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London Borough of Islington  
**Health and Care Scrutiny Committee - Monday, 23 November 2015**

Minutes of the meeting of the Health and Care Scrutiny Committee held at on Monday, 23 November 2015 at 7.30 pm.

**Present:**           **Councillors:**            Klute (Chair), Chowdhury (Vice-Chair), Andrews, Heather, Turan, Kaseki and O'Halloran

**Also Present:**   **Councillors**            Janet Burgess

**Co-opted Member**    Bob Dowd, Islington Healthwatch

## **Councillor Martin Klute in the Chair**

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

The Chair introduced Members and officers to the meeting

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

Councillors Rakhia Ismail and Tim Nicholls

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

Councillor Jean Roger-Kaseki stated that he was substituting for Councillor Nicholls

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

None

**157**            **CONFIRMATION OF MINUTES OF THE PREVIOUS MEETING (ITEM NO. 5)**

**RESOLVED:**

That the minutes of the meeting of the Committee held on 19 October 2015 be confirmed as a correct record of the proceedings and that the Chair be authorised to sign them

**158**            **ORDER OF BUSINESS (ITEM NO. 6)**

The Chair stated that the order of business was as proposed in the agenda

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

The Chair stated that the update on the Margaret Pyke centre would be discussed as requested at the last meeting.

The Chair also referred to a discussion that had taken place at the JOHSC on the intervention by the Whittington Hospital in relation to the lower urinary tract service and that following discussions it appeared that there appeared to be a possible resolution to the difficulties. There would be a deputation to the next meeting of the JOHSC on this issue however it is hoped that agreement would be reached.

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

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

**161**            **UPDATE MARGARET PYKE CENTRE (ITEM NO. 9)**

The Chair stated that the Committee had requested an update on this matter at the last meeting and a report had been circulated.

Mark Maguire, Service Director, Sexual Health and HIV and Sarah Marriott, Divisional Medical Director of CNWL and Jonathan O'Sullivan Public Health were present for discussion of this item.

During discussion the following main points were made –

- Members were informed that no final decision had been made on the future of the buildings, however CNWL's sexual health services collectively have a significant funding gap this year and next. The trust's funding gap is expected to be about £5.8m in total over this period
- CNWL is looking at ways to maintain its services whilst addressing the current and expected funding pressure. Buildings are under review since re-provision of services onto fewer sites would significantly reduce the estate costs and be a good way of closing the funding gap
- The Trust has not reached a final recommendation but is looking at options to move from the current 3 major sexual health service sites across Camden and Islington. The Margaret Pyke Centre is the smallest and most expensive building per patient seen and the Trust's assessment is that the building would not be able to be in a position to absorb either of the other sexual health services. Another option considered is to retain all three sites, but transfer some of the services to other locations
- Commissioners have been and will continue to work with the Trust to develop and understand options for savings and their impact
- In response to a statement that the Trust will consider an options appraisal on estates at its Board meeting in January 2016 and once a recommendation is made, it will need engagement with stakeholders, the Committee expressed the view that there should be expanded stakeholder engagement and this should be reported back to the Committee at its January meeting
- It was stated that the budget reductions could result in approximately 60 staff losing their posts out of 240/250 posts
- All the services operating from all 3 sites were rated outstanding and the CNWL priority is to retain services with fewer staff and patient satisfaction at all of the sites is high
- Options to reduce costs were being looked at including remote screening and the introduction of new technology and there is an extensive consultation process that will take place with GP's, Commissioners and Councils to buy into this process
- The integrated sexual health tariff had initially been developed, but not implemented, by the NHS in London, but progress had been halted at the point when sexual health services would be transferred to Councils.
- The London Association of Directors of Public Health re-activated the integrated tariff programme in 2014 and the analysis has indicated that overall there is potential for significant savings across London commissioners, assuming activity levels remained unchanged following introduction of a new tariff. This would result in SRH services generally seeing an increase in commissioner income and a reduction in commissioner income for GUM on existing levels of activity
- Together the integrated tariff and transformation programmes are intended to be important in achieving a clinically and financially sustainable model for open access sexual health services and it is expected a move to the integrated tariff could save Islington as a commissioner about £1.5m a year, across all sexual health services, and combined with the transformation programme could increase to a £2m saving. It is expected that a decision on whether to proceed with implementing the tariff will be made in the near future
- Reference was made to the fact that costly refurbishment had taken place at the Margaret Pyke Centre and there needed to be public scrutiny of any decision taken on relocation of services

