

London Borough of Islington  
**Health and Care Scrutiny Committee - Thursday, 15 October 2020**

Minutes of the meeting of the Virtual Health and Care Scrutiny Committee held on Thursday, 15 October 2020 at 7.30 pm.

**Present:**           **Councillors:**           Gantly (Chair), Chowdhury (Vice-Chair), Clarke, Khondoker, Klute, Graham and Jeapes

**Also Present:**           **Councillors**           Turan and Lukes

**Councillor Osh Gantly in the Chair**

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

The Chair introduced Members and officers to the meeting

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

Councillor Gallagher and Klute and Khondoker for lateness

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

None

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

None

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

RESOLVED:

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

**183        MEMBERSHIP/TERMS OF REFERENCE (ITEM NO. 6)**

RESOLVED:

That the report be noted

**184        CHAIR'S REPORT (ITEM NO. 7)**

The Chair stated that she had discussed with Members of the Committee a possible scrutiny topic for the remainder of the year and that BAME Members of the Committee had expressed the view that a review on Health Inequalities should be considered, especially in view of the COVID pandemic

The Chair added that the new Executive Member for Health and Social Care will be looking at this and dependent on his findings the Committee could consider this as a future scrutiny topic

**185        PUBLIC QUESTIONS (ITEM NO. 8)**

The Chair outlined the procedure for Public questions

**186        HEALTH AND WELL-BEING UPDATE (ITEM NO. 10)**

None

**187** **HEALTHWATCH ANNUAL REPORT/WORK PROGRAMME (ITEM NO. 9)**

Emma Whitby, Healthwatch was present and outlined the report and presentation for Members {copy interleaved}

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

- Work in 20/21 – Whittington Estates – more diverse engagement in this consultation. Non – emergency patient transport service – Healthwatch not involved in consultation process and continue to raise concerns about this system. Mental Health – highlighted poor access for BAME communities. Digital Divide – extended model in to supported accommodation. Borough Partnership – are an active Member and will be the lead on inequality
- 20 volunteers and 5 staff 2 of whom are full time and £156000 funding from Local Authority. 3931 people engaged with Healthwatch through website and 650 people shared their health and social care story. 1141 people accessed the information services and 7 reports produced about the improvements people would like in local health and social care services
- Responding to pandemic – advice on how to get NHS Dentist, updated advice on shielding, how to cope during lockdown
- Work in a variety of partnerships and bring resources to grass roots organisations and provide a diverse communities health voice
- Work Plan for 2020/21 – Pandemic – impacts, response, access, reduced engagement. Accurate information, Digital inclusion, Fairer Together Borough Partnership, Quality of Delivery and noted that there will be no visits to services until future notice
- In response to a question it was stated that residents feedback was that they did feel that the NHS was doing its best to maintain services during the pandemic, and that the NHS should be better at promoting the successes of the service
- Reference was made to the 111 service and that residents were not being advised not to go to A&E. Healthwatch stated that they had no reports of concerns from residents however they would investigate this following the meeting
- In response to a question as to the merger of the CCG's in NCL it was stated that the Haringey represented on the CCG Governing Body and other boroughs were represented on the CCG Patient and Engagement Partnership and Equalities Committee NCL experts by Experience in Mental Health, the NCL Leders learning disability, and the CCG delivery and strategy Boards
- It was stated that work was still taking place with Help on Your Doorstep, and contact taking place with residents who had limited access to IT

The Chair thanked Emma Whitby for attending

**188** **COVID 19 UPDATE (ITEM NO. 11)**

Julie Billett, Director of Public Health was present and was accompanied by Councillor Sue Lukes Executive Member for Community Safety and Pandemic Response -

