

# Health and Care Scrutiny Committee

## Scrutiny Review 2023-24









### Access to Health and Care Services in Islington.



**London Borough of Islington**

**July 2024**

## Health and Adult Social Care Scrutiny Membership 2023-24

	<b>Councillor Jilani Chowdhury (Chair)</b> Barnsbury Ward		<b>Councillor Joseph Croft (Vice-Chair)</b> St Mary's and St James' Ward
	<b>Councillor Janet Burgess MBE</b> Junction Ward		<b>Councillor Tricia Clarke</b> Tufnell Park Ward
	<b>Councillor Fin Craig</b> Arsenal Ward		<b>Councillor Mick Gilgunn</b> Tollington Ward
	<b>Councillor Caroline Russell</b> Highbury Ward		<b>Councillor Claire Zammit</b> Holloway Ward

### Substitutes:

Councillor Janet Burgess  
Councillor Dave Poyser  
Councillor Nick Wayne  
Councillor Benali Hamdache

**Acknowledgements:**

The Committee would like to thank all the witnesses who gave evidence to the review.

**Officer Support:**

John Everson – Director of Adult Social Care

Victoria Nestor – Deputy Director of Operations

George Roscoe – Deputy Director Assurance Strategy and Improvement

Boshra Begum & Samineh Richardson – Democratic Services

## **CONTENTS**

Executive Summary	4-5
Summary of Evidence and Main Findings	6-32
Recommendations	33-35
Conclusions	36-37
Appendix 1	38

## EXECUTIVE SUMMARY

### **Access to Health and Care Services in Islington. 2023-24 Scrutiny Review**

The Health and Adult Social Care Scrutiny Committee reviews one main topic each year, considering the performance of local services and making recommendations to the Executive on opportunities for improvement. For the 2023-24 municipal year the committee's aim was to consider whether residents were able to access health and care services in Islington effectively; specifically, GP appointments, and the Adult Social Care 'front door' and to consider what themes or recommendations could improve service delivery.

The Committee also agreed to the following objectives:

- (a) To review if health and care services in Islington are easy to access.
- (b) To consider if all residents are able to access health and care services equally, to assess the reasons why some groups may find it difficult to access services, and to consider the support available to help people access services.
- (c) To consider the capacity and demand for health and care services in Islington; and if there are opportunities within the local system to help manage these issues.
- (d) To review opportunities for improving access to health and care services; considering if communications and systems meet the needs of Islington's diverse communities, and if there is scope to develop these further.
- (e) To evaluate best practice in facilitating access to health and care services

The Committee commenced the review in July 2023. In undertaking the review, the committee heard evidence from key partner organisations and local residents, including carers, residents with disabilities and support workers.

#### **Evidence:**

The Council considered evidence from the following witnesses;

- North Central London Integrated Care Board
- The Care Quality Commission (CQC)
- The GP Federation
- Healthwatch
- The Director and Deputy Director of Adult Social Care on the 'Front Door'
- Access Islington Hubs
- Age UK
- Age UK – Let's Talk peer event and email circulation to residents.
- Family Carers Report
- 2x resident engagement sessions.
- 'Front Door' review findings

Several common themes emerged from the evidence received. These included:

### **GP Practices**

- i. The ability to book appointments at GP practices was varied. The Committee considered that there should be the option to book appointments in-person, online and over the telephone.
- ii. There were concerns that only offering E-Consult as an option to access GP services was contributing to the digital exclusion of some residents. Some residents thought that process to book appointments and access online GP services should be simplified.
- iii. Some residents waited a long time on the phone and would avoid making appointments as a result. Some residents reported that they would not always receive a call back or would wait a long time for one.
- iv. Residents highlighted the importance of consistency of care, and would benefit from seeing the same GP when they visit the practice.

### **Adult Social Care**

- i. It was reported that that there could be long wait times for care assessments and packages.
- ii. Some residents would like consistency in receiving support from the same staff member, e.g social workers.
- iii. Some residents reported that staff skills and competencies could be inconsistent and the committee considered that improved staff retention and training could be helpful.
- iv. It was thought that the council's website could be confusing and terminology such as 'triaging' should be explained.
- v. Some residents found it difficult to make a complaint when there was a problem with the service.
- vi. Some residents reported examples of phone calls and emails left unanswered.
- vii. Some carers found it difficult to access the respite they were entitled to.

**The Committee's recommendations are set out from page 34 of this report.**

## **1. Summary of findings and main evidence**

- 1.1 The Committee heard evidence at its meetings between the 3 July 2023 and 15 April 2024. Members also attended 3 resident engagement sessions in February 2024.
- 1.2 The committee heard from The North Central London Integrated Care Board; The Care Quality Commission (CQC); The Islington GP Federation; Healthwatch Islington; The Director and Deputy Director of Adult Social Care on the 'Front Door' service; Access Islington Hubs and Age UK. The Committee also consulted Age UK's members constituting 700+ residents via email and discussed the issues at a 'Lets Talk' peer event attended by approximately 100 residents. There were also 2 resident engagement sessions held at Islington Town Hall. The Committee also considered a report about the experiences of family carers.
- 1.3 The Committee heard from a range of organisations and residents, including those with physical and learning disabilities, those with English as a second language, carers, and support workers.

## **2. Evidence from [North Central London Integrated Care Board](#)**

### **The Healthcare System**

- 2.1 The Health and Care Act (2022) established 42 Integrated Care Systems (ICS's) across England on a statutory basis. ICS's are a partnership of organizations that aim to bring councils, NHS partners and the Voluntary and Community Sector (VCS) together. They are responsible for how health and care is planned, paid for, and delivered and take into account wider determinants of health such as housing, employment and social networks.
- 2.2 The NHS organisations and upper-tier local authorities in each ICS run a joint committee called an Integrated Care Partnership (ICP). Each ICP must develop a long-term strategy to improve health and social care services in their area. The North Central London Health and Care Partnership is the Integrated Care Partnership (ICP) for Islington. It is a joint committee that includes Barnet, Camden, Enfield, Haringey and Islington.
- 2.3 Each ICS area has an Integrated Care Board (ICB) responsible for developing a plan to meet the health needs of the population within the area. The NHS North Central London Integrated Care Board (ICB) allocates NHS budget and commissions services. It works with local providers of the NHS service, such as hospitals and GP Practices, to agree a joint five-year plan which explains how the NHS will contribute to the ICP's Integrated Care Strategy.

- 2.4 Islington Council is responsible for social care and public health services in its ICS area, as well as other services that contribute to health and wellbeing such as housing and education. The Council must have regard to the ICP's Integrated Care Strategy.
- 2.5 The North Central London Health Alliance incorporates all NHS providers across the system, including primary care, acute, mental health, specialist, and community providers. It is a partnership collaborative that brings partners together to work at scale to benefit populations.
- 2.6 There are five Primary Care Networks (PCNs) in Islington. PCNs are based on GP registered patient lists of between 30,000-50,000 and are led by clinical directors who may be a GP, general practice nurse, clinical pharmacist, or other clinical professional. In PCN's GP practices work closely with community, mental health, social care, pharmacy, hospital and voluntary services in their local area with the aim of enabling greater proactive, personalized, coordinated and integrated health and social care for people close to home.
- 2.7 Islington GP Federation is supporting Islington GP Practices to develop, design and pilot projects, is coordinating IT within the NHS and hosts the training hub.

### **The NHS, Primary Care and GP Practices**

- 2.8 Primary care is healthcare provided in the community for people making an initial approach to a medical practitioner or clinic for advice or treatment and can be considered the 'front door' of the NHS.
- 2.9 There have been several reviews of the NHS and primary care. NHS England published a report in May 2022 called '[Next Steps for Integrating Primary Care: The Fuller Stocktake report](#)'. The report includes a vision for integrating primary care, improving access, experience, and outcomes for communities. It is being used as a template for delivery of better, more sustainable primary care services.
- 2.10 Two of the key issues the Fuller Stocktake Report highlights include the need for people to access same-day urgent care and the need for GPs to offer continuity of care. The report makes several recommendations for improvement, focused on integrating primary care, improving the access, experience and outcomes for communities.
- 2.11 Across North Central London GPs deliver 650,000 appointments per month, but demand is still high. Patient satisfaction is higher than in other areas.
- 2.12 Pharmacists, Physician Associates, Health and Wellbeing Coaches, Paramedics, Physiotherapists and social prescribing link workers work alongside GPs to support patients.



- 2.13 There are over 40 pharmacies in Islington that in addition to dispensing can also provide flu vaccinations and help for minor conditions. More pharmacies are providing blood pressure checks, smoking cessation support and the provision of oral contraception.
- 2.14 Secondary care is when a primary care provider refers patients to a specialist with more specific expertise. Patients only get a referral to secondary care if they are considered by a clinician to require a more specialist service. A referral may be triggered or screened by the receiving clinic and can be rejected. The GP should provide advice on waiting times and who to contact if you don't hear back within the timeframe.

