

London Borough of Islington
Health and Care Scrutiny Committee - Thursday, 7 July 2022

Minutes of the meeting of the Health and Care Scrutiny Committee held at Council Chamber, Town Hall, Upper Street, N1 2UD on Thursday, 7 July 2022 at 7.30 pm.

Present: **Councillors:** Jeapes, Clarke, Gilgunn, Hamdache and Zammit

Councillor Clare Jeapes in the Chair

1 INTRODUCTIONS (ITEM NO. 1)

Following apologies from Councillor Chowdhury (Chair) and Councillor Croft (Vice-Chair) Councillor Jeapes was nominated to Chair the meeting.

The Chair welcomed everyone to the meeting and members and officers introduced themselves.

2 APOLOGIES FOR ABSENCE (ITEM NO. 2)

Apologies for absence were received from Councillors Chowdhury, Croft, Craig, and Russell.

3 DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)

Councillor Hamdache acted as substitute for Councillor Russell.

4 DECLARATIONS OF INTEREST (ITEM NO. 4)

There were no declarations of interests.

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

RESOLVED:

That the minutes of the previous meeting held on 6 June 2022 be agreed as a correct record and the Chair be authorised to sign them.

There were no matters arising from the minutes.

6 CHAIR'S REPORT (ITEM NO. 6)

The Chair asked Councillor Turan, Executive Member for Health and Social Care to provide an update on contracts for GP services at Mitchison Road Surgery and Hanley Road Primary Care Centre. The contracts were with Operose Health who were the subject of a BBC Panorama investigation that had identified a number of concerns. The existing contract with them was due to expire in July 2022. The Executive Member had written to the North Central London Integrated Care Board (NCL ICB) regarding whether the contracts would continue, however a response had not been received.

The Committee considered accountability in the new NHS structure. It was highlighted that there were two representatives, a Councillor and a Chief Executive that would represent the 5 London Boroughs; Barnet, Camden, Enfield, Haringey and Islington on the Integrated Care Board (ICB). There would also be a Local Partnership Board that would include an NCL ICB Member. The Health and Care Overview and Scrutiny Committee could raise any concerns through these meetings. Councillor Clarke

Health and Care Scrutiny Committee - 7 July 2022

suggested the NCL Joint Health Overview and Scrutiny Committee could write to the ICB for an update on the contracts.

It was highlighted that there were Kings Fund materials explaining the recent NHS changes and that briefing sessions could be provided to all councillors on the structure of the NHS and this would include primary care and the ICS System. The briefing sessions would be available to all councillors and would be provided outside of the scrutiny meeting.

RESOLVED:

To write to the Integrated Care Board regarding an update on the contracts.

7 PUBLIC QUESTIONS (ITEM NO. 7)

The Chair advised that any questions from the public would be considered as part of each agenda item.

8 HEALTH AND WELLBEING BOARD UPDATE (ITEM NO. 8)

Councillor Clarke explained the Camden and Islington joint Parks for Health Strategy had recently been launched at Caledonian Park. The Executive Member for Health and Care explained the Strategy considered how best to optimise the use and accessibility of parks. It was highlighted that Islington had the third highest level of child poverty, the fifth highest level of poverty amongst older people and the lowest level of green space in the country. Additionally, there was 10.4 years difference in healthy life expectancy between the most affluent and most impoverished parts of Islington. It was explained that parks enabled access to services, groups and activities and could help residents with their physical and mental wellbeing. The Strategy was supported by the Greater London Authority (GLA) and was developed in consultation with approximately 53 voluntary and community sector organisations, GP clinics and social prescribers.

Jonathan O'Sullivan, Director for Public Health explained there were three major updates at the Health and Wellbeing Board (HWBB). These were updates on reviews, the integrated care service transition and out of hours primary care services. The reviews were of community services, mental health services and children and young peoples and maternity services. For community and mental health services, an expectation of core services for North Central London had been defined and on that basis a case for change was being developed to outline improvements that would better address needs and any gaps in services. It was not yet clear what this meant for Islington, but some examples of initiatives included there being more peer workers to support people with mental health conditions and an increase in community beds as a step-down provision from hospitals. For the children, young people and maternity review a case for change had been developed and public engagement would be carried out over 10-12 weeks to look at the findings.

