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London Borough of Islington
Health and Care Scrutiny Committee - Thursday, 16 July 2020

Minutes of the virtual meeting of the Health and Care Scrutiny Committee held on Thursday, 16 July 2020 at 7.30 pm.

Present: **Councillors:** Gantly (Chair), Turan (Vice-Chair), Chowdhury, Clarke, Hyde and Khondoker

Also Present: **Councillor** Burgess

Councillor Osh Gantly in the Chair

153 INTRODUCTIONS (ITEM NO. 1)

The Chair introduced Members and officers to the virtual meeting and outlined the procedures for the meeting

154 APOLOGIES FOR ABSENCE (ITEM NO. 2)

Councillors Calouri and Klute

155 DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)

None

156 DECLARATIONS OF INTEREST (ITEM NO. 4)

None

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

RESOLVED:

That the minutes of the meeting of the Committee held on 10 March 2020 be confirmed and the Chair be authorised to sign them

158 CHAIR'S REPORT (ITEM NO. 6)

The Chair stated that this was the first meeting of the Committee to be held since the start of the COVID 19 pandemic, and that he would wish to place on record her thanks to NHS/Public Health/other partners, and Council staff who had worked so hard and tirelessly to maintain services and deal with residents during the pandemic

159 PUBLIC QUESTIONS (ITEM NO. 7)

The Chair outlined the procedure for Public questions

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

Councillor Janet Burgess, Executive Member Health and Social Care was present for discussion of this item and outlined her written report

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

- It was noted that this information was contained in future reports and that any issues arising could be dealt with there in view of the length of the agenda.

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- Councillor Burgess stated that L.B.Islington had fared better than many other places during the pandemic with a relatively low number of deaths and that this was in part due to the efforts of staff and partners who had worked extremely hard

161 **MOORFIELDS PERFORMANCE REPORT - PRESENTATION (ITEM NO. 9)**

Ian Tombleson and Tracy Lockett, Moorfields Hospital were present and made a presentation to the Committee, copy interleaved

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

- Moorfields employs around 2350 staff and ranks first in terms of staff satisfaction with the quality and care they are able to deliver. 95% of staff feel that they would recommend Moorfields as a place to receive treatment 78% as a place to work
- Progress is being made on the Quality Account, and A&E achieved 98.5% within 4 hours as against 95% target. Referral to treatment is an 18 week pathway achieving over 94% against 92% target. Cancer is meeting all three of its targets, and there have been no year on year cases of MRSA of C difficile. Low rates of other infections
- Patient's experience – top performer nationally in Friends and Family test, and CQC emergency care survey 2018, overall good performance compared to other Trusts. CQC Children and Young People's Inpatient and daycase survey 2018 excellent results and good performance on NHS Cancer survey with patient rating of 8.3 out of ten. Patient participation activities – strategy launched in 2018, creating a genuine culture of participation in all services and activities
- Finance – Challenging year – overall deficit of £0.6m compared to £8.5 million surplus in 2018/19 and outlook challenging due to COVID 19
- It was noted that the last CQC inspection had rated the Trust overall as good, however it was outstanding in a number of areas, and the Trust were working extremely hard to achieve outstanding at the next inspection next year
- In response to a question as to complications with cataract surgery, it was noted that this is an extremely low number of cases and usually where there are other complications with patients
- In response to a question concerning the number of serious incidents, it was stated that these cases were extremely low, and usually a breach of process, rather than outcome

The Chair thanked Ian Tombleson and Tracey Lockett for attending

162 **SCRUTINY REVIEW - CARERS ADULT CARERS - CONSIDERATION OF REVIEW (ITEM NO. 10)**

Members considered whether to expand the review to include recent developments in relation to COVID 19. The Committee also considered a submission from UNISON that had been circulated in conjunction with this item. Andrew Berry UNISON outlined the submission, which was responded to by Councillor Burgess, Executive Member Health and Social Care