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

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- As of 30 September there were a total of 903 confirmed laboratory cases in Islington
- The average number of cases daily peaked at 17 cases from 29 March to 4 April
- Over the last 4 weeks the number of cases has increased on a daily basis, but testing has increased dramatically
- The rate of positive cases has been increasing since beginning of August but is lower than that of England and Islington is showing a decline in the rate of people tested per 100000 since mid- August whilst overall in England there is a rise in testing rates. Positivity rates are similar to that of London around 4%
- 155 deaths in Islington have been COVID related up to 4 September, and 2 death in the week to 11 September
- Contact tracing – 419 cases in contact with 1118 contacts – 78% of cases have been successfully contacted and of the contacts identified 71% have been successfully contacted
- Since the outbreak the Islington COVID 19 outbreak prevention and control plan has been strengthened
- The latest data shows that there are 90.3 cases per 100000 population compared to 99 in London and 150 in England, however there is a rapidly rising community transmission issue
- Older peoples care homes – care homes are better placed to respond in comparison to the first wave, and there have been no COVID related deaths in care homes for the last 15 weeks. Staffing levels remain relatively stable
- Key issues – access to testing remains an issue and the Council is working with key partners to look at options to increase testing locally, whilst a national solution is awaited. A local testing centre is now available at the Sobell Centre car park and another in the south of the borough is being considered at a later stage
- Local contact tracing – focusing on contacting individuals who have tested positive and have not been successfully contacted by the national service within 24 hours. A Task and Finish Group has been convened to plan for the 'go live' of locally supported contact tracing and the national system is working with local teams across the country in a phased way to 'go live' systematically
- Key issues – Preventing and mitigating disproportionate impacts, communication and engagement, supporting schools and higher education
- London cases are doubling every day, however testing has increased over the last few weeks
- There had been no COVID deaths in the past few weeks but as cases continue to rise the disease would spread to more vulnerable members of the community
- There is a Home Care testing plan in place and staff are tested on a weekly basis and residents on a monthly basis
- A testing centre is now in place at the Sobell Car Park
- There has been small outbreaks in University Halls of Residence, however universities were being supportive in combating the outbreaks
- The Executive Member stated that she wanted to establish an outbreak control plan and would be seeking input from Members, and encouraged Members to sign up as Health Champions. Measures also need to be taken to improve communications and ensure there are safety measures in place in businesses and appropriate enforcement takes place when necessary
- Contact tracing and testing needs to be improved as many residents are asymptomatic. The effects of isolation on residents also needs to be looked at
- If a resident is found to be positive measures also need to be put in place to support them and the discretionary payment scheme has been modified

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- Reference was made to the BAME community and health conditions and that there had been reports of some Housing Associations and other employers forcing staff to go to work. In addition it was stated that some carers had expressed concern about the availability of PPE and lack of testing
- It was stated that employers were required to carry out risk assessments for staff and it was felt that this was the best approach to take
- Members noted that only care home staff were being regularly tested and it is hoped that improvements can be introduced in other settings, but there was not enough capacity to carry out regular routine testing for domiciliary staff . In response to the question about availability of PPS it was stated that if there are instances of this these should be reported for investigation, as there are no shortages at present
- It was stated that work also needed to take place with Trade Unions and community organisations to ensure staff are not scared to self-isolate if necessary, through fear of loss of pay or redundancy
- It was noted that there had only been 2 cases of a positive test for domiciliary care staff
- In response to a question it was noted that there were 8 COVID cases at present at the Whittington and some were in ICU. Reference was also made to increased COVID cases at the Royal Free and UCLH
- In response to a question the situation in schools if a COVID case is positive was outlined
- It was stated that if a resident went to A&E they would be seen, however they were encouraged to contact 111 in order to keep hospitals as safe as possible, and that a ring 111 national promotion is being promoted

The Chair thanked Sue Lukes and Julie Billett for attending

### 189 **ELECTIVE RECOVERY PROGRAMME (ITEM NO. 12)**

Paul Sinden, CCG was present and outlined the report

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

- A&E at the height of the pandemic had seen a 50% reduction in the number of cases, however numbers had now increased to about 80% of normal activity
- The intention at NCL is to restore elective surgery to pre-COVID levels. The process for dealing with elective surgery prioritisation is clinically led, and maximisation of NHS capacity is the aim. There are longer average waiting times for surgery than pre-COVID and the Royal Free has the highest waiting list, however other NHS Trusts were assisting in reducing this
- It was noted that an investigation had been carried out on health inequalities impact on waiting lists, and this could be circulated to the Committee when completed
- There had also been a reduction in GP consultations and these had fallen from 450000/500000 to around 300000/350000 during the height of the pandemic
- It was stated that COVID has led to increases co-operation between NHS Trusts and clinical prioritisation taking place
- Reference was made to the procedures for A&E paediatric cases and it was stated that patients would be treated at UCLH, however but transferred to the Whittington in the event of an emergency and that daily reports were available and analysed on this

The Chair thanked Paul Sinden for attending

**190**      **MERGER OF CCG'S (ITEM NO. 13)**

Frances O'Callaghan and Alexander Smith, NCL were present and outlined the report

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

- In response to a statement that 'history was repeating itself' with the changes in relation to the merger of CCG's, it was stated that it was agreed that whilst this appeared to be the case it was felt that the changes would enable Boroughs to be represented on the Governing Body, and that this was clinically led. It was felt that the new arrangements would also enable the NCL to commission more effectively and address health inequalities more effectively
- It was also noted that primary care would also be able to employ differing staff specialisms, such as social prescribers, pharmacist etc. at practices and this would reduce workload of GP's
- In response to a question as to GP patients on borough boundaries that may visit a practice in another borough it was noted that reciprocal arrangements were in place with other boroughs in respect of such patients

The Chair thanked Frances O'Callaghan and Alexander Smith for attending

**191**      **WORK PROGRAMME 2020/21 (ITEM NO. 14)**

RESOLVED:

That the report be noted

The meeting ended at 9.50 p.m.

Chair