

London Borough of Islington  
**Health and Care Scrutiny Committee - Thursday, 10 September 2020**

Minutes of the virtual meeting of the Health and Social Care Committee on Thursday, 10 September 2020 at 7.30 pm.

**Present:**           **Councillors:**           Gantly (Chair), Turan (Vice-Chair), Caluori,  
Chowdhury, Clarke and Klute

**Also Present:**           **Councillor**           Burgess

**Councillor Osh Gantly in the Chair**

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

The Chair introduced Members and officers at the meeting

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

Councillors Hyde and Khondoker. Apologies for having to leave the meeting early from Councillor Clarke and Turan and lateness from Councillors Burgess and Chowdhury

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

None

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

None

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

RESOLVED:

That the minutes of the meeting of the Committee held on 16 July 2020 be confirmed and the Chair be authorised to sign them

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

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

The Chair outlined the procedure for Public questions

**173        HEALTH AND WELLBEING BOARD UPDATE - VERBAL (ITEM NO. 8)**

None

**174        SCRUTINY REVIEW ADULT PAID CARERS - WITNESS EVIDENCE - VERBAL (ITEM NO. 9)**

Christine Lehmann, Health and Adult Social Care gave a presentation on PPS in Islington to the Committee, during which the following main points were made –

PPE in Islington

- 1.49 million total PPS items distributed to date

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- £596.76K estimated total cost
- Approximately £110.59 PPE cost per service user
- PPE and the BECC have been supplying 20% of Islington's ASC average required PPE per week based on modelled PPE need
- A complex and dynamic situation with multiple tiers and supply routes including the London Resilience Forums, North London Central Partnership and national Government through the Department of Health and Social Care
- Problems with supply February/March and the PPE team brought together and developed a system to engage with providers gathering information in order to support and respond. In April created the reporting, monitoring and ordering process for the whole of the ASC PPE delivery system in partnership with the BECC
- ASC PPE team made up of colleagues from the ASC contracts team, project management team, Public Health performance/strategists, in-house team, re-deployees across the Council. New communication channels were established to focus on immediate need and a contacts list developed to identify providers outside of commissioned services. First priority was to ensure the safety and continued support of residents and the care staff working with them. Initially the PPE team directly procured from suppliers, transferring to the BECC team with ACS PPE team consulting on quantities and PPE items needed for stock. In May/June engaged with other Councils to ascertain the proportionality of PPE requests from providers, and created dashboard with NCL/4C to report on actual usage and project costs in line with national/regional modelled demand. July onwards local processes embedded, supply beginning to stabilise, 4C is expanding to support the other NCL boroughs based on Islington's work to date, Department of Health and Social Care PPE portal is launched
- Providers – 155 services in total – wide range of external and internal services including care agencies, care homes, mental health and learning disabilities teams, occupational health, direct payments recipients and their carers, supported living, in house-bridging and discharge services, self-funders and private based Islington service users. Good supplier and user feedback
- Despite many challenges able to respond quickly to meet need and develop robust systems
- It was noted that Islington now had an adequate supply of PPE in event of a second wave of the pandemic. In addition the DPH also had a stock of available supplies
- Members expressed concern that the Government did not have an adequate supply of PPE in place at the start of the pandemic
- Noted that two thirds of PPE had been distributed to domiciliary care providers
- In response to a question it was stated that home care providers had given assurances that they had adequate supplies of PPE for staff, however they could approach the Council in the event of shortages. The relationship with providers was good

### Update – COVID 19 Adult Social Care response

Stephen Taylor, Health and Adult Social Care was present and made a presentation to the Committee thereon, during which the following main points were made –

- Service highlights – Community service provision, operational social work teams, Safeguarding, Contracts commissioning and brokerage and community response
- Older People's Care Homes – there are 8 in Islington and there have been varying issues during the pandemic of outbreaks of COVID. Data shows this

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has reduced from the large early outbreaks. Similarly, after a sharp increase in deaths in homes, there have been considerably smaller numbers recently. As of 25 August there had been no resident COVID deaths for 12 weeks

- Domiciliary care – providers have reported relatively low number of residents who have been confirmed COVID positive or who have been COVID symptomatic. Domiciliary care agencies have reported no COVID – related deaths or residents they care for to commissioners. After some initial workforce challenges in the sector staffing levels have stabilised and there is no capacity within the market

Katie Logan, Health and Adult Social Care made a presentation to the Committee, during which the following main points were made –

