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London Borough of Islington  
**Health and Care Scrutiny Committee - Thursday, 9 March 2023**

Minutes of the meeting of the Health and Care Scrutiny Committee held at The Council Chamber, Town Hall, Upper Street, N1 2UD on Thursday, 9 March 2023 at 7.30 pm.

**Present:**           **Councillors:**           Chowdhury (Chair), Croft (Vice-Chair), Jeapes, Clarke, Craig, Gilgunn, Russell, Zammit and Turan

**Also Present:**           **Councillors**  
**Co-opted Member**

## **Councillor Jilani Chowdhury in the Chair**

**74           INTRODUCTIONS (ITEM NO. 1)**

The Chair welcomed all attendees and introductions were given.

**75           APOLOGIES FOR ABSENCE (ITEM NO. 2)**

None.

**76           DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)**

There was no declaration of substitute members.

**77           DECLARATIONS OF INTEREST (ITEM NO. 4)**

None.

**78           MINUTES OF THE PREVIOUS MEETING (ITEM NO. 5)**

That the minutes of the previous meeting be agreed as a correct record, and the Chair be authorised to sign them.

**79           CHAIR'S REPORT (ITEM NO. 6)**

The chair informed the committee that the order of the agenda items had been changed so the external attendee Simon Knight from UCLH presented first.

The Chair informed the committee that officers have secured NHS Moorfields representatives to give a performance update at the next committee meeting on the 24<sup>th</sup> of April.

The Committee was informed that officers will organise a sessions for witness evidence from Age UK and the Voluntary sector organisations. The committee was informed that Kent and Camden sessions have been rescheduled due to cancellations from the local authorities and members would be informed of the timings and are encouraged to attend.

**80           PUBLIC QUESTIONS (ITEM NO. 7)**

None.

**81           EXTERNAL ATTENDEES (IF ANY) (ITEM NO. 8)**

Simon Knight from the University College London Hospital attended the meeting for item 8.

**82 UCLH PERFORMANCE UPDATE (ITEM NO. 8)**

Simon Knight, Director of Planning, and performance at University College London Hospital provided an update on how UCLH are doing against targets for quality of care. The indicators included infection targets, patient surveys, referral to treatment times, cancer waiting times, waiting times in the emergency departments and delayed transfers of care.

The committee was informed that UCLH have tracked rates of two main infections MRSA and Clostridium difficile. MRSA trends over the last ten years have kept in line with most other NHS trusts, so far there have been 4 infections in the last year. UCLH has broadly kept on top of Clostridium Difficile infections but there has been a small rise in the last few years which have been linked to cancer and oncology as patients had immunosuppressed conditions which made them more susceptible. The committee were informed that the 2021 Inpatient Survey results showed patients liked the care from UCLH when compared with other London boroughs.

The pandemic influenced services UCLH could offer to patients this includes impact on waiting times. The referral to treatment time (RTT) showed that the percentage of patients waiting to be less than 18 weeks for treatment, the target was around 93% however the graph presented showed the big dip was in during the pandemic. At the time of reporting UCLH was above the London average. The main focus within the NHS is the longest waiting time, the committee was informed that UCLH is on track to meet the target in March 2023 for not having any patients wait more than 78 weeks. The target UCLH is aiming for next year is not to have patients waiting more than 65 weeks. UCLH was currently on 10% of the pre-pandemic baseline for treating patients therefore managing to keep on top of waiting times.

On diagnostic waits the percentage of patients waiting less than six weeks for a diagnostic test from the request being sent showed that once UCLH went live with the new systems there was a decline, and then a further decline in figures due to the pandemic. Biggest issues were in MRI's due to scanner outages, problems with tests in neuroradiology and non-obstetric ultrasound due to staffing issues.

UCLH was proud of their access to cancer care so far. In the past six months UCLH have been one of the top performing trusts for the A new target set for the NHS which ordered diagnosis or ruling out of cancer to be within 28 days.

Currently not doing well on the overall target for 31 Day turnaround for patients with cancer receiving treatment however, this is mostly due to when the patients have been referred to the trust.

A&E access times showed that currently UCLH was 65-70% on the decision to admit or dismiss within 4 hours, this is mostly to do with staffing issues and lack of beds. The target for the NHS in the coming year is to get back to 76%.

