



**Resources Department
Town Hall, Upper Street, London, N1 2UD**

AGENDA FOR THE HEALTH AND CARE SCRUTINY COMMITTEE

Members of the Health and Care Scrutiny Committee are summoned to a meeting, which will be held on Thursday **10 October 2019 at 7.30 pm. at the Town Hall, Upper Street, Islington N1 2UD IN COMMITTEE ROOM 4**

NB: THERE WILL BE A PRE MEETING FOR MEMBERS AT 7.15P.M. PRIOR TO THE MEETING IN COMMITTEE ROOM 3

Enquiries to : Peter Moore
Tel : 020 7527 3252
E-mail : democracy@islington.gov.uk
Despatched : 2 October 2019

**LINZI ROBERTS – EGAN
CHIEF EXECUTIVE**

Membership

Councillors:

Councillor Osh Gantly (Chair)
Councillor Nurullah Turan (Vice-Chair)
Councillor Joe Caluori
Councillor Jilani Chowdhury
Councillor Tricia Clarke
Councillor Sara Hyde
Councillor Roulin Khondoker
Councillor Martin Klute

Substitute Members

Substitutes:

Councillor Mouna Hamitouche MBE
Councillor Satnam Gill OBE
Councillor Anjna Khurana

Co-opted Member:

Healthwatch - Vacancy

Substitutes:

Quorum: 4 Councillors

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1.	Introductions	
2.	Apologies for Absence	
3.	Declaration of Substitute Members	
4.	Minutes of the previous meeting	1 - 8
5.	Chair's Report	
6.	Public Questions	

For members of the public to ask questions relating to any subject on the meeting agenda under Procedure Rule 70.5. Alternatively, the Chair may opt to accept questions from the public during the discussion on each agenda item.

- 7. Health and Wellbeing Board Update - Verbal

	Items for Decision/Discussion	Page
8.	Scrutiny Review - Adult Paid Carers - Witness evidence - Verbal	
9.	Healthwatch Annual Report/Work Programme	9 - 44
10.	Performance Update - Quarter 1	45 - 54
11.	Work Programme 2019/20	55 - 56

C. Urgent non-exempt items (if any)

Any non-exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be agreed by the Chair and recorded in the minutes.

D. Exclusion of Press and Public

To consider whether, in view of the nature of the remaining items on the agenda, it is likely to involve the disclosure of exempt or confidential

information within the terms of the Access to Information Procedure Rules in the Constitution and, if so, whether to exclude the press and public during discussion thereof.

E.	Confidential / Exempt Items	Page
F.	Urgent Exempt Items (if any)	

Any exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be agreed by the Chair and recorded in the minutes.

The next meeting of the Health and Care Scrutiny Committee will be on 21 November 2019

Please note all committee agendas, reports and minutes are available on the council's website:

www.democracy.islington.gov.uk

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Public Document Pack Agenda Item 4

London Borough of Islington
Health and Care Scrutiny Committee - Tuesday, 10 September 2019

Minutes of the meeting of the Health and Care Scrutiny Committee held on Tuesday, 10 September 2019 at 7.30 pm.

Present: **Councillors:** Gantly (Chair), Turan (Vice-Chair), Caluori, Clarke, Hyde, Khondoker and Klute

Also Present: **Councillors:** Burgess and Champion

Councillor Osh Gantly in the Chair

92 INTRODUCTIONS (ITEM NO. 1)

The Chair introduced Members and officers to the meeting

93 APOLOGIES FOR ABSENCE (ITEM NO. 2)

Councillor Chowdhury

94 DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)

None

95 DECLARATIONS OF INTEREST (ITEM NO. 4)

None

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

RESOLVED:

That the minutes of the meeting held on 15 July 2019 be confirmed as a correct record of the proceedings and the Chair be authorised to sign them

97 CHAIR'S REPORT (ITEM NO. 6)

The Chair stated that the order of the agenda would be as published.

The Chair added that she had been approached to discuss installation of 5G masts at the Committee, however due to the busy schedule of the Committee agendas and Government advice that 5G is safe this would not be considered at the present time.

98 PUBLIC QUESTIONS (ITEM NO. 7)

The Chair outlined the procedure for Public questions, filming and recording of meetings, and Fire Evacuation Procedures

99 HEALTH AND WELLBEING BOARD UPDATE - VERBAL (ITEM NO. 8)

None

100 WHITTINGTON NHS TRUST - PERFORMANCE UPDATE/QUALITY ACCOUNT (ITEM NO. 9)

Health and Care Scrutiny Committee - 10 September 2019

Michelle Johnson, Chief Nurse and Director of Patient Experience, and Jonathan Gardner, Director of Strategy and Commissioning, Whittington NHS Trust were present for discussion of this item.

Whittington NHS Trust made a presentation to the Committee, a copy of which is interleaved.

During discussion the following main points were made –

- There were 108,651 visits to A&E in 2018/19, and 2,224 elective admissions. There has been a 10% increase in A&E attendance in the past year. Work is taking place with primary care and other partners to reduce this number. There were a number of reasons why people were attending A&E but this placed a strain on the Trusts resources
- It was noted that new procedures had been introduced in ambulatory care which were proving beneficial
- The maternity staff delivered 3,478 babies, and there were 793,423 contacts with patients in the community
- The Trust had an annual turnover of £348m, and employs over 4,200 staff. The Trust also works with over 190 volunteers, who support the Trust
- There have been positive maternity survey results
- The Trust has the third highest uptake of flu vaccine by staff across London, and the proportion of staff taking part in the staff survey rose to 49.8%
- The Trust held its first annual staff awards, and was placed 35 overall in the UK, and second in London from the National Cancer Experience Survey
- The Trust has implemented the updated National Early Warning Score 2 system
- The Trust participated in 100% of relevant national clinical audits, and 100% of national confidential enquiries
- Trust staff have received a number of awards, and nominations, in 208/19
- Financially, the Trust delivered against its year end control total of £22.7m. The financial performance made the Trust eligible for £6.2m in additional incentive and Provider Sustainability Fund funding from NHS Improvement
- For 2018/19 the Trust reported an adjusted surplus of £28.2m, including £27.6m of PSF income
- Whilst the Trust met its financial targets for 2018/19, it fell short of its Cost Improvement Target by c£5m, delivering £11.5m versus £16.5m. This creates an additional pressure for the 2019/20 financial year
- In 2018/19 the Trust set itself 30 quality priorities covering 14 domains. These covered Patient Safety, Patient Experience, and Clinical Effectiveness. The priorities were identified following consultation with staff, managers and stakeholders. The Trust met 25 of its quality priorities, and moved forward significantly with the remainder
- A number of achievements have been made in 2018/19 in the review of priorities performance including – Family and Friends test results for Podiatry has shown an increase of 150% over the year, due to the utilisation of SMS Friends and Family links sent to patients, and enhanced focus on collecting feedback amongst local teams. A Frailty pathway has been developed for urgent and emergency hospital care. A delirium rapid assessment test, and Delirium Care Plan have been introduced. In addition, an increased number of patients have been recruited to research studies, with 1,023 patients, compared to 751 in 2017/18. Falls - mandatory training has been developed, but more work is needed, and there has been significant improvement in the care of older people. The critical care outreach team reviewed over 90% of patients, with a grade 3 AKI, within 24 hours of detection. There has been a significant increase in the number of people with learning disabilities involved

in Trust activities, including a Trust Volunteer team, involved in the Autism project, and offering three 10 week voluntary administrative placements to autistic service users

- There have been no avoidable grade 4 pressure ulcers, and there has been a reduced number of 2 instances of attributable Trust Grade 4 pressure ulcers
- The outpatient appointment Trust cancellations rate was reduced by 0.7%, and a number of these appointments that were cancelled were due to a change in time of appointment, rather than date. There is a Trust transformation programme, and this will continue to be part of improvement for 2019/20
- The 2017 inpatient national patient experience survey presented a marginal improvement on the previous years' feedback, in relation to food. The Trust has implemented a new patient dining service improvement group, and the contract for patient catering has been transferred back to the Trust management
- Medicine safety reviews within 24 hours, for patients diagnosed with grade 3 Acute Kidney patients, was not consistently being met, and the achievement was just under the 75% target
- The target of seeing 75% of patients with an autism spectrum condition, or a learning disability, in the Emergency Department in under 2 hours, is not consistently being met. The campaign for the right to stay with people with dementia, is also still not fully embedded across the Trust
- Statement of Assurance – the independent Auditors' limited assurance report stated that the Quality Account has been prepared, in line with the criteria laid down, and the sources specified in the guidance. Also the indicators in the Quality Account, subject to limited assurance, have not been reasonably stated in all material respects, in accordance with the Regulations, and the six dimensions of data quality, as set out in the guidance
- Priorities for improvement 2019/20 – There are 28 quality priorities (within patient safety, patient experience, and clinical effectiveness domains), that reflect the needs of patients, and the community. In addition, there are 20 new priorities being introduced, and 8 priorities have been retained for reasons of being unmet, making significant improvement over the course of the year, or being of high importance to the Trust. The priorities have been co-developed with clinical staff, managers, patients and external stakeholders, and agreed by all relevant Committees
- In response to a question it was stated that staff were seeing an increased level of violence from patients and work was taking place with psychiatric teams to help alleviate this
- Reference was made to the changes being introduced in relation to patient transport and the fact that there had been problems and complaints with the service being introduced, when it had been in operation at Royal Free. It was stated that the changed contract had only been introduced that week in the Whittington and the Trust would be keeping a close watch on how the service is operating and if complaints increased
- In response to a question it was stated that the Trust had to find savings of £16m and this included the £5m referred to earlier. This was proving very challenging to achieve this level of savings
- A Member enquired whether the savings proposed compromised patient safety, however the Trust reassured the Committee that this was not the case and savings being looked at were employing more permanent/bank staff rather than employing agency staff
- Reference was also made to the results of the staff survey on bullying and harassment and that these were not satisfactory. The Trust responded that they shared this concern, however these instances had mainly been confined to specific departments which were under the most pressure. There is a