### **Access to GP Practices**

- 2.15 Islington has 31 GP Practices operating from 29 sites. All but one practice was rated good by the Care Quality Commission (CQC).
- 2.16 GP Practices remain the first point of contact for residents with a health problem. All practices have an open list for new patient registration. You do not need proof of address or immigration status, ID or an NHS number to register with a GP Practice. There is a good distribution of services across the borough so that most patients are a short walk or bus journey away from a practice. GP services offer appointments between 8am and 8pm, 7 days a week. Appointments can be made by phone, visiting the surgery, or via the NHS app or website. There had been a trend towards increased digitalization of appointments over time.
- 2.17 The Committee heard that GP receptionists are getting extra training to help provide the most appropriate appointment for patient needs.
- 2.18 The Committee considered the challenges faced in Primary Care. There are recognised challenges around workforce availability and retention; increasing demand from the system and residents; communication across IT systems; primary care estates, space and provision and the impact of challenges to partner organisations such as local authorities.
- 2.19 The Committee heard that Covid-19 had affected demand, and more recently there had been a spike in infectious diseases amongst children. Primary care had also been affected by industrial action from nurses and junior doctors in recent months which had impacted activity.
- 2.20 The Committee noted the [NHS Delivery Plan for Recovering Access to Primary Care \(May 2023\)](#). The Plan's central ambition was to tackle the 8am rush and reduce the number of people struggling to contact their practice, and for patients to know on the day they contact their practice how their request will be managed. The report outlines an approach they are calling Modern General Practice Access that improves digital telephony, simplifies online requests, and provides faster navigation, assessment, and response.

- 2.21 There is a downward trend within GP practices relating to capacity and workforce. Islington has tried to address this using GP trainees, promoted through training hubs.
- 2.22 The Additional Roles Reimbursement Scheme (ARRS) was introduced in England in 2019 to improve access to GP Practices by increasing the number of and type of people who work in general practice. Now clinicians and general practitioners work in GPs and have the skillset to deal with problems quicker than it can take to make a GP appointment. Clinical Pharmacists also work alongside GPs in clinical management and medication reviews, social care prescribers can navigate non-medical problems. ARRS roles can take appointments directly from patients and be there to alleviate demand for GPs.
- 2.23 The Committee heard of positive examples of work by GP services to increase efficiency. PCNs in the South of Islington had developed a system for triaging online consultations over the weekend to help with the Monday morning influx. There was work being done to share administrative resources across groups of practices. It was also welcomed that annual check-ups for people with learning disabilities and mental illness were exceeding national targets.
- 2.24 Primary care was mostly placed on private land within premises not built for purpose. There was work underway regarding infrastructure and estates, in collaboration with the council, to put new GP surgeries in sites being developed by the council.

### **Committee Comments**

- 2.25 The Committee noted the work to maintain GP access in light of the significant challenges faced by the NHS, and shared their experiences and feedback they had received from local residents. Residents had expressed discontent with having to call at 8am to book an appointment, difficulty in getting through to their GP, and that they found E-consult forms difficult to navigate.
- 2.26 There had been mixed feedback on the digitization of appointments, with some patients preferring telephone appointments and others face-to-face.
- 2.27 In relation to concerns about waiting times, it was suggested that GP surgeries could implement systems where a call back can be requested, or to let patients know where they are in the queue.
- 2.28 Councillors raised concerns about misgendering of patients and asked that a flagging system be used within the NHS IT systems to cater to patients effectively.
- 2.29 Councilors were reassured that the ICB had weekly meetings to identify rising risks and complexity in cases and that a rapid response service could visit patients on the day.

## Evidence from [Healthwatch Islington](#)

- 2.30 Healthwatch was part of a national network that gathered and reported views on health and social care. They would provide people with information on services and would collaborate with partners and act as a critical friend.
- 2.31 Healthwatch had been commissioned by a PCN to run workshops aimed at digital learners and to test web accessibility. They also liaised with Healthwatch England on accessibility best practice. ICB colleagues had used the findings to develop some guidance for practices. A 'getting the best out of your website and phoneline' resource would be distributed across general practice in Islington to help providers improve their messaging. Practices had been offered external support to develop their sites and PCNs were now employing digital transformation leads to work on phone and web access.
- 2.32 Research found that GP web content should avoid pop ups; use language that the patient will use (online booking rather than E-consult) or explain the terms (triage, meaning we'll need to ask you some questions to help understand who at the practice is best suited to help you and how urgently); keep websites up-to-date; promote 'safe surgeries' where residents would be seen even if they could not prove their address; be explicit about all appointment types available including the option for face-to-face, and how to book appointments for others; promote 'what to do when the practice is closed' and the role of the pharmacy, repeat prescriptions and accessing medical records, self-referral; make search/interpreting and disability access functions clear (it was noted that webpage icons don't always offer meaningful help to the patient) and be clear about adjustments available for consultations.
- 2.33 Research was carried out by volunteers who listened to the automated voice messages on GP phone lines. The volunteers timed the call and noted the content. Messages varied from 20 seconds to 3 minutes. Healthwatch recommended that messages were kept concise and up-to-date with the most important information first; that there be some standardization across practices; that GPs should consider whether Covid messaging is still needed; and limit the key messages that are read out before the patient joins the queue. Healthwatch recommended that more messages could be relayed to the patient when they are in the queue if needed; patients should be told if they're in the queue to speak to a member of staff or not and their number in the queue so they don't stay on the phone unnecessarily; information should not be delivered too quickly so that patients can easily take in key information; self-referral callers should be informed of the possibility of self-referring to services such as physiotherapy, podiatry and ICOPE without having to wait for a GP appointment.
- 2.34 Healthwatch ran one-to-one and group sessions with residents who wanted to improve their confidence online. They had received £72k to support digital inclusion.

- 2.35 Healthwatch could help patients to make GP appointments if necessary and would give help and advice to people struggling to access health and care services.
- 2.36 As part of their research, Healthwatch specifically looked at services for bowel, breast, and cervical cancer screening. They found that it was important to patients that practice staff were friendly, welcoming, warm and information about the screening process and its benefits was clear. This was particularly important if the patient was feeling nervous or anxious. A lack of information provision and a failure to offer interpreting could also be an issue.
- 2.37 The top three priorities for Healthwatch in 2023-24 included continuing work on access to GP services; gathering feedback on home care services and working with statutory providers and communities experiencing health inequalities to improve access to mental health services.
- 2.38 Healthwatch had 212 respondents to their research into GP appointments. Over half of respondents said they found the experience of booking an appointment difficult and just over two thirds of respondents said they were able to get a GP appointment when they needed one. Many people said they struggled to get through by phone and found the triaging process to be a barrier. The improvements that Healthwatch proposed included more appointments; less time waiting on the phone; greater flexibility in when it was possible to call; walk-in appointment booking and provision of interpreting/advocacy services.
- 2.39 Patients felt that there was more pressure on the appointments due to the difficulties in accessing them. They found it more difficult to accept the principle of one issue at one appointment, due to the limited access to appointments.
- 2.40 Patients felt there was a lack of face-to-face appointments and this was a big issue for them; patients felt appointments had become more impersonal, too fast, and they had less control over the conversation.
- 2.41 Respondents rated pharmacy services highly and reported good experiences, as well as positive, ongoing relationships with pharmacy staff. It was seen as the most accessible health service and that it could play a larger role in the delivery of diagnostic and preventative services which they felt were less accessible when offered via the GP or hospital. There was however a perception that GPs were a greater authority on matters of health and those with more complex health conditions preferred to see a doctor. Others wanted to see a doctor solely to be referred to another service, so pharmacists weren't relevant.
- 2.42 The 2022 GP patient survey showed that over four in five patients called their practice by phone when trying to get an appointment. This highlights the importance of getting phone access right. Patients would wait too long on the phone and if appointments were fully booked by the time they got through they were asked to call back the next day and try again. It was suggested that this should be addressed in the new GP contracts that start in 2024 to ensure it doesn't happen.

