

London Borough of Islington
Health and Care Scrutiny Committee - Monday, 7 March 2016

Minutes of the meeting of the Health and Care Scrutiny Committee held at on Monday, 7 March 2016 at 7.30 pm.

Present: **Councillors:** Klute (Chair), Andrews, Heather, Turan, Ismail, Nicholls and O'Halloran

Also Present: **Councillors** O'Sullivan and Kaseki

Co-opted Member Bob Dowd, Islington Healthwatch

Councillor Martin Klute in the Chair

183 INTRODUCTIONS (ITEM NO. 1)

The Chair and Members introduced themselves to the meeting

184 APOLOGIES FOR ABSENCE (ITEM NO. 2)

The Committee noted the apologies of Councillor Janet Burgess, Executive Member Heath and Well Being who was unable to attend to present her update on the Health and Well Being Board.

185 DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)

None

186 DECLARATIONS OF INTEREST (ITEM NO. 4)

None

187 ORDER OF BUSINESS (ITEM NO. 5)

The Chair stated that the order of business would be as per the agenda

188 CONFIRMATION OF MINUTES OF THE PREVIOUS MEETING (ITEM NO. 6)

RESOLVED:

That the minutes of the meeting of the Committee held on 18 January 2016 be confirmed and the Chair be authorised to sign them

189 CHAIR'S REPORT (ITEM NO. 7)

The Chair stated that he had attended the departure event for Dr.Gillian Greenhough, who is being replaced on the CCG by Dr.Jo Sauvage

190 PUBLIC QUESTIONS (ITEM NO. 8)

The Chair outlined the procedures for Public questions and filming and recording at meetings

191 HEALTH AND WELLBEING BOARD UPDATE (ITEM NO. 9)

No update was presented due to the absence of Councillor Burgess

192 SCRUTINY REVIEW HEALTH IMPLICATIONS OF DAMP PROPERTIES WITNESS EVIDENCE (ITEM NO. 10)

The Chair introduced residents of Alderwick Court, who were present to give evidence in relation to this item.

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Ellis Turner, Environmental Health Officer from Environment and Regeneration Department.

The Committee were informed that Partners had been expected to be present but had not attended but that they would be invited to a future meeting. It was noted that Hyde Housing Association would also be attending a future meeting.

During consideration of the witness evidence the following main points were made –

- Residents stated that there had been a number of health problems, especially in children as a result of the damp conditions at Alderwick Court suffering from asthma, bronchitis and other associated health problems. This also affected their attendance at school
- Hyde Housing Association had told residents that where there is evidence of mould tenants should scrub their walls with bleach, however this is not acceptable or dealing with the fundamental problem of the dampness
- Residents felt that there were a number of problems with the block, which it is felt was not built to accommodate central heating etc. which included dampness in bedrooms, front rooms and in one case black mould spores had been found on a mattress in a child's room
- Adult residents also suffered medical problems from the dampness and these included abdominal problems and also the mental wellbeing of the residents concerned some of whom suffered from depression caused by their living conditions
- Residents also complained of no thermostat to control their central heating and that despite repeated requests Partners had still not rectified this
- Residents felt that there were a number of problems with the block including cold bridging, lack of ventilation, rising damp, and lack of insulation
- It was stated that an independent survey that had been undertaken in one of the residents flats and this had shown that 71% of the flat had dampness whereas the maximum should be 31%
- Reference was made to the fact that the Committee would be interested to see evidence of dampness having an effect on health. The Committee requested that any of the evidence referred to by residents concerning a letter from UCLH, the evidence referred to relating to health studies in the USA and the evidence referred to by Environment and Regeneration should be circulated to Members
- Members were informed that this is not a problem confined to private sector or Housing Association properties and that a number of Council estates had dampness problems, particularly the Andover and Girdlestone Estates where the Council is intending to take remedial action
- Reference was also made to the fact that a recent project had been undertaken at Holly Park Estate to put in insulation and this report had been submitted to a previous meeting of the Committee
- Environment and Regeneration stated that they did have powers to enforce on Housing Associations remedial works and that dampness can be caused by a variety of reasons such as condensation, rising damp, defective rainwater goods, cold bridging, lack of thermal insulation, inadequate heating, lack of ventilation and poorly designed buildings
- It was also stated that Council officers were also working in a multi-disciplinary way with Health and Social Care and the Whittington and on a child, health and wellbeing strategy including more preventative work, grants and street surveys. Environmental Health also worked closely with the Energy Team and 2018 will see the introduction of new energy efficiency regulations and that this needed to be recognised and to force landlords to comply

