

London Borough of Islington
Health and Care Scrutiny Committee - Tuesday, 23 January 2024

Minutes of the meeting of the Health and Care Scrutiny Committee held at The Council Chamber, Town Hall, Upper Street, N1 2UD on Tuesday, 23 January 2024 at 7.30 pm.

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

Councillor Jilani Chowdhury in the Chair

25 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.

The Chair informed the committee that due to technical difficulties it would not be possible to webcast the meeting.

26 APOLOGIES FOR ABSENCE (ITEM NO. 2)

Apologies were received from Councillor Gilgunn

27 DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)

There were no substitute members at the meeting.

28 DECLARATIONS OF INTEREST (ITEM NO. 4)

For transparency Councillor Russell informed the committee that she was the Deputy Chair of the London Assembly Health Committee.

For transparency Councillor Burgess informed the Committee she was a trustee of the Cloudesley Charity and the Council's Carers Champion.

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

RESOLVED: That the minutes of the meeting held on 18th December be confirmed as an accurate record of proceedings and the Chair be authorised to sign them.

30 CHAIR'S REPORT (ITEM NO. 6)

The Chair informed the committee of new statutory guidance, on the operation of health scrutiny arrangements, the main focus of the change was the removal of the power of health overview and scrutiny committees (HOSC) to formally refer matters of concern relating to major service reconfiguration to the Secretary of State. Instead, the Secretary of State could act proactively, further to a request that he or she may receive from anyone and such action would be subject to consultation with the HOSC, amongst others.

The Chair reminded the committee that a written briefing had been circulated regarding a consultation on proposed changes to maternity, neonatal and children's surgical services in North Central London. The committee agreed to receive a presentation on this at their next meeting.

The committee were reminded that there were upcoming dates for the committee to meet with residents to get a better understanding of their scrutiny review into access to adult social care and GP services. Members were asked to confirm attendance and to provide some questions in advance to democratic services.

The Chair expressed his disappointment that a representative for the Islington Access Hubs was not available to attend another meeting, and requested they ensure attendance at the March meeting.

The Chair asked committee members and everyone presenting to keep presentations and questions short and to the point.

31 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.

32 WHITTINGTON HOSPITAL PERFORMANCE UPDATE (ITEM NO. 8)

The committee received a performance update from Whittington Hospital.

A committee member felt the hospital's accident and emergency (A&E) service needed improvement to ensure people who needed the service weren't put off from attending. It was explained that it was designed for 60,000 people but 108,000 people were attending and there were not always enough beds. They had however opened a second ward and were seeing some improvements in performance, and they had been allocated some funding for cosmetic changes.

The Chair asked whether more people were attending A&E because they were not getting GP appointments. It was explained that there was not specific data on this available and people may choose to visit A&E because they know they will be seen.

The Committee considered the transfer of patients from hospital beds to their homes, they were particularly concerned about muscle atrophy during hospital stays and were interested in how people were encouraged to stay active at home. It was explained that there was a focus on providing occupational and physical therapists whilst at the hospital and care packages for people once they had gone home. There were some difficulties related to funding and also placing people in settings outside of the hospital.

The Committee asked about early intervention and preventative care. It was explained that councillors could help spread health related messages to the

public by linking in with their public health team and encouraging people to visit their GP. Whittington Hospital said they would look at tic toc as a way to reach a younger audience.

A committee member asked about low staff morale concerns. It was explained the hospital had been doing a lot to improve staff morale, including hiring a new staff lead for wellbeing. Following a staff survey each department would also be creating an action plan to work on any issues identified.

A committee member asked if there were concerns regarding the number of deaths at the hospital. The committee were informed the number of deaths were within the normal parameters and were not an outlier so there were no concerns.

A committee member asked what type of response the hospital had received to the consultation on proposed changes to maternity, neonatal and children's surgical services in North Central London. The committee were informed that there had been approximately 500 responses that were largely positive toward Whittington Hospital.

A committee member asked if there was an existing strategic relationship with University College London Hospitals NHS Foundation Trust (UCLH). It was explained that there was joint working and clinical collaboration.

The Chair asked how the junior doctors strikes were impacting the hospital. The committee were informed that it was the right of the doctors to strike but it was impacting the hospital and the community in a number of ways, including waiting lists, the running of the organisation and the capacity of the hospital to make improvements.

33 SCRUTINY REVIEW - AGE UK (ITEM NO. 9)

The committee received a presentation from Age UK on their scrutiny review into access to GP Services and Adult Social Care.

A committee member asked whether councillors could help with signposting, particularly as they hadn't realised the scale of the organisations offering or that services were available to people aged 16+.

A committee member asked whether the Council or social services could do anything to help the charity to improve access. It was explained that improved communications, particularly joint working with a physical presence would be beneficial, for example the resources for a member of Age UK to be part of the Access Islington Hubs.

Following a question on access it was explained that they predominantly received referrals from professionals or were contacted by phone.

The committee asked whether Age UK faced any problems contacting GP surgeries or Adult Social Care. It was explained that the difficulties in

accessing GP appointments were usually around people's ability to use technology and for Adult Social Care (ASC) it was waiting for the resources once you were in the ASC system.

The committee considered how the public could be made more aware that Age UK supported anyone from age 16. It was explained that Age UK were receiving a high volume of calls, so the messaging about their services was getting out, however they could do some targeted messaging to people who they were not seeing, such as younger people.

A committee member asked how responsive Age UK could be. They tried to respond within 5 days of a referral but due to the rising number of referrals received it could be 6 days.

Following a question on referrals, it was explained that councillors could refer residents to Age UK and Adult Social Care at the same time.

The committee asked Age UK to forward any materials to them that could be shared with residents.

34 **EXECUTIVE MEMBER UPDATE (ITEM NO. 10)**

The Committee received an update from the Executive Member for Health and Care.

The committee considered the growing use of Physicians Associates and whether they were a concern. It was highlighted that clinical nurse specialists and nursing consultants could be a good source of experience in healthcare.

35 **QUARTER 2 PERFORMANCE REPORT ADULT SOCIAL CARE (ITEM NO. 11)**

The committee received the quarter two performance update from Adult Social Care.

36 **WORK PROGRAMME (ITEM NO. 12)**

Resolved:

To include an item on the consultation on proposed changes to maternity, neonatal and children's surgical services in North Central London at the meeting on the 4th March 2024.

MEETING CLOSED AT 9.45 pm

Chair