London Borough of Islington

Health and Care Scrutiny Committee - Tuesday, 21 October 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, 21 October 2014 at 7.30 pm.

Present:	**Councillors:**	Andrews, Comer-Schwartz, Gantly, Hamitouche, Kaseki (Vice-Chair) and Klute (Chair)
Also Present:	**Councillors**	Burgess
	Co-opted Member	Bob Dowd, Islington Healthwatch

Councillor Martin Klute in the Chair

27 **INTRODUCTIONS (ITEM NO. 1)**

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

28 **APOLOGIES FOR ABSENCE (ITEM NO. 2)**

Apologies for absence were received from Councillor Chowdhury.

29 **DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)**

There were no declarations of substitute members.

30 **DECLARATIONS OF INTEREST (ITEM NO. 4)**

There were no declarations of interest.

31 **ORDER OF BUSINESS (ITEM NO. 5)**

The order of business would be as per the agenda.

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

RESOLVED:

That the minutes of the meeting of the Committee held on 16 September 2014 be confirmed and the Chair be authorised to sign them.

33 **CHAIR'S REPORT (ITEM NO. 7)**

There was no Chair's report.

34 **EXECUTIVE MEMBER AND HEALTH AND WELLBEING BOARD UPDATE (ITEM NO. 8)**

Councillor Burgess noted that Councillor Alison Kelly, Chair of Camden Health Scrutiny Committee was present. She echoed the statements on the good partnership working with their partners in the Health sector and notified the Committee that three partnership reports would be presented to the Executive the following Thursday by Whittington Health, Islington CCG and Camden and Islington Foundation Trust.

On Thursday a report would also be presented seeking permission to enter a new contract for St Anne's Care Home in Finsbury Park ward. The London Living Wage would be offered, the first time any care home in the borough had given LLW to their staff.

The Health and Wellbeing Board had met last week and considered a report on the strategic priorities and Commissioning Plans for the CCG and the council.

There had been a delay in implementing the Better Care Fund monies as the government had changed their rules and the process had to be rerun.

Councillor Burgess was still pressing for Mental Health Awareness training in a condensed format.

Councillor Burgess would look into concerns expressed regarding care worker travel between appointments under the new contract.

35 **WHITTINGTON HOSPITAL - PERFORMANCE UPDATE (ITEM NO. 1)**

Simon Pleydell, Interim Chief Executive, Whittington Health, and Steve Hitchins, Chair of Whittington Health presented the update to the Committee.

The Chair stated that he had requested the item in response to stories in the local press.

In the discussion the following points were made –

- The trust had received approval from the TDA to progress their plans to develop the maternity unit to accommodate 4,700 births per year. A key part of this was the full business case that should be available by Christmas.
- They had opened an ambulatory care centre which allowed direct access to consultant care for non-urgent cases. Since the centre had opened there had been demonstrably lower admissions.
- Their patient experience rating for cancer care was the best in North London.
- Their overall performance was going well and A&E numbers compared favourably with any other department in London.
- The trust was achieving 95% of its targets.
- At one point they had a 38% nursing vacancy rate but this was now down to 5% following a number of measures including a redesign of the local area teams.
- The trust was still committed to becoming a foundation trust and was currently taking a pause to refresh their strategy.
- The King's Fund had carried out a review of the Trust and had been impressed with many pieces of work but had told them they needed to be more strategic. The slides from the King's Trust could be shared with the Committee.
- A new leadership team was in place and they needed to recognise the new strategic priorities.
- It was likely that the CQC would inspect the Trust early next year and they needed a good rating to progress before they actively started moving forward with their Foundation Trust application.
- Once the Trust could prove they were a good, safe, high quality organisation with sustainable finances they would progress their application.
- The TDA were giving the Trust time to get into the right place for their application.
- The local press had incorrectly reported that the Trust was abandoning their application.
- The Trust had not been notified that they were in the group of Trusts who had been identified as candidates for merging with other NHS trusts.
- The 4% in the cost base was causing issues but there was work underway to address this.
- There were currently 64 Trusts in the same position as Whittington Health and many others who were worse off.
- The cost base challenge was up to £5million depending on CCG funding decisions. There were ongoing discussions with commissioners on this issue

and these were also considering the viability of the cap and collar funding methods.

- A friends and family test had been rolled out to all staff with 74% saying they would recommend the Trust for treatment dropping to 62% who would recommend working there. There was current benchmarking underway and the Trust was within the norms of the national average. This was not considered to be good enough and they were aiming to improve.
- There had been some pockets of discontent among staff in the past and this had not necessarily been managed in the correct way. It was vital that senior management engaged with staff and that staff understood the reasons why and how decisions were made.
- The Trust was performing at 95% against the target for patients at A&E being seen within four hours.
- They were encouraging a cohort of patients to come forward as patient champions.
- There was no clinical estates plan apart from the previous one so the Trust remained committed to the Waterlow building as stated. Clinical staffing was the priority, then IT then the estates plan may be reviewed.
- There had been capacity issues in meeting the 14 day cancer target and planning had been done in partnership with GPs to address this. Not all patients were able to or wanted to come in during that 14 day window due to other commitments so that would skew the figures.
- The Trust and the LA had discussed the appointment of the new Chief Executive and an announcement would be made on this early in November. After this a new Director of Finance would be appointed and then further staff would be recruited from there.
- There was an established partnership group who had provided very constructive feedback. Simon Pleydell also met with the Co-Chairs every month to discuss the latest concerns.
- There were regular briefings for staff and monthly newsletters were circulated. There was also a Board Matters podcast that staff could access. Communication was never perfect and the Trust was determined to keep working on ensuring all staff were informed of the latest developments.
- Periodic staff turnover created uncertainty although information did go out to staff regularly. Once the permanent Chief Executive appointment had been made this would start to turn around these processes.
- The partnership group included representatives from all of the unions.
- The cancer services restructure applied only to very specialist services at UCL, Bart's and the Royal London.
- 45% of attendances at the ambulatory care centre were redirects from A&E. The others were significantly from GP referrals so the centre was not open access in a general sense.
- It was estimated that it would take two to three years to progress the FT application.
- The national changes to the CQC inspection process and to the FT application process had slowed the process down leading to many Trusts' applications going on pause.
- There were still some issues with outpatient appointments systems in some specialities. In Rheumatology consultants' sickness had caused problems and the Trust had worked on this and the situation had improved.
- Reports that Whittington Health was too small to go for FT status were inaccurate.
- Clinical care and quality of services was key as was the vital support from the local community.

