London Borough of Islington **Health and Care Scrutiny Committee - Thursday, 5 October 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, 5 October 2023 at 7.30 pm.

Present: Councillors: Chowdhury (Chair), Croft (Vice-Chair), Burgess,

Craig, Gilgunn and Russell

Also Councillors

Present:

Co-opted Member

Councillor Jilani Chowdhury in the Chair

129 <u>INTRODUCTIONS (ITEM NO. 1)</u>

The Chair welcomed everyone to the meeting and members and officers introduced themselves. Fire safety, webcasting and microphone procedures were explained.

130 APOLOGIES FOR ABSENCE (ITEM NO. 2)

Apologies were received from Councillors Zammit and Clarke.

131 <u>DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)</u>

There were no substitute members at the meeting.

132 <u>DECLARATIONS OF INTEREST (ITEM NO. 4)</u>

There were no declarations of interest.

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

RESOLVED:

That the minutes of the meeting held on 5th September be confirmed as an accurate record of proceedings and the Chair be authorised to sign them.

134 CHAIR'S REPORT (ITEM NO. 6)

The Chair informed the committee he had attended an event organised by the Islington Bangladeshi Association. There had also been a question from Islington Unison regarding the terms and conditions of external staff working on home care contracts. The Cabinet member for Health and Care had answered a question on this at Council and a copy would be circulated to the committee.

The last meeting of the committee had considered the complex financial situation in adult social care. The Chair highlighted that it would be helpful for the committee to consider projects and transformation work that was underway to help the Council achieve the necessary savings. The Chair was liaising with officers and would provide an update to a future meeting.

The Chair requested that presentations and questions be concise.

135 PUBLIC QUESTIONS (ITEM NO. 7)

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A question was received regarding the in-home care contracts. It was highlighted that the current terms of the contract did not include sick pay for all carers. This could cause carers to go to work when they were sick which could impact vulnerable residents. A member of the public also asked for quality assurance regarding the carers' provided. The Chair explained that the executive member had not yet decided on the contracts, but the committee could call it in once the decision had been made. The committee agreed to find out more.

136 **EXECUTIVE UPDATE (ITEM NO. 8)**

The Executive Member was unable to attend the meeting and gave his apologies. He would report to the next committee meeting.

137 <u>SCRUTINY REVIEW 2022-23: ADULT SOCIAL CARE TRANSFORMATION FINAL REPORT (ITEM NO. 9)</u>

The committee considered the final report of the 2022-23 scrutiny review of Adult Social Care Transformation. It was explained that following approval the report would be submitted to the Executive who would consider their recommendations.

RESOLVED: To approve the report and to refer it to the Executive for its consideration.

138 SCRUTINY REVIEW - WITNESS EVIDENCE (ITEM NO. 10)

The Committee received a presentation from the Deputy Director of Adult Social Care on access to health and care services in Islington.

A committee member highlighted that only 55% of people who accessed social services in Islington were over 65 and explained that in Islington there were also a number of working age people, such as those with mental health needs who used the service.

A committee member asked whether a breakdown of occupations was available, and the committee were informed that it could be looked into.

The chair asked what the process was for access to adult social care. It was explained access could be online or by telephone. Professionals would often contact them online which helped with the gathering of robust referral information. Residents preferred to contact them by telephone. The new telephone system allowed them to gather more information for analysis, such as how long calls were or how long it took for calls to be answered.

The chair asked how whether people were getting a response when they raised an issue was being monitored. The trust was working through an action plan on how to improve access in several ways. The action plan could be bought to scrutiny later in the year.

A member of the public added that the language used by Adult Social Care was difficult for residents to understand and information should be simplified. There should be greater oversight in Adult Social Care, particularly in regard to outsourcing.

A committee member highlighted that the Access Hubs were a new Council initiative aimed at giving advice to residents. It was explained that Adult Social Care would be linking with those hubs to support residents.

Following the comments from the member of the public, a committee member asked officers if they could provide a response. It was explained that part of their work

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around the LGA peer review was to deep dive into areas that needed improvement and to develop those action plans.

The chair said it was important to look at monitoring calls and the outcome of calls and that he hoped this could be included in the recommendations made by this committee.

139 <u>CAMDEN AND ISLINGTON MENTAL HEALTH TRUST PERFORMANCE UPDATE (ITEM NO. 11)</u>

The Committee received a presentation from the Camden and Islington Mental Health Trust on their performance over the last year.

A committee member asked whether the trust felt they were reaching everyone they could. The Committee were informed that although resources were stretched they were continuing to do outreach work, for example population health nurses were working with GP's and local communities.

A committee member asked whether a programme for young people caught in the cycle of gang culture was an NHS programme. The Committee were informed it was a multi-agency programme. It was part of the trusts 18-25 service and focused on the transition of young people from the children's mental health service into adult services. It was highlighted that Adult Social Services would engage with a young person six months before they transitioned. A committee member asked whether this was also applicable to young people with eating disorders. The trust explained the transition work was not diagnostic specific so transition support would be provided to those with an eating disorder. There was also an eating disorder specialist based at St Anne's Hospital. They had also recognised the need for an eating disorder specialist in their core team and would be investing in that support.

Following a questioned the KPI's for talking therapies, particularly whether the trust was reaching the number of people that should be accessing the service. It was highlighted that Islington were piloting 'choice assessments' and there had been an increase in the number of referrals.

The committee considered the support available for families and those living with dementia. A multi-agency dementia strategy for Islington was being developed and there were programmes of support available.

The Chair asked whether the Camden and Islington Mental Health Trust's services could be accessed directly or whether it was through a GP or other referral. The core teams were by GP referral but there were plans for self-referral with some programmes already having self-referrals.

140 QUARTER 4 PERFORMANCE REPORT - PUBLIC HEALTH (ITEM NO. 12)

The committee received an update on Public Health's quarter four performance.

A committee member felt drugs were quite pervasive on the streets and asked whether public health recognised an association between drugs and cuts faced by the council. It was explained that they were receiving additional funding from central government to expand the offer and increase outreach activities and that was a key focus of the current work programmes and the combating drugs partnership.

A committee member raised concern that the Council was not meeting drug misuse targets, including the numbers in treatment and those who were representing within 6 months. It was asked whether new Dame Carol Black funding would provide wrap around support, for example debt and housing support or whether it would just tackle

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the drug use. It was explained that 'better lives' the substance misuse service had strong partnerships in those areas, and they would be strengthened further by the combating drugs partnership.

Following the discussion on drugs, a committee member requested an update on how the Dame Carol Black funding was being allocated. It was agreed this could be provided.

The committee discussed vaccinations and Covid-19, in particular carers contracts and whether workers feel obligated to attend to vulnerable clients when they are unwell because they wouldn't otherwise be paid. A response would be provided on this.

141 WORK PROGRAMME (ITEM NO. 13)

There were no comments or questions on the work programme.

MEETING CLOSED AT 9.15 pm

Chair