London Borough of Islington

Health and Care Scrutiny Committee - Tuesday, 15 November 2022

Minutes of the meeting of the Health and Care Scrutiny Committee held at The Council Chamber, Town Hall, Upper Street, N1 2UD on Tuesday, 15 November 2022 at 7.30 pm.

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

Councillor Jilani Chowdhury in the Chair

29 INTRODUCTIONS (ITEM NO. 1)

The Chair welcomed everyone to the meeting and members and officers introduced themselves.

30 APOLOGIES FOR ABSENCE (ITEM NO. 2)

Apologies were received from Councillors Russell and Gilgunn

31 DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)

Councillor Hamdache acted as substitute for Cllr Russell

32 DECLARATIONS OF INTEREST (ITEM NO. 4)

No declarations of pecuniary or other interests were reported at the meeting.

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

A member thanked Camden and Islington Mental Health Trust for providing their written response to questions on ECT and felt that because it could be received around ten times and was expensive different treatment methods should be considered.

RESOLVED:

That the minutes of the previous meeting held on 4th October 2022 be agreed as a correct record and the Chair be authorised to sign them.

34 CHAIR'S REPORT (ITEM NO. 6)

The Chair thanked Cllr Khurana, Turan and Keep our NHS Public for their work raising the issue of the GP contract renewal for Hanley Primary Care Centre in Islington. The NHS North Central London Integrated Care Board took the decision not to renew the contract. It was highlighted that the contract would now go out to procurement, and they hoped a GP Federation would successfully win the bid.

The Chair thanked Councillor Turan for circulating an update on access to public toilets. It was requested that the Committee see a copy of the mapping being done prior to the development of the action plan. This was agreed.

35 PUBLIC QUESTIONS (ITEM NO. 7)

The Chair advised that any questions from the public would be considered as part of each agenda item.

36 EXTERNAL ATTENDEES (IF ANY) (ITEM NO. 8)

No requests.

37 HEALTHWATCH ANNUAL REPORT AND WORK PROGRAMME (ITEM NO. 9)

The Committee received a presentation from Healthwatch on their Annual Report and Work Programme. It was highlighted that their role was as a critical friend and although they couldn't provide a permanent member on the Committee, they could meet regularly with the Chair.

In 2021-22 their work included giving information on dentistry; Covid-19 Vaccinations; and keeping warm in winter. Their reports included digital exclusion, Let's Talk Islington; GP and Dental access and access to support for those in care homes. Key issues included raising awareness of problems with NHS dental services and the long Covid-19 treatment pathway; helping to improve access to GPs; working with community partners to address vaccine hesitancy and helping residents in poverty cope with rising energy bills.

It was highlighted that Healthwatch Islington had won the 'celebrating our volunteer team' category in the Healthwatch England Awards 2021 for the second time. They had also worked with partners to reach residents across language and cultural barriers; on an equality's toolkit for mental health providers; to ensure they had a robust digital and training offer for volunteers and to support mental health support out in the community as a mental health partnership coordinator.

They also supported prevention and early intervention through awareness raising that included blood pressure checks; cancer screenings; long covid awareness; pharmacy offer awareness and support with food bills. Due to Healthwatch Islington's work, all commissioned providers were being asked to sign up to three equalities pledges.

A member asked about counselling services in the community. It was explained that Healthwatch had received funding from Public Health England. The funding had been used to help people recognise when counselling was required, for example where people may not have spoken about family or relationship issues for cultural reasons.

A member asked whether the Council could be doing more to promote the work of Healthwatch. The Committee were informed a bundle of leaflets to help councillors with signposting could be provided.

A member asked whether Healthwatch did outreach work, in particular assessments of height, weight, blood pressure and diabetes risk. It was explained that they were not medically trained but had carried out an awareness campaign. During the campaign they measured peoples blood pressure and if it was out of range, they suggested it be followed up. It was also highlighted that depending on the campaign, specific communities could be targeted.

A member highlighted that many people were not registered with a GP and others were not confident in communicating digitally. Healthwatch were asked what work was being done to improve this. Healthwatch could encourage and support people to register with a GP. They also worked with partners who provided workshops that helped people become 'online ready'. Their digital champions could also help residents.

A member highlighted that she could help facilitate events at Caledonian Park and suggested that Healthwatch provide leaflets for their member surgeries. It was agreed that the leaflets would be provided.

38 SCRUTINY REVIEW OF ADULT SOCIAL CARE TRANSFORMATION - WITNESS EVIDENCE (ITEM NO. 10)

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.

It was highlighted that the Care Act 2014 streamlined legislation for Adult Social Care. The aim of the Care Act was to give people and their carer's 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.

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.

