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London Borough of Islington

Health and Care Scrutiny Committee - Tuesday, 16 September 2014

Minutes of the meeting of the Health and Care Scrutiny Committee held at Committee Room 5, Town Hall, Upper Street, N1 2UD on Tuesday, 16 September 2014 at 7.30 pm.

Present:	**Councillors:**	Chowdhury, Gantly, Hamitouche, Heather, Kaseki (Vice-Chair) and Klute (Chair)
Also Present:	**Councillors**	Burgess
	Co-opted Member	Phillip Watson, Islington Healthwatch

Councillor Martin Klute in the Chair

14 INTRODUCTIONS (ITEM NO. 1)

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

15 APOLOGIES FOR ABSENCE (ITEM NO. 2)

Apologies were received from Councillor Comer-Schwartz and Bob Dowd.

16 DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)

Phillip Watson for Bob Dowd.

17 DECLARATIONS OF INTEREST (ITEM NO. 4)

There were no declarations of interest.

18 ORDER OF BUSINESS (ITEM NO. 5)

The order of business would be as per the agenda.

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

RESOLVED:

That the minutes of the meeting of the Committee held on 30 July 2014 be confirmed and the Chair be authorised to sign them.

20 CHAIR'S REPORT (ITEM NO. 7)

The Chair informed the committee that the report into GP services in Bunhill had been concluded and whilst there was capacity to absorb some of the new residents within existing provision, by 2020 more services would be needed. Option four of the paper included the relocation of a practice to larger premises. The preferred site would have been the City Forum development but only a third of the required space had been offered there.

The N19 Care pilot should be covered as part of the Care Act presentation planned for November.

21 EXECUTIVE MEMBER UPDATE (ITEM NO. 8)

There would be a joint Mental Health summit with Camden and members were invited to attend if they could. Details of the date would be circulated.

A summary of the Barker report on the social services reform crisis could be circulated to members as required.

It was still intended that mental health training would be provided for members. More details would hopefully be available soon.

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

The next Health and Wellbeing Board would not take place until 15 October so there were no updates from the last meeting.

23 **PRIMARY CARE FOUNDATION - IMPROVING ACCESS AND URGENT CARE IN GENERAL PRACTICE (ITEM NO. 1)**

Henry Clay, representing the Primary Care Foundation gave a presentation to the Committee.

During the discussion the following points were made –

- Locum issues were relevant when considering the data on GP performance.
- As part of the review process the Committee should look at how the CCG were helping practices to change the performance statistics as required.
- There were draft access standards being prepared for London but they were not yet in place.
- It had been difficult to find threads of consistency across high and low performing practices.
- There was an expectation on practices that they would provide online access to patients from next year but there needed to be a balance of methods of access.
- Support had to be given to receptionist teams to help with managing patients with English as a second language. There were existing translation services in place but the take up of these was low and did not seem to work well. Many patients chose to bring a family member or friend with them to translate.
- Although there was data on GP performance nationally there was no one solution for GP performance that would work for all practices.
- When practices told patients to call back again at the same time tomorrow they were often perpetuating the pressure on phone lines at busy times of day.
- Resourcing on any given day could be an issue but there could also be more complicated underlying issues.
- Repeat appointments was a larger issue for availability. If patients were coming back seven times rather than five times then the practice needed to consider why the extra appointments were needed.
- The widespread variation between practices was a big challenge.
- DNAs (did not attend) appointments were often higher when appointments were booked further in advance as the illness had improved by the time the appointment came around. If surgeries made better use of nursing staff so patients could be seen sooner the levels of DNA appointments could improve.
- Patients unable to get through to the surgery by phone to access appointments was a major issues. Aiming for targets of 90% of calls being answered in 30 seconds would often diminish complaints.
- Occasionally reception staff felt that the surveys were invasive and it was important that practice managers explained how the surveys would help improve systems for the patients of the practice.
- Walk in appointments could help with providing easier access to appointments, particularly to those with English as a second language but it was just one way of service delivery.
- There was a drive towards extending access to primary care including into weekends. The shift was inevitable but it was possible that by working with other practices new service models could be developed. The difficulty with this

was how to provide continuity of care as a patient's notes and clinical record would need to be accessible.
- Continuity and having management plans in place that would explain what would happen when a situation arose were vital.
- The Committee had heard evidence of many GPs performing a social support function and undertaking a significant amount of work on benefits assessments, housing applications and sick notes. It was suggested that giving other clinicians access to the system centrally would enable these patients to be seen elsewhere.
- As practices grew they would need more resources. Allowing some staff to move round practices and out of hours services to gain experience could be beneficial.
- Caution should be exercised to not look at just one model of service.

The Chair thanked Henry Clay for attending.

24 **CAMDEN AND ISLINGTON MENTAL HEALTH TRUST- QUALITY ACCOUNT REPORT 2014/15 (ITEM NO. 2)**

Colin Plant, representing Camden and Islington gave a presentation to the Committee.

The full quality account was available online and the slides could be circulated to members.

The latest CQC inspection had taken place in July and there had been positive responses with some areas for improvement.

In the discussion the following points were made –
- The quality account had exact figures for rates of mental health in Islington.
- Islington had one of the highest rates of psychosis in London.
- Readmission rates were average for London and patient experience was very important. Results were improving but it depended on the demographic of the population. Joined up services were vital and the Trust needed to work with the voluntary and primary care sector in the most effective way.
- There were socioeconomic factors in mental health and it was possible there was unmet need. Better physical health was key to mental health.
- Ligature usage had been raised as an area for improvement and work had been undertaken on that area.
- There had been some issues with bed pressures due to a rise in demand but this was likely down to a rise in overseas visitors and other factors.
- Positive areas had included staff and innovative work taking place in the trust. The care, kindness and compassion of staff had been praised.
- 33 inspectors had taken part in the inspection which was standard for an inspection of this kind. The Committee noted that 40 inspectors had undertaken the recent inspection at St George's as a comparable trust.
- The Trust worked very closely with partners on smoking cessation programmes.
- There had been reports in the local press about the use of restraints. The Trust used the same methods of restraint as other mental health trusts and were undertaking comprehensive retraining including looking at de-escalation prior to a situation reaching a point where restraints were needed.
- Any method of restraint has a degree of risk and there were a range of methods that could be used. The Trust had undertaken a major retraining programme and looked at best practice and monitoring. Notes were also kept of all incidents and would be reviewed.

- Systems at Highgate Mental Health Centre were under review and service users' opinions were being taken into consideration.
- There were good academic studies on stress which showed that being in employment was a huge factor in improved mental health. Poor environment also had a huge impact on mental health.
- The Trust would come back to the Committee in six months to report on the areas of concern that the inspection had raised.
- Each division had a service user group and the Trust worked closely with IBUG.

The Chair thanked Colin Plant for attending.

25 **PRIORITISATION OF SCRUTINY TOPICS (ITEM NO. 3)**

The Chair would circulate the updated GP appointment recommendations to the Committee. The evidence from that evening's session would be added into the report.

26 **WORK PROGRAMME 2014/15 (ITEM NO. 4)**

Items would be considered by the next meeting on the Whittington Health and Drug and Alcohol services.

RESOLVED:

That the work programme be noted.

MEETING CLOSED AT 9.40 pm

Chair