

London Borough of Islington
Health and Care Scrutiny Committee - Tuesday, 16 November 2021

Minutes of the meeting of the Health and Care Scrutiny Committee held at the Town Hall on Tuesday, 16 November 2021 at 7.30 pm.

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

Also Present: **Councillors:** Turan, Lukes, Heather

Councillor Clare Jeapes in the Chair

301 INTRODUCTIONS (ITEM NO. 1)

The Chair introduced Members and officers to the meeting

302 APOLOGIES FOR ABSENCE (ITEM NO. 2)

None

303 DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)

None

304 DECLARATIONS OF INTEREST (ITEM NO. 4)

None

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

RESOLVED:

That the minutes of the meeting of the Committee held on 4 October 2021 be confirmed and the Chair be authorised to sign them

306 CHAIR'S REPORT (ITEM NO. 6)

The Chair stated that she had circulated a letter to Members of the Committee on the redevelopment of the St.Pancras site, and that if Members had any comments thereon they should notify them to the Chair

A Member stated that the Committee had not received an update on this matter for some time and the Chair stated that she would endeavour to obtain some more details and circulate these to the Committee

307 PUBLIC QUESTIONS (ITEM NO. 7)

The Chair outlined the procedure for Public questions

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

Councillor Nurullah Turan, Executive Member Health and Adult Social Care was present and made a verbal report to the Committee, during which the following main points were made –

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- Priorities – ensuring every child has the best outcome in life, preventing and managing long term conditions to enhance both length and quality of life and reduce health inequalities, and improving mental health and wellbeing

309

HEALTHWATCH ISLINGTON (ITEM NO. 9)

Emma Whitby, Healthwatch was present and outlined the report to the Committee during which the following main points were made –

- Vision – improved health and social care for all local residents. Healthwatch part funded by LBI to fulfil statutory functions of Health and Care Act and currently going through a procurement process. Healthwatch gather and report views on health and social care, provide people with information on services and act as a critical friend approach in partnership wherever possible
- Work in 2020/21 – COVID, less business as usual, vaccination programme, diversity in Carers service review, sharing of views on remote and online appointments, referrals to digital support services
- Noted partnerships with diverse community health voices, and since 2014 raised around £450,000 for grass-roots partners. Healthwatch turnover is £270,000 per year
- Programme 2021/22 – Access to healthcare broadly, dentistry, long COVID, patient transport, digital inclusion strategy, impact of COVID survey public health
- Addressing health inequality – challenging workstream of the Fairer Together Partnership Board, all age Mental Health Partnership Board, Mental Health funding, £64,000 from Public Health England for grass-roots support. Working with VAI to bring smaller VCS input to the Integrated Care System
- Reference was made to the lack of a representative from Healthwatch on the Committee and that it would be useful if Healthwatch could find a representative to serve. It was noted that Healthwatch would look into this
- In relation to a question as to digital exclusion it was stated that some telephone companies did provide free data to poorer residents and that Healthwatch could provide details to SHINE
- Members thanked Healthwatch for the excellent work that they did on behalf of residents
- In response to a question it was stated that Healthwatch had positive relationships with organisations in the Borough and that they were talking with colleagues about representation on the ICS

RESOLVED:

That the report be noted

The Chair thanked Emma Whitby for attending

310

EXECUTIVE MEMBER ANNUAL REPORT /ANNUAL REPORT (ITEM NO. 10)

Councillor Nurullah Turan, Executive Member Health and Adult Social Care was present and outlined the presentation, copy interleaved, during which the following main points were made –

- Best start in life – noted the impact of COVID and system response
- Long term conditions – noted the achievements on diabetes, cancer and cardiovascular disease, dementia, long COVID, and development of dashboards to better understand population health needs and inequalities around long term conditions