- 2.43 It was considered that further work was needed to ensure the i:HUB out of hours GP appointments are routinely offered. There were concerns that not all residents were aware of this service.
- 2.44 While there was a need for telephone booking systems to be effective, the Committee also considered that online platforms should be available to book appointments. This would be more inclusive for people who phone access is difficult, e.g because they can't answer their phone at work.
- 2.45 Triaging was seen to disadvantage those who were less able to articulate their needs or who needed an interpreter. It was considered important that language support was offered to those who needed help to make their case. Language barriers were also identified as an issue during online and phone bookings.
- 2.46 Most negative experiences were due to difficulties getting through on the phone, exacerbated by feelings that appointments weren't available. Some people didn't consider a phone consultation to be an appointment. Some of those with language barriers felt they could be better understood in person and some had less confidence in diagnosis made over the phone.
- 2.47 The Self-Care Pharmacy First Scheme is a pilot scheme seeking to provide better access to care for minor conditions, particularly for those considered socially vulnerable due to low income. It was commented that, if this scheme is continued, it should be promoted more widely and have a name that helps people understand what it does.
- 2.48 Most respondents to the Healthwatch survey said it was too difficult to get through by phone, this was compounded by the limited availability of appointments. Of the respondents 46 out of 67 respondents gave this reason.
- 2.49 A number of practices only made appointments available during a short period of time early in the morning, so everyone had to call at that time. Respondents said by the time they got through, there was often no appointments left. The Healthwatch evidence also highlighted that some people found practice staff to be unwelcoming or dismissive on the phone and in person.
- 2.50 Long waiting times and the inconvenience of not knowing when the doctor would call were frustrations widely shared. Respondents felt it would be helpful to allow phone booking at any time rather than within a certain window; they wanted to be able to walk in and make an appointment; they wanted shorter waiting times on the phone; properly working and easy to use online booking systems, and online booking should not be the only or the default way of booking.
- 2.51 Overall, respondents felt there should be more appointments, greater capacity and more staff at GP surgeries. Respondents felt there should be better provision of

interpreting and advocacy services and the customer services skills of reception staff should be improved.

- 2.52 They felt there should be shorter waiting times for appointments. Respondents felt there was a lack of continuity as they saw a different doctor each time and there was a sense of frustration at having to repeat their stories.

### **Committee comments**

- 2.53 The Committee considered that practices were best placed to make sure patients can access them properly and needed to offer flexibility. It was important for GPs to consider the findings of the Healthwatch survey and deliver services in a way that met the needs of their patients
- 2.54 The Committee considered that there should be more communication to residents around the healthcare offer, such as out of hours GP appointments.

### **Evidence from Islington GP Federation**

- 2.55 The Islington GP Federation (IGPF) was a large-scale general practice organization incorporated by Islington GP practices in 2017. It is owned by all but one eligible Islington GP practice. The GP Federation explained that it could not speak on behalf of individual GP practices but had a role in supporting those practices.
- 2.56 It was set up in line with the NHS Long Term Plan to ensure and shape how all Islington registered patients had free and equitable access to good, safe, value for money primary care well into the future.
- 2.57 The GP Federation aims to be patient-centered, design and partner orientated, problem-solving, lean, pragmatic, responsive and collaborative service delivery and to enable GP practices to be better connected and supported by one another and integrated into the borough system.
- 2.58 It provides a range of support services to Islington GPs, their patients and associated health and care partner organizations. For example, i:HUB which was designed to provide residents with out of hours access to a GP/associated professional. This has been operating from three practices for over 8 years.
- 2.59 The Islington GP Federation had also worked directly with practices to improve standards in primary care, and as a result this had led to improved results in CQC inspections. They also offered support to individual practices to improve their resilience.

- 2.60 The GP Federation provided workforce training and development, including training to support residents in accessing employment in GP Surgeries. It was reported that this was well received by Practice staff. The Committee also noted how the GP Federation worked with GP practices to improve their digital systems and use of technology, improving their data analytics to help them manage their workload and offer better services to patients.
- 2.61 The GP Federation directly provided flu and other vaccinations for housebound patients, and health support for asylum seekers, refugees, and a physical support programme for homeless people and those with severe mental health needs.
- 2.62 Practice based pharmacists were now helping patients with medicine management to enable GPs to have more time seeing patients and that clusters of practices were working together analysing and benchmarking data to improve access.

### **Committee comments**

- 2.63 The Committee considered whether skill share opportunities had been fully considered. GPs are generalists, and it is important for all GP practices to have access to a wide range of skills and expertise to support their patients.
- 2.64 A member asked how the GP Federation planned for demand and capacity in the Primary Care system. In response, it was explained that they didn't represent individual practices, but had worked with practices to change how they managed access and many were now using a triage system to manage calls more efficiently. Looking at patterns of behavior, the GP Federation had identified that there were 50% more contacts on a Monday, so GP practices could adjust their staffing model accordingly. GPs were also working with digital hub administrators to deal more efficiently with patients queries.
- 2.65 A committee member raised concerns about misgendering and the impact it could have on a person's willingness to engage with the service. The IGPF explained that preferred names were used but they could do more work to ensure that patient's needs were flagged.
- 2.66 The Chair asked whether it was true that some GP surgeries were working at five times their capacity. While not able to comment on particular practices, the IGPF said that it was possible to grow capacity and retain quality if the challenges were met effectively by practices. It was the IGPF's role to support practices, not to scrutinize quality.
- 2.67 The Chair asked if there was support for those who had difficulty accessing appointments digitally. The IGPF explained that the primary method of accessing online services was through e-consult, but that 20% of patients did not want to use the platform. Those patients could either phone in or attend the practice. The IGPF were proactively trying to engage with disadvantaged groups to help tackle digital exclusion.

### 3 Adult Social Care

#### Evidence on the Adult Social Care Front Door

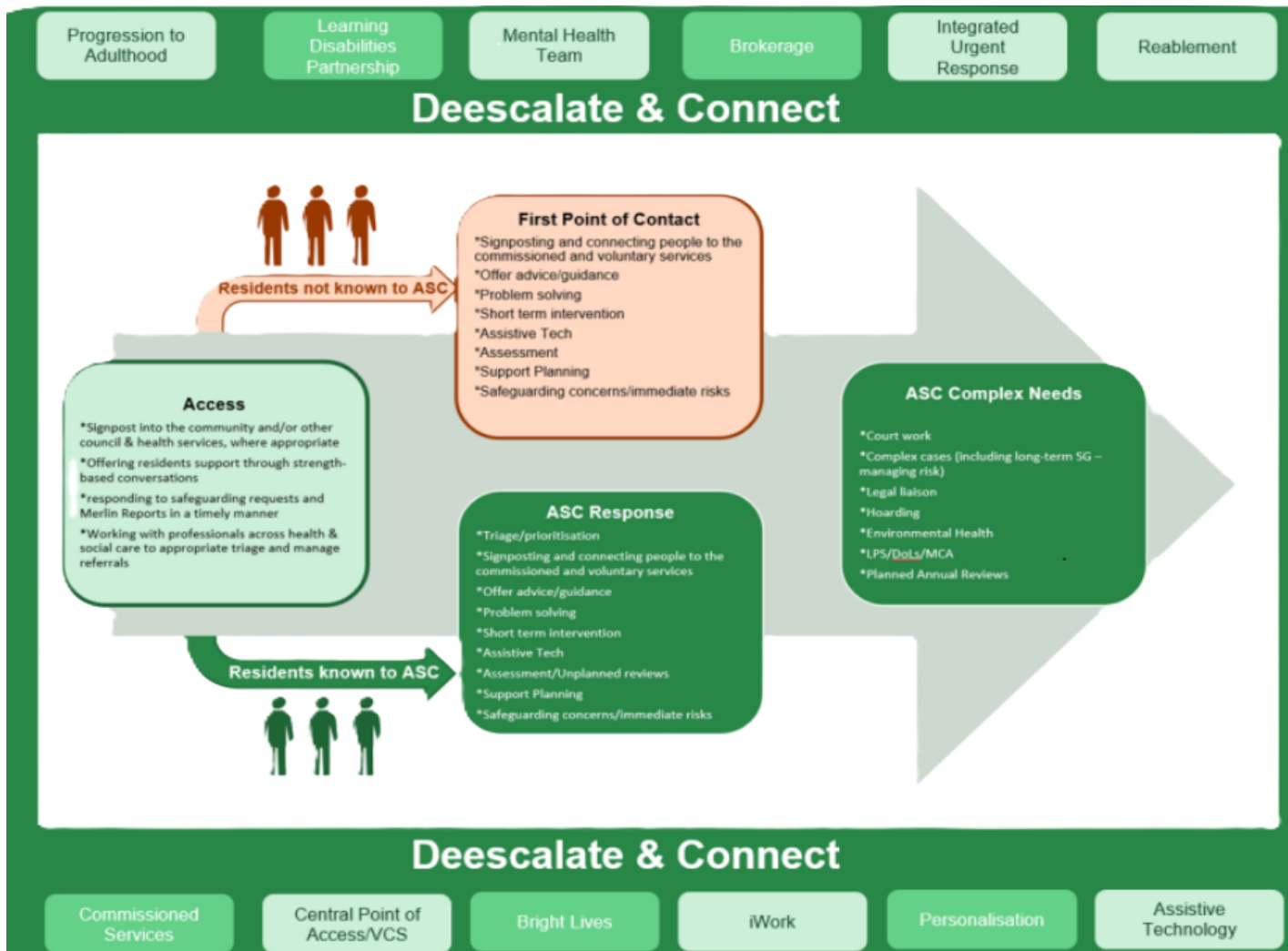
3.1 The adult social care vision is for Islington to be a place made up of strong, inclusive and connected communities, where regardless of background people have fair and equal access to adult social care support that enables residents to live healthy, fulfilling, and independent lives. The operating model proactively takes all opportunities to build on people’s strengths, maximize their independence and connect them with their community, ensuring equality and fairness throughout.



