

London Borough of Islington
Health and Care Scrutiny Committee - Thursday, 4 March 2021

Minutes of the Virtual meeting of the Health and Care Scrutiny Committee held aton Thursday, 4 March 2021 at 7.00 pm.

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

Also Present: **Councillors** Turan and Lukes

Councillor Osh Gantly in the Chair

220 INTRODUCTIONS (ITEM NO. 1)

The Chair introduced Members and officers at the meeting

221 APOLOGIES FOR ABSENCE (ITEM NO. 2)

None

222 DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)

None

223 DECLARATIONS OF INTEREST (ITEM NO. 4)

None

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

RESOLVED:

That the minutes of the meeting held on 21 January 2021 be confirmed and the Chair be authorised to sign them

225 CHAIR'S REPORT (ITEM NO. 6)

226 PUBLIC QUESTIONS (ITEM NO. 7)

The Chair outlined the procedure for Public questions

227 HEALTH AND WELLBEING UPDATE - IF ANY (ITEM NO. 8)

None

228 UCLH PERFORMANCE UPDATE (ITEM NO. 9)

Flo Panel-Coates, Chief Nurse and Alex Gregg, Head of Performance were present for discussion of this item, and made a presentation to the Committee, copy interleaved, during which the following main points were made –

- COVID 19 – normally 62 intensive care beds and the Trust created another 61 beds outside the normal intensive care area. At the peak of the second wave there were 118 (85) COVID in ICU

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- A further 34 beds outside ICU were opened where non-invasive ventilation could be provided
- In the first wave up to 170 beds were occupied by COVID patients. In the second wave over 250 beds were occupied. There have been 1500 COVID admissions and in the first wave 186 deaths and in the second wave 211 to date
- Contributing to knowledge about COVID 19 – CPAP device, quick to open clinical trials, UCLH main test site for Oxford vaccine, key partner in post-hospital COVID study, UCLH study pinpoints loss of smell as key symptom, taking part in real time viral genomic data, UCLH does first patient in world in monoclonal antibody trial
- UCLH has vaccinated 30000 people, at least 74% of front line staff vaccinated, working hard to reach those groups not taking up vaccine at present
- Impact of COVID on waiting times for treatment – significant impact, nationally managing patients on clinical based priority, assisting neighbouring Trusts, rise in patients waiting over 52 weeks, much longer wait for diagnostics
- Longer wait for cancer and the impact of waiting for more than 62 days for treatment was more significant in first wave. Urgent cancer surgery has continued in both surges
- Noted performance good in A&E during COVID period
- In response to a question as to whether staff members had suffered from long COVID it was stated that some staff had suffered from long COVID and work is taking place across London on this
- The COVID period had been a very stressful time for staff and measures had been put in place to identify staff stress and provide counselling
- Strategic developments – new building in Grafton Way will be home to only two NHS proton beam therapy centres in the UK and will also comprise Europe's largest blood disorder treatment centre and a short stay surgical service
- Significant financial challenges – Trust is forecasting a £6.2m deficit and within this the Trust is anticipating an underspend of £11.9m on strategic growth projects mostly because of a delay of the Grafton Way building. There is a commitment to return any unspent funding to NCL for redistribution. The Trust is also forecasting additional COVID costs, £4.2m higher than planned, which was provisionally agreed to be funded by the NCL sector, however they hoped that they would not carry a large deficit into the next financial year
- In response to a question it was stated that a vaccination centre was being established at Islington Business Design Centre
- Reference was made to the low take up of some staff at UCLH, particularly amongst black staff and it was stated that work is taking place to understand the reasons for this and to work with staff
- In response to a question it was stated that UCLH had attempted to prevent any delays in burials

- It was stated that the diagnostic service had kept running during COVID and that some treatments had continued and the independent sector had assisted in this

The Chair thanked Flo Panel-Coates and Alexandra Gregg for attending

229

CAMDEN AND ISLINGTON PERFORMANCE UPDATE (ITEM NO. 10)

Tafwadza Mugwabka was present for consideration of this item and made a presentation, copy interleaved, during which the following main points were made –

- Focus on safety and quality of care delivered – patient safety, clinical effectiveness, patient experience
- Performance 2019/20 - Patient safety – safe wards – staff training provided and implementation supported, implemented reduced restrictive training, drafted core training for managers to ensure staff are supported with complex risk assessment and management, clinical supervision and appropriate lessons learnt process post incident, revised zoning protocol to strengthen the section on clients of concern and in particular maintaining the safety of clients awaiting MHA's, majority of core skills have maintained the target 80% compliance level despite the pandemic
- Performance 2019/20 – Patient experience – working closely with well-being to focus on supporting leadership and staff throughout the first wave of COVID 19, Trust engaged with Leeds University to provide support in delivering a Patient Experience strategy fit for purpose, service user representation is now integral to a number of key Trust Committees including the Finance programme and Quality Boards
- Performance 2019/20 – Clinical effectiveness – remain one of the best performing CCG's for dementia diagnosis prevalence across London, patients with dementia offered ongoing service with a single point of contact and regular review, reduced number of long stayers on wards and length of time spent on wards, embedded physical health screening tool in patients electronic care-notes, increased number of patients whose physical health screened
- Other achievements – rating of Good following CQC inspection in 2019, continue to invest significantly in Quality Improvement Programme, almost a fifth of bands 8a and 9 roles are now filled by BAME staff – a rise of 4.5% on the previous year
- Patient experience strategy – real appetite to improve the way service user data is collected and analysed and used to improve services, and good practice across the Trust representing a good foundation for a strong service user and carer experience strategy. Areas for improvement – improve gathering of patient experience, good practice, learn from results, more assertive focus on capturing and sharing patient experience
- Trust focus for 2020/21 – closer focus on suicide prevention, expanding peer workforce, refreshing the clinical strategy, improving quality of community facilities