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- Smoking – 702 residents in 2020/21 who attempted to quit smoking did so successfully, representing a 58.3% quit rate
- Noted achievements in improving mental health and wellbeing and pressures faced as a result of the pandemic
- Drug and Alcohol services – difficult to maintain during pandemic, and whilst service open for some face to face work, the majority of support at the start of the pandemic was offered by phone or online. As lockdown eased there were more face to face appointments but capacity remains limited. Increase in numbers entering treatment due to pandemic
- Sexual health – provided in range of settings and young people's services available during pandemic with face to face contact with vulnerable young people, and introduction of remote contraceptive prescribing and online testing. These services are being re-procured and a new service will be in place by April 2022. Primary care – these have been significantly restricted during COVID due to requirements placed on NHS to prioritise COVID responses
- Noted that planning has started for the development of Islington's new Joint Health and Wellbeing strategy
- Since 2011 life expectancy has increased in Islington for men and remained unchanged for women. Life expectancy for men is now 79.5 years, an increase of 10% from 8 years ago and this is better than the national average. For women life expectancy is 83.2 years
- In relation to immunisation it was stated that the immunisation for children was 85%, and it was stated that during COVID this had had an impact and there is a challenge in Islington and other London Boroughs about population movement, and she was working with GP's, however he would look into specific reasons and let Members know
- In response to a question it was stated that there had been no significant increase in mortality rates
- It was stated that there had been an improvement in narrowing the gap with those residents in employment with mental health problems, but further details could be provided to Members as to the improvements made
- In response to a question as to life expectancy and the gaps between the wealthy and poor, it was stated that information was provided later in the report on Health Inequalities

The Chair thanked Councillor Turan for attending

311

LOCAL ACCOUNT (ITEM NO. 11)

Councillor Turan, Executive Member Health and Adult Social Care outlined the report, during which the following main points were made –

- Noted that the Council were continuing to support GP's and that the reductions in Government funding and to the NHS over the past years had had an impact on the service that could be delivered
- The view was expressed that Government action was continuing to undermine the NHS, and there was a need to protect NHS services
- Noted that 38% of GP's in Islington were 55 years of age or over and there were a large number of elderly nurses in the borough. In addition there was an increase in GP patients, which meant that the problems with GP waiting lists and appointments would be exacerbated
- Noted that 95% of care home staff had now been vaccinated, and vaccinations were now mandatory in care homes

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- Noted that there were vacancy pressures across the entire social care system, and a lot of work is being undertaken with providers to encourage caring being promoted as a career
- In response to a question as to how the Council could improve funding bids it was stated that this was a constantly changing position, and it would be helpful in local MP's lobbied for increased funding, and it was felt that the CCG was being more supportive. Concern was expressed at the Government's increasing privatisation of the NHS, and referred to the awarding of COVID contracts to private firms during the pandemic
- Noted that the level of deprivation in Islington was greater than many other Local Authorities who receive more funding and a different model for bidding should be looked at
- Noted that the Council were increasing development work with UCLH as well as with the Whittington NHS Trust, given the number of Islington residents that attend UCLH

The Chair thanked Councillor Turan for attending

312 **COVID 19 UPDATE - VERBAL (ITEM NO. 12)**

Councillor Sue Lukes, Executive Member Community Safety and Pandemic response was present, together with Jonathan O'Sullivan, Interim Director of Public Health and John Everson Adult Social Care

During discussion the following main points were made –

- Adult Social Care – all care homes prepared for mandatory COVID vaccination requirements. Booster vaccines made available to all residents living in older peoples care home. Whittington Hospital will continue to offer this via in reach to residents in wider accommodation based settings in future weeks and months
- Noted that all possible support was being made available to assist people to have vaccinations
- Officers working with health and care partners to promote uptake of flu vaccine amongst staff and residents no new cases this month, no reported home care deaths due to COVID reported, Islington home care providers are currently able to meet demand. However if mandatory vaccinations are introduced by the Government for domiciliary staff this situation may change
- A Member stated that it would be useful to have vaccination rates per ward included in future reports and that clearer information should be provided on the Council website on how to access vaccinations
- Noted that the fact that L.B.Islington paying the London Living Wage had enabled them to retain staff, which has not been the case in other areas
- Public Health – Noted the information provided on the COVID dashboard

