

London Borough of Islington

**Health, Wellbeing and Adult Social Care Scrutiny Committee - 15 October 2024**

Minutes of the meeting of the Health, Wellbeing and Adult Social Care Scrutiny Committee held at Council Chamber, Town Hall, Upper Street, N1 2UD on 15 October 2024 at 7.30 pm.

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

**Also present:** Councillor Williamson

**Councillor Jilani Chowdhury in the Chair**

**22       APOLOGIES FOR ABSENCE (Item A1)**

Apologies were received from Councillors Nargund and Staff.

**23       DECLARATION OF SUBSTITUTE MEMBERS (Item A2)**

There were no declarations of substitute members.

**24       DECLARATIONS OF INTEREST (Item A3)**

There were no declarations of interest.

**25       MINUTES OF THE PREVIOUS MEETING (Item A4)**

**RESOLVED:**

That the minutes of the previous meeting held on 16 September 2024 be agreed as a correct record and the Chair be authorised to sign them.

**26       CHAIR'S REPORT (Item A5)**

The Chair advised that the order of business would be revised to consider item B2, the Camden and Islington Mental Health Trust Annual Performance Update, as the first item of business.

**27       PUBLIC QUESTIONS (Item A6)**

There were no public questions.

28

**CAMDEN AND ISLINGTON MENTAL HEALTH TRUST ANNUAL PERFORMANCE UPDATE (Item B2)**

Prosper Mafu, Managing Director, Islington Division, summarised the performance as detailed in the report which provided an update on the North London Mental Health Partnership (NLMHP) and overview on performance over the last 12 months.

The following main points were noted in the discussion:

- The Committee noted the updates on the Partnership's operational and quality performance against national and local standards as outlined in the report.
- The Committee was informed that the progress towards the new Trust, to be called the North London NHS Foundation Trust, continued and the formal application had been submitted to the Secretary of State for Health and Social Care for final approval, which was expected to be signed off very soon.
- The key areas that the service was focusing on for improvement was on the number of women accessing the perinatal mental health service, with the target of a 10% increase by March 2025.
- In terms of update on borough partnership key programme update, it was noted that the mental health teams had adopted a new care planning approach called DIALOG+ which would co-produce a personalised care and support plan with service users and their carers.
- Mr Mafu provided an update on the St Pancras Transformation Programme and highlighted that a new NHS mental health inpatient building, The Highgate East, opened in March 2024. This new building was situated next to the Whittington Hospital. It was also noted that the Mental Health Crisis Assessment Service (MHCAS) opened in a new location at Highgate West. This was a 24/7 emergency mental health care across North London which offered an alternative to A&E for those in a mental health crisis.
- Following a question on talking therapies, it was noted that to achieve enhanced consistency of service delivery across the Partnership, all Talking Therapies services were being overseen by a single Managing Director. An Operations Manager was also recruited to support the approach and lead the transformational change required to deliver on the new access and outcomes requirements.
- A member stated that data from a representative at Whittington Hospital suggested that in Islington, around 56% of people with dementia had passed away at home, compared to 70% in the rest of England, meaning many spent their last days in hospital. The member raised concerns about this figure and asked whether suitability of housing was a contributing factor. In response, officers advised that they did not have any data to support this statement and would need to look further to collate data on this matter.
- In response to a follow up question, the Committee noted that the Memory Service worked in partnership with Age UK to provide support for carers of dementia patients.
- In terms of targets for talking therapies, it was noted that the target for recovery rate was 50% and this was a target set nationally.

- Following a question on Islington Clozapine and Depot Clinic, it was noted that during treatment, Clozapine would not be one of the first line anti-psychotic medication the doctors would consider and would only be used if patients become resistant to other medication or treatments. It was also noted that there was safety precautions attached to Clozapine so patients would be required to attend the clinic regularly for physical health checks and blood monitoring to ensure that there was no negative reaction to the medication.
- In response to a question regarding parity of esteem and ensuring mental health services had equal value to physical health care, it was noted that a lot of work had been done to ensure access to mental health services. There were a number of services available including access through GP Federations, Depot clinics, Whittington Hospital and other services within North London Mental Health Partnership.
- In response to a follow up question regarding funding issues, the Committee was informed that there had been additional investment in mental health services in the last 3 years which enabled the service to recruit additional staff. However, recruitment remained a challenge due to employee turnover rates.
- Following a question on people from Black, Asian and Minority Ethnic groups opening up about mental health, it was noted that this remained to be an ongoing issue and work had been done with system partners to engage with Black, Asian and Minority Ethnic populations in supporting them to access mental health services.

