

London Borough of Islington
Health and Care Scrutiny Committee - Monday, 4 October 2021

Minutes of the meeting of the Health and Care Scrutiny Committee held on Monday, 4 October 2021 at 7.30 pm.

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

Also Present: **Councillor:** Lukes

Councillor Clare Jeapes in the Chair

289 INTRODUCTIONS (ITEM NO. 1)

The Chair introduced Members and officers to the meeting

290 APOLOGIES FOR ABSENCE (ITEM NO. 2)

Councillor Hyde and Councillor Turan – Executive Member Health and Adult Social Care

291 DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)

Councillor Poyser stated that he was substituting for Councillor Hyde

292 DECLARATIONS OF INTEREST (ITEM NO. 4)

None

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

RESOLVED:

That the minutes of the meeting of the Committee held on 26 July 2021 be confirmed and the Chair be authorised to sign them

294 CHAIR'S REPORT (ITEM NO. 6)

295 PUBLIC QUESTIONS (ITEM NO. 7)

The Chair outlined the procedure for Public questions and that any questions should be submitted to the Chair or the Clerk following the meeting for response

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

None

297 CAMDEN AND ISLINGTON MENTAL HEALTH PERFORMANCE UPDATE (ITEM NO. 9)

Tafadzwa Mugwaga, Director of Quality and Performance, Camden and Islington Mental Health Trust and representatives of the Trust, Emily Van de Pol, Dr. Rena Rashid and Darren Summers were also present, and outlined the report. During consideration of the report the following main points were made –

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- Demand for services increased because of social restrictions imposed during the pandemic
- Community teams assessed people with psychosis and complex emotional needs and ensured those most at risk were regularly contacted
- Learning Disabilities Team continued to work face to face with service users following COVID infection control measures
- Service reorientated to ensure a quick response
- Staff safety and well-being has been a priority during the pandemic
- Noted complaints about the service reduced
- Noted quality improvements and priorities for the current year
- Mental Health transformation – the community services transformation programme will change the way that community mental health services are delivered and accessed. New neighbourhood health services will be rolled out by 2024 as part of the biggest expansion of community mental health care in NHS history. The new model has been co-produced with patients, residents and partners in Camden and Islington. Transforming mental health care will take time
- Noted the St.Pancras transformation programme redevelopment proposals
- A Member referred to the fact that in future reports it would be useful if the figures for low harm incidents were separated out from the figures
- Noted that training was taking place for incidents that happen in the home
- Noted the proposals for earlier intervention and that investment was needed to resource this and that work is also taking place with partners, such as Age UK and Black Minds on a more co-ordinated approach. The mental health transformation programme would assist in this. Work is also taking place with GP's
- Reference was made to the fact that it had been difficult for staff during and post the pandemic and that staff did have a digital platform that they could access for assistance
- Noted that there were also a number of centres such as the Drayton Park crisis house where there is a walk in centre and chat facility to assess if support is needed
- Noted that the Trust were stressing to staff the importance of vaccinations and were making access to vaccinations as easy as possible
- Work is taking place with LBI colleagues to ensure services are as accessible to residents and that there is a regular meeting of the Mental Health Partnership group to assist in this

The Chair thanked Camden and Islington Trust for attending

298 **COVID 19 UPDATE (ITEM NO. 10)**

Jonathan O'Sullivan, Director of Public Health and John Everson and Russell Jones Adult Social Services were present and outlined the presentations, copies interleaved

Councillor Sue Lukes, Executive Member Community Safety and responsible for pandemic response was also present

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

- Adult Social Services – the majority of staff employed in care homes, as well as in LBI ASC department will have been vaccinated by the date set down by the time of the deadline set by Government

