London Borough of Islington

Health and Care Scrutiny Committee - Monday, 3 July 2023

Minutes of the meeting of the Health and Care Scrutiny Committee held at The Council Chamber, Town Hall, Upper Street, N1 2UD on Monday, 3 July 2023 at 7.30 pm.

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

Councillor Jilani Chowdhury in the Chair

- 102INTRODUCTIONS (ITEM NO. 1)The Chair welcomed all to the meeting and introductions were given.
- 103 APOLOGIES FOR ABSENCE (ITEM NO. 2) None.
- **104 DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)** None.
- **105 DECLARATIONS OF INTEREST (ITEM NO. 4)** None.

106 <u>MINUTES OF THE PREVIOUS MEETING (ITEM NO. 5)</u> <u>RESOLVED</u>

That the minutes of the meeting held on the 24 April 2023 be confirmed as a correct record and the Chair be authorised to sign them.

107 CHAIR'S REPORT (ITEM NO. 6)

The Chair welcomed Clare Henderson, the Director of Integration for North Central London ICB who presented on item 10, an update on GP Surgeries.

108 PUBLIC QUESTIONS (ITEM NO. 7)

None.

109 HEALTH AND WELLBEING BOARD UPDATE (ITEM NO. 8)

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

Councillor Turan noted that there was no Health and Wellbeing Board since the last committee meeting and therefore there were no significant updates. The committee were informed that last week the council received the a letter regarding the patient survey for a consultation with the Northern Medical Centre from the ICB around the sudden closure. It was recommended in writing that the letter be edited to include simple easy to understand language. Councillor Turan has also fed back about making the timescales to respond to the consultations clearer in the letter.

From the 1st of July 2023 the procedure for complaints about NCL practices they will need to contact NCL Integrated Care Board instead of NHS England.

110 ARRANGEMENTS FOR HEALTH AND CARE SCRUTINY COMMITTEE 2023/24 (ITEM NO. 9)

The report was noted.

111 UPDATE ON GP SURGERIES FROM NHS INTEGRATED CARE BOARD (ITEM NO. 10)

Clare Henderson, the Director of Integration for North Central London ICB introduced the presentation. Clare was also supported by her colleagues Liam Beadman, Assistant Director Primary Care at North Central London ICB and Dr Rosi Marsh, a General Practitioner in Islington.

The committee were given a presentation covering a background to the practices in Islington, issues around access, equality and workforce, the current work around estates, the work that's going on around the practices to make them a thriving part of the NHS.

The following points were noted in the discussion:

- Islington has 31 GP practices operating from 29 sites.
- All practices are grouped into five Primary Care Network (PCN) which are split out into localities so two in the north and two in the centre and one in the south.
- There has been an evolving model of GP's over time and the pandemic has had an effect on demand, increased inequalities, increased the digitisation of appointments. Towards the end of the pandemic there was an unexpected spike in infectious diseases in the child population
- There has been a gradual rise in the number of appointments over time.
- There has been a trend of increased digitisation of appointments over time.
- Primary care has also been affected by industrial action from nurses and junior doctor staff in recent months which has affected the levels of activity.
- The National GP Access Recovery Plan recognises that there is an issue with appointments in some GP practices, this plan is a priority for the next year and 30% of the incentivised funding of GP practises is based around this plan. Key parts of the plan include the improvement of telephony services, increasing patient feedback such as re-running the friends and family survey that was put on hold during the pandemic.
- Embracing modern general practice by looking at empowering patients and increasing capacity to meet demands such as the ageing population.
- <u>Capacity and workforce within GP's:</u> The number of GP practices shows a downward trend, Islington has tried to address this with GP Trainees which has been working well with local training hubs to attract trainees in to try to replace the ageing workforce.
- ARRS roles which was an initiative launched in 2019 to try to increase the number of the types of people who work in general practice, now we have a great number of clinicians and general practitioners that work in GP's now with the appropriate skillset to deal with problems quicker than making a GP appointment. Examples include Clinical Pharmacists

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who work with GP's in clinical management and medication reviews, team of social care prescribers who can navigate non-medical problems. ARRS roles can take appointments directly from patients and be there for oversight to alleviate demand from GPs.

