

London Borough of Islington
Health and Care Scrutiny Committee - Tuesday, 5 September 2023

Minutes of the meeting of the Health and Care Scrutiny Committee held at The Council Chamber, Town Hall, Upper Street, N1 2UD on Tuesday, 5 September 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

115 INTRODUCTIONS (ITEM NO. 1)

The Chair welcomed all to the meeting and introductions were given.

116 APOLOGIES FOR ABSENCE (ITEM NO. 2)

None.

117 DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)

None.

118 DECLARATIONS OF INTEREST (ITEM NO. 4)

None.

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

RESOLVED:

That the minutes of the meeting held on the 3rd of July 2023 be confirmed as a correct record and the Chair be authorised to sign them.

120 CHAIR'S REPORT (ITEM NO. 6)

The Chair welcomed members to the meeting. The Chair informed the committee that he received an informative presentation on adult social care finance, income and expenditure and the different financial pressures on the service. The slides were circulated to members and the Chair suggested that committee members could request a future session.

121 PUBLIC QUESTIONS (ITEM NO. 7)

A member of the public asked the committee to scrutinise a proposed contract award for homecare block contracts. In particular, the terms and conditions of agency staff employed under the proposed block contracts, as the local UNISON trade union understood that they would not receive full sick pay.

The Chair advised that a full written response will be sent.

122 EXTERNAL ATTENDEES (ITEM NO.)

It was commented that Emma Whitby, Chief Executive of Healthwatch Islington, would present on the Healthwatch Annual Report and Resident Feedback on GP Services.

123

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.

The Health and Wellbeing Board was held on the 4th of July 2023, the board heard about work which is being carried out to tackle damp and mould in housing, and how the council and NHS have been working together to help tackle the situation. This is part of the response to the tragic and entirely preventable death of Awaab Ishak, a two-year-old in Rochdale who lived in a house with severe damp and mould. The discussion had prompted further and wider work to develop partnership working between health and social care services, housing, and our local Islington Integrated Care Board.

North Central London Integrated Care Board had updated the Health and Wellbeing Board on their needs assessment and strategy for inclusion health groups. Inclusion health groups cover groups experiencing significant disadvantage and deprivation, and who have much higher health needs and are much less able to access primary care and preventive services than others in the population. These groups include people who experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system and victims of modern slavery. The update included the findings from engagement with people with lived experience, insights from senior system stakeholders and staff experience. The next steps will be to identify ways to address the identified issues and needs through local partnerships.

The Board also received an update on the Health Determinants Research Collaborative, which is the national initiative to develop public health research and evaluation in local councils. Islington was awarded Development Year status last year, and after a successful 12 months, we have now been awarded the full five-year programme which will help us to go further and faster with developing this work.

Finally, the Board received an update from North Central London Integrated Care Board on next steps with the population health and integrated care strategy. The strategy has been co-produced with local public health teams and others and sets out the priorities and focus for helping to improve health and reduce health inequalities, with a particular focus on best start in life and helping to prevent and improve diagnosis of physical and mental health conditions. The strategy has now been completed and an action plan will be developed.

The following points were noted in the discussion:

- The Committee congratulated Jonathan O'Sullivan on his appointment to the role of Director of Public Health

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- Barnet, Enfield and Haringey Mental Health Trust and Camden and Islington Mental Health Trust had written to Islington Council, stating that they will be submitting a formal application to NHS in October to create a new single organisation.
- Centene, a US organisation who had been operating GP practices in the borough, had decided to withdraw from the UK altogether.
- A member suggested that issues connected with damp and mould should be looked at in tandem with issues within the housing services as connected rather than as separate issues.

Actions:

- It was proposed that the Health and Wellbeing Board update should be renamed the 'Executive Update' going forward for the Health and Care Scrutiny Committee.

124 **SCRUTINY REVIEW OF ACCESS TO HEALTH AND CARE SERVICES IN ISLINGTON - APPROVAL OF SCRUTINY INITIATION DOCUMENT (ITEM NO. 9)**

Boshra Begum, Senior Democratic Services Officer introduced the draft scrutiny initiation document (SID), is centred around Access to Health and Care Services in Islington. Following discussions at the last meeting, and between the Chair and Officers, it is proposed to focus on the resident experience of accessing health and care services in Islington.

Work was already underway, as in this meeting Healthwatch, would present about access to GP services, and Adult Social Care officers will provide an introduction to the Front Door service.

The review would include a series of visits or workshops with different user groups, particularly inviting those that have difficulty in accessing services, and also invite Islington GP Federation, GP services, and Voluntary Sector Organisations, to understand their perspective, and explore the opportunities for improving access to health and care services.

The Committee was asked to approve the Scrutiny Initiation Document, subject to any comments or amendments.

A member suggested incorporating the use of technology to the objectives in the workplan.

125 **HEALTHWATCH ANNUAL REPORT AND RESIDENT FEEDBACK ON GP SERVICES (ITEM NO. 10)**

Emma Whitby, Chief Executive of Healthwatch Islington, presented on the Healthwatch Annual Report and Resident Feedback on GP Services.

