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London Borough of Islington
Health and Wellbeing Board - Wednesday, 10 March 2021

Minutes of the virtual meeting of the Health and Wellbeing Board held on Wednesday, 10 March 2021 at 1.00 pm.

Present: Cllr Richard Watts, Leader of the Council (Chair)
Cllr Nurullah Turan, Executive Member for Health and Social Care
Cllr Michelline Safi Ngongo, Executive Member for Children, Young People & Families
Jonathan O'Sullivan, Acting Director of Public Health for Islington
Siobhan Harrington, Chief Executive, The Whittington Hospital NHS Trust
Dr John McGrath, NCL CCG Governing Body
Emma Whitby, Chief Executive, Healthwatch Islington
Katy Porter, Chief Executive, Manor Gardens Welfare Trust
Sarah McDonnell-Davies, Executive Director of Borough Partnerships
Mike Clowes, Chief Executive Officer, Islington GP Federation

Also Present: Alan Caton, Independent Chair and Scrutineer, Islington Safeguarding Children Board
Clare Henderson, Director of Integration, Islington Directorate, North Central London CCG.

Councillor Richard Watts in the Chair

40 **WELCOME AND INTRODUCTIONS (ITEM NO. A1)**
Councillor Watts welcomed everyone to the meeting and introductions were given.

41 **APOLOGIES FOR ABSENCE (ITEM NO. A2)**
Apologies for absence were received from Dr Jo Sauvage, Carmel Littleton, Paul Sinden and Darren Summers, Deputy CEO Camden and Islington NHS Foundation Trust.

42 **DECLARATIONS OF INTEREST (ITEM NO. A3)**
None.

43 **ORDER OF BUSINESS (ITEM NO. A4)**
The order of business would be as per the agenda.

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

RESOLVED:

That the minutes of the meeting held on 4 November 2020 be confirmed as an accurate record of proceedings and the Chair be authorised to sign them.

45 **COVID-19 UPDATE (ITEM NO. B1)**

Jonathan O’Sullivan, Acting Director of Public Health for Islington presented the COVID-19 update which outlined the current position in terms of infections, testing and deaths relating to COVID-19 in Islington.

In the discussion the following main points were made:

- The case rate continued to fall in Islington and levels were close to the September 2020 levels.
- The latest rate was 25 cases per 100,000.
- COVID-19 rates were declining amongst all age groups and the number of cases by ethnicity was now so small that rates were subject to fluctuations.
- Rates of PCR testing were slightly increasing but positivity rates were also declining. Islington’s positivity rate from PCR testing was now 2.0% (compared to over 25% over Christmas 2020). This was lower than the London rate of 2.9%.
- PCR testing rates were highest amongst the most deprived areas of Islington (where people were more likely to be working outside of the home) and in the older population and were lowest in the school age population.
- Lateral Flow Device (LFD) tests had started to rise again after a short period of slowing down. LFD was highest in the least deprived areas of Islington, highest in the Black population (more likely to be working outside of the home) and lowest amongst school children.
- The current epidemic curve peaked in January and had been falling since then. The number of cases had been reducing by approximately 40% week on week.
- In total in Islington, there were 346 deaths with COVID-19 mentioned on the death certificate up until 19 February. The latest week of data showed 9 deaths which was fewer than the previous week.
- COVID-19 admissions to Whittington Health had reduced from eight to six in the last week.
- The Chair stated that the pandemic had resulted in a very difficult winter and thanked those involved who had worked incredibly hard.
- Although the number of cases was falling, infection control measures were still vital. It was important that people were vaccinated when invited and followed the rules in order to protect staff and the community. Infections were still higher than in the summer of 2020 and it was important to remain vigilant and reinforce the infection control measure messages to avoid another surge in cases. Lessons learnt this winter could help plan for next winter.

RESOLVED:

That the report be noted.

