

London Borough of Islington
Health and Care Scrutiny Committee - Thursday, 24 June 2021

Minutes of the meeting of the Health and Care Scrutiny Committee held on Thursday, 24 June 2021 at 7.30 pm.

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

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

Councillor Clare Jeapes in the Chair

258 COVID 19 ADVICE (ITEM NO. 1)

Noted

259 INTRODUCTIONS (ITEM NO. 2)

The Chair introduced Members and officers to the meeting

260 APOLOGIES FOR ABSENCE (ITEM NO. 3)

None

261 DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 4)

None

262 DECLARATIONS OF INTEREST (ITEM NO. 5)

None

263 MEMBERSHIP/TERMS OF REFERENCE ETC. (ITEM NO. 6)

RESOLVED:

That the report be noted and the revisions to the dates of future meetings be circulated to the Committee

264 MINUTES OF THE PREVIOUS MEETING (ITEM NO. 7)

RESOLVED:

That the minutes of the meeting of the Committee held on 29 April 2021 be confirmed and the Chair be authorised to sign them

265 CHAIR'S REPORT (ITEM NO. 8)

None

266 PUBLIC QUESTIONS (ITEM NO. 9)

The Chair stated that due to COVID restrictions, and limited numbers being able to be present at the meeting, any questions from members of the Public could be notified to the clerk following the meeting

- 267 **HEALTH AND WELLBEING BOARD UPDATE - VERBAL (ITEM NO. 10)**
None
- 268 **LONDON AMBULANCE SERVICE - PERFORMANCE UPDATE (ITEM NO. 11)**
Rochelle McIntyre and Sean Brinncombe, London Ambulance Service (LAS) were present for discussion of this item, and made a presentation to the Committee
- During discussion of the presentation the following main points were made –
- LAS are the only pan-London NHS Trust serving 8.9 million Londoners
 - 1.81 million 999 calls with over 1 million 111 calls. There are over 8000 people working for LAS and attend more than 3000 emergencies a day
 - The average response time to most serious 999 calls is 6 minutes 16 secs
 - COVID 19 challenges first and second wave – 8500 999 calls received on busiest day, nearly 300% increase in normal 111 call volumes at one point and 20% operational staff off sick/isolation at one point.
Increased call handling capacity and built an extra 999 call handling facility. Collaboration with ambulance services nationwide to develop and agree a national 999 call handling mutual aid framework to support surges in 999 calls
 - More ambulances out on the road and partnership with AA to run 24/7 to keep vehicles on the road. 62 extra ambulances urgently commissioned into service and other vehicles bought/leased, and over 1m PPE items delivered in six weeks
 - Maximised double crew ambulance crews and changed operation model including bringing in former staff, 3rd. year paramedics, Police and Fire services
 - Conveyances – more patients receiving care closer to home where appropriate and significant decrease in % conveyed to ED can be seen in March/April 2020 as a result of the COVID impact in wave 1
 - All health and well-being initiatives brought together in a Central wellbeing hub with access to 24/7 support. Wellbeing webinars held and by November had achieved 78% vaccinations for flu vaccines and secured early access to COVID 19 vaccine. Recruited 2 violence reduction officers as part of ongoing work to protect staff and started a body worn camera trial. Noted that these posts were situated in the health and safety team and work with the Police
 - Noted LAS now seeing increase in calls and noted that performance had peaked in March and April due to COVID
 - In response to a question as to whether staff who had rejoined the service as a result of the pandemic had access to support when they had left the service LAS stated that they would respond thereon following the meeting
 - In response to a question it was stated that risk assessments had been conducted on staff, however there were staff that were still suffering from long COVID. Staff at risk were supported

Health and Care Scrutiny Committee - 24 June 2021

- Noted that LAS had an ambitious recruitment plan and this was progressing well
- It was noted that LAS were committed to reducing air pollution and in response to a question as to whether they faced any problems with the introduction of Low Traffic Neighbourhoods it was stated that this could be investigated and Members could be informed

RESOLVED:

That the LAS inform Members as to the issues raised above in relation to any problems LAS is facing with the introduction of Low Traffic Neighbourhoods, and if staff who had rejoined the service were being supported when they left

The Chair thanked Rochelle McIntyre and Sean Brinnicombe for attending

269

HEALTH AND SOCIAL CARE SCRUTINY COVID UPDATE JUNE 2021 **(ITEM NO. 12)**

Jonathan O'Sullivan, Director of Public Health and Councillor Sue Lukes Executive Member Community Safety were present for discussion of this item

