

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

AGENDA FOR THE HEALTH AND CARE SCRUTINY COMMITTEE

Members of the Health and Care Scrutiny Committee are summoned to a meeting, which will be held in The Council Chamber, Town Hall, Upper Street, N1 2UD on, **5 October 2023 at 7.30 pm.**

Enquiries to : Boshra Begum
Tel : 020 7527 6229
E-mail : democracy@islington.gov.uk
Despatched : 27 September 2023

Membership

Councillors:

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

Substitute Members

Substitutes:

Councillor Benali Hamdache
Councillor Dave Poyser
Councillor Heather Staff
Councillor Flora Williamson

Co-opted Member:

Substitutes:

Quorum: is 4 Councillors

A. Formal Matters	Page
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 - 8
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. Executive Update

B.	Items for Decision/Discussion	Page
9.	Scrutiny Review 2022-23: Adult Social Care Transformation Final Report	9 - 26
10.	Scrutiny Review - Witness Evidence	TO FOLLOW
11.	Camden and Islington Mental Health Trust Performance update	TO FOLLOW
12.	Quarter 4 Performance Report - Public Health	27 - 40
13.	Work Programme	41 - 42

C. Urgent non-exempt items (if any)

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

D. Exclusion of Press and Public

To consider whether, in view of the nature of the remaining items on the agenda, it is likely to involve the disclosure of exempt or confidential information within the terms of the Access to Information Procedure Rules in the Constitution and, if so, whether to exclude the press and public during discussion thereof.

E. Confidential / Exempt Items **Page**

F. Urgent Exempt Items (if any)

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

The next meeting of the Health and Care Scrutiny Committee will be on 14 November
2023

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

www.democracy.islington.gov.uk

WEBCASTING NOTICE

This meeting will be filmed by the Council for live and/or subsequent broadcast on the Council's website. The whole of the meeting will be filmed, except where there are confidential or exempt items, and the footage will be on the website for 6 months. A copy of it will also be retained in accordance with the Council's data retention policy.

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.

In addition, the Council is obliged by law to allow members of the public to take photographs, film, audio-record, and report on the proceedings at public meetings. The Council will only seek to prevent this should it be undertaken in a disruptive or otherwise inappropriate manner.

If you have any queries regarding webcasting or the recording of meetings by the public, please contact Democratic Services on democracy@islington.gov.uk

Agenda Item 5

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

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

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 encouraged members who were interested to get in touch to organise another session.

121 PUBLIC QUESTIONS (ITEM NO. 7)

Andrew Berry, UNISON representative attended the meeting and asked the committee to further scrutinise the block contracts.

The councils block contracts are up for renewal, these contracts when we previously came to the committee it was noted that they were not paying sick pay and this goes against the Ethical Care Charter as occupational sick pay should be paid to carers. Therefore we would ask for the committee to look at this, as a result of this we secured agreement from the labour party to ensure that sick pay was included in all contracts in the future, therefore we are disappointed that the contracts have not

Health and Care Scrutiny Committee - 5 September 2023

included sick pay, we urge the committee to consider this issue of sick pay within the block contracts within the committees work plan’.

The chair informed Andrew that a full written response will be sent out.

122 **EXTERNAL ATTENDEES (ITEM NO.)**

Emma Whitby, Chief Executive of Healthwatch Islington, presented 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 a two-year-old in Rochdale who lived in a house with severe damp and mould. The discussion has prompted further and wider work to develop partnership working between health and social care services and housing, which is being taken forward by our local Islington Integrated Care Board.

North Central London Integrated Care Board brought an update of 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. There has been a lot of work, including rapid support to the Housing Scrutiny Committee on a survey about ways to address overcrowding, data linkage to help target support to people at risk of multiple debt as part of cost-of-living actions, and development of a local strategy on engagement and use of research and evidence co-produced with a group of local residents. 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:

- Jonathan O’Sullivan has been appointed to the Corporate Director of Public Health

Health and Care Scrutiny Committee - 5 September 2023

- Barnet, Enfield and Haringey Mental Health Trust and Camden and Islington Mental Health trust wrote to Islington Council, stating that they will be submitting a formal application to NHS in October to create a new single organisation.
- A US organisation who has bought UK GP practices, Islington has resisted this and they have now 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.

If necessary we can look at arranging 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.

Actions:

- 'Drug and alcohol and Smoking services should be added to the committee meeting in the future.
- The Scrutiny Initiation Document was agreed by the committee.

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

Health and Care Scrutiny Committee - 5 September 2023

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

- 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, LGBTQI+ 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 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

Health and Care Scrutiny Committee - 5 September 2023

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:

- Member raised concerns that those with cognitive needs may be feeling left behind and how can they navigate the system. What role do the younger generation have to help those that cannot help themselves.
- Healthwatch Camden will be doing 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.

Health and Care Scrutiny Committee - 5 September 2023

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.
- 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 vision Islington Adult Social Care vision 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.

Health and Care Scrutiny Committee - 5 September 2023

- 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.
- We have our access at the front door part and we de-escalate and connect our residents within the community
- Access service improvements, we are on a journey and in the winter 2023/2024 Health and Adult Social Care front door services align to form 'Integrated Front Door'. A lot of strength based work such as signposting.
- Understanding demand coming into the service: Since the move to the online referral form, we've seen a decrease in points of contact (referrals & emails). We are getting significantly better quality of referral. Removed & redirected unnecessary traffic from the service and a 24% reduction in monthly average contacts.
- April 22 – Jan 2023 average. 3737 emails. Feb – July 2023 average 2852 referrals
- Service Activity from 2018 to 2023: The sharp decrease is attributed to removing unnecessary points of contact from the service. Getting the referrals right, at the first time of asking. 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 never monitored processing times. Nearly 80% of referrals in July were processed in 0-5 days. (72% within 3 days). The % of referrals being completed in 0-5 days has increased over time (dark green bar).
- 75% of referrals are from professionals: Between February and July, **75%** of referrals were requested by professionals or care providers (Homecare agencies – call cancellations, suspension requests). 181 (2%) of referrals came from an individual needing support.
- Calls have increased since the changes to the telephony system: Telephony changed from April 2023. To provide a better residents experience the telephony was changed to include a single ASC option. Work is underway to identify the nature of the calls and if there is a link between the change in the IVR and increase in calls
- Next steps for the service: Understand the increase in calls coming through to Access and identify appropriate action to make the resident experience better. Exploring changes to our online offer, more user friendly and support self-help. Continue to evolve the service – working with housing 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. Integrated our 'Front Door' with our with health colleagues which will create a more streamlined service for our residents, reducing handover points and delays in providing appropriate care.
- The committee was informed that there has been an increase in calls recently and work is underway to manage this demand. There is no specific KPI at the moment around response time from an online form.
- The committee was informed that there will be further work done on communications around the digital hubs and access Islington Hubs.