Health and Care Scrutiny Committee - 10 September 2019

training programme in place for staff and a developmental approach adopted to enable teams to work better together

- In response to a question on progress of the Estates Strategy, the Trust stated that they had submitted an outline case to NHS England/Improvement and the main priority is the redevelopment of the maternity unit
- A Member enquired if the increase in A&E attendance was linked to an increase in the drugs trade around Finsbury Park and other areas of the borough. The Trust stated that alcohol was a big problem but she would supply the Committee of details of whether drug use had led to an increase on attendance at A&E. In addition, it was stated that the Trust would supply any details available on the numbers of frequent callers to A&E that did not require A&E attendance and caused disruption
- It was stated that improvements in technology were being used to assist staff, and that staff on shifts needed to have working conditions improved, such as access to water and toilet breaks. In addition, electric cars are being introduced for community nurses, and also by provision of Oyster cards
- In response to a question concerning the recent Healthwatch report on the maternity unit culture, and also enquired if there are any plans to downgrade midwives. The Trust responded that work is taking place on the culture issues highlighted in the maternity unit, and that targeted work is taking place. In relation to downgrading of midwives, it was stated that midwives were not being downgraded, however reorganisation is taking place to attract additional staff to support the service
- Reference was made to the fact that the number of Friday discharges was resulting in difficulties in getting care plans in place in time for patients to be discharged. The Trust stated that it needed beds to be available over the weekend for admissions. The Committee expressed the view that more discussion and liaison needed to take place with providers on this issue
- In response to a question it was stated that work takes place with mothers to identify any mental health problems, depression etc. and midwives were being given additional training to support them in this

RESOLVED:

That the Committee be provided with details on whether there had been an increase in drug related attendances at A&E, and to provide any available details on instances whereby frequent callers to A&E were impacting on the provision of services

The Chair thanked Michelle Johnson and Jonathan Gardener for attending

101

SCRUTINY REVIEW - ADULT PAID CARERS - WITNESS EVIDENCE - VERBAL (ITEM NO. 10)

Carers from MiHomecare were present and made statements to the Committee, following which questions were asked by Members of the Committee.

Ian Haddington, MiHomecare, and Heidi Wildman London Care were also present.

During discussion the following points were made –

- Carers stated that they worked in the caring profession as they found it rewarding, and had moved into the service often after caring for a relative or a friend
- Carers stated that they enjoyed caring for the elderly, however they expressed concern that they were not paid additional money for working at weekends or after 6p.m. and that there should be an increase in pay for carers

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- In response to a question carers were broadly in favour of more guaranteed hours contracts, and that zero hours contracts did not give security of remuneration. If clients went into hospital then a carer lost pay and this was not considered to be fair to carers. This was due to funding being ceased from the LA as the care package is not required when a client goes into hospital
- MiHomecare stated that guaranteed contracts were offered to all carers, after completing their probationary period, but they had to commit to working 30 hours per week but this could often involve late night or weekend working, which many carers did not wish to commit to. Many carers wished to do 9-5 and this was not always possible with guaranteed hours contracts
- Discussion took place as to the hours of carers, and it was stated that some clients did not want to go to bed until 10.00p.m. and this led to a long day as carers would often have to start early in the morning. Most of the carers duties took place in the morning, and in the early evening, and there was a lot of downtime if clients wanted to be put to bed late at night. This led to carers working a long day, from early in the morning to late at night, however their pay did not reflect this
- Reference was also made to the fact that in some instances carers faced abuse, possible violence, or racist attitudes towards them by clients and that this should not be acceptable. The view was expressed that there should be a zero tolerance policy adopted to prevent this. It was stated that whilst appreciating that this should not be acceptable, if clients persisted it would be difficult for a Local Authority to withdraw care. It was noted that at present when there is a difficult client they are often placed with an alternative provider, which just passes the problem on
- Concern was also expressed by carers that there appeared to be long periods whereby concerns were expressed by carers about clients, and action being taken by Social Services. MiHomecare stated that they did report concerns and while action is taken quickly by Social Services quickly in many instances, because of pressures on the system, this was not always the case
- Carers informed the Committee that they felt that they were best placed to know the concerns/problems of clients. When problems were reported this led to frustration for carers in that action was not taken in some instances for a considerable period of time, and there appeared to be no timeframe for dealing with concerns expressed
- Carers also expressed the view that the travel time allocated for visits was not sufficient, and that payment for late working and weekend working should be increased. It was stated that the contracts agreed with the Local Authority did not provide for this, and there would be additional costs to the contract if this was agreed
- The view was expressed that carers could be given Trusted Assessor status, if the Local Authority agreed to this, and this would not only give carers an additional role that could increase guaranteed hours, but improve the service to clients
- In response to a question carers stated that they viewed caring as a career, and that there were career pathways that could be followed, however these could be limited
- Carers expressed the view that there were other measures that the Council could introduce to improve conditions for carers. Carers often had to visit areas, estates late at night and felt unsafe. Many carers were women and felt vulnerable. The provision of parking permits for carers would assist in them being able to take their cars, and be of limited cost to the Council. There may be other benefits that could be offered to carers, which in addition, may make their job not only more satisfactory, but make them feel more valuable e.g. reduced rates for gym membership etc.

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- The Committee expressed their gratitude to the carers for their dedication and professionalism to their job. Members added that the concerns of carers had been noted and the Committee, within the financial constraints the Council is under, would be making recommendations that would hopefully address a number of the issues raised
- Carers also expressed concern that there is a lack of information provided when clients are discharged from hospital etc. and that there needed to be improvements made in this regard
- MiHomecare stated that minute by minute billing is a problem in terms of payment for carers. An alternative is to look at a paying on plan system, whereby providers are commissioned to provide a certain number of hours, and carers could be contracted to provide these. A geographical zoning system could also bring benefits, and increase capacity in the system, while at the same time improving the service to clients. Members were informed that alternative models would be looked at in a future meeting
- Reference was made to the payment of sick pay, and that clarification should be provided at a future date in relation to the provision of sick pay for carers. Some carers raised the issue of losing their clients hours if they were off sick. It was stated that clients' needs had to be covered during a carers sickness absence so duties had to be reallocated

The Chair thanked carers for their attendance and the work that they did on behalf of the Council and clients, and also to MiHomecare for attending

102

PERFORMANCE INDICATORS - QUARTERS 3/4 (ITEM NO. 11)

Councillor Janet Burgess, Executive Member Health and Social Care, and Shakaut Mahnaz, Public Health, were present for discussion of this item.

During discussion the following main points were made –

- Social care delayed transfers of care have trended upwards, and there was an average total of social care delayed beds per day of 6.5 at the year end, missing the target of 5 beds per day. Measures are being taken to improve this
- Discharge to home or community care – at end of 2018/19, 95% of people discharged from hospital into enablement services were at home, or in a community setting 91 days after the discharge meeting, therefore meeting the target of 95%
- Direct payments – currently 23% of all Islington community care, and support, is provided through direct payments. The total number of service users in the community receiving services has increased from 591 to 675, from the beginning of the year, however there had been a change in the method of calculation
- The target for the placement of residents going into residential, and nursing care, has slightly increased from the target of 130 to 139
- Reducing social isolation – results from the 2018/19 survey show an improved percentage of working age adults known to Adult Social Care, that feel that they have adequate or better social contact, increasing to 78% from 70% (in 2017/18)
- Public Health – smoking reduction is once again above target. There is effective detection of health risks through NHS national health checks, and performance is on target for 2018/19
- Mental health issues – in 2018/19 over 5,000 people accessed support for common mental health problems through IAPT. Performance is slightly below the annual target, but shows an improvement from last year. The percentage of Islington residents entering IAPT treatment who recover, is above the nationally set target (50%), at 52%

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- Substance misuse – in 2018/19 10.4% of drug users in treatment during the year successfully completed treatment, and did not re-present within 6 months of treatment. This is significantly below the target of 20%, and a reduction in performance from last year. Similarly, in 2018/19 the proportion of alcohol users who successfully completed a treatment plan was below target 27.2%, as opposed to 40%. A new integrated substance misuse treatment and recovery service was procured, and commenced, at the start of 2018/19, which has impacted on performance figures. However, the performance figures for April/May has shown an improvement
- Improved sexual health – the number of Islington women prescribed long term acting reversible contraception in 2018/19 has substantially exceeded the annual target

RESOLVED:

That the report be noted

103

WORK PROGRAMME 2019/20 (ITEM NO. 12)

RESOLVED:

That, subject to the LAS Quality report, scheduled for the October meeting, being placed on the November meeting of the Committee agenda, the report be noted

MEETING CLOSED AT 10.30 P.M.