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- The view was expressed that dampness tended to aggravate existing conditions and that the Council had offered training to Housing Associations but this tended to happen when there had been non-compliance
- Members stated that the Council no longer accepted the advice that dampness is often related to lifestyle choices by residents but that the reasons for the dampness were now being focused on
- In response to a question Members were informed that there were better working relationships between departments than previously

RESOLVED:

That the information requested above in relation to evidence of links between health conditions and dampness be circulated to Members

The Chair thanked residents of Alderwick Court, and Ellis Turner for attending

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MOORFIELDS PERFORMANCE UPDATE (ITEM NO. 11)

Ian Tombleson, Director of Corporate Governance and Tracy Luckett, Director of Nursing and Allied Health Professions, Moorfields NHS Trust were present and made a presentation to the Committee, copy interleaved.

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

- It was noted that there will be a CQC inspection at Moorfields on 02 May
- There had been more patient attendances than ever before in A&E and the Trust had achieved 97% being seen within 4 hours against the 95% target
- There had been no cases of MRSA or C difficile
- Results continue to be good with regards to the Friends and Family test with results consistently above 95%
- The Moorfields way, a cultural change project incorporating patient focus groups has been introduced
- Results of the staff survey were good except in the areas of bullying and harassment and this is being addressed by the Moorfields way approach and Moorfields is rated as one of the top 10 best places to work in healthcare, and one of only two hospitals to feature in the top 10
- Two new satellite stations have been established in 2015, one for Merton residents and the ocular oncology service, previously managed by Barts Health was taken over by Moorfields from 29 June 2015 and there had been a great improvement in the service
- Moorfields are likely to post a £2m underlying surplus against a £2m plan a similar figure to the previous year despite lower tariffs and tougher efficiency programmes
- Monitor risks ratings expected to remain strong at year end
- There is a new centre of excellence with an Institute of Ophthalmology planned to create unique, state of the art, integrated ophthalmic treatment, research and education centre in Kings Cross/Euston area and Members requested that they be kept informed of developments in this regard on the preferred site of St.Pancras hospital
- In response to a question it was stated that the increase in the number of attendances at A&E had presented a number of challenges one of which is that some of the people attending did not really need to attend A&E and could have gone to see their GP. Work was going on with the CCG as to how GP's could work more effectively with Moorfields to limit attendance at A&E. In addition Moorfields were looking at different ways of triaging patients and managing patient flow
- Moorfields were looking to move towards 7 days a week working and staffing levels had increased

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- In response to a question it was stated that when necessary referrals to other institutions such as UCLH and Queens Square were made

RESOLVED:

That Members be kept updated by Moorfields on developments with the proposed relocation to the St.Pancras hospital site

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WHITTINGTON HOSPITAL ESTATES STRATEGY UPDATE (ITEM NO. 12)

Simon Pleydell, Chief Executive Whittington Hospital NHS Trust, was present and outlined the Whittington Estates strategy for the Committee.

