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London Borough of Islington  
**Health and Wellbeing Board - Wednesday, 4 November 2020**

Minutes of the virtual meeting of the Health and Wellbeing Board on Wednesday, 4 November 2020 at 1.00 pm.

**Present:** Cllr Richard Watts, Leader of the Council (Chair)  
Cllr Kaya Comer-Schwartz, Executive Member for Children, Young People & Families  
Laura Eden, Director of Safeguarding and Family Support  
Siobhan Harrington, Chief Executive, The Whittington Hospital NHS Trust  
Dr John McGrath, NCL CCG Governing Body  
Angela McNab, Chief Executive, Camden and Islington NHS Trust  
Katy Porter, Chief Executive, Manor Gardens Welfare Trust  
Emma Whitby, Chief Executive, Healthwatch Islington

**Also present:** Jill Britton, Assistant Director, Joint Commissioning  
Alan Caton, Independent Islington Safeguarding Children Board Chair  
Clare Henderson, Director of Integration, Islington Directorate, North Central London CCG  
Magdalena Nikolova, System Resilience Programme Manager, Islington Directorate, North Central London CCG  
Jonathan O’Sullivan, Acting Director of Public Health for Islington  
Elaine Oxley, Head of Safeguarding Adults and Mental Capacity

## **Councillor Richard Watts in the Chair**

- 29 **WELCOME AND INTRODUCTIONS (ITEM NO. A1)**  
Councillor Watts welcomed everyone to the meeting and introductions were given. He paid tribute to the hard work of colleagues in relation to the COVID-19 pandemic.
- 30 **APOLOGIES FOR ABSENCE (ITEM NO. A2)**  
Apologies for absence were received from Councillor Turan, Dr Jo Sauvage, Carmel Littleton and Helene Brown.  
  
John McGrath substituted for Dr Jo Sauvage and Laura Eden substituted for Carmel Littleton.
- 31 **DECLARATIONS OF INTEREST (ITEM NO. A3)**  
None.
- 32 **ORDER OF BUSINESS (ITEM NO. A4)**  
The order of business would be as per the agenda.

**33 MINUTES OF THE PREVIOUS MEETING (ITEM NO. A5)**

**RESOLVED:**

That the minutes of the previous meeting held on 6 November 2019 be agreed as a correct record and the Chair be authorised to sign them.

**34 ANNUAL PUBLIC HEALTH REPORT 2019-20 - GOING FURTHER ON HEALTH INEQUALITIES WITH CAMDEN AND ISLINGTON (ITEM NO. B1)**

Jonathan O'Sullivan, Acting Director of Public Health for Islington presented the Annual Public Health Report 2019-20.

In the discussion the following main points were made:

- The report had originally been scheduled to be submitted to the Board in February/March 2020 but had been delayed due to the COVID-19 pandemic.
- Health inequalities had been highlighted by the COVID-19 pandemic. The CCG was looking at health inequalities cross North Central London and was trying to connect with different parts of communities to reshape services.
- The report looked at levers to engage with communities and how to deliver services in different ways.
- Some services delivered changes but the benefits would not be seen immediately.
- There would be a focus on ethnic inequalities with more monitoring and services being adapted.
- Consideration would be given to how to recruit, invest in and engage with communities.
- There had been successes in addressing inequalities and work would continue in the future. The Fairer Together partnership would help with this.
- The recommendations were 1:Shift to a person and community centred way of working; 2) Determine how to resource the system in the absence of evidence and tools; 3) Focus on reducing inequalities relating to ethnicity and disability; 4) Use status as anchor organisations to embed social values to improve outcomes.
- Members of the Board were in agreement that the recommendations in the report were good. There was clear endorsement for the partnership way of working. Making the borough fairer and a more equal place would help address health inequalities. Paying staff the living wage mattered to health.
- It was important that the message that the NHS was open for business was publicised so that health inequalities did not worsen.

**RESOLVED:**

That the report be noted.

35

**ISLINGTON SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2018/19 (ITEM NO. B2)**

Alan Caton, Independent Islington Safeguarding Children Board Chair, presented the report.

