London Borough of Islington

Health and Care Scrutiny Committee - Tuesday, 14 November 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, 14 November 2023 at 7.30 pm.

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

Councillor Jilani Chowdhury in the Chair

1 INTRODUCTIONS (ITEM NO. 1)

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

2 APOLOGIES FOR ABSENCE (ITEM NO. 2)

There were apologies from Councillor Zammit and Councillor Gilgunn.

3 DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)

Councillor Poyser acted as substitute for Councillor Zammit.

4 DECLARATIONS OF INTEREST (ITEM NO. 4)

For Transparency, Councillor Russell explained she was the Deputy Chair of the Health Committee on the London Assembly.

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

RESOLVED: The minutes of the previous meeting held on the 5th October 2023 be deferred to the next committee meeting, which will be held on Monday 18th December 2023.

6 CHAIR'S REPORT (ITEM NO. 6)

The Chair reminded those present that paperwork should be provided in advance to allow the Committee time to read them. It was highlighted that presentations and questions should be kept focused and to the point.

7 PUBLIC QUESTIONS (ITEM NO. 7)

The Chair advised that any questions from the public should relate to items on the meeting agenda and that members of the public would be given the opportunity to ask their questions once councillors had spoken.

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

The Cabinet Member for Health and Social Care explained that the Health and Wellbeing Board had discussed several topics. It was highlighted that in 2022 the National Institute for Health Research had conditionally approved Islington Council as a health determinant research collaboration (HDRC), locally this was called evidence

Islington. Following a successful pilot Islington was given full HDRC status beginning in October 2023. Only 13 local authority areas had been awarded the status nationally. The Council would receive £5 million in funding to drive a culture of research, data and evidence-based policy making in partnership with residents and other health and academic partners.

The Islington Safeguarding Children's Partnership Annual Report 2021-22 was considered. It was noted that over the past year the partnership had made some significant progress. There had also been challenges, particularly in neglect, where there was a recognised need for targeted training, auditing, and a detailed neglect strategy. The Council had achieved success in amplifying the voice of children across all initiatives. There had also been a successful youth strategy which led to a decrease in knife crime amongst young people and an action plan targeting disproportionality in the youth justice service. Areas that still required improvement included social, emotional, and mental health waiting times for services. A strategic plan was in place to try to improve these times. The partnerships training on safeguarding and information sharing was commended and work to tackle violence against women and girls had bolstered multiagency collaboration.

The performance and impact of the better care fund was discussed. Then, the drugs and alcohol partnership and delivery programme and its progress against the national drug strategy. It was explained that Islington's current integrated drug and alcohol service 'better lives' operated from three locations in the borough and supported people who used drugs as well as their families and carers. Outreach support was commissioned for people sleeping rough or who were at risk of sleeping rough. It was highlighted that treatment options delivered by multidisciplinary teams reflected diverse needs and included, 1:1 key working, counselling, psychological therapy, group work, day programmes, self-help, mutual aid groups, pharmacological treatments, and residential rehabilitation. The service also provided physical health support, including blood borne virus testing and treatment and social support including housing and debt advice, skills coaching, education training and employment support. It was highlighted that Islington had commissioned an additional targeted programme called 'support when it matters' that would support 60 Islington residents over 10 weeks using its prepare, adjust, contribute and thrive model.

A member asked how the youth strategy had contributed to the reduction in knife crime. It was explained that the report went into more detail and would be circulated to the committee after the meeting. Following a question on preparation for the roll out of project adder the executive member said it would be discussed at the executive members meeting.

9 SCRUTINY REVIEW OF ACCESS TO HEALTH AND CARE SERVICES IN ISLINGTON - WITNESS EVIDENCE (ITEM NO. 9)

The Committee received a presentation from the Islington GP Federation (IGPF) as part of their scrutiny review. The federation explained they could not speak on behalf of individual GP practices but had a role in supporting those practices. They were owned by all but one eligible Islington GP Practice. The IGPF's vision was to ensure and shape how all Islington registered patients had free and equitable access to good, safe, value for money primary care into the future. Some examples of their work included supporting GP practices facing difficulties; individual practice support; a physical support programme for homeless people and another for those who had severe mental health needs; development of a digital triage hub and support for four out of five primary care networks. It was highlighted that practice-based pharmacists were now helping with medicine management to enable GP's to have more time

seeing patients and that clusters of practices were working together analysing and benchmarking data to improve access.