Adult social care reform had made a commitment to 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.

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.

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.

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. The work underway was explained and the next steps, including the launch of the revised reablement offer, details of which would return to the next Health and Care Overview and Scrutiny Committee.

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.

A member asked whether there were any unintended benefits or learning that had come from making changes. It was explained that considering the issue and looking at where they would like to be, then starting small and getting some quick wins had built trust and taken staff with them. Additionally, hybrid working had allowed for more integrated partnership working.

A member asked whether there was a vision within health and social care reform for more self-service, e.g people getting information for themselves or viewing and tracking records online. This was part of the plan.

A member asked whether there would be Key Performance Indicators (KPI's) and whether the Committee could view them. The Committee were informed there would be different KPI's for different projects and they would change depending on the stage of the project.

A member felt that people were not getting help for their long-term conditions and support was falling onto others when it should be covered by social care. It was explained that bringing health and social care together should help and they could be contacting regarding any individual cases.

The Committee considered recruitment. 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.

The committee considered loneliness and isolation and the importance of ensuring people remained part of the community and had enough contact with people and organisations. It was explained that the reform sought to ensure people in the community were connected and there would be closer partnership working with the voluntary and health sector to ensure people could live fulfilling lives and remain in their own homes. Additionally, new hubs such as fairer together and the family hub would provide connections and social workers were being encouraged to consider the whole person. A member raised the issue of homebuilding for an aging population, so older people could be part of a community. This was something the Council was working on.

A member asked that information on how the committee could monitor targets and scrutinise the model; where the distinction between scrutiny responsibilities would be e.g if the issue is housing when does it go to housing scrutiny; details of the charging policy and the plans for facilities that catered for cultural needs or preferences could be shared with or bought to the next committee meeting.

39 EXECUTIVE MEMBER FOR HEALTH AND CARE - ANNUAL REPORT (ITEM NO. 11)

The Executive Member for Health and Care introduced his annual report. It was highlighted that there had been an improvement in the healthy life expectancy of women of 2.1 years in 2018-2020 and that during 2021-22 there was a focus on protecting the vulnerable from Covid. The Committee were updated on the Islington Health and Wellbeing Strategy, which prioritised ensuring every child had the best start in life, the prevention and management of long-term conditions to enhance length and quality of life and the reduction of health inequalities and improvement of mental health and wellbeing. Additional updates were provided on drug and alcohol and sexual health services.

Adult Social Care at Islington had seen cuts of over 17% since 2010 and 94% of members felt it was underfunded. Despite that the standard of care was rated good by the Care Quality Commission, the hospital discharge service had sustained a high level of performance and learning disabilities services continued to offer an excellent service to people with learning disabilities and their carers. Some examples of successes included an event for learning disabilities providers that had positive feedback, attracting over 370 people, Islington being the first local authority to launch their 'see me first' campaign and a focus on building a strong and valued workforce.

A member felt that the Holloway prison site should be used for older peoples housing and should be kept in-house. Another member asked whether the statistics for life expectancy could include ethnicity. It was explained that this was difficult to calculate locally but they could look at patterns of deaths by ethnicity. The difficulty in getting GP appointments was raised and whether culturally appropriate care homes were being considered. A member also asked whether they could campaign about the cuts from central government. It was explained that letters had been sent but no response was forthcoming.

40 QUARTER 1 PERFORMANCE REPORT - PUBLIC HEALTH (ITEM NO. 12)

The Committee considered smoking and infant mortality rates. It was explained that stopping people from smoking had an important impact on early infant mortality and the development of the child in the home.

A member asked whether councillors could take part in training around the cost of living. They also felt other organisations and departments such as community safety and the local businesses involved in safe havens could benefit from the training. This would be followed up.

41 QUARTER 1 PERFORMANCE REPORT - ADULT SOCIAL CARE (ITEM NO. 13)

No questions were raised under this item.

42 COVID-19 UPDATE, IF REQUIRED (ITEM NO. 14)

No questions were raised under this item.

43 HEALTH AND WELLBEING BOARD UPDATE (ITEM NO. 15)

No questions were raised under this item.

44 WORK PROGRAMME 2022-23 (ITEM NO. 16)

A member asked whether there was a contingency plan in place if the nurses strike went ahead. It was explained that a number of factors meant there would be huge

winter pressures on the NHS and they would be working hard to systematically ensure work was carried out to help residents and the NHS through a difficult winter.

The Cabinet Member for Health and Care explained that an application had been submitted to the National Institute for Health and Care Research for health inequalities funding and they were hopeful that they would receive a full grant for the next five years. A briefing or circular could be provided to members.

MEETING CLOSED AT 10.10 pm

Chair