In regard to the North Central London Integrated Care Service (NCL ICS) transition it was explained that the Chief Operating Officer Designate had attended the HWBB to talk about the goals and mission of the transition, which were to improve outcomes and address inequalities. In particular, it was hoped NHS services could support broader social, economic and environmental development, aspirations and plans.

A national initiative had looked at the primary care offer of out of hours services. It was determined that services should be available weekends and Saturdays with no requirement for Sundays or bank holidays to be covered. NHS North Central London provided an out of hours service at three locations, that included Sundays and bank holidays. Final plans would be approved in the autumn however the NHS North

Health and Care Scrutiny Committee - 7 July 2022

Central London did not want to see a reduction in the current service, so it was proposed local NHS funding be provided to maintain the current level of service.

The Committee considered NHS measures of deprivation, which in some instances were unfavourable towards Islington because communities were mixed and integrated rather than deprivation being condensed into some wards. The Director for Public Health explained that for service reviews wider measures had been used, including Lower Super Output Areas (LSOA), which showed Islington and Haringey were the most deprived.

Councillor Hamdache asked whether there were opportunities for Primary Care Networks to look at standardisation of practice, in particular the use of Econsult systems, and whether Islington Council had a role in encouraging best practice across different services. The Director for Public Health said it was a question that could be included in the briefing update.

9 **COVID-19 UPDATE (ITEM NO. 9)**

The Director of Public Health, provided an update on Covid-19. There had been another wave of Covid-19 infections, largely due to two OMICRON variants that were better at evading previous protection from vaccines and previous immunity. There had been an increase in the number of people in hospital with Covid-19 however the proportion admitted because of a Covid-19 infection had fallen. The increase in infection had not translated into more people being seriously ill, needing ventilators or dying. In care homes there had been sporadic outbreaks affecting no more than 5 people, with no deaths and no new admissions to hospitals.

The Chair asked whether more vaccination sites would be opened. The Director for Public Health informed the Committee that the existing sites were very quiet and new sites were unlikely to open unless necessary due to a new variant or a change in the cumulative impact of infections. Covid-19 and Flu boosters were planned for the most vulnerable ahead of an anticipated winter wave.

Councillor Clarke asked how testing could be encouraged. The Director of Public Health felt that with levels of social mixing back to pre-covid levels testing would at best delay infections. It was explained that OMICRON could be acute or asymptomatic so very regular testing would be required. Vaccination and personal care measures such as face coverings, ventilation and hand washing, and control measures including testing in hospitals would be the most beneficial.

Councillor Hamdache asked whether the council would support people to self-isolate if the current wave continued, particularly front-line workers, and whether messaging around ventilation and the change in Covid-19 symptoms could be emphasised. The Director for Public Health explained that ventilation was an important protection measure and there would be messaging to encourage it. It would be emphasised that people with symptoms should take sick leave or work from home. There was no support from central government in terms of funding for self-isolation.

10 **QUARTER 3 PERFORMANCE REPORT - PUBLIC HEALTH (ITEM NO. 10)**

The Director of Public Health informed the Committee that the report covered October to December 2021, which was before the changes caused by OMICRON in December. This meant the relevance of some of the measures had changed. It was highlighted to the Committee that there was a large and complex cohort of people with drug and alcohol misuse issues, and they had consciously been kept in services during Covid-19 which had suppressed the performance data; the Sexual Health Service had stepped up during Covid-19 and had performed well, particularly regarding the choice of contraception offered to women and the offering of long acting

Health and Care Scrutiny Committee - 7 July 2022

reversible contraception; The stop smoking services were also delivering above target and were geared towards helping the most vulnerable residents.

The Chair asked about the measles, mumps and rubella (MMR) vaccinations. The Director of Public Health explained the scope for opportunistic immunisation during Covid-19 was lower due to less contact with general practices. The take-up of the booster vaccination of children aged five was not different to pre Covid-19 levels and was considered low. There had been an NHS campaign to improve take-up of the vaccine and it was a recognised issue that the NHS was working on. The Chair recommended the Committee keep an eye on the issue.