- There is a need for services to be located near to transport routes
- It was stated that before the Board met to discuss options CNWL would meet with Executive Members for Health and Wellbeing at Camden and Islington and their communications team would be carrying out a pre-consultation exercise and the Board would consider the options
- It was stated that the economies of running the service needed to be considered in the context of losing 40/50 staff
- The view was expressed that there was a synergy between the staff working at Margaret Pyke and in terms of the buildings options there was underutilised space at Margaret Pyke and that this should be looked at
- A Member stated that 60% of the users of the service were not local residents and that the Archway premises lease was up for renewal in 2 years time and enquired whether this had been taken into consideration as to whether a service could be provided if the Archway lease was not renewed. It was stated that discussions had been held with the landlord as to renewal of the lease as 60% of service users were local residents and there needed to be a presence maintained in this area, There will also be local provision at Crowndale and Finsbury to serve the needs of the local population
- Members were informed that a small group had been established to look at options and a representative of Margaret Pyke is on the group. Staff were also invited to feed in their views and there would be close working with commissioners on how to engage the Public and CNWL were looking for support on this

**RESOLVED:**

That the report be noted and a further report on discussions around expanded stakeholder engagement be submitted to the January meeting of the Committee

The Chair thanked Mark Maguire, Sharion Marriott and Jonathan O'Sullivan for attending

**162**      **HEALTH AND WELLBEING BOARD UPDATE (ITEM NO. 10)**

Councillor Janet Burgess, Executive Member Health and Wellbeing Committee was present and verbally outlined the recent developments at the Health and Wellbeing Committee.

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

- Continued Better Care funding had been agreed although the actual level of funding is not yet known
- It was reported Dr.Gillian Greenhough was leaving the borough, as she was retiring and this would be a great loss to the borough
- The Whittington hospital were consulting patients on the estate strategy
- The Council would be able to increase the Council Tax by 2% in order to fund social care initiatives

The Chair thanked Councillor Burgess for her update

**163**      **VALUE BASED COMMISSIONING (ITEM NO. 11)**

Rebecca Kingsnorth, Islington CCG, and David Egerton GP and Clinical Lead for Value Based Commissioning were present for discussion of this item and presented the report.

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

- Value based commissioning means changing how healthcare is organised, measured and reimbursed in order to improve the value of services. In a value based commissioning service, services delivered by a number of providers are organised around patients with similar sets of needs, to ensure that these needs are met in the most cost effective manner
- Health and care organisations are being asked to work together, across boundaries, for patients with similar needs and as commissioners contracts will describe the outcomes that are expected to be achieved. A proportion of the payment will be linked to the outcomes that are achieved collectively by the range of providers involved in providing care for that group of patients
- In response to a question it was stated that a lot of work had been carried out to look at measurements of outcomes and these will be developed over time
- It was anticipated that this would be put in place for the next financial year and measurements would be developed and defined over the next 5 year period
- The Chair stated that the Friends and Families test is a good way in his view to encourage patients to respond and the Committee concurred with this view

**RESOLVED:**

That the report be noted together with the Committee's comments above

The Chair thanked Rebecca Kingsnorth for her presentation

**164 HEALTHWATCH WORK PROGRAMME (ITEM NO. 12)**

Emma Whitby, Islington Healthwatch, was present and outlined the report. Bob Dowd, co-opted Member of the Committee was also present, together with Phil Watson Islington Healthwatch.

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

- Healthwatch were developing a model for effective engagement of children and young people and also had done work on how to inform residents on how to make a complaint about services offered at local GP practices and had disseminated a leaflet on making complaints about health services to local libraries, community centres, voluntary organisations and health services
- There were however difficulties faced in ensuring that all the actions proposed were implemented by partners
- The Committee welcomed the work of Healthwatch and that there were a large number of initiatives for a small organisation. It was stated that there are a team of volunteers who assist in the work of Healthwatch
- Healthwatch had been commissioned by the CCG to carry out some work in relation to ophthalmology provision

**RESOLVED:**

That the report be noted

The Chair thanked Emma Whitby, Phil Watson and Bob Dowd for their presentation

**165 EXECUTIVE MEMBER HEALTH AND WELLBEING PRESENTATION (ITEM NO. 13)**

Councillor Janet Burgess, Executive Member Health and Wellbeing was present for discussion of this item and made a presentation to the Committee, copy interleaved.

