London Borough of Islington

Health and Care Scrutiny Committee - Monday, 6 March 2017

Minutes of the meeting of the Health and Care Scrutiny Committee held on Monday, 6 March 2017 at 7.30 pm.

Present:	**Councillors:**	Klute (Chair), Chowdhury, Heather, Nicholls, O'Halloran and Turan
Also Present:	**Councillors**	Janet Burgess
	Co-opted Member	Bob Dowd, Islington Healthwatch

Councillor Martin Klute in the Chair

1 INTRODUCTIONS (ITEM NO. 1)

The Chair introduced Members and officers to the meeting

2 APOLOGIES FOR ABSENCE (ITEM NO. 2)

Councillors Ismail and Ngogo

3 DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)

None

4 DECLARATIONS OF INTEREST (ITEM NO. 4)

None

5 ORDER OF BUSINESS (ITEM NO. 5)

The Chair stated that the items would be dealt with as per the agenda item order

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

RESOLVED:
That the minutes of the meeting held on 12 January 2017 be confirmed and the Chair be authorised to sign them

7 CHAIR'S REPORT (ITEM NO. 7)

The Chair reported on the following matters -

8 PUBLIC QUESTIONS (ITEM NO. 8)

The Chair outlined the procedure for filming and recording and for Public questions to the meeting

A Member of the Public referred to recent guidelines concerning the numbers of learning disabled units at Windsor Street development and that these were not being applied despite a statement from the Director of Housing and Adult Social Services stating that the guidelines would be applied. The Chair stated that he would investigate this matter with the Director of Housing and Adult Social Services

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

Councillor Janet Burgess, Executive Member Health and Social Care, was present at the meeting and made the following main points –

- Noted that a Joint Health and Wellbeing Board had been established with L.B.Haringey to discuss matters of mutual interest
- Noted that Councillor Burgess had visited the Camden and Islington NHS Trust site to look at the redevelopment of the St.Pancras site
- The LUTS clinic at the Whittington had not yet reopened and it was noted that this would not reopen before April
- Noted that Whittington had improve their cancer response rates, however they were still not meeting their A&E targets in common with most London NHS Trusts

The Chair thanked Councillor Burgess for attending

10 NHS TRUST - MOORFIELDS QUALITY ACCOUNT/PERFORMANCE REPORT (ITEM NO. 10)

Ian Tombleson and Tracey Luckett from Moorfields Eye Hospital were present for discusson of this item and made a presentation to the Committee, copy interleaved.

During discussion the following main points were made –

- Moorfields have over 2000+ members of staa and 22000 foundation trust members, including staff
- Staff recommending Moorfields 95.3% as a place to receive treatment and staff recommending Moorfields as a place of work is 74.6%
- Moorfields sees 700000 + patients each year and there are 100000+ visits to A&E. There are 39000 inpatients per year and 560000 outpatients and the Trust has a turnover of £200m
- The CQC inspection took place on May 2016 across nine sites and there were also unannounced inspections at various sites. The outcomes were announced in six reports with an overall rating of good however it was noted that there were two areas where improvements needed to be made
- There were 78 recommendations grouped into 50 Trust actions and an action improvement plan is progressing well. A CQC summit was held on 14 March with stakeholders to agree actions and many actions completed by Quality Summit and vast majority by end of year
- There had been no national patient experience surveys however local surveys had been undertaken and Members noted compliance with national targets for 2016/17
- Patient led assessment of the care environment was positive and achieved high satisfaction rates above the national average

- To monitor the quality of patient experience there is a patient engagement group, accessible information standard, expanding the ECLO service and the use of 'floor walkers'
- Moorfield had a solid year financially and the January surplus forecast was £7.04m and there is satisfactory delivery against CIP's and good commercial performance and regulatory ratings are expected to be strong at year end
- Proposal is to relocate Moorfields Eye Hospital and the Institute of Opthalmology to construct a world class facility in a single building to integrate seamlessly Clinical Services, Research, Education and a positive working environment
- The site at Kings Cross will be in close proximity to London's research quarter and MedCity with good transport links and access. There will be a single phase of construction minimising disruption to patients, visitors and staff
- In response to concerns about access to any redeveloped site at Kings Cross Moorfileds stated that the new site would have buses available for patients
- It was stated that at the next Moorfields performance report to the Committee should have a representative from the Board of Governors present

The Chair thanked Ian Tombleson and Tracey Luckett for attending

11 SCRUTINY REVIEW - IAPT - WITNESS EVIDENCE (ITEM NO. 11)

Natalie Arthur, Islington CCG was present for discussion of this item and a presentation was made to the Committee, copy interleaved. She was accompanied by Farideh Dizadi, Clinical Services Manager, Nafsiyat and Tahera Aanchawan, Director Maya Centre.