Chair

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Healthwatch Islington

Update and work planning

Health and Care Scrutiny, October 2019

Our vision

Improved health & social care outcomes for local residents

- Part of a national network (in which we lead on impact measurement)
- Part funded by LBI to fulfil statutory functions of Health and Social Care Act 2013:
 - Gather and report views on health and social care,
 - Provide people with information on services,
 - Collaborative, ‘critical friend’ approach, working in partnership wherever we can.

Our impact in 2019

- Autism Health Checks for adults introduced
- Autism awareness training for GP practice staff
- ‘Environment checks’ of GP practices being carried out by parents of children with autism
- Patients waiting for an ADHD assessment can now access peer support whilst waiting for their assessment
- Provision of Sign Language interpreting has increased. This will help deaf residents to access same-day GP services.

We reached more people in 2019

Page 12



1400 people shared their health and social care story with Healthwatch Islington, 40% more than last year.



324 people accessed Healthwatch Islington's advice and information service.



197 residents participated in our digital inclusion workshops.



We visited 53 services and 25 community events to understand people's experience of care.

Our partnerships

We share responsibility and finances fairly, and bring resources to small grass-roots organisations, supporting their development through training and skills sharing and valuing their expertise.

Diverse Communities Health Voice

- Arachne, Community Language Support Services, Eritrean Community in the UK, Imece, Islington Bangladesh Association, Islington Somali Community, Jannaty, Kurdish and Middle Eastern Women's Organisation, Latin American Women's Rights Service.

Other partnerships

- We work closely with Manor Gardens, Cloudesley, Elfrida Society and are seeking out other partnerships.

Our digital inclusion work



What we did in 2018/2019

- Led on a community sector response to the Camden and Islington Estates Strategy Consultation, and responded to other key consultations
- Supported resident engagement in mental health Day Centre Specification design and procurement
- Worked with 'Diverse Communities Health Voice' to gather BME resident input on experiences of primary care Social Prescribing
- Delivered two Islington Patient Group meetings on key topics of relevance to residents - supplemented by e-surveys and community conversations
- Visited Care Homes for older people to find out how residents are given choice and control of everyday activities (such as what to wear) and visited hospitals about the Accessible Information Standard

Our work plan for 2019/20

- Continue to deliver our signposting service to at least 250 residents reflecting the diversity of the borough
- Lead a community sector response to the Moorfields Strategy, and engage residents from protected characteristics in the Whittington Estates discussions
- Visit health centres to gather views on the NHS Long Term Plan, and hold two Islington Patient Group meetings on topics of interest
- Work with 'Diverse Communities Health Voice' to gather BME input on mental health support
- Visit Care Homes for older people to find out about resident's experiences of oral health care

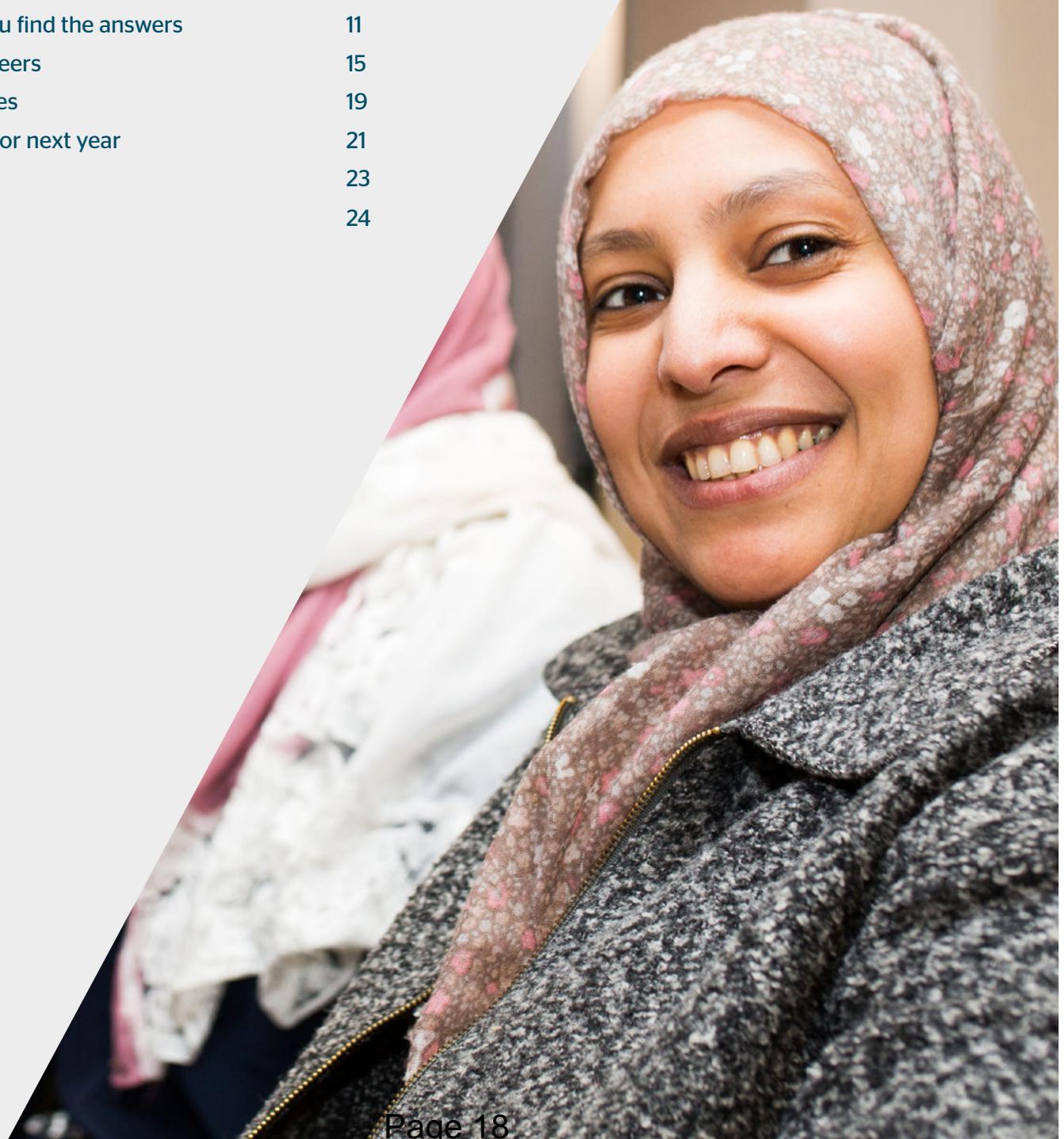
Annual Report

Our work in 2018-19



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Message from our Chair

I am very pleased to introduce our 2018-19 Annual Report.

This year we have been in touch with more residents than ever. Over 1400 people have taken part in our events and workshops, or given us their views on local health and care services.

In particular residents have talked to us about podiatry, physiotherapy and other services delivered in the community by Whittington Health, one of our big local hospitals. They've given their views on seeing a GP at the Angel walk-in centre, and on how these same day GP services might be re-organised. They've talked to us about activities on offer in the care homes where they live, and they've shared their worries and hopes about the re-organisation of mental health services during a year when a lot of change has been discussed.

We have provided information on accessing GP appointments, not just during the day but in the evenings and at the weekend as well. We've shown residents how to access GP services online, and how to access interpreting services when using health care. Our approach to information provision has become more dynamic, going out into the community to actively promote navigation services and resources that allow our residents to take better charge of their own health. This is what many of our partners in the community have told us is needed, and we plan to build on this activity in the year to come.

Our volunteers have been instrumental in helping us carry out all this work. In addition, our specially trained 'Enter and view' representatives carried out a series of visits to Moorfields Eye Hospital and the Whittington, speaking to almost 170 outpatients about their experience of finding their way around the hospitals, and of waiting to be called for their appointments.

We have continued to extend our volunteering programme with local university London Metropolitan, and Queen Mary University, as well as working with students at City and Islington College.

In June 2018 we were awarded Investing in Volunteers status with our volunteers reporting that they 'feel valued' and that they 'are making a difference'.

We couldn't achieve what we do without their valuable insight, expertise and commitment. Thank you to all of them.



'This year we have been in touch with more residents than ever.'

We are really proud to say that because of our work:

- + From April 2019 Autism Health Checks for adults have been introduced
- + Autism awareness training is being provided for GP practice staff and 'environment checks' of GP practices are being carried out by parents of children with autism.
- + From April 2019, patients waiting for an ADHD assessment can now access peer support whilst waiting for their assessment. This will help them to self care whilst waiting. The waiting list is also being worked on.

- + Provision of Sign Language interpreting services has increased. This will help deaf residents to access same-day GP services.
- + Local residents report increased confidence and well-being after participating in our health-based digital workshops.

We hope you'll enjoy reading the report. If it inspires you to get involved, our contact details are on the back page.



Jana Witt
Healthwatch Islington Chair

Changes you want to see

Last year we heard from over 1400 people who told us about their experience of a number of different areas of health and social care. Here are some examples of the changes that you want to see.



- + Improve the appointment booking process for podiatry services and reduce the waiting time



- + Home care services need to be easier to contact, and more responsive



- + Make it easier for people to get an urgent or same day appointment at their own GP surgery



- + Make it easier for people to access resources that help them take charge of their own health

About us

Healthwatch is here to make care better

We are the independent champion for people using local health and social care services. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. People can also speak to us to find information about health and social care services available locally.

We are here to help make care better for people.

Our vision is simple

Improved health and social care outcomes for local residents.