128

WORK PROGRAMME 2023/2024 (ITEM NO. 13)

The workplan was noted.

The meeting ended at 9.30pm.

MEETING CLOSED AT Time Not Specified

Chair

Scrutiny Review on Transformation in Adult Social Care

REPORT OF THE HEALTH AND CARE SCRUTINY COMMITTEE

London Borough of Islington

5 September 2023

FOREWORD

Islington Council provides essential Adult Social Care services to a wide range of adults with care and support needs; including older people, adults with disabilities, those with mobility problems, long-term conditions, and physical and mental illnesses. Social Care offers invaluable support to enhance the health and wellbeing of service users, building on their strengths, and supporting, enabling and empowering them to lead independent lives.

However, Adult Social Care faces several challenges that present significant risks. Rising demand and demographic pressures, combined with continued government austerity and limited funding, and the ongoing impact of Covid-19, Brexit and the Cost-of-Living Crisis provide real challenges in delivering essential services to the residents most in need of help.

The Health and Social Care Act 2022 sought to transform care services through greater integration with the NHS. While this presents opportunities for further collaboration and innovation, it is vital that local services transform in a way that is resident-focused and best meets the needs of Islington's diverse communities. Services must be delivered in a way which reduces inequalities, is focused on early intervention and prevention, and committed to co-production.

The Committee wished to review transformation in Adult Social Care in this context. The Committee has made 11 recommendations that consider modernisation of practice, collaboration and cultural change, and smarter travel. These recommendations seek to build on the great work already underway in Adult Social Care to transform our services.

Cllr Jilani Chowdhury
Chair of the Health and Care Scrutiny Committee

EXECUTIVE SUMMARY

Aim:

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.

Evidence:

The Committee commenced the review in October 2022. The Council considered evidence from a number of witnesses, as follows:

- Evidence from Council Officers
 - Summary of the legislative framework and key challenges facing the sector
 - Overview of the reablement service and development of a '7-day model'
- Evidence from Whittington Health on integration of health and care services
- Evidence from Reablement service users
- Evidence from Reablement service staff
- Evidence from Kent County Council
- Evidence from voluntary sector organisations
 - Age UK
 - Help on Your Doorstep
 - Manor Gardens Welfare Trust

Summary of Main Findings:

The Committee heard evidence from officers on the challenges facing Adult Social Care and opportunities for further development. Focusing on the reablement service as a case study, the Committee heard how new developments such as adopting a 7-day recovery model may offer more comprehensive support to those needing additional support following discharge from hospital. The Committee heard positive feedback from service users of the reablement service and considered how this work could be developed further through use of technology.

The Committee also highlighted the value in feedback mechanisms, to allow positive outcomes to be recorded, and for service users to make suggestions on service improvements where needed.

The Committee noted the opportunities for collaboration and integration with the NHS and the voluntary sector and, aside from offering more joined up services, considered how this could be used to overcome persistent issues such as recruitment, workforce development, and the council's work to challenge inequalities in our communities. It was thought that greater collaboration between Adult Social Care and the Access Team may help to facilitate referrals.

The Committee also considered how active travel options and adapting service footprints may help carers with their busy workload by making journeys as efficient as possible.

RECOMMENDATIONS:

Modernisation of Practice

1. To modernise the work of the reablement service, the Committee would support increased use of technology, for example carers being issued with tablets to record information during their visits. Reablement carers have tended to be digitally excluded, so would require appropriate technology and skills training.
2. To ensure that the voices of residents are heard and their views are considered in the developing our Adult Social Care services, the council should consider improving feedback mechanisms, both directly and via third parties.
3. The Committee welcomes the pilot of the new 'seven day recovery' model being used to support the reablement service. The Council should aspire to delivering this service in-house, to enable greater integration with the reablement service.

Collaboration and Cultural Change.

4. Islington Council and local partners should work to develop a shared ethos across integrated health and social care services. This would need to be agreed across partner agencies and would focus on developing a shared Early Intervention / Prevention approach and building upon Strength Based Practice approaches. This would involve developing a shared vision, consistent training and clear development plans for all staff.
5. To fill vacancies in the local health and care system, Islington Council and partner organisations should consider working together on recruitment campaigns that prioritise the employment of local people and champion good quality jobs and career pathways in the health and care sector. This could also involve considering how health and care jobs are advertised and promoted locally.
6. The Committee considered the importance of health and care services being joined up, to enable the most comprehensive service to residents. Adult Social Care should 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.
7. As this joined-up work develops, the council should work to collate information across agencies around inequality and use of services by communities we struggle to reach. This will involve support from Voluntary & Community Sector and community-based groups. This could also involve developing a shared 'insight' function to make best use of intelligence.

8. Islington Council should work to strengthen collaborative working between Adult Social Care, key voluntary sector organisations and others to further develop our prevention offer, including use of 'Provider Summits' to encourage partnership working.
9. Islington Council should explore opportunities for greater collaboration between ASC and the Central Point of Access to facilitate more referrals into the service.

Smarter Travel

10. Adult Social Care should consider if reablement carers could make use of electric bikes and other active travel options; this may help carers to avoid traffic, have a positive environmental impact, and potentially reduce costs.
 11. Adult Social Care should review the routing of reablement carers by ensuring that visits are grouped to take account of low traffic neighbourhoods. This will make journeys as efficient as possible, support carers arriving on time, and help to reduce the environmental impact of journeys.
-

1. Introduction

1.1 The Committee commenced the review on 4 October 2022, with the overall aim to evaluate 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.

1.2 The Committee also agreed to the following objectives:

- a) To investigate 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.
- b) 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.
- c) To review the access to adult social care services in Islington, demographic pressures, and the most effective operating models to meet those requirements.
- d) Focus in on how we are designing our services in a way that will prevent increased need and enable residents to live their lives as independently as possible.