During discussion the following main points were made –

- Non IATP talking therapies have a targeted service in response to local demand – 3 elements BMER communities, Child Sexual Abuse and Domestic Violence and Bereavement
- This is jointly funded by the Council and the CCG through third sector providers and is a time limited service of between 12 and 20 sessions
- This service complements existing IATP provision to support an increase in access to psychological therapy for identified under represented communities and to provide counselling for those who have suffered a bereavement
- The service differs from IAPT in that it has a higher threshold, equivalent to Step 3 on IATP stepped care model, has a women only element, access to therapists with a range of language skills, overcome cultural barriers by matching service users to therapists with the same background and is non NHS and helps to overcome barriers associated with the fear of Mental Health services
- 50% of those who complete treatment will be moving to recovery (aligned with IAPT) target and 60% of those who complete treatment maintain a clinically significant improvement at 3 months post therapy
- 40% of those who complete treatment maintain a clinically significant improvement at 6 months post therapy and 50% of those who complete treatment access ongoing support within the community including peer support
- 50% of those who complete treatment self-report an improved level of confidence in maintaining their own mental well-being
- A high number of referrals are received and the majority are accepted and the referral rate and number on the waiting list for BMER and Bereavement services indicates that the target for accessing treatment will be met however there were concerns around the recovery rates for CSA/DV and bereavement

services, however it is felt that the measurement is partly affected by data reporting tools

- Performance against key areas of focus an increase in people from BMER communities accessing talking therapies and increase in men accessing talking therapies and an increase in older people accessing talking therapies. LGTB representation is difficult to measure due to lack of self-reporting
- Challenges include – demand for services compared to service capacity, over 100 on waiting list, interim support for those on waiting list, availability of Turkish speaking therapists, encouraging access from other BMER groups, encouraging access from older people and men, and performance monitoring and measuring outcomes
- In response to a question it was stated that the therapies were complementary to IATP therapies and that it was encouraging to see new communities accessing services
- Future developments include investment in reporting system, in line with IATP service, improved performance reporting to support better understanding of gaps in provision and low recovery rate, performance figures to contribute to local IATP data from 2018/19 and supporting local Syrian refugees resettlement programme linking in with Camden and Islington Foundation Trust's Complex Depression and Trauma service
- It was noted that the Mayat Centre was a women's only project and therapists were community based and looked at the client in the whole and the Mayat and Nasfiyat Centres aimed to maximise their resources
- Discussion took place as to the over representation of the Turkish community accessing services and that whilst this needed to be assessed it indicated the success of the scheme given that the Turkish community had previously not accessed the service. It was noted that it was hoped to increase the number of Turkish therapists
- In response to a question it was stated that in terms of BMER there was a 4/5 waiting list but bereavement waiting lists were shorter but work did take place with people waiting for treatment
- Whilst it was difficult to get patients to provide feedback these were looking to be improved
- Reference was made to the fact that there was a need to establish the number of Kurdish users in relation to Turkish users of the service, and it was stated that Kurdish users were considered separately

The Chair thanked Natalie Arthur, ADD IN OTHERS for attending

12 WHITTINGTON ESTATES STRATEGY (ITEM NO. 12)

Siobhan Harrington and Joe Morrisroe Whittington NHS Trust, was present for discussion of this item and made a presentation to the Committee, copy interleaved.

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

- Whittington Care organisation (community and acute services) provide services to a population of 500000 – mainly to L.B.Islington and Haringey
- There is annual income of c£295m and a staff of c4,400
- The Whittington Estates and Facilities budget is c£24m and the in -house capacity to deliver major investment estate transformation is limited
- Hospital site – 33% built pre 1948 and 18% post 2005 and there are 9 community freehold sites and service delivery from over 40 community sites. There is a backlog of c£17m

