



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

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## **AGENDA FOR THE HEALTH AND CARE SCRUTINY COMMITTEE**

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Members of the Health and Care Scrutiny Committee are summoned to a meeting, which will be held in the Council Chamber, Town Hall, Upper Street, N1 2UD The Council Chamber, Town Hall, Upper Street, N1 2UD on, **24 April 2023 at 7.30 pm.**

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Despatched : 14 April 2023

### Membership

#### **Councillors:**

Councillor Jilani Chowdhury (Chair)  
Councillor Joseph Croft (Vice-Chair)  
Councillor Clare Jeapes  
Councillor Tricia Clarke  
Councillor Fin Craig  
Councillor Mick Gilgunn  
Councillor Caroline Russell  
Councillor Claire Zammit

### Substitute Members

#### **Substitutes:**

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

**Quorum: is 4 Councillors**

<b>A.</b>	<b>Formal Matters</b>	<b>Page</b>
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- |    |                                   |  |
|----|-----------------------------------|--|
| 1. | Introductions                     |  |
| 2. | Apologies for Absence             |  |
| 3. | Declaration of Substitute Members |  |
| 4. | Declarations of Interest          |  |

If you have a **Disclosable Pecuniary Interest\*** in an item of business:

- if it is not yet on the council's register, you **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent;
- you may **choose** to declare a Disclosable Pecuniary Interest that is already in the register in the interests of openness and transparency.

In both the above cases, you **must** leave the room without participating in discussion of the item.

If you have a **personal** interest in an item of business **and** you intend to speak or vote on the item you **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent but you **may** participate in the discussion and vote on the item.

**\*(a)Employment, etc** - Any employment, office, trade, profession or vocation carried on for profit or gain.

**(b)Sponsorship** - Any payment or other financial benefit in respect of your expenses in carrying out duties as a member, or of your election; including from a trade union.

**(c)Contracts** - Any current contract for goods, services or works, between you or your partner (or a body in which one of you has a beneficial interest) and the council.

**(d)Land** - Any beneficial interest in land which is within the council's area.

**(e)Licences**- Any licence to occupy land in the council's area for a month or longer.

**(f)Corporate tenancies** - Any tenancy between the council and a body in which you or your partner have a beneficial interest.

**(g)Securities** - Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

This applies to **all** members present at the meeting.

- |    |                                 |       |
|----|---------------------------------|-------|
| 5. | Minutes of the previous meeting | 1 - 6 |
| 6. | Chair's Report                  |       |

7. 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.

8. External Attendees (if any)

9. Health and Wellbeing Board Update

10. Covid-19 Update, If Required

<b>B.</b>	<b>Items for Decision/Discussion</b>	<b>Page</b>
11.	Moorfields Eye Hospital Performance Report	7 - 36
12.	Quarter 3 Performance Report - Adult Social Care	37 - 46
13.	Scrutiny Review of Adult Social Care Transformation - Final Report	47 - 52
14.	Work Programme 2022-23	

**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.

<b>E.</b>	<b>Confidential / Exempt Items</b>	<b>Page</b>
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**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 3 July 2023  
**Please note all committee agendas, reports and minutes are available on the council's website:**  
[www.democracy.islington.gov.uk](http://www.democracy.islington.gov.uk)

#### **WEBCASTING NOTICE**

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If you participate in the meeting you will be deemed by the Council to have consented to being filmed. By entering the Council Chamber you are also consenting to being filmed and to the possible use of those images and sound recordings for webcasting and/or training purposes. If you do not wish to have your image captured you should sit in the public gallery area, overlooking the Chamber.

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# Public Document Pack Agenda Item 5

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

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

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

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

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

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

The Chair welcomed all attendees and introductions were given.

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

None.

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

There was no declaration of substitute members.

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

None.

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

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

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

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

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

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

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

None.

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

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

82

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

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

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

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

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

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

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

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

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

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

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

The following points were noted in the discussion:

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

**ACTIONS:**

Simon Knight agreed to provide further information on these points:

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

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

**83**

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

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

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

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

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

relocating in the future.

The following points were noted in the discussion:

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

ACTIONS:

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

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

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

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

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

The following points were noted in the discussion:

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

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

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

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

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

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



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

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

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

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

The following points were noted in the discussion:

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

**ACTIONS:**

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

86

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

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

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

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

## Health and Care Scrutiny Committee - 9 March 2023

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

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

### ACTIONS:

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

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

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

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

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

Meeting closed at 9.40pm.



**Moorfields  
Eye Hospital**  
NHS Foundation Trust



# Moorfields Eye Hospital and the London Borough of Islington

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**Sheila Adam (CNO) and Jon Spencer (COO)**  
**Health and Care Scrutiny Committee**  
**April 2023**

Agenda Item 11

Moorfields Eye Hospital has a long association with Islington, established in Charterhouse Square in 1805.

We operated from Lower Moorfields from 1822, but moved back to Islington on our City Road site in 1899.

The UCL Institute of Ophthalmology relocated with the hospital in 1988, on Bath Street.

We are proud of being a national and international centre of excellence that offers that same excellence to local residents and communities.

It is important that we continue to innovate and adapt, to ensure local people can access the best possible care - in the context of equity and sustainability.





# Some eye care statistics

(credit: The Eyes Have It campaign)



## In the UK:

It is estimated that over **2 million people** are living with a condition that causes sight loss

Of those, **340,000 people** are registered as **blind or partially sighted**

Eye conditions have been calculated to cost the UK economy **£25.2 billion** per year



**84 percent** of the economic costs of sight loss lie **outside the health and social care system**



...this is predicted to rise to **£33.5 billion** by 2050

## Demand for NHS eye care

Ophthalmology is **the busiest outpatient speciality in the NHS**, with **7.5 million attendances** in England in 2021/22



**1 in 11 patients** awaiting specialist treatment in England were in ophthalmology as of December 2022

Eye conditions need to be treated quickly to increase the chances of good outcomes

Depending on the person's condition, they may be eligible for pharmaceutical treatments, laser treatments or surgery

**Delays to treatment have negative consequences** – up to 22 people a month could experience severe or permanent sight loss resulting from delays to follow up care

Some chronic eye conditions demand long term monitoring and treatment, requiring regular contact with eye services, sometimes as frequently as every month

Some appointments can take up to 12 hours of a patient's time including preparation, travel, waiting times and post appointment recovery.

In recent years, demand for eye services has risen rapidly, with referrals from primary care up by 12 percent since 2013/14

80% of people over 60 have a sight problem (RNIB, 2019).

# More about Moorfields, eye care and the NHS

Ophthalmology is now the busiest outpatient specialty, with a predicted increase in demand of 30-40% over the next 20 years  
(RCOphth)

In NHS workforce data for May 2022, there were 1384 consultant ophthalmologists in England. 177 of these work at Moorfields (13%).

Moorfields delivers approximately half of the HES activity in London, and co-ordinates c. 60% in its role as a lead provider.

University College London (UCL) ranked number one in the world for Ophthalmology in the most recent 2017 rankings by subject. This includes Moorfields Eye Hospital publications.



Moorfields has the highest number of NIHR accredited studies. From 2016 to 2021, MEH had 190 accredited studies, compared to Bristol (66), Southampton (56) and Oxford (48).

Our patient population is extremely ethnically and socio-economically diverse and is larger than any other US or European centre.

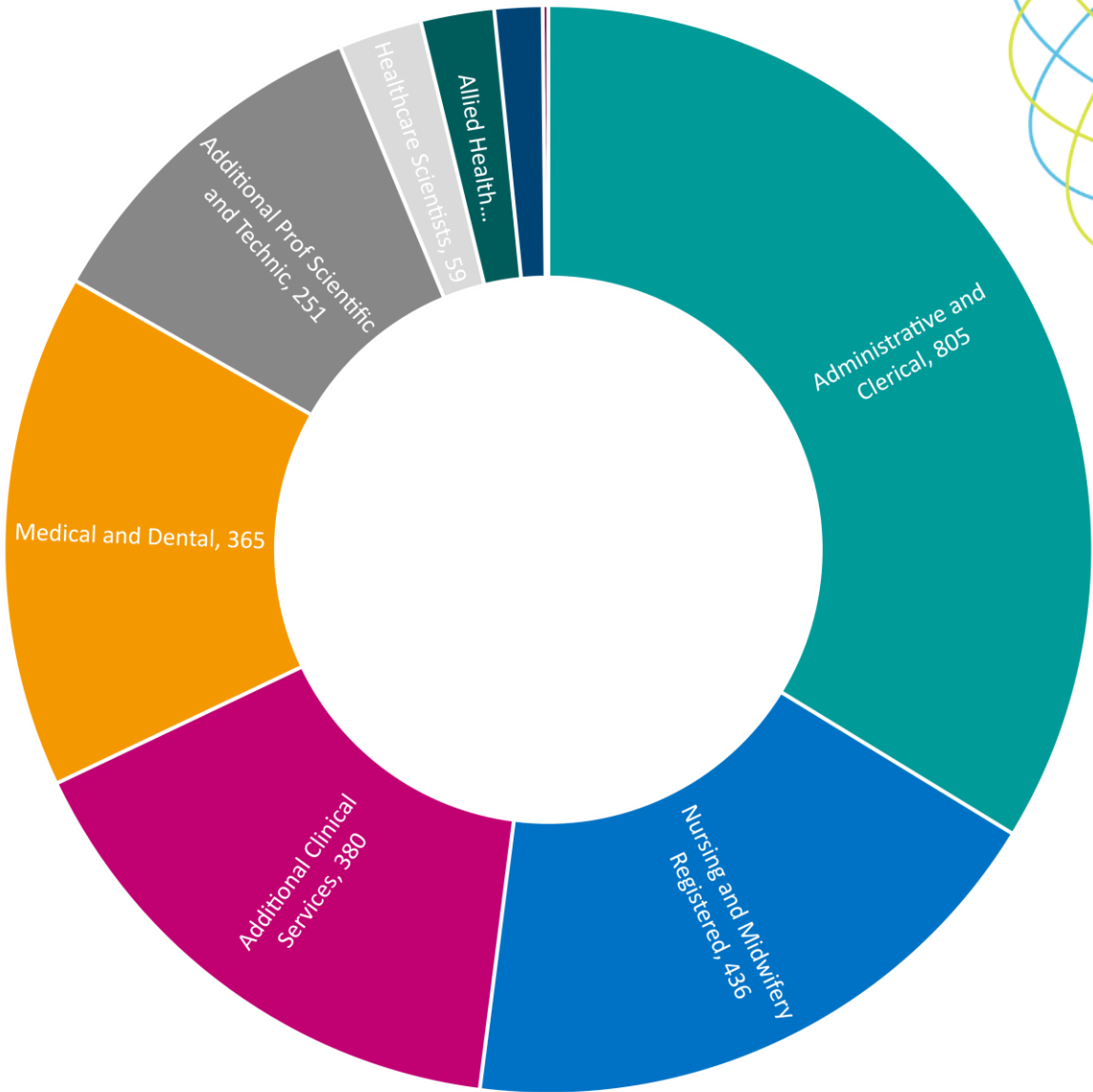
As the UK's national and international referral centre, we also have some of the biggest rare disease cohorts in the world. Our strength feeds into UK-wide partnerships.