In other words, health and care that works for you – helping you to stay well, get the best out of services, and manage any conditions you face.



Our mission

- + To collect knowledge that reflects the diversity of needs and experiences within the borough, and to encourage people to feedback their honest views on services.
- + To use the evidence we gather to influence service delivery, provision and commissioning for the benefit of local people to improve their experience.
- + To reach out to and empower our local community to be informed about and involved in local services, and to exercise choice in taking up services.
- + To support the independent assessment and audit of local services.



Our approach

People's views come first – especially those that find it hardest to be heard. We champion what matters to you and work with others to find solutions. We are independent and committed to making the biggest difference to you.



People at the heart of everything we do

We play an important role bringing communities and services together. Everything we do is shaped by what people tell us. Our staff and volunteers identify what matters most to people by:

- + Visiting services to see how they work
- + Running surveys and focus groups
- + Going out in the community and working with other organisations

Our main job is to raise people's concerns with health and care decision-makers so that they can improve support across the borough. The evidence we gather also helps us recommend how policy and practice can change for the better.

Leaders of local community organisations work with us to promote digital inclusion





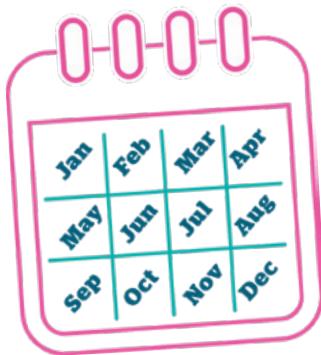
Highlights from our year



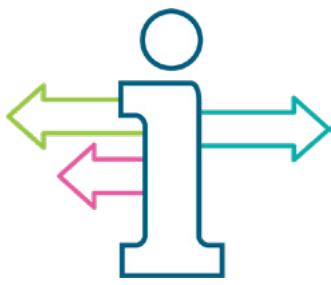
Find out about our resources and the way we have engaged and supported more people in 2018-19.



1400 people shared their health and social care story with us, 40% more than last year.



We have 31 volunteers who made a massive contribution to our work over the year.



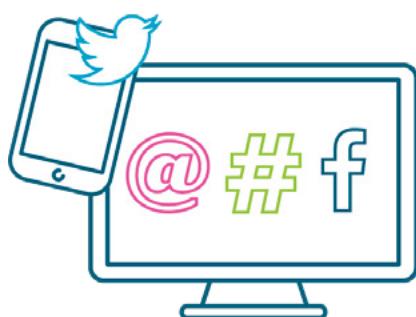
324 people accessed Healthwatch advice and information at community events, or contacted us by phone or email with questions about local support.



We visited 53 services and 25 community events to understand people's experience of care.



Our reports have explored issues ranging from maternity services for refugee women, to meaningful activities in care homes.



197 residents participated in our digital inclusion workshops.



How we've made a difference

How we are having an impact in the community

When people share their views with Healthwatch it leads to positive changes to health and social care services. When people speak up about what's important, and services listen, care is improved for all.

Take a look at some examples of the ways we are making a difference in Islington.

SPEAKING UP: How we helped make GP surgeries more autism friendly

Many people told us that more could be done to make health and care services accessible to people with autism.

We decided to investigate further, by doing some mystery shopping. Our volunteers phoned GP surgeries posing as a parent looking for a practice which could accommodate the needs of an autistic child. They asked a series of questions to find out what support was available.

We were able to speak to 33 of the 35 practices in the borough. Not many had staff with any specialist knowledge or training around autism, and some staff suggested sending autistic patients to a better equipped practice.

We also found that although most practices were happy to give patients with autism longer appointments, there was a lack of quiet spaces for patients with autism to wait.

We shared our findings with the commissioning manager for special educational needs. Our report increased her team's understanding of some of the difficulties that families with an autistic child can face accessing GP services. We made some recommendations for making these services more accessible.

As a result of our work:

- + A service commissioned locally to provide annual health checks for autistic patients now also includes provision for training for GP practice staff.
- + 'Environment checks' of GP surgeries have also been introduced. These will be carried out by parents of children with autism and other special educational needs.

Emma Whitby, Chief Executive of Healthwatch Islington was delighted that we were able to help make a difference.

"It's a fantastic outcome. Some GP surgeries in the borough are already very good at supporting autistic patients, but there is still a need for staff training. We recommended that local residents with experience of autism were involved, so it's great to learn that parents will be visiting individual practices to give feedback on what works well and what could be improved in terms of the physical environment."

IT'S EASY: What you told us you value about same day GP services

The Angel Medical Centre provides GP services that can be accessed without an appointment.

There are plans to change this service, because currently the walk in centre is unable to access your patient records, or refer you on to other services. This means that if your condition is felt to be serious, you have to go from the walk in centre to Accident and Emergency and wait to be seen all over again. Also, if you live in the north of the borough, you're less likely to use the walk in centre because it's too far away.

We made 8 visits to the centre between August and December 2018, speaking to 145 patients using the walk in service.

Feedback was very positive. People praised its speed and quality, and some expressed a preference for the walk in model as a means of

accessing services in general. Many reported difficulties getting an appointment at their own GP.

"I couldn't get an appointment at my GP. I needed to be seen as soon as possible for an infected tattoo. It's easy and quick and it's excellent that the pharmacy is in the same building."

However, Deaf service users told us that the walk in service wasn't accessible to them because BSL (British Sign Language) interpreting wasn't available at such short notice.

We shared this feedback with commissioners and recommended that even if the service does change, the strengths of the current model are not lost, even as its weaknesses are addressed.

- + A final decision is yet to be taken on the future of same day GP services but, as a result of our work, additional BSL interpreting services have already been commissioned.

Healthwatch Islington gathering views at the walk in centre in Angel





We went into care homes to speak to residents about the activities they were offered

SOCIAL CARE: How we helped local care home residents to have their say

We gather views about services from the members of our community that may find it hardest to be heard. Our volunteers visited six care homes to see if residents were happy with the activities on offer in the home. We spoke to 37 residents during our visits. Many had dementia or other conditions, meaning it was hard for them to participate fully. In some cases we spoke to a relative, friend or staff member along with the resident to gain a better picture.

One issue mentioned by several care home managers was the increasing frailty and increasing level of need of residents. Many are limited to their beds and/or a chair and this puts a

strain on staff time as group activities become less feasible.

- + We found it encouraging that all the homes we visited seemed to recognise the importance of providing residents with meaningful activities.
- + Despite the challenges, we found many examples of good practice. We have shared these in a report about our visits.

"I like reading - I use the library on the second floor. I used to sing but my voice has gone now. Crosswords, newspapers, art appreciation, I can do most of those here when I feel well enough. I'm getting used to it. Rooms are not very soundproof so there's a problem with noise. When music activities happen I'd like them to close the door. It's nice to be private as well as join in."



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Have your say

Share your ideas and experiences and help services hear what works, what doesn't, and what you want from care in the future.

w: healthwatchislington.co.uk
t: 020 7832 5814
e: info@healthwatchislington.co.uk