Healthwatch Annual Report

The committee was taken through a presentation on the Healthwatch Islington update and work planning presentation and the following points were noted:

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- One of the main Healthwatch priorities were to improve ensuring improved health & social care outcomes for all local residents and is part of a national network (in which we lead on impact measurement). Healthwatch is part funded by LBI to fulfil statutory functions of Health and Social Care Act 2013): the organisation gathered and reported views on health and social care and had a role in providing people with information on services Healthwatch aimed to be a collaborative, 'critical friend' approach, working in partnership wherever we can.
- The committee was given an update on Healthwatch work in 2022/2023. Main highlights included that 1,133 people shared their experiences of health and social care services with us. 390 residents came to us for advice and information about topics such as mental health and the cost-of-living crisis. Reports include GP Access, Pharmacy, Cancer screening, Long Covid, Smoking cessation and pulmonary rehab, LGBTQ+ residents' experiences of health and care services.
- Volunteers: 49 outstanding volunteers and have recently worked with corporate volunteers, volunteers across 135 days to make care better for our community: Hosting stalls at community venues to gather feedback on services and raise awareness of dangers of high blood pressure, giving over 800 blood pressure checks to local residents. Mystery shoppers rang all Islington GP practices to evaluate the quality of messaging on GP phone lines.
- Volunteer digital champions and learners, and volunteer researchers came together to identify ways to improve how information is presented on GP websites.
- A special thanks was given to Geraldine Peterson, a volunteer, who has led and worked well on the digital transformation work.
- Our partners: Diverse Communities Health Voice: Since 2014 we've raised around £560,000 for the partnership to help us reach residents across language and cultural barriers.
- Equalities Toolkit for mental health providers: co-producing a tool to help us all provide more equitably. Clarion, Cloudesley, Digital Unite, Good Things Foundation to help ensure our digital offer is robust and our volunteers have access to great training. However, there is very limited funding. 3 Mental Health Partnerships Coordinators. Helping to bring mental health support out in to the community.
- Our plans for 2023/2024: Continuing our work to improve access to GP services and mental health services and Gathering feedback on home care services. Working with Evidence Islington to improve how feedback from residents is gathered and used by statutory services. Our 'Just One Thing' survey is helping us identify new priorities based on resident feedback.
- Equalities Pledges: As a result of Healthwatch Islington's work, all commissioned providers are being asked to sign up to three equalities pledges (this includes us): We have been successful in taking steps to improve ethnic diversity of our Board, the diversity of our staff team, and

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the diversity of gender and age of the community represented through our partnerships and work programme.

Resident Feedback on GP Services

The committee was taken through a presentation on the Healthwatch Islington GP Access:

- GP Web Content: A volunteer researcher looked at all practice websites in 2020 and again in 2022. C1 Primary Care Network commissioned Healthwatch Islington to run workshops for some of our digital learners to test web accessibility and have liaised with Healthwatch England on accessibility best practice. ICB colleagues have taken our findings and developed some guidance for practices. Practices have all been offered external support to develop their sites. And Primary Care Networks are now employing Digital Transformation leads to work on phone and web access amongst other things.
- Some key findings: this included: Avoid 'pop ups', Use the language that the patient will use (online booking rather than e-consult) or explain the terms (triage, meaning we'll need to ask you some questions to help understand who at the practice is best suited to help you and how urgently), Keep sites up to date, Promote the fact that you'll be seen even if you can't prove your address 'safe surgeries'. Also to be explicit about all appointment types available including the option for face to face, and how to book appointments for others. Promote 'what to do when the practice is closed' and the role of pharmacy, repeat prescriptions and accessing medical records, self-referral. Make search/interpreting and disability access functions clear (icons don't always mean anything to the patient). And be clear about adjustments available for consultations.
- GP Phone lines: volunteers called practices to listen to the voice messages, they timed the call and noted the content. Messages varied from 20 seconds to 3 minutes.
- Key suggestions included: Keep messages concise and up-to-date with the most important information first Ideally there'd be some standardisation across practices Is Covid messaging/ Covid vaccination messaging still needed? Limit the key messages before the patient joins the the queue to speak to someone. Once they join the queue, then more messages can be relayed to the patient. Patients should be told whether they are in the queue to speak to a member of staff or not and their number in the queue, so that they don't stay on the phone unnecessarily. Information should not be delivered too quickly so that patients can easily take in key information. Self-referral -callers should be informed of the possibility of self-referring to services such as physiotherapy, podiatry and ICOPE without having to wait for a GP appointment.

The following points were raised in the discussion:

- A Member raised concerns that those with cognitive needs may be feeling left behind and how can they navigate the system. It was

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commented that younger generations were sometimes needed to help those less confident with technology to navigate online systems and websites.

- Healthwatch Camden were working on a project on vaping, and we are looking at ways to incorporate these findings to Islington.
- The Chair raised the issues of accessibility from certain groups such as the elderly population with the increasing digitization as well as issues with working people and the struggle to get appointments on the day by calling at 8am. The committee was assured that practices need to offer flexibility as practices are best places to make sure patients can access them properly.
- The committee noted that there should be more communication to residents around the whole offer of healthcare such as out of hours GP appointments.