3.2 The Adult Social Care operating model includes prevention and early intervention work that proactively builds on residents’ skills, resilience, and capacity to make positive and sustainable changes in the community. The service focused on problem solving at the first point of contact, with highly skilled staff utilizing a strengths-based approach to ensure a proportionate response to the presenting need. This includes advice and guidance, signposting, initial assessments and identifying support to maximise independence. The service also offered outcome focused short-term interventions, for up to six weeks, with a focus on maintaining or improving independence by initiating short term creative interventions. The service responded to complex needs through a holistic approach to achieve sustainable best outcomes for the resident.

3.3 The below explains the resident journey through Adult Social Care

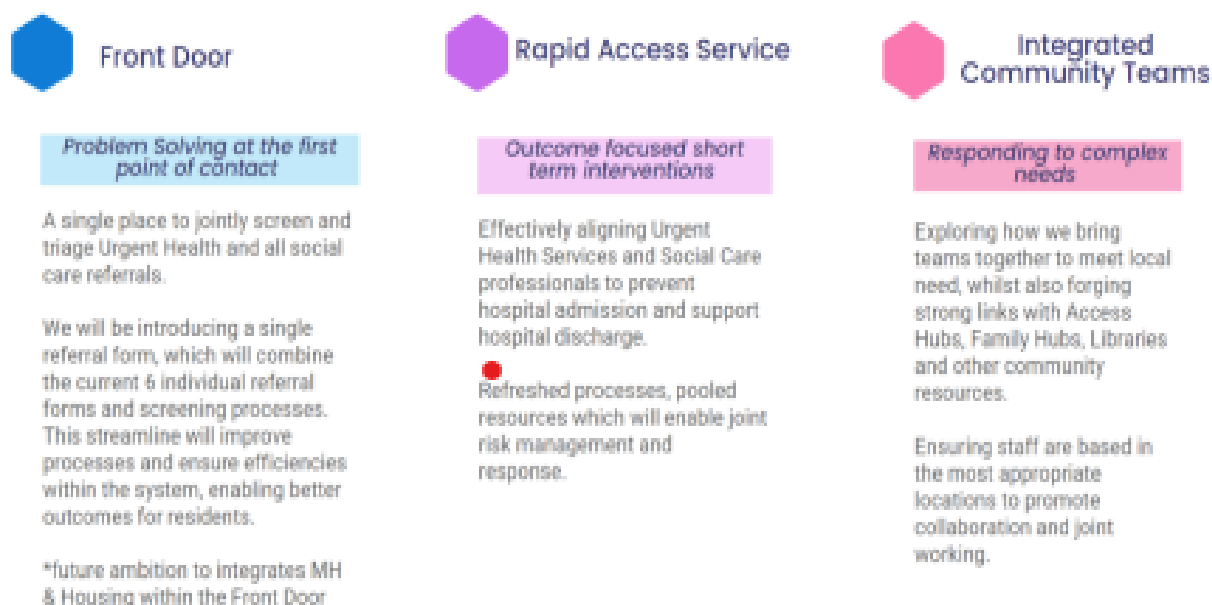




- 3.4 In 2022-23, 4641 individuals received at least one service (long-term support or short-term support) from the Islington Council Adult Social Care department.
- 3.5 The demographic compared to Islington’s general population included a significantly higher proportion of adults aged over 65+; women were disproportionately overrepresented; people from black and other ethnicities were overrepresented; those from white, mixed and Asian ethnicities were underrepresented.
- 3.6 The most deprived areas of Islington contained the highest proportion of the ASC population. The three least deprived areas were underrepresented in the ASC population. As the deprivation measure considers income, this could correlate with the financial assessments to receive support.
- 3.7 Finsbury Park and Laycock wards had significantly higher proportion of people accessing Adult Social Care. Arsenal, Barnsbury, Bunhill, Caledonian, Canonbury, Clerkenwell, Holloway, St Mary’s and St James’ and Tollington wards had significantly lower numbers of adults accessing services.

- 3.8 Adult Social Care was working to improve access to services and next steps included analysing the remaining parts of the resident journey by equalities characteristics. This would include analysing contacts, referrals, and further analysis by cohorts. The deep dive into cohorts would include residents with learning disabilities, mental health issues, and older people by age and ethnicity. There would also be an audit of overrepresented groups by ethnicity to inform practice approaches. There would be a review of training to ensure officers were capturing equalities information where appropriate.
- 3.9 It was explained that the Access Service used to operate using an open email inbox with no quality or control measures in place to manage referrals. This resulted in a backlog of 3500 unanswered emails. As a result, the service was unable to readily identify high risk safeguarding issues, capture data about the service to make necessary improvements or understand the demographic. There were poor quality referrals with incorrect or missing information and sometimes emails inappropriate for the service. Since the move to online referral forms, there had been a decrease in points of contact, referrals were of a significantly better quality and unnecessary email traffic had been removed and redirected. There was a 24% reduction in monthly average contacts.. The decrease in correspondence was attributed to removing unnecessary points of contact from the service; getting referrals right during the first time of asking and redefining pathways making it easier for referrers to navigate the services.
- 3.10 Now, 80% of referrals were processed in 0-5 days; the previous email system didn't monitor processing times. Nearly 80% of referrals in July 2023 were processed in 0-5 days (72% within 3 days); the percentage of referrals being completed in 0-5 days had increased over time. Safeguarding referrals were always responded to within timeframes. Between February and July 2023, 75% of referrals were requested by professionals or care providers and 181 (25) came from individuals needing support.
- 3.11 Calls had increased since the change to the telephony system, which now had a single Adult Social Care option. More accurate data could now be captured and otherwise missed calls had become reflected in the data. The next steps would be to identify appropriate actions to make the resident experience better. Officers would also explore changes to the online offer making it more user friendly and supporting more self-help.
- 3.12 The Committee considered the next steps to further develop the service. Adult Social Care officers would work with Housing to remove unnecessary referrals and to increase capacity the Access Team would begin a comprehensive training programme to enhance skills and further compliment the service model. The integrated 'front door' with health colleagues will create a more streamlined service for residents, reducing handover points and delays in providing appropriate care.
- 3.13 The council was on a journey to improve access and in the winter of 2023-24 implemented the integrated 'front door'. This would offer a single place for Health and Care services to jointly screen and triage referrals and provided opportunities to focus on strength-based work and signposting. Officers commented on the potential

of this new model, creating a more streamlined service for our residents, reducing handover points and delays in providing appropriate care.



## **Committee Comments**

- 3.14 The Committee commented on the wide range of people accessing Adult Social Care services. While there was a cohort of older service users with vulnerabilities, there were also a number of working age people, such as those with mental health needs, who used the service. It was important for access points to reflect the needs of a wide range of service users and their carers.
- 3.15 It was confirmed that access could be online or by telephone and that professionals often contacted them online which helped with the gathering of robust referral information. Residents often preferred the telephone system which allowed more information for analysis, such as how long calls were or how long it took for calls to be answered.
- 3.16 The Committee commented on the importance of monitoring the outcomes following contact being made to Adult Social Care, and that this monitoring could be a recommendation to the Executive.
- 3.17 The Committee commented that the language being used by Adult Social Care could be difficult for residents to understand and information should be simplified where possible.
- 3.18 It was explained that Islington Access Hubs were a new initiative aimed at giving advice to residents on a range of issues, and Adult Social Care would be linking with those hubs to support residents and offer a point of access in the local community.

## **Adult Social Care 'Front Door' Update**

- 3.21 In April 2024, towards the end of the Scrutiny Review, officers attended the committee to provide an update on the implementation of the Adult Social Care Front Door.
- 3.22 While significant progress had been made, there had been some challenges and factors that indicated processes were not yet working as well as they could. One of the challenges included the migration to online referral forms. Further work was underway to streamline referral forms, to ensure they were clear and easy for professionals to use to obtain the right amount of information, and included enough data to help make quick decisions.
- 3.23 Another issue was around the use of telephony and the types of systems available. On the current system it was challenging to keep a track of the number of calls that came through, waiting times and call drop-off rates. Further work was being considered to develop this further, allowing for simplified analysis of call-handling.
- 3.24 It was important to have an effective system in place to manage the front door of the service, particularly for phone-based referrals. It was also essential to solve people's problems at the first point of contact, and to make sure that front door was fully connected with the range of services available across the borough. The Council had provided training and development to staff within the service in August 2023.
- 3.25 In terms of front door performance, data indicated that the e-mail backlog had reduced by 97%. Alongside the reduction, the system was able to review and triage e-mails more efficiently dependent on the risk and emails were being responded to within 14 days. Emails that were classed as higher risk were being responded to on the same day.
- 3.26 There was evidence of increased quality of referrals. Unnecessary inbox traffic was removed and redirected from the service by an average of 28.5% per month. Any referrals that were wrongly sent to ASC would be moved out of the inbox and redirected accordingly.
- 3.27 The Committee was advised that in February 2024 there were around 289 phone calls made to the service, equating to an average of 14 calls per day. The average wait time was 1 minute 54 seconds and 75% of calls were answered in less than a minute. This data was used to manage colleagues being available on the phone at peak times.
- 3.28 To streamline the triage processes incoming requests were being prioritised based on urgency and dedicated triage officers were being assigned to cases to ensure a swift assessment and decision.