- The Trust strategy was published in 2016 and stated aims are – a modern estate designed to deliver clinical services, and estate that enables care to be provided and when people need it and an estate that meets national guidelines regarding patient space, privacy and dignity
- Each transformation must support the delivery of new models of care and improve the efficiency of the Trust's estate and the Trust needs a long-term strategy to maintain and invest in the estate, to reduce the backlog and improve the environment for patients and staff
- Challenges include NHS capital funding availability being severely constrained, the Trust's capacity to move forward at pace and alone is limited but doing nothing is not an option. The Trust does not have the capital or capacity to develop and implement a long term transformational programme
- The Trust's approach is to procure a partner who will support the Trust with commercial and real estate experience
- A Strategic Estates Partnership is a 50:50 joint partnership between the Trust and its partner that seeks to maximise the potential of the Trust's estate to support and improve the delivery of clinical services
- As a non-Foundation Trust the Trust will enter into a contractual relationship with the partner to form the SEP. The SEP will bring a range of estates expertise, providing strategic advice to the Trust, helping to prepare an estates master plan, developing business cases, project managing new projects and identifying sources of capital. The relationship with the SEP is non-exclusive and each project is agreed on a case by case basis, but fits into a broader, strategic master plan and this approach is being increasingly used across the NHS
- The Trust's priorities for improvement include redevelopment of maternity and neo-natal services, staff residences, modernisation and rationalisation of the community estate, reprovision of facilities for specialist services for Community Children's services and reducing carbon emissions by developing a sustainable energy and infrastructure policy
- The SEP will enable the Trust to deliver its Estates strategy in a positive way, that focuses on redevelopment and can be a catalyst in development of integrated care and CHIN's in both Islington and Haringey
- Staff and community engagement will be essential in future detailed proposals and individual business cases will be essential
- Discussions were taking place with Camden and Islington NHS Trust about transfer of beds to the Whittington site
- Concern was expressed that the private developer would wish to sell off assets in order to generate a profit. It was stated that it was felt that a partner could provide fresh thinking on how assets were managed and given that the Trust operated across 32 sites and that this is not necessarily an efficient way to operate. The Whittington stated that they would report back to the Committee on proposals at the earliest possible opportunity
- Members expressed the view that effective communication of the proposals is vital and that Whittingt6n should reassure the community that they will maintain and improve services within the locations that they are accustomed to
- It was noted that the Whittington were committed to retaining its maternity unit
- It was noted that Whittington were working on a communications strategy to engage the community in the process which would involve the use of the internet, the Community Forum and local newspapers
- The Whittingtonn strategy since 2010 had been to build a stronger service and model

The Chair thanked Siobhan Harrington for attending

13 DURG AND ALCOHOL TREATMENT SERVICES (ITEM NO. 13)

Charlotte Ashton and Emma Stubbs, Islington Public Health were present for discussion of this matter and made a presentation to the Committee, a copy of which is interleaved. A service user was also present.

During discussion the following main points were made –

- Substance misuse services have been part of a programme of transformation and redesign since 2014 and savings of £2.3 million have been delivered since 2014/15
- Public Health commissioners are committed to finding a further £1.3 million savings. It is anticipated that by the start of the new contract 2018/19 the cost of services in the scope of this programme will be £4,900,000. This represents a 23% reduction on current 2016/17 contract values
- Services have historically been commissioned via a range of different funding streams and as a result the different parts of the drug and alcohol treatment service pathway have been designed and commissioned separately. Consequently different service types are provided through the same providers and some areas of provision are provided by several providers
- Pathways and referral routes into services can be complex and confusing and service users face multiple assessment, hand over and case working arrangements
- Due to the current challenges facing local authorities there is a need to ensure that services are operating as effectively and efficiently as possible
- The vision for the redesigned service is to continue to improve recovery outcomes, increase uptake of the most appropriate treatment for those who need it and ensure the treatment pathway meets the changing needs of the population of drug and alcohol users
- The specification for the new service model will be co-produced with a wide range of stakeholders, and most importantly, users. Key elements will be a single point of contact, focus on service users outcomes, think Family embedded within all aspects of the service, ensuring the right kind of specialist support is tailored to meet service user needs, expert advice to partners across the system in identifying needs, and a strong emphasis on recovery and social resilience
- It was noted that the new service would simplify the system and the service user stated that this would in his view be the case and lead to a more integrated service and would put service users at the forefront in order to facilitate services needed and the new proposals would involve service users to improve outcomes
- It was stated that the high level of NEET's needing services needed to be addressed and outcomes improved. It was stated that work is taking place with community safety and PREVENT to engage this group and the focus would be to direct users to community based services rather than specific hubs
- It was noted that VCS discussions had taken place with VCS organisations to discuss the model to be introduced and how they could tie in with community providers to access services and to promote what is available in the community to make them an offer they can utilise
- It was also noted that the Drug and Alcohol service also linked in with problem families and work is taking place with mental health services and that the service was optimistic that the new proposals would improve outcomes and access to services for service users

The Chair thanked Emma Stubbs and Charlotte Ashton for attending

MEETING CLOSED AT 10.15 p.m.

Chair