

Health and Care Scrutiny Committee - Monday, 15 April 2024

Minutes of the meeting of the Health and Care Scrutiny Committee held at The Council Chamber, Town Hall, Upper Street, N1 2UD on Monday, 15 April 2024 at 7.30 pm.

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

Councillor Jilani Chowdhury in the Chair

50 INTRODUCTIONS (ITEM NO. 1)

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

51 APOLOGIES FOR ABSENCE (ITEM NO. 2)

Apologies were received from Councillor Russell.

52 DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)

Councillor Hamdache substituted for Cllr Russell.

53 DECLARATIONS OF INTEREST (ITEM NO. 4)

There were no declarations of interest.

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

RESOLVED:

That the minutes of the meeting held on 4th of March be confirmed as an accurate record of proceedings and the Chair be authorised to sign them.

55 CHAIR'S REPORT (ITEM NO. 6)

RESOLVED:

The Committee to note the report.

56 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.

57 **MOORFIELDS EYE HOSPITAL PERFORMANCE REPORT (ITEM NO. 8)**

The Committee received a presentation from Sheila Adam, Chief Nurse and Jon Spencer, Chief Operating Officer from Moorfields Eye Hospital. The presentation outlined the performance update on Moorfields Eye Hospital as set out in the agenda pack at pages 19 to 46.

The following was noted during the discussion of this agenda item:

- A new and more accessible website for Moorfields Eye Hospital had been launched.
- In terms of Patient-led Assessment of the Care Environment (PLACE) 2023, the table highlighted the hospital had scored highly in two categories, which included Condition & Appearance and Dementia. The scores were also higher than the national average.
- In response to a follow up question, the Committee was advised that the patient-led assessments were conducted on an annual basis and three sites would be selected out of all the sites for the inspection. The three sites that were inspected in 2023, included City Road, Stratford, and St Georges. The assessment consisted of going through a lengthy checklist to monitor standards.
- The Committee noted that the rate of DNAs (did not attend) was due more to age than ethnicity or deprivation. It was noted that the older the age group, the greater the number of patient cancellations. Data suggested that the DNA rate and patient cancellation was around 28% in patients aged 85 years and above.
- In response to a follow up question regarding the higher percentage of patient cancellation in the older age group, the Committee was advised that some of the factors contributing to these cancellations included transport issues, support issues, late arrivals and patient not being well enough to attend their appointments.
- In response to a question regarding facilities and level of service at different Moorfields Eye Hospital sites, it was explained that the capacity was slightly greater at the Oriel site compared to City Road. It was also noted that clinicians had collaborated with patients to help design the emergency flow to improve patient experience.
- It was noted that around 80% of people over age 60 already lived with sight loss in the UK, ranging from sight impairment to macular degeneration.
- The Committee was advised that Moorfields Eye Hospital provided eye care for around 50% of London and worked in partnership with NHS providers. It was advised that for each Integrated Care Board, there was a significant other provider of healthcare from the NHS, for example Western Eye Hospital for the West of London and Barts Health for the East of London.
- In terms of Single Point of Access (SPoA), this had been implemented in North Central London since July 2023. It included all referrals directly from optometry. SPoA promoted patient choice and potentially enabled significant reductions in non-contracted activity and over-treatment. The Committee noted the evidenced benefits as outlined on table on page 40 of the agenda pack.
- The Committee queried about walk-in facilities at the hubs located in Starford and Brent Cross. Officers advised that currently there were no walk-in services at these hubs, however, this was being considered as part of the expansion of the emergency model. The service had been considering having a small number of bookable slots for emergency patients through the "Attend anywhere" service.

The Committee thanked Sheila Adam and Jon Spencer for their attendance.

RESOLVED:

The Committee to note the report.

58

SCRUTINY REVIEW EVIDENCE - REVIEW OF THE ASC FRONT DOOR (ITEM NO. 9)

Victoria Nestor, Depuy Director and John Everson, Director of Adult Social Care, presented a report on scrutiny review evidence on the review of the Adult Social Care front door.