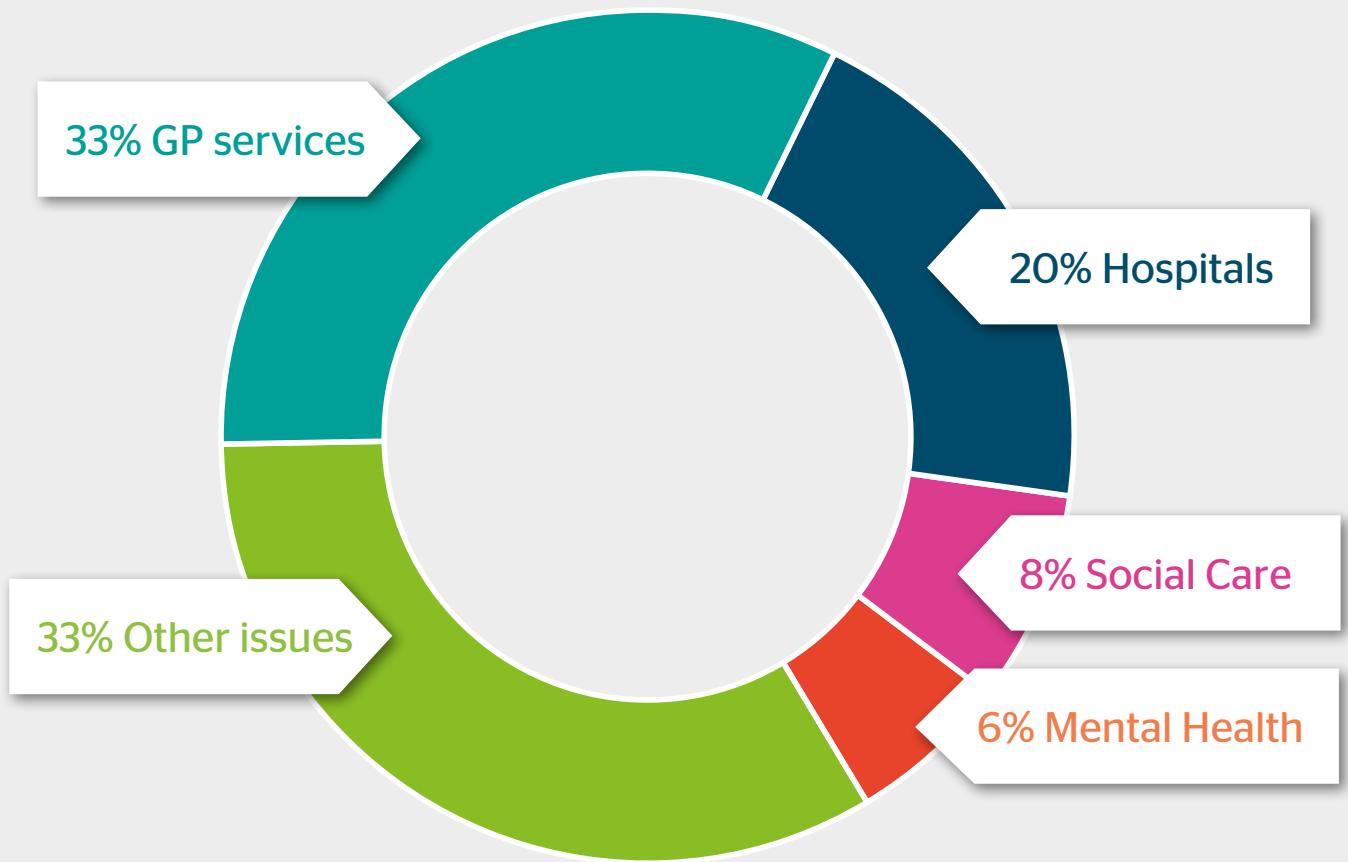


**Helping you find
the answers**

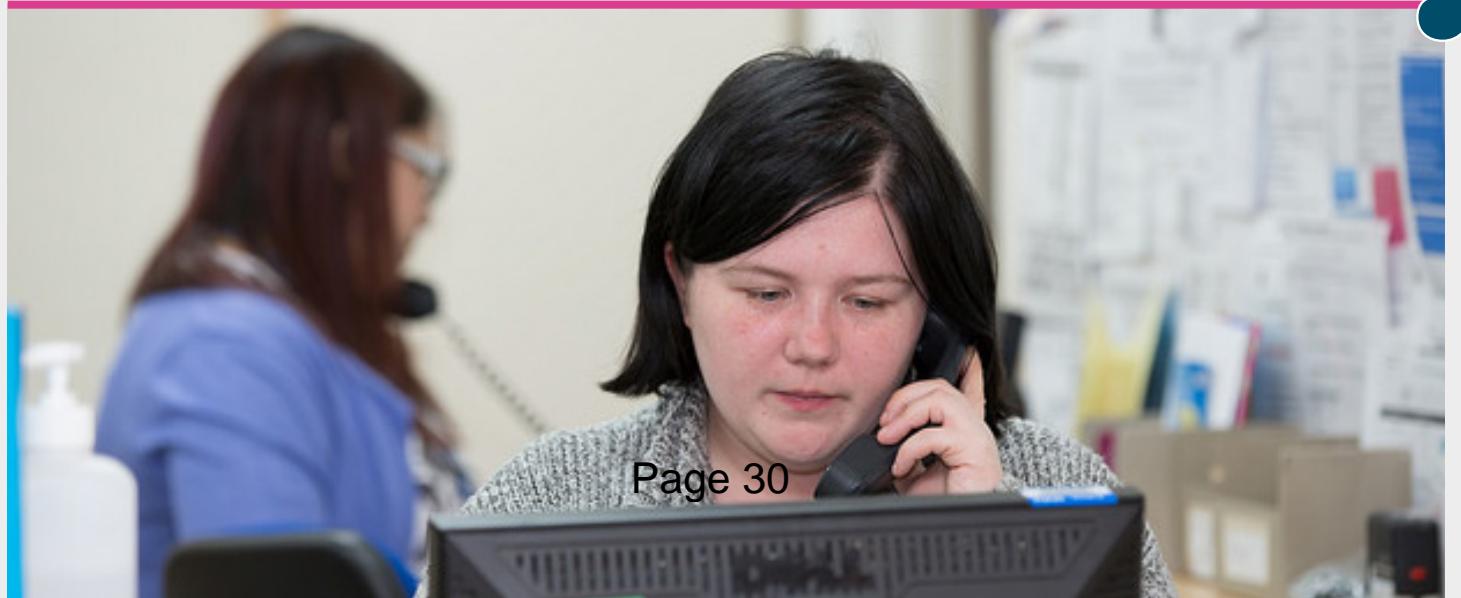
What services do people want to know about?

People don't always know how to get the information they need to make decisions about their own health and care. Healthwatch Islington plays an important role in providing advice and pointing people in the right direction for the support they need.

Here are the most common things that people contact us about:



Other issues people contact us about include housing, benefits & entitlements, and advocacy



How we provide people with advice and information

Finding the right care or support can be worrying and stressful. Last year we helped 324 people access the advice and information they need.

- + When we carry out community research with our partners, information and advice is given to everybody who takes part. This is a great way to support residents that don't have English as a first language. 153 people were supported in this way last year.

- + You can come to us for advice and information in a number of ways including:
- + Over the phone. Call us on 020 7832 5828
- + By emailing info@healthwatchislington.co.uk
- + Visit the advice and information pages on our website
- + We also provide advice and information to everybody who takes part in our digital inclusion workshops. For example we support people to use their smartphones to register for online GP services.

LOGGING ON: “Digital is no longer a no go area”

The Log On project is a partnership between Healthwatch, the mobile phone network provider 3, and six local organisations representing communities in Islington where English isn't the main spoken language. The project was initially aimed at older residents with existing health conditions.

Most participants owned a smartphone, but did not know how to use it well.

The aim of the Log On project is to teach people:

- + how to get the best out of their smartphones,
- + to get online and discover a range of health and wellbeing resources
- + to learn how to use online GP services to book appointments and order repeat prescriptions.

One participant shares their impressions:



I attended the course with my mother and we learnt about the different ways in which technology can help. We learnt about social networking, such as WhatsApp, which has helped him to keep in touch with everyone, including his friends so that he does not feel isolated and alone. Using a mobile phone with a large font has also helped him to be able to read again clearly.

My mother and I were able to search for online services, for information about his condition and what to do to help him, as well as activities such as swimming. I take him every week so that he is able to stay active and have a healthy mind.

His mental health is much better and continuously improving and my mother and I are very glad that we attended the training.”

“My dad couldn't go out unassisted as often as before. His eye sight is affected so reading at certain levels and distances is a challenge. His memory has deteriorated and he misplaces many items, such as his freedom pass.



Mary needs to be at hospital at 9am, as her medication is delivered intravenously for five hours.

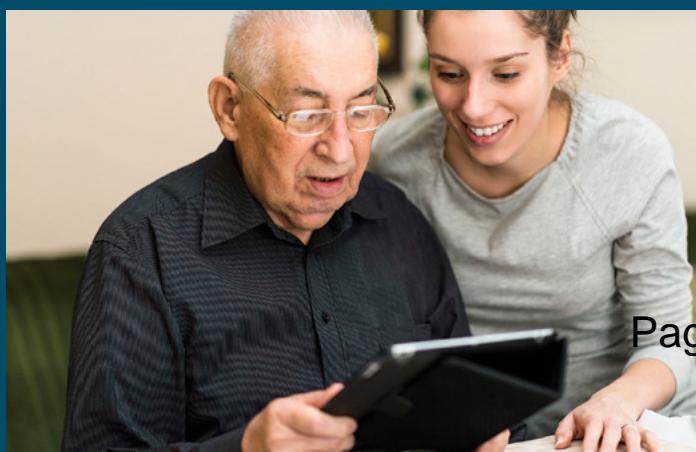
Helping Mary access hospital transport again

Mary is in her eighties and relies on a mobility scooter to get around. She has a number of health conditions and travels to the Royal Free Hospital for specialist care once a month. She used to get hospital transport for this, but in May 2018 she was told she was no longer entitled to it.

She had to get two buses, meaning it was taking over an hour to get to the hospital. She was getting very tired, and as the year drew on and it got darker, she found it quite stressful to use public transport. She tripped over a couple of times whilst making the journey. Mary spoke to PALS to see if she could receive hospital transport again. She was told that there was nothing they could do, so Mary contacted Healthwatch to see if we could help.

- + We spoke to another member of staff at the hospital and got a fresh perspective on the problem. We advised Mary to contact the hospital transport service for a reassessment.
- + After the reassessment, Mary was asked to provide a report from her doctor to show that she was unable to use public transport.
- + Because her GP was taking a long time to send the report to the hospital, we contacted the practice to hurry the process up.
- + Once the report was received, Mary was given access to hospital transport again.

"You put me to the right person, I wouldn't have been able to get this far without your support. I am very pleased."



Are you looking for help?

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.

w: healthwatchislington.co.uk

t: 020 7832 5828

e: info@healthwatchislington.co.uk



How do our volunteers help us?

At Healthwatch Islington we couldn't make all of these improvements without the support of our 31 volunteers that work with us to help make care better for their communities.

- + Raise awareness of the work we do in the community
- + Visit services to make sure they're meeting people's needs
- + Support our day to day running e.g. governance
- + Collect people's views and experiences which we use in our reports



Healthwatch volunteers at Moorfields Eye Hospital on City Road

VISITING SERVICES: our volunteers gather views at Moorfields Eye Hospital

Thanks to the feedback given to our volunteers, the hospital now has a better understanding of how patients view their services.

We spoke to 105 outpatients at Moorfields over the course of three visits made towards the end of 2018. The feedback we gathered was very positive. We shared what we learned in a report.

