



**60**      **PUBLIC QUESTIONS (ITEM NO. 8)**

The Chair outlined the procedure for dealing with Public questions and filming and recording of meetings

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

The Executive Member Health and Wellbeing, Councillor Janet Burgess was present and outlined the following matters –

- A meeting of the Health and Wellbeing Board would be taking place the following day and there were two main items on the agenda – Primary Care Strategy and co-commissioning, which was also on the agenda that evening, and the response to the Better Health for London consultation and the expansion of the Health and Wellbeing Board membership to include non-voting representatives of the Whittington Hospital and the Camden and Islington Mental Health Trust
- Councillor Burgess stated that there was a need to discuss the issue of lack of suitable GP premises in the south of the borough and the Chair stated that the GP appointments report that would be submitted to the Executive on 15 January sought to address the need for planning processes to take account of future suitable GP premises provision
- The Better Care Fund proposals had now been finalised

**62**      **PRIMARY CARE COMMISSIONING (ITEM NO. 10)**

Alison Blair and Martin Machray, Islington CCG, was present and outlined the report to the Committee.

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

- It was proposed to adopt model 2 – joint decision making - in the first instance, with a shadow arrangement starting in April, which will give an time to test out arrangements for decision making and membership, as well as determine the resources needed
- Some areas still needed to be worked through in particular Governance and conflicts of interest
- The NCL Primary Care Strategy underpins the development of co-commissioning and gives the CCG oversight of primary care development and contributes to forwarding local strategic change, leads to more integrated decision making, greater consistency of outcomes and incentives and a more collaborative approach to infrastructure developments
- In response to a question it was stated that it was not felt appropriate to adopt model 3 at the current time
- At present there were 36 GP practices in the borough and a number of these were now taking on part time roles and in addition there was an ageing profile for practice nurses and managers. There was a need for this to be addressed and to build capacity for the future
- In response to a question as to the re-commissioning of the 111 service it was stated that whilst this would be looked at by NCL and any decision would need agreement by the 5 individual boroughs
- NHS England have a 5 year forward view that focused on the need for high quality sustainable primary care
- It was hoped that co-commissioning will develop a more co-ordinated approach
- Reference was made to recruitment problems and that there were variations in contracts in the NHS and work was going on with GP's to create a federation to promote and build skills

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- The Chair stated that the GP Appointments scrutiny review report would be considered by the Executive on 15 January and that following this he intended to write to all GP's in the borough and other relevant organisations to draw attention to the recommendations and hope that a collaborative approach could be undertaken to implement these and a follow up exercise undertaken in the future
- It was noted that it was not intended to share financial resources across the 5 boroughs
- Reference was made to the provision of mental health and that the new model of dealing with mental health problems involved more joined up working across the NCL sector with primary care to improve outcomes and CCG's had been told to invest more in mental health
- The Committee then received a written (copy interleaved) and verbal submission from residents in relation to the re-commissioning of the 111 service during which the following main points were made -  
There should be support given to local GP's to enable them to bid for the service in order to provide the best possible service for residents and provide continuity of care  
It was noted that in L.B.Hackney the 111 service contract had been won by local Hackney G.P.'s  
The public consultation meetings arranged by the CCG were in their view not in adequately sized premises for the number of residents who would be likely to attend

The Chair stated that a number of issues had been raised in the laid round document from residents and that consideration of this matter should be deferred until the next meeting of the Committee, when the CCG would have had an opportunity to consider the points raised and be able to respond.

### **RESOLVED:**

- (a) That the residents submission be noted and that a further discussion on the 111 service take place at the next meeting of the Committee
- (b) That the report and comments of the Committee be noted and that the preferred adoption of level 2 seems a sensible proposal to the Committee at this stage

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### **NHS TRUST - LONDON AMBULANCE SERVICE PRESENTATION (ITEM NO. 11)**

Paul Gates and Patrick Brooks, London Ambulance Service, was present and made a presentation to the Committee, copy interleaved.

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

- The LAS top compliant codes were 111 transfer 12.5%, falls 10.5%, HCP 9.9%, DIB 9.5%
- Alcohol calls amounted to 5.8%
- Category A8 response rate of 8 minutes was 65% in the year to date and the current target of 75% was currently being achieved in 10.20 mins
- There had been a 5% increase in category A calls to date and Islington had the third best Category A performance in London despite having the third highest CAT 8 incidents in London
- LAS has had 30 staff a month leaving since September 2014, previous to this it was 22 per month – main reasons for leaving pressure and volume of work, local management issues, lack of training and development, cost of living in London Borough of Islington

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- A number of measures have been put in place to improve capacity and decrease demand
- There has been a large recruitment campaign in place across Europe, UK and Australasia for paramedics, introduced new clinical roles for ambulance staff, and nearly 200 staff will be joining the service between January and March
- A number of other measures have been introduced to address staff resources
- There is a 5 year strategy in place for developing and investing in staff, putting clinical standards and education at heart of what we do, etc..
- Developing appropriate care pathways
- There was partnership working with Islington on a number of programmes including alcohol and mental health and criminal justice liaison
- The Chair stated that he had raised some specific cases for discussion and it was stated that because of patient confidentiality these could not be discussed that evening but the LAS could respond following the meeting if full details were supplied
- It was noted that there had been delays in responding to calls due to the large number of vacancies but it was hoped that due to the recent recruitment campaign that improvements would be seen by the Summer. There had also been an increase in 999 calls with insufficient resources to deal with them
- In response to a question as to whether calls were downgraded it was stated that calls were dealt with in a range of prescribed methods and dealt with in a similar manner to 111 calls
- It was stated that the current training requirements for paramedics was restricted and the service had now procured additional staff and more approved training opportunities. In addition emergency ambulance crews were being made available that could deal with 90% of calls
- Reference was made to the fact that the shift of a paramedic was 11.5/12 hours and that they worked a 37.5 hour weekly shift and overtime was in addition
- In relation to the possible psychological trauma that could be suffered by ambulance staff it was stated that there was support and counselling in place from trained staff and also peer support
- Alcohol accounted for approximately 8% of calls and Islington had a thriving night time economy which contributed to the high call out rate. LAS were working on an alcohol strategy and were doing public education talks at colleges and schools. LAS were also working with TfL, British Transport Police in order to try to identify where people were coming from in order to access the night time economy
- The average service length for a paramedic was only now 5/6 years and the demographics of the service had changed