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- In response to a question it was noted that the number of BAME staff had increased, however it would be interesting to see details of ethnic origin and gender
- It was noted that the Trust wished to increase BAME representation at management and Governor level
- In response to a question it was stated that a lot of work is taking place on a suicide strategy, and that staff training, work with other Trusts etc. was being carried out, however the strategy is not yet fully developed but this could be forwarded to the Committee when available
- Noted that COVID had been particularly challenging
- Noted that work is also taking place on patient safety at a senior leadership role, and training and learning was taking place to support quality improvement

The Chair thanked Tafadzwa Mugwagwa for attending

230 **GP SURGERIES PRIVATISATION - VERBAL (ITEM NO. 11)**

Clare Henderson, Islington CCG was present and verbally outlined the position

During consideration the following main points were made -

- It was stated that the Mitchison Road and Hanley Road surgeries had been run by AT Medics since 2016, however the ownership of the company had now transferred to an American company. The existing staff would remain on site, and there was no legal basis to refuse the transfer, NHS England had also carried out due diligence checks
- A Member expressed concern that he had learnt that the transfer had taken place prior to this being considered by NCL. Concern was also expressed that the practices could change the arrangements of the practice, e.g. institute more phone appointments to reduce costs, remove elderly patients from lists. Reference was also made to the fact that the transfer had taken place before NCL had considered the issue, and it was stated that this could be checked, however it was stated that it was not felt that this had been the case. Clare Henderson added that the practices would be monitored for any detrimental changes on patient care, and if necessary a break notice or notice of closure could be put in place
- It was noted however that many practices during COVID had moved to telephone triage, and it was anticipated some practices would continue this
- A Member expressed concern that patient records had been made available to a private company, and it was felt that this was unacceptable
- Concern was also expressed that Councillors had not been made aware of the transfer until their attention had been drawn to it by residents, and that this was not acceptable

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- Noted that a letter had been sent to the Secretary of State on this issue, but a response had not yet been received

RESOLVED:

That the report be noted and that the CCG be requested to inform Members as to whether the transfer had taken place before consideration by the NCL and of any response from the Secretary of State, as referred to above

The Chair thanked Clare Henderson for attending

231 **COVID 19 UPDATE (ITEM NO. 12)**

Councillor Sue Lukes, Executive Member Community Safety and Pandemic Response was present and accompanied by Jonathan O'Sullivan, Public Health

During consideration of the report, copy interleaved, the following main points were made –

- Noted that the situation had improved and there had been a continued decrease in the number of positive cases in COVID and these were currently 90 confirmed cases in the past week which compared to 2000 2 months ago. This reduction has been across all age groups
- Noted the increase in vaccination rates in the Bangladeshi community, and that the local test and trace, in conjunction with national test and trace was reaching 90-95% of residents
- Noted that 28000 residents had now been vaccinated, however vaccination rates tended to be lower in BAME groups than the white community
- Members welcomed that the learning disabled, and those with mental health and homelessness issues, were being prioritised
- Reference was made to the increase in lateral flow testing, especially in relation to schools, and that it is hoped that this would reduce infection levels, and that the Easter school break would hopefully act as a 'firebreak' if there is any rise in infections
- Noted that We are Islington can arrange appointments and transport if necessary if residents have difficulty in making appointments
- In response to a question in relation to vaccinations for carers and informal carers, it was stated that Councillor Lukes would provide further details to Members

RESOLVED:

That Councillor Lukes be requested to provide details on vaccinations for carers and informal carers to Members of the Committee

The Chair thanked Councillor Lukes and Jonathan O'Sullivan for attending

232 **SCRUTINY REVIEW - ADULT PAID CARERS - WITNESS EVIDENCE - VERBAL (ITEM NO. 13)**

Robbie Rainbird, Head of Processing, was present and made a presentation to the Committee, copy interleaved, during which the following main points were made -

- The view was expressed that if a resident was in receipt of Pension Credit or DLA this was awarded to them, in recognition of the fact that they did not have enough to live on. It was stated that this should not be taken account of for charging purposes
- Members expressed the view that this issue should be further considered when compiling the recommendations for the scrutiny review

RESOLVED:

That the Head of Processing be requested to provide details of the costs of excluding DLA/Pension credit from charging calculations

The Chair thanked Robbie Rainbird for attending

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

RESOLVED:

That the report be noted

MEETING CLOSED AT 10.20 p.m.

Chair