We developed OpenEyes at Moorfields which progressed to become the national ophthalmology EPR for Wales and Scotland, as well as many centres in England.

# Staff numbers and profile: the NHS as a local employer bringing social and economic value to the area

Page 11

Staff group	HC	WTE
Administrative and Clerical	805	762.51
Nursing and Midwifery Registered	436	402.81
Additional Clinical Services	380	350.52
Medical and Dental	365	326.88
Additional Prof Scientific and Technical	251	167.89
Healthcare Scientists	59	55.63
Allied Health Professionals	52	42.61
Estates and Ancillary	34	33.92
Students	4	4
	<b>2386</b>	



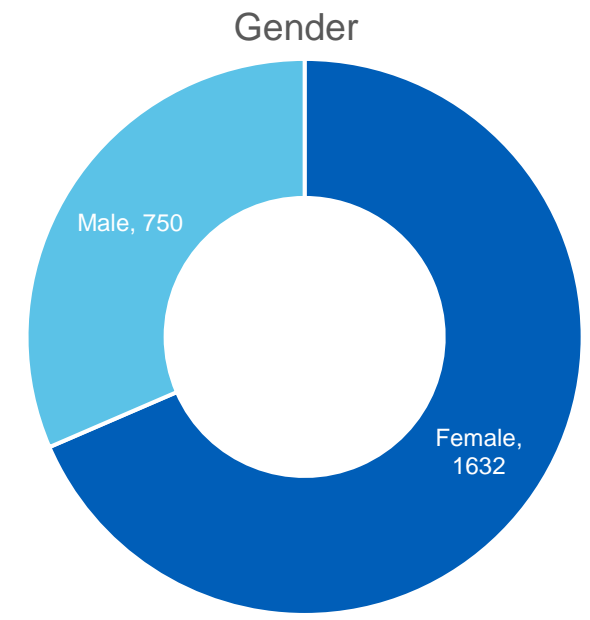
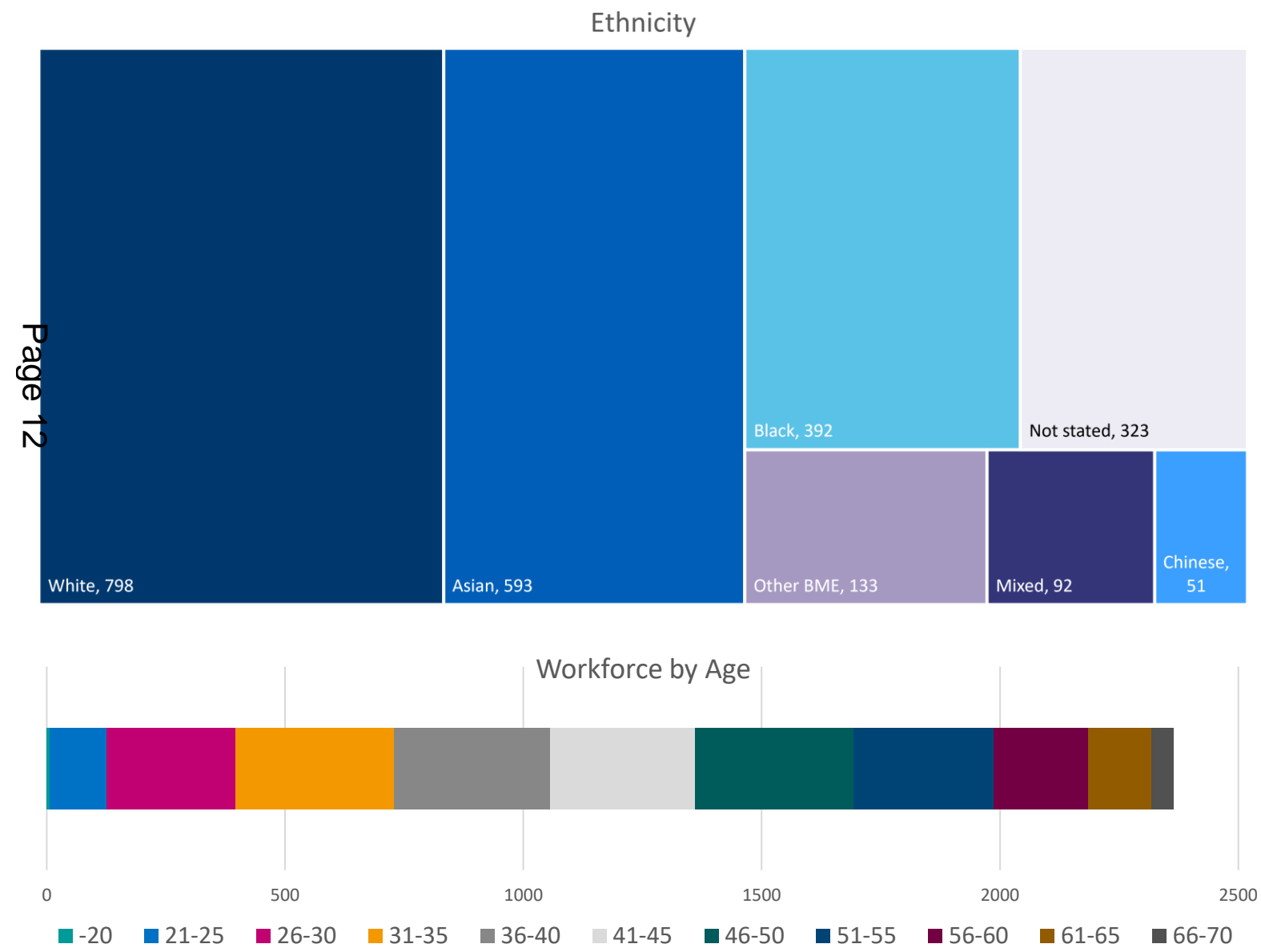
- Administrative and Clerical
 ■ Medical and Dental
 ■ Allied Health Professionals
- Nursing and Midwifery Registered
 ■ Additional Prof Scientific and Technic
 ■ Estates and Ancillary
- Additional Clinical Services
 ■ Healthcare Scientists
 ■ Students



Moorfields  
Eye Hospital  
NHS Foundation Trust



# Moorfields staff by age, ethnicity, gender: we are proud to be a highly diverse organisation



**Apprenticeships**  
We offer a range of apprenticeships for people post-16, in admin, ward, lab or corporate positions.





# Our served population and activity profile

## Population

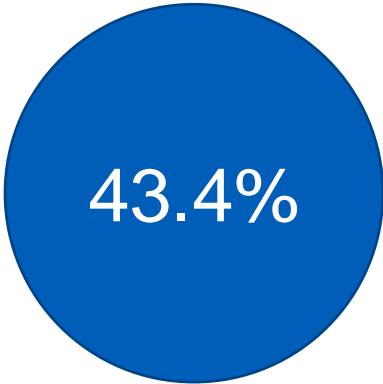
## Direct London Activity Share

## Annual planned activity

Page 13

We serve a local population in London and south east of approximately 6 million.

