London Borough of Islington

Health and Care Scrutiny Committee - Tuesday, 4 October 2022

Minutes of the meeting of the Health and Care Scrutiny Committee held at the Council Chamber, Town Hall, Upper Street, N1 2UD on Tuesday, 4 October 2022 at 7.30 pm.

Present: **Councillors:** Chowdhury (Chair), Croft (Vice-Chair), Jeapes, Clarke, Craig, Gilgunn, Russell and Zammit

Councillor Jilani Chowdhury in the Chair

14 INTRODUCTIONS (ITEM NO. 1)

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

15 APOLOGIES FOR ABSENCE (ITEM NO. 2)

There were no apologies for absence.

16 DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)

There were no substitute members at the meeting.

17 DECLARATIONS OF INTEREST (ITEM NO. 4)

No declarations of interest were reported at the meeting.

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

Councillor Russell asked whether the Committee would be looking in-depth at sexual health as this was considered at the previous meeting. This was not agreed.

RESOLVED:

That the minutes of the previous meeting held on 7th July 2022 be agreed as a correct record and the Chair be authorised to sign them.

19 CHAIR'S REPORT (ITEM NO. 6)

The Chair explained that the order of items had been amended to allow external partners to address the Committee first.

20 PUBLIC QUESTIONS (ITEM NO. 7)

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

21 EXTERNAL ATTENDEES (IF ANY) (ITEM NO. 8)

No requests.

22 CAMDEN AND ISLINGTON MENTAL HEALTH TRUST PERFORMANCE UPDATE (ITEM NO. 12)

The Committee received a performance update from the Camden and Islington Mental Health Trust. Mr Mafu, Managing Director Islington Division informed the Committee that there had been a divisional restructure that was helping to better support their community mental health transformation programme and the delivery of their priorities. It was highlighted that priorities included keeping people safe and

providing a focus on ensuring care and treatment worked for the people who received it.

It was also explained that the Clinical Strategy within Camden and Islington (C&I) was focused on an integrated, community mental health service and improving patient flow and experience. The Committee were informed that during the trusts last Care Quality Commission (CQC) inspection, which took place in 2019, they were rated good overall. They had been working to ensure the rating was sustained and to improve the areas CQC had recommended needed improvement.

It was highlighted that an area of focus in C&I was community mental health transformation. Here Central, North and South teams had been launched, in primary care, that would be multiagency and multidisciplinary, with a focus on prevention. New roles within the teams included population health nurses with a focus on physical health. As part of the transformation, they would also be looking to expand their interventions and to ensure greater collaboration within North Central London (NCL). There was work around eating and personality disorders being carried out at the NCL level. They were facing some challenges around recruitment; estates and there would be more work around stakeholder engagement.

A partnership between C&I and Barnet, Enfield and Haringey (BEH) were working together to reduce health inequalities, improve patient outcomes and create a sustainable workforce. Nine priorities had been identified including community mental health transformation, improving the crisis offer and having a single bed management plan for NCL.

The St Pancras Transformation Programme was progressing within C&I. Some services at St Pancras were being moved temporarily in order to complete the work within the trust. The Islington hub would be at Lowther Road. This included the community teams. Inpatient services would be at the Highgate Campus.

It was highlighted that Islington had the third highest prevalence of serious mental illness and the fifth highest prevalence of common mental health disorders. The trust would continue to remain agile and would adapt its strategy to meet any challenges, including those following Covid-19. Recruitment was a key challenge, and they would continue to ensure there was the right workforce within services. In August 2022 there was a cyber-attack that was managed nationally. Staff worked hard to ensure risks and the impact on services were minimised. There were some minor disruptions but no significant impact on patient care. Work was also underway to address inequalities and all services were assessed to prevent discrimination.

The appendix to the report included the services of the trust and a more detailed performance report.

Following a request by the Committee, Mr Mafu gave an update on the trusts use of Electro-Convulsive Therapy (ECT). It was explained that there were two groups of people that would benefit from ECT, people with catatonia and those with psychotic depression. Referrals for treatment would usually be by a multidisciplinary team of professionals including a qualified mental health practitioner, not a General Practitioner (GP).

ECT was supported by the National Institute of Health and Care Excellence (NICE) guidelines and the Royal College of Psychiatrists. It was administered to approximately twenty people per year and was described as a lifesaver by some as it reduced debilitation caused by catatonia or psychotic depression creating a pathway

for further treatment. There was a legal framework for the use of ECT that included the need for consent, although some people could have ECT under the Mental Health Act or could give an advanced directive regarding whether they would agree to ECT.