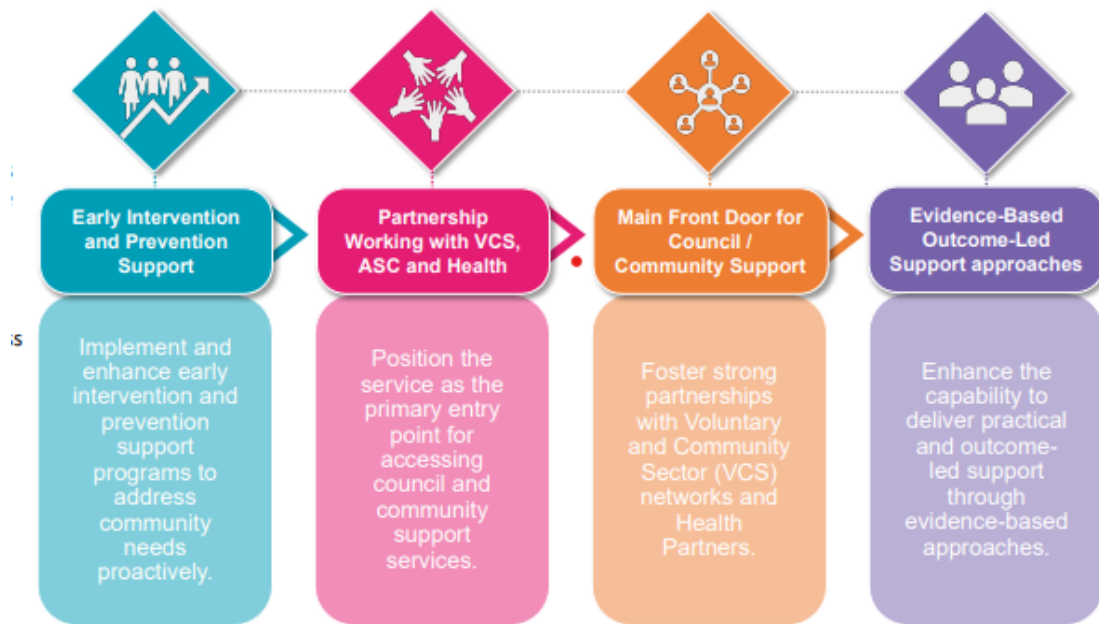
- 3.29 The service had been looking to establish a dedicated helpline for non-urgent enquiries so the main phone line could focus more on urgent cases. The service was also looking to redesign the redesign of the ASC website to be more user friendly with clear navigation and plain language.
- 3.30 Feedback and survey tools were used to collect feedback from residents about their service experiences to make improvements accordingly. This was welcomed by the Committee, as it would help to ensure the service operated effectively and met the needs of residents.

### **Committee comments**

- 3.31 The Committee welcomed the progress made. The Committee noted that the Adult Social Care Survey evidenced that there was an increase in the proportion of people who used services, who found it easy to find information about services. Data showed an increase from 63% the previous year, to 70% this year. This was higher than the London average, which was 65%.
- 3.32 The Committee commented on young people transitioning from Children's to Adult's Social Care services. The importance of a smooth transition was highlighted to ensure young people were prepared for adulthood, making sure that they had the same life chances as much as possible as any other young person.
- 3.33 Regarding frontline support for people with health conditions, the Committee was informed that frontline practitioners would have access to a directory of services to provide additional support for people with conditions like Parkinson's or MS, by linking up with specialist organisations.
- 3.34 In terms of support provided for the families of service users, officers advised that the service would have conversations to understand the network around the individual and would offer a carer's assessment to identify their caring role and any support needs they may have. The Carer Hub was also available to offer support and advice.
- 3.35 The Committee was advised that there was a number of access points for Adult Social Care and this could sometimes be confusing for residents. The service had been working towards streamlining this and was committed to ensuring that service users receive a swift and high-quality response that would help solve their problems at the first point of contact.

## **Evidence on [Access Islington Hubs](#)**

- 3.37 The Access Islington Hub initiative followed the implementation of the 'We Are Islington' model which operated during the Covid-19 pandemic, with a specific focus on early intervention and prevention, staff development and collaboration and partnership working with the Voluntary Community Sector and Health partners.
- 3.38 There were two Access Islington Hubs in operation and a third scheduled to be launched in June 2024. The hubs aim to offer comprehensive support encompassing money, food, wellbeing, housing, family, community safety and work.
- 3.40 The service collaborated with services such as iWork, IMAX, Income Recovery, and Bright Lives Coaching to bolster the support network for residents, with ongoing efforts to refine staffing, delivery methods, and outreach for continuous improvement.
- 3.41 Advisors in the Hubs have two roles: Triage and Connectors. Triage advisors are the initial contact, addressing immediate needs and managing day-to-day operations. Connectors have undergone specialized training in areas such as motivational interviewing and trauma informed practice, whilst Hub managers have also received additional training in reflective practice and supervision for effective team guidance.
- 3.42 The resident journey involves a triage stage for immediate needs, followed by connection sessions for more in-depth support to uncover underlying needs. Staff were clear that they had as much time as they needed to get to know the person in front of them, forging a connection to identify their needs and to meet those needs. This structured process ensures residents receive comprehensive assistance without stigmatization, addressing significant issues like food poverty or financial deprivation.
- 3.43 The areas of focus are early intervention and prevention, comprehensive support that provides wrap around support for residents and, continuous improvement and collaboration.



- 3.44 Since their launch in September 2023, over 600 residents with complex needs have been supported through connection sessions.
- 3.45 The aim of the Access Islington Hubs is to bring services and staff closer together to wrap around local communities. The ambition is to see Access Islington Hubs as a recognized and valued community resource where local people can access early intervention and prevention services that support their needs and for the hubs to rely less on a physical space and to focus efforts on delivering services within key community assets and to create an environment in which community activities and events can thrive, with dedicated community spaces.
- 3.46 The initiative had started as a model to meet residents basic needs, but it quickly expanded into a more sophisticated model including vaccine support, support for clinically extremely vulnerable residents, and a test and trace service. The learning was remodeled into a face-to-face offer, meeting residents needs at the initial point of contact, or assisting them through the journey to achieve their needs.
- 3.47 The Hubs also offered assistance with digital technology, helping residents to access online services.
- 3.48 The service was working well with the Council’s Access Services and Adult Social Care Front Door, with the ambition to meet needs at the first point of contact, rather than referring residents to other services.
- 3.49 The Hubs also had excellent links with other teams, such as mental health crisis teams, which was crucial when housing, poverty and financial difficulties were often linked. Staff were also able to identify and report safeguarding issues which might emerge. In terms of next steps, the service was already liaising with health and public health partners on what work might be done to link the Hubs to services

offered by GPs and other health professionals. The Council was also looking at ways in which the Hubs could help health initiatives, for instance by way of encouraging people to take vaccines and boosters.

- 3.50 The Hubs held briefing sessions between 9-10am on Wednesday mornings around service provisions in the borough.
- 3.51 Whilst Access Islington Hubs cannot serve as a gateway to primary care services, training on appropriate pathways will enable staff to help residents to identify where they can most effectively access services to meet their needs.
- 3.52 There was an opportunity to build strong referral pathways with the Integrated Front Door for social care. Staff would be trained in the criteria for access, and support those likely to meet the criteria to self-refer using the online referral page. There was also an opportunity to go further with the Hubs forming part of the integrated front door itself by co-locating front door access staff into the Hubs.

### **Committee Comments**

- 3.53 The Committee welcomed the progress made and were supportive of the suggestion that the Access Hubs could help residents to access assessments for social care.
- 3.54 The Committee noted the importance of ensuring people were made aware of the Access Islington Hubs; it was essential for the Hubs to be promoted widely, so residents understood the services which could be accessed.
- 3.55 Given the wide range of services that could be accessed through the Hubs, staff training was important, particularly so that staff were able to have quality conversations with people to understand their underlying needs and signpost effectively.
- 3.56 The Committee welcomed that staff who had worked on the "We Are Islington" phoneline had been recruited as they were particularly able to develop the necessary relationships and obtain residents' trust, which often was not easy for people using the service. Managers in the Hubs were also being trained to support the staff who often had to deal with very difficult conversations.
- 3.57 It was hoped that the Hubs would help to break down barriers between services and enable residents to obtain the help they needed directly. The Hubs would take referrals, including from councilors casework.
- 3.58 There was a separate project underway looking at how the Hubs could work alongside community centres and the voluntary and community sector groups, to offer comprehensive advice and support to residents on their first contact and in one place.