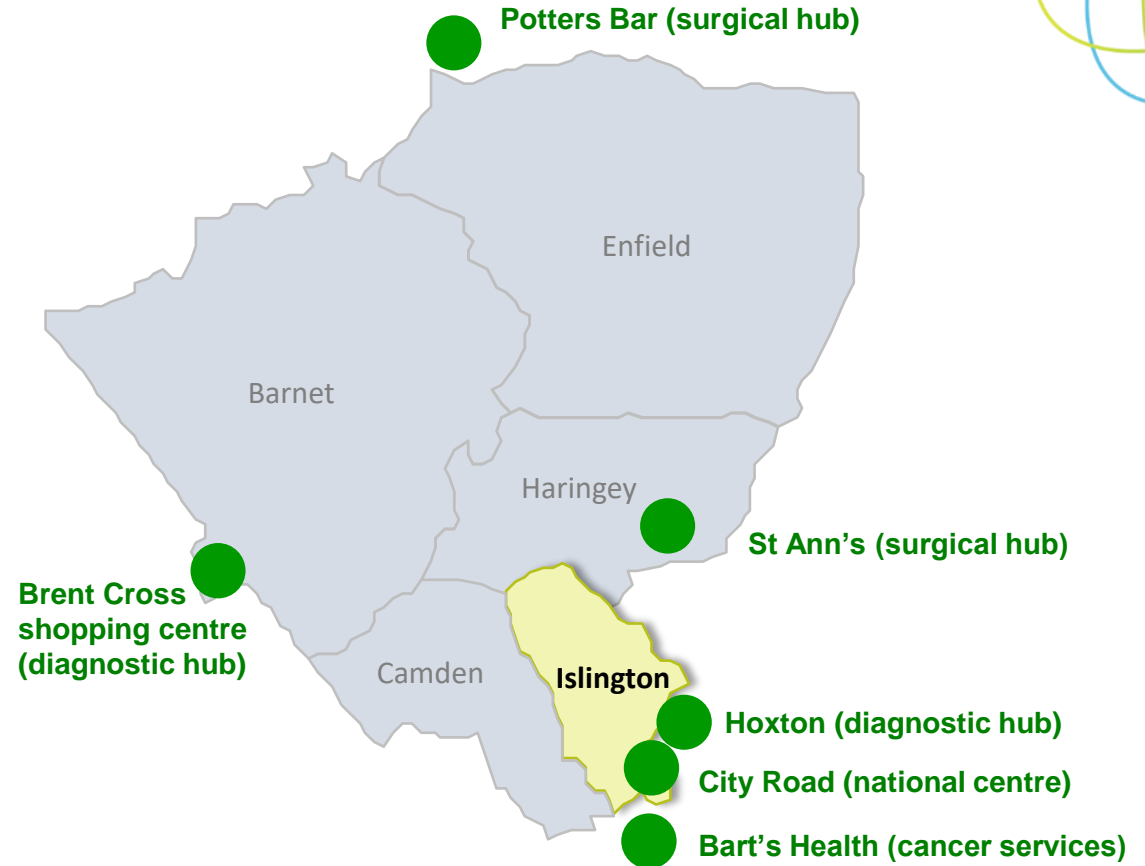
As a national tertiary centre we serve the whole of the UK (67 million)



A&E
98 800
Day cases / inpatients
35 325
OP firsts
126 582
OP follow ups
470 187
Diagnostic imaging
10 913

# Islington and our local sites

- The NHS has organised itself into 42 Integrated Care Systems (ICS) across England. Islington is part of North Central London (NCL) ICS together with four neighbouring boroughs.
- Altogether, Moorfields operates from 27 sites across London and the south east.
- Our local-to-Islington sites are shown on the map – although increasingly services are delivered digitally as well as face to face. We are doing important work on digital inclusion to make sure everyone can continue to access the care they need.
- Increasingly we work collaboratively with e.g. UCLH, GOSH, the Whittington, RFL and NCUH as part of the UCL Health Alliance Provider Collaborative.

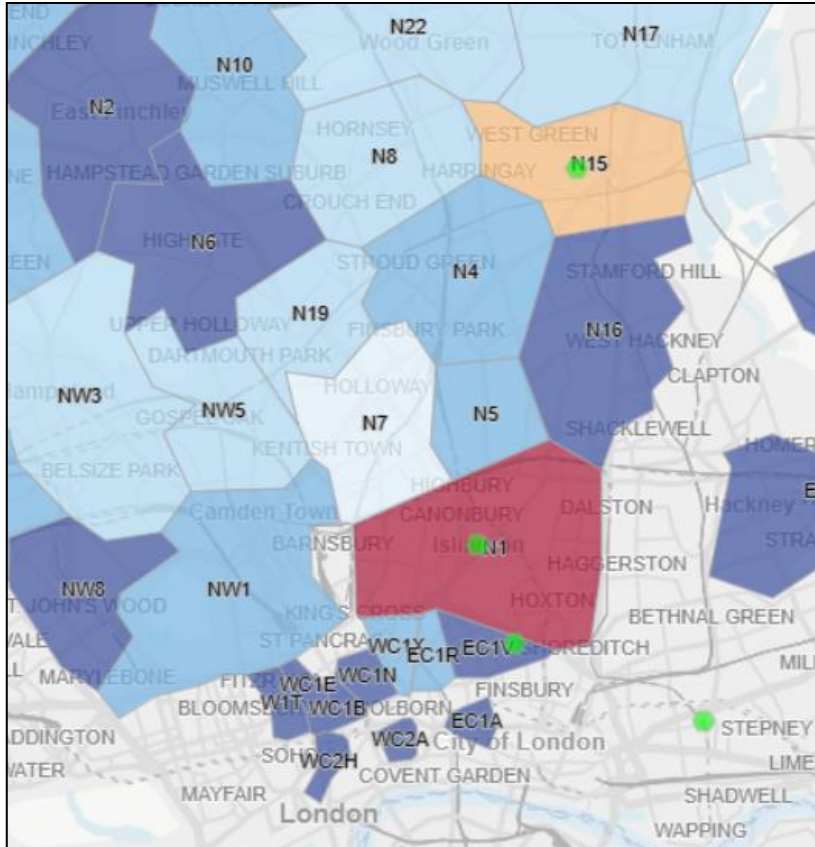
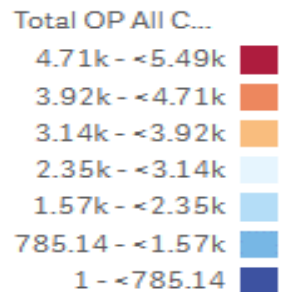


## Our patient profile: Islington

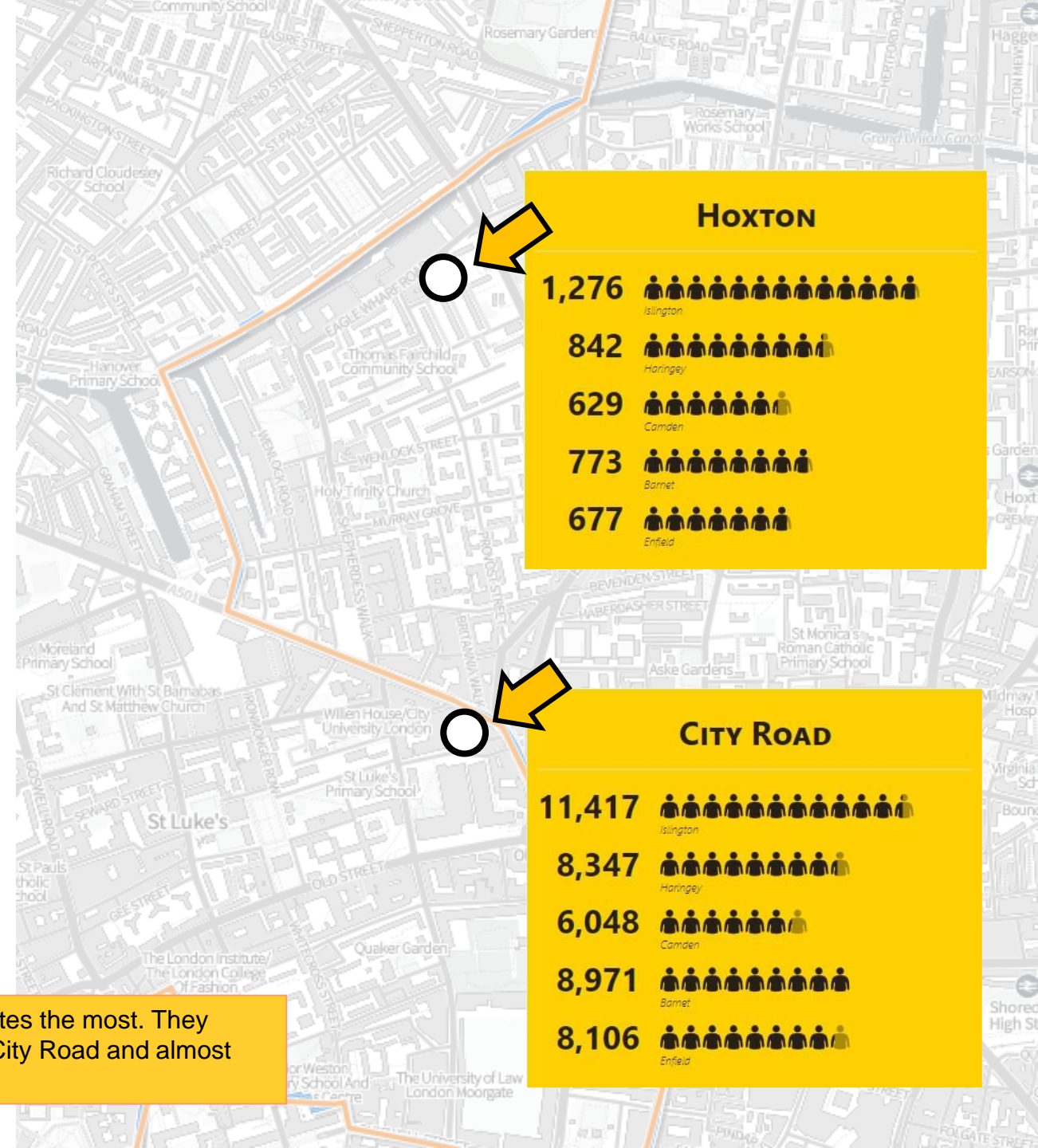
Significant numbers  
of our patients  
come from  
Islington.

In the 2022 calendar year we saw 5490 outpatient contacts from the N1 postcode alone.

5



Islington residents tend to use our City Road and Hoxton sites the most. They comprise around a quarter of our NCL OP activity seen in City Road and almost 30% of Hoxton (2022 calendar year).