2. Main Findings

- 2.1 This report summarises the Committee's review of Islington's Adult Social Care services. It also includes information on changes to services within the council, witness evidence sessions from external organisations, recent and ongoing difficulties within the social care sector that has been impacted by legislative changes along with future plans following the pilot of the new 'seven day recovery' model for reablement services, and future aspirations for service delivery. There is also background information on the current adult social care services included in order to put the current status into context.
- 2.2 The Committee agreed the scope of the review through the Scrutiny Initiation Document, attached at Appendix A. The objective of the review was to put adult social care in context and to provide an overview following a number of changes to legislation, particularly in regard to the Health and Social Care Act 2022. The Committee was keen to understand those changes and the resulting impact, including changes to services within the council and with wider partners.
- 2.3 The Committee noted that the vision for adult social care included ensuring strong, inclusive, connected communities where regardless of background people had fair and equal access to adult social care and the support to enable them, where possible, to live healthy, fulfilling and independent lives. The Committee wanted to consider the way people accessed and progressed through services, as well as the Islington context and local demographics, how local services focus on early help and prevention, as well as issues related to service transformation, and working with partner organisations.

3. 15th November 2023 meeting – Adult Social Care Transformation and Integrated Working

- 3.1 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.
- 3.2 The session then heard evidence from both Whittington Health and Adult Social Care officers 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 Adult Social Care, 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.
- 3.3 The Committee received a presentation on the Scrutiny Review of Adult Social Care Transformation. It was highlighted that the topic had been chosen within the context of a new legislative framework of risks and opportunities linked in particular to the Health and Care Act 2022, a new operating model based on prevention and early intervention and the changing needs of the population. The experience of service users and how to work with partners to optimise service delivery was also important.
- 3.4 The aim of the Care Act was to give people and their carers more choice and control, and the opportunity to live independent and fulfilled lives, keeping people at the heart of all assessments and support. The focus was on a strength-based approach, what mattered to people, ensuring people were connected to their communities and ensuring the different types of support available were taken into consideration.
- 3.5 Other key legislation included the Mental Capacity Act; Mental Health Act; Human Rights Act and the Equalities Act. There were imminent changes to the Mental Health Act and the Deprivation of Liberty Safeguards within the Mental Capacity Act expected.

- 3.6 Adult social care reform was focused on ensuring people were well looked after; the social care system would work better for people and carers; would meet the increasingly complex needs of an aging population and the needs of younger adults who needed support. The aim was for social care to be more joined up; for there to be a simpler and more consistent approach that linked national and local provision of care and support; a focus on prevention and early intervention; choice, control and support for people to live independent lives; good quality care and support specific to people's needs and circumstances; fair and easy to access adult social care and a limit on how much people should pay for care over their lifetime.
- 3.7 The Health and Care Act 2022 turned the above intentions into law and introduced Integrated Care Systems (ICS's); powers for the Secretary of State to intervene in the healthcare system and changes to public health. It also removed the delayed discharge regime and confirmed 'discharge to assess' and improved the oversight of quality and safety by the introduction of a new assurance/inspection programme.
- 3.8 It was highlighted that adult social care was operating in a challenging environment, with high levels of change, uncertainty, financial pressure, increasing and complex demand and workforce shortages. This made it necessary to reconsider social care services to meet needs differently, problem solve for people earlier, stop needs from escalating and help keep people in their homes for longer. Key to this was working collaboratively and sharing resources.
- 3.9 The Integrated Care Programme would include a single integrated front door to receive and screen urgent health and all social care referrals. There were a number of different referral forms being used that would be replaced by a single form, whilst recognising that there would be other entry points through partners that should remain accessible. An integrated urgent response triage team would be implemented to prevent hospital admissions and manage hospital discharge. The call handling team would be upskilled and there would be a multi-disciplinary team of healthcare professionals helping them make the right decision at the right time. Funding had also been awarded for a housing post within hospital discharge. A new reablement service would include community referrals. Officers explained the work underway and the next steps, including the launch of the revised reablement offer, details of which would be considered at a future meeting.
- 3.10 A member highlighted that Councillors should highlight the views of residents and this could help reshape the service, for example the amount of time social care could take to move an elderly resident between care homes, the lack of clarity around the charging policy and the need for a system to monitor the progress of individual cases.
- 3.11 A member asked whether there were any unintended benefits or learning that had come from recent service changes. Officers emphasized the importance of

building trust with staff when implementing transformation projects. Additionally, it was thought that hybrid working had allowed for more integrated partnership working.

- 3.12 A member asked whether there was a vision within health and social care for more self-service, e.g people getting information for themselves or viewing and tracking records online. Officers advised that this was being considered, particularly though health services.
- 3.13 A member asked whether there would be Key Performance Indicators (KPI's) relating to transformation work. The Committee were informed there would be different KPI's for different projects and they would change depending on the stage of the project.
- 3.14 The Committee considered the recruitment challenges facing the Adult Social Care sector. It was highlighted that there was a recruitment drive underway and twelve agency staff had been transferred to permanent contracts. Although it was a competitive market early indications showed there had been a positive response to this work.
- 3.15 The committee considered loneliness and isolation among older people and the importance of ensuring people remained part of the community. It was explained that adult social care reform sought to ensure people in the community were connected and there would be closer partnership working with the voluntary and health sector to support people to live fulfilling lives and remain in their own homes. Additionally, new Fairer Together and Family hubs would provide new opportunities to bring services together into a single point of access, based in the community.
- 3.16 A member raised the importance of homebuilding for an aging population, so older people could be part of a community. It was noted that this was something the Council was considering further and could be incorporated into new developments.

4. 13th December 2022 meeting – Reablement Service

- 4.1 The Committee received a presentation on the reablement service, outlining the impact that an effective programme of reablement can have, in addition to explaining the basis of a new programme of reablement that will enable delivery to a wider range of residents, provide increased support and establish closer working with the NHS. A key segment of improvement within reablement service is improving face to face contact time.
- 4.2 Work had taken place to rationalise the job descriptions of reablement workers and there had been significant success in recruiting to these posts. Recently, the appropriate number of senior enablers were appointed to – this was achieved both internally and externally through agencies – however, there were efforts to

increase the internal proportion.

- 4.3 The programme of reablement is primarily to assist those who have lost some form of capability to help regain life skills, things that a hospital stay or serious illness can reduce. Studies have shown that a six-week programme of reablement has a proven positive impact in restoring the recovery of a patient's life skills whereas more traditional care models are more centred on replacing those skills altogether.

5. 24 January 2023 – Workshop with Reablement Service Users and Staff

- 5.1 Committee members met with two residents who have used the Reablement Service and their carers, as well as officers working to deliver the reablement service. This was an opportunity for members to discuss the service and find out first-hand about their experiences. Key areas of discussion were:

- The residents interviewed 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 the council should raise the profile of the service.
- 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 they had been advised that there was only one physio for the whole of the service.
- Service users had experiences of carers arriving late, but recognised that staff had high caseloads.
- One service user had since moved on to domiciliary care, however this was a short-term arrangement, as he did not have a good experience of the service. He commented that the carers were often late, and because of this he had chosen to discontinue the service.
- Another service user commented that they were currently going through the process of having their finances assessed to determine their eligibility for Adult Social Care services and commented that 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 ask if they need any help navigating the care system, and signpost to support if needed.