RESOLVED:

That the reports be noted

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

313 **SCRUTINY REVIEW HEALTH INEQUALITIES - WITNESS EVIDENCE (ITEM NO. 13)**

Jonathan O'Sullivan, Acting Director of Public Health and Mahnaz Shaukat, Head of Health Care Intelligence were present and outlined the presentation, copy interleaved

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- Population, Deprivation and health inequalities in Islington – health inequalities are largely due to the unfair and unjust inequalities in society in which people are born, live and age. These inequalities are structural and a consequence of the social and economic organisation of society and can be avoided. Inequalities are driven by a high level of deprivation amongst some communities affecting all aspects of people's lives including income, employment, education, housing and neighbourhood. These factors drive inequalities in physical and mental health. Poverty is also a key determinant of poor outcomes in health and linked to a higher level of risk behaviours and fewer protective levels for health. COVID 19 has exposed these inequalities and the risk of dying or becoming seriously ill with COVID was much higher amongst people suffering from deprivation and disadvantage
- L.B.Islington has an estimated population of 244400 people. Pre COVID was expected to increase by approx. 2% by 2026, with the largest growth expected amongst the older population (65 and over)
- The population is relatively young compared with the national average and is one of the most ethnically diverse places in the country. Approximately 33% of Islington residents are from BAME communities, with the largest groups being Other white and Black and African and Black Caribbean groups. There is a lot of uncertainty about the population and this may have been affected by COVID
- Deprivation – Islington is the 6th. Most deprived London Borough and the 53rd. most deprived in England. The geographic pattern of deprivation is different to many other areas. Islington's mix of housing means that deprivation is very disseminated across the borough and is strongly concentrated into social housing estates
- Islington residents have lower life expectancy and women lower life expectancy compared to the rest of London, but are similar to national averages. Inequality in life expectancy within Islington (the difference between the least and most deprived areas in Islington) is 9.8 years for men, compared to 7.2 in London and 9.4 in England. Inequality in life expectancy in Islington has widened and improvements in life expectancy slowed. The main causes of early death are cardiovascular disease, respiratory disease and cancer and those living in deprived communities have a higher death rate from avoidable g compared to the NCL average
- The impacts of COVID relate to the immediate and direct consequences of COVID but the longer term consequences will extend far beyond. COVID has exacerbated existing health inequalities and directly disproportionately impacted men, BAME communities, most deprived communities, people living in care homes, those with learning disabilities, those with a mental health condition, those with underlying health conditions and physical disabilities
- There have been a total of 1,627 COVID admissions to hospital up until July 2021. The highest proportion was for other ethnic groups, which is 2.85 times higher than the average in Islington. The black and Asian populations also have a higher rate of COVID admissions than the Islington average, whilst those from a white group or mixed group had a lower of similar level of COVID admissions compared to the Islington average. The rate of admissions was higher for men, although the rate is significantly different from the Islington average. Residents aged 55 or over had higher rates of COVID admissions, compared to the Islington average, similar to national patterns
- COVID Impacts mortality – the cumulative total of deaths up until 15 October is 161.3 (391 deaths with COVID mentioned, and this compares to 228.9 for London, and 251.4 for England. There have been two major waves, and ethnicity is not recorded on the death certificates but details have been obtained by linking deaths data from GP's and hospitals. People from white

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British group were less likely to have died from COVID than average and those from Black and Asian groups more likely than average