- + Lots of the patients told us that they felt Moorfields was a very friendly hospital.

- + They felt that staff made time for patients, and that even though the hospital does get very busy they never felt rushed.
- + They felt that appointment letters were clear, and that clinics in the hospital were well signposted.
- + Waits within the clinics can be very long. Although noticeboards are used, some patients and hospital staff felt that more could be done to let each patient know where they were in the queue.

"Great to read and so glad to see so many positive points. As always though room for improvement which we will take on board. Thank you for your support and time."

David Probert - Chief Executive at Moorfields, responding to our report

Meet our volunteers

We caught up with a couple of our fantastic volunteers to show you how their work truly makes a difference to the lives of people in our area.



Mark, local resident

One of the first times I volunteered with Healthwatch they provided some excellent training to prepare me for being a community representative. I was on a procurement panel helping to decide who should deliver advocacy services in the borough. Healthwatch projects are really worthwhile and they're great people to work with.

Jacqui, university student

I am studying Public Health. My course covered theory of research, but I knew practical experience would be vital. I was just starting the third year of my degree when I took part in a Healthwatch project looking at social isolation. The big thing we found was that people didn't want to relate to it, as they found it stigmatising. The project helped me to build confidence and to go out and interview members of the public.



Volunteer with us

Are you feeling inspired? We are always on the lookout for more volunteers. If you are interested in volunteering get in touch.

w: healthwatchislington.co.uk
t: 020 7832 5814
e: info@healthwatchislington.co.uk



**'The views and stories
you share with us are
helping to make care
better for our local
community'**

Rose McDonald
Healthwatch Volunteer

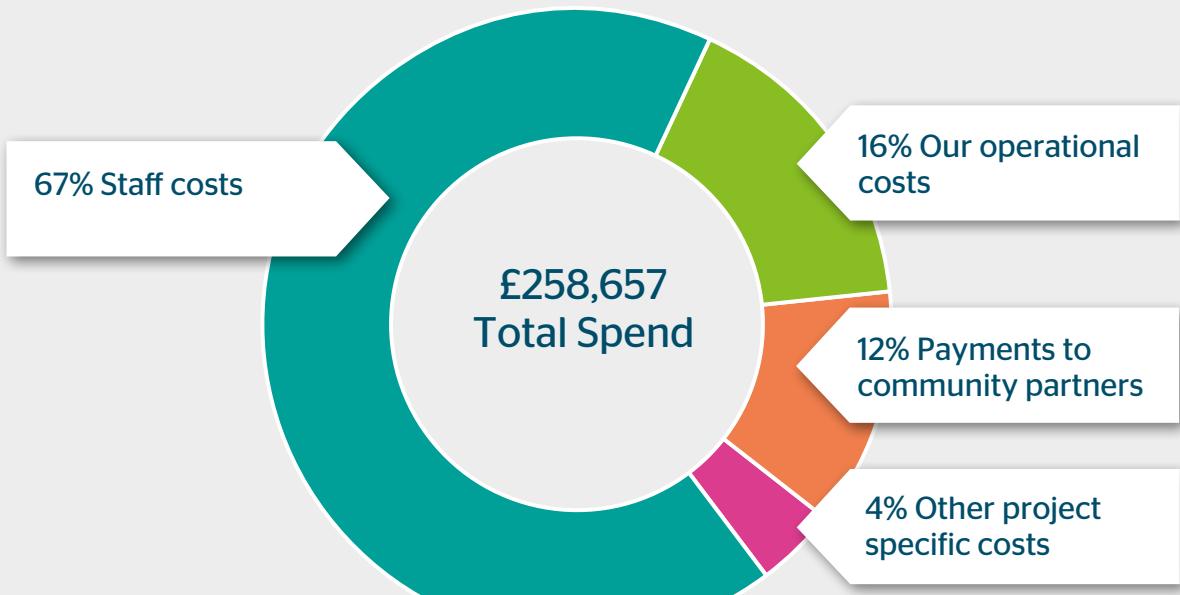
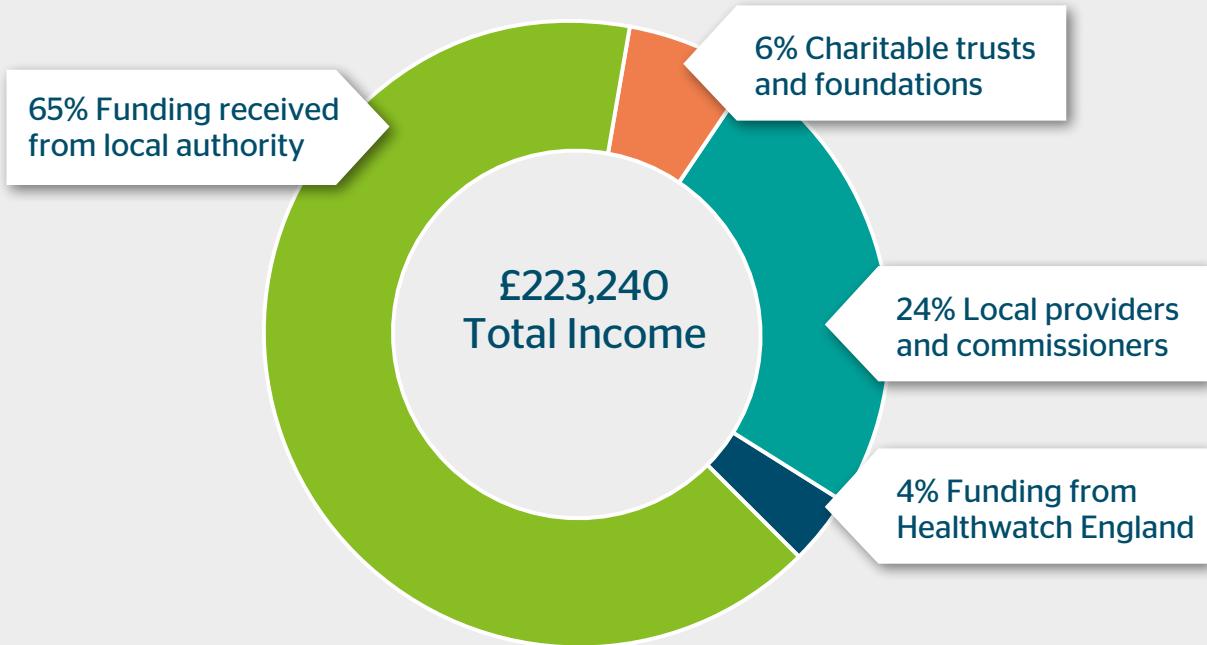


Our finances

How we use our money

To help us carry out our work, we are funded by our local authority. In 2018-19 we received £146,170.

We also received £77,070 of additional income, and used reserves of £35,417.





Our plans for next year

Message from our Chief Executive

We are keen to ensure that the voices of the most marginalised are heard within the health and care system. In the current climate, inequality continues to increase, so this work remains a priority.

Other priorities for our year to come

- + We will continue to seek out funding for our digital inclusion work, helping residents to access information that has been moved on-line. This year we will be working with our community partners to engage families with school age children.
- + We will continue to push for timely, accessible communication with residents about health, care and prevention services.
- + We are looking at dementia services as part of our engagement work on the NHS Long Term Plan (which considers how the NHS needs to look in ten years time). We plan to do more work on the topic of dementia in the year to come.
- + We plan to investigate the accessibility and the transparency of information about dental charges.

Barriers and opportunities

- + Signposting residents to services is likely to become harder as workforce pressures increase and important decisions about the resourcing of social care remain hanging in the balance, the Social Care Green Paper being long overdue.
- + We will aim to influence local hospital and health-centre building projects so that they offer improved access for all.



'I would like to thank our local statutory partners for hearing our feedback and working to improve services during what we know are strained times for public services.'

A handwritten signature in black ink, appearing to read 'Emma Whitby'.

Emma Whitby
Healthwatch Islington Chief Executive

Thank you

Thank you to everyone that is helping us put people at the heart of health and social care, including:

- + Members of the public who shared their views and experience with us
- + Our Diverse Communities Health Voice Partners: Arachne Greek Cypriot Women's Group, Community Language Support Services, Eritrean Community in the UK, Imece, Islington Bangladesh Association, Islington Somali Community, Jannaty, the Kurdish and Middle Eastern Women's Organisation and the Latin American Women's Rights Service.
- + The Elfrida Society, Help On Your Doorstep, Islington Mind, Hillside Clubhouse, Islington Borough User Group,
- + The mobile phone network provider 3 for sharing internet skills with our residents, as well as funders Clarion, Awards for All, Cloudesley and Islington Council.

- + We continue to work closely with our neighbours in Barnet, Camden, Enfield and Haringey to champion residents' views within North London and have been working to make hospital admissions, and hospital discharge more patient-focussed.
- + Finally, we'd like to thank Shelagh Prosser and Rose McDonald who stood down from our Board of Trustees after serving two terms. Both had been with us from the start of Healthwatch and made a great contribution to our development as an organisation.

"Listening to the concerns of the affected is a crucial step to lasting social change. Fantastic initiative by Healthwatch Islington - we are glad to work with them on this important issue."

Islington Somali Community on their involvement in our dementia research

Jannaty Women's Group hosting one of our digital inclusion workshops.