6. 31st January 2023 meeting – Reablement and the '7-day recovery' service

- 6.1 The Committee received a presentation from Stephen Taylor, Interim Director of Adult Social Care Transformation, and Michel Murphy, Assistant Director of Adult Social Care. The presentation focused on reablement and the proposals to develop a '7-day recovery' or 'Take Home and Settle' service.
- 6.2 The following main points were noted in the discussion:
- In 2021 the council carried out a strategic review of the Reablement Service to ensure it continued to meet the needs of vulnerable residents and respond to the challenges presented by COVID 19.
 - In January 2022 the council undertook work to transform the service and develop an enhanced model of Reablement that supports more people in our community. This involved aligning the response with the integrated offer being developed with colleagues from Whittington Health.
 - The review looked to improve efficiency, value for money and increase the amount of direct support delivered without compromising quality.
 - Officers were looking at how best to support staff to have the skills, capacity & resources they need to do their jobs effectively.
 - In September 2022 the new model of Reablement was implemented, and officers were now exploring how to expand this further with a 7-recovery day model. This will allow better use of staff capacity, resources and more targeted decision making. The service is piloting this initially with independent providers with a view to potentially providing this service in house.
 - Effective reablement is about working intensively with people in a time of short-term crisis, to support them to regain the skills, confidence, and social networks to return to their previous levels of independence. The service is provided free for up to 6 weeks and is delivered by a range of skilled professionals and carers all working with the resident to maximise independence where they can.
 - In terms of the impact of effective reablement, the effective reablement reduces the need for long term homecare by an average of 22% after 1 year and 30% after 2 years. Also, effective reablement can reduce homecare expenditure by 40%.
 - Our Council's new reablement offer will deliver reablement to a wider group of residents, coordinate our responses with community and mental health services, improve efficiency, value for money and increase actual hours delivered, significant reduction in long-term homecare and the overall homecare spends. The offer will also utilise resources in a more flexible way and have better target support to increase people's potential to regain lost skills.
 - It was explained to the committee that the 7-day plan is to be viewed as running alongside the reablement offer, it is not replacing this.
 - The main challenges included the assessment of needs when residents are discharged as well as continuity of care.

- The committee noted suggestions to freeing up capacity in the workforce through possible consideration of reviewing staff rotas considering the low traffic neighbourhood schemes, and the introduction of e-bikes.
- The chair suggested that there should be a focus on rebranding care work to emphasise that this was skilled work. This may assist with attracting applicants to the role, as would improving the transport journeys for carers.
- The committee was informed that in cases where the 7-day recovery service is insufficient it still allows the service to develop capacity and tailor a bespoke approach within that time.
- The 7 Day Recovery Service will be delivered initially as a 6-month pilot and will aim to enable the person time to settle back into their home routine after time in hospital. The recovery service is different to Reablement as it aims to provide basic daily living support, providing up to 22.5hrs support over the 7 days. The 7 Day Recovery Service also allows the professionals time to complete a more detailed assessment of reablement potential in the persons own home rather than on a hospital ward. Other Local Authorities using this approach found that the model reduced the time it took to reach reablement goals from 25 to 18 days, helped managed the demand and flow from the hospital, delivered reductions to the long-term home care budget by targeting the right support at the right time and maximised the capacity and effectiveness of the Reablement Service.
- This service will be initially delivered as a pilot with our local care agencies to ensure this new way of working is effective. At the end of the pilot period, the council could potentially provide this service in house.
- Some councils had a mixture of both in-house and outsourced reablement provision, and this may be a model to look at in future. The Committee would be hearing from Kent and Camden Councils about their services at an evidence session scheduled for early March. The newly developed Reablement Service now has all staff in place and is fully operational and 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 residents.
- The proposed 7 Day Recovery 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.
- The Chair highlighted points raised in evidence from service users, including the timeliness of carers' arrival, making the charging policies easier to understand, and having a clear plan of care after the initial 7-day period, if required.

7. 27 March 2023 – Evidence from Central Point of Access organisations

7.1 This was an opportunity for committee members to meet with the three voluntary organisations involved in the Central Point of Access. These services are working with the council 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
- Manor Gardens

7.2 The three organisations described the services they provided and how the work was developing in partnership with Adult Social Care. There were several areas of discussion that emerged over the evening. These included;

- The possibility of more 'Provider Forums' between the voluntary sector and Adult Social Care organisations to support future developments;
- More involvement in the planning of services;
- It was thought that joint working between Adult Social Care and the voluntary/community sector has improved over recent years, but there were opportunities to strengthen links further;
- Members considered the need to strengthen capacity in the voluntary/community sector and the work underway to support this;
- Members commented that they would welcome more information about the role and involvement of the voluntary/community sector;
- Voluntary sector organisations were keen to work in partnership with Adult Social Care to increase the volume of referrals into the Central Point of Access. This could include VCS representation in the LBI Access Service and with Reablement triage.
- The voluntary sector organisation commented on the prevalence of mental health needs in the local community need for more capacity within Mental Health services to support people with high level needs.

8. 5 April 2023 – Evidence from Kent County Council

8.1 The Committee received evidence from Jacquelin West, Service Manager at Kent County Council, on their 'Take Home and Settle' service.

8.2 This is a highly regarded reablement service and members were keen to consider the strengths of their model and how best practice may be applied in Islington. Councillors were interested in finding out the practicalities behind developing tools which monitored the user journey, as this would help to indicate levels of satisfaction in resident experience. The Committee also considered the need for transparent information for residents on the next steps of their care or pathway. Councillors also considered how Kent County Council communicate directly with their service users.

- 8.3 The Committee considered how Kent's services worked and how they were able to monitor delivery and the overall effectiveness of the services. It was noted that Islington was seeking to develop a similar model.

9. Conclusions

- 9.1 The Committee has explored the current reablement services in place in Islington and the challenges to the wider transformation of Adult Social Care services, including changes implemented following the new Health and Social Care Act 2022.
- 9.2 The Committee's recommendations, if adopted by the Executive, should ensure a focus on developing the work of the reablement service and will also contribute to wider collaboration between Islington Council and local partners; including working to develop a shared ethos across integrated health and social care services and working together on issues of resources and staffing. In addition, the Committee felt the need to adopt smarter travelling for carers, and increase use of technology which would lead to increased efficiency.
- 9.3 The Committee would like to thank witnesses that gave evidence in relation to the scrutiny review. The Executive is asked to endorse the Committee's recommendations.