The Chair thanked Healthwatch Islington for all the great work.

126 **QUARTER 4 SCRUTINY PERFORMANCE REPORT - ADULT SOCIAL CARE (ITEM NO. 11)**

The Director and Deputy Director of Adult Social Care introduced the report.

The following points were noted in the discussion:

- Quarter 4 includes January 2023 – March 2023, the KPI's reported are how we measure performance in Adult social care.
- Percentage of Adult Social Care service users receiving long-term support who have received at least one review during that period – we ended last year on similar figures for this indicator as the year before, which was slightly below target. This is because the health funding that was provided last year to aid the safe and timely discharge of residents from hospital as there were demands with this it impacted our ability to undertake the adult social care statutory care reviews. Several plans to get back on track with this such as service improvement action plan, new targets for the team, work being done to ensure work is being recorded in the right format to report on e.g. not case notes.
- Management actions: addressed delays in recording in our case management system, new panel introduced to maximise the use of extra care shelter housing.
- Indicator 3 – The percentage of service users who have been supported with safeguarding who are able to comment report their desired outcomes were fully achieved, this is about making safeguarding personal. This indicator was significantly improved from the previous quarter.
- Proportion of Adults with Learning disability in paid employments, this was not better than previous quarter, main reasons are cost of living and Covid-19 and it's impact on the employment market.
- Percentage of service users receiving direct payments, this indicator has remained relatively similar to the previous quarter.
- It was explained to the committee that the council would be happy to have those who have been rehoused out of the borough back however, we provisions may not have been available, there is ongoing work being done to ensure people are aware of our offer and that our offer has increased.

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- Mildmay is a combination of old people and people with a learning disability and some beds for intermediate care.
- The chair notes that our social services have to take action and we need to signpost our services such as on mental health issues to ensure our residents are able to reach these services.

Actions:

- The report was noted.

127 **SCRUTINY REVIEW - ADULT SOCIAL CARE FRONT DOOR (ITEM NO. 12)**

The Deputy Director of Adult Social Care presented on the Adult Social Care front door.

The following points were noted in the discussion:

- Islington Adult Social Care's vision was for Islington to be a place made up of strong, inclusive and connected communities, where regardless of background, people have fair and equal access to adult social care support that enables residents to live healthy, fulfilling and independent lives.
- Adult Social Care Operating Model starts with Prevention and Early intervention including early help, problem solving at the first point of contact, outcome focused short term intervention, responding to complex needs and specialist teams. We are focusing on Prevention and Early intervention which means to work proactively to build on residents' skills, resilience and capacity to make positive and sustainable changes in the community.
- Residents could access services via the Adult Social Care "front door". The service also worked to de-escalate and connect our residents within the community
- In relation to access service improvements, it was commented that the council was on a journey and in the winter 2023/2024 Health and Adult Social Care front door services align to form 'Integrated Front Door'. This would include a lot of strengths based work such as signposting.
- It was important to understand demand coming into the service. Since the move to the online referral form, the council had seen a decrease in points of contact (referrals & emails). The online form had also led to a significantly better quality of referral. This had removed and redirected unnecessary traffic from the service and a 24% reduction in monthly average contacts.
- From April 22 to January 2023 there had been an average of 3737 emails per month. From February to July 2023 there had been an average of 2852 referrals.
- This sharp decrease was attributed to removing unnecessary points of contact from the service. It was important to get the referrals right, at the

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first time of asking. The Adult Social Care service was redefining pathways, making it easier for referrers to navigate the services.

- 80% of referrals are processed in 0-5 days. The time to process and complete referrals has improved since starting to use the forms in February. The previous system using emails did not monitor processing times. Nearly 80% of referrals in July were processed in 0-5 days. (72% within 3 days). The percentage of referrals being completed in 0-5 days had increased over time. .
- Between February and July, 75% of referrals were requested by professionals or care providers 181 (2%) of referrals came from an individual needing support.
- Calls have increased since the changes to the telephony system: To provide a better residents experience the telephony was changed to include a single ASC option. Work was underway to identify the nature of the calls and if there is a link between the change in the call handling system and increase in calls.
- There was a need to understand the increase in calls coming through to Access and identify appropriate action to make the resident experience better.
- Officers were exploring further changes to the online offer, to make it more user friendly and support self-help.
- Officers were also working with housing providers to remove unnecessary referrals which will give the team much needed additional capacity.
- The Access Team will begin a comprehensive training programme to enhance skills and further compliment the ASC service model. Integrating our 'Front Door' with our with health colleagues will create a more streamlined service for our residents, reducing handover points and delays in providing appropriate care.
- The committee was informed that there will be further work on communications around the digital hubs and access Islington Hubs.

The Committee thanked officers for their attendance.

128 **WORK PROGRAMME 2023/2024 (ITEM NO. 13)**

The workplan was noted.

It was requested that an update on drug and alcohol addiction and smoking services be added to the work plan.

MEETING CLOSED AT 9.30PM.