Contact us

Healthwatch Islington
200a Pentonville Road
London N1 9JP

- + 020 7832 5814
 - + info@healthwatchislington.co.uk
 - + [@hwislington](https://twitter.com/hwislington)
 - + healthwatchislington.co.uk
-

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you need this in an alternative format please contact us.

Healthwatch Islington is a charitable company.
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Heathwatch Islington
200a Pentonville Road
London
N1 9JP

www.healthwatchislington.co.uk
t: 020 7832 5814
e: info@healthwatchislington.co.uk
tw: @hwislington
fb: facebook.com/HWIslington

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Chief Executive's Department

Town Hall, Upper Street, London N1 2UD

Report of: Executive Member for Health and Social Care

Meeting of	Date	Agenda Item	Ward(s)
Health and Social Care Scrutiny Committee	October 2019		All

Delete appropriate	as	Exempt	Non-exempt
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Report: Quarter 1, 2019/20 Performance Report

1. Synopsis

- 1.1. Each year the Council agrees a set of performance indicators and targets, which enables the monitoring of progress in delivering corporate priorities and working towards the goal of making Islington a fairer place to live and work.
- 1.2. Progress is reported on a quarterly basis through the Council's Scrutiny function to challenge performance where necessary and to ensure accountability to residents.
- 1.3. This report provides an overview of progress of Quarter 1 (Q1), in 2019/20 (1st April 2019 to 30th June 2019) against corporate performance indicators related to Health and Social Care.

2. Recommendations

- 2.1. To note progress at Q1 against key performance indicators falling within the remit of the Health and Social Care Scrutiny Committee.

3. Background

- 3.1. The Council routinely monitors a wide range of performance measures to ensure that the services it delivers are effective, respond to the needs of residents and offer good quality and value for money. As part of this process, the Council reports regularly on a suite of key performance indicators, which collectively provide an indication of progress against the priorities, which contribute towards making Islington a fairer place.

4. Implications

4.1 Financial implications

There are no financial implications arising as a direct result of this report.

Any plans or strategies derived or agreed in relation to this report should use existing available resources and therefore not create a budget pressure for the Council.

4.2 Legal implications

There are no legal implications arising from this report.

4.3 Environment implications

There are no significant environmental implications resulting from this report.

4.4 Resident impact assessment

The Council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The Council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The Council must have due regard to the need to tackle prejudice and promote understanding.

A Resident Impact Assessment has not been completed because this is a report providing information about performance at Q1 of 2019/20.

5. Public Health

Objective	PI No	Indicator	Frequency	Actual Apr 19 – June 19	Expected profile	2018/19 annual target	On/Off target	Same period last year	Better than last year?
Support people to live Healthy Lives	HE1	Percentage of smokers using stop smoking services who stop smoking (measured at four weeks after quit date)	Q	49.6%	50%	50%	On	52%	No
Effective detection of health risk	HE2	Percentage of eligible population (40-74) who receive an NHS Health Check	Q	3.1%	3.3%	13.2%	On (within 5% for target)	2.8%	Yes
Tackle mental health issues	HE3	a) Number of people entering treatment with the IAPT service (Improving Access to Psychological Therapies) for depression or anxiety	Q	1344	1473	5892	Off	1316	Yes
		b) Percentage of those entering IAPT treatment who recover	Q	54%	50%	50%	On	54%	Same
Effective treatment programmes to tackle substance misuse	HE4	Percentage of drug users in drug treatment during the year, who successfully complete treatment and do not re-present within 6 months of treatment exit	Q	10.20%	20%	20%	Off	16.4%	No
	HE5	Percentage of alcohol users who successfully complete their treatment plan	Q	31.4%	42%	42%	Off	31.7%	Same
Improve sexual health	HE6	Number of Long Acting Reversible Contraception (LARC) prescriptions in local integrated sexual health services	Q	344	275	1100	On	304	Y

5.1 Reduce prevalence of smoking

5.1.1 In Q1 49.6% of smokers who set a quit date with our local stop smoking service quit successfully with the service's support, in line with the quarterly target of 50%.

5.1.2 187 residents quit smoking using local stop smoking services (as defined by the four week quit measure). Whilst there was a reduction in numbers of residents setting a quit date in community and pharmacy settings, there has been increased activity in General Practice settings.

5.2 Effective detection of health risk

5.2.1 NHS Health Checks is a national programme, delivered locally, and designed for residents aged between 40 and 74 who are at increased risk of cardiovascular disease (including stroke, kidney disease, heart disease and diabetes). At the check, residents' risk of cardiovascular disease are calculated from a range of measurements (e.g. cholesterol, blood pressure), and conversations take place to support the individual to reduce their risk through behaviour change, referral to lifestyle services and clinical interventions.

5.2.2 In Q1, 1,600 eligible residents received an NHS Health Check, tailored lifestyle advice and referral into services to reduce their risk of cardiovascular disease. Although slightly below the quarterly target, this 2019/20 Q1 figure is above performance for the same period for Q1 last year, which stood at 2.8%. Previous year's performance indicate a seasonal profile to NHS Health Check performance, with increased activity in Quarters 2-4.

5.3 Tackle mental health issues

5.3.1 In Q1 of 2019/20, over 1,344 people accessed support for common mental health problems through the Improving Access to Psychological Therapy (IAPT) programme. Performance is slightly below the new quarterly target for 2019/20 (1,344 vs 1,473), but shows an improvement from this time last year where 1,316 people accessed the service.

5.3.2 The percentage of Islington residents entering IAPT treatment who recover is above the nationally set target (50%), at 54%.

5.3.3 Public Health commission services to raise awareness and understanding of mental health and mental illness, to reduce stigma and to support early access to mental health services and early signposting to support. This is through the wide provision of mental health awareness training (including Mental Health First Aid training) and MECC (make every contact count); the community wellbeing service, aimed specifically at reducing stigma and raising awareness in communities with low access to services; and work with children and young people through schools, and in community youth settings.

5.4 Effective treatment programmes to tackle substance misuse

5.4.1 The data for the percentage of drug users in drug treatment who successfully complete treatment and do not re-present within 6 months for Q1 was 10.2%.

5.4.2 The data for the percentage of alcohol users who successfully complete their treatment plan in Q1 was 31.4%.

5.4.3 The performance against both measures is disappointing. The provider, Camden and Islington NHS Foundation Trust (C&I), worked hard during the first year of the contract to bring

staff and service users from a number of providers together in to one cohesive service. The issues raised in this process were more challenging than anticipated but are now settling.

5.4.4 As the service enters year 2, officers are working with the provider to ensure that performance improves this year. To this end, substance misuse service performance has been escalated to Executive Director/Board level within Camden and Islington foundation Trust, in particular assurances are being sought from the provider that the service is receiving the corporate support and attention it needs in order to improve performance and to deliver the service model as specified and agreed in the contract.

5.5 Improve sexual health

5.5.1 The number of Islington women prescribed long acting reversible contraception in Q1 has substantially exceeded the quarterly target (344 vs 275). Long-acting reversible contraception, such as the contraceptive implant, is more effective than user dependent methods (such as the pill or condoms) in reducing unplanned pregnancies.

6. Adult Social Care – Quarter 1 2019/20

6.1 Delayed transfers of care (DTOC)

6.1.1 Social Care delayed transfers of care are at 5.3 beds per day at the end of Quarter 1 2019/20, in line with the target of 5.0 beds per day, but at a slightly higher rate than at the end of Quarter 1 2018/19.

6.1.2 The national Better Care Fund (BCF) target for Islington has changed this year to reflect just the total average beds delayed per day rather than distinguishing by responsible organisation. In Quarter 1, we have averaged 17.1 total delayed beds per day, slightly higher than the target rate of 16.0.

6.1.3 To improve the rate of delayed transfers of care, processes have been reviewed and supports strengthened within the local system, with daily DTOC teleconferencing calls for UCLH, and continued management attendance at the Multi-Agency Discharge Event (MADE), held twice-weekly with partners at Whittington Health and Haringey at the main acute trust.

6.1.4 In addition there are weekly heads of service/AD escalation meetings chaired by the local authority and CCG with the Whittington, UCLH and St Pancras to ensure that complex DTOC cases are resolved and there is a strategic approach in identifying themes and recurrent issues to be addressed and resolved. These strategies will be under constant review, collaboratively led by the CCG and local authority.

6.2 Discharge to home or community setting

6.2.1 At the end of 2018/19, 95% of people discharged from hospital into enablement services were at home or in a community setting 91 days after their discharge, meeting the target of 95%. *There is no update to this figure for Quarter 1 2019/20 as this target is presented for Quarter 3 cases only, in line with Short And Long Term support reporting and ASCOF indicator 2B.* The Discharge to Assess service continues to operate as one of the main pathways for people discharged from acute hospitals into the community. Pathway 1 is dedicated to those who have rehabilitation needs and goals that can be met at home via the Reablement service. The person is supported with up to 6 weeks of care, therapy and reviews, and then set up with an ongoing care package via a care agency should it be required following Reablement.

6.2.2 We are continuing to work flexibly with our acute partners in co-ordinating hospital discharges and ensuring they have full utilisation of our pathways. We have successfully expanded our daily offer and capacity to hospitals without the requirement of additional resources.

6.2.3 The Admission Avoidance pathway continues to operate as an additional route into Adult social care from the Rapid Response acute community service. This ensures service users receive timely access to the relevant social care support following a period of ill health, whilst also remaining in their own homes.

