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London Borough of Islington
Health and Care Scrutiny Committee - Thursday, 21 November 2019

Minutes of the meeting of the Health and Care Scrutiny Committee held on Thursday, 21 November 2019 at 7.30 pm.

Present: **Councillors:** Gantly (Chair), Turan (Vice-Chair), Caluori,
Chowdhury, Clarke, Hyde, Khondoker and Klute

Councillor Osh Gantly in the Chair

- 115 **INTRODUCTIONS (ITEM NO. 1)**
The Chair introduced Members and officers to the meeting
- 116 **APOLOGIES FOR ABSENCE (ITEM NO. 2)**
Councillor Janet Burgess, Executive Member Health and Social Care
- 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 of the Committee held on 10 October 2019 be confirmed, and the Chair be authorised to sign them
- 120 **CHAIR'S REPORT (ITEM NO. 6)**
The Chair stated that she had been due to meet the CCG, however this had been cancelled due to Purdah
- 121 **PUBLIC QUESTIONS (ITEM NO. 7)**
The Chair outlined the procedures for Public questions and the fire evacuation procedures
- 122 **HEALTH AND WELLBEING BOARD UPDATE - VERBAL (ITEM NO. 8)**
Councillor Burgess, Executive Member for Health and Social Care was not able to be present at the meeting so no verbal update was given
- 123 **LONDON AMBULANCE SERVICE - PERFORMANCE UPDATE - PRESENTATION (ITEM NO. 9)**
Graham Norton, and Sen Brinicombe, London Ambulance Service, were present for discussion of this item, and made a presentation to the Committee, copy interleaved.

During discussion of the presentation the following main points were made –

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- LAS operate out of over 70 sites, have 2 Emergency Operations Centres, a Motorcycle response unit, 2 HART teams, Hear and Treat, and a Cycle response unit
- There were 772,262 111 calls in the previous year
- The LAS attended 1.14 million incidents, handled approximately 5000 emergency calls every day, has 6000 staff, of which 65% are frontline staff. There is a growing aging population with complex health needs
- The LAS has introduced a new five-year strategy, designed to build a world-class service for a world-class city
- The LAS purpose is to provide outstanding care for patients, be a first class employer, provide the best value for the public, and partner with the wider NHS, and public sector, to optimise healthcare, and emergency service provision across London
- Patients – LAS playing a larger role in 111/Integrated urgent care provision across London. Integrating 999, and 111 call answering, and clinical support, in order to provide better, and faster care. Working with patient groups, and other providers, to introduce more specialised models of care for a greater proportion of patients. Reducing unnecessary conveyances to emergency departments
- People – LAS recruiting and retaining talent, improving engagement to make sure it is listening to staff, ensuring a healthy workplace, aspiring to excellence in leadership and management, championing inclusion and equality, and recognising and rewarding excellence
- Public value – integrating 111 and 999 call answering will provide a more cost effective service. Pioneer services will reduce unnecessary hospital conveyances, delivering savings for system partners. Detailed internal programme of work to implement the recommendations of Lord Carter's review into unwarranted variation within the NHS. There is also a new partnership with South Central Ambulance Service
- Partners – work closely with a range of partners across London, the Metropolitan Police, London Fire Brigade, and increasingly with other public sector bodies in London, including the Mayor, TfL, and other Local Authorities
- LAS is rated as good by CQC, and has exited special measures. A range of initiatives have been instituted, including reducing avoidable conveyances, upskilling the paramedic workforce to increase see and treat rates, increasing clinical effectiveness in clinical hubs, and increasing opportunities for patients to be conveyed to alternative care pathways
- Leadership – There are CEO roadshows, and LAS has created a Leadership Development Programme, Visible and Engaging Leadership programme, and launched 2 mentoring schemes
- Staff – in 2018/19 – recruited over 850 people across the front line – vacancy rate on 31 March 2019 was 4.6%, compared to 5.9% in previous year. 15% of workforce is from BME community. Launched second WRES action plan – senior trust leadership, workplace experience, and recruitment and development schemes. Freedom to speak up – staff survey indicator score has increased 18% between 2015-2019. Dignity at work – raising awareness and addressing bullying
- Engagement – LAS has had highest ever response to staff survey - 65%, and significant improvements have been made
- Quality and safety – increased Board oversight for clinical effectiveness, with the appointment of two non-executive clinical directors. Quality priorities 2018/19 were achieved, and priorities for 2019/20 agreed. Introduced senior clinical leads to address quality, clinical effectiveness, supervision and compliance against quality and standards. There have been improved risk management systems, and processes, introduced. LAS also completed an