MEMBERSHIP OF THE HEALTH AND CARE SCRUTINY COMMITTEE 2022/23

Councillors:

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

Substitutes:

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

Acknowledgements:

The Committee would like to thank all the witnesses who gave evidence to the review.

Officer Support:

John Everson – Director of Adult Social Care
Stephen Taylor – Interim Director of Adult Social Care Transformation
Michael Murphy - Assistant Director of Adult Social Care
Affy Wajid – Adult Social Care Improvement Team
Boshra Begum & Samineh Richardson – Democratic Services

SCRUTINY INITIATION DOCUMENT (SID)
Title of review: Transformation in Adult Social Care
Scrutiny Committee: Health and Care Scrutiny Committee
Director leading the review: John Everson, Director of Adult Social Care
Lead officers: Various officers from Adult Social Care
<p>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.</p>
<p>Objectives of the review:</p> <ul style="list-style-type: none"> • To investigate 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 in on how we are designing our services in a way that will prevent increased need and enable residents to live their lives as independently as possible.
<p>How does this review contribute to the Council’s priorities?</p> <p>Adults Social Care’s Vision is to ensure Islington is 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. The focus in Adult Social Care is very much around early intervention and prevention, maximising people’s independence, and closer collaboration with our partners.</p> <p>This scrutiny review will enable the committee to explore issues related to the changing legislative framework, assess and scrutinise the council’s plans for responding to these changes, consider how those plans will impact on residents, and explore areas for further service improvements.</p>
<p>Scope of the review and evidence to be received:</p> <p>The review will focus on...</p> <ul style="list-style-type: none"> - The Legislative Framework in which we operate now and into the future, including the risks and opportunities within the 2022 Health & Care Act; - The context we work within and developments necessary to meet changing needs and expectations;

- 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
- The experiences of service users, what they value in our services, and areas for improvement;
- How we are working with our partners to optimise service delivery.

Evidence was received as set out in the report.

Additional information:

In carrying out the review the committee will consider equalities implications and resident impacts identified by witnesses. The Executive is required to have due regard to these, and any other relevant implications, when responding to the review recommendations.

This page is intentionally left blank

Public Health

222 Upper Street

Report of: Director of Public Health

Meeting of: Health and Care Scrutiny Committee

Date: October 2023

Ward(s): All

Public Health Performance Q4 and End of Year 2022/23

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 is 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 the quarter 4 and end of year 2022-2023 (reported one quarter in arrears due to reporting data lags), progress against targets for those performance indicators that fall within the Health and Social Care outcome area, and for which the Health and Social Care Scrutiny Committee has responsibility.

2. Recommendations

2.1 To note performance against targets in quarter 4 2022/23 for measures relating to Health and Independence.

3. Background

3.1 A suite of corporate performance indicators has been agreed which help track progress in delivering the Council's strategic priorities. 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 Social Care Scrutiny Committee is responsible for monitoring and challenging performance for the following key outcome area: Public Health.

3.3 Scrutiny committees can suggest a deep dive against one objective under the related corporate outcome. This can 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.

Public Health Performance Q4, 2022/23

4. Key Performance Indicators Relating to Public Health

PI No	Key Performance Indicator		Target 2022/23	2021/22 Actual	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	On target?	Q4 last year	Better than Q4 last year?	End of year position 22/23
H11	Population vaccination coverage DTaP/IPV/Hib3 at age 12 months		Improvement to 21/22	85%	88%	89%	89%	88%	Yes	87%	Yes	89%
H12	Population vaccination coverage MMR2 (Age 5)		Improvement to 21/22	70%	70%	69%	70%	69%	Yes	70%	Same	70%
H13	Health visiting performance of mandated visits - % new birth visits		95%	N/A new indicator	96%	95%	95%	94%	Yes	N/A new indicator	Same	95%
H14	% Of eligible population (40-74) who have received an NHS Health Check.		8.5%	N/A new indicator	2.4%	3%	2.7%	4%	Yes	N/A new indicator	Yes	12.1%
H15	% Of smokers using stop smoking services who stop smoking (measured at four weeks after quit date)		55%	62%	65%	69%	57%	57%	Yes	66%	Yes	62%
H16	No of people in treatment year to date:	Primary drug users	5% increase of 21-22 Q4 baseline - 1306	N/A new indicator	857	885	1041	1076	No	1244	No	1076
		Primary alcohol users	5% increase of 21-22 Q4 baseline - 412	N/A new indicator	210	218	292	326	No	392	No	326
H17	% Of drug users in drug treatment who successfully complete treatment and do not re-present within six months		20%	14%	9%	8%	7%	8%	No	17%	No	8%
H18	% Of alcohol users who successfully complete the treatment plan.		42%	36%	34%	38%	38%	41%	Yes	36%	Yes	38%
H19	Mental health awareness and		624	N/A new Indicator	101	140	115	157	No	N/A New	N/A New	513

PI No	Key Performance Indicator	Target 2022/23	2021/22 Actual	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	On target?	Q4 last year	Better than Q4 last year?	End of year position 22/23
	suicide prevention (number trained).								Indicator	Indicator	
HI10	Making Every Contact Count (MECC) (number trained).	300	N/A new indicator	56	78	110	98	Yes	N/A new indicator	N/A new indicator	342
HI11	No of Long-Acting Reversible Contraception (LARC) prescriptions in local integrated sexual health services	1100	1857	553	386	423	370	Yes	462	No	1732

Quarter 4/End of Year (2022/23 Performance Report – Public Health)

5. Immunisation

5.1.1 Primary vaccinations are important for providing long-term protection to children against a number of diseases. Individual unvaccinated children are at risk, and when the population levels of vaccination are low, outbreaks of infectious diseases are more likely and spread more easily through the unvaccinated population.

5.1.2 This measure considers population coverage of two key routine childhood vaccinations indicators:

- HI1. The 6-in-1 vaccine (DTaP/IPV/Hib3 - vaccinating against diphtheria, hepatitis, Hib, polio, tetanus and whooping cough), which is scheduled as 3 doses at ages 2, 3 & 4 months. The indicator is the percentage of children aged 12 months who have had the complete set of 3 vaccinations.

- HI2. The MMR vaccine (measles, mumps and rubella) is given in 2 doses, at age 12 months and at age 3 years and 4 months. The indicator reported is the percentage of children aged 5 who have had both doses of MMR.