- Disparity of risks and outcomes in COVID – national study showed men are disproportionately affected by COVID and despite making up to 46% of cases they make up almost 60% of deaths and 70% of admissions to intensive care. Similar ratios are found in Islington. Rates of diagnosis increase with age and the majority of patients in critical care are between 50-70 years of age. Those aged over 80 were 70 times more likely to die from COVID than those under 40. Ethnicity – highest in those of other ethnicity, followed by black ethnicity, and disparity in death rates also existed. A similar position was seen in Islington during the first wave, in the second wave rates amongst Asian communities as a whole was higher than amongst black communities
- Those living in deprived communities were more likely to be infected by COVID and had poorer outcomes, and urban areas such as London had higher rates of COVID diagnoses and deaths. Islington had a lower mortality rate than the national average. Co-morbidities included on the death certificate mainly were diabetes, hypertensive diseases, chronic kidney disease, COPD and dementia. The most profound link was with diabetes which was listed on 21% of death certificates. Occupations - Nursing auxiliaries and assistants saw an increase in all cause deaths linked to COVID 19 and subsequent analysis has shown that health, social care and transport workers had a significantly higher risk of severe COVID
- Long COVID – wide range of symptoms reported including fatigue, breathlessness, aches, sleep disturbance, cognitive impacts. An estimated 1.15% of the London population report long COVID symptoms, which equates to 2.788 people in Islington. Of those with confirmed COVID an estimated 7.5% experience long COVID symptoms that impact significantly affect their daily life. Diagnosis rates are lower than this, which suggests many people may be unaware of sources of support in Islington
- Impact of COVID on start well – maternal, ante-natal and early years –
- Changes in availability and support in pregnancy and for new parents, concerns about changes in unplanned pregnancy rates, risk of reduced access to immunisations, impacts on early socialisation and development, impacts on parental income and employment. School age children – educational attainment gap due to school closures, differential home schooling provision, reductions in physical activity and diet issues. Transition to adulthood – disruption to education and exams, financial consequences, possible disproportionate effect on young people's employment, impact of early unemployment and debt. Safeguarding and mental health – fewer opportunities to identify and monitor safeguarding concerns and reduced access to support for children, domestic and child abuse increases, stress factors affecting the mental health of children and young people, isolation, lack of routine, stress, anxiety and bereavement
- Islington is the most income deprived borough in London for income deprivation affecting children. In 2019 28% of residents under 18 living in families facing income deprivation. Islington has similar outcomes for GCSE attainment compared to London and better than the national average. Nearly a quarter of children in London are obese, and there are similar levels to London. Hospital admissions for self-harm amongst young people are significantly lower than national averaged, although higher than the London average. Islington has a lower rate of childhood immunisations compared to London and England. MMR uptake is far below the herd immunity for measles. The pandemic is likely to have widened the gap between children in poverty and others
- Live Well – Islington has one of the highest prevalence of common mental health illness in London. Smoking, alcohol and obesity are major risk factors

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and higher in Islington than London or nationally, although these have reduced over time. Islington has 11,500 people living with diabetes, 3,800 with heart disease, and approximately 4,000 with COPD. Air pollution levels are improving but remain higher in Islington compared to England