- 3.59 The Committee welcomed that the Hubs had evolved from the We Are Islington service, noting that it was good to see that positive work carried out during the pandemic had led to the development of a new service.
- 3.60 The Hubs had been introduced to give people an opportunity for face-to-face contact with someone or who had struggled to gain help elsewhere. The existing telephone number for access to social services would still be operating. The Committee welcomed that they provided an opportunity for residents to speak directly to council staff.
- 3.61 The Committee noted that some residents had reported long waits in contacting the Adult Social Care Access Team, especially regarding help with form filling. The Hubs were able to assist with this sort of activity; staff worked closely with Adult Social Care and had a positive working relationship. Some of the Hub staff had previously worked in the Access Service, Those staff would advise and support Hub staff and could join in conversations with residents, as needed.
- 3.62 The Committee queried how the outcome of contacts to the Hub would be monitored. Officers advised that information on the number of telephone calls and face-to-face meetings could be supplied if required. The service would also monitor resident satisfaction measures to ensure that residents were entirely satisfied with all the support they had received and that they had achieved all they needed to.

## **4 Health and Adult Social Care**

### **Evidence from the [Care Quality Commission](#)**

- 4.1 The Committee received evidence on the role of the Care Quality Commission (CQC). The CQC is the independent regulator of health and adult social care in England. They make sure that health and social care services are providing people with safe, effective, compassionate, high-quality care and they encourage improvement in the care services.
- 4.2 The Health and Care Act gives the CQC a role in reviewing ICSs and a duty to assess how local authorities are meeting their social care duties under part 1 of the Care Act.
- 4.3 The CQC explained that they were doing specific work on access to GP services, as they were aware of the challenges faced by patients in making appointments and to get onto waiting lists.

## Evidence from [AGE UK Islington](#)

- 4.4 The Committee received evidence from Age UK Islington on how they work with GPs and the Council to support access to health and care services. They have staff based at GP practices, are involved in the integrated network meetings, and staff have access to GP information. Non-medical support needs can be referred to Age UK Islington reducing the pressure on health colleges. They can support blue badge applications, and applications for PIP and taxi cards.
- 4.5 Age UK works closely in partnership with the council's Adult Social Care department. Age UK staff are embedded in Adult Social Care teams, including reablement, and also support access to the service, alongside other voluntary sector partners.
- 4.6 Age UK Islington also delivers the Islington Carers Hub. The hub provides unpaid carers with guidance and support for their wellbeing and for those that they care for. This includes carrying out carers' assessments and direct payment applications, signposting to other support services, and supporting carers to access benefits and other funds they may be entitled to.

## What do we do?



 <p><b>Money</b></p> <ul style="list-style-type: none"> <li>Support benefit applications</li> <li>Debt management</li> <li>Access grants e.g. winter warmth</li> <li>Power of attorney</li> </ul>	 <p><b>Social</b></p> <ul style="list-style-type: none"> <li>Find suitable social activities</li> <li>Find accessible transport &amp; routes</li> <li>Support to start attending activities</li> <li>Befriending options</li> </ul>	 <p><b>Work</b></p> <ul style="list-style-type: none"> <li>IT skills for keeping in touch &amp; practical matters</li> <li>Help find volunteering &amp; employment</li> <li>Finding education &amp; training</li> </ul>
 <p><b>Home</b></p> <ul style="list-style-type: none"> <li>Find cleaners &amp; domestic support</li> <li>Manage repairs and maintenance</li> <li>Organise a housing transfer</li> <li>Find suitable accommodation</li> <li>Help organise &amp; manage a move</li> </ul>	 <p><b>Health</b></p> <ul style="list-style-type: none"> <li>Exercise options for e.g. pain relief</li> <li>Help to find mental health support</li> <li>Re-engage with health services</li> <li>Support for substance misuse</li> <li>Support to keep warm</li> </ul>	 <p><b>Independence</b></p> <ul style="list-style-type: none"> <li>Carers assessments - identify needs</li> <li>Obtain telecare monitoring</li> <li>Fall risk assessments</li> <li>Direct payment support</li> <li>Support following hospital discharge</li> </ul>

Expertise in broad range of specialist support services



- 4.7 Age UK reported on the challenges they face in delivering their services. It was reported that it could be difficult to navigate between GPs, health and care services, with different systems and processes to follow. It could also be a challenge to get social workers to understand the local Voluntary and Community Sector offer. In terms of challenges faced by residents, Age UK reported that residents struggle to get timely GP appointments, and were also aware of issues related to digital exclusion. In particular, difficulties experienced by residents who cannot access information about services by email or through the internet.

- 4.8 It was commented that there were future opportunities to establish partnership working with the Access Islington Hubs.

### **Committee Comments**

- 4.9 The Committee asked whether the Council could do anything further to support Age UK in their role, or to help increase access to services. In response, it was explained that improved communications, particularly joint working with a physical presence would be beneficial, for example providing the resource for a member of Age UK to be part of the Access Islington Hubs.
- 4.10 The Committee asked whether Age UK faced any problems contacting GP surgeries or Adult Social Care. It was explained that the difficulties in accessing GP appointments were usually around people's ability to use technology. For Adult Social Care, Age UK commented on the waiting times for once they had supported a resident to access the care system.

## **5. Evidence from Residents**

### **AGE UK – Let's Talk Event, 29<sup>th</sup> February 2024**

- 5.1 Members of the Committee joined the Age UK 'Let's Talk' event to discuss access to Health and Care services with residents. The following issues were raised by residents at the event regarding GP appointments.
- 5.2 Some of those present were not satisfied with the e-consult platform, commenting that it was too long and complicated and not easy to use. Some surgeries did not allow patients to speak with staff until an e-consult form had been completed.
- 5.3 Some residents wanted to visit their surgery to book an appointment, but were told that appointments could only be booked online or over the telephone. Given the difficulties faced in booking appointments on the phone, some suggested that they had put off booking appointments as a result.
- 5.4 It was commented that those who cannot access the internet or who have mental health issues or have a disability could struggle to make appointments. There had been no consultation on the move to online services, and those present highlighted the importance of GP services remaining accessible. It was commented that some people were avoiding using GP services due to difficulties in booking appointments, and this could have a detrimental impact on the health and wellbeing of patients.
- 5.5 Residents highlighted the need for appointments to be accessible as a matter of patient safety. Some of those present remarked that in the past appointments could be booked quickly, with hospitals accepting walk-in appointments, and

reflected on the significant changes to the health system since.

- 5.6 Some residents reported positive experiences of interacting with their GP Practice; some had received follow-up calls from their doctor to ask how they were progressing after being prescribed new medication, and welcomed this proactive approach.
- 5.7 Some residents expressed preference for continuity of care, commenting that they would often see different doctors, however would prefer to see their own GP.
- 5.8 There was a concern that those who are digitally excluded could miss appointments, referrals, hospital appointments and OT assessments. Some residents commented that some GP surgeries don't respond to emails or requests for large font information to be sent by post, and there was a concern that people's health was deteriorating in the meantime.
- 5.9 It was commented that carers could find it difficult to book appointments for those they are caring for, and it was suggested that having a specific referral route to book telephone appointments would be helpful. Concern was also expressed for those who did not have family support to help them booking appointments.
- 5.10 Those present asked if the Committee could write to GP practices and ask them to provide alternative means of communication, including more proactive communications to check on the needs of over 65s. It was commented that there was a proactive aging team based at the Whittington Hospital made of case workers, pharmacists and nurses that supported people at the early stages of frailty, however it was a challenge for people to be identified to services.
- 5.11 It was also commented that pharmacies can be a valuable resource for residents struggling to get a GP appointment.

### **Committee Comments**

- 5.12 The Committee considered that further work was needed to make GP appointments more accessible and easier to book. While the committee understands the pressures faced by the NHS and the work underway to improve access, the Committee noted the issues raised by residents, including not being able to get same day appointments, continuity of care and not being able to see your own GP, difficulties faced by some in completing the e-consult forms, and that some surgeries did not allow patients to make appointments in-person and that there could be a long wait on the phone.

