

London Borough of Islington  
**Health and Care Scrutiny Committee - Thursday, 17 March 2022**

Minutes of the meeting of the Health and Care Scrutiny Committee held at the Town Hall on Thursday, 17 March 2022 at 7.30 pm.

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

**Also Present:**           **Councillors:**           Turan

**Councillor Clare Jeapes in the Chair**

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

The Chair introduced Members and officers to the meeting

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

Councillor Graham

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

None

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

None

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

RESOLVED:

That the minutes of the meeting of the Committee held on 21 February 2022 be confirmed and the Chair be authorised to sign the

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

None

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

The Chair outlined the procedure for Public questions

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

None

**351        WHITTINGTON HOSPITAL - PRESENTATION (ITEM NO. 9)**

Jonathan Gardener, Whittington NHS Trust was present and made a presentation to the Committee, copy interleaved

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

- There are significant differences in health outcomes for those who live in the most deprived areas. The top three diagnosed long term conditions in August 2021, excluding mental health are hypertension, asthma and diabetes

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- Whittington's strategic objective is to play its role as an anchor institution to prevent ill-health, making every contact count, empower self-management and with the community, become a source of health advice, tackle inequalities
- Population health is an approach that aims to reduce health inequalities across an entire population, promote health and well-being and improve physical and mental health outcomes
- Noted that Islington has a much larger younger population when compared to London and national average. 24% of Islington population live in the most 20% of all deprived neighbourhoods, largely concentrated on the east of the borough
- The COVID pandemic worsened existing health inequalities which are linked with deprivation, ethnicity and age. The highest rate of hospital admissions for COVID were other ethnic groups, followed by people from a black background. There have been more deaths from the east of the borough than centre or west
- Overall life expectancy is increasing for all residents, however people in Islington live the last 20 years of their lives in poor health. There is a significant social gradient in life expectancy and healthy life expectancy for both genders between the least and most deprived areas of the borough
- There are barriers to accessing healthcare in deprived communities
- There are four pillars of population health – wider determinants of health, health behaviours and lifestyles, an integrated health and care system and places and communities we live in and with. There are a range of social, economic and environmental factors which impact people's health
- Whittington is an anchor institution and areas of action include staff recruitment, pay and conditions etc., a procurer of services, local procurement and social value from procurement, best use of land and assets, new development, service delivery, corporate and civic responsibility
- Noted Whittington has developed a strategy and action plan on these issues
- Noted that admissions of children to hospital was high and it was stated that this could be for a number of reasons, and Whittington was involved with Bright Start, and it was intended to use Health visitors to make an impact in this area
- In relation to the impact of poor air quality in the borough it was stated that this might be a contributory factor to the high incidence of COPD in the borough. Whittington had put in place measures to reduce emissions and had reduced these by 35% in the last few years
- Noted that Whittington were developing a continuity of carer midwife team

### RESOLVED:

That the Committee place on record their appreciation for the work undertaken by Whittington NHS Trust and staff for the work they carry out on behalf of residents of the borough, particularly during the pandemic

The Chair thanked Jonathan Gardener for attending

### 352 **FRANCES O'CALLAGHAN PRESENTATION - NCL TRANSITION (ITEM NO. 10)**

Frances O'Callaghan, NCL was present for discussion of this item, and made a presentation to the Committee, copy interleaved, during which the following main points were made –

- NCL is continuing to work towards an integrated care system and work has progressed well in key areas of ICS development