During consideration of the report the following main matters were raised –

- Members were informed that Whittington were trying to develop a strategy in partnership with the Mental Health Trust, other partners and the Council
- The Trust were endeavouring to a number of packages for development to deliver an integrated care strategy and that it is felt that this could be achieved by working from 8 hubs, from the 38 sites at present, which would be facilitated by improved IT. This would enable income to be generated to improve services and the estate that remained. It is hoped that proposals could be developed within the next 9/12 months
- It was stated that a number of NHS and partner organisations were looking to source capital from the private sector given the lack of funding available from Central Government, but this would not be a re-run of the problems caused by PPI and there would be no transfer of risk or liability
- In response to a question it was stated that there were no firm views at present on whether sites should be owned or leased and this would depend on the best use of maximising funding and resources of the estates
- A Member enquired whether there were proposals for a private patient hospital facility on the Whittington site and it was stated that there is vacant land on the site however no proposals would be put forward that did not benefit share with partners, the NHS and patients
- In response to a question about future consultation on proposals it was stated that the Trust were looking to develop a series of packages that could be consulted upon and there would be specific consultations around these and staff engagement
- The Trust stated that some of the facilities and accommodation for staff were not suitable at present and these needed to be improved
- A Member enquired as to progress with the new maternity wing at the Whittington and it was stated that NHS budget is around £25billion overspent and therefore there is no capital funding available. This is of concern to the Trust given safety concerns and it is looking to develop sources of funding within the Estates strategy
- Discussion took place around the future of the Northern Hospital and it was stated that if there are covenants on any of the premises to be disposed of this would need to be taken into consideration, however the Northern is not an ideal site for delivering services both in terms of staff and patients
- Members were informed that the Trust were determined to present proposals that would demonstrate benefits to the community and that it is important to be able to react to the changing working practices of staff such as District Nurses
- In response to a question as to the future of the Finsbury Health Centre it was stated that work would be undertaken with partners in respect of all sites to determine the best way forward and collaborative work would be undertaken

RESOLVED:

That the report be noted and Members be kept updated on any developments

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The Chair thanked Simon Pleydell for attending

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GP APPOINTMENTS SCRUTINY REVIEW - 12 MONTH REPORT BACK (ITEM NO. 13)

Alison Blair and Clare Henderson, Islington CCG, were present for discussion of this report and during consideration the following main matters were raised -

- The Chair stated that he was concerned that the report on progress had not actioned a number of the recommendations made by the Committee and that he had raised this with the Executive Member Health and Well Being who had stated that these would be addressed
- Islington CCG stated that in relation to the recommendation on establishing voluntary performance bench marks across the borough for provision of appointments that the CCG would raise this through the recently established Federation of GP's that has just been established once it becomes fully developed and through other methods of communication
- In relation to the patient management plans and allocation of a named GP recommendation, the CCG stated that the issue of care placements had been addressed, however this did not include children and this needed to be looked at. In relation to regular repeat appointments this issue still needed to be addressed
- The Chair referred to the recommendation on training for reception staff and it was stated that skills training did take place and whilst there were excellent reception staff expertise and good practice should be shared and that this was an issue that the CCG should raise with the Federation to achieve a more consistent approach
- In response to a question it was stated that publicity leaflets had been printed for GP surgeries in relation to the new Islington I hub service, where if there were no appointments at your own GP surgery an appointment could be made at the I hub
- In response to a question it was stated that the I hub had had a 'soft' launch in October and the ways of working were still being developed and as this is a pilot there will need to be an assessment of the data and success of the service to ascertain whether it will continue to be funded
- In response to a question it was stated that each GP practice had a patient group and feedback is obtained through these, Healthwatch and the Families and Friends Test. The CCG expressed the view that there is an expectation that any significant changes within a practice will be communicated to patients and it is hoped that if this is not happening the creation of the Federation will start to address some of these issues, however the CCG would be willing to investigate if notified where there were problems
- The Chair stated that he had had difficulty in accessing the most recent patient surveys on the website and the CCG stated that they would investigate this on the NHS England website

RESOLVED:

That the CCG take up the issues raised above and report back to the Committee at a future date

The Chair thanked Alison Blair and Clare Henderson for attending

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WORK PROGRAMME 2015/16 (ITEM NO. 14)

RESOLVED:

That the work programme 2015/16 be noted

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MEETING CLOSED AT 10.10p.m.

Chair