# Our Performance: current and planned

The trust will continue to deliver the national key operational standards and national objectives in 2023/24. The following table sets out performance at month 10 22/23:

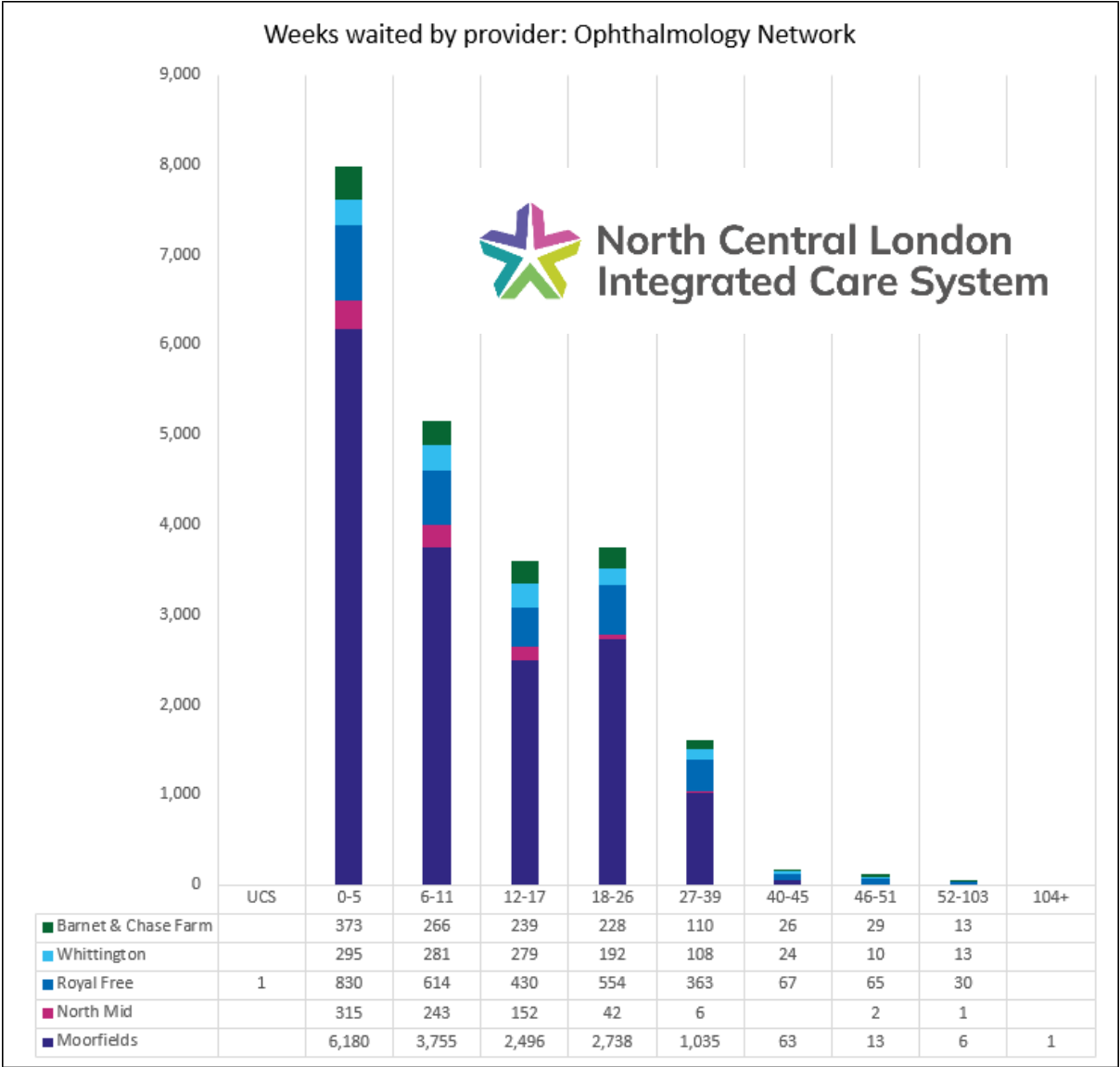
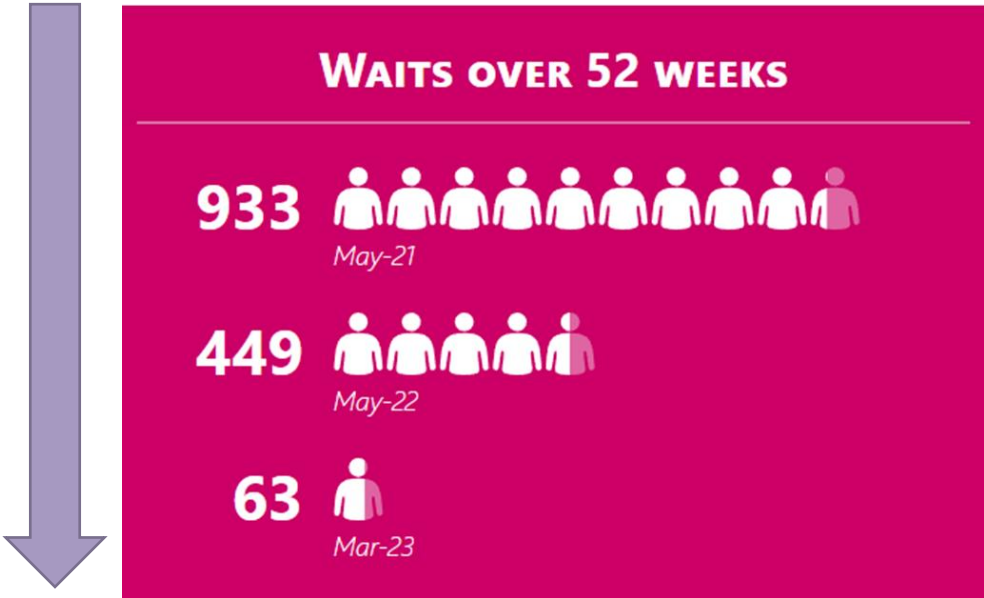
Area	23/24 Objective	Current performance
Urgent and Emergency Care	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25	99.4% patients seen within 4 hours
Elective Care	Eliminate waits of over 52 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)	5 patients waiting over 52 weeks
Cancer	Continue to reduce the number of patients waiting over 62 days	100% patients treated within 62 days
	Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days	100% patients urgently referred by GP diagnosed, or cancer ruled out within 28 days
Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%	99.4% patient received a diagnostic test within 6 weeks



# Performance in the system context: Working collaboratively to reduce waits

- In May 2022, NCL had 11 patients waiting >104 weeks. This is now zero.
- In May 2021 NCL had 933 patients waiting > 52 weeks, this was reduced to 449 by May 2022. The latest March 23 data shows 63 waits over 52 weeks.

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NCL ophthalmology waits March 2023  
(We have now seen the patient waiting over 104 weeks)