ECT was an expensive procedure and required four professionals, who could decline going ahead with treatment depending on the risks presented. This year there were two patients who didn't see improvements however the team also received thank you cards from individuals and families whose ECT was successful. There was no upper age limit for treatment but those under eighteen wouldn't usually receive it. The average age of those who received treatment was sixty. Sixty percent of recipients were female, and forty percent were male, usually white, and from less socially deprived areas. The ECT service was accredited. The accreditation looked at whether there was the right expertise, in the right environment and, treatment was delivered safely and efficiently.

In summary, Mr Mafu informed the Committee, ECT worked for some people but not everyone; it was never used as the end treatment; it helped to take people out of a debilitating situation and the trust only used it if it was necessary, it would not be promoted. The Committee were informed that colleagues from the ECT team would be happy to attend to talk more about the evidence base.

Councillor Craig asked why safety was one of the areas identified as requiring improvement in the CQC report and what was being done to address the issue; whether staff satisfaction feedback surveys were being carried out and what outcomes they were getting from them and what could be done to ensure residents were not being treated outside of borough. It was explained that safety was related to caseload size and issues around recruitment. The number of people allocated to a single practitioner had been reduced and casework had been separated into four pathways including support by a care co-ordinator, psychological input, social worker or senior medical practitioner. A staff feedback survey was circulated every year and they would meet with individual teams to identify priorities. It was explained that morale had fallen across the NHS, there was difficulty retaining staff, rates of pay were determined nationally and were not in-line with inflation and there were huge demands on staff because of demands on the service. There were initiatives to try and support staff such as reduced canteen prices. The trust would try to support people closer to home wherever possible however there could be more appropriate placements out of area. A placements team reviewed out of area placements to ensure, where possible, people could return.

Councillor Clarke felt ECT was a brutal practice that damaged the brain and asked if there was a breakdown of who received it, in particular she queried why more women received treatment. The trust was questioned about moving people out of St Pancras at a cost of £116,000 per month whilst they waited for the Highgate site to be finalised. It was explained that ECT was recommended by NICE under limited circumstances and with the equivalent of twelve women to eight men receiving it within a year, it was difficult to find statistical significance. The Trust said an update on the St Pancras programme could be provided at a later committee meeting. It was explained that the cost implications for Moorefield's ran into millions of pounds, so 9 patients would be temporarily placed elsewhere for 9 months.

Councillor Gilgunn asked about side effects caused by ECT. It was explained that the treatment was recommended by NICE, under limit circumstances and, outcomes were mostly positive. If the Committee wanted more detail on the side effects a clinical colleague that practiced ECT could be invited to a future meeting.

Councillor Zammit asked what could be done to help children and young people due to an increase in severe mental illness, about the new role of population health nurses and whether community centres had been approached where there were problems with space. It was explained that access to services by children and young people was good, an indicator in the report showed those presenting with first episodes of psychosis were treated within two weeks of referral. They were working closely with universities to support students and early intervention was key, with the mental health transformation teams focusing on prevention. There were four population health nurses in the north, central and south localities who were undertaking outreach at different locations. Events were held and attended at community centres.

Councillor Croft referring to the key performance indicators (KPI's) asked what was causing the 'waiting times for beginning treatment within 6 weeks of referral' to have gone below target from February 2022 and, why the proportion of people completing treatment who move to recovery was also below target and what was being done to improve and learn from any best practice at Kingston where they were more frequently hitting their targets. Ms McGrath explained that gaps in recruitment and greater complexity post pandemic had affected their targets. Kingston had a different population, and the figures were linked to the demographics of the population and the social determinants of health.

Councillor Russell, asked about section nine in the report, which considered the addressing of inequalities. She asked whether any specific training was provided to staff to ensure trans and non-binary people had a welcoming experience. Mr Mafu explained all staff members undertook equality and diversity training, the training emphasised all people must be treated with respect.

The Chair asked how the trust were tackling stigma related to mental health in Black and Minority Ethnic (BME) communities and whether a shortage of staff, due to recruitment issues, was affecting the service. Mr Mafu explained there were several initiatives to ensure a more inclusive service was being provided. There was a system wide approach that included forums, a 'no wrong door' approach by services and KPI's that monitored ethnicity. The trust endeavoured to fill vacant posts and would use skills mixing and temporary staff to ensure patient safety. Every board meeting would consider a safe staffing report and were necessary vacancies would be filled by bank and temporary staff. They were also working with the police to help reduce violence and aggression on wards.

RESOLVED:
To send any further questions on ECT to Camden and Islington Mental Health Trust for their written reply.