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- Care homes – there has been high rates of full vaccination coverage with further increases expected. No provider expressed any business continuity concerns about impact on recruitment to date
- Work on implementation of mandatory vaccination builds on long-standing work undertaken within the department and with local providers to support vaccination uptake for social care staff
- Homes and Domiciliary care – no new deaths since start of February, decrease in symptomatic residents, staffing levels in OAP care homes have remained stable
- Mental Health and Learning Disabilities Care Homes – there have no COVID related deaths in mental health disabilities care homes and staffing levels remain stable
- Domiciliary care – small number of residents who have been confirmed with COVID or who have been COVID symptomatic. No COVID reported deaths reported from commissioners. After some initial workforce challenges in the sector staffing levels have stabilised and there is capacity, and work is taking place with providers to ensure as many staff continue to be vaccinated as possible
- Home sector levels – increase in care home resident cases in December 2020/January 2021 and likely due to increased rates in community transmission. Since February 2021 there have been very few cases which have been asymptomatic, and currently no resident deaths since the start of February
- Public Health – variation in infection rates by ethnic group over the Summer. Vaccinations have largely prevented serious illness needing hospital admission. Most admissions were in younger age groups, and after many months of no reported deaths this increased by 10 over August/September making a total of 375
- As of 22 September 154k of adults have had their first vaccination and 137k their second. This has slowed and residents from black communities are significantly less likely to have been vaccinated. Preparations are in place for 12-15 year old school based vaccinations and booster programmes, plus expanded flu vaccination roll out. The growth in infections has been largely driven by young people. Noted that the booster third jab programme would also be starting shortly and 4 GP hubs and 10/11 pharmacies across the borough would be administering these
- Islington COVID infection rate is amongst lowest in London
- The three wards with lowest vaccination rates are likely to be affected by the larger student populations in these wards. Focus on supporting and vaccinating people in excluded and most vulnerable groups
- Noted that analysis had shown that deaths amongst black Asian and the black population were higher than other groups, and that it is hoped that vaccination rates could improve amongst these groups where they had not been vaccinated
- A Member referred to a recent report on long COVID in children and enquired what was being done on this. The Director of Public Health stated that he was not aware of this report but he would look into this

The Chair thanked Councillors Lukes, Jonathan O'Sullivan, John Everson and Russell Jones for attending

SCRUTINY REVIEW HEALTH INEQUALITIES - SID/WITNESS
EVIDENCE ON MENTAL HEALTH (ITEM NO. 11)

Jill Britten, Strategic Commissioning and Investment and Sue Hogarth, Public Health were in attendance, and made a presentation to the Committee, copy interleaved

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

- Islington has one of the highest level of mental health needs in the country, and this is reflected in high levels of diagnosed conditions. Almost one in six adults in Islington are diagnosed with a common mental health illness and women accounted for 61% of diagnoses. Middle aged adults are more likely to have a common mental illness and white British and white Irish followed by White and Black Caribbean ethnic groups have a higher prevalence compared to the Islington average. Islington has a higher prevalence of serious mental illness (SMI) (2018) figures, than London and England. Black and mixed ethnic white ethnic/black Caribbean ethnic groups have the highest prevalence of SMI. All groups experience mental health conditions, but prevalence rise significantly in groups experiencing deprivation, disadvantage and discrimination
- Impact of COVID 19 on mental health and wellbeing has affected all ages and will continue to do so, some issues apply to all ages, and those with drug and alcohol issues. Large national surveys have found higher numbers of people experiencing anxiety and depression and social isolation is more widespread
- Modelling and needs assessment – young people are worried about education, finances and future. Parents are concerned about children’s mental health and wellbeing and women more worried than men. More BAME residents reported worries about COVID 19, and people not in paid work have poorer mental health than the full time employed. Mental health had deteriorated somewhat for LGBTQ residents, and there was a gap in services for people with learning disabilities. Unpaid carers have suffered anxiety about loss of available support. People who have had severe COVID 19 are at risk of anxiety and depression, especially health care professionals
- Many Islington residents have tried to adapt to cope with the pandemic most commonly by spending more time with family and friends. For those who need further help there are many services and community support structures for example SHINE, Parks for Help, Financial and Debt advice, in work support, food provision, social and community assistance, healthcare services, and psychology groups
- Additional activities as a result of the pandemic included – ensuring that the Council has a good understanding of the issues, ensuring a system wide strategic response, service and training developments, children, young people and families
- Clinical support changes at early stage of pandemic – NCL CCG worked to bring forward Crisis Team expansion, acute hospital psychiatric liaison, home treatment and community response, resulting in 24/7 crisis cover across NCL Specialist services and teams who can respond in a crisis. Increased support for young people with autism/Learning Difficulties and challenging behaviour. Increased support with schools, bereavement, mental health, first aid training for CYP workforce. As with all services there was an expansion of remote working and digital solutions, but continuation with face to face services for the most at risk or excluded. KOOTH mental health app has seen increased take up
Crisis services changed considerably as there was a strong desire to reduce A&E attendance, a new urgent care Assessment and Treatment centre opened at St.Pancras to relieve A&E departments, crisis recovery teams increased capacity to treat more people at home, i COPE changed to remote

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working and introducing 30 minute emotional well-being sessions for all new referrals within 48 hours of referral. Also i COPE offering 3 session short treatment for COVID psychological distress and bereavement and LBI also increases its VCS bereavement offer to match this. Community based services such as Islington MIND moved to remote working offering telephone and video chat support etc.