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

- Life expectancy has increased for both men and women, however life expectancy for men in Islington remains lower than England and is the 4<sup>th</sup>. lowest amongst all London Boroughs
- Infant mortality has fallen by 68% since 2003-2005 and has the 8<sup>th</sup>. lowest infant mortality of all local authorities in Islington
- Children's oral health has improved but there is still work to be done
- The Committee expressed concern that child obesity levels were still too high and there had been a significant increase in the number of children referred and assessed for autism
- There had been a 46% reduction in early deaths from heart disease over the past 10 years. This is a faster reduction rate than both London and England, however the rates remain higher than the national and London averages
- There are significantly worse admissions to hospital as a result of alcohol and the rates have increased in Islington over the last 5 years
- An estimated 15% of 5-16 year olds experience mental health conditions, which is higher than England, despite higher levels of investment than London or England. Addressing prevention and earlier intervention is key to improving mental health
- Historically under-represented groups, such as men, people living in deprived communities and people from Black Caribbean groups are now well represented, amongst service users of ICope (Camden and Islington psychological services)
- Challenges for the coming year include increasing the number of smokers who successfully quit, addressing the high levels of alcohol related admissions, improving the physical health of those with mental health problems, increasing the number of people with LTC's who are in employment, tackling social isolation in vulnerable groups, such as older people, those with mental health and learning difficulties, and parental mental health in the early years and building resilience is being addressed
- In 2014/15 Islington offered 3820 residents a social care service and the proportion of service users receiving a service to address a physical disability of frailty increases dramatically amongst the over 65's, however it is the largest primary category for all service users aged over 40
- Islington has the highest diagnosis rate for dementia in London and the 5<sup>th</sup>. highest in England
- The numbers of adults with learning disabilities who require services is expected to increase as people transition from Children's Services
- The Adult Social Care Plan 2015/19 outlines how the Council will support the Council to deliver the Corporate Plan towards a Fairer Islington
- During the period 2011-2015 the Council has had to close a net budget gap of £150m and adult social care has contributed £31m to the £150m during this period
- The department has made savings of £6.8m in 2014/15 and has plans in place to facilitate the delivery of £10.5m savings in 2015/16. The estimated savings target is £20m over the next 4 years
- There will be newly integrated adult social care teams and streamlined services to social care and community health services and there will be a new role leading on delayed transfers of care to support and monitor hospital discharges
- There will be further integration with health on ambulatory emergency care, integrated community ageing team and intermediate care
- There are proposals to improve mental health services in the borough
- The making it real programme has led on embedding co-production into the delivery of social care in Islington and developing more personalised services

- The challenges for 2015/16 include continuing to improve outcomes in Islington who use adult social care in the context of a very difficult financial position
- Reference was made to the fact that there needed to be discussions with schools about combating child obesity

The Chair thanked Councillor Burgess for attending

**166**      **SCRUTINY REVIEW - HEALTH IMPLICATIONS OF DAMP PROPERTIES (ITEM NO. 14)**

Sinead Burke, Housing and Adult Social Services was present for consideration of this item.