# Our new strategy

## Our motivation

**People's sight matters**

## Our values

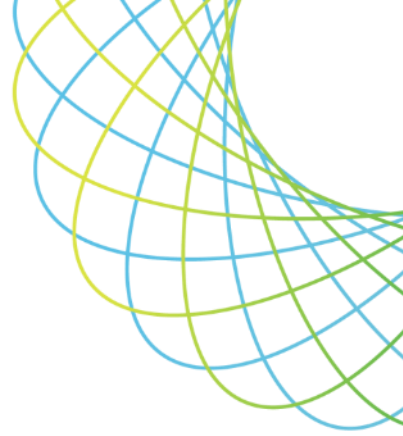
**Excellence, equity and kindness**

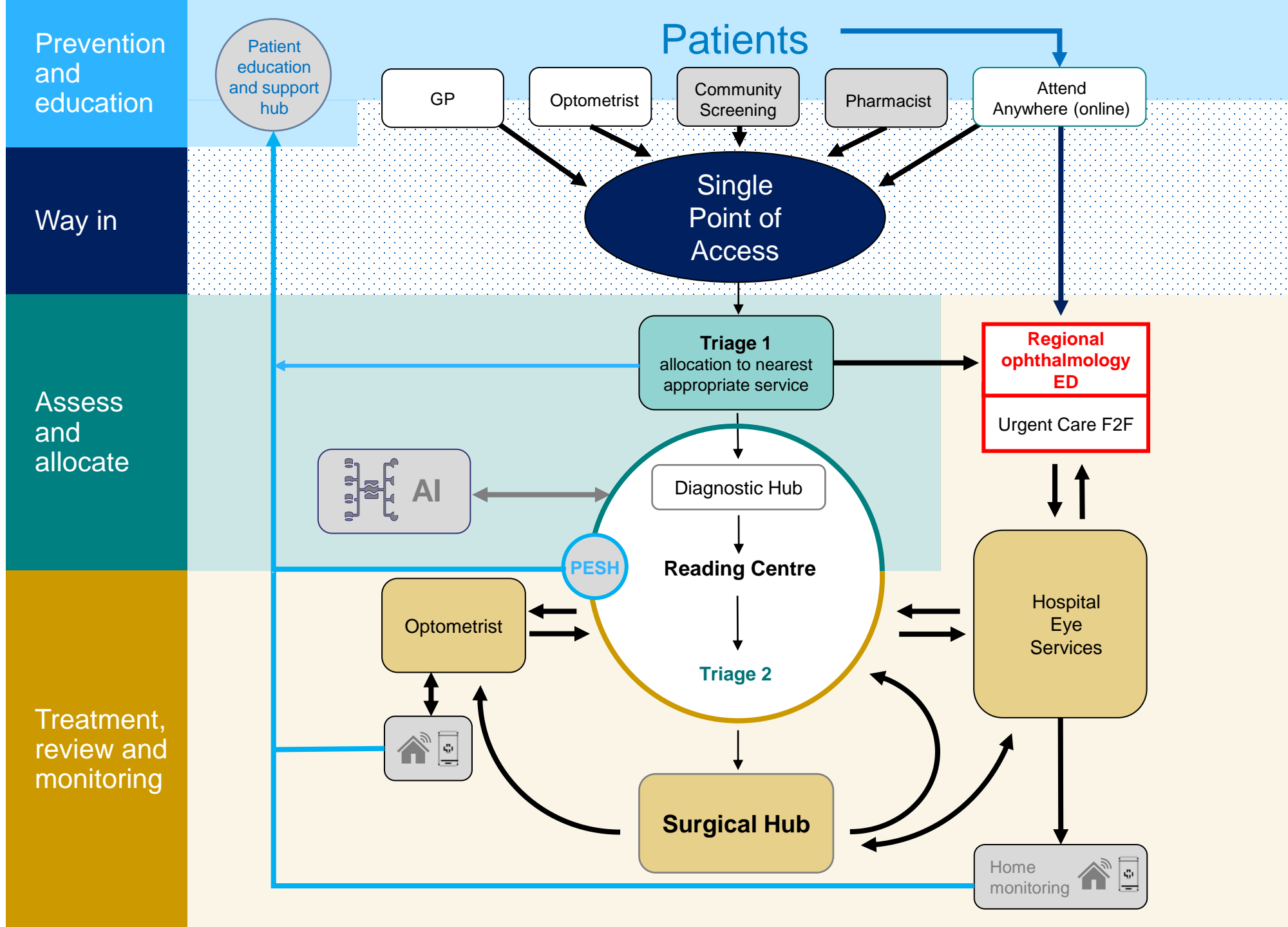
## Our purpose

**Working together to discover,  
develop and deliver excellent eye  
care, sustainably and at scale**



**Moorfields  
Eye Hospital**  
NHS Foundation Trust





# Implementation: Excellence Portfolio

- The strategy is being actively implemented through the excellence portfolio and its component programmes.
- The excellence portfolio supports our project activity across the trust by: providing a consistent project delivery and reporting framework for projects; driving the use of data for project decision making; and supporting the management of interdependencies and assumptions across excellence programmes.
- To be consistent with the trust's new five-year organisational strategy, the excellence portfolio is made up of five aligned programmes within four boards, with each board having a dedicated executive sponsorship.
- Under each programme are a number of supporting strategies or excellence areas.





Creating a world-leading integrated eye care, research and education centre in Camden.

Attracting, inspiring and retaining the most talented clinicians, researchers and educators.  
Speeding up the development of new research and treatments.









# 20 Benefits of Oriel



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## Sustainability

- New ways of working to meet our net zero and sustainability commitments.

## Staff experience

- Encouraging innovation and collaboration
- Improved facilities for staff wellbeing
- New roles and career pathways

## Patient experience

- Better, more accessible facilities
- More efficient pathways that will reduce patient waiting times
- More opportunity to get involved in research
- Quicker access to new treatments

## Research

- Improved facilities to develop new treatments
- More opportunity for research collaboration
- At the centre of efforts to address the causes of blindness
- Contributing to reducing health inequalities

## Education

- Expand our range of courses
- Attract more trainees and the best talent
- Improved education for patients, carers and the public

## Design

- Modern fit for purpose environment
- Flexibility to meet changes in demand
- Can adapt to new pathway innovations far more easily

## Location

- In the knowledge quarter, on the doorstep of Islington residents
- Clinicians and researchers under one roof

# Service developments: Clinical quality and access to treatments

So, in the next five years we are relocating to St Pancras – but we have a programme of works scheduled from now until then to continuously improve patient experience and outcomes in Islington.

Page 24 For example, we are refurbishing City Road so that patients continue to be provided with better services:

- Redeveloped Clinic 4 that provides medical retina services; and
- Cayton Street (laser procedures for cataract and glaucoma patients)

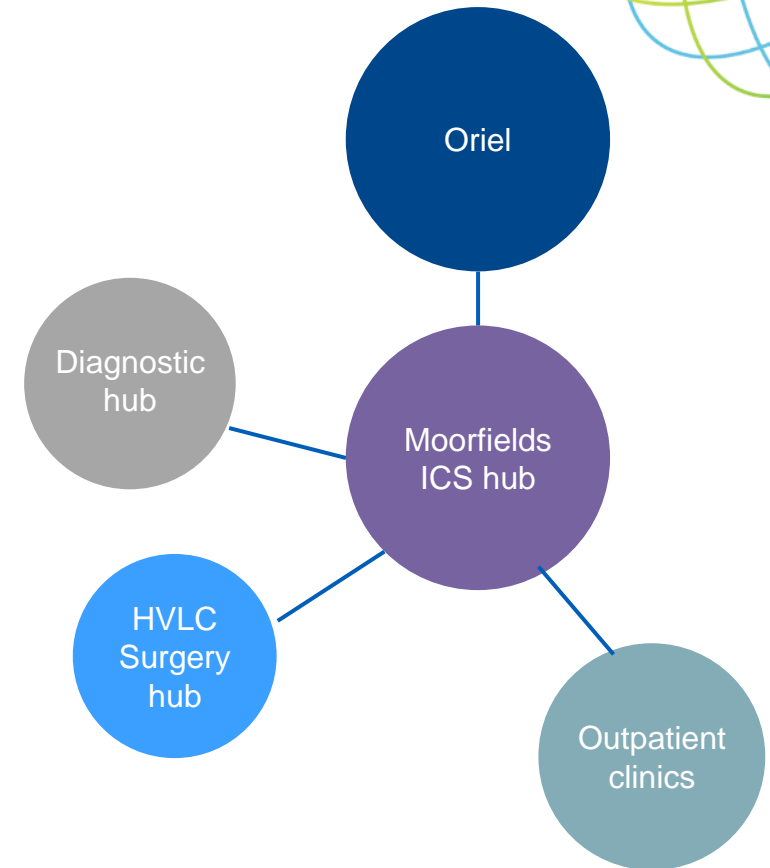
We are increasing capacity to deal with the care backlog caused by Covid and to help the whole system with elective recovery.



# Optimising our network to better serve our populations

Last year we completed a review of our network sites. This work is informing our decision-making, providing a framework to address how we design and provide services in future, speaking to:

- Page 25
1. How to optimise the impact of Oriel across our served communities
  2. Pathways that support better patient outcomes and experience
  3. Improving access to care for all our served populations
  4. How we address inequalities as an organisation and as a broader system
  5. How we integrate digital opportunities, in service of the above
  6. Cost improvement and value for money.



# Attend Anywhere: A digital front door

- Over 26,000 patients have now used the virtual A&E service. 78% of patients have been able to get the treatment they need without travelling into Moorfields, and 95% of patients have given the service a maximum rating of five stars.

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Patients were able to avoid waits in A&E and receive reassurance from an experienced ophthalmologist within minutes without having to visit the hospital.

- A study published in peer-reviewed journal eClinicalMedicine also found the virtual A&E delivered safety levels comparable to in-person triages.
- The model lends itself to regional expansion, where you have one common system of on-call to ensure equitable access across a large footprint – perhaps ultimately growing into a national network.

The image displays two digital interfaces for the NHS 'Attend Anywhere' service. On the left is a desktop browser view of the 'Moorfieldstest Waiting Area' on the NHS website. The page shows a 'Waiting (0 min)' status and a featured article titled 'Creating the Moorfields' virtual eye casualty: video consultations to provide emergency teleophthalmology care during and beyond the COVID-19 pandemic'. The article, published in eClinicalMedicine, describes how Moorfields Eye Hospital implemented a virtual A&E service to manage patient demand during the pandemic. On the right is a mobile app interface showing a live video consultation with a doctor. The app includes controls for 'End', 'Refresh', and 'Settings', and a status message indicating the user is first in the queue.



# Diagnostic Hubs

- We are rolling out a number of new diagnostic hubs, as part of the new model eye care pathway. The hubs enable us to see more people, more quickly, in dedicated diagnostic lanes.
- The hubs improve patient experience, as tests are provided in a close sequence – reducing the time patients have to wait for monitoring or treatment.

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We plan for the number of hubs we have to grow over time, though typically we expect each integrated care system to have two. In NCL there is a “research hub” at Brent Cross shopping centre, and a facility very close to the City Road site in Hoxton.

- In March 2023 we opened a new facility for north and east London in Stratford Broadway which will improve access to care for residents in the NE London area.
- We keep our “footprint” under regular review and commit to ensuring that Islington continues to be well-served in terms of accessible services well into the future.



# High volume surgical treatment centres

- Moorfields started doing “cataract drives” in September 2020 as a precursor to rolling out a more substantive high volume low complexity (HVLC) model.
- We quadrupled the number of cataract operations taking place at the trust in a single week as part of a new initiative to help clear surgical waiting lists.
- In a recent review of our 27-site network, we have been exploring the optimum model of HVLCs for each ICS (alongside diagnostic hubs and complex provision), in a way that could be recommended as a standardised pathway.
- We have been visited by government officials, including Secretaries of State, to see our surgical hubs in action.
- NCL is carrying out a wider review of how elective surgery can be delivered more effectively and sustainably. We are part of these conversations and we will come to OSC / JHOSC in the Summer with our ICB colleagues to outline what is proposed and hear your views on the recommendations.





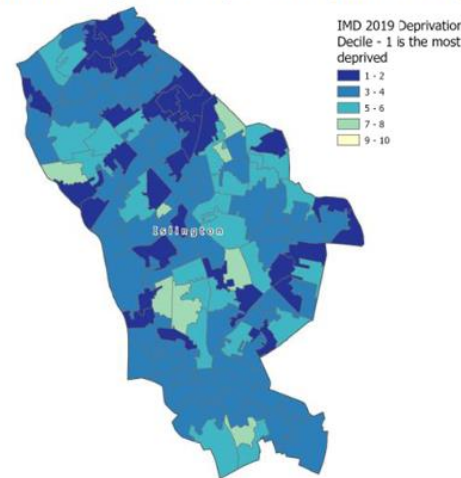
# Adopting a population health approach

The discourse in health is increasingly about adopting a “population health management” approach as a means of achieving better outcomes and value for our served populations. It is an opportunity to concertedly address health inequalities. We are working as part of the NCL Integrated Care System to implement this approach in Islington. It is very much the beginning of the journey and we are at the stage of gathering data to establish our baseline.