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independent review of training across the organisation, and agreed a quality improvement training programme

- Patient experience – Developed and piloted Pioneering Services, offering specialised responses for more patients. LAS is carrying out closer working with community services, in order to send an appropriate specialist, and refer without conveyance. Mental health calls have continued to increase, and initiatives have taken place in response to this
- Quality priorities 2018/19 Patient safety – Improve assurance processes, improve hospital handovers, roll out secure drug rooms, increase number of defibrillator downloads
- Quality priorities 2018/19 Patient Experience – to achieve a reduction in calls from frequent callers, patient quality improvement, improve knowledge, and training in maternity care
- Islington focus – Increased appropriate care pathways, and Direct access to urgent care centres. Whittington ambulatory care – LAS has had direct access to the Ambulatory Emergency Care Unit since 19 August. This is a significant step forward in managing ever increasing demand, also there has been an upload to i Pads, showing full acceptance criteria, the bypassing of Emergency Department, and enabling streaming of patients to where they need to be
- Since July, LAS have been working towards having access for crews to bring patients to urgent care centres, and to treatment centres directly, avoiding the Emergency Department. There is hospital agreement that, if direct access is not possible, crews will only do one handover in Emergency Department, and leave the hospital to move the patient, as appropriate. There is benefit to patients going to the right treatment locations first time
- LAS has had a direct access to the Ambulatory Emergency Care Unit since August, and this is a significant step forward in managing ever increasing demand. This enables the Emergency Department to be bypassed, and to stream patients to where they need to go
- Islington CCG areas – Conveyances – conveyances to Emergency Department have increased from the 2017/18 year to 2018/19 year, purely because of increased demand. The % figures of patients conveyed to Emergency Department from 2017/18 to 2018/19 has dropped dramatically, as work takes place on increased appropriate care pathways, to enable patients to be treated in their own home, and in the community
- Conveyances – there has been a considerable increase in figures for non-conveyance, dealing with patients in the community. There has been a considerable decrease in figures for See and Convey, bringing fewer patients to hospital. There has also been considerable, and sustained increase, in figures for See and Treat
- More locally for LAS North Central London region – there is senior representation, and engagement, with all external partners, bespoke education is being delivered continually in 2018/19, and a shadowing scheme is being repeated in 2019. There is also increasing, and enhanced appropriate care pathways across the sector, financial initiatives have been won to support Best Care, there are month on month debates with Emergency Departments, and partners, on Care flow, design, capacity and LAS concerns
- It was noted that performance in all categories is excellent
- In response to a question it was stated that most pathways had a clinician involvement, and paramedics provide a triage service
- In response to a question, it was stated that there had been significant improvements in staff training, morale, and support, and this was reflected in improved staff recruitment and retention rates
- Members were informed that staff were being trained in the handling of mental health, and that a pilot is taking place where a mental health nurse

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accompanies a paramedic on calls. This has proved successful, and it is hoped will be more widely introduced in January/February

- Reference was made to the forthcoming winter pressures, and that more staff were now available than last year, and that training is taking place to clearly identify pathways, and keep patients out of hospital, where possible. The Control Room also carries out more hear and treat
- A Member of the Public enquired as to the problems with the algorithm around seriously injured children, and whether this would affect the LAS. The LAS stated that they would respond to him thereon

The Chair thanked Graham Norton and Sen Brincombe for attending

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SCRUTINY REVIEW - ADULT PAID CARERS - WITNESS EVIDENCE- VERBAL (ITEM NO. 10)

Jess McGregor, Service Director Strategy and Commissioning, and Ray Murphy, Joint Commissioning Manager, Older Adults, were present for discussion of this item.

