

London Borough of Islington  
**Health and Care Scrutiny Committee - Tuesday, 31 January 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, 31 January 2023 at 7.30 pm.

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

**Councillor Jilani Chowdhury in the Chair**

**60           INTRODUCTIONS (ITEM NO. 1)**

Councillor Chowdhury welcomed everyone to the meeting. Members of the Committee and officers introduced themselves.

**61           APOLOGIES FOR ABSENCE (ITEM NO. 2)**

Apologies were received from Cllr Craig.

**62           DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)**

None.

**63           DECLARATIONS OF INTEREST (ITEM NO. 4)**

There was no declaration of substitute members.

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

**RESOLVED:**

That the minutes of the meeting held on 13<sup>th</sup> December 2022 be confirmed as an accurate record of proceedings and the Chair be authorised to sign them.

**65           CHAIR'S REPORT (ITEM NO. 6)**

The Chair thanked all staff that attended the virtual session with reablement service users which was discussed further in item 11.

The Chair noted that written responses to questions asked at Health and Care Scrutiny Committee meetings will be included in a tracker document going forward. The committee was informed that Item 12 will be deferred to the next meeting, and officers will try to secure representatives from NHS Moorfields and UCLH.

**66           PUBLIC QUESTIONS (ITEM NO. 7)**

None.

**67           EXTERNAL ATTENDEES (IF ANY) (ITEM NO. 8)**

None.

**68           HEALTH AND WELLBEING BOARD UPDATE (ITEM NO. 9)**

Councillor Turan, Executive Member for Health and Social Care, provided an update on local health and wellbeing issues.

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The committee was informed that the Northern Health Centre on Holloway Road had closed after the Christmas period, this was the last resort as all other mitigating actions had been taken. As a result of the GP closure, the 9,000 patients had been temporarily allocated to the Village Practice near the Sobell Centre.

The committee was informed that the council is in meetings to ensure that patients are supported with issues such as transport, The Council was also in discussions with the Holloway Health Centre in Hornsey Street too, as this may be more convenient for some patients to travel to.

No patients have been deregistered however the council continues to monitor the impact on vulnerable residents.

The council did not possess the powers to stop the closure, however, was considering the provision of suitable estates for our GP practices for future planning and will be working with partner organisations on this issue.

The following points were noted in the discussion:

- This is a temporary arrangement, and other sites were being considered for the future of this GP practice.
- The Chair raised concerns from residents around difficulty in booking appointments at GP surgeries as residents are being asked to call up at 8am, The Chair asked officers and the Executive Member to discuss opening up the call times beyond 8am with GPs to ensure working people can access the appointment service.
- A member raised concerns about public toilets being out of order and noted that Age UK had carried out a mapping exercise. The Executive Member was asked about the timeline for reopening the closed toilets; although precise dates could not be given, it was advised that work was underway to address this issue.

### 69 **COVID-19 UPDATE (ITEM NO. 10)**

The Director of Public Health provided an update on Covid-19 and other infectious diseases.

The following points were noted in the discussion:

- Current national surveys show the pressure on the NHS due to covid-19 has been easing. Flu rates were high, however have been declining rapidly to single figures.
- Reflecting on cases of Strep-A before the Christmas and new year period, it was commented the Council worked well with schools and parents in monitoring strep-A outbreaks, the rates of which were currently falling. The peak was however predicted this summer, so the Council would continue to monitor cases.

### 70 **SCRUTINY REVIEW OF ADULT SOCIAL CARE TRANSFORMATION - WITNESS EVIDENCE (ITEM NO. 11)**

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 Councils commitment to working with residents in Islington.

The following points were noted in the discussion:

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- 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.
- **ACTIONS:** To organise a separate session with representatives from Kent and Camden councils to find out more about their 7-day model.
- To present the committee with a report on the pilot after 6 months.
- The Chair thanked those who attended the virtual session with reablement service users, and it was requested that officers organise a further session for committee members to meet service users in future.

**71**      **PERFORMANCE UPDATES FROM NHS ORGANISATIONS (ITEM NO. 12)**

It was noted that Democratic Services will be liaising with Moorfields Eye Hospital and University College London Hospital to attend the upcoming committee meeting in March or April 2023.

**72**      **QUARTER 2 PERFORMANCE REPORT - ADULT SOCIAL CARE (ITEM NO. 13)**

The following points were noted in the discussion:

- Adult social care was currently on track for all KPI's, except for ASC1 – the percentage of service users receiving long term support who had received at least one review. Officers continued to work intensively on meeting this target. It was noted that there was an improving trajectory for Quarter 3.

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- A member noted that Clarion Housing Association had reclassified sheltered housing provision as “independent living” and expressed concern that this provision may not be suitable for those with high support needs. The Chair declared an interest that he was an employee of Clarion Housing. Officers offered to provide a further update to members on this outside of the meeting.
- It was suggested that one objective or corporate outcome could be selected for a deep dive review in future performance reports over a 12-month period.

### **ACTIONS:**

- Officers to provide an update to members on sheltered housing provision, as indicated above.
- To schedule a deep-dive session and annual report for the KPI ASC1 in six months' time to the committee.
- To organise an online meeting with Kent and Camden council around their services.

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### **WORK PROGRAMME 2022-23 (ITEM NO. 14)**

- The Committee noted the proposed work plan on page 19 and 20 of the agenda pack.

The meeting was closed at 9.05pm.

MEETING CLOSED AT 9.05 pm

Chair