The following was noted during the discussion of this agenda item:

- The purpose of the scrutiny review was to consider how residents were able to access Adult Social Care (ASC) to ensure that residents were getting a good experience, both in terms of access by telephone, e-mail, and letter.
- There were some challenges and factors that indicated that processes were not working as well as they should. One of the challenges included the migration to online referral forms. The referrals forms had to be streamlined, clear and easy for professionals to use to obtain the right amount of information, and enough data to help make quick decisions. Another issue was around the use of telephony and the types of systems available. It was challenging to keep a track of the number of calls that came through, waiting times and call drop-off rates. It was important to have a good system in place to manage the front door of the service, particularly when it was phone-based. It was also essential to solve people's problems at the first point of contact and to make sure that there was an integrated front door connected with the borough's partnership.
- Furthermore, to help tackle some of the other challenges around assess through the front door, the Council had provided training and development to staff within the ASC service in August 2023.
- In terms of front door performance, data indicated that the e-mail backlog had reduced by 97%. Alongside the reduction, the system was able to review and triage e-mails more efficiently dependent on the risk and emails were being responded to within 14 days. Emails that were classed as higher risk were being responded to on the day.
- Furthermore, data had also helped the service to make improvements and understand the demographics of the service users.
- There was also evidence of increased quality of referrals. Unnecessary inbox traffic was removed and redirected from the service by an average of 28.5% per month. Any referrals that were wrongly sent to ASC would be moved out of the inbox and redirected accordingly.
- The Committee was advised that in February 2024 there were around 289 phone calls made to the service, equating to an average of 14 calls per day. The average wait time was 1 minute 54 seconds and 75% of calls were answered in less than a minute. This data was used to manage colleagues being available on the phone at peak times.
- In terms of streamlining triage processes, this was aimed to prioritise incoming requests based on urgency and to assign dedicated triage officers to ensure swift assessment and decision making.
- The service had been looking to establish a dedicated helpline for non-urgent enquiries so the main phone line could focus more on urgent cases.

Health and Care Scrutiny Committee - 15 April 2024

- The service was also looking to redesign the redesign of the ASC website to be more user friendly with clear navigation and plain language.
- Feedback and survey tools were used to collect feedback from residents about their service experiences to make improvements accordingly.
- In terms of the transitioning to move into ASC, it was noted that to be eligible, the individual would need to have a high level of needs. The process would involve having conversations between Children's Services and Adult Services. However, the importance of the transition was noted to ensure a smooth pathway and to prepare young people for adulthood, making sure that they had the same life chances as much as possible as any other young person.
- In response to a question regarding frontline support for people with health conditions, the Committee was informed that frontline practitioners would have access to a directory of services to provide additional support for people with conditions like Parkinson's or MSS, by linking up with specialist organisations.
- The Committee noted that the Adult Social Care Survey evidenced that there was an increase in the proportion of people who used services, who found it easy to find information about services. Data showed an increase from 63% the previous year, to 70% this year. This was higher than the London average, which was 65%.
- In terms of support provided for families, Officers advised that the service would have conversations to understand the network around the individual and would offer a carer's assessment to identify their caring role. The Carer Hub is also available where tailor-made support was provided.
- In response to a question, the Committee was advised that there was a number of access points for ASC and this could sometimes be confusing. The service had been working towards streamlining this and was committed to ensuring that service users receive a swift and high-quality response that would help solve their problems at the first point of contact.

The Committee thanked officers for their attendance.

59 **SCRUTINY REVIEW CONCLUDING DISCUSSION (ITEM NO. 10)**

A collation of the evidence gathered for the scrutiny review into access to GP services and the adult social care front door and the draft recommendations circulated to Members and Officers outside of the meeting for comments.

The committee raised and discussed the following main points:

- Whether a performance framework and identified key performance indicators could be brought to the committee to help monitor performance related to access and outcomes. This should be reported on twice a year.
- Whether a borough wide charter rather than a protocol could be included regarding the recommendation to establish a protocol for access to primary care services.
- Whether reviewing the transition from children to adult services could be included in the recommendations. Information would be provided to the committee outside of the meeting.
- Whether a recommendation regarding being able to see the same GP could be included.
- That respite care may not be directly linked to this review, but feedback could be provided to the committee on the issue, as it had emerged as an issue during their discussions with residents.
- The importance of reviewing the complaints pathway to ensure residents can speak to the council when they face issues. It was also important that

councillors could signpost to the complaints procedure and that the committee could monitor complaints. It was highlighted that complaints were published quarterly and could be shared with the committee outside of the meeting.