Duncan Patterson, Care Quality Commission, was also present, and made a presentation to the Committee, copy interleaved.

During consideration of the presentation the following main points were made –

- The CQC is the independent regulator of health and social care in England. It ensures that health and social care services provide people with safe, effective, compassionate, high quality care, and encourage care services to improve
- State of Care 2018/19 – People’s experience of care is determined by whether they can access good care when needed. There is a risk of being pushed into inappropriate care settings, and increased demand and challenges around access, and workforce risk, creating a ‘perfect storm’
- Adult social care specific findings – 80% rated good, 4% outstanding, 15% requires improvement, 1% inadequate. There are concerns about capacity set amongst growing unmet need. Staffing is under pressure with high turnover, high vacancy rates, and a lack of people with the right skills. Continued uncertainty about long-term funding
- State of care recommendations 2018/19- action needed from Parliament, Government, commissioners, providers and communities for more and better services in the community, innovation in technology, workforce, and models of care, system-wide action on workforce planning, and long-term sustainable funding for adult social care
- Overview of local systems reviews – in 2017 CQC was commissioned by Government to carry out a programme of 20 local system reviews. CQC has now been asked to continue the programme - 3 new reviews, and 3 follow up reviews published Spring 2019
- The Beyond Barriers report highlights organisations that are focused on individual drivers for success, rather than thinking as a system - system incentives are needed. For people to receive a high-quality service in a real system, there is a need for strong vision, governance, culture and leadership of organisations. There is also a need to work together to focus on the same metrics for success
- Key themes for driving improvement – positive reaction to CQC report, leadership, cultural change, person centred care, staffing, working with partners, and building a community
- Need for consistent, passionate workforce – great consistency of staffing makes a massive difference, there should be limited or structured use of agency staff. Staff need to be empowered to speak out, and suggest changes,

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and staff should be taken on an 'improvement journey'. There should be regular supervision and training, robust recruitment and induction, and management should provide bespoke training

- Outstanding characteristics – People are at the centre, staff who want to offer improved life, not just a service. Good leadership extends beyond the manager, and there is a need to ensure those values are shared to inspire staff. 75% have a registered manager in post. There should be an open culture, and strong links to the local community, with a can-do attitude, dedicated staff, and be creative and innovative
- Common success factors – Committed leaders, putting principles into action, culture of staff equality, staff as improvement partners, people who use services being at the centre, utilisation of external help, and continuous learning
- Supporting providers – Beyond Barriers, quality matters, patch care model, skills for care, Outstanding society, Healthwatch, ADASS
- Effective staffing – new website resource, case studies where health and social care providers make effective use of their staff, different methods, not just numbers and ratios, how to make best use of skills and disciplines/work across the system, efficiency, teamwork, development. Taking flexible approaches to staffing can have a positive impact for people using services
- Medicines in health and adult social care – six common areas of risk – prescribing, monitoring and reviewing, staff competence and workforce capacity, supply, storage and disposal, reporting learning from incidents, administration, transfer of care
- CQC- encouraged improvement by talking about best practice through an independent voice, publish findings, through inspection reports, publications, blogs, learning from incidents, lots of speaking engagements, listening
- Innovation and technology at CQC – encourage improvement, innovation and sustainability – in next year's business plan CQC prioritising the development of a robust, and consistent approach, to regulating innovative, and tech-enabled care provision, and complex cross-sector providers
- Take home messages on tech – as technology and provision evolves, CQC will work alongside people who use, and deliver services, to encourage improvement, stay abreast of technological innovation, refine statutory approach, and welcome discussions with people who use services, providers in the private sector, and entrepreneurs, as to how technology can improve care, while safety and quality of care is ensured
- In response to an enquiry, as to the merging of the 5 CCG's in North Central London, and how this would affect service delivery, it was stated that it could be that improvements could be made from working together, however there is the need to consider how much funding will be made available to develop the service to meet its needs
- Reference was made to the initiatives to recruit and retain care workers, and that this is an important role, and carers needed to be properly rewarded. Carers do have induction and are trained, but there is not a standard qualification for carers. However, there are regulations that need to be adhered to, and there is a need to ensure providers respect protected characteristics, in terms of provision
- In response to a question, it was stated that the CQC carry out a survey of domiciliary services, and there is a guide for sampling of services. There is usually 10% of the service that is sampled, and specialist staff are often employed to assist in these
- A Member enquired if residents could complain to the CQC if they had a complaint, as a result of poor provision at a care establishment. It was stated that residents could contact the CQC if there were problems, and if the concerns were relevant they would be followed up