46 **HEALTHWATCH ISLINGTON WORK PLAN 2021-22 (ITEM NO. B2)**

Emma Whitby, Chief Executive, Healthwatch Islington presented the Work Plan 2021-22 which set out the Healthwatch priorities for 2021-22.

In the presentation and discussion the following main points were made:

- Space had been left in the workplan to enable themes to be added during the year if any new issues arose.
- Work on sharing understanding in relation to COVID vaccination would continue. A factsheet had been produced to provide advice to the community and address the myths surrounding vaccination. This would be sent to Board members. Virtual meetings were being held and work was taking place with partners and community groups. An event in British Sign Language had taken place.
- Health workshops would continue and would be held virtually until further notice. Information was shared in relation to staying healthy, preventing ill health and managing conditions.
- Work would be done to look at access to services and also online GP consultations from a patient perspective. This would include waiting times, how patients were referred and how people viewed e-consult. Equity was championed.
- Within the Fairer Together partnership consideration was given to who the recipients of a service were, who was not accessing the service and how this could be addressed. The goal was to reduce health inequalities.
- Due to the pandemic service visits were not currently being undertaken. This would be reviewed in May 2021.
- Advocacy support would be provided.
- Work would be undertaken to investigate the barriers residents faced accessing digital support. Digital inclusion work had been taking place and this would continue. Access and patient experience would be vital as services recovered from the pandemic. The CCG was keen to work with Healthwatch Islington on this. It was important that the move to digital services did not exclude those who most required the services.
- Officers from Healthwatch Islington were often at meetings, inputting user perspectives into discussions e.g. at the All Age Mental Health Partnership.
- A mental health needs assessment had taken place.
- Members of the Board commented that the vaccine work undertaken by Healthwatch Islington was valuable.
- Cross borough working would continue.
- At the moment people were more focussed on mental health and wellbeing and this created opportunities as did people being more focussed on health.
- Emma Whitby was thanked for her report.

RESOLVED:

That the workplan be noted.

47

ISLINGTON SAFEGUARDING CHILDREN BOARD (ISCB) ANNUAL REPORT 2019/20 (ITEM NO. B3)

Alan Caton, Independent Chair and Scrutineer of the Islington Safeguarding Children Board, presented the report which set out the work of the Islington Safeguarding Children Board (ISCB).

In the presentation and discussion the following main points were made:

- The report was a new style of report based on the first year working under the new safeguarding arrangements whereby the Metropolitan Police Service, the NHS Clinical Commissioning Group (CCG) and Local Authority were jointly responsible for safeguarding. They worked collaboratively and challenged one another.
- Much good work was undertaken in Islington and information was shared between agencies.
- The Board monitored emerging threats such as mental health, youth violence and home educating.
- The role of Chair of the Board had been replaced by Independent Scrutineer. Alan Caton had continued in this new role.
- Work would be undertaken to engage better with schools. An education sub-group had been set up to ensure that all schools, colleges and other educational settings could be fully involved in the new safeguarding arrangements.
- Serious case reviews were now called Child Safeguarding Practice Reviews. A number of these had taken place. It was important to learn from them and improve systems to improve outcomes. Actions were embedded into front line practice.
- If service users made suggestions about improvements that could be made, the ICSB would consider these.
- Work would continue to address neglect, harm suffered to children who lived where domestic violence took place, or where there was mental ill-health or substance misuse.
- Work would continue with young people at risk of being involved in serious violence, gangs and/or criminal exploitations.
- There were disproportionate funding contributions between some organisations, and this would need to be reviewed.
- At the start of the COVID-19 pandemic core members of the ICSB started meeting on a weekly basis and this proved successful. The group was now meeting on a monthly basis and this was working well.
- In response to a question about disproportionality work, the Independent Scrutineer advised that it was important that the Board liaised with individual agencies who might be referring disproportionately to assess whether they were referring appropriately, and to make changes where and when indicated.
- A dashboard was being developed as a way to monitor data and key issues. This was in development but had been delayed due to COVID.
- Alan Caton was thanked for his report.