23 LONDON AMBULANCE SERVICE PERFORMANCE UPDATE (ITEM NO. 13)

Mr Allen Brown, Camden and Islington Group Manager, London Ambulance Service (LAS) gave a presentation to the Committee. It was highlighted that the purpose of the LAS was to provide outstanding care for all their patients; be a first-class employer; provide the best value to taxpayers and to work with partners to optimise healthcare and emergency service provision. LAS were the only London wide healthcare provider and were one of the busiest ambulance services in the world with approximately ten thousand employees and volunteers serving a population of 8.99

million people. During the current year the service had received 2.2 million 999 calls and 2.2 million 111 calls, seeing a million patients, with an average response time of six minutes and fifty seconds. On busier days the service received a 999 call every six seconds and a 111 call every three seconds. They had recruited over one thousand new staff members and ranked number one amongst NHS employers for apprenticeships.

The LAS faced several challenges including high demand for the service. This required closer partnership working on more community pathways; the introduction of a new patient flow system to ensure patients were taken to the nearest hospital that could provide the quickest care and a clinical hub, where clinicians could give telephone assessments.

There had been improvements made to benefit staff and patients including a new purpose-built control room and two education centres; new technology including a simulation room; revamped logistics and supply units and a new computer aided dispatch system. Their key priorities were the health and wellbeing of teams including improving the work culture and staff morale; the launch of a recruitment drive; work to reduce violence and aggression towards staff and investment into green, lower emission and electric vehicles.

On their performance, it was highlighted that they were on target for responding to category one serious emergencies and category three calls. Category two was a challenge with a target of eighteen minutes and a response time of approximately twenty minutes to over an hour. It was explained that it was a challenging time for the whole NHS and they were working with partners to help manage their flow; were offering financial incentives for staff to cover shifts, had looked at a range of alternative care pathways and aimed to put out twenty – thirty additional ambulances a day.

Councillor Russell asked whether the summer heat resulted in an increase in ambulance callouts and whether they were looking at this being a long-term risk caused by the changing climate and, whether paramedics could be using e-bikes. It was explained that the heat caused spikes in demand and the weather would dictate whether extra ambulances were put out. They were looking at e-bikes however there were some complications. They would provide the committee with a written response on this.

Councillor Jeapes asked what caused delays at hospitals and whether there was a problem caused by patients waiting to be admitted; whether the service was impacted by Islington becoming a low traffic neighbourhood and whether there were people being considered in category two when they should be considered in category one. It was explained that hospital delays were an issue that caused the loss of a lot of ambulance hours. A Hospital Liaison Officer would attend the hospital if the flow became an issue. Figures for this could be provided to the Committee. Being a low traffic neighbourhood did present challenges but there was no evidence it led to an increase in injury or death. Cases on the border of category one and two would be picked up by the clinical hub who would review those cases.
Councillor Craig asked about a new scheme that looked at offloading patients to a receiving centre, what was being done to improve the category two response times and whether the transition to urgent care plans had worked. It was explained that although the scheme had been successful it would be challenging to implement in other areas, due to the lack of space at hospitals and the use of tents. To help with the category two response times they were looking at doing a recruitment drive; had

introduced assistant ambulance practitioners; aimed to put out 20-30 extra ambulances a day; introduced a patient flow team; took patients to hospitals with more space and worked with hospitals on a rapid release system for emergencies. The introduction of urgent care plans had helped ambulance crews to make more informed decisions with patients.

Councillor Zammit asked whether councillors could be doing more to encourage careers in the ambulance service. It was explained that it would be good to attend schools to educate children on the ambulances work and to help encourage black and minority ethnic (BME) applicants.

Councillor Croft asked whether there was data on mental health emergencies and if there had been an increase in callouts. It was explained that there had been an increase in mental health issues, and it had also become the highest sickness indicator for staff. A car had been introduced to attend mental health crisis; suits were hard to find, and mental health nurses were present in the control rooms. There were figures available that could be circulated to the Committee.

The Chair asked whether a lack of carers had led to more calls to LAS by older people and what could be done if you cannot answer some of the questions asked when you call an ambulance for assistance. It was explained that it would be better to have more carers but there was no direct evidence related to whether a 999 call could have been more effectively dealt with by others. The questions were part of the triage system bought in, were tried and tested, and if questions were taken out and someone died it would be the responsibility of the service.

The Chair asked the Committee whether the Council should facilitate an event for children and young people who wanted information on how to get into the ambulance service or wider health and care jobs such as the mental health service or domiciliary care.

RESOLVED:
To look into facilitating a health and care careers day for children and young people.