5.1.3 The data given here is extracted from the local HealthIntent childhood immunisation dashboard. This may differ slightly from nationally reported data due to data quality and data upload requirements but is considered the most accurate and most timely measure.

5.1.4 COVER data (Cover of Vaccination Evaluated Rapidly) provides open access population level coverage of childhood vaccinations across the country and allows for benchmarking. The data reported nationally for Islington can differ from

HealtheIntent data which is regarded as the most accurate data source and therefore can differ due to coding issues and data flows.

5.2. HI1 - Population vaccination coverage DTaP/IPV/Hib3 at age 12 months.

5.2.1 In Q4, 88% of children aged 1 had a complete course of the 6-in-1 vaccine. The cohort includes children who may have missed or delayed their first due vaccinations between June 2021 and June 2022 due to difficulties or concerns about accessing health care services.

5.2.2 This quarters coverage is similar to the previous quarter (Q3) performance when it was at 89%. By the end of the year, take up of the vaccine is higher when compared to the last years end of year position (89% for 2022/23 vs 85% for 2021/22).

5.2.3 When comparing Islington quarter 4 performance (through the rates of coverage reported through COVER data for all three doses) Islington performance is lower at 84% than London and England rates for quarter 4 (87% and 92% respectively).

5.3 HI2 - Population vaccination coverage Measles, Mumps and Rubella (MMR) (age 5).

5.3.1 In Q4, 69% of children aged 5 received both doses of the MMR vaccination. This cohort were due their second dose of MMR between August 2020 and July 2021, during the pandemic period. Children who missed their vaccinations during that period would have been able to catch up at any time up to March 2023 and still be included in this data.

5.3.2 This quarters coverage is similar to the previous quarter (Q3). By the end of this year, the performance is on average the same at 70%, when compared to the end of year position from 2021/2022.

5.3.3 When comparing Islington's quarter 4 performance (through the rates of coverage reported through COVER data for both doses) Islington performance is lower at 69% when compared to the London average of 75% and 85% in England.

5.4 Population vaccination coverage – key successes and priorities

5.4.1 The performance of both the 6-in-1 and the MMR vaccinations have held up well, with 6-in-1 rates now slightly higher than pre-pandemic levels, and rates of MMR similar to that of pre-pandemic levels.

5.4.2 The organisation, commissioning and delivery of vaccinations is primarily the responsibility of the NHS, with GP practices for younger age groups and school-based vaccination teams for school-aged children and young people.

5.4.3 Public Health is supporting the NHS Integrated Care Board program to boost vaccination rates in Islington, by inviting under-vaccinated children to book for

vaccinations, raising awareness through local HealthWatch outreach activities within communities.

5.4.4 The national catch-up campaigns focussing first on polio and more recently on polio plus MMR, have also provided additional opportunities to amplify local messaging via the early years system.

5.4.5 There is, however, a lower uptake amongst the Somali and children of black African and black Caribbean ethnicities from available data. It is important to note inequalities by ethnicity are less easy to identify, as the recording of ethnicity is incomplete in a substantial proportion of primary care records. The community outreach activity will focus on these communities and geographies.

5.4.6 A survey to further understand parental attitudes towards vaccinations, the reasons for hesitancy and factors that support take up, was conducted. This is currently being analysed and will be followed by focus group sessions with parents.

5.4.7 The 2023's focus on childhood immunisation involves health promotion throughout summer, as well as building local resilience through early years and the local health protection forum.

6. Children and Young People

6.1 Health visiting performance of mandated visits - % of New Birth Visits (NVB)

6.1.1 Nationally, local authorities are mandated to commission five universal health visiting checks for families, from pregnancy through to baby aged two. These reviews form part of the Healthy Child Programme (the national child public health programme) and is recommended for all babies and young children.

6.1.2 New Birth Visits (NBV) may happen in several settings, such as a clinic, a children's centre, at home, or at a GP surgery. Parents and children who are more vulnerable may receive additional visits, and referrals can be made for extra help or support.

6.1.3 In Q4, 94% (522/555) of babies received a New Birth Visit within the specified time frame. 25 were seen after 14 days (of whom 13 babies were still in hospital), and 8 were not completed (4 still in hospital and 4 moved out of area). Including late visits, 99% of babies were seen, and exception reporting accounted for all children.

6.1.4 The vast majority of visits were carried out at home, which both supports families within their own environment and enables health visitors to assess for any risks that may be present.

6.1.5 The performance in Q4 (94%) is very similar to Q3 (95%) and the same as the Q4 position for 2021-22 (94%). The local performance of 94% in Q4 compares very favourably to a national rate of 80% in Q4, and a regional (London) rate of 81% in Q3.

6.1.6 During the course of the year, performance has remained strong and consistent across the borough with on average 95% (2205/2325) of babies seen within 14 days of birth. Overall, the service achieved a good level of delivery of New Birth Visits and has met its target for 2022/23.

6.1.7 This is a universal service for all families with a new baby, including those with extended hospital stays. It focuses on "warm handover" from neonatal to home care, especially for very premature or disabled babies. This is an area of focus for the next year, as we develop the Start for Life element of the Family Hubs programme, and which has successfully integrated into the Bright Start program over the last year.

7. Healthy Behaviours

7.1 Percentage of eligible population (aged 40-74) who have received an NHS Health Check.

7.1.1 The National NHS Health Checks programme aims to improve the health and wellbeing of adults (aged 40-74), through advice and the promotion of early awareness, assessment, and where needed, treatment and management of the major risk factors for cardiovascular disease (CVD).

7.1.2 In Islington, NHS Health Checks are provided through GP practices across the borough via the Locally Commissioned Service (LCS) programme.

7.1.3 During Q4, 2165 Islington residents completed an NHS Health Check. This is 4% of the total eligible population according to data from the Office of Health Disparities (OHID).

7.1.4 Islington's health check performance in 2022/23 has exceeded the local target of 8.5%, surpassing England's (7.2%) and London's (10%) performance. This may in part reflect 'catch up' activity for people who may have been eligible for health checks when the Covid pandemic most affected GP practices.

7.1.5 This also reflects an emphasis on identifying risk factors and improving early diagnoses more generally which may also have been missed over that period.

7.1.6 The focus for next year will be on assessing service equality by gathering demographic data and engaging GP practices with lower coverage to increase health check delivery.

7.2 Percentage of smokers using stop smoking services who stop smoking (measured at four weeks after quit date).

7.2.1 The community stop smoking service 'Breathe' offers behavioural support and provides stop smoking aids to people who live, work or study in Islington. The 3-tiered service model ensures that smokers receive the support that is appropriate for their needs. Breathe also trains, supports, and monitors a network of community pharmacies and GP practices to deliver stop smoking interventions under the Locally Commissioned Service (LCS) provision.