Following a question about the Northern Medical Practice the Committee were informed that the practice would be housed at the Holloway Health Centre.

A committee member asked whether there were plans for or whether there had already been implemented across the federation, skills share opportunities if a GP Service may have developed specialist knowledge in a particular area, such as transgender medicine or care. The IGPF said that GPs are considered generalists and work with patients holistically.

The IGPF were asked about planning for demand and capacity and they informed the committee that they didn't represent individual practices however they had changed how they managed access and were now using a triage system to manage calls more efficiently. They had also looked at patterns of behaviour and realised there were 50% more contacts on a Monday so they could adjust their staffing model accordingly. GPs were also working with digital hub administrators to deal more efficiently with patient queries.

A committee member asked about the recording of transgender and gender diverse people's information as misgendering could impact a person's willingness to engage with the service. Additionally, it was important to ensure appropriate health screenings were being carried out. The IGPF explained that preferred names were used but they could do more work to ensure those patients needs were being flagged. A councillor offered to provide a copy of a previous scrutiny review into access to everyday healthcare for transgender and gender diverse people.

The IGPF were asked what learning there had been from supporting the two GP practices that had been facing difficulties and whether there were any plans to bid for practices. It was explained that the IGPF would be bidding for practices, but its ethos was to support practices to get back on their feet wherever possible.

A committee member asked how the IGPF protected patients' data. It was explained that they had a contract with a Data Protection Officer. They spoke of a tension between patients wanting access to their records and directives from national government to share information and the safety of digital applications.

The Chair asked whether it was true that some GP surgeries were working at five times their capacity. The IGPF said that it was possible to grow and retain quality if the challenges were met effectively by the practices. The role of the IGPF was to support each other not to scrutinise quality.

The Chair asked whether there was support for those who had difficulty accessing appointments digitally. The IGPF explained that the primary method of consultation was through econsult, which was online, but that 20% of patients did not want to use the platform. Those patients could either phone in or attend the practice. Disadvantaged groups were also being proactively engaged with to help tackle digital exclusion.

10 LONDON AMBULANCE SERVICE PERFORMANCE UPDATE (ITEM NO. 10)

The London Ambulance Service gave an update to the Committee on their performance.

A committee member asked whether the specialist mental health nurses had helped with call outs. It was explained that the service was now better equipped to provide patients with the right care at the right time.

Following a question on roads, it was explained that the landscape had changed, and it had become more difficult for ambulances to get around. The ambulance service was using motor and push bikes to respond to incidents faster and they would also provide responses to planning applications where there was a concern.

A member asked why paramedics didn't use electric bikes. It was explained that the ambulance service had started to trial some power assisted bikes. The positive impact of the Universal Care Plan was highlighted by a committee member.

11 QUARTER 1 PERFORMANCE REPORT - ADULT SOCIAL CARE (ITEM NO. 11)

The Deputy Director of Operations Adult Social Care presented to the Committee on the Performance Report for Adult Social Care. It was highlighted that there was a new indicator which was the percentage of people with an outcome of no support needed after a period of reablement. The indicator currently stood at 75% but had been 81% during the previous year. This was due to a reduced offer in 2021-22 with the team now seeing more people. Key performance indicator 6 was also new and highlighted the proportion of section 42 safeguarding enquiries where a risk was identified, and the reported outcome was that the risk was reduced or removed. This was at 89%.

A committee member asked what assurances there were that the admissions to nursing or residential care homes weren't reduced due to people being in hospital beds instead. It was explained that best practice is to help people remain in their homes however it was understood that sometimes residential care or a nursing setting were best for the individual.

Following a question on self-neglect, it was explained that under the Care Act the Council had an obligation to continue to work with people who were self-neglecting and there were different approaches that could be taken.

MEETING CLOSED AT 9.30pm

Chair