24 SCRUTINY REVIEW OF ADULT SOCIAL CARE TRANSFORMATION - APPROVAL OF SCRUTINY INITIATION DOCUMENT AND INITIAL PRESENTATION (ITEM NO. 11)

John Everson, Director of Adult Social Care informed the Committee that the scrutiny initiation document set out the programme for a detailed look at work in social care. The objective of the review was to put adult social care in context and to provide an overview following a number of changes to legislation, particularly in regard to the Health and Social Care Act 2022. The Committee would be given the opportunity to understand those changes and the resulting impact, including changes to services within the council and with wider partners.

The Committee would be informed of the way people accessed and went through services and it would be put into the Islington context using demographics. There was an emphasis on early help and prevention that should come through in the programme. The transformation and developments being put in place in services and with partners to address issues would then be considered. The vision for adult social care included ensuring strong, inclusive, connected communities where regardless of background people had fair and equal access to adult social care and the support to enable them, where possible, to live healthy, fulfilling and independent lives.

This meeting was to look at signing off the scrutiny initiation document. Meeting two would consider the adult social care context, vision and an overview of the integrated front door and urgent response service. Meeting three would look at the improved reablement service. Meeting four would be a summary.

Councillor Zammit asked whether personas could be used to clearly demonstrate the steps a person might go through once they have accessed a service. This was agreed. The Chair asked whether they would be meeting with vulnerable residents and whether this could be facilitated in the community. It was explained that the committee would meet service users for an informal discussion, in an appropriate setting.

RESOLVED:
To agree the Scrutiny Initiation Document.

25 HEALTH AND WELLBEING BOARD UPDATE (ITEM NO. 9)

The Cabinet Member for Health and Social Care explained there were no updates and the next meeting would be held in November.

26 COVID-19 UPDATE IF REQUIRED (ITEM NO. 10)

Jonathan O'Sullivan, Director for Public Health explained that Covid-19 infections had increased over the summer, had reduced but were starting to increase again. The majority of cases were the same type of OMICRON that had already been circulating in the community, so there was some immunity in the population.

Covid Vaccinations had been offered to older adults, health and social care workers, those with health conditions that made them vulnerable and those who lived with them. It was hoped that, subject to the national timetable, the vaccine would be rolled out to healthy adults over the age of fifty.

There had been an increase in Covid-19 infections in hospital admissions, following a low across central London in mid-September. There were currently 210-215 patients with Covid-19, with 25-30% of those admissions being due to Covid. No issues had been identified at care homes due to prevention measures still being in place to protect residents.

It was expected that there could be an autumn or winter surge in covid cases. New sub-variants were emerging, so it was important to get vaccinated. Flu had also begun to circulate in the community. This was early compared to most years and the type of flu was likely to be more infectious and more serious, so the flu vaccination was also strongly advised.

27 QUARTER 4 PERFORMANCE REPORT - PUBLIC HEALTH (ITEM NO. 14)

Jonathan O'Sullivan, Director of Public Health explained to the committee that public health indicators came in nationally, therefore they were considering the last quarter of the financial year, January to March 2022. It was highlighted that services and the community were still affected by an OMICRON wave during December-January.

It was highlighted that primary vaccinations measured at 1yr was up compared to during Covid 19 however it was still below the level for heard immunity; an additional polio vaccination was being offered as a precaution following traces of the virus being discovered in the wastewater supplies; the measles, mumps and rubella (MMR) follow up vaccination had returned to pre-covid levels but was below the heard immunity

level; it was proposed that the metrics on access to child health clinics be retired; long acting reversable contraception had been impacted by covid and they were seeing improvements due to prioritising it; there was a 66% success rate regarding stop smoking and there were improvements to the drug service indicators but there were still improvements to be made.

Councillor Turan explained there had been an increase in the number of people presenting with drug and alcohol problems. This was the impact of poverty, austerity and the cost-of-living crisis however services were doing a good job trying to help people at their most vulnerable.

Councillor Clarke highlighted the good work being done to help pregnant women stop smoking and asked for clarification around the statistics. It was explained that they were looking closely at the whole pathway, from preconception to delivery. Every pregnant woman should have a conversation and an offer of support and advice about stopping smoking. The statistics showed that those who engaged with the service were successful however the challenge was to encourage more people to take up the offer of support.

28 **WORK PROGRAMME 2022/23 (ITEM NO. 15)**

There were no comments or amendments to the work programme.

Councillor Russell asked whether the Council would be involved in Great Mental Health Day being organised by the Mayor of London for the 28th January and, whether a report by Age UK that looked at access to public toilets had been considered. Councillor Turan explained they had been looking at developing a plan to invest in toilet facilities and to work with businesses regarding access to toilets. They would look into participating in Great Mental Health Day. Councillor Craig raised the issue of changing facilities for older children. Councillor Turan said they were working with changing places toilets. The Chair requested an update on the aforementioned and this was agreed.

MEETING CLOSED AT 10.10pm

Chair