### **RESOLVED:**

That the LAS respond to the Chair on the specific cases referred to above

The Chair thanked Paul Gates and Patrick Brooks for attending

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### **ANNUAL ADULTS SAFEGUARDING REPORT (ITEM NO. 12)**

Marian Harrington, Independent Chair of the Islington Safeguarding Adults Board, and Elaine Oxley, Housing and Adult Social Services, was present and outlined the report to the Committee.

During consideration of the report the following main points were made

- The Board met 4 times a year and there were also sub groups chaired by Members of the Board

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- There had been an increase in the numbers of people who were assessed resulting in additional work for the Council. This was partly due to an increase in awareness
- It was noted that the Safeguarding Board would become a statutory requirement from April
- There were an increasing number of alerts from Police and the public as a result of publications and articles to raise awareness
- In response to a question it was stated that there could be more focus on outcomes and awareness
- It was stated that a toolkit was being developed to enable staff to recognise people with learning disabilities and there had been a large increase in referrals
- In response to a question it was stated that safeguarding leaflets were produced in a range of languages and different ethnic communities were being engaged. Events were also being arranged to meet members of the community and there would be checks to ensure different communities were being engaged, especially hard to reach groups
- It was stated that references and CRB checks were carried out on staff and there was also a probationary period. There was also a Safer Recruitment guidance booklet that staff and partners could access
- Islington paid the LLW and that this enabled them to attract better quality staff
- Work was also being carried out with colleges in relation to the changes as a result of the Care Act and a number of areas of social care

The Chair thanked Marian Harrington and Elaine Oxley for attending

### **65** SCRUTINY REVIEW - PATIENT FEEDBACK - PRESENTATION/SID/WITNESS EVIDENCE (ITEM NO. 13)

Julie Billett, Director of Public Health was present and outlined the SID.

Emma Whitby and Rose Marie MacDonald from Healthwatch were also present and the Healthwatch report was outlined to the Committee.

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

- The objectives of the SID should be amended to include feedback on the findings of the scrutiny to all providers
- The Committee noted that the 111 service would be an item on the agenda for the next meeting
- It was noted that comments had been received in relation to 29 of the 36 GP practices in Islington
- The Chair stated that the Committee were keen to ensure that providers had a more consistent method of assessing patient feedback and how patient feedback was dealt with when it was received
- Any method of patient feedback should be simple and quick for patients to complete and indicate that feedback could result in changes to procedures
- Healthwatch stated that they would consider using the Friends and Families scheme to collect information
- Healthwatch worked with the voluntary sector and partners as Healthwatch had limited resources
- It was noted that 3 surgeries had a video link for deaf users and this should be looked at for other surgeries in the borough

The Committee thanked Emma Whitby and Rosie Marie MacDonald for attending and the report and presentation

**RESOLVED:**

That the SID be approved with the addition in the objectives of the review of the need to feedback the Scrutiny Committee findings to all relevant providers

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**SEXUAL HEALTH (ITEM NO. 14)**

Jonathan O'Sullivan, Public Health, was present for discussion of this item and outlined the report during which the following main issues were raised –

- Sexual health services became the responsibility of Councils in 2013, as part of the transfer of public health to Councils
- Islington has amongst the highest levels of sexual health needs in the England and in particular relating to prevention and treatment of STI's and HIV
- Gay, bisexual men are particularly affected, as well as some BME groups
- Needs around sexual and reproductive health, including abortions and repeat abortions, and continued action to prevent teenage pregnancies are also significant
- In response to a question it was stated that whilst sexual health was an on demand service, there was cross borough charging and therefore even if Islington services were used by people outside the borough charges were recovered from the borough of residence
- It was stated that the service was examining options for delivering the service in a more demand managed manner and earlier diagnoses resulted in reduced infections and improved outcomes
- The service is providing digital resources to enable home testing and it was hoped that this may reduce costs, however there was the danger that more people may request testing if they did not have to make a personal visit
- There was a need to look at longer term preventative measures
- Younger people tended to access services in a different way to older people
- The Committee welcomed the report which was very informative of the service
- In response to a question it was stated that Islington had a young population and this may explain why sexual health visits were more prevalent than in many areas, however it should be noted that L.B.Camden sexual health clinics had higher usage than Islington
- It was stated that sexual health had a long history of dealing with a range of ethnic minority groups and different messages had to be conveyed to African communities on HIV than to gay men
- A Member referred to the CNWL contract and that staff reductions were being made. It was stated that CNWL were contracted to develop clinical pathways and an integrated tariff ensures that trust were paid for the services that they provided
- Reference was made to the fact that approximately one third of the Public Health budget was currently spent on sexual health services. Whilst the budget was ring-fenced it was not to say that this budget would not be subject to funding reductions in future years, as there was overall pressure on the level of Council funding in future years from Government funding reductions

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

**RESOLVED:**

That the work programme be noted

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MEETING CLOSED at 10.30 p.m.

Chair