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London Borough of Islington Health and Care Scrutiny Committee - Thursday, 2 July 2015

Minutes of the meeting of the Health and Care Scrutiny Committee held at on Thursday, 2 July 2015 at 7.30 pm.

Present: **Councillors:** Klute (Chair), Andrews, Gantly, Heather, Turan and Nicholls

Also Present: **Councillors** Kay and Burgess

Councillor Martin Klute in the Chair

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

The Chair introduced Members and officers to the Committee

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

Councillors Hamitouche, Chowdhury and Bob Dowd

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

Councillor O'Halloran stated that she was substituting for Councillor Chowdhury

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

None

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

The Chair stated the items would be dealt with in agenda order

114 **MINUTES (ITEM NO. 6)**

RESOLVED:

That, subject to the following amendments –

Minute 106 – bullet point 10 delete the first sentence and replace with –Islington is the most densely populated UK borough and the 4th. most deprived in the country and has the second highest rate of child poverty

the minutes of the meeting of the Committee held on 19 May be confirmed and the Chair be authorised to sign them

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

The Chair stated that he had attended the JOHSC meeting that had been held at Islington the previous week. He added that Councillor Alison Kelly of L.B.Camden had been appointed Chair of the JOHSC and that Councillor Pippa Connor of L.B.Haringey and himself had been appointed Vice Chair of the Committee.

Discussion has taken place at the JOHSC on the 111/Out of Hours service retendering and it was agreed that the revised specification should be submitted to the JOHSC as well as the Health and Care Scrutiny Committee.

There had also been a presentation on the Cancer/Cardiology service at UCLH and Barts and that the operations performed had increased by 50%.

The Chair also reported that there is a shortage of DCG vaccines however it had been agreed that 11/12 year olds not vaccinated would receive the vaccine when it became available again.

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In addition it had been agreed that Councillor Kaseki would continue as the Council's other representative on the JOHSC rather than Councillor Turan as discussed at the last meeting of the Committee.

The Chair added that he was pleased to report that after lobbying to NHS England he had been able to get them to agree to not closing the Mitchison Road GP practice and that this would now remain open.

The Chair also stated that he had been surprised to learn that some of the GP appointment recommendations had been rejected and he would be discussing the reasons for that and report thereon to the next meeting of the Committee.

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

The Chair outlined the procedure for public questions and filming and recording of meetings

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

Councillor Janet Burgess, Executive Member for Health and Social Care was in attendance for this item.

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

- It was stated that the Mitchison Road practice would stay open as reported earlier and that it would be staffed by interim GP' until April next year when permanent GP' s would hopefully be in place
- There had been £2m funding awarded from the Locality Development Funding
- Commissioning is taking place currently in relation to the Healthwatch contract, the carers contract and housing support services, however it was noted that Care UK had decided not to bid again for the carers contract

The Chair thanked Councillor Burgess for her attendance

118 **WHITTINGTON HOSPITAL DEFECIT - VERBAL (ITEM NO. 10)**

Simon Pleydell, Chief Executive Whittington NHS Trust and Steve Hltchins, Chair of Whittington Trust were present for this item.

During discussion the following main points were made –

- Simon Pleydell stated that he had briefed the Council on the defecit position and that Councillor Convery is a member of the Board
- The position is that there were cost improvements imposed by the Government for 2013/14 and 2014/15 and these targets had not been met
- The cost pressures on the Trust were significant and there was a recurring defecit of £13M and there had been a reduction in income of £9.2M
- There had also been a non-recurring cash income of in excess of £4M and funding had reduced from NHS England
- There had been a reduction in funding for substance misuse and the Trust had lost the contract for Pentonville Prison and the sexual health contract with L,B,Haringey had had its funding reduced by £250000
- A cost improvement plan had been put in place to reduce the defecit and in 2015/16 cost improvements of £15M needed to be made to get to a balanced position in year 3
- The Trust stated that there were also reductions to public health budgets and when bidding for contracts the Trust wished to maintain quality and safety and this must be paramount when determining the viability of bidding for services

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- The Trust were now confident that they had in place a senior management team to deal effectively with the cost improvement strategy and all were now permanent members of staff with a vision to make the Trust succeed and be financially sustainable
- The focus was to maintain the repertoire of services currently provided by the Trust and in the community in the face of the cost improvement plans that had to be implemented, however there were risks and work is being carried out with GP's to have more local care
- Whittington has spare capacity to provide more treatment in a number of surgical specialities and it was hoped to attract more women to use the maternity services
- In response to a question it was stated that the annual budget of the Trust is £300M and the underlying deficit problem accounted for approximately 10% of the budget and a target of roughly 5% per cent per year had been set to reduce the deficit and in the longer term a reduction of 2% in the following years
- It was stated that discussions had been held with the Trust Development Agency recognised that there is now a strong management team in place but the Trust needed time to deliver
- The Trust stated that there will need to be redundancies of administrative and clerical staff to make the Trust viable in future, however these would not impact on clinical safety
- In response to a question as to the proposed expansion of the maternity services unit it was stated that a meeting had taken place with the TDA and they wished reassurance that the year 1 cost improvements can be delivered but it was a positive meeting and the Trust continue to be optimistic
- It was stated that opportunities for savings had been identified and in the past it was felt such opportunities had been missed. There is a need to work in partnership with other health colleagues in view also of the reductions in public health budgets in order to enable residents to access services in a different way
- Islington has a relatively young population and there is a need to identify and deliver services needed in a different way and match the Local Authority ambition to focus on prevention and early intervention
- It was stated that discussions had taken place with the Mental Health Trust and the Council as to how mental health services could be delivered more effectively
- The Executive Member Health and Wellbeing stated that the Council were committed to working in partnership with the Whittington Trust despite the reductions from the Government in public health funding
- The Whittington Trust stated that the instability of the 3 year tendering service made it difficult for them to plan long term and it could not continue to deliver cost reductions in these contracts and maintain the quality of service required
- In response to a question it was stated that the turnover rate of staff at the Whittington is 14% compared to 6% in Middlesbrough and this was a reflection of high costs of living and working in London. However a recent recruitment day for nurses had been positive
- Councillor Nicholls stated that he would e mail his questions to the Whittington Trust for response due to shortage of time

