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London Borough of Islington
Health and Care Scrutiny Committee - Monday, 18 January 2016

Minutes of the meeting of the Health and Care Scrutiny Committee held at on Monday, 18 January 2016 at 7.30 pm.

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

Also Present: **Councillors** Janet Burgess

Co-opted Member Bob Dowd, Islington Healthwatch

Councillor Martin Klute in the Chair

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

The Chair introduced Members and officers at the meeting

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

None

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

None

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

None

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

The Chair stated that the order of business would be as follows =

Item 11 – Presentation from UCLH

Item 13 – Margaret Pyke – update

Item 12 – Scrutiny Review – Health Implications of Damp Properties

Item 10 – GP Appointments – update

Item 14 – 111/Out of Hours service - update

173 **CHAIR'S REPORT (ITEM NO. 6)**

The Chair stated that he had attended the last meeting of the Joint Overview and Health Scrutiny Committee and the meeting had received a deputation from the Lower Urinary Tract clinic, as discussed at the last meeting of the Committee. The Chair added that there had been a detailed discussion at the JOHSC and that the clinic is now to remain open with certain prescribing restrictions, pending a further review. The prescribing restrictions were not as strict as originally imposed and the review that is being undertaken is awaited.

The Chair also reported that there is a shortage of GP's and nurses and NHS England are also carrying out a review of premises. This should include the provision of the GP facility at the redeveloped Finsbury Leisure Centre to assist with the GP premises shortfall in the south of the borough.

174 **CONFIRMATION OF MINUTES (ITEM NO. 7)**

RESOLVED:

That the minutes of the meeting of the Committee held on 23 November 2015 be confirmed and the Chair be authorised to sign them

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

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

176 **HEALTH AND WELLBEING BOARD UPDATE - VERBAL (ITEM NO. 9)**

Councillor Janet Burgess, Executive Member Health and Wellbeing was present for this item and stated that a review of NHS Estates was taking place in the borough and she would report in more detail to the next meeting.

Councillor Burgess also stated that whilst it is being recommended that there is the ability for Local Authorities to increase the social services precept this would not cover the shortfall in Government grant that had been imposed

177 **GP APPOINTMENTS UPDATE -VERBAL (ITEM NO. 10)**

The Chair stated that he had discussed this issue with Councillor Burgess, Executive Member for Health and Wellbeing and that she would be discussing with the CCG how best to address the issues raised by the Committee that have not been actioned following the scrutiny review

178 **PRESENTATION UCLH PERFORMANCE (ITEM NO. 11)**

Simon Knight, Director of Planning and Performance was present for discussion of this item and made a presentation to the Committee, copy interleaved.

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

- The key strategic priorities for providing specialist care are cancer, neurosciences and women's health with a strong high quality foundation in acute and emergency medicine, surgery and critical care
- The 2014 in patient survey indicated UCLH second in the Peer London teaching hospitals rankings
- The referral to treatment time of patients waiting less than 18 weeks is above target and has been consistently since November 2014
- The percentage of diagnostic waits within 6 weeks have been too long in MRI and endoscopy however it is projected to reach target in MRI in January and endoscopy in February
- UCLH are working closely with the Camden and Islington resilience groups to address A&E access times issues
- There is a recovery plan in place to improve timely cancer care including - timed pathways developed and more rapid escalation of delayed pathways, increase in bed and theatre capacity for prostate cancer, late referrals – working with referring trusts to improve pathways, increasing outpatient capacity to improve performance against the target to give an appointment within 2 weeks of referral and standardised training for MDT co-ordinators and trackers
- Currently UCLH is not offering a fast enough appointment for patients with breast symptoms/suspected breast cancer and it is anticipated that this will be compliant with the two week standard by March. The problem was caused by an unexpected absence of two members of staff and measures were being taken to avoid this situation being repeated
- There were significant financial challenges for the hospital and in 2015/16 there is a forecast deficit of around £32m and the 2016/17 tariff is not yet published but the forecast is again for a significant efficiency requirement equating to about 4/5% of the budget
- In response to a question it was stated that investment had been made in information technology and this was not a significant issue in the forthcoming CQC inspection

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- In response to a question it was stated that the GP hubs set up at weekends should reduce the number of patients attending A&E
- Work is carried out with Local Authorities to look at care packages that reduce stays in hospital and to reduce the number of visit patients need to make
- In response to a question as to the waiting times for breast cancer treatment it was stated that UCLH recognised the need for improvement and had put in place measures to meet the target waiting time including recruitment of extra staff and enabling other staff to cover if there were staff difficulties
- In relation to COPD work is being carried out with Camden to develop a contract model for providing more provision in the community and more details of this could be provided to Members
- In response to a question as to whether the delay in cancer treatment had an effect on outcomes it was stated that this was not the case and that the standard time set is 62 days and if a person is seen that is thought to have cancer then they are prioritised, however UCLH would provide details of the cases that have exceeded the 62 day target

RESOLVED;

That the presentation be noted and UCLH be requested to circulate responses to the matters raised above in relation to target times and the contract model for COPD referred to above

179

SCRUTINY REVIEW - HEALTH IMPLICATIONS OF DAMP PROPERTIES - WITNESS EVIDENCE/HOLLY PARK ESTATE EVALUATION (ITEM NO. 12)

Baljinder Heer-Matiana, Senior Public Health Strategist and Esther Dickie, Assistant Qualitative Information Officer, Public Health were present for discussion of this item.