6.2.4 Reablement's scheduling system has been updated to ensure service outcomes for those discharged via Discharge to Assess and/or following a period of Reablement are recorded. This is on top of the already collated information from Discharge to Assess regarding bed days saved,

hospital re-admissions, referral cancellations and delays. Evaluation of this information is received via monthly or quarterly reports and shared with our Health/CCG partners.

6.2.5 Work has commenced in establishing a true single point and route of access into Adult social care from all hospitals and community settings, as part of the Adult social care plan 2019-21. This work involves integrating the existing entry points into social care from hospital or the community virtual ward including Hospital Social Work, Single Point of Access / Discharge to Assess, and Reablement teams. This is also part of the Intermediate Care work with CCG and Whittington Health. The main objectives of this work is the creation of one referral process, quicker access to social care support for the service user, reduced DToCs, and consistency in strength-based and person-centred practice.

6.3 Direct Payments

6.3.1 In Q1 of 2019/20 25% of all Islington community care and support is provided through Direct Payments, compared to 24% at this point last year. The total number of service users receiving services in the community through direct payments has also increased slightly, to 614 compared to 608 at this point last year.

6.3.2 Feedback from the 2018 service user survey continues to show that direct payment recipients felt that they had the most “choice and control over their care and support services” and had the highest percentage of those “extremely” or “very” satisfied with their service, which ties into our corporate value of Empowering service users.

6.3.3 Personalisation is a key work stream of the Adult Social Care Plan 2019-2022. Building on the Spark a Solution mapping project, and the Personal Assistants (PA) Pathway Proposal, we are partnering with an organisation called ‘In-Control’ who work with Councils to support them in increasing uptake of Direct Payments to make it the default choice, and looking at how to ensure the market is meeting the needs of those who choose Direct Payments. This will involve a review of all of our processes and policies, with a view to updating and improving our offer to people receiving Direct Payments. In Control will also be working with us to embed the POET tool into our review process, to accurately capture whether people’s outcomes in relation to personalisation are being met. We aim to develop a new training offer for social work staff regarding our approach to personalisation, and updated policies and procedures.

6.3.4 We are working with our colleagues in Children’s services to ensure that our personalisation offer is consistent and allows a clear and supportive transition for young people moving into adulthood. We are also working with our partners in health to ensure a coordinated approach to personalisation, and the sharing of knowledge and expertise. This is being taken forward in conjunction with the wider work around moving towards more locality-based ways of working, making the offer more relevant to where people live.

6.3.5 We have recently re-formed the Direct Payments Forum, so that people using Direct Payments and their carers can discuss issues arising with Direct Payments processes and their experiences with council staff, and make suggestions for improvements. We have invited interest from people using Direct Payments and their carers to set up a co-production working group to take forward actions from the forum and plan future events. These include setting up a peer support group for people using Direct Payments, and improving the training and support offer to people using Direct Payments and their PAs, and making it easier for people to find PAs. We anticipate this co-production approach will enable us to respond more quickly and appropriately to issues arising with our Direct Payments infrastructure, and improve Direct Payment uptake.

6.4 Admissions into residential or nursing care

6.4.1 The Council provides residential and nursing care for those who are no longer able to live independently in their own homes. The aim is to keep the number of permanent placements as low as possible, supporting more people to remain in the community. To maintain the same target rate per 100,000 residents aged 65 and older as 2018/19, the target for 2019/20 is 134 new placements. At the end of Quarter 1 2019/20, we have had a total of 23 new placements of people aged 65 and older. This places us on target for 2019/20 and is an improvement against the same point in 2018/19 (42 placements). To address last year's rise in placements, adult social care has implemented a new assurance process at the start of Q1 19/20. This assurance process includes senior management review and implementation of a strengths based approach to consideration of care options. This is already beginning to reduce the number of placements where other care options were appropriate.

6.4.2 In Q1 there are 470 placements in nursing or residential care homes for service users aged 65 and over. New admissions have accounted for 5% of these placements. We have supported an additional 969 service users aged 65 and over with long term homecare services in the year to date.

6.5 Reducing social isolation

6.5.1 Social isolation refers to a lack of contact with family or friends, community involvement or access to services. Results from the 2018/19 Social Care User Survey show an increased percentage of working age adults known to Adult Social Care feeling that they have adequate or better social contact (78%, compared to 70% in 2017/18). *This indicator is updated annually so was not updated for this report.*

6.5.2 There is a Strengths Based Approach and Framework for practice in place within Adult Social Care; Building Strengths for Better Lives. This focuses on enabling people to be as independent as possible, contributing and being connected to their local community as well as being supported by it. It is an optimistic, person-centred approach, believing that people can live the lives they want by making best use of informal support networks such as family, friends and community without having to be reliant upon funded support. This approach encourages social connection and contribution, thereby reducing loneliness and isolation.

6.5.3 All staff in Adult Social Care are expected to work in a Strengths Based way and this will be continually monitored and further embedded. Information for people who need support, carers and staff is vital to support this approach. Work has already been done to improve the ASC Information offer by improving the ASC Web pages and also developing an Independent Living Guide which is a booklet recently published, accompanied by an e-version for the website. Further work on enhancing the information about what support is available in the community is underway by commissioning and operational teams and this again will help to reduce social isolation.

Table 2: Adult Social Care Key Performance Indicators

ADULT SOCIAL SERVICES								
Objective	PI No.	Indicator	Frequency	Q1 2019/20	Target 2019-20	On/Off target	Same period last year	Better than last year?
<i>Support older and disabled adults to live independently</i>	ASC1	Average number of social care beds delayed per day*	Q	5.3	5.0	On	4.2	No
	ASC2	Percentage of people who have been discharged from hospital into enablement services that are at home or in a community setting 91 days after their discharge to these services	A	95%**	95%	NA	NA	NA
	ASC3	Percentage of service users receiving services in the community through Direct Payments	M	25%	30%	Off	24%	Yes
<i>Support those who are no longer able to live independently</i>	ASC4	Number of new permanent admissions to residential and nursing care (aged 65 and over)	M	23	134	On	42	Yes
<i>Reduce social isolation faced by vulnerable adults (E)</i>	ASC5	The percentage of working age adults known to Adult Social Care feeling that they have adequate or better social contact. (E)	A	78%***	80%	NA	NA	NA

Frequency (of data reporting): M = monthly; Q = quarterly; T = termly; A = annual B=Biennial

(E) = equalities target

*The total average beds delayed per day in Q1 was 17.1, against a target of 16.0.

**Reablement indicator is reported annually for Q3 in line with ASCOF indicator 2A, updated expected for Q4 report.

***Social isolation indicator is reported annually, update expected for Q4 report

Report author(s)

Name: Mahnaz Shaukat

Tel: 020 7527 8344

E-mail: Mahnaz.shaukat@islington.gov.uk

Final Report Clearance

Julie Billett – Director of Public Health

Katherine Willmette – Director of Adult Social Care

Signed by

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Agenda Item 11

HEALTH AND CARE SCRUTINY COMMITTEE – WORK PROGRAMME 2019/20

15 JULY 2019

1. Camden and Islington Mental Health Trust - Performance update
2. Scrutiny Review – Adult Paid Carers – witness evidence
3. Health and Wellbeing Board update
4. Work Programme 2019/20
5. Walk in Centres update

10 SEPTEMBER 2019

1. NHS Whittington Trust – Performance update
2. Scrutiny Review – Adult Paid Carers – witness evidence
3. Health and Wellbeing update
4. Performance update – Quarters 3 and 4
5. Work Programme 2019/20

10 OCTOBER 2019

1. Health and Wellbeing update
2. Work Programme 2019/20
3. Scrutiny topic – Adult Paid Carers – witness evidence
4. Healthwatch Annual Report/Work Programme
5. Performance Update – Quarter 1

21 NOVEMBER 2019

1. Scrutiny Review – Adult Paid Carers – witness evidence
2. Health and Wellbeing Update
3. Work Programme 2019/20
4. Alcohol and Drug Abuse update
5. Annual Safeguarding report
6. London Ambulance Service – Performance update

30 JANUARY 2020

1. Scrutiny Review – Adult Paid Carers - witness evidence
2. Health and Wellbeing update
3. Work Programme 2019/20
4. Local Account
5. Executive Member Health and Social Care - Annual Report
6. Scrutiny Review – Green Paper social care – Presentation/SID
7. Performance update – Quarter 2

10 MARCH 2020

1. Scrutiny Review – Adult Paid Carers– witness evidence
2. Scrutiny Review – Green Paper social care – witness evidence
3. Health and Wellbeing update
4. Work Programme 2019/20
5. Annual Health Public Report
6. UCLH Performance update
7. Scrutiny Review – 12 month report back – Improving Access to Psychological therapies

02 APRIL 2020

1. Health and Wellbeing update
2. Work Programme 2019/20
3. New Scrutiny Review –Adult Paid carers– Draft recommendations
4. Moorfields NHS Trust – Performance update
5. Scrutiny Review – Green paper Social Care – witness evidence

11 JUNE 2020

1. Scrutiny Review – Adult Paid Carers – Final Report
2. Scrutiny Review – Green paper Social Care – witness evidence
3. Health and Wellbeing update
4. Work Programme 2020/21
5. New Scrutiny topics – to be decided
6. Scrutiny Review – GP Surgeries – 12 month report back
7. Quarter 3 - Performance update

JULY 2020

**Quarter 4 Performance update/Council Targets 2020/21
Scrutiny Review – GP Surgeries 12 month report back**