

London Borough of Islington
Health and Care Scrutiny Committee - Wednesday, 30 July 2014

Minutes of the meeting of the Health and Care Scrutiny Committee held at Committee Room 4, Town Hall, Upper Street, N1 2UD on Wednesday, 30 July 2014 at 7.30 pm.

Present: **Councillors:** Andrews, Gantly, Heather, Kaseki (Vice-Chair) and Klute (Chair) and Nicholls.

Also Present: **Councillors** Councillor Burgess

Co-opted Member Bob Dowd, Islington Healthwatch

Councillor Martin Klute in the Chair

1 INTRODUCTIONS (ITEM NO. A1)

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

2 APOLOGIES FOR ABSENCE (ITEM NO. A2)

Apologies for absence were received from Councillor Schwartz.

3 DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. A3)

Councillor Nicholls for Councillor Schwartz.

4 DECLARATIONS OF INTEREST (ITEM NO. A4)

Councillor Kaseki declared a personal interest in Item B9 as a governor of Camden and Islington NHS Foundation Trust.

5 ORDER OF BUSINESS (ITEM NO. A5)

The order of business would be as per the agenda.

6 CONFIRMATION OF MINUTES OF THE PREVIOUS MEETING (ITEM NO. A6)

RESOLVED:

That the minutes of the meeting of the Committee held on 18 March 2014 be confirmed and the Chair be authorised to sign them.

7 CHAIR'S REPORT (ITEM NO. A7)

Councillor Klute reported that there were still concerns regarding the Whittington Hospital, particularly their application to be a Foundation Trust. An acting Chief Executive was in post but the first round of interviews for a permanent replacement had failed to find a suitable candidate. There had been two new appointments at Director level but these were both temporary one year appointments. The Chair had written to ask why these were short term appointments when the Trust should be seeking stability. The Committee still hoped the Trust would be able to achieve their Foundation Trust status.

The Chair had been alerted to new GP hosted prescription collection points. The Local Pharmacy Committee Chair had written to him to outline their concerns that this would undermine pharmacies which would see the loss of the add on services pharmacies could provide. It was suggested that such a change would be contrary to the GMC's guidelines on prescriptions and against directives that patients should not be sent to any one particular place.

The N19 Care pilot had been successful.

The review of GP services in Bunhill and Clerkenwell headed up by Neil Roberts had been conducted. The review had been prompted in part by the rise in housing in that part of the borough and related concerns that there had not been an adequate uplift in primary care provision. The CCG understood that the review had been completed and would chase the report authors for a copy of their final report.

The guide to Local Health Scrutiny Document that had been circulated to councillors was a concise guide to local scrutiny and also gave information about new proposals to make council meetings more inclusive.

8 HEALTH AND WELLBEING BOARD UPDATE (ITEM NO. A8)

Councillor Burgess updated the Committee on the work of the Health and Wellbeing Board and the Executive. Councillor Burgess agreed that there should be investment in primary care in the Bunhill and Clerkenwell area and also said that Finsbury Park and Archway were areas for concern.

She was interested to hear the update about pharmacies and noted that the Health and Wellbeing Board had a duty to complete a JSNA for pharmacies. Councillor Klute said there had been a helpful response from the CCG on pharmacies offering their support. The JOSOC had heard evidence that there was a VAT imbalance between private organisations and pharmacies that favoured private organisations as they could reclaim VAT. Councillor Burgess stated that pharmacies could offer extended services and were a vital part of the local health economy.

The Health and Wellbeing Board had met since the election and were in the process of refreshing their priorities. They were going to hold summits to check how the priorities were working and would keep the Committee informed of their progress.

9 SOCIAL DISTRESS (ITEM NO. B1)

Wendy Wallace, Chief Executive, Camden and Islington NHS Foundation Trust gave a presentation to the Committee.

In the discussion the following points were made:

- If an individual had a predisposition towards psychosis then cannabis use at a young age could trigger an episode but would not necessarily cause an exacerbation of the condition.
- Three quarters of all suicides were not known to services beforehand.
- A significant number of letters had been written regarding the changes to benefits taking up a huge amount of clinical time.
- Alcohol use in itself did not necessarily correlate with inpatient admissions but there was a clear link with drug use.
- There was evidence that the dislocation and trauma suffered by refugees could cause long term health issues. There were good links with the Freedom from Torture organisation at Iseldon Road and those experiencing consequential depression or psychosis would receive support.
- Stress was a common mental health condition and although stress in the workplace was a factor, there were often other contributing causes.
- There were a range of mental health services available and ICope had seen many thousands of cases a year.
- There was a clear weekend related spike in mental health admissions.
- Turnover of staff in the police force was an issue but training programmes were ongoing to inform staff about dealing with individuals with mental health issues.