**RESOLVED:**

That the report be noted.

**29**

**SCRUTINY REVIEW OF ADULT SOCIAL CARE ACCOMMODATION - WITNESS EVIDENCE (Item B1)**

Ian Swift, Director of Housing Operations, introduced the presentation as set out on pages 7-16 in the agenda pack.

The following main points were noted in the discussion:

- The Chair queried about accommodation available for the elderly, in response, officers advised that Islington Council did not have any sheltered accommodation for elderly people. Sheltered accommodation provision was managed by a local Housing Association with around 900 properties. There were some challenges to allocate sheltered accommodation to elderly individuals as they often preferred independent living in general needs accommodation to maintain their independence as long as they can.
- In terms of the housing register, the number of pensioners on the register was very small compared to the vast majority of the register consisting of the younger population.
- Discussions with local housing associations had suggested that sheltered accommodation may be remodelled as the current model was not suitable for future generational needs. The Committee also noted that it would be very unlikely that Islington Council and partner housing associations would be building sheltered housing in the future. It was advised that the provision for new sheltered housing for

elderly people was not at the forefront of priorities for Islington Council's housing department due to increasing need for other forms of accommodation.

- The Committee noted that the Council had a right-size move approach which moved people from larger accommodation to a smaller accommodation. This approach had been successful with around 100 moves a year. This was also beneficial for the elderly population as it supported them to downsize and live independently.
- The Committee was informed that the Council had a Seaside and Country Homes Scheme which supported elderly people who wanted to move to a sheltered housing on the coast of Surrey, Sussex, Kent and Essex areas.
- It was noted that inflation, cost of building materials, land availability and demand were also some of the reasons for the lack of extra care sheltered units for elderly in the borough.
- It was also noted that the Council's Housing department would most likely not be able to build more extra care accommodation for the elderly as the priorities were greater in other areas including homelessness and families living in overcrowded accommodation.
- The Committee noted that there was a 35% increase in homeless applications over the last 12 months. There were around 721 homeless single vulnerable adults living in temporary accommodation. However, vulnerable homeless households did not meet the threshold to access Adult Social Care services because they did not have needs identified within the Care Act.
- Officers highlighted that 1,143 tenants of Islington Council received support from Adult Social Care. This was one third of all care packages provided by Adult Social Care. There were 3,429 care packages in place from Adult Social Care. 16.80% General Fund budget spent on Adult Social Care in Islington. There were 25,357 Islington council tenants with 4% receiving Adult Social Care packages.
- A member queried on models of housing similar to Crowfield house, where there were specific blocks for specific age groups, in response, it was noted that the management framework for this type of housing would need to be reviewed as it no longer served its purpose as society's needs have changed.
- Following a question on meeting new build target of 10% of homes being accessible, it was commented that the Council was on track for delivering this target.
- In response to a question regarding intergeneration housing, it was advised that this was being looked into and investigated as part of the Council's strategic work. Officers stressed that the priority within the housing service was to meet the needs of homelessness, however, the service was open to considering other strategic approaches.
- The Committee noted that the number of homeless families living in emergency accommodation such as B&Bs and hostels had increased by 29% in a year. This was due to lack of alternative accommodation available.
- Regarding the overspend in homelessness, it was noted that Islington Council had an overspend of £2.25 million for temporary accommodation in the current financial year. It was advised that this was an ongoing issue across most London Councils with an average overspend of £20 million in London.
- Following a question on Home Office hotels, it was commented that there were currently two Home Office hotels in Islington. The Council conducted upstream prevention work to prevent rough sleeping. Around 70% of the people placed in the hotel had the right to remain in the country.
- In response to a question on rough sleeping, it was advised that the Council had effective partnership with voluntary sector homeless agencies and had a Homelessness Prevention and Rough Sleeping Forum which was chaired by an independent organisation. The Union Chapel, Street Kitchen and Shelter From The Storm also provided support for the homeless.