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

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- Members were of the view that in view of the recent COVID 19 pandemic, the scrutiny review should be extended in order to consider the effect that dealing with the pandemic has had on carers in Islington
- UNISON stated that there was a need to address a number of issues in relation to the Government's introduction of an Infection Control Fund for care homes and Domiciliary Care. It was noted that there had been confusion concerning the nature and allocation of funds and the email exchange between the EM Health and Social Care and the Leader
- In response to a statement the EM Health and Social Care stated that there were regular meetings between Trade Unions and the Council and these would continue and that there are also regular meetings with care providers
- It was stated that UNISON had concerns about care staff going into work and possibly spreading infection, given that some providers were not fully funding sick pay. The EM Health and Social Care stated that care providers were now providing for top up to SSP if staff were self-isolating and there had been funding provided for additional PPE. In relation to agency staff the Council were working with providers to limit the use of such staff, especially across more than one site, however there is a need for agency staff in some instances to ensure services are maintained
- Members welcomed the UNISON submission and stated that these could be considered as part of the Scrutiny Review going forward. Members expressed the view that the Scrutiny Review should be extended for a period to consider additional information on COVID 19 including deaths of residents in care homes and sheltered accommodation, availability of PPE, pay, including sick pay, for carers/domiciliary staff, and the impact of COVID 19 on BAME staff and residents
- Members noted that deaths in care homes had increased due to the Government decision to decant elderly people from hospitals early in the pandemic back into home cares. In addition there had been a lack of testing in care homes

RESOLVED:

- (a) That the UNISON submission be noted, and considered as part of the Scrutiny Review with UNISON to be invited to attend future meetings of the Committee where the Scrutiny Review is discussed
- (b) That the Scrutiny Review on Adult Paid Carers be extended for to consider evidence from the UNISON submission, together with additional information in relation to COVID 19 as referred to above, with a view to the final report being considered at the October/November meeting of the Committee

The Chair thanked Councillor Burgess and Andrew Berry for attending

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COVID UPDATE (ITEM NO. 11)

Councillor Janet Burgess, Executive Member Health and Social Care was present for discussion of this item, together with Julie Billett, Director Public Health, Mahnaz Shaukhat, Public Health, and Katherine Willmette, Adult Social Care. Presentations were made to the Committee, copies interleaved

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

- As of 1 July there had been a cumulative total of 542 laboratory tested confirmed cases in Islington. The number of cases has been declining since mid-April. Islington has had the lowest rate of cumulative COVID cases in London, and the availability of testing has increased, however many

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suspected cases would not have been tested early on. There were 2 new cases reported between 20-26 June