## **Evidence from residents on access to Adult Social Care**

- 5.13 Residents spoke about their experiences of contacting the council's Adult Social Care Service by telephone. Some commented that there are too many options to choose from on the phone line, and some options result in a messaging service rather than speaking to a member of staff. Some of those present said that they had not received a response after leaving a message. Some residents had developed a positive working relationship with council staff, however expressed frustration with staff turnover and their contact officer leaving the council.
- 5.14 Some residents reported waiting a long time for assessments, and others highlighted customer service issues. Some commented that they had received different information from different care workers, and others felt that they had been "fobbed off" and had not received a full response to their issue. It was suggested that it would be helpful to have greater support in navigating the complaints system, particularly for those not confident in using online services.
- 5.15 Those present raised some concern about the barriers faced by people who cannot speak English, or who were digitally excluded. Others spoke of the barriers faced by family carers, commenting that it could feel like they had to fight to receive the support they are entitled to.
- 5.16 Some residents praised the quality of the council's care services, commenting the support received had been very good, and thanking the staff for their support. One resident commented that the quality of support was excellent, however there was a lengthy delay from the point of referral to receiving the level of care they needed.
- 5.17 An Age UK staff member reported a specific difficulty of raising a safeguarding issue, and had since been told that there had been staff retention issues which had affected this.

## **Committee Comments**

- 5.18 The Committee thanked those who had provided evidence and noted that the main issues were the length of time to receive assessments; staff training and retention; the timeliness of telephone and email responses; staff retention, training and communication with each other and barriers for people who cannot speak English or who are not confident in using technology.

## **Evidence from online survey of Family Carers**

- 5.19 The Committee considered the results of an online survey of family carers' experiences. Of 11 respondents with a family member who required care living with them, only 2 had received help with overnight respite, and they were not receiving their full allocation of nights or offered suitable alternatives. Others had not been offered support.

- 5.20 Over half of respondents had been allocated support hours via direct payments with support between 11 and 22 hours per week. 100% of respondents said recruiting and retaining good support workers was a challenge and 75% said they are not able to recruit enough support workers to fulfil their entitled hours. 75% said it had been a difficult process to come to an agreed sum/number of hours for support in the care plan. One said their social care plan hadn't been reviewed or updated since 2016.
- 5.21 Some respondents felt that support workers needed to be micro-managed; that it was a major responsibility employing someone; there is no one stop place for fully qualified flexible support staff and it's hard to recruit people on a part time basis.
- 5.22 Suggestions for improvement include better pay and incentives other than pay, e.g career structure, training and promotion opportunities; more training and higher rates for challenging behavior; approach community groups to advertise the posts; incremental pay increases matched to years of services; consult existing support workers on what encourages them to stay in support work and include exit interviews for support workers who move on.
- 5.23 Respondents suggested that there is a need for more community-based opportunities such as more specialist respite centers in Islington and day care providers. It was also suggested that there should be more group activities for younger people receiving adult social care support.

### **Further evidence sessions with residents**

- 5.24 Members of the Committee held an additional two workshop with residents at Islington Town Hall at 12 noon and 7pm on the 12 February, to hear about their experiences of accessing adult social care and GP services.

#### **Adult Social Care**

- 5.25 Residents commented that it would be helpful to have a named social worker earlier in the process. This would help to establish a relationship and help to navigate the process of getting the correct support plan in place, which could be a major challenge.
- 5.26 Some residents commented that the competency of social workers varied, and a better service could be offered if social workers were more experienced and had a greater knowledge and understanding of relevant legislation and the services offered locally. It was suggested that the assessments carried out by more junior care workers differed from those who were more experienced. Residents commented on the importance of getting the "right" care worker who understood their needs.
- 5.27 Some residents said it could feel like they had to fight to get the support they needed, and some said they had received conflicting information from different members of staff. There was a suggestion that the council was very responsive in

the event of a crisis, but at other times it was difficult to speak with someone about care needs.

- 5.28 Others provided very positive feedback on the council's care services, noting that they had provided quality care and helped with a range of issues.
- 5.29 Those who had been in receipt of care packages for a longer time seemed to be content with the council's service, but there was a perception that the service was now more stretched, particularly for those accessing services for the first time.
- 5.30 Residents were aware of the difficulties in recruiting care workers. To ensure the quality of staff, it was suggested that user panels could contribute to the recruitment process.
- 5.31 It was commented that some residents had real difficulty in getting through to the service on the telephone and responses to emails were sometimes delayed. It was thought that having a named care worker would assist with this.
- 5.32 Concerns were highlighted about elderly carers, who could not continue to care for their family members. Those carers wanted to be informed what level of care their family would receive in future and how their loved ones would be supported, but this information was not always clear.
- 5.33 Concerns were expressed about capacity in the care system. In relation to respite care, there was a suggestion that there were not enough skilled and trained people to support those with complex needs. Some residents had been told, even if they were entitled to support, not to expect their full entitlement.
- 5.34 Some residents had been told to approach an agency for support workers, but there were no support workers available at the agency. Residents were aware of the recruitment issues in the care sector, noting that support workers need to be empowered to stay and grow in their roles.
- 5.35 Residents also commented on difficulties faced in accessing online services and the need to support for people who find it difficult to use technology. Some residents had approached their local ward councillor to help them in navigating the care system, as they had not been able to progress their assessment through other routes.
- 5.36 It was suggested that greater clarity over expectations would be helpful. Straightforward information on how to access services and what to expect would be beneficial.
- 5.37 Residents commented that there were a lot of good quality day centre activities in Islington. However, some said that it was difficult to find out about the services and activities, particularly if these were only available online. It was suggested that physical copies of brochures would be helpful, although it was understood that

these would need updating regularly.

- 5.38 A resident praised the Shared Lives service, commenting that they were reliable and readily available when contacted.

## **GPs**

- 5.39 Overall, the view of residents was that experiences of accessing GP services was patchy, with variation between practices. Some commented on the difficulty of booking GP appointments; others noted that their practice was able to offer same day appointments.
- 5.40 Residents reported mixed views of the e-consult system. One resident commented that they had a very good GP, but they were leaving their practice due to the implementation of triaging and e-consult. It was felt that these were complicated, difficult to use systems. Others thought that the system saved time, and allowed residents to report a change in their condition over time, which was useful to be logged between appointments.
- 5.41 Patients would often see different doctors, and some thought it was important to see the same doctor for continuity. Some residents commented that their GP practice would flag on their system when a person needed continuity in care.
- 5.42 Residents commented on the difficulty of accessing their surgery via telephone. An example was given of a GP advising a patient to book another appointment if their problem escalated, but they could not book another appointment to see their GP again within a reasonable length of time.
- 5.43 Some residents were critical of the triaging system; one had been asked to send a picture to an administrator to help with diagnosis. The resident was concerned how their issue could be properly diagnosed from a picture, and also expressed concern at the support that would be received by those not confident with smartphones.
- 5.44 It was welcomed that some GPs had a named GP responsible for supporting those with learning disabilities. Some GP surgeries also had nurses to support those with disabilities and it was suggested that this was a valuable service that led to better treatment.
- 5.45 Some residents were dissatisfied as home visits were only available to those who were housebound and were not more widely available to those with disabilities. Their GP would not provide a taxi service for disabled people who were not able to access the surgery without assistance.



## **Written evidence received from Age UK members**

- 5.46 The Committee also considered written evidence submitted from residents working with Age UK. This evidence aligned with other evidence received from residents in the workshops.
- 5.47 Several residents commented on the challenges of using the e-consult system. One resident emphasised the importance of choice, commenting that residents should have the option to either use e-consult or speak directly to a member of staff at the GP surgery. Another said that they did not have the skills to navigate the e-consult system and struggled to make appointments as a result. A resident said that they had used the system, but did not receive a satisfactory response, and had lost faith in the system because of this. One resident commented that the e-consult system directed them to call 111, who in turn advised that they speak to their GP.
- 5.48 One resident commented that their GP surgery only allowed appointments to be made through e-consult, and even then they had to wait weeks for a telephone call and then an appointment in person. A resident commented that they found it difficult to communicate the seriousness of their concerns, which they would have been able to communicate more effectively in person.
- 5.49 Another resident noted that their GP surgery did allow appointments to be made in person with the receptionist, which they appreciated. Although it was welcomed that appointments could be booked online, their view was that this should not be the only option.
- 5.50 In relation to Adult Social Care, some residents reported confusion over referral pathways, and it was suggested that there should be greater collaboration between staff and service users to monitor issues related to access, clarify concerns and, oversee improvements.

## **Recommendations**

### **Theme: Partnership working to improve access**

#### **Evidence and Findings:**

The Committee heard evidence that access to GP services was patchy across the borough with some residents feeling they received excellent care whilst others would not access the care they needed because they found access so difficult. The GP Federation highlighted that increased demand on GP surgeries had been managed in a positive way by some surgeries and could be an opportunity if managed effectively. The committee recommends the charter include deadlines for emergency and routine appointments and options for face-to-face appointments.

#### **The Committee recommends that:**

1. Islington GP surgeries should establish a borough-wide charter for access to primary care services, setting out best practice in terms of access, and ensuring that patients have choice over whether to access services online, in-person or over the phone, depending on their preference. This should also consider relevant equalities implications, to ensure that residents with disabilities have equal access to services. Islington GP Federation would have a key role in establishing common working practices and sharing best practice across GP surgeries.