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- The Trust were aware that there was a high proportion of older people in the group affected by benefit reforms. There were definite examples of distress caused to individuals going through the process.
- Councillors would like to attend a training session on mental health covering issues such as surgeries and dealing with constituents on the doorstep. Although the intensive two day session would not be feasible for many councillors to attend they would be interested in a two hour session covering the issues specific to their role.
- Islington had a high number of younger people with mental health issues in the borough. This number would be boosted by numbers gravitating to London as they left home and the number of universities in the borough.
- The ICope service performed very well on referral times with patients being seen within six weeks compared with up to a year for talking therapies.
- There was an 89% success rate in challenging appeals but patients would often attend up to four appointments before raising their concerns over benefits cuts. It would take up to 40 minutes to prepare one report taking up a significant amount of clinical time.
- There was a wide range of students living in Islington and whilst rates of psychosis were low in that population it was very difficult to manage.
- The CCG were looking at the significant amount of time spent on benefits appeals and were considering the possibility of central funding.
- Work had been undertaken to put more mental health support into schools and materials on mental health were also made available at LIFT and the Platform Youth sites.

RESOLVED:

That the presentation be noted and that Wendy Wallace be thanked for her very helpful presentation.

10

PRESENTATION FROM ISLINGTON CLINICAL COMMISSIONING GROUP (ITEM NO. B2)

Dr Gillian Greenhough Chair of Islington Clinical Commissioning Group and Alison Blair, Chief Executive of Islington Clinical Commissioning Group gave a presentation to the Committee.

In the discussion the following points were made:

- The CCG Board meetings were held in public and members of the public were encouraged to attend. A Healthwatch representative sat on the Board to ensure that there was an opportunity for the concerns of the wider community to impact on the operation of the Board.
- The Joint Strategic Needs Assessment (JSNA) considered levels of disease in the borough and there had been Londonwide work on stroke services.
- The over 75 age group were at high risk of social isolation, stroke and chronic disease. The CCG had a lead on this area and a Board member with responsibility for elderly care.
- There were high levels of deprivation in the borough and this had a clear link to higher levels of certain diseases. The population in Islington had a very different profile to neighbouring boroughs such as Camden and only one Islington ward was not in the top 20% of the most deprived areas in the country.
- The CCG had found the Health and Wellbeing Board to be a useful exercise. This was particularly due to the influence the Board members could exercise in their individual fields. By bringing together individuals who covered different areas effective strategies could be devised to target specific areas such as smoking cessation or an audit of alcohol use in the borough.

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- The CCG had amended their constitution since it had been adopted and this had been done in consultation with groups such as 38 degrees to take some of their concerns into account.
- The CCG worked very closely with pharmacies.
- A number of strategies for reforming care were being looked at such as longer nurse appointments for patients with chronic diseases to reduce the overall amount of appointments they needed.
- The CCG had a reasonable relationship with NHS England but they had a very small local team in place which meant they had to be reactive rather than proactive.
- The report commissioned on GP Appointments was discussed and the Committee requested that the draft report be circulated to the Chair.

Julie Billett, Joint Director of Public Health, Camden and Islington gave a presentation to the Committee.

In the discussion the following points were made:

- The amount spent on Alcohol, Substance Misuse and Sexual Health services was highlighted. The Committee noted that those kinds of services were clinically and resource intensive but that all services would be looked at as part of the savings exercise. There was to be a stronger emphasis on recovery interventions but services had been slow to adapt. However, there had been a solid improvement in performance and outcomes with figures closer to the national average.
- GPs and primary care were just one setting for patient care and many services were looking more closely at what could be provided by the voluntary and community sector.

RESOLVED:

That the presentations be noted and that Dr Gillian Greenhough, Alison Blair and Julie Billett be thanked for attending.

11 SHORT BREAKS FOR CHILDREN'S CARERS (ITEM NO. B3)

The Committee noted that the reports had been provided for noting in response to the action points raised at the last meeting.

The Committee noted that the introduction of the Children and Families Act 2014 would have an impact on services and a presentation should be requested for later in 2014 or the start of 2015.

RESOLVED:

That the update be noted.

12 MEMBERSHIP, TERMS OF REFERENCE AND DATES OF MEETINGS (ITEM NO. B4)

RESOLVED:

That dates of meetings of the Health and Care Scrutiny Committee for the municipal year 2014/15, the membership appointed by Council on 12 June 2014 and the terms of reference, as set out at Appendix A be noted.

13 WORK PROGRAMME 2014/15 AND PRIORITISATION OF SCRUTINY TOPICS (ITEM NO. B5)

In the discussion the following points were made:

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- In order to balance their workload the Committee would carry out one major review and receive presentations on smaller areas of interest.
- There were a number of items the Committee may be interested in receiving including presentations on –
 - Children and Families Act 2014
 - Primary Care Call to Action
 - Integrated Care/Care Close to Home
 - N19 Care Pilots
 - Better Care Fund
 - An update on FGM services
 - Food for Life Partnership
 - Sexual Health budgets
 - Adult Safeguarding
 - Local Quality Account
 - Peer Review from Social Services
- The two possible areas for the Committee's major review were Older People's Access to Care and Patient Feedback.
- The Committee noted that a DVD had been produced by Carers in partnership with Islington Learning Disabilities services and Bob Dowd could arrange a viewing for members as required.

RESOLVED:

That the work programme and the points raised in discussion be noted.

MEETING CLOSED AT 10.30 pm

Chair