The Chair thanked Simon Pleydell and Steve Hitchins for attending.

RESOLVED:

That the update be noted.

36 **DRUG AND ALCOHOL MISUSE - ANNUAL UPDATE (ITEM NO. 2)**

Eileen McMullan, Senior Commissioning Manager - Substance Misuse and Colin Sumpter, Public Health Strategist presented the report to the Committee.

In the discussion the following points were made –

- There was a single patient contact number and referrals were received from a number of partners. Direct access was available too although those with complex needs could sometimes take longer to formulate an appropriate care plan.
- 98% of those drug related cases were seen within three weeks with 67% of alcohol related cases seen within three weeks. This was compared to 62% nationally. Gateway access could be provided whilst patients were waiting.
- Work was ongoing with Licensing officers to change the patterns of availability of alcohol as alcohol related ambulance call outs and alcohol related assaults could be significant.
- The Public Health team reviewed all licensing applications and made representations where this was applicable. If they had submitted a representation they always attended the meeting in question.
- Officers had attended a meeting at the Home Office and would be fully supportive of a licensing objective to promote public health.
- Camden and Islington Foundation Trust had a complex needs service who worked closely with officers to support those patients with complex needs including mental health issues.
- Work was also taking place with the Healthy Schools Team to reach out to young people and educate them on the dangers of drugs and alcohol.
- Gateway alcohol services had held events at markets and colleges as part of the prevention agenda.
- Public Health offered alcohol awareness training to all front resident facing staff. Councillors had been invited to participate.
- Public Health would support a ban on alcohol advertising and the impacts of alcohol misuse were hugely expensive to the borough, far outweighing the benefits of e.g. business rates.
- Figures for binge drinkers in the borough also included those who visited the borough to socialise not just residents. Those residents who were defined as problem drinkers were spread across the borough and across the poorest and richest residents.
- Although approximately 70% of spend was on drug services the alcohol emphasis was spread more widely.
- Opiate and crack cocaine had a higher number of users who were known to treatment services.

The Chair thanked officers for attending.

RESOLVED:

That the update be noted.

37 **ISLINGTON HEALTHWATCH ANNUAL REPORT (ITEM NO. 3)**

Emma Whitby, Chief Officer and Phillip Watson, Board Member Healthwatch Islington presented the report to the Committee.

In the discussion the following points were made –

- Members commended officers on their report.
- Healthwatch had to ensure volunteer numbers remained steady as there were only three and a half equivalent staff members to oversee nearly 50 volunteers. They were always looking for new volunteers particularly those with language skills.
- Healthwatch members received a monthly email and quarterly hard copy update. They also used electronic forms, freepost and phone calls to contact people. They were also setting up links with community hubs and were always happy to hear of other methods of communication.
- The Healthwatch staff team currently only had a member with skills in one other language but they could book interpreters as required. They tended to work with the voluntary sector who had a more diverse base of volunteers with wider skills in a number of languages.
- The Board were elected by a steering group of 24 and the steering group were elected by the 750 members of Healthwatch.
- Members noted that Healthwatch mystery shopped locations to ensure that complaints information was displayed. If Members were aware of any locations where this was not the case they should report it to Healthwatch.
- If a resident had no GP and was of no fixed abode they could use the Healthwatch address or in some instances their GPs address although not all would facilitate this.
- Members requested a link to the Urgent Care report Healthwatch had completed.

The Chair thanked Emma Whitby and Phillip Watson for attending.

38 **GP APPOINTMENTS - FINAL REPORT (ITEM NO. 4)**

The Chair introduced the final GP Appointment system report. The Committee noted that whilst initial conclusions had been drafted previously, these had been redrafted following the last meeting to take into account the Primary Care Foundation report.

Members suggested amendments to the recommendations as follows –

- Recommendation one be amended to include the words “and within GP Clusters” at the end of the final sentence.
- Recommendation five be amended to read “be established for all patients including children with long term conditions and special educational needs”.
- Members agreed that the final wording of Recommendation two in the additional recommendations section be delegated to the Chair.
- Members noted that the Chair would add his foreword prior to the report going before Executive.

RESOLVED:

That the final report be agreed.

39 **PRIORITISATION OF SCRUTINY TOPICS (ITEM NO. 5)**

RESOLVED:

That the Committee undertake a mini review on patient feedback covering Patients/Practices/Trusts and Islington Healthwatch.

40 **WORK PROGRAMME 2014/15 (ITEM NO. 6)**

RESOLVED:

That the work programme be noted.

MEETING CLOSED AT 10.30 pm

Chair