- Most services adapted to offer their interventions remotely or provide a mixed model. Some people preferred this however some services have reopened buildings, with social distancing in place
- Practice based mental health provided by Camden and Islington – a team of consultants, nurses and psychologists that work alongside GP's and other primary care health professionals within practices. Offers mental health expertise, advice, training and consultation to GP's, and practice staff and sees patients for comprehensive medical assessment. Practice based mental health referrals have returned to pre-COVID levels
- i COPE – Offers mainly cognitive behavioural therapy for a range of common mental health problems, alongside adapted therapy options for people living with long term physical health conditions or medically unexplained symptoms. The service has seen an increase in clinical complexity or people
- Crisis teams provided by Camden and Islington – teams operate 24/7 and undertake rapid assessment in the community for urgent and emergency referrals, and support crises at home. Black communities and White Irish people are likely to be seen in crisis than other ethnic groups, and this links to over representation in secondary care bed use amongst these groups. In response to a question as to why White Irish were over represented it was stated that this could be generational and linked to social isolation issues
- In response to a statement that many BAME residents did not want to admit to mental health problems due to stigma in the community it was stated that work is taking place with community organisations to support counselling, including language counselling, around mental health and work is also taking place with Healthwatch in this regard. The Mental Health Transformation programme would also address this
- Islington Recovery Pathway provided by Islington MIND – Islington's main VCS mental health services operating in 3 locations across the borough. The services provide a range of practical and emotional support. Overall the number of people engaged with the service has increased, however new referrals are generally lower than pre-pandemic levels with the exception of LGBTQ residents
- Enhanced bereavement support – bereavement support training for services engaging with the Public, and increased capacity from existing counselling/bereavement providers. Bereavement service provided by the Accept service offers up to 10 weeks support for adults living in Islington and/or registered with a GP in Islington. This service is important for people who have experienced the death of a family member, relative or another important person in their life
- Public Health England Prevention and Promotion fund for better mental health forms part of the Government's Mental Health Action recovery plan 2021/22 to ensure the mental health aspects of COVID are rapidly addressed and allocated to top 40 most deprived boroughs. There is a long list of criteria as to what and what cannot be funded, and money needs to be spent and outcomes delivered in this financial year
- Drawing on the rapid needs assessment and overview of service patterns and needs, investment through this grant was targeted to younger age groups, and addressing protective and risk factors for adults, both with a cross cutting focus on Black Asian and other ethnic minority communities

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- A Member stated that she felt the term well-being service was beneficial to young people due to the stigma around mental health. Noted that funding was available for looking at behavioural issues in schools
- The view was expressed that there needed to be improved signposting of services on the website and it was stated that this was being addressed in order to provide a more streamlined version with better signposting to services
- A Member referred to the a recent issue that had been raised in relation to CAMHS services in some schools not being given a link person, and it was stated that this would be investigated
- Reference was made to some cases where care in the community did not appear to be working satisfactorily, and whilst care in the community generally worked well, there was some isolated case where residents with mental health problems were causing distress to neighbours. It was stated that if these cases were reported to Public Health following the meeting the issues could be investigated. It was noted that a secure, safe environment to live was a prerequisite for a person with mental health issues

RESOLVED:

- (a) That the scrutiny initiation document be approved, subject to the addition of the words ' Progress on the recommendations of the Health Inequalities Public Health report 2019/20, in the scope of the review
- (b) That Councillor Kay be informed of the situation regarding CAMHS services in schools referred to above

The Chair thanked Jill Britten and Sue Hogarth for their presentation

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WORK PROGRAMME 2021/22 (ITEM NO. 12)

RESOLVED;

That the report be noted

MEETING CLOSED AT 9.40 p.m.

Chair