- Age well – Islington has the 4th. Highest level of income deprivation affecting older people in London. 34% of residents over the age of 60 were facing income deprivation, compared to a London average of 22%. NHS screening programmes to prevent early death are in place but there is a low uptake of bowel screening, and aortic aneurysm compared to London and England
- A lower proportion of older people live alone in Islington, although the trend is increasing and levels of dementia are higher than the London average. However this is due to much higher levels of early diagnosis, rather than population differences
- Moderate or severe frailty prevalence is high in Islington, and there is also relatively higher rates of alcohol admissions among older people
- Impact of COVID on Live Well and Age Well – physical activity – limited by lockdown, increase in sedentary behaviour, opportunity to encourage active travel. Healthy eating – evidence of change in dietary behaviours, impact of lockdown of food choices, rising food insecurity and increased use of foodbanks. Smoking – mixed evidence of trends during lockdown, increased economic circumstances associated with increased smoking, disruption to smoking cessation services. Alcohol – changes in patterns of use, concern about problematic drinking, bereavement, isolation, troubled relationships, job insecurity can contribute to this. Substance misuse – changes and disruption to services during lockdown, and impact on recovery, changes in drug supply, reports of increased on line gang recruitment and activity
- Physical health impacts COVID– temporary include managing delayed diagnosis of long term conditions, additional costs to health and social care system, medical organisational approach, loss of social connection. Short/Medium term – delayed diagnosis due to missed appointments, backlog of waiting lists, changes in service delivery due to lockdowns, disproportionate impact of virus on BAME, carers, older people, dementia, mental health needs, learning disabilities. Long Term service pressures, inequalities in health, distrust, potential increase in obesity. Large national surveys have shown higher numbers of people experiencing anxiety and depression than before the pandemic. Local residents and stakeholders views show that a large majority 81% of residents are somewhat or very worried about the impact of COVID, 26% on mental health and wellbeing. Modelling predicts there may be 28,266 new cases of moderate/severe anxiety and 38,671 new cases of depression in the borough. Social isolation is more widespread and residents living alone are much more likely to experience extreme loneliness
- Some people have suffered more from COVID affects than others on mental health and wellbeing and levels are highest amongst women, young adults, people who live alone or with children or urban areas, or are BAME
- COVID resident engagement – engagement findings highlighted social inequalities and BAME communities were significantly more worried than others. Mental health was the most common concern. Also finances, employment, relationships and access to services. VCS and community groups have played a key role however in supporting residents through the pandemic
- Going forward – COVID will exacerbate further inequalities and poorer health outcomes in coming years. Working with NHS a population health management approach to improve wellbeing and reducing health inequalities is being developed across NCL. There needs to be a strong focus on recovery of evidence based preventative interventions, together with planned hospital

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care, targeting most affected groups. Mental health is also important, with more individualised support for people with complex mental health problems

- A Member referred to the fact that Islington had one of the highest deprivation income levels in London, and it was illogical the way Government were making funding decisions on health services. Noted that work was taking place to address this issue with the CCG and ICS
- Noted that there had been investment in mental health services improvements, however there is a need to make the case to NCL to invest more funding to address health inequalities. Also noted that population health management would be assisted by the information gathered from the pandemic
- Reference was made to the Health Inequalities report referred to at the previous meeting and that an update on the recommendations should be provided to a future meeting of the Committee to assess progress
- Noted that poor housing conditions have a detrimental effect on health and that many poorer residents lived in unsatisfactory accommodation, exacerbating health inequalities
- Reference was made to the fact that many BAME residents who were elderly tended to be more deprived, due to migration and lower income employment. The Chair stated that this may be a possible topic for a scrutiny review in the next municipal year

RESOLVED:

That the report be noted and that an update on the recommendations on the Health Inequalities scrutiny review 2019/20 be considered at the next meeting of the Committee to assess progress

314 **PERFORMANCE REPORT - QUARTER 1 (ITEM NO. 14)**

Jonathan O'Sullivan. Interim Director of Public Health and John Everson, Director Adult Social Care were present for discussion of this report, copies interleaved, and during discussion the following main points were made –

Adult Social Care

- Noted the performance targets and achievement for the indicators in the report and that the proportion of adults with a learning disability in paid employment was similar to Q1 last year, which was an excellent achievement in view of COVID

Public Health

- Services were now starting to recover from COVID, however there was a need to ensure that those recovering from addiction to everyday life benefitted from social capital such as a job, housing to prevent them relapsing

RESOLVED:

That the reports be noted

The Chair thanked officers for attending

315 **ANY OTHER BUSINESS (ITEM NO.)**

A Member stated that he had now had an opportunity to consider the letter referred to by the Chair above in relation to St. Pancras site redevelopment, and was concerned that there was not sufficient detail in the proposals put forward in the letter for the Committee to comment. There were no details about transport links to the Peckwater

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Health Centre for clients, or whether there would be displacement of clients as a result of the proposals

RESOLVED:

That the Chair be requested to ask for more details on the redevelopment proposals and these be circulated to Members of the Committee

316 **WORK PROGRAMME 2021/22 (ITEM NO. 15)**

RESOLVED:

That the report be noted

MEETING CLOSED AT 9.50 p.m.

Chair