Damian Dempsey, Housing and Adult Social Services was also present.

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

- The average number of hours that people use their heating has decreased after the insulation was installed and the median monthly bill amount over winter decreased by £10 from before the insulation was installed to the final survey
- The proportion of residents who restricted their heating reduced amongst all age groups
- External wall insulation has had a positive impact improving thermal comfort
- Survey findings recorded a reduction in the number of people reporting problems with condensation, damp and mould and some reduced frequency of colds and coughs however prevalence of asthma, allergies, eczema and anxiety remained unchanged
- The evaluation found that EWI has positively impacted on residents in Holly Park but understanding the full impact on health and wellbeing has proved more difficult
- The improvement in long term conditions may take around 5 years and Members were of the view that an evaluation should take place around this time in order to see
- Reference was made to the fact that a briefing note had been prepared for the Andover Estate on how to most effectively deal with dampness, ventilation, heating issues etc. and that this could be circulated. In addition, there will be a similar briefing note prepared for residents having works on the Girdlestone Estate
- It was stated that there were 9 out of 57 people who reported no problems with condensation, damp and mould before the insulation was fitted in 2013, but

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would appear to have developed a problem since. Members expressed the view that this should be followed up to ascertain the possible reasons for this

- A Member also referred to the fact that depending on the situation of the flat this could have an impact on the amount of heat retained and this should be looked at

RESOLVED:

(a) That a further evaluation take place in 4/5 years on the effects of installing external wall insulation on residents with chronic health conditions and whether this had led to any improvement

(b) That an evaluation take place as to whether where a flat is situated on an estate in terms of retaining heat due to external wall insulation

© That a further survey take place of the 9 people referred to above that have suffered condensation, damp problems since external wall insulation was installed to ascertain possible reasons for this

180

MARGARET PYKE CENTRE - UPDATE (ITEM NO. 13)

Dr. Sarah Marriot, Mark Maguire, Chris Wilkins and Simon Edwards of CNWL were present for discussion of this item and outlined the report.

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

- The Chair referred to the discussion at the last meeting in relation to options appraisal and engagement with stakeholders and also in relation to the small group that had been established to look at options with a representative of Margaret Pyke Centre being on this group. The Chair stated that the report now prepared only presented two options for consideration
- CNWL responded that given the financial savings to be made the options were limited. There was a need to maintain access and quality of service. The options meant a reduction of 45/60 staff in order to meet the £2.7m. Given the historic underfunding and need to cross subsidise the services delivered at Margaret Pyke there are difficulties in continuing to deliver a service from this site
- The changes to the sexual health provision income were quite significant and the current levels of provision could not be maintained from the 3 sites
- CNWL added that they wished to retain the Margaret Pyke brand and the service would be reconfigured from the 'bottom up'
- The Chair stated that the Committee had previously been informed that there had been a lot of money spent on Margaret Pyke building and that there is a body of knowledge there that is valued by the community and enquired the process for Member and public involvement in the consultation process
- CNWL responded that public consultation meetings were being held until 30 March and that public meetings and events and stakeholder meetings will be taking place and publicised
- There is a major challenge to CNWL as to how best to use resources and the staff at Margaret Pyke would be involved in the consultation process
- In response to a question CNWL stated that the Margaret Pyke Centre would remain open until the new proposals were implemented
- In response to a question it was stated that although some care pathways could be operated remotely there would still be a need for certain procedures to take place it was stated that one of the challenges is to look at the model of care to be provided and to match staff requirements to this and there is no intention to deny women access to clinicians if they require this

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- Reference was made to the fact that there had been significant changes in recent years in the delivery of HIV and hepatitis services and that there is a need to look at delivering sexual health services in a more similar remote manner by developing IT systems. The whole service, not just Margaret Pyke, had to adapt to these new methods of working and the intention was to develop a better service overall
- In response to a question it was stated that there was a representative of Margaret Pyke centre on the transformation group
- It was felt that the details of the 8 month consultation process should have been made clearer to staff and CNWL stated that they wished to also involve patients and families in this dialogue. CNWL added that it was felt preferable to reduce funding on buildings rather than staff and maintain the quality of service provided
- CNWL stated that the recommended approach was to maintain services but patients at Margaret Pyke would be asked if they wished the site to remain with a reduced service or to move the services with increased access and longer opening hours. It has been clear to date that patients favoured increased access and longer opening hours and that the results of patient surveys could be provided at a future date
- In addition there were a number of events coming up where the public and campaign groups could put forward their views and in addition there is an event for GP's to capture patient 'facing' views. It is also planned to look at the needs of the diverse sections of the community and to continue with staff consultation
- The Chair stated that the scrutiny committee would wish to keep updated on developments with regard to the proposals. The Chair added that whilst understanding the financial constraints it was felt important to maintain the excellence of the Margaret Pyke centre
- The Committee were of the view that they needed to be informed of the results of the consultation and the resulting proposals to make comments prior to implementation
- The consultation process finishes on 23 March and the results will be analysed by the CNWL Board at its meeting in May 2016 and CNWL stated that they would be willing to share the results of the consultation process but not the outcome of the transformation process