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- It was stated that the CQC were not aware of any domiciliary services being carried out in house, apart from reablement services

The Chair thanked Duncan Patterson, Ray Murphy and Jess McGregor for attending

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ANNUAL SAFEGUARDING REPORT (ITEM NO. 11)

Elaine Oxley Head of Safeguarding Adults, and James Reilly, Independent Chair Adult Safeguarding Board, were present and outlined the report to the Committee

During consideration of the report the following main points were made –

- Key achievements – selected by the Office of the Public Guardian to pilot a scheme to raise awareness in the borough around Lasting Powers of Attorney. This is an important preventative protection against financial and other types of abuse, for people who lose the ability to make decisions about their finances, health and well-being. The Board continues to encourage partner organisations to focus on the link between homelessness, risk of abuse, and neglect
- A safeguarding adults review was commissioned into the care of Mr.Y, and the report published in August 2019. The Islington Safeguarding Adults Board is working on an action plan to implement recommendations, and its learning from the review. 157 organisations have signed up to the Hate Crime pledge, and the service user, and carer sub group, continues to run successfully, and is positively influencing decisions of the Safeguarding Adults Board. Over the past year, a new safeguarding structure has been introduced in the Police service, which means that Islington now has dedicated safeguarding police officer posts, and this has improved communication
- There has been a 15% increase in safeguarding adults concerns on the previous year, however safeguarding enquiries have decreased. This means that in roughly, 9 out of 10 cases of people where there were concerns, it had been decided not to proceed to a formal safeguarding enquiry
- Referral rates for concerns remain at a comfortable level, and regular case file audits are carried out to ensure that thresholds are being applied appropriately, and proportionately, by practitioners. The three most common types of abuse in Islington last year were neglect, financial and psychological abuse
- There were no cases to date, involving formal enquiries into any suspected cases of modern slavery, or sexual exploitation of adults with care and support needs, however work is taking place to raise awareness of these types of abuse
- The Annual report further details progress on delivering the first year of the Islington Safeguarding Board's 3-year strategy, and Annual Plan 2018/21. The strategy has been aligned with those of the Safeguarding Adult Boards in the North Central London cluster, and there has been collaboration, where it makes sense to do so, such as holding a joint Challenge event around Board assurance work
- In response to a question it was stated that the Safeguarding Board is functioning well and there have been improvements in training and development across the NCL region. It was stated the serious case review into Mr.Y had highlighted a number of issues that needed to be addressed across a number of Local Authorities and Members requested that the summary/action plan be forwarded to them once it is available

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- In response to a question, it was stated that there is a need for more training on the mental health/mental capacity act, and there is a need to build up expertise on these issues
- It was stated that there is a need to review in the forthcoming year, the provision for the 16+ cohort of young people who are at the most risk, and work will take place between the Adult Safeguarding Board, the Children's Board, Community Safety and youth services in this regard
- Reference was made to Liberty Protection Safeguarding, and that this service will start at 16, to keep people safe. This will expand the number of places, where a care order can be made available, in order to keep people safe. In the event of an objection, it will come to the Local Authority for review. The Code of Practice would hopefully be published in December
- In response to a question as to HMP Pentonville, it was stated that the vast majority of prisoners did not reside in the borough, and that there is a challenge for prison officers in terms of training, due to the requirements of the job, and shortage of prison officers available, making it difficult for them to attend appropriate training. There is also a challenge to get home care into the prison, and at the moment in many instances, prisoners are providing care for other prisoners. Elaine Oxley informed Members that she is working closely with the Prison service
- Reference was made to the situation with Lasting Power of Attorney, and that where there is no family member, there is a team in the Council who can assist with financial services, or an alternative person or solicitor can be appointed