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- The establishment of the ICS is subject to the passage of the Health and Care Bill which is currently going through Parliament
- The core purpose of an integrated care system is to improve outcomes in population health and health care, tackle inequalities in outcomes, experience and access, enhance productivity and value for money, help NHS support broader social and economic development. Each ICS will have a responsibility to co-ordinate services and plan health and care in a way that improves population health that reduces inequalities
- Responding to COVID has accelerated and consolidated ways the system works together for residents, such as innovative approaches to patient care, accelerated co-operation, mutual planning and support, smoothing transition between primary and secondary care, sharing of good practice, and clinical and operational collaboration
- NCL are together with system partners designing what the ICS will look like at neighbourhood, place and system level
- Clinical leadership will remain at the centre of the NCL ICS and clinical staff will be used in a more integrated way to deliver the best care
- Community involvement and representation – Health and Wellbeing Boards linked to borough partnerships, patient and resident engagement undertaken in different forms across borough partnerships, VCS organisation play a role in all partnerships
- Next steps – co-producing a population health outcome framework and strategy, construction of the leadership team, engagement meetings, by end of June 2022 agree ambitions for the next few years, short term priorities, and core principles for working together. Establish a board membership for the NHS body and agree approach to partner members
- Noted that it was felt that the new legislation would be more outcome focused and more focused on clinical pathways and that this would be an improvement
- Noted that there were challenges in primary care
- Noted that there will be a statutory duty to collaborate with NHS Trusts and that the Local Authority scrutiny function would be maintained and there is a need for work in partnership with Local Authorities
- Concern was expressed that the funding formula worked against Islington, as deprivation was more difficult to ascertain, as deprivation existed street by street and home by home, not necessarily on a ward level. It was stated that NCL knew the existing formula was not perfect, however it was working to look in more detail at this and when this was available details could be forwarded to the Committee
- Noted that no private representatives would be on the ICB, and that it would meet in public for transparency

### RESOLVED:

That details of work relating to the funding formula for deprivation be forwarded to the Committee once this is available

The Chair thanked Frances O'Callaghan for attending

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### **HEALTH INEQUALITIES SCRUTINY REVIEW - FINAL REPORT (ITEM NO. 12)**

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

RESOLVED:

- (a) That the report be approved and referred to the Executive for consideration
- (b) The Committee place on record their appreciation of the work of the former Chair, Councillor Gantly for her work on the Committee

The Chair thanked Jonathan O'Sullivan for attending

**354 CENTENE - STATE OF PUBLIC HEALTH AND ADULT SOCIAL CARE (ITEM NO. 11)**

Professor Sue Richards was present for discussion of this item

Members noted the report of the IPPR that had been circulated

During discussion the following main points were raised –

- Campaigners against NHS privatisation became aware in February 2021 that a small company called A T Medics, which held APMS contracts for 49 primary care centres / GP practices across London had been bought by a UK subsidiary of the US healthcare giant Centene.
- There was widespread opposition to this in the local press and in street demonstrations and a patient at Hanley Road, one of the affected Islington surgeries, stepped forward as the claimant in a judicial review process. That person was Councillor Anjna Khurana. A small support team was established and they made contact with solicitors Leigh Day, who agreed to take the case on a no-win, no-fee basis
- A crowdfunder was set up in support, and it very quickly met its target, raising over £70,000, £60,000 being spent on costs incurred by the PCCC since they won the case. The remaining £10,00 went to the two barristers who presented our case, both working at well below commercial rates
- Judicial Review papers were served on NCL CCG Primary Care Commissioning Committee, which believed that it should agree to a 'change in control' of the 8 NCL contracts. There were various exchanges of papers. At first the right to bring a judicial review was refused, but when the case was reviewed face to face in court the judge allowed it to proceed on all three grounds
- The grounds are summarised as follows
  1. That the PCCC misdirected itself by, amongst other things, considering only the potential legal repercussions from A T Medics / Operose, and not considering potential legal repercussions from members of the public who might object
  2. Inadequate due diligence, by accepting as covering due diligence a report which dealt solely with bankruptcy and which did not examine publicly available accounts showing that Operose was heavily in debt to its parent Centene
  3. That the PCCC failed to note the widespread public interest there would be in this matter and failed to consult the public
- The lost the case on all three grounds. The case was heard on 1 and 2 February 2022

