health providers to increase LARC clinics for all ages.
- Clinical Commissioning Group (CCG) led abortion services have established separate clinics to provide LARC to women outside of the abortion pathway (commenced June 2021).
- Discussions with the NHS about other opportunities to organise and offer LARC, such as within the maternity pathway.

5.5 Percentage of smokers using stop smoking services who stop smoking (measured at four weeks after quit date). The annual target is 50%.

5.5.1 The community stop smoking service 'Breathe' offers behavioural support and provides stop smoking aids to people who live, work or study in Camden & Islington. The 3-tiered service model ensures that smokers receive the support that is appropriate for their needs, suited to their lifestyle and circumstances. Breathe also supports, trains and monitors a network of community pharmacies and GP practices to deliver stop smoking support.

5.5.2 Overall, the success rate remains high and above target across the service. In quarter 2, the four-week quit rate was above target at 61%, similar when compared to 62% in Q1 and when compared to Q2 in 2020-21 when the quit rate was 60.3%.

5.5.3 For pregnant women the 4 and 12-week quit rates are exceptional at 75%, although this represents a small number of quits (15). This is an increase compared to Q2 2020-21, when only 7 pregnant women quit smoking. The North Central London (NCL) rate of smoking at delivery in Q2 remained higher than the London rate (5.7% and 4.4% respectively), but lower than the England figure (9%).

5.5.4 The NCL programme for smoke free pregnancy is designed to support improvements across maternity services. Enhanced training for midwives has provided the skills to address smoking behaviours and refer appropriately to the Breathe specialist. 91% of referrals went on to set a quit date in Q2. In addition, stop smoking champions appointed in each of the local hospitals' maternity departments are working closely with the Breathe specialist to close the feedback loop between Breathe and referring midwives to ensure women are followed up appropriately. Providing enhanced support to pregnant smokers and their partners remains a priority.

5.5.5 Despite the challenges of the covid-19 pandemic, Breathe implemented a remote consultation offer of telephone/ video support and postal nicotine replacement therapy, which has been well utilised and is successful. The majority of service users continue to access telephone support with very good self-reported outcomes.

5.5.6 With recovery plans enacted since Q4 2020-21, face-to-face appointments and carbon monoxide monitoring has resumed in some clinical settings. Breathe continues to work closely with the Whittington Hospital clinical teams and provides support to smokers on the wards.

5.6 Percentage of drug users in drug treatment who successfully complete treatment and do not re-present within 6 months. The annual target is 20%.

5.6.1 'Better Lives' is the integrated drug and alcohol treatment service in Islington. The service provides comprehensive support to local residents aged 18 plus who need support in addressing their alcohol and/or drug use.

5.6.2 During 2020/21, substance misuse services remained open and accessible, but changed the way in which interventions were delivered to mitigate the impacts of covid-19. There was a move to remote support and where safe to do so, support was offered via telephone, digital solutions such as Zoom groups and various recovery apps. Services also increased the distribution of naloxone (an easy to administer medicine that rapidly reverses an opioid overdose) and safe storage boxes for medications.

5.6.3 Since then, it has been possible to offer other types of remote support including online groups and online key-working. A number of on-line groups are available to service users including mindfulness, support for sobriety and relapse prevention. The service has been working hard to re-instate as much face-to-face provision as possible, although activities have to be carefully managed to maintain social distancing and other measures to prevent and control infection risk within buildings.

5.6.4 In quarter 2, 13.8% of primary drug users successfully completed treatment, showing a small increase from Q1 when the completion rate was 13.2 %. This does not meet the target of 20%, however, the service has seen an increase in the number of people entering drug treatment, partly driven by substance misuse support offered to rough sleepers placed in emergency accommodation.

5.6.5 There have been increases in the number of people in drug treatment over recent years; for example, in Q2 2019/20 there were 812 people in drug treatment, 878 in the same period in 2020/21, increasing again to 949 in Q2 this year. In addition, the treatment service has actively retained people in treatment (instead of discharging them), in order to support service users during the pandemic. This has affected the percentage of people who have left treatment successfully.

5.6.6 Commissioners continue to work with service providers to manage current demand and to ensure support and advice is widely available for any Islington resident who may be concerned with their own or other's substance misuse use.

5.7 Percentage of alcohol users who successfully complete the treatment plan. The annual target is 42%.

5.7.1 In quarter 2, there was a decrease in the percentage of alcohol users successfully completing treatment at 33% (in Q1 performance was 37%) and therefore the target of 42% has not been met.

5.7.2 The numbers of people in alcohol treatment have risen from 408 in Q2 2020/21 to 470 this quarter. Commissioners are working with service providers to manage current demand and to ensure support and advice is widely available for any Islington residents who may be concerned

with their own or others' alcohol use. For example, promoting a new alcohol awareness app "Lower My Drinking" which is available for all Islington residents.

5.7.3 During the pandemic the service reported an increase in demand for alcohol interventions, with a number of previous service users reporting not being able to manage recovery during the lockdown and have subsequently begun drinking once more.

5.8 Key priorities for substance misuse and alcohol

5.8.1 The key priorities for Commissioners in order to support the service and thus residents are:

- Ensuring that all critical face-to-face interventions are reinstated safely and as soon as possible. These include drug screening; blood borne virus screening.
- Ensuring the service can still operate safely and effectively in light of any new restrictions linked to increased covid-19 rates or emerging variants.
- Identifying how alcohol users can be better supported and increasing the numbers of people accessing the service for alcohol misuse.

Report end.

6. Implications

6.1 Financial implications:

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

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

6.2 Legal Implications:

There are no legal implications arising from this report.

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

There is no environmental impact arising from monitoring performance.

6.4 Resident Impact Assessment:

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

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

7. Conclusion

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

Signed by: Jonathan O' Sullivan

Acting Director of Public Health
Corporate Director and Exec Member Date: February 2022

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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. Performance indicators – Quarter 1
5. COVID 19 update
6. Healthwatch Annual Report/Work Programme
7. Executive Member Annual Report
8. Local Account

Agenda Despatch – 08 December 2021

16 DECEMBER 2021 - CANCELLED

1.Scrutiny Review – Health Inequalities - witness evidence
2 Health and Wellbeing update
3. Work Programme 2021/22
5. COVID 19 update
6. Alcohol and Drug Abuse – Update
7. Islington Safeguarding Board Annual Report
8. Frances O'Callaghan presentation

Agenda Despatch – 24 December 2021

31 JANUARY 2022

1. Health and Well Being update
2. COVID update
3. Scrutiny Review – Health Inequalities - witness evidence
4. Alcohol and Drug Abuse
5. Islington Safeguarding Annual 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 – Health Inequalities – witness evidence
5. Performance indicators – Quarter 2
6. Frances O'Callaghan
7. Redevelopment of St.Pancras Hospital

Agenda Despatch – 09 March 2022

17 MARCH 2022

1, COVID update
2. Health and Wellbeing update
3. Scrutiny Review – Health Inequalities – Final report

ITEMS FOR NEXT YEAR

PERFORMANCE INDICATORS – QUARTER 3 – JUNE 2022
PERFORMANCE INDICATORS – QUARTER 4 – JULY 2022
REPORT BACK SCRUTINY REVIEW – ADULT PAID CARERS – JULY 2022
TRUSTS PERFORMANCE UPDATES – LAS, WHITTINGTON, CAMDEN AND ISLINGTON MENTAL HEALTH TRUST, UCLH, MOORFIELDS

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