The Chair thanked Simon Pleydell and Steve Hitchins for their attendance

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Clare Johnson and Zoe Fyffe, Camden and Islington Mental Health Trust and David Barry, Lead Governor Camden and Islington Mental Health Trust were present for discussion of this item.

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

- The Trust had appointed a local security management specialist, work is taking place with the Police and the use of drug search teams and with support staff to look at the lifestyles of patients at risk and significant progress is being made
- The Trust exceeded the target of less than 20% of all patients having an admission over 100 days
- The Lead Governor stated that Governors were satisfied that items identified previously were being addressed. Governors were also satisfied that there is no causal link between the Trust and suicides and progress had been made on service users experience and on having a smoke free environment
- There were however difficulties in getting patients who were under stress to give up smoking but the connection between mental health problems and smoking did need to be addressed. In addition it was time consuming for staff to have to take patients out to smoke
- In response to a question it was stated that there is still work to do with regard to readmissions. Part of the problem is the need to support patients with their medication as patients are often readmitted as they had failed to take their medication or not taken it properly
- There is a follow up on patient discharge within 72 hours and at 7 days and it is important to ensure plans were in place with support services
- The Chair of the Trust is focusing on any gaps in response times to complaints
- The Trust had met with the CQC as regards to their proposals for ligature assessment and these had been accepted. There had been significant investment by the Trust of £4.5M although space was limited as a part of the site had been sold off
- There had been two in patient suicides in the last 12 months
- There had been a Care Academy established with Middlesex University to provide training for nursing staff and the employment of practice development in order to help assess risks
- The priorities for 2014/15 were patient safety and clinical effectiveness, working with other providers, stopping smoking and substance misuse and patient experiences

The Chair thanked Clare Johnson, David Barry and Zoe Fyffe for attending

120 **QUALITY ACCOUNTS PRESENTATION V1 (ITEM NO. 12)**

121 **DRUG AND ALCOHOL MISUSE ANNUAL UPDATE (ITEM NO. 13)**

Charlotte Ashton and Emma Stubbs, Islington Public Health were present and outlined the report and made a presentation thereon.

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

- The total public health budget is £6.5M and approximately 20-25% is spent on substance misuse
- Consideration is being given as to how to improve services with a reduced budget
- In response to a question it was stated that 16% of drug users successfully completed treatment however there is a higher percentage of users who are functioning normally on methadone or opiate substitutes

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- It was stated that work is being undertaken to target early intervention with schools and youth clubs
- A Member enquired the levels of safe drinking and that the public health message given out is often confusing. It was stated that there is a risk of hospitalisation as a result of binge drinking where accidents and fights occur as a result and lower levels of drinking do present an increased risk
- Work is being carried out with GP's and other organisations to deliver an effective substance misuse message and there were discussions taking place with the Whittington and GP's in relation to the effect of drinking and sexual health

The Chair thanked Charlotte Ashton and Emma Stubbs for attending

122 **ISLINGTON HEALTHWATCH ANNUAL REPORT (ITEM NO. 14)**

Emma Whitby, Islington Healthwatch, was present and outlined the report. The final version of the report was laid round for Members.

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

- It was noted that there is a 2 page summary of the report now available and that Healthwatch would provide copies for Members of the Committee
- The Healthwatch tendering process will shortly take place – this will be a 2 year contract with a possible extension for a third year and the contract is funded by the Department of Health through the Local Authority
- Outreach work had taken place at Chapel Market and whilst there had been attempts to engage residents at different venues this had so far not proved very successful, however consideration is being given to using other venues such as the Whittington Hospital or Health Centres
- Members expressed the view that consideration should be given to engaging residents at ward partnership meetings and Healthwatch indicated that if details were sent to them they would consider this
- Healthwatch indicated that it was important that they worked with the Council and the co-option of Bob Dowd on the Committee assisted this
- Healthwatch stated that they had a good retention of volunteers with a good local knowledge of health services
- A copy of the leaflet detailing recent work Healthwatch had undertaken on complaints was circulated to Members

The Chair thanked Emma Whitby for attending

123 **SCRUTINY REVIEW HEALTH IMPACT OF DAMP HOUSING CONDITIONS - APPROVAL OF SID - TO FOLLOW (ITEM NO. 15)**

A copy of the draft SID was circulated for Members approval.

RESOLVED:

That, subject to the following amendments –

124 **WORK PROGRAMME 2015/16 (ITEM NO. 16)**

RESOLVED:

That the report be noted

The meeting ended at 10.10p.m.

Chair