7.2.2 In Q4, the success rate is above target across the service at 57% which is the same as the previous quarter (Q3). This is lower when compared with the same period from last year when the 4-week quit rate in Q4 2021/22 was higher at 66%. The overall end of year position for the year is at 62% and is substantially above the annual target, and better than those indicated in national guidelines.

7.2.3 More than half (66%) of all 4-week quits in Q4 were achieved by the community service. 9% of these quits were delivered in partnership with the Whittington Health respiratory team in Q4. Around 40% of the Breathe service users received intensive personalised tier 3 support in 2022/23.

7.2.4 The service has reached residents from across the borough, including some of the more deprived wards, such as Hillrise, Junction, Finsbury Park, Caledonian, Holloway and St Mary's.

7.2.5 The service has also successfully reached socio-economic groups with higher smoking rates, with 51% of successful quits in Q4 occurring among these groups (including those who are sick, disabled, or unable to work, long-term unemployed and routine and manual workers). Additionally, 52% of service users were from racially minoritised groups.

7.2.6 Activity within primary care (GPs and pharmacies) however remained at the same levels as previous quarters and remains a concern. This can be attributed to system pressures affecting staffing, capacity, and prioritisation of smoking cessation in these settings. Whilst activity has remained stable throughout 2022/23, it is less than half of GP and a third of pharmacy activity compared to 2019/20.

7.2.7 Smokefree pregnancy continued to be a strong focus for the service with excellent results in Q4. This work is embedded within an NCL programme which drives improvements in how maternity services record smoking and support pregnant smokers to quit. 38 pregnant women accessed the service in Q4, an 81% increase from last quarter. The 4-week quit rate was excellent at 76% in quarter 4 and 55% of quits were CO verified.

7.2.8 A new service provider is now in place and Public Health Officers continue to work to improve the service's reach across the community, with a particular focus on inequalities, and stop smoking success rate.

7.3 Substance Misuse

7.3.1 'Better Lives' is the Islington integrated drug and alcohol treatment service. The service is commissioned to provide comprehensive support to residents aged 18+ who need support in addressing their alcohol and/or drug use. This includes:

- Harm minimisation advice
- 1:1 structured support
- Substitute prescribing
- Group sessions
- Peer support

- On-site mutual aid (pre-covid)
- Education, training and employment
- Family support service
- Psychiatric and psychological assessment and support

7.4 Number of people in treatment year to date.

- **Primary drug users,**
- **Primary alcohol users**

7.4.1 In Q4, the number of people in drug treatment was at 1076 and the number of people in alcohol treatment at 326. This indicator is reported as a rolling measure which represents a snapshot of the numbers of people in treatment in the quarter. (It is not a cumulative indicator).

7.4.2 The number of people in drug and alcohol treatment has increased throughout the year with increases throughout the successive quarters. By the end of Q4, there had been 287 new presentations to treatment for drugs and 131 for alcohol during the year.

7.4.3 Please note the Q1 to Q3 data varies from that previously reported due to a change in the indicator.

7.5 Percentage of drug and alcohol users in drug treatment who successfully complete treatment and do not re-present within 6 months).

7.5.1 In Q4, 8% of drug users in treatment successfully completed treatment and did not re-present within 6 months, against a local target of 20%. This is also the average performance for this indicator for the year 2022/23.

7.5.2 41% of alcohol users in treatment successfully completed treatment and did not re-present within 6 months and against the local target of 42%, showing an improvement in year and when compared with the same period last year (36% at Q4, 2021/22).

7.6 Substance misuse services summary and key issues for 2022/2023

7.6.1 The successful completion of alcohol treatment is showing an improvement in year and when compared with the same period last year (36% at Q4, 2021/22).

7.6.2 There were issues affecting reporting due to the severe outage issues with the service's case management system that happened earlier in the year. This impact has been addressed and is monitored to ensure effective reporting.

7.6.3 A number of newly recruited staff to improve the operation of pathways is now in place, with additional investment for outreach posts, which will improve pathways into the substantive treatment service, and core frontline posts and will improve service capacity and quality.

7.6.4 Public Health Officers are working with the provider to identify opportunities to partner with third sector providers to deliver innovative additional support services in 2023/24, with a particular focus on groups that are under-represented.

7.6.5 The service has embraced the newly launched Individual Placement and Support programme and we anticipate seeing further increases in the number of service users being supported into work. These are important underlying and long-term factors in achieving and sustaining recovery.

7.6.6 The focus going forward; Public Health Officers are;

- Collaborating with wider stakeholders to plan and implement interventions and service enhancements through additional investment delivered by the National Drug Strategy.
- Specifically, there is a focus on increasing numbers of people accessing treatment via the (1) criminal justice system, (2) healthcare settings, and (3) community pathways such as via Community and Voluntary (third sector) organisations.

8. Number of staff and volunteers completing training to support residents around their health and wellbeing.

8.1 Number of people receiving mental health awareness training.

8.1.1 The Mental Health Awareness (MHA) and Suicide Prevention Training courses aim to enhance mental health awareness and skill development among frontline staff and local communities in Islington.

8.1.2 The borough has significantly higher levels of mental health need than other London authority localities and England and there are considerable inequalities in mental health experienced within the borough.

8.1.3 In Q4, a total number of 157 people were trained in Islington. 61 people attended Islington-only MHA courses, which was an increase on the previous quarter (48). 96 people in total attended and completed the course in Islington.

8.1.4 Service highlights for this year (compared to last) include:

- An increase in the number of courses delivered.
- An increase in the number of people that have been trained.
- Reduced barriers to MHFA delegates (removal of the 'online activities')
- Strong networking and relationship building throughout the borough.
- Production of a new brochure sent to all key agencies and partner organisations and community groups.
- Updated training pages to support the timely promotion of courses.

The courses have significantly impacted employees' awareness of health inequalities, enhancing their understanding of mental health, stress, and addressing presenting needs.

8.1.5 2022-23 was the first full year delivering MHA training within the context of COVID 19 recovery, and the subsequent changes this brought to everyone's lives, including the way people work and the way they attend training.

8.1.6 One factor in the lower than target performance is the 'Did Not Attend' (DNA) rate, which increased to 33.7% this year, partly due to increased enrolment for courses.

8.1.7 The provider of the training, ReThink, plans to reduce open courses and increase group sizes, based on feedback and evidence from the past year.

