

Health and Social Care Scrutiny Committee 16 July 2020

Report by Councillor Janet Burgess, Executive Member for Health and Social Care

The health and social care sectors in Islington have been tested to the limit during the pandemic, but have coped well. LBI's Adult Social Services moved very early on to working seven days a week, 8 am to 8 pm in order to support discharge from hospital as quickly as possible. Domiciliary care was then provided to the person in their own home. People spent less time in hospital than they would normally have done, but got more support at home. Throughout this period there have been no Delays in Transfers of Care (DTocS). Domiciliary care provision has held up well; throughout there has been spare capacity in the sector, and at the same time the number of service users has increased. Capacity has been helped by more people applying to work in social care (200 across North Central London), often because their jobs in the hospitality sector ceased. There has also been an acknowledgment in the country of the importance of social care work.

Hospital capacity in our area has also been adequate. Although the Whittington and UCLH at times had over 90% occupancy rate, they always had capacity.

The incidence of Covid-19 in Islington care homes has been mixed. Initially, without testing, it was not always possible to know if people had Covid or not. It took too long to establish a testing system which was accessible in Islington, but it is now in place, and testing is to be done on a regularly basis of both residents and staff in care homes, on a national basis. Very sadly, there were two staff deaths related to Covid-19, and several resident deaths. Once testing started, it was found that some residents had the virus but were asymptomatic. If the testing had been available earlier, it is my view that several lives could have been saved.

The Government is allocating extra funding for infection control within the care sector, to go via local councils. We are getting £844,000. Councils have been funded for the care home beds in their footprint, regardless of who commissions them. It is new money and Councils will be expected to passport funding to all care homes, including those with which there is no existing contractual arrangement. 75% of this will be for infection control within care homes; the remaining 25%, we think, can be spent on other kinds of care, eg domiciliary care. The Plan can be found at <https://www.islington.gov.uk/social-care-and-health/support-and-guidance-during-covid-19/useful-guidance-and-resources-covid-19/test-and-trace-for-local-organisations>

In terms of PPE (Personal Protective Equipment), again supplies of these were insufficient at the start of the outbreak. Homes, and domiciliary care agencies, should access their own PPE either directly or through their wider organisations; if this isn't possible, then the Council can, and does, provide it. Even by 30<sup>th</sup> April, By 30 April, the Council had supplied them with 24,400 gloves, 34,900 aprons, 22,250 surgical masks, and 410 face shields. There are weekly, often daily, discussions between LBI Social Services and care homes. LBI's Nurse Lead for Clinical Standards, Quality & Assurance for Islington Care Homes, Tina Jegede, last month was awarded Queen's Nurse status, which reflects the outstanding work she does.

The Government has allocated extra funding for infection control within the care sector, to go via local councils. We are getting £844,000. 75% of the funding was virtually passported to care homes, which had an allocation on a per bed basis, with the remainder for domiciliary care. Our Infection Control Plan is available online.

Now the NHS is encouraging people to seek medical help when needed, as it is known that many people did not during the worst of the crisis. Whittington A&E numbers are rapidly getting back to pre-Covid levels. There is great concern that mental health has deteriorated during the crisis. Again, people are being encouraged to seek help.

Public Health has carried out some research with regard to COVID-19 and Inequalities (Islington's population 56% BAME if Irish and Other White included; 32% if Irish and Other White excluded):

- Islington and Camden are the only boroughs in North Central London where men and women equally affected;
- Local analysis of deaths by deprivation within Islington show no differences by deprivation, but this could be due to the small number of deaths when stratified by deprivation;
- An analysis by ethnicity of those tested, confirmed or suspected with COVID-19, in General Practice, shows no significant difference (neither under nor over representation) when compared to the percentage of the GP registered population that are BAME – although the cases are small in statistical terms, and may be too small to detect statistically significant differences, and not all deaths will have been recorded at practice level.
- National findings show that black males are 4.2 times more likely to die from a COVID-19 related death, and black females 4.3 times more likely, than white males and females. People of Bangladeshi Pakistani, Indian and mixed ethnicities also had statistically significant raised risk: males 1.8 times more likely, females 1.6 times more likely.

As we emerge out of lockdown, and life returns to a greater degree of normality, the risk of an increase in COVID-19 transmission inevitably increases. Rapid self isolation and testing of people with COVID-19 symptoms, and timely identification and self isolation of people who have had close contact with confirmed cases, is a critical part of how we will contain the spread of the virus, save lives and hopefully prevent the re-imposition of more stringent lockdown measures.

At the end of May 2020, the Department of Health and Social Care launched the NHS Test and Trace Service for the testing of symptomatic people, and tracing the contacts of anyone with confirmed COVID-19. The important role of local authorities in preventing, rapidly responding to and controlling COVID-19 outbreaks has also been recognised, and all upper tier Local Authorities were required to develop and publish an Outbreak Control Plan by the 30<sup>th</sup> June.

Islington Council has published its COVID-19 Outbreak Prevention and Control Plan, which sets out the systems we have established, in collaboration with our partners, to enable us to prevent and contain the spread of the virus in our borough and to investigate, manage and control local outbreaks. The plan outlines how the Council

will continue to play a key role, working in partnership with health protection colleagues at Public Health England (PHE) London, in providing advice and support to a range of settings and communities, helping them to put in place measures to prevent infection, and investigating and managing outbreaks whilst remaining connected to key partners to ensure we deploy the necessary resources and interventions needed to contain any outbreaks that occur. An Outbreak Control Board, chaired by the Leader of the Council, is also being established. This Board will be a key forum for engaging a wide range of statutory, non-statutory and VCS organisations to work together to ensure high levels of awareness and engagement with testing and contact tracing, and to ensure we can harness our strong and effective partnerships should outbreaks or clusters of COVID-19 occur.

Further detail on the Council's response is set out in the Outbreak Prevention and Control Plan, which can be accessed in full here: <https://www.islington.gov.uk/social-care-and-health/support-and-guidance-during-covid-19/useful-guidance-and-resources-covid-19/test-and-trace-for-local-organisations>