RESOLVED:

That the report be noted, and that a summary/action plan in respect of the report into Mr.Y, be circulated to Members when it is available

The Chair thanked Elaine Oxley and James Reilly for attending

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ALCOHOL AND DRUG ABUSE - UPDATE (ITEM NO. 12)

Charlotte Ashton, Deputy Director, Public Health L.B. Islington/Camden, was present for discussion of this item and outlined the report. Georgia Brown, Chair of Islington Clients and Drug Abuse and Alcohol services, Lisa Luhman, Substance Misuse Commissioning Manager, Islington/Camden Public Health, Peter Kane, Divisional Director, Camden and Islington NHS Foundation Trust, and Liz McGrath, Clinical Director, Camden and Islington Substance Misuse service, Camden and Islington NHS Foundation Trust were also present

During discussion of the report the following main points were made –

- Islington experiences some of the greatest levels of substance misuse related harm in London. Substance misuse has significant detrimental impacts on health services, crime and community safety, and is important contributor to adult and children's social care needs, as well as having wider economic, employment and societal impacts
- Better Lives, Islington's adult drug and alcohol recovery services, has been operational since April 2018, following a major redesign and transformation programme. The vision and operating model for the new service, aligns closely with the Council's Corporate Plan, and specifically the development of integrated, place-based working in localities focused on tackling the deeper

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social challenges, which prevent residents from fulfilling their potential, and improving outcomes for themselves, and their families

- The new integrated contract and service model represents a very significant move away from previous ways of working, and service provision. As a consequence, public health commissioners acknowledged that, owing to significant mobilisation and change processes, that the provider needed to implement, in order to establish this new service, performance was likely to be impacted in the first year of the contract delivery
- Prevalence information – new estimates of the number of crack and/or opiate users were published in 2018, and give an indication of the number of people in a Local Authority area, who are in need of specialist treatment, as well as a measure of unmet need, (based on the proportion of those estimated to be in need), who are not currently in treatment. The Home Office estimated that in 2010/11 the cost of illicit drug use in the UK was £10.7 billion per year
- Research has shown that for every £1 invested in drug treatment, there is a £2.50 benefit to society. There were 203,808 people engaged in treatment in 2015/16, and if these people were not in treatment, they may have cost the NHS over £1 billion. It is estimated that structured treatment prevented 4.9 million crimes in 2010/11
- Health risk factors for drug misuse include - family history of addiction, socio-economic deprivation, homelessness, unemployment. Men are more likely to use illegal drugs, and poor mental health is linked to drug misuse, and vice versa, and there are strong links between health inequalities, and drug use, however the picture is a complex one
- Feedback from service users – mystery shopping has found that users feel that the services that are available are helpful. The service user forums have developed some positive initiatives, however there is mixed engagement across the three main service sites – Grays Inn Road, Seven Sisters Road and King Henry's Walk
- Better Lives – the new adult Islington Drug and Alcohol service started on 1 April 2018. Camden and Islington Foundation Trust are the lead provider, working in partnership with Westminster Drugs Project, and Humankind (formerly Blenheim CDP). There were significant logistical challenges in the first 6 months of operation. There has been positive feedback from partners about the proactive, and flexible engagement, of staff from Better Lives, and a pilot project has been instituted, based in GP practices, to work with people who are being prescribed benzodiazepines, and opioids, who are showing signs of dependence. Since November 2018, Better Lives has offered a new structured day programme at King Henry's Walk, and more targeted group sessions are being offered across all sites. There has been a renewed focus on reducing drug related deaths, and there has been raised awareness of drug and alcohol harm, and how to support people that are using substances
- Better Lives has developed its partnership working, with housing/supported housing providers, and there is improved joint working to support service users. There has been a continuation, and support, of street outreach activity, in partnership with St.Mungo's outreach team. In addition, support is being provided for people in poor health, and the service is adapting to the changing needs of service users, and specifically those service users who have increasing health risks and needs
- Themed feedback – the Better Lives Family Service is a therapeutic service for children, young people and adults, whose lives are affected by someone else's drug or alcohol use. In year 1, the family service received 80 referrals, and in Q1 and 2 of 2019/20, there have been 49 referrals, and this is expected to continue to increase. There is a range of support available, including group sessions, and shortened interventions, in order to meet needs. More recently, the Family Service has made links with the Young Carers Group, to hear from