RESOLVED:

The final report and recommendations to be agreed at the next meeting.

60 OVERVIEW OF ADDICTION SERVICES (ITEM NO. 11)

Miriam Bullock, Director of Public Health, introduced a report that summarised the population need, the national policy context, the services available, and recent and current delivery plans.

Alcohol and drug use remained an important cause of preventable harm in Islington. As well as affecting health and wellbeing, it had social, housing, economic, crime and community safety impacts affecting individuals, families and communities, and was a cause and consequence of health inequalities. Understanding and reducing the health harms of drug and alcohol use was a longstanding area of focus for Public Health.

Islington commissioned a range of services to meet the needs of people that use drugs or alcohol.

The following was noted during the discussion of this agenda item:

- There were significant overlaps between drug and alcohol needs and several mental health conditions. Drug and alcohol use was associated with homelessness, including rough sleeping, contact with the criminal justice system, and with exploitation. The Committee noted that the Council had received an additional funding of £637k from the GLA to continue to fund the support team which provided intensive floating support to individuals with a history of rough sleeping to live independently.
- Exposure to drug and alcohol used by a parent or carer presented a safeguarding risk to children and adolescents. It was noted that in Islington, 51 per 1,000 children aged 0-17 years lived in households where a parent had drug or alcohol problems. This was higher than across its statistical neighbours.
- Data from 2020/21 evidenced that Islington had the highest prevalence of opiate and/or crack cocaine use (OCU) in London (rate of 21.5 per 1,000 population), and the 5th highest prevalence out of all local authorities in England. However, the Committee noted that this data was slightly outdated and had requested to receive updated data. Officers informed the Committee there was always a delay in producing and collating data and the data provided on the report was the first prevalence estimates received in seven years as it had taken a long time to pull that data together.
- The Committee noted that the data provided in the report were modelled estimates and the data was collected by using a sophisticated technique which required looking at lots of different data sources and combining them together.
- In response to a question regarding drug overdose, Officers advise that to reduce the risk of overdose, the service provided advice on harm reduction and was looking to connect people who were most vulnerable and were at greatest risk of overdose, to as many advice and support services as possible.
- Officers also advised that work had been done to improve awareness across front-facing services. Residents with the greatest need had access to same-day assessment and prescribing.

Health and Care Scrutiny Committee - 15 April 2024

- In response to a question from the Committee regarding synthetic drugs, Officers advised that guidance were issued nationally around new and emerging risks of drugs including synthetic drugs.
- Officers also highlighted the importance to improve pathway for people who leave prison with drug and alcohol needs and improving their access to continuing their treatment in the community. This was also a key metric in the national strategy in improving rates of continuity of care between prison and community services.

RESOLVED:

The Committee to note the report.

61 **QUARTER 3 PERFORMANCE REPORT - ADULT SOCIAL CARE (ITEM NO. 12)**

Victoria Nestor, Deputy Director Adult Social Care, presented the report as set out at pages 115-124 in the agenda pack. The report sets out Quarter 3 2023/24 progress against targets for those performance indicators that fall within the Adult Social Care outcome area, for which the Health and Care Scrutiny Committee had responsibility.

The following was noted during the discussion of this agenda item:

- In terms of the percentage of people with an outcome of no support needed after a reablement was 72% in quarter three.
- There had been an increase in the cohort of people who was seen through reablement. Initially it was aimed at people who had been discharged from hospital, now people from the community and residents.
- In terms of safeguarding performance, officers advised that there had been some challenges with receiving data from Camden & Islington Foundation Trust due to the introduction of an electronic record system that went live. To tackle this issue the service had been exploring ways in how to collate robust data and had created a new dashboard which was currently in its final stages with plans to go live at the end of the financial year. This dashboard would give better assurances of the data being collected as it would be established from RIO directly and reported via PowerBi. directly from the relevant systems.

The Committee thanked officers for the report.

RESOLVED:

The Committee to note the report.

62 **EXECUTIVE MEMBER UPDATE (ITEM NO. 13)**

RESOLVED:

The Committee agreed to defer this item to the next Committee meeting.

MEETING CLOSED AT 9.50 pm

Chair