Councillor Clarke highlighted the positive work of the stop smoking service, particularly the smoking statistics for pregnant women. She enquired about the outreach efforts regarding drugs and alcohol misuse and stopping smoking. The Director of Public Health explained they were working with the NHS on improving pathways and investment into stop smoking activities in hospitals generally but with a focus on maternity. Outreach took place at a range of locations, and they were helping mental health services build-up their ability to help people stop smoking. There were a lot of self-referrals for drugs and alcohol misuse and having a telephone service had been popular with residents during Covid-19, so a telephone service would be promoted and continued.

Councillor Zammit asked whether a breakdown of the statistics for drug users in treatment was available. The Director of Public Health said there had been an extensive briefing to the previous Committee, that included which groups were accessing help for what needs. This could be circulated to members.

Councillor Hamdache asked whether there were other Key Performance Indicators (KPI's) on sexual health, particularly in regard to the 2030 target of no new HIV infections. The Director of Public Health explained the current KPI's were headlines and there would be a review of the KPI's to refresh them. Additionally, the Committee could decide to do a deep dive into sexual health to get a sense of what trends to monitor.

The Chair asked whether diabetes could be considered as a KPI. The Director of Public Health said a report could be provided on an annual basis as this would tie in with data that was received from national and would allow for comparison with other areas. The Committee agreed. Councillor Gilgunn asked whether research had been carried out on loneliness and its impact on mental health. The Director of Public Health explained that the shared Public Health service had recently carried out a needs analysis on social isolation, but it may only relate to the London Borough of Camden. He advised he would look into this.

11 **QUARTER 4 PERFORMANCE REPORT - ADULT SOCIAL CARE (ITEM NO. 11)**

John Everson, Director of Adult Social Care presented the Quarter 4 Performance Report – Adult Social Care. The Committee were informed it covered January to March 2022. It was highlighted that direct payments had reached 29% after a period at 27%; support for people with learning disabilities to move into employment was above target at 9.3%; the recording of conversations aimed at ensuring people going through the safeguarding process had the opportunity to discuss the outcomes they wanted would be improved; there had been an improvement in reviews for people receiving care for over 12 months.

Councillor Clarke asked about sheltered accommodation in her ward and whether there was a pathway for people who were independent and able but less mobile. The

Health and Care Scrutiny Committee - 7 July 2022

Director of Adult Social Care explained there was sheltered housing to help people stay independent. Adult social care could provide information and advice and in certain circumstances an assessment could be undertaken to help residents explore options. If a resident didn't want to enter a setting, they could work with the family and carers to ensure they were getting the right support. Councillor Clarke was invited to email the Director of Adult Social Care regarding specific information about her local provision.

Councillor Zammit asked what provision was available to support carers. The Director of Adult Social Care informed the Committee that the carers hub had a strong network of support, information, advice, guidance and opportunities for carers to come together. The department also offered carers assessments to help them understand where they may need support in their caring role. Additionally, work was undertaken to help carers recognise earlier that they were in a carer's role. Support could be accessed through the team and on the Islington Council website.

Councillor Hamdache highlighted that a lot of people with long term conditions had experienced a decline in their health during the pandemic and that it was important that KPI's didn't just show the Council to be underperforming when the context had changed. He asked whether there was another way of framing the new admissions to nursing and residential care homes KPI. The Director of Public Health explained that it was a national indicator linked to the Better Care Fund Scheme that was meant to aid the Council's understanding of how well people were being supported to remain independent in their own homes. The indicators were being looked at both locally and nationally and more meaningful KPI's could be developed.

12 WHITTINGTON HEALTH PERFORMANCE UPDATE (ITEM NO. 12)

It was explained that a representative from Whittington Health would not be attending the meeting but they would be asked to attend a future meeting.

13 WORK PROGRAMME 2022/23 (ITEM NO. 13)

Councillor Clarke highlighted that there had been recent media coverage on Electroconvulsive Therapy (ECT). She asked whether the Committee could consider the use of the therapy, particularly at the Highgate Mental Health Centre, at their next meeting. Councillor Hamdache felt it was not necessarily a committee issue as ECT was recommended by NICE in limited and specific conditions. The Chair requested the Camden and Islington NHS Foundation Trust brief them at the next meeting. The Committee agreed.

RESOLVED:

To invite the Camden and Islington NHS Foundation Trust to provide a briefing on the use of ECT at the next meeting.

MEETING CLOSED AT 9:20pm

Chair