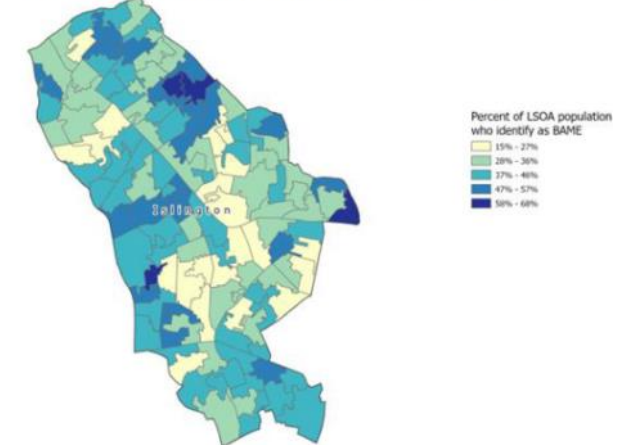
## 5 things Moorfields is doing in this space:

1. Waiting lists and PTL management / PIFU promoting better access in line with clinical need
2. Ensuring our sites are accessible, putting clinics where people live and work.
3. A greater focus on ensuring services are available for more deprived sections of our populations.
4. Work on digital exclusion and engagement with healthcare – links with social isolation / deprivation.
5. Developing analytics and telehealth to target interventions more effectively – for example tailoring advice to opticians that is bespoke to the people using their services.

Deprivation profile by LSOA (IMD 2019)

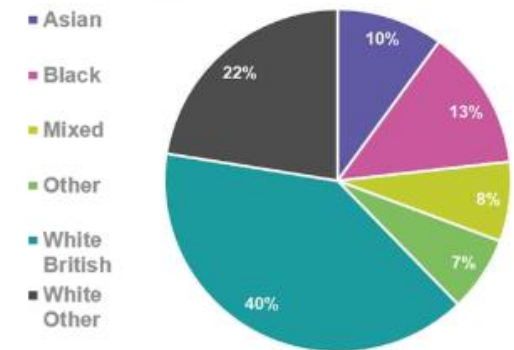


Ethnicity profile by LSOA (Census 2021)



## Key population groups experiencing inequalities

- Key ethnicities: Black African (8% of population) and Black Caribbean (3%) – particularly Somali (Census 2021)
- Ethnic groups with high proportion living in most deprived 40% - 0-18s of Black African, Black Somali and Mixed Black ethnicities



# Research developments

We are proud of our innovation at Moorfields, translating discovery into improved patient care, for everyone.

Last year we were awarded funding in continued support of our Biomedical Research Centre and Clinical Research Facility.

Though this is only a part of what we do. Increasingly in our new strategy, we want to lead in health services research too – how care is best organised across the country.

NIHR   Moorfields Biomedical Research Centre	
7 themes	
	Inflammation and immunology
	Visual assessment and imaging
	Regenerative medicine and pharmaceuticals
	Cross-institutional research, collaborative themes and training
	Gene therapy
	Genomic medicine and informatics
	Patient and public involvement/engagement and clinical studies development

NIHR   Moorfields Clinical Research Facility	
The NIHR Moorfields Clinical Research Facility (CRF) has pioneered the translation of laboratory discoveries for the benefit of patients with eye conditions. This includes the first gene therapy to cure an inherited human disease and the first stem cell membrane therapy to treat the most common cause of blindness in the developed world. Such landmark medical advances have cemented our pre-eminent international reputation for ophthalmic experimental medicine attracting biotech, device and pharmaceutical industry investment that is underpinned by our NIHR Biomedical Research Centre (BRC) at Moorfields Eye Hospital and UCL Institute of Ophthalmology.	

# Artificial intelligence

We are excited by the potential of AI to improve what is possible in eye care, improving outcomes and experience for more people, more of the time.

Our ambition is to work this into the new eye care pathway so that people around the world can benefit from the opportunity of digital integration.

## *Development of new healthcare technology using Artificial Intelligence platforms*

- High impact paper published in Nature Medicine in August 2018.
- Additional infrastructure funding from NHS England to support AI informatics research in discussion.

### Health

## Artificial intelligence 'did not miss a single urgent case'



Fergus Walsh  
Medical correspondent  
@BBCFergusWalsh

The Telegraph

HOME | NEWS |

News | **Science**

🏠 > News > Science

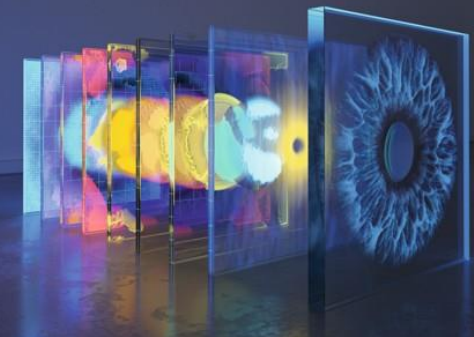
## Artificial intelligence as good as human doctors at spotting early signs of blindness



Google DeepMind

nature  
**medicine**

SEPTEMBER 2018 VOL 24 NO 9  
www.nature.com/naturemedicine



AI accelerates diagnosis  
NAD<sup>+</sup> biosynthesis and high-risk hospitalizations  
Targeted microbiome therapy for thrombosis



# Service developments: Patient experience

There are practical physical things we can do to improve the experience of visiting Moorfields – one project we have at the moment is improving the front entrance to City Road, including our discharge lounge. We are putting in better seating while patients wait for transport, which should also reduce infection risk.

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But most of all we are a people-oriented organisation. We are grateful to our local Islington volunteers who welcome our patients at the front door and guide them through the organisation. We appreciate all that they do.



 **Friends of Moorfields**  
@MoorfieldFriend

This week we were delighted to welcome some @ucl students who regularly volunteer with us, teaching young patients origami while they wait for their appointments at the @Moorfields Richard Desmond Children's Eye Centre.



2:22 PM · Apr 6, 2023 · 308 Views



**Moorfields  
Eye Hospital**  
NHS Foundation Trust



**Friends of  
Moorfields  
Eye Hospital**



# Focused on our patients: hand holding

- The majority of cataract, and some glaucoma eye surgeries is undertaken using local anaesthetic. This can be unpleasant and cause anxiety in patients.
- Moorfields Eye Hospital NHS Foundation Trust uses volunteers in a “hand-holding” role to provide comfort and support to patients undergoing operations. This role was introduced in 2019 and by 2020 there were twelve trained volunteers working for the trust.

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Due to the Covid-19 pandemic most of these volunteers stood down from the role, but there has consistently been at least two volunteers providing “hand-holding” support since the role was introduced.



Hand holder helped enormously through long operation. So thankful for her

First time operation; could not have done it without the hand holder. So very grateful to her. Thank you

I was very happy with the service. The volunteer made a big difference to me

To feel the support of the hand holder throughout the operation was a great comfort. I was very grateful to her

The staff and the volunteer, Nasrin, were very supportive and I felt comfortable.

The volunteer lady who held my hand during the surgery made me feel very relaxed and comfortable. My anxiety level went down a lot. Thank you for the support.



# Our Eye Envoys programme

- With support from HEE we are conducting a pilot project called “Eye Envoys”. Our 24 Eye Envoys are social care and community nurses working in the 32 primary care networks across the North Central London Integrated Care System area.
- In March/April 2023 they were trained in the basics of eye care, early detection of emergency issues, importance of eye medication, proper administration of eye medication, preventative eye health and risk management for example, conducting visual acuity as part of a falls risk assessment.
- We expect the Eye Envoys to be the local hub of information for their colleagues and identify eye issues and know when to escalate to the GP/local optician/optometrist, if required.



**Moorfields  
Eye Hospital**  
NHS Foundation Trust



# Pathway to excellence

- Moorfields nursing staff are being supported with an internationally renowned quality framework: the Pathway to Excellence, developed in the US.
- It gives us a way of bringing everyone together around a narrative of improvement, the highest safety standards, staff welfare and leadership.
- It is important that we learn from the best globally to improve the care we provide locally.
- There is a lot of enthusiasm for the initiative.



Working in partnership

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**Hearing from you.**



**Moorfields  
Eye Hospital**  
NHS Foundation Trust







Chief Executive Department  
Town Hall, London N1 2UD

**Report of: Director of Adult Social Care**

<b>Meeting of: Health and Care Scrutiny Committee</b>	<b>Date:</b>	<b>Ward(s):</b>

<b>Delete as appropriate</b>	<b>Exempt</b>	<b>Non-exempt</b>
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## **SUBJECT: Quarter 3 (October - December 2022) Performance Report**

### **1. Synopsis**

- 1.1 The council has in place a suite of corporate performance indicators to help monitor progress in delivering the outcomes set out in the council's Corporate Plan. Progress on key performance measures are reported through the council's Scrutiny Committees on a quarterly basis to ensure accountability to residents and to enable challenge where necessary.
- 1.2 This report sets out Quarter 3 2022/23 progress against targets for those performance indicators that fall within the Adult Social Care outcome area, for which the Health and Care Scrutiny Committee has responsibility.
- 1.3 It is suggested that Scrutiny undertake a deep dive of one objective under the related corporate outcome over a 12-month period. This will enable more effective monitoring and challenge as required.

### **2. Recommendations**

- 2.1 To note performance against targets in Quarter 3 2022/23 for measures relating to Health and Independence
- 2.2 To suggest one objective under related corporate outcome for a deep dive review, to take place over a 12-month period.