- All but one of the practices in Islington has been rated 'good' by the CQC.
- Good success this year in work with people with learning disabilities and mental illness, ensuring they have annual health checks exceeding the national targets.
- Barnsbury Medical Practice in the south of Islington previously had been performing poorly, after the Islington GP federation took over the practice there has been improvement, resulting in 'outstanding' rating by CQC.
- <u>Innovation and utilising community resources:</u> Mildmay Community Centre coordinated Pilates classes, looking at shared administrative resources for groups of practices.
- PCN's in the south of Islington have developed a system where they have a small group which works over the weekends, online consultations can be triaged to deal with the influx of consultations which are dealt with on Mondays.
- Islington GP Federation, established 7 years ago supporting Islington GP practices, developing and designing pilot projects, coordinating IT within the NHS, hosts the training hub.
- <u>Infrastructure and Estates</u>: working well with the Council to try to put in new GP premises in the new council sites being developed.
- Primary Care is mostly placed in private land, with premises which are not built for purpose.
- Appointments have increased to 80/90% in general and nationally primary care is being used more.
- Positive progress on the City Road practice.
- A member raised concern around misgendering and incorporating this with the wider visibility project with NHS IT systems, ensuring a flagging system patients can be catered to appropriately. However, there are issues around practicalities regarding changing details across all systems.
- Good work around helping the homeless such as Better Lives centring around drug misuse.
- A change in the traditionally young to older population in Islington. The ICB will have weekly ADT meetings aimed to identify rising risks and complexity in cases, several practices are also in attendance.
- Rapid response services visit housebound patients on the day.
- Locally commissioned service in Islington extended across central London centred the active approach to address changing population.
- Mixed feedback from patients as some patients prefer telephone appointments, however it is important that any patient that requires a face-to-face appointment can be seen.
- The Chair raised concerns from residents on the discontentment with 8am call times for an appointment and difficulty filling in e-forms. The committee was informed that to alleviate some of the queue waiting time there will be options in the access plan for instance requesting a call back when and information on where a patient is in the queue.

RESOLVED that the presentation be noted.

112 <u>Q3 PUBLIC HEALTH PERFORMANCE REPORT FOR CORPORATE KPI'S</u> (ITEM NO. 11)

The Director of Public Health provided an presented the Q3 Public Health Performance Report for Corporate KPI's.

The following points were noted in the discussion:

- Suicide prevention is a key priority for Islington Council and are now below the national average and 115 people have now been trained up to deal with suicide prevention in Islington.
- There has been a lot of hard work with the probation services with opportunities to take this work further and join up with other services. There is support for Drugs and Alcohol within probation services too.

RESOLVED that the report be noted.

113 SCRUTINY REVIEW - SELECTION OF TOPIC (ITEM NO. 12)

In the interest of time the Chair brought this item forward.

The Chair introduced this item and informed the committee of his suggestion for the Scrutiny Review 2023/2024 which centred around Healthcare and the Adult Social Care front door service, and access to adult social care.

The following points were noted in the discussion:

- Other topics suggested were scrutinising the OT assessments that were currently in place for residents that were looking to receive additional points for housing allocation, it was suggested that this should sit with Health rather than Housing.
- Another scrutiny topic suggestion was around diving into drug and alcohol issues, a visit to the west midlands police services around their pre-arrest system which directs people to health, housing, debt support, a complete wrap around service.
- Other topics suggested centred around the dementia services, mental health issues.

RESOLVED

That the scrutiny topic for 2023/2024 would centre around Healthcare and the Adult Social Care front door service, and access to Adult Social Care.

 Democratic services colleagues to circulate a fuller scope of the topic as a draft scrutiny initiation document to be agreed at the next Committee meeting on 5th September 2023.

114 WORK PROGRAMME 2023/24 (ITEM NO. 13) PESOL VED that the work programme 2023/2024 he

RESOLVED that the work programme 2023/2024 be agreed.

The meeting ended at 10pm

CHAIR