**RESOLVED:**

That the report be noted.

**30 QUARTER 4 PERFORMANCE REPORT - PUBLIC HEALTH (Item B3)**

Johnathan O’Sullivan, Director of Public Health, introduced the report that sets out the quarter 4, 2023-2024 progress against targets for those performance indicators that fell within the Health and Social Care outcome area.

The following main points were noted in the discussion:

- Vaccination rates remained steady. There had been a 5% increase in the first dose of MMR vaccine (measles, mumps and rubella) uptake in the last year. It was also noted that there had been an outbreak of measles in North-West London.
- The community stop-smoking service, Breathe, continued to perform at a high standard. In 2023/24, a high percentage of people successfully quitting using stop smoking support in Islington accessed Breathe directly, with great success rates.
- It was noted that there was an expansion in the number of service users for drug and alcohol treatment. There was an increase of around 300 new service users over the last year. The Committee noted that there was a large number of service users that came in through prisons. The services collaborated closely with criminal justice partners to ensure effective pathways into treatment from prison, probation and police, which included co-locating of services and in-reach support. Officers added that the number of individuals successfully completing treatment was similar to that of the same period last year. This was due to lengthy periods of treatment, complexity of cases entering structured treatment and extended time needed for support.
- The Committee was informed that the most recent national data had shown that Islington had a high rate in uptake of Long-Acting Reversible Contraception, which was higher than the rate in London and England.
- The Committee queried about possible factors effecting completion of drug and/or alcohol treatment, including homelessness and the cost-of-living crisis. Officers advised that there had been a lot of focus prescribing outreach to people sleeping rough, or at risk of sleeping rough in Islington. It was also noted that partnership working had improved through dedicated efforts to build relationships and work together around the most vulnerable cohorts, with notable progress in work with the police and Community Safety and through outreach activities.
- Cllr Flora Williamson, Executive Member for Health & Social Care, added that there was also a lot of partnership work with Whittington Hospital and University College London Hospitals, where there were specialist nurses within the hospital enabling people to start their treatment immediately directly from A&E and other services within the hospital.
- In response to a question regarding staffing within Islington’s integrated drug and alcohol treatment service, it was noted that the service had recruited more staff and was also working closely with colleagues across the NHS and other local authorities across North Central London. It was also noted that staff were recruited into the criminal justice system and in prisons.

- The Committee was advised that Islington Public Health also commissioned a service called SWIM (Support When It Matters), which provided culturally competent, holistic support to men of Black African or Black Caribbean background, who were in contact with the criminal justice system. SWIM ensured that those that required structured treatment were actively supported to access the Better Lives service.
- Following a question on age range and smoking, it was noted that there had been a dramatic drop in smoking in young people. Data from health checks suggested that most people smoking were between the ages of 40-55.
- In response to a follow up question, the Committee noted that the service followed up on people who quit smoking within the first 12 – 16 weeks to ensure there were no relapses.
- In response to a question regarding binge drinking, it was commented that there was no specific age for binge drinking and there were fewer people drinking compared to previous generations.
- The Committee queried why the vaccination uptake rates remained steady and if there was any scope to increase the uptake in the upcoming year. In response, Officers advised that one of the reasons may be due to the number of children identified as unvaccinated. The Integrated Care Board (ICB) continued to collaborate with the General Practitioners (GP) Federation to provide targeted telephone recalls to children identified as unvaccinated. Another reason mentioned was that parents were now challenging and questioning vaccinations rather than simply accepting the vaccination offer. The Committee also noted that there was a decline in the birth rate in Islington over time.

**RESOLVED:**

That the report be noted.

**31 WORK PROGRAMME 2024/25 (Item B4)**

**RESOLVED:**

That the Committee to note the report.

The meeting ended at 9.13 pm

**CHAIR**