### **3. Background**

- 3.1 A suite of corporate performance indicators has been agreed for 2022/23, which help track progress in delivering the seven priorities set out in the Council's Corporate Plan - *Building a Fairer Islington*. Targets are set on an annual basis and performance is monitored internally, through Departmental Management Teams, Corporate Management Board and Joint Board, and externally through the Scrutiny Committees.
- 3.2 The Health and Care Committee is responsible for monitoring and challenging performance for the following key outcome area: Adult Social Care.
- 3 Scrutiny Committees can suggest a deep dive against one objective under the related corporate outcome. This will enable a comprehensive oversight of suggested objective, using triangulation of data such as complaints, risk reports, resident surveys and financial data and, where able to, hearing from partners, staff and residents, getting out into the community and visiting services, to better understand the challenge and provide more solid recommendations.

#### 4. Quarter 3 performance update – Adult Social Care

##### 4.1 Key performance indicators relating to Adult Social Care.

PI No.	Indicator	2021/22 Actual	Q3 Target 2022/23	Q3 2022/23	On target?	Q3 last year	Better than Q3 last year?
ASC1	Percentage of ASC service users receiving long term support who have received at least one review	48%	<b>39%</b> (52% year-end)	<b>34%</b>	<b>No</b>	36%	<b>No</b>
ASC2	New admissions to nursing or residential care homes (all ages)	225	<b>150</b> (200 year end)	<b>127</b>	<b>Yes</b>	177	<b>Yes</b>
ASC3	Percentage of service users who have been supported with safeguarding and who are able to comment, report that their desired outcomes were fully achieved (making safeguarding personal)	58%	<b>70%</b>	<b>74%</b>	<b>Yes</b>	59%	<b>Yes</b>
ASC4	The proportion of adults with a learning disability in paid employment	9.3%	<b>9.3%</b>	<b>8.6%</b>	<b>No</b>	9.2%	<b>No</b>
ASC5	Percentage of service users receiving services in the community through Direct Payments	29%	<b>31%</b>	<b>29%</b>	<b>Similar</b>	29%	<b>Similar</b>

## 4.2 **Percentage of ASC service users receiving long term support who have received at least one review**

As of Q3 2022/21, 34% of the service users who have been receiving services since the beginning of the year have received a support plan review. This is a cumulative measure with targets set for each quarter with the aim of reviewing 52% of the eligible population by the year end. Although performance for Q3 is off target (39%), it is important to note that this only reflects the 850 reviews on long-term service users with us for 12 months+. The team also completes reviews on service users who have received care for less than 12 months. When we look at all review activity, teams have completed 1,600 reviews including both annual and 6-week reviews.

### **Why is this not on target?**

- Last year health funding was provided to aid the safe and timely discharge of residents from hospital. There was a requirement for Adult Social Care to review all residents receiving this funding within specific timescales. These residents received a covid review, different to the annual review but still focused on the best support for the resident. The health funded reviews were prioritised during the pandemic and continued till the start of this financial year. The completion of these reviews has added to pressure in the teams and has meant that the level of routine 12-month reviews was reduced in the first half of the year.
- Service changes have been implemented in quarter 2 for the new service model. The new way of working had slowed productivity in the short term but has recovered in quarter 3.

### **What action are you taking to get it back on track?**

- A service improvement action plan has been set to review practice, monitor performance and update policy.
- Service improvement targets have been set for teams and the trajectory will be monitored by the senior leadership team.
- Daily senior huddle meetings with Team Managers (three times a week for ILDP), seniors and Heads of Service to discuss reviews.
- Fortnightly review board to monitor progress and agree actions to improve performance.
- The 4-week covid reviews have come to an end meaning that the Interim Review Team has more time to dedicate to annual reviews
- The Head of Mental Health Social Work meets with The Trust fortnightly to work through overdue reviews and improve reviews data quality.

### **When do you expect it to be back on track?**

We expect to see improvements in reviews by the end of the financial year.



#### 4.3 **New admissions to nursing or residential care homes (all ages)**

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 support more people to remain independent and within the community for longer, therefore keeping admissions to a minimum. Last year, Adult Social Care saw an increase in hospital discharges and complex cases. This change in demand due to the pandemic affected the overall number of new admissions to care homes last year. This is a trend that has been seen across all our NCL partnership boroughs.

As of quarter 3 there has been a total of 127 new admissions to care homes. Performance is better than this point last year (177 new admissions) and still on target to have no more than 50 new admissions per quarter.

##### **What action has been taken:**

- Daily Integrated multi-disciplinary Quality Assurance Meeting (IQAM) and daily hospital meeting to sign off any packages of care or requests for placements. Chaired by member of the Senior Leadership Team at Assistant Director level or above. The purpose of the meeting is to be assured that a strength based approach is being taken when assessing or reviewing residents and that the least restrictive options are explored with innovative solutions being used to meet need and to achieve the best outcomes for residents.

##### **What action are you taking to keep it on track?**

- Management actions are in place to provide assurance that all support packages are recorded in a timely manner on the electronic care records system (LAS) to enable accurate performance recording in this area.
- A new panel was introduced in October 2022 to maximise the use of extra care sheltered housing. This will encourage a quick and transparent approach to fill any voids and support residents appropriately.

#### **4.4 The proportion of adults with a learning disability in paid employment**

This national Adult Social Care Outcomes Framework (ASCOF) measure intends to improve employment outcomes for individuals with a learning disability. The reason for monitoring this as a corporate indicator is threefold. Firstly, we know that COVID-19 has affected employment nationwide, with the unemployment rate in the UK higher than what it was pre-pandemic. Secondly, we know there is a strong link between employment and quality of life. Being in paid employment benefits an individual's health, wellbeing, finances and the economy. Finally, we know that adults with learning disabilities experience inequalities when seeking to enter the job market.

In 2022/23 it was decided to increase the target for this indicator from 8.2% to 9.3%. Performance in quarter 3 decreased to 8.6% of individuals with a primary support reason of learning disability in paid employment. Although performance is below the stretch target this quarter, benchmarking against the Adult Social Care Outcomes Framework (ASCOF) 2021/22 shows Islington is performing better than England (4.8%) and London (5.2%)

#### **Why is this not on target?**

- Employment rates have been impacted nationally by the pandemic and the cost-of-living crisis. Although performance for this indicator has not met the stretch target this quarter, performance is still better than England and London.
- The reason for the decrease this quarter was partially due to people aging. The methodology from the Adult Social Care Outcomes Framework excludes anyone aged 65+. A small number of people moved from employed to unemployed, these individuals have been followed up to understand why this may have happened.

#### **What action has been taken**

- Islington's iSet service launched in October 2021, the re-branded employment service supporting residents with learning disabilities (previously known as the Community Access Project).
- The learning disability team is working in partnership with iSet to ensure all eligible residents starting employment are included in the adult social care data recording system
- The learning disability and autism subgroup meet every quarter. This group brings together council (iSet) and employment support providers to review data, discuss any challenges and share networking opportunities across the system.

#### **4.5 Making Safeguarding Personal (An individualised approach to safeguarding that focusses particularly on what the resident would like the outcome of the safeguarding to be)**

This indicator measures the percentage of service users who have been supported with safeguarding, and who are able to comment, report that their desired outcomes were fully achieved.

The safeguarding adult's duties are enshrined in the Care Act 2014. The Care Act formally introduced the requirement for local authorities to safeguard people using a personalised approach. This approach is Making Safeguarding Personal (MSP). MSP places the service user at the centre of safeguarding conversations, decisions and actions.

One of the assurance mechanisms to track that the Making Safeguarding Personal principles are being followed is achieved by asking service users if their desired outcomes were fully met from the safeguarding investigation.

In Q3 2022/23, 74% of service users reported that their desired outcomes were fully achieved. Performance is above the target of 70% and higher than Q4 last year (59%). It should be noted that the usual data sources for this indicator come from both Adult Social Care and the Mental Health Trust. The CareNotes data entry system that The Mental Health Trust uses was subject to the national cyber hack last quarter (August) and is no longer available, meaning performance for this indicator currently excludes Mental Health Data at this point.

#### **What action has been taken**

- The Trust, the safeguarding hub and Islington Council are working closely together to ensure that safeguarding practice continues and that alternative methods are put in place such as:
  - A new Electronic Patient Record system has been identified as RIO and has been rolled out across the Trust.
  - This system in currently use is for case recording only so far with a phased approach to implementing more features or functionally.
  - A new safeguarding process including use of word forms has been put in place with the safeguarding hub providing a scrutiny process over completion of these forms in a timely and accurate way.
  - A new SAC Return spreadsheet has been developed for individual teams to complete with Lead Business Partner in Camden and Islington overseeing. These will be collated in Jan 23 with a view of cross checking with performance in LBI about the quality of the data.
  - Ongoing forums for SAM's and drop in for frontline workers are continuing to discuss complex cases, obtain advice and ask about the safeguarding processes.

#### **What action are you taking to keep it on track?**

- Working with Islington Digital Services to review the safeguarding module of our electronic case records system to ensure that this, and other key questions, are mandatory to answer for staff completing

- Safeguarding audits and reviews at the point the case is closed, led by the Safeguarding Team leads, will focus on improving this indicator
- A weekly safeguarding closure panel is now in place to oversee the outcomes of safeguarding enquiries and to support the embedding of best practice in this area.
- There has been an issue of different recording processes in Mental Health as a result of the use of a different management information system in that service. Considerable work has been undertaken in that area.

#### 4.6 **Percentage of service users receiving services in the community through Direct Payments**

Providing support by direct payment aims to give the individual in need of support greater choice and control over their life. In 2022/23 it was decided to increase the target for this indicator from 30% to 31%. In Q3 2022/23 29% of Islington service users receiving services in the community were supported via a Direct Payment. Performance for this indicator is similar to last year (29%) and within 5% of the new target ambition of 31%. Benchmarking from the Adult Social Care Outcomes Framework (ASCOF) 2021/22 shows Islington is performing better than, England (26.7%) and London (25.0%).