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

- The Andover Estate pilot works concentrated on some of the ground floor units to Todds Walk, which are considered to be the worst affected flat units, being those with condensation and dampness within the ground floor units to the four storey blocks which have individual garages. The pilot works were completed in December 2014
- The pilot phase is now complete and following on from the initial works it is recognised that the pilot did not go far enough and there has been a re-assessment and re-evaluation of the areas of risk and processes, design and products, with a view to achieving the best solutions for the benefit of any future works. There have also been issues identified in relation to existing heating and cold water supply systems, which are now proposed to be renewed
- The Council has a delivery plan to address the issues starting with the External and communal cyclical repair works, which will pick up on the considerable areas of external repairs, defects and improvements necessary to the fabric of the building
- In addition, the proposed decent home bathrooms, and kitchens that were missed last time will be incorporated with the proposed dampness and condensation remedy works and these are proposed to be completed together within each flat at the same time
- Further to this there is co-operative work with the new build team and the various initial feasibility options are being considered and the impact and consequences of how this team will fit in with the above proposed measures
- External and internal surveys have now been undertaken to the whole building envelope to address various defects/weaknesses/faults and the design of the proposed condensation/dampness works to take into account all possible potential areas of cold bridging for the various types of properties, together with LBI Building Control and the leading trade suppliers/manufacturers
- Whilst there is now a noticeable change to the insulation levels within all properties, where works were carried out on the pilot, there are still various measures required that are necessary to be undertaken to improve building performance and living conditions. Internally to improve the thermal performance of the flat units changes have been made to the insulation materials and the insulation material will be fixed direct to backing surfaces without the use of batons, which will save time and cost
- The insulation will now be fitted for the garage side to the rear wall of the bathroom, bedroom and the kitchen. Some enforcement may be required where access to the garages is not forthcoming. All the exposed external living room, bedroom and hallway wall surfaces will now be insulated, as opposed to

the partial wall works carried out in the pilot and will also include insulation to windows and front entrance/garden door reveals

- Externally insulation will now be fitted to the sloping living room roof void from the outside, in lieu of internally to the living room ceiling, thus reducing resident disruption and disturbance to the Artex finishes to ceilings, which contain an element of asbestos. This will reduce overall cost
- Ventilation will be improved by the supply of a mechanical fan that runs for 24 hours a day but is quiet and economical to run. Permanent ventilation is also to be provided to ventilate the garden doors, which are not currently ventilated. Externally air vents are to be provided to the lower level sloping roof voids
- The heating system dates back to 1978 and is overdue for replacement with old pipework and some radiators showing signs of leaks. The proposed works to affected properties will require the removal of radiators/pipes to allow the installation of thermal insulation to the walls to reduce heat loss, condensation etc. and the heating system will be replaced in its entirety and the new radiators are positioned on internal un-insulated walls where possible and with new surface run pipework
- The majority of boilers in the ground floor properties were replaced around 2004-6, however these are now having performance problems. Advice is to replace them at this stage as they are reaching the end of their economical service life
- The water storage tanks are over 30 years old and have inadequate insulation, many with open tops causing condensation problems. The pipework within the cupboards containing the tanks is also un-insulated and there are signs of heavy condensation, due to lack of insulation and defective ball valves. The tanks are recommended for replacement
- The works to the most affected blocks will be done first and endeavours will be made to reduce to a minimum the timescale of works taken to each flat. High levels of labour will be working in their flats and there will be considerable disruption to residents. The contractor will need to ensure highly skilled labour is employed and willing to be flexible and responsive to resident's requirements. The resident liaison team, which worked well on the pilot will be required
- It is important that early resident profiling and pre-surveys of residents needs in advance will speed up works, particularly if residents have any OT or environmental requirements. The Occupational Therapy process for the estate has already taken place. The use of alternative temporary respite facilities for some residents during the daytime is considered desirable for the success of the scheme and whilst this is currently unresolved although options are being considered
- Residents and interested parties will be regularly updated throughout the scheme
- Education is also important to provide residents on how to avoid condensation
- It was noted that the whole package of measures proposed is a massive opportunity to improve the current living conditions of the residents and make a difference to welfare and reliable contractor to deliver the scheme
- Reference was made to the leaflet to be circulated to residents regarding the proposals and Members stated that they would wish to see this before it is circulated

**RESOLVED:**

That the report be noted and the leaflet referred to above be circulated to Members prior to circulation to residents  
The Chair thanked Councillor Burgess for her presentation

**167**      **WORK PROGRAMME HEALTH AND CARE SCRUTNY COMMITTEE (ITEM NO. 15)**

**RESOLVED:**

That, subject to the amendment of the 111/Out of Hours specification/consultation report being moved from the November meeting to the January meeting, and a further update on the Margaret Pyke Centre, the work programme be noted

MEETING CLOSED AT 10.05P.M.

Chair