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- While the legal judgement went in favour of the PCCC, in the court of public opinion that was definitely not the case and the publicity surrounding the case woke up many residents of North Central London (and elsewhere in London) to the degree of stealth privatisation going on in the NHS, despite the current government's claims not to be promoting it.
- The CCG has a local mandate awarded in the 2012 Health and Social Care Act, and its members are mainly from the local GP community, but it has acted as though it were an arm of central government, following an agenda of privatisation best expressed by the decision by the Prime Minister to choose a former Centene director as his chief adviser on health. Because of recent changes in the staffing of No 10, she has risen to being the Chief Operating Officer there
- Meanwhile, the government is pushing through Parliament the Health and Care Bill which is claimed to be primarily about increasing integration between Health and Social Care, but which actually contains virtually nothing about integrating health and social care, and a great deal about reducing local public accountability and increasing the powers of the Secretary of State for Health and Care
  
- Islington Councillors can remind CCG that they serve the community and not the NHS hierarchy. There is wide public support for a non-privatised NHS
- Demand more transparency. The CCG claimed that a mention of the change of control from AT Medics to Operose on page 73 of a 200-page set of meeting papers, without a mention of Centene, the parent company, was good enough to alert the public in North Central London to what was bound to be a controversial change. The five councils should demand better than this. Items should not be taken in secret, on the part 2 agenda, unless wholly necessary.
- The HOSC and the JHOSC should be aware that NCL has 39 APMS contracts with various companies and demand to know if any other than the the original eight are in the sights of large companies. They should demand immediate notification of a request for a change of control of contracts.
- The contracts for delivering the GP service at Hanley Road and Mitchison Road were due to finish on 31 July 2021, and they were extended for a year, during which time they promised careful monitoring and a decision about whether to extend again (to Operose / Centene) or whether to reprocure the contracts. HOSC should demand full transparency on this matter.
- Islington people need effective primary care, but the neglect of staff training policies leaves them, as everywhere else, under pressure because of the poor availability of qualified GPs. The Council probably can do more to help the CCG deal with this problem through means such as planning, availability of special housing for young GPs that keeps in the area, and a compelling strategy against health inequalities which involves and inspires GPs
- The NCL representative stated that she did not feel it appropriate to comment on the Court case, however this had been discussed at the CCG in December and local Councillors had been involved. The NCL always acted with integrity and made professional judgements, and were committed to provide the best service for residents that they could. NCL had to abide by the legislation laid down by central Government

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- The Chair expressed the view that she was a patient at Mitchison Road and the patients wanted the surgery to remain in NHS control not to go to a private contractor. NCL stated that they recognised the concerns of the Committee
- It was stated that it was felt that communication had improved between NCL and Councillors, however the Government should not allow privatisation by the 'back door', and there needed to be more co-ordinated funding and training to ensure that there were enough trained NHS GP's

### RESOLVED:

That Members consider the IPPR report circulated and if there are any comments thereon this can be considered at a future meeting of the Committee

The Chair thanked Professor Richards for attending

### **355** COVID 19 UPDATE - VERBAL (ITEM NO. 13)

Jonathan O'Sullivan, interim Director of Public Health was present and made a verbal presentation

During discussion it was noted –

- COVID cases had remained relatively stable since the last report to the Committee, however there had been no increase on the number of people on ventilators in NCL
- A booster campaign for vulnerable groups would be shortly introduced
- The Government had decided not to go ahead with mandatory vaccinations for Care staff etc. and that this would hopefully lead to less staff leaving the service

### RESOLVED:

That the Committee wish to place on record their appreciation of the work of the interim Director of Public Health, Jonathan O'Sullivan and the Public Health staff for the excellent work that they had carried out on behalf of residents during the pandemic

The Chair thanked Jonathan O'Sullivan for attending

### **356** WORK PROGRAMME (ITEM NO. 14)

#### RESOLVED:

That the report be noted

MEETING CLOSED AT 9.35 p.m.

Chair