### COVID 19 deaths in Islington

- As at 12 June there had been 37 deaths due to COVID among care home residents across Islington. One death in a supported living setting. Based on self-reported figures from service providers, the percentage of service users with COVID peaked in early April between 5-6%. No information at present on deaths in care homes at an individual level. However, it was noted that there had been one additional care home death between 12 June and the end of August
- There are not significant differences by borough, in the rate of COVID deaths amongst care home residents. Across NCL, there have been an average of 64 deaths per 1000 beds, and Islington is not significantly different to the NCL or London average
- Key messages – In London the risk of death for health and social care workers is elevated compared to the general population, as it is nationally. Across London between 9 March and 25 May, there were 64 reported deaths involving COVID of social care workers. Associated risks have been identified with gender, age and ethnicity and ethnicity is a significant driver or risk to the ASC workforce in Islington, as workers from a black ethnic group represent the largest population of the ASC workforce in Islington – 59%. COVID has resulted in high rates of staff absence across Adult Social Care. Nationally an average of 25% of frontline workers were unable to work during the COVID period. In Islington providers reported the highest rates of staff absence in April and May, at around 14%
- Islington ASC workforce characteristics – men are disproportionately affected by COVID 19 however 80% of the workforce in Islington is female. 72% of the ASC workforce in Islington is between the ages of 25-54 and 22% is aged 55 or over. The largest proportion of the ASC workforce in Islington is from a black ethnic group 59%, followed by white – 29%
- In response to a question relating to the Infection Control Fund, it was noted that this had enabled care providers to pay care staff full pay who could not work due to self-isolating. There had been 2 deaths of care staff in care homes due to COVID
- It was noted that with regard to frontline staff, particularly BME staff who were most at risk, some providers were arranging training, and the Council had provided risk assessment information and access to resources. An example could be provided to Members
- Concern was expressed that sickness levels were not high, and this may be due to care staff not being able to afford financially to take time off sick, and enquired whether providers were paying full sick pay. In addition, as the Infection Control funding is shortly due to end from the Government, there should be lobbying to the Government to continue this funding, It was noted

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the Council is lobbying the Government on a number of issues. Including this, and that this would continue

- It was noted that the ethical care charter should be being applied by all big providers, however whilst it did not apply to the smaller agencies consideration would be given to this issue when contracts are reviewed

The Chair thanked Katie Logan for her presentation

### 175 **COVID 19 UPDATE (ITEM NO. 10)**

Julie Billett, Director of Public Health outlined the report

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

- As of 27 August there are a total of 654 laboratory confirmed cases in Islington. As of 09 September there were 724 cases, and that this increase is in line with London and national increases. This is a matter of concern, however at present the new cases are mainly amongst younger people aged 18-29, and there had been no increases in hospitalisation as yet
- The average number of new daily cases peaked from 29 March-4 April at 17 cases
- The number of new cases per day has been declining since mid-April
- Over the last 2 weeks the average number of new daily cases has increased slightly, however testing has increased dramatically
- A total of 153 deaths in Islington have been recorded up to 14 August COVID related. There have been no deaths due to COVID 19 in Islington since the week commencing 25 July
- Contact tracing – between 28 May when test and trace service began and up to 23 August there have been 114 cases who had been in close contact with 435 contacts, and 79% of cases have been successfully contacted, this has now increased to 186 cases with a success rate of 77% and 585 contacts with a
- Key challenges – not sure what next few months over Autumn and Winter will mean for COVID 19, worst case scenarios need to be factored in, these could include rolling regional and local surge in cases, or a broadly controlled national and regional epidemic. Under both these scenarios national and international examples generally indicate that minority ethnic groups and particularly people in poor employment conditions, overcrowded conditions and excluded groups will likely be disproportionately impacted and affected
- Key actions August 2020-March 2021 – Implementation of a population wide and targeted communications and engagement plan, targeted preventative work with higher risk settings, maximising home care resilience and infection prevention and control, effective public health data and surveillance systems, increasing accessibility and engagement with testing and contact tracing, working with NHS to maximise influenza vaccination take up, and programme of exercising and testing plans
- It was noted that the local contact tracing system is being developed, and this will sit alongside the national contact tracing system, however as Islington was not a priority area in terms of increase in cases this may not happen for a number of weeks
- It was noted that residents were being facilitated with regard to testing, however there are currently there were issues with regard to capacity. Work is taking place to provide a testing site in the borough
- In response to a question it was stated that schools had been provided with a limited number of test kits and these could be replenished if necessary

The Chair thanked Julie Billett for attending

176 **SCRUTINY REVIEW - GP SURGERIES 12 MONTH REPORT BACK (ITEM NO. 11)**

Rebecca Kingsnorth, Assistant Director of Primary Care, Islington CCG, Alex Smith NCL CCG Islington and Imogen Bloor GP were present at the meeting and outlined the report

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

- It was noted that GP's were open for business, although during COVID had increased the use of remote appointments, and this was likely to continue. There is a need to communicate to residents the message that GP's were available
- With regard to the closure of the walk in centre, there had been engagement with the public, however following COVID the proposed service model did not fit, given the introduction of the new GP contract, and the CCG had also had to find 30% savings due to a financial deficit
- In response to a question as to whether Camden and Islington, who had historically had a financial surplus, were subsidising other NCL boroughs who had deficits, it was stated that Islington had a financial deficit of £14m and therefore savings had had to be made. However, it was noted that as part of the NCL CCG constitution there is a commitment that from the Governing Body that it would not disinvest from the 2019/20 financial baseline, in each borough for primary care, and mental health services, and that this was not time limited

RESOLVED:

That the report be noted

The Chair thanked Rebecca Kingsnorth, Imogen Blair and Alex Smith for attending

177 **WORK PROGRAMME 2020/21 (ITEM NO. 12)**

RESOLVED:

The Committee were informed by Councillor Burgess that she would be standing down as Executive Member Health and Social Care and that this was her last meeting of the Committee

- (a) That the Committee thank Councillor Burgess for her work as Executive Member Health and Social Care, and the contribution that she has made to the work of the Committee and health and social care in Islington
- (b) That the work programme be noted

MEETING CLOSED AT 10.05 p.m.

Chair