- COVID deaths in Islington – Between 14 March and 19 June there have been a total of 150 COVID related deaths in Islington and an estimated 179 excess deaths. There were 2 deaths reported in Islington between 13 and 19 June. There are no statistically significant differences between COVID mortality rates between men and women in Islington, and there are no clear trends across deprivation areas. In Islington, although the mortality rate is higher in men than women, 154 per 100000 compared to 113 it is not a statistically significant difference
- As of 31 May 2020, Islington's age standardised mortality rate due to COVID was higher than the England average, 131 deaths per 100000 population, compared to 82, but similar to the London average 138. Mortality rates in non-COVID and COVID deaths follow a similar pattern across the local deprivation quintiles
- COVID related deaths peaked in Islington during the week 4 April to 10 April at 42 deaths but has been falling steadily since. 150 deaths in Islington were COVID related, and the majority of all COVID deaths took place in a hospital – 66%. Just over a third of all deaths took place in care homes, and 54% of all hospital deaths of Islington residents related to COVID
- Disparity of risks and outcomes in COVID – Men are disproportionately affected and the risk of death increases with age. In the NCL region those born in Africa were more likely to die of COVID, 66%, than those born in UK and Europe 51%
- In terms of Adult Social Care a silver commend was established, critical work areas identified, services supported and close working arrangements with other LBI services and partners to ensure support for critical areas
- 4 critical service delivery areas – hospital discharge, in house provision, contracting and brokerage, safeguarding residents. Hospital discharges were managed, priority groups emerged as the crisis developed, partnerships and collaboration were critical, and extensive support to commissioned services required to support care homes and domiciliary care providers
- Staff in non-critical areas were redeployed
- PPE – 672K items purchased at a cost of £200k, support to access mutual aid, daily provided briefings and dedicated website, and co-ordination and testing of staff. A number of other measures such as support to recruit staff, parking permits, key worker letters, and a £178k hardship fund uplift on spot purchased beds. Discussion had taken place with providers who face ongoing financial pressures, and collaborative commissioning approach through 1:1 discussions with individual providers
- Shielders had been identified and contacted, and since the beginning of COVID, all areas of adult social care have been making welfare calls to vulnerable residents known to Adult Social Care, some of whom were also on the shielding list. Vulnerable residents who appear not to be able to understand or manage their own affairs, even with support from a welfare check are referred to a new Adult Social Care Triage service
- Domiciliary Care – As of w/c 22 June 1231 Islington service users receiving domiciliary care, 20651 hours of care provided per week. Capacity in the market is high and recruitment is not currently an issue. Across all providers there is 3000 hours of capacity in the local market. Testing of staff and service users remains low with only 5 providers indicating that they have conducted testing out of 62 who have completed the ADASSA Market insight tool
- Providers are reporting that costs of PPE are rising additional financial support has been requested. It is expected the costs of delivery of homecare will rise and it is expected that there will be an additional cost of over £28800 -£37200

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per week. This represents an increase of an hourly rate from £18 per hour to nearly £20 per hour

- Older People – This week no new residents presented as newly COVID positive or symptomatic and no new resident or staff deaths were reported. Staffing levels remain generally stable, and care homes with vacant beds are working to fill these, and demand for placements for hospital discharges is currently limited. LBI continued to supply PPE this week, but only to two OP homes, and supplies provided were lower than recent weeks and similar to pre April 2020 levels
- There has been a considerable reduction in the overall number of COVID cases reported in OP care homes. Different homes have been affected by COVID differently, with some large outbreaks at some homes at the beginning of the crisis. Since then there have been no comparable outbreaks in any home. After a sharp increase in the number of confirmed and suspected COVID related deaths early in the pandemic during wide scale outbreaks in some homes, over the last 8 weeks the number of new COVID related deaths has stabilised with relatively small numbers of new deaths reported
- Next steps for care homes – work is going on to increase testing in care home settings, and homes will be able to receive support from commissioners, Public Health etc. and the situation in care homes will be monitored very closely
- Adult Social Care response and learning – arrangements have been put in place for all teams and services to respond effectively. The Hospital Discharge Service has integrated 3 teams, and staff are working flexibly to ensure people have care on discharge. There is also more outreach into the community. There is an extended working pattern weekends 8-8, with an Emergency Duty Team, Resource Team, Urgent Response Team, and In House services
- There has been flexible/remote working, fast decision making and reduced processes, focus on welfare of residents, and use of different technology, focus on staff well-being, giving staff professional autonomy, and joint working
- Challenges – returning services to normal, ensure PPE capacity and adequate staffing, isolation of staff working from home, risk of losing innovative ways of working, maintaining quick turnaround of decisions and less bureaucracy, inability of staff and provider to maintain social distancing/safe working practices, heightened staff anxiety about returning to the new normal
- Achievements and Learning – outcomes – excellent collaborative working, staff willingness to be flexible and take on new roles, residents appreciation, model of working combining face to face and remote working, processes and pathways streamlined. Learning can be carried forward into the recovery stage
- In response to a question it was stated that information will be provided in future on the Council website in relation to information on the pandemic
- The Chair stated that whilst Islington had recorded a lower number of deaths than many other London Boroughs, however L.B. Camden, who Islington shares a Public Health function fared even better. She enquired the reasons for this. The Director of Public Health stated that this was a complex issue, however it could be down to a number of factors, which would need further more detailed investigation in order to determine the specific reasons
- A Member referred to the fact that some of the poorest countries had coped better with the pandemic than Britain, and had far lower death rates, and the Government should learn from this for any second wave of the virus
- It was also noted that obesity was an increased factor in deaths from COVID 19, and that is an issue that needs to be addressed in the future
- In response to a question as to the deaths of residents per occupation, given that the retail sector had often remained working during the pandemic and staff had not had protective equipment in many cases, it was stated that the Council did not have data to analyse this effectively