In the discussion the following main points were made:

- The report had been delayed due to the COVID-19 pandemic.
- The report covered the period 1 April 2018 to 31 August 2019. This was the last period under the old legislative arrangements contained in Working Together 2015. This had since been superseded by Working Together 2018. New multi-agency safeguarding arrangements were introduced in Islington on 1 September 2019.
- During the period 1 April 2018 to 31 August 2019 the Board had worked well and there had been successful partnership working and positive feedback.
- Priorities to look at included: continuing to focus on neglect; domestic abuse; children at risk of criminal exploitation and sexual exploitation; and getting intelligence right and sharing it with relevant services.
- Serious case reviews were commissioned when a young person died or had been seriously harmed and abuse was known/suspected to have taken place. The aim was to learn from the case reviews to prevent future harm. During the period there had been case reviews into a suicide and a stabbing.
- The new safeguarding arrangements were introduced as a result of a review which found the previous arrangements did not provide sufficient ownership. The new arrangements gave equal responsibility to the local authority, the police and the CCG. It operated in a similar way to previously with a strategic board and sub-groups. Alan Caton was still the independent chair.
- At the start of the first lockdown, in addition to statutory meetings, weekly extraordinary meetings were held. These had now reduced to every three or four weeks. Meeting attendance had risen as a result of the move to virtual meetings and there had been no real detriment in the way the board operated.
- The serious case review process had now changed. It aimed to learn lessons and publish these but if it was not considered that there were lessons to learn, a review did not need to be commissioned.
- Alan Caton and the Islington Safeguarding Children Board were thanked for their work and Alan was thanked for his attendance.

**RESOLVED:**

That the report be noted.

36

**SAFEGUARDING ADULTS IN ISLINGTON IN 2019/20 - A REVIEW OF KEY ACHIEVEMENTS AND PRIORITIES GOING FORWARD (ITEM NO. B3)**

Elaine Oxley, Head of Safeguarding Adults and Mental Capacity presented the report which set out progress of the council's leadership of adult safeguarding arrangements in the borough.

In the discussion the following main points were made:

- The period included in the Annual Report ended on 31 March 2020 so it included the first part of lockdown.
- National thresholds had been introduced. These were in line with the thresholds the council had already implemented.
- Most safeguarding enquiries did not progress to formal safeguarding enquiries and during the year no cases met the threshold for a Safeguarding Adults Review (SAR).
- As a result of the SAR conducted the previous year into the case of Mr Yi, a homeless man who travelled widely across London, a joint review had taken place and key learning had been shared across London. The Safeguarding Adults Board had decided to make homelessness a key priority.
- Restraint and seclusion had gained public attention following a BBC expose of the treatment of 'Beth' who was kept in solitary confinement in an assessment and treatment unit elsewhere in the country. In response, various regulators were now including this aspect in their monitoring regimes. Pentonville prison had joined the Board and this was on the local agenda.
- The Fire Safety Bill was introduced in March 2020 and required personal evacuation plans to be in place for residents whose ability to evacuate might be compromised.
- The sub-groups had been meeting virtually and had been contributing to the work of the Board.
- Islington had been selected as the pilot borough for a national project to raise awareness around Lasting Powers of Attorney. There had been a significant improvement particularly in BAME communities.
- The three main types of abuse in Islington last year were neglect, financial abuse and physical abuse. In the vast majority of cases, risks were identified and action was taken to reduce or remove the risk. In the remaining cases, action was taken by others so no action was required or sometimes the person had died or moved away.
- Elaine Oxley was thanked for her presentation.

**RESOLVED:**

That the report be noted.

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**ISLINGTON HEALTH AND SOCIAL CARE SECTION 75**

**ARRANGEMENTS: ANNUAL REPORT 2019/20 (ITEM NO. B4)**

Clare Henderson, Director of Integration, Islington Directorate, North Central London CCG and Jill Britton, Assistant Director – Joint Commissioning, presented the report which outlined progress in 2019/20 between health and social care under Section 75 arrangements including key achievements and the priorities for 2020/21.

In the discussion the following main points were made:

- The Section 75 arrangements meant resources could be pooled and a more streamlined service offered. As part of this some staff were in

joint posts between the council and the NHS. This supported collaboration.