RESOLVED:

That the report and key messages on pages 71 and 72 of the report be noted.

48

COVID-19 RECOVERY REPORT (ITEM NO. B4)

Jonathan O’Sullivan, Acting Director of Public Health for Islington presented the COVID-19 Recovery report which supported a discussion regarding the approach to recovery in the context of the direct and indirect impacts of COVID-19 upon the health and wellbeing of residents and patients in Islington and the impact on inequalities.

In the presentation and discussion the following main points were made:

- Recovery was not about going back to how services were before COVID but for services to be the best they could be going forward.
- There were direct and ongoing impacts arising from infection, the impacts upon services and access and the indirect impacts on health and wellbeing.
- There were a number of major national studies set up to investigate the long term impacts.
- There were many complex impacts and the report could not capture every impact or issue but was intended to be illustrative of the nature and extent of the impacts and challenges.
- Direct impacts arising from COVID-19 infection included the measures put in place to reduce and prevent infection, rehabilitation for those with serious acute illness, mortality, long COVID, the impacts of bereavement upon family and others affected and the disproportionate impacts upon the community, including ethnicity, age, areas of deprivation and disability.
- Services had faced and still faced challenges. During the first wave services were rapidly reconfigured and prioritised to deliver services safely. Access was being offered via telephone and digital methods as well as face-to-face. Services were impacted by the surges in hospital admissions and there was an impact of lost, non-COVID activity and potential impacts on waiting times and lists and non-COVID aspects of health.
- In North Central London it was estimated that there were approximately 650 fewer cancer referrals than would have been expected through the first wave and following months.
- Children’s development had been negatively impacted.
- Some changes were beneficial e.g. a reduction in travel had temporarily reduced pollution. Measures such as Healthy Streets would mitigate some of the impacts of the return to increased travel.
- Inequalities had widened as a result of the pandemic.
- There was a high level of mental health disorders. Some of this would reduce with the easing of restrictions but for some the impact would be long lasting.
- The economic environment coming out of COVID-19 was likely to be of greatest importance to long term impacts and outcomes for residents, patients and community, however there were other policy choices and actions which were available and which could also address the impacts.
- Alan Caton, Independent Scrutineer on the Islington Safeguarding Children Board advised that one impact of COVID was that babies not

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being seen by professionals had meant there had been a nationwide increase in babies suffering significant harm. A national report on this would be published in June 2021.

- There was a need for some services to take place face-to-face, even if some service contacts continued using telephone and other digital or remote means.
- School leavers faced uncertainty in the economic environment and more work could be done to provide opportunities. Many people had been undertaking either voluntary or short term paid work in the NHS or care system in the last year. Consideration could be given to providing longer term opportunities to the young people who might have been working in the system in the last year.
- Challenges had resulted in partners working together in new ways including through Fairer Together. There had been an acceleration in partnership working and it was vital that this continued during the COVID-19 recovery process.
- It was important to consider the implications of services operating more digitally. Services should be designed to be able to respond to and meet all needs, including for those most in need.
- Consideration should be given to how the workforce could be engaged to move services forward.
- It was important to ensure that everyone that should be included in the discussions was included.
- It would be a challenge to encourage more people to re-engage with services e.g. cancer screening.
- The Chair stated that priorities included mental health, supporting people back into work and supporting the local economy. COVID-19 had impacted on finances which would present a further challenge but partnership working would help achieve priorities.
- The All Age Mental Health Partnership was a step forward in working across services.
- The Health and Wellbeing Strategy would need to be renewed in the near future.
- In light of new ways of working introduced during the pandemic, a light touch review into meeting and governance arrangements should be conducted in the near future.

RESOLVED:

- 1) That the report be noted.
- 2) That a light touch review into meeting and governance arrangements be conducted in the near future.

MEETING CLOSED AT 2.25 pm

Chair