During discussion the following points were made –

- Cases increasing across London and rising amongst mainly younger adults. Rates of testing have increased and the positivity rate has also increased. Currently 270 cases in LBI
- Hospitalisations have remained low on the most weekly data
- No new deaths from COVID in the latest week available
- Vaccinations – capacity has been and is being increased to facilitate the expansion of the vaccination programme and supporting residents to have not yet been vaccinated to come forward. Noted that pop up clinics and a long weekend vaccination centre at the Emirates stadium were progressing well in increasing vaccination rates
- 5/16 wards have seen cases rise significantly compared to last week
- Total of 363 deaths with COVID 19 mentioned on death certificate up to 20 May, and 10 fewer deaths seen this week compared to the 2015/19 average. However at the current time hospitalisations were not increasing and the age group contracting COVID were in the 20-39 age group
- The Delta variant was 40%-80% more transmissible than the Alpha variant
- It was estimated that 10% of people who have had COVID suffered from long COVID but the majority did recover over time. Noted that London, and Islington, had a lower age profile than the rest of the country, and this may be a reason why vaccination rates were lower. Noted that vaccination rates amongst black/Caribbean residents was 20% lower than other residents, however the gap was narrowing

- Noted that vaccination pop up centres were taking place in particular Wards and Members had been extremely influential in encouraging residents to get vaccinated
- Adult Social Services – first and second dose vaccinations have been offered to all care home residents, all residents living in extra care, all supported living residents, all residents in commissioned supported housing and commissioners are continuing to promote vaccinations to local frontline and care staff. The vaccination rates were 88% for care home staff, in adult social care establishments 80% and domiciliary care staff 65%. Work was taking place with commissioners and partners to increase this
- Reference was made to the Government proposal to introduce compulsory vaccinations for care staff, and that further details were awaited
- The Learning Disabilities team have been working with local health partners to vaccinate residents with LD in the community
- Older peoples care homes – since February 2021 very few cases and no new deaths. Staffing levels have remained generally stable
- Mental health and LD care homes – small number of resident and staff cases identified via routine testing. No COVID related deaths and staffing levels remain stable
- Domiciliary care – relatively low numbers of residents with confirmed COVID and no new COVID related deaths. Staffing has stabilised after some initial challenges

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

270

NHS DATABASE (ITEM NO. 13)

Becky Kingsnorth, Islington CCG was present for discussion of this item, and was accompanied by Dr.Keekeebhia

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

- NHS Digital recently announced plans to simplify and update the way they collect data from GP practices and to introduce a new way to use data, known as General Practice Data for Planning and Research (GPDPR)
- NHS Digital has responsibility for standardising, collecting, analysing, publishing and sharing data and information from across the health and social care system, and has been collecting data from general practice for some time
- Data is required from GP practices by Data Provision Notices, which GPs are legally required to deal with. The information is pseudonymised so it is not directly identifiable and does not include information such as detailed GP notes
- The data can be used to identify patients if needed and will be used for managing and planning demand for services, analysing the outcomes of

services to ensure the health service delivery is getting results, and managing the pandemic response

- What information has been made available to the public – need to ensure public understands how their data is being used and has the choice to opt out, concern that national changes have not been widely communicated, there are two different opt out processes leading to confusion amongst patients and residents, information will be made available on CCG website and GP practices with details of how residents can opt out
- Next steps – NCL CCG is developing communications which set out the changes and how the data will be used, and a communications plan for how this information will be promoted to residents and patients locally. This will be shared with GP practices and other health and care partners, and welcome support in sharing this information widely through local networks
- Members expressed concern at the proposals and that this data could be passed on to third parties and would not stay in the NHS. In addition concern was expressed as to the lack of information as to how patients could opt out and also how residents, especially elderly residents, would be informed of the proposals. It was stated that any access to data by a third party would have to be agreed by an independent panel, however Members expressed concern that the Panel would no doubt be chosen by the Government and not be wholly independent
- Concern was also expressed at the apparent gradual eroding of the NHS with the selling off of 49 GP surgeries to an American company
- Reference was made to the need for NCL and the CCG to ensure that clear communication on the proposals was available for residents, if possible in a variety of languages. It was stated that ideas for the most appropriate way to do this would be welcomed
- Concern was also expressed that the timescale for the introduction of the proposals of 1 September needed to be extended, in order that residents could get more information on the proposals
- Members congratulated GP's on the work that they had done during the pandemic, particularly on encouraging vaccinations
- In response to a question as to whether GP's could inform patients of the ability to opt out and provide them with forms, it was stated that this would add to the GP's already busy workload and may be seen as them trying to discourage residents to opt out
- The view was expressed that the collection of data can be beneficial and data had been particularly useful in assisting in the pandemic

The Chair thanked Becky Kingsnorth and Dr.Keekeebhia for attending

271

SCRUTINY REVIEW TOPIC 2021/22 - VERBAL (ITEM NO. 14)

Discussion took place as to a scrutiny topic and it was –

RESOLVED:

Health and Care Scrutiny Committee - 24 June 2021

That approval be given to the scrutiny topic for the current municipal year - Health Inequalities post COVID 19, with a particular focus on mental health at the October meeting

272 WORK PROGRAMME 2021/22 (ITEM NO. 15)

RESOLVED:

That the report be noted

MEETING CLOSED AT 9.45 P.M.

Chair