- Examples of projects that had been undertaken under the Section 75 arrangements were an Asthma Friendly Schools project and STOMP/STAMP awareness training to prevent the over-medication of those with autism.
- Working together supported the management of risk and helped to develop pathways.
- There were seven adult pooled budgets in operation between the council and the CCG. These were Intermediate Care, Learning Disability, Transforming Care, Mental Health Commissioning, Carers Services, Mental Health Care of Older People and the Better Care fund.
- The CCG and the council worked closely during the first wave of the COVID-19 pandemic.
- Clare Henderson and Jill Britton were thanked for their report.

**RESOLVED:**

- 1) That the report be noted.
- 2) That the progress in 2019/20 be noted.
- 3) That the priorities for 2020/21 be noted.

38

**COVID-19 IMPACTS IN THE BOROUGH TO DATE INCLUDING DISPROPORTIONATE IMPACTS (ITEM NO. B5)**

Jonathan O'Sullivan, Acting Director of Public Health, presented a report on the Impacts of COVID-19 including the disproportionate impacts.

In the discussion the following main points were made:

- Some communities were more vulnerable than others.
- Throughout the summer there had been low levels of confirmed infections in Islington. There were 10-14 cases per week in June, July and the first half of August. There had since been a 30 fold increase. The most recent weekly figure was 330 confirmed cases.
- The demographic mix of those infected had changed. In the summer it had been mainly young adults. In September it was mainly the 40-60 age group and in the last few weeks it had increased to those over 60. The over 60 group was most likely to need hospitalisation and this generally happened 3-4 weeks after infection.
- It was important to work as a partnership to get infections as low as possible.
- It could be difficult for GPs to distinguish between flu and COVID symptoms.
- Asymptomatic testing and PPE use was helping protect care homes. There was a need to reduce community transmission to further protect care homes.
- There were approximately 20 beds currently occupied at the Whittington Hospital and UCLH but the figure was increasing each week. The majority of people had treatment in hospital and then returned home.

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- Prevention was the best way to control infection. Preventative measures included social distancing, the use of PPE and reduced social mixing. Testing and self-isolation were also important.
- It was important to reach out to communities and communicate these messages to them. There were disproportionate impacts on older people, men and those from BAME communities. Data suggested there was less take up of COVID testing and flu vaccinations by BAME communities and those from BAME communities had more positive COVID test results. Community leaders were thanked for their work in helping to advise their communities.
- Flu vaccination was important to protect the NHS and also individuals. Having flu and COVID-19 together was likely to have more detrimental health impacts.
- If people adhered to the lockdown rules, this would help the NHS maintain services.
- As more people recovered from COVID-19 there would be more cases of long COVID and this increasing cohort would need support.
- Community services across North Central London were running and more digital work was taking place. People were working more closely as a team and this was a positive bi-product of working through the pandemic.
- Councillor Comer-Schwartz offered that if there was information available that could be distributed in school bags she could arrange this.
- Lockdown increased pressures on mental health and winter was a harder time for many to be in lockdown.
- It was vital to prepare for an increase in COVID-19 cases.
- A second lockdown was justified and there was a need to protect residents.

### **RESOLVED:**

That the report be noted.

39

### **ISLINGTON'S HEALTH AND CARE SYSTEM WINTER PLAN AND COVID-19 PREPAREDNESS 2020-21 (ITEM NO. B6)**

Magdalena Nikolova, System Resilience Programme Manager, Islington Directorate, North Central London CCG, presented the Winter Plan and COVID-19 Preparedness 2020-21 report.

In the discussion the following main points were made:

- Extensive work (including work with partners) had been done to ensure that the CCG could meet the demands of winter plus COVID-19 without compromising the quality of care and whilst maintaining positive patient experience.
- Acute capacity would be safeguarded, there would be sufficient access to PPE, extended access to GPs, a home visiting service for COVID and care home support.
- Eligibility for the flu vaccine had been increased. Improvements had been made to A&E flow with front of house reconfigured for safer triage.

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- An acute capacity bed plan would manage risk and systems would be in place to ensure integrated discharges were done safely with patients having a COVID test before leaving hospital.
- There was sufficient care home capacity with 400 beds available.
- There was an enhanced workforce model to safeguard staff and patients.
- The Chair thanked everyone for the immense amount of work that had been undertaken and stated that he was pleased to see the provisions that were in place to protect care homes.

### **RESOLVED:**

That the report be noted.

MEETING CLOSED AT 2.35 pm

Chair

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