#### **What action has been taken**

- Direct payments support people to have greater choice, independence and control over their lives. This quarter teams have worked with a number of people who have a support reason of learning disability to enable them to start receiving support via a direct payment.

#### **What action are you taking to keep it on track?**

- There are a number of Direct Payments User and carers forums and working groups that have been commenced that are focussing on improvements to processes that will simplify the Direct Payment process.
- Other work within the department includes the review and refresh of Direct Payments (DPs) policies and procedures
- Direct Payments are being discussed in the daily quality assurance meetings with the aim to identify residents who would benefit from having a direct payments to more flexibly manage their support.

## 5. **Implications**

### **Financial implications:**



- 5.1 The cost of providing resources to monitor performance is met within each service's core budget.

**Legal Implications:**

- 5.2 There are no legal duties upon local authorities to set targets or monitor performance. However, these enable us to strive for continuous improvement.

**Environmental Implications and contribution to achieving a net zero carbon Islington by 2030:**

- 5.3 There are no environmental impact arising from monitoring performance.

**Resident Impact Assessment:**

- 5.4 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).
- 5.5 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.

**6. Conclusion**

- 6.1 The Council's Corporate Plan sets out a clear set of priorities, underpinned by a set of firm commitments and actions that we will take over the next four years to work towards our vision of a Fairer Islington. The corporate performance indicators are one of a number of tools that enable us to ensure that we are making progress in delivering key priorities whilst maintaining good quality services.

**Signed by:**



Director of Adult Social Care

Date: 5 April 2023

Report Author: Evie Lodge  
Tel: 7536  
Email: [Evie.lodge@islington.gov.uk](mailto:Evie.lodge@islington.gov.uk)

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## Scrutiny Overview

### Context

The purpose of this briefing is to provide an overview of the scrutiny process into the 'Transformation in Adult Social Care,' and to support panel members in their consideration of recommendations.

### Overall aim of the review:

To consider transformation of Adult Social Care services in the context of the Health and Social Care Act 2022, including challenges and opportunities associated with this, new developments in services, and the greater focus on preventative measures.

### Objectives of the review:

#### Background & Context:

- To understand the impacts of the Health and Social Care Act 2022 and the wider legislative framework, and how our response to this will impact on services and service users.
- To review the vision for Adult Social Care in Islington, and to assess if the council's current and emerging plans for future development and reform are adequate, with a particular focus on improved outcomes for residents.
- To review the access to adult social care services in Islington, demographic pressures, and the most effective operating models to meet those requirements.

#### Focus:

How ASC are designing & transforming our services in a way that will prevent increased need and enable residents to live their lives as independently as possible.

### Scope of the review and evidence received:

The review has focussed on;

1. The Legislative Framework in which we operate now and into the future, including the risks and opportunities within the 2022 Health & Care Act
2. The context we work within and developments necessary to meet changing needs and expectations;
3. An overview of core Adult Social Care services; our Vision, and Prevention and Early Intervention based Operating Model; use of preventative approaches to reduce inequality
4. The experiences of service users, what they value in our services, and areas for improvement;
5. How we are working with our partners to optimise service delivery.

### Evidence Presented

#### 15<sup>th</sup> November 2022 – Overview and Integrated Working

This session was used to provide an overview of the legislative framework in which Adult Social Care works, and to describe the vision and ambition that we have for service delivery to Islington residents. This includes our co-produced priorities and our new Operating Model designed to focus more on preventing need rather than only responding to more acute need.

The session then heard evidence from both Whittington Health and LBI (London Borough of Islington) ASC on the work that is being carried out to integrate services, to provide a more preventative response in a more joined up way. This included evidence on;

- The **Integrated Urgent Response & Recovery Service**, which is being developed to assist people to regain independence when coming out of hospital, and to prevent the need for hospital admission.
- The **Integrated Front Door** that is being implemented between Whittington Health and LBI ASC, and which will ultimately include colleagues from Camden & Islington Mental Health Trust and LBI Housing colleagues. This will enable a single health and social care front door to effectively triage and ensure that people receive a timely and co-ordinated response. This will be focussed on Strength Based Practice and identifying a preventative solution.

### **24<sup>th</sup> January 2023 – meet with people who have used the Reablement service**

Panel members met with people who have used our Reablement Service, in preparation for the session on the 31st of January looking at this service and our proposed 'Take Home & Settle' Service. This was an opportunity for members to discuss the service and find out first-hand about their experience. Key areas of discussion were;

- The residents really valued the reablement service. One was currently going through his second round of reablement, the other had finished reablement towards the end of last year.
- There was a perception that people in the wider community did not know this was a service Islington offered, and we should be shouting about this more.
- On what could be improved, the service users said it would be better to have more regularity in the carers that attended. One said that they were visited by several different people (up to 13 different carers) and more consistency would help them to feel more familiar with their carers.
- The partner of a service user commented on the lack of physiotherapy support; they recognised that social care is facing staffing and resource issues, but apparently there is only one physio for the whole of the service, and they were worried that their partner was not receiving adequate support in this area.
- There were some comments about carers arriving late, but it was recognised that they had high caseloads.
- One service user had since moved on to domiciliary care, however this was short lived. He did not have a good experience of the service. He commented that the carers were always late (up to an hour), and because of this he had found his own ways to get washed and dressed in the morning.
- Another service user commented that they were currently going through the process of having their finances assessed, and agreed the forms were "unbelievably complicated."
- Members suggested that it may be helpful to check-in with those who recently ended reablement, perhaps a couple of weeks afterwards, to see if they are OK and need any help navigating the care system.
- The service user who had ended reablement commented that he had a telecare alarm necklace, however had to take this off while showering, and he commented that this was the time he was most likely to slip/trip. He wondered if there was a waterproof version he could use.

### **31st January 2023 - Reablement**



We presented around **‘Developing our Reablement Service’** on the 31st of January where we described our relaunched reablement service and our proposals for a short term ‘Take Home and Settle’ service, to support people with relatively low-level needs when they return from Hospital. This work is intended to maximise people’s independence and help them recover the skills and social networks they may otherwise have lost.

Key elements of these services that were outlined included;

- The newly developed Reablement Service now has all staff in place and is fully operational
- It has increased available capacity by 53% while maintaining high quality care
- The service now forms part of an integrated pathway alongside services provided by Whittington Health Care. This ensures a joined up and coordinated experience for local residents.
- The proposed Take Home and Settle service, if successful, will allow us to further increase this capacity to support more residents to live independently with a view, if successful, to assessing the longer-term viability for delivery, including the option to commission and work with external providers, to deliver an In-House service offer (alongside our new reablement service), or as a mixture of both.

### **27<sup>th</sup> March 2023 – meet with Central Point of Access organisations**

This evening was an opportunity for panel members to meet with the three voluntary organisations involved in the Central Point of Access. This service is working with us to provide residents with low level needs the key services and support required to keep them independent and connected. The three organisations are;

- Age UK
- Help on your Doorstep, and
- Manor Gardens

The three organisations were all able to describe the services they provide and how the work was developing in partnership with LBI ASC. There were several areas of discussion that emerged over the evening. These included;

- The possibility of more ‘Provider Forums’ between LBI ASC to support future developments
- More involvement in this planning of local residents
- Joint working between ASC and the voluntary/community sector have improved, but still opportunities to strengthen links further
- Work to strengthen capacity in the voluntary/community sector
- More information for members about the role and involvement of the voluntary/community sector
- Need to work together with ASC to increase the volume of referrals into the Central Point of Access. This could include representation in the LBI Access Service and with Reablement triage
- Need for more capacity within Mental Health services to meet the needs of people with high level needs

### **Meet with senior managers from Kent County Council re 'Take Home & Settle' service.**

We heard from a senior manager from Kent County Council, with responsibility for overseeing reablement in Kent, about their highly regarded service and the related Take Home and Settle service. She described how both services worked and how they were able to monitor delivery and the overall effectiveness of the services. This gave a very good overview of the model we are implementing in Islington.

### **Suggested Recommendation Area's emerging from evidence sessions**

Suggested early recommendations emerging from the ASC Scrutiny process, related to the scope and evidence presented. These are grouped into three key areas; modernisation of practice, collaboration and cultural change, and smarter travel.

#### **1. Modernisation of Practice**

- Increased use of technology for Reablement e.g., Use of tablets to record during visits. Reablement carers have tended to be digitally excluded, so would require appropriate technology and skills training
- Improving feedback loops for residents using ASC services, inc. Reablement. This would require work to further develop several feedback mechanisms, both directly and via third parties.

#### **2. Collaboration and Cultural Change.**

- Work to develop a shared ethos across integrated health and social care services. This would need to be agreed across partner agencies and would very much focus on developing a shared Early Intervention/Prevention approach, building upon Strength Based Practice approaches. This would involve developing a Shared Vision and consistent training and clear development plans for all staff.
- Work to identify where further collaborative working might add value for residents using our health and care services. This may include work with Mental Health services, Housing, and the Voluntary/Community sector.
- As this work develops, collate information across agencies around inequality and use of services by communities we struggle to reach. This will involve support from VCS (Voluntary & Community Sector) and community-based groups. This could also involve developing a shared 'insight' function to make best use of soft and hard intelligence.
- Work to strengthen collaborative working between ASC and key voluntary sector organisations to further develop our prevention offer, including use of 'Provider Summits' to encourage partnership working
- Collaboration between ASC and the Central Point of Access to facilitate more referrals into the service.

#### **3. Smarter Travel**

- Reablement carers to look at use of LBI's electric bikes to improve environmental impact and potentially reduce costs.

- Use of SMART routing for Reablement carers to ensure efficiency and reduce environmental impact.

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