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young carers as to what they feel would help them in understanding what their parents/guardians are experiencing

- Performance – Islington’s new contract and service model Better Lives, represents a significant move away from previous ways of working. Owing to the significant service mobilisation effort, and change processes that the provider needed to implement, in order to establish the new service, the performance in the first year of the contract dropped. However, in Q1 2019/20 improvements in performance are evident, and the number of people in effective treatment has risen, together with treatment successful completions
- Further progress includes – abstinence rates for all four substance categories are within, or exceed, expected ranges. Better Lives has also been focusing on developing their partnerships with a number of key services, and providers
- Service user reported outcomes – Seven well-being related i statements were developed with Better Lives service users, and service users rate themselves at the start of treatment, and at each 3 monthly review. Service user reported outcomes are an important guide for joint care planning, and are a self-defined, and valid way, of measuring progress
- Key challenges and priorities for the year ahead – in the next 12 months, commissioners will support Better Lives, to increase the number of people accessing, and engaging, with the service, and continue to improve performance across all key performance indicators. In addition, work to continue to develop effective partnerships with key services, and providers, is taking place, to further develop and identify opportunities for co-production, continue to tackle drug related deaths by ensuring Naloxene is offered widely to those using drugs, and their friends/family, and also to support service users to access appropriate health care services
- Reference was made to the fact that at King Henry’s Walk there is provision for a number of schemes that catered for specific needs. Footfall is increasing at the Seven Sisters Road site, however this is challenging, due to the drug problems in the Finsbury Park area
- Contact is being made with BAME groups, and specific training is being provided
- It was noted that Quarter 2 performance has shown a further improvement in the service
- Reference was made to the fact that the provider has undertaken a great deal of training, and that this is continuous
- There is still work to be done with young people who are involved in drug supply, and this is an area where partnership working needs to take place. There is also the need to also to work in conjunction with adult services. There are often a number of factors involved in dealing with substance misuse, such as housing, health, employment, and youth services, and there needs to be a co-ordinated approach. There is also a need for more work to be carried out with the criminal justice system
- It was noted that there is no wait time in order to access services at present
- Outreach staff are being trained to disseminate information in the community, and people often refer themselves to the service, as a result of contact with other service users
- It was noted that work is taking place with the Refugee Forum, and BAME groups, and there is a need to access services in the community at different locations, and this is additionally being looked at
- Members were informed that often users presented with multiple substance misuse issues, and the issues are often complex ones

RESOLVED:

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- (a) That the report be noted, together with the progress in developing the new service, and improving outcomes for Islington residents affected by substance misuse
- (b) That when the update is presented to the Committee in 12 months, comparative performance figures be included for other similar Local Authorities
- (c) That Members be informed of awareness training that Members can access, if they wish to do so

The Chair thanked Charlotte Ashton, Lisa Luhman, Peter Kane, Georgia Brown, and Liz McGrath for attending

127 **PERFORMANCE STATISTICS - QUARTER 1 (ITEM NO. 13)**

This item was deferred until the next meeting of the Committee

128 **WORK PROGRAMME (ITEM NO. 14)**

RESOLVED:

That the report be noted

MEETING CLOSED AT 10.40p.m.

Chair