8.2 Making Every Contact Count (MECC) – number of people trained in the programme.

8.2.1 Making Every Contact Count (MECC) is central to how we best support residents to get help for issues affecting their health and wellbeing. The short training courses provide staff with the skills, knowledge, and confidence to spot opportunities in the conversations they are already having with residents to signpost them to support. The training is available to all council, NHS, voluntary and community sector staff.

8.2.2 In quarter 4 , 98 staff and volunteers from Islington completed MECC training exceeding the quarterly target of 75. Over the course of the year, a total of 342 people in Islington completed the MECC training which is above the annual target of 300. This included 240 staff from departments across the Council, as well as 74 staff from voluntary and community sector organisations. The remainder of participants (28) were from NHS organisations and local businesses.

8.2.3 There has been a good level of engagement with MECC training throughout the year. The successes for this quarter and year include:

- The introduction of tailored Cost of Living focussed MECC training sessions which have been very well attended.
- Feedback on the quality and usefulness of the training has been very positive among staff and volunteers who have attended.
- Good engagement among staff working across sectors helps maximise the impact of our MECC programme, and supports residents to get help early across a range of issues that may be affecting their health and wellbeing.

8.2.4 In 22/23, 77% (265 people) of those who completed MECC training provided their ethnicity highlighting impact on inequalities. Of these:

- 47% were from White ethnic groups
- 31% were from Black ethnic groups
- 9% were from Asian ethnic groups
- 8% were from Mixed ethnic groups
- 5% were from Other ethnic groups.

8.2.5 The focus for the next quarter will be for Public Health Officers to work on the plans for recommissioning of the service offer, as the current service ends in March 2024.

9. Sexual Health Services

Number of Long-Acting Reversible Contraception (LARC) prescriptions in local integrated sexual health services.

9.1.1 Long-Acting Reversible Contraception (LARC) is an effective contraceptive used to prevent unintended pregnancy. Sexual health services offer support to women in understanding the benefits and drawbacks of the range of contraception available in order to help identify the right contraceptive choice.

9.1.2 LARC is available through the 'Integrated Sexual Health' service, delivered by Central and North West London NHS Trust (CNWL). Sexual health services are open access and provide a number of services in addition to LARC, such as testing and treatment for sexually transmitted infections, sexual health advice, emergency hormonal contraception, anti-HIV Pre-Exposure Prophylaxis (PrEP) and other forms of contraception.

9.1.3 In addition to open access sexual health services, LARC is also available in primary care through a Locally Commissioned Service (LCS) agreement, funded through Public Health.

9.1.4 In Q4, the service has delivered LARC to 1,732 women and during the 22/23 financial year exceeded their target of 1100. This is an exceptionally positive as the service has had to manage the end of pandemic restrictions, MPox (formerly Monkey Pox) outbreak management and vaccination and a Hep A cluster outbreak over the same period.

9.1.5 The Integrated Sexual Health service provider has supported the successful rollout of the MPox vaccination which saw them as the second biggest delivery partner for the vaccine in London. There has been successful delivery of anti-HIV PrEP programme which demonstrated a 16% increase in uptake in the programme by Islington residents. By the end of Q3 the programme had reached 454 Islington resident, 1,093 NCL-wide.

9.1.6 The current service will expire in 2025. Public Health Officers are working with other boroughs across North Central London (NCL) localities in preparing for the recommissioning of this service.

10. Implications

10.1 Financial implications:

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

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

10.2 Legal Implications:

There are no legal implications arising from this report.

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

There is no environmental impact arising from monitoring performance.

10.4 Resident Impact Assessment:

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010).

The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

11. Conclusion

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: Jonathan O' Sullivan
Acting Director of Public Health

Nurullah Turan

Date:

Corporate Director and Exec Member

Report Author: Jasmin Suraya - Islington Public Health

Tel: 020 7527 8344

Email: Jasmin.suraya@islington.gov.uk

HEALTH AND CARE SCRUTINY COMMITTEE

WORK PROGRAMME 2023/24

Meeting date: 3 July 2023

1. Membership and Terms of Reference
2. Health and Wellbeing Update (Executive Member - verbal)
3. Update on GP Surgeries from NHS Integrated Care Board
4. Quarter 3 Performance Report – Public Health
5. Scrutiny Review – selection of topic
6. Work Programme 2023/24

Meeting date: 5 September 2023

1. Health and Wellbeing Update (Executive Member - verbal)
2. Scrutiny Review – Approval of Scrutiny Initiation Document & Initial Presentation
3. Healthwatch Annual Report and Work Programme (TBC)
4. Quarter 4 Performance Report - Adult Social Care
5. Scrutiny Review 2022-23: Adult Social Care Transformation Final Report
6. Work Programme 2022/23

Meeting date: 5 October 2023

1. Health and Wellbeing Update (Executive Member - verbal)
2. Scrutiny Report 2022/2023
3. Scrutiny Review – Witness Evidence
4. Camden and Islington Mental Health Trust Performance update
5. Quarter 4 Performance Report – Public Health
6. Work Programme

Meeting date: 14 November 2023

1. Health and Wellbeing Update (Executive Member - verbal)
2. Executive Member for Health and Care - Annual Report
3. Scrutiny Review – Witness Evidence - Islington GP Federation
4. London Ambulance Service Performance update (TBC)
5. Quarter 1 Performance Report – Public Health
6. Quarter 1 Performance Report – Adult Social Care
7. Work Programme

Meeting date: 18 December 2023

1. Health and Wellbeing Update (Executive Member - verbal)
2. Scrutiny Review – Witness Evidence
3. Whittington Hospital Performance update (TBC)
4. Islington Safeguarding Adults Board - Annual Report
5. Work Programme 2022/23

Meeting date: 23 January 2024

1. Scrutiny Review - witness evidence
2. Health and Wellbeing Update (Executive Member - verbal)
3. Moorfields Eye Hospital Performance report (TBC)
4. Quarter 2 Performance Report – Adult Social Care
5. Work Programme 2022/23

Meeting date: 4 March 2024

1. Health and Wellbeing Update (Executive Member - verbal)
2. Quarter 2 Performance Report – Public Health
3. UCLH Performance update (TBC)
4. End of Life Care
5. Scrutiny Review – draft recommendations

Meeting date: 15 April 2024

1. Health and Wellbeing Update (Executive Member - verbal)
2. Overview of Addiction Services – TBC
3. Quarter 3 Performance Report – Public Health
4. Quarter 3 Performance Report – Adult Social Care
5. Update on Access to NHS Dentists
6. Scrutiny Review - Final Report

Other possible items

The Committee previously suggested that it may be helpful to review issues relating to direct payments and the council's emerging Dementia Strategy.