The Trust has significant financial challenges such as delivering deliver a £0.8m surplus, which is £10.7m behind plan. The smaller than expected surplus is due to: Higher than budgeted costs relating to inflation charges on the Trust's PFI contract and utilities (-£13.9m). Another reason is due to non-receipt funding expected to offset the impact of a change in accounting standards (-£2.9m). To add to this the Partially offset by higher-than-expected interest income on the Trust's cash and

## Health and Care Scrutiny Committee - 9 March 2023

income from investments (+£6.1m). Although there are challenging targets next year the importance of demonstrating productivity for ongoing funding was noted. It is likely to be a very financially challenging year, with inflation costs expected to be £37 million higher than likely funding for inflation.

UCLH was able to open a new building called Grafton Way with an advanced form of radiotherapy and blood disorder treatment. This is aimed to avoid sending children across to the US for treatment there are new beds and theatres.

The following points were noted in the discussion:

- UCLH have focused on hand washing and hygiene to prevent further Clostridium Difficile infections
- MRSA can be eradicated however with Clostridium Difficile the approach is around minimizing the infections.
- For the 78-day patients are waiting for treatments across all services but mostly outpatients and to admit to care setting.
- A key reason for the delayed discharge was ensuring the patient had an appropriate care package at home. John Everson noted that the new reablement service should mitigate against the delayed discharge.
- The Chair noted that the council should work with the UCLH trust to develop a plan to investigate the gaps in adult social care services and public health.
- The £37 million figure was noted as a funding gap for inflation while the overall figure may be larger UCLH has not predicted staffing cuts. UCLH has continued to make use of assets and have more patients seen in response to this. Patients have been encouraged to self-test, UCLH has used data analysis to reduce blood tests and MRI. It was noted that addressing the funding gap will require a combination of productivity and improved quality of care.

### ACTIONS:

Simon Knight agreed to provide further information on these points:

- What are the dangers if you are immunocompromised and contract Clostridium Difficile?
- Why is it that our cancer patients are the ones more likely to get Clostridium Difficile, and does it have a particular impact on them?
- What is the "other" category in the analysis of delayed discharges?
- Is the PFI contract in addition to the £37 million or included within this figure?
- An oversight of the staff survey results, showing staff morale etc.

Is there a plan in place so that junior doctor strikes do not impact patients at UCLH?

83

### **HEALTH AND WELLBEING BOARD UPDATE (ITEM NO. 9)**

Councillor Turan, Executive Member for Health and Social Care, provided an update on local health and wellbeing issues.

Councillor Turan noted that there were no significant issues since the last committee meeting.

The committee was informed that Archway medical centre leafleted trying to sign on patients from other health practices within the area. Councillor Turan informs the committee that this type of profiteering may be illegal and continued to watch the situation closely.

Archway medical centre had increased from 9,000 to 23,000 patients in a short space of time. It was noted that this was not welcome and Archway medical centre may be

relocating in the future.

The following points were noted in the discussion:

- Councillors raised issues on behalf of patients registered with the practice raised concerns around Archway medical centres in patients receiving routine appointments.
- It was noted that there were concerns instability for GP's due to private land rents rising and to ensure GP's security in the future there will be more work with new developments in the Islington to create GP practices.
- The Chair noted that issues are interconnected with care homes and concern multiple council departments, the chair suggested to organise a cross-departmental meeting with housing and adult social care to create an urgent plan.

ACTIONS:

- To organise a Q&A session with an officer who leads on monitoring the GP practices to come in to give further information on GP waiting times.
- The committee noted it would be useful to have further information around the strategy for primary care and acknowledged this was at a basic mapping stage.

**84 COVID-19 UPDATE, IF REQUIRED (ITEM NO. 10)**

The Director of Public Health provided an update on Covid-19 and other infectious diseases and the Quarter 2 performance report.

The NHS has announced a spring booster vaccination campaign, targeting those aged 75 in care homes and anyone over the age of 5 with an immuno-compromised or immune-suppressed conditions. This program will run from mid-April 2023 to June 2023.

Covid infection rates were low however was still common, 1 in 25 people had a covid infection in a recent survey conducted by public health.

The following points were noted in the discussion:

- Councillors raised concerns around potential sickness and ill-health for the 45-56 age category that were not expected to receive the spring booster.

**85 PUBLIC HEALTH - QUARTER 2 PERFORMANCE REPORT (ITEM NO. 11)**

The Director of Public Health provided and presented the Quarter 2 performance report.

The committee were informed that the indicators in the report showed timely for primary vaccinations for Tetanus and Polio. In Q2, 89% of children had a complete set of 6-in-1 vaccinations before the age of 1. Similar to Q1 2022/23 (88%) but rates of primary vaccinations at age 1 have gradually increased over the last 4 quarters, suggesting some recovery from lowered rates during the pandemic.

MMR rates have fallen lower than hoped for and was now back to pre-pandemic levels. The Director of Public Health noted that work has been done with the NHS to catch-up on these vaccinations missed due to the pandemic.

The committee were informed that these vaccinations did not relate to natural forms of polio vaccinated against in the UK and measles have been a cause of death but also has been seen to have a lifelong impact on the body's ability to fight off

## Health and Care Scrutiny Committee - 9 March 2023

infections, work is being done on the ground to ensure education around the importance of vaccinations.

Health visits are taking place face-to-face post-covid and NHS Health checks has reactivated in GP's. There is work being done with BME communities particularly around early diagnosis in diabetes. There will be efforts made to reach people in our highest smoking in pregnancy groups by ethnicity and social class.

There was a decrease in both the numbers of people in drug and alcohol treatment from the same period last year, however services were still managing higher numbers of people in treatment as a result of increased demand, caused by the pandemic. Members were informed that drug recovery rates may have been affected by data loss issue as well as incoherent definitions nationally and locally around those that had left drug services. It was noted that colleagues in drug health services to change this definition of recovery for this outcome measure.

Sexual health services were greatly impacted by the outbreak of monkey pox, this had led vaccination efforts to stall. However, it was noted that with the continues efforts in the contraception offer this target should be exceeded going forward.

The following points were noted in the discussion:

- Islington's high level of mental health issues in comparison with other boroughs have been due to risk factors with deep levels of social deprivation, a young affluent population drives mental health issues.
- Drug and Alcohol services in gardening projects have reactivated the face-to-face sessions post-covid.
- The committee noted the performance against targets in quarter 2 2022/23 for measures relating to Health and Independence.

### ACTIONS:

To provide further information on drug divergence and work around diverting people away from entering into the criminal justice system.

86

### **SCRUTINY REVIEW OF ADULT SOCIAL CARE TRANSFORMATION - DRAFT RECOMMENDATIONS AND FURTHER EVIDENCE IF REQUIRED (ITEM NO. 12)**

The Chair noted that he was in the process of working with officers to develop a set of draft recommendations. The initial meeting to discuss the scope of the recommendations was held earlier in the week. It was noted that the draft recommendations document would be circulated and the chair urged members to insert their own recommendations for consideration.

A full draft recommendations document to inform the Scrutiny Review of Adult Social Care will be brought to the committee meeting on the 24<sup>th</sup> of April.

John Everson, the Director of Adult Social Care informed members of the scope of the recommendations which this year was developing an integrated point of access which could be developed further in collaboration with Whittington Health and other colleagues and other colleagues in housing. The committee has previously received information on the new reablement service and the 7-day recovery model. However, it was noted that the committee still had more evidence to hear which would be

## Health and Care Scrutiny Committee - 9 March 2023

organised by officers ahead of finalising the draft recommendations. One of these sessions was set up to hear about a local authorities reablement offer and other voluntary sector organisations.

The committee noted that the recommendations once finalised will be submitted to the executive following this there will be work done to implement. 12 months on there will be a reflections session on this.

### ACTIONS:

The committee was informed that the Q&A from previous evidence gathering sessions will be circulated to help inform the draft recommendations.

Officers agreed to re-circulate the relevant items from the minutes on reablement and draft recommendations and the scoping document in a document so that members can reflect on this. As well as this the timescales should also be clarified.

A feedback session for members to discuss once the draft recommendations have been put forward.

87

### **WORK PROGRAMME 2022-23 (ITEM NO. 13)**

The Committee noted the proposed work plan on page 27 and 38 of the agenda pack. The meeting of the Health and Care Scrutiny Committee will be on 24th April 2023.

Meeting closed at 9.40pm.