## **Theme: Improving Resident Experience**

### **Evidence and Findings:**

The Committee heard from residents who found the language used by GP practices and Adult Social Care confusing. In particular, some of residents expressed confusion with the E-Consult system at GP practices and were not clear on the process of 'triaging' in Adult Social Care. Residents also felt that the service could be excellent when they received support from a helpful and knowledgeable staff member, but that this was not the case on every occasion.

### **The Committee recommends that:**

2. To improve the resident experience of adult social care, a review of the training and guidance offered to staff should be carried out to both support their professional development and improve the consistency of service.
3. GPs and Adult Social Care should review their online materials to ensure jargon is not used, terms are clearly explained, and access is simple from a user perspective.

## **Theme: To improve monitoring and avoid people 'falling between the gaps'**

### **Evidence and Findings:**

The Committee heard that some residents were finding it difficult to access the support they needed. Some residents were uncertain over services offered and expectations, and others reported that they did not always receive responses to issues raised by telephone and email. Some residents also found it difficult to know what options were available to them if they were unhappy with the service they received or where not able to access support.

### **The Committee recommends that:**

4. That Adult Social Care should allow access to the "front door" by phone, in-person and online. The service should monitor the outcomes of each contact and Key Performance Indicators relating to those outcomes be reported to the Committee twice a year.
5. Adult Social Care should review points of access across the service and ensure that the different access points are promoted to ensure that residents know how to contact services for information and advice, including advocacy services, when they need it.
6. Adult social care should ensure that how to log a complaint and the complaints process is accessible to residents and easily understandable.

## Conclusion

This review focused on resident's experience of accessing services, particularly GP practices and the 'front door' of Adult Social Care. In considering the evidence received, the committee concluded that, while some residents had positive experiences of accessing health and care services, others had been having trouble in accessing services and there were several ways that access to services could be improved. These are highlighted within the report.

Several common themes that emerged included:

### GP Practices

- i. The ability to book appointments at GP practices was varied. The Committee considered that there should be the option to book appointments in-person, online and over the telephone.
- ii. There were concerns that only offering E-Consult as an option to access GP services was contributing to the digital exclusion of some residents. Some residents thought that process to book appointments and access online GP services should be simplified.
- iii. Some residents waited a long time on the phone and would avoid making appointments as a result. Some residents reported that they would not always receive a call back or would wait a long time for one.
- iv. Residents highlighted the importance of consistency of care, and would benefit from seeing the same GP when they visit the practice.

### Adult Social Care

- v. It was reported that that there could be long wait times for care assessments and packages.
- viii. Some residents would like consistency in receiving support from the same staff member, e.g social workers.
- ix. Some residents reported that staff skills and competencies could be inconsistent and the committee considered that improved staff retention and training could be helpful.
- x. It was thought that the council's website could be confusing and terminology such as 'triaging' should be explained.
- xi. Some residents found it difficult to make a complaint when there was a problem with the service.

- xii. Some residents reported examples of phone calls and emails left unanswered.
- xiii. Some carers found it difficult to access the respite they were entitled to.

The evidence received by the committee highlighted that GP Practices and Adult Social Care were stretched following the Covid-19 pandemic and there had been an increase in demand for services. In particular, some residents had found the rapid move to online services accelerated by Covid-19 difficult to navigate. Access to GP services was described as 'patchy' across the borough and although visible improvements in access to adult social care had been highlighted the committee felt it necessary to monitor these improvements. The Committee's recommendations are intended to help further the hard work already underway.

The Committee would like to thank all those who contributed to the review. The Executive is asked to endorse the committee's recommendations.

## APPENDIX A

<b>SCRUTINY INITIATION DOCUMENT (SID)</b>
<b>Title of review: Access to Health and Care Services in Islington</b>
<b>Scrutiny Committee: Health and Care Scrutiny Committee</b>
<b>Director leading the review: John Everson &amp; Jonathan O’Sullivan</b>
<b>Lead officers:</b>
<b>Overall aim of the review:</b> To consider if residents are able to access health and care services in Islington effectively; specifically GP appointments, and the Adult Social Care “front door”.
<b>Objectives of the review:</b> <ul style="list-style-type: none"><li>• To review if health and care services in Islington are easy to access.</li><li>• To consider if all residents are able to access health and care services equally, to assess the reasons why some groups may find it difficult to access services, and to consider the support available to help people access services.</li><li>• To consider the capacity and demand for health and care services in Islington; and if there are opportunities within the local system to help manage these issues.</li><li>• To review opportunities for improving access to health and care services; considering if communications and systems meet the needs of Islington’s diverse communities, and if there is scope to develop these further.</li><li>• To evaluate best practice in facilitating access to health and care services.</li></ul>
<b>How does this review contribute to the Council’s priorities?</b> <p>This review will contribute to the following priorities in the Islington Together 2023 Plan: <b>Fairer Together:</b> Everyone in Islington who needs extra help can access the right support for them at the right time and in the right place. <b>Healthier Islington:</b> People in Islington can live healthy and independent lives and enjoy London’s greenest, cleanest and healthiest neighbourhoods</p>

## **Scope of the review and evidence to be received:**

The review will focus on...

### **Access to GP Surgery Appointments**

- Do residents find it easy to book GP appointments in Islington?
- How do residents book GP appointments in Islington; and how are appointments defined?
- Do patients face challenges in booking appointments?
- If there is appropriate access to out of hours GP services
- The use of online GP services and how these are publicised to the local community; are online forms easy to use and accessible, and are they effective in saving time and resources?
- How are GP surgeries consulting patients around their preferred options (i.e. in person, telephone, or virtual appointments);
- What challenges do GP surgeries face in terms of demand and capacity; how is this measured and monitored, and are there opportunities in the local system to help ease these pressures.
- Are all communities able to access GP appointments equally?
- What challenges are associated with missed appointments, and how can local services help to address this?

### **Access to Adult Social Care**

- Do residents find it easy or difficult to access the Adult Social Care "front door"
- Are there effective signposting services to help people access the care they need?
- What is the council's approach to triaging those seeking Adult Social Care services; what systems does the council have in place to support and manage referrals?
- Are all communities able to access social care services equally, what information, advice and support is available to support referrals? Is advice and information accessible, in line with best practice and government guidelines?
- What more can be done to support "hard to reach" groups?

### **Opportunities for improving access to Health and Care services in Islington**

- What opportunities are there to increase and facilitate access to health and care services in Islington?
- What is the role of the Voluntary and Community Sector, and how can they support access to services and the join-up of health and care services? Can more be done to support these signposting services?
  - Are communications and systems resident focused and appropriate for the needs of Islington's diverse communities?

The Committee will receive the following evidence:

#### **1. Meeting - 3 July 2023**



- Presentation from NHS North Central London Integrated Care Board on GP access

## **2. Meeting – 5 September 2023**

- Adult Social Care to present on Adult Social Care “Front Door” (including an overview of the current system and relevant performance data, such as call-handling).
- Healthwatch Islington to present on primary care access issues and GP websites
- Overview of GP provision (including statistics on number of GPs, GP/patient ratios, etc.)

## **3. Meeting – 5 October 2023**

- ASC Officers - Equalities information on access to services – are any groups under-represented, is there outreach/engagement with hard to reach groups?
- Evidence on Access Islington Hubs – what is their role, do they help to increase access to health and care services?

## **4. Meeting 3 – 14 November 2023**

- Islington GP Federation

## **5. Meeting – 18 December 2023**

- Voluntary Sector on their role and signposting – Age UK

## **6. Meeting – 23 January 2024**

### **Details of any visits**

- Workshop / focus group with residents on their experiences of accessing services;
- Meetings with under-represented community groups on difficulties with accessing services;
- The views of older people - Islington Pensioners Forum? Visits to day centres / sheltered accommodation?
- The views of younger people – Youth Council? Do young people find it easy to access health services?
- Help on your Doorstep?

### **Written Evidence**

- Healthwatch Islington reports on GP access and websites
- Online survey for residents on their experiences of accessing services (via Lets Talk Islington);
- Data on website statistics, patient and service user feedback, “mystery shopper” exercises, and so on.

### **Review timetable (list specific meeting dates if possible)**

1. SID to be agreed: 5 September 2023
2. Witness evidence to be received: September 2023 to January 2024

3. Draft recommendations to be considered: 4 March 2024
4. Report to be approved: 15 April 2024
5. Report to be submitted to Executive: June 2024
6. Provisional date for Executive response: September 2024
7. Provisional date for 12 month update report back to the Committee: September 2025

Additional information:

In carrying out the review the committee will consider equalities implications and resident impacts identified by witnesses. The Executive is required to have due regard to these, and any other relevant implications, when responding to the review recommendations.