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- Reference was also made to the lack of information on deaths by ethnicity and that discussions had taken place with the Council Registrars to endeavour to get residents to supply this information in order that data could be gathered in relation to BAME deaths
- In response to a question it was stated that work is continuing to take place with care home and domiciliary care providers to ensure there are adequate supplies of PPE, and staff isolation is in place where there is a risk of infection. Lessons also need to be learnt from isolated spikes in the virus in Leicester, Kirklees, Blackburn etc. to ensure that this does not happen in Islington, and to look at high risk locations such as housing with multiple occupation, high risk establishments etc.
- Katherine Willmette also stated that additional costs had been incurred with PPE in the Adult Social Care/Domiciliary Care sectors, and it is estimated that this would mean an additional cost of £1.5/£2m per annum. It was stated that it is felt that the Council now had a sufficient supply of PPE to cope with any second wave of the virus, however this would continue to be monitored
- It was stated that the deaths in care homes were showing a downward trend, however there had been an impact of families who had not been able to visit care homes to see their relatives

The Chair thanked Councillor Burgess, Julie Billett, Mahnaz Shaukhat and Katherine Willmette for attending

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PERFORMANCE REPORT (ITEM NO. 12)

Councillor Janet Burgess, Executive Member Health and Social Care, and Julie Billett, Director of Public Health were present for discussion of this item

During consideration the following main points were made –

- COVID has resulted in a number of services either pausing or changing delivery approach since mid-March
- Key achievements at Q4 – 55% smokers using Stop Smoking Services, (target 50%), Access to Psychological Therapies 51% (target 50%), and 124 new permanent admissions to resulting in reduced visits to GP's
- Key challenges – increase number of drug users who complete treatment, increase number discharged from hospital, and reducing delayed transfer patients to social care. In terms of the percentage of alcohol users who successfully complete the treatment plan, this target was met and there was a 10% improvement from Q1. Services are reporting increases in demand for treatment, particularly from opiate and alcohol users
- The number of Long Acting Reversible Contraception prescriptions made in local integrated sexual health services has exceeded the annual target by 235, but has been affected by COVID 19
- The percentage of service users receiving care in the community through the use of direct payments, although below the target of 30% is in line with end of year performance
- It was noted that nationally over 1m people had stopped smoking during lockdown
- Members congratulated officers/Executive Member/Partners on the fact that there had been no delayed transfers of care during the pandemic to date
- It was noted that the number of residents receiving direct payments needed to be increased following the pandemic
- In response to a question as to dealing with mental health and self-neglect post lockdown, it was stated that discussions were taking place in the next week on this issue and details would be sent to Members of the Committee

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RESOLVED:

That the report be noted and that details of the proposals as to how to deal with self-neglect and mental health problems following lockdown be circulated to Member when available

The Chair thanked Councillor Burgess and Julie Billett for attending

165 DRAFT WORK PROGRAMME 2020/21 (ITEM NO. 13)

RESOLVED:

That, subject to the addition of further evidence in relation to the Adult Paid Carers Scrutiny review and this being extended to October/November, the draft work programme be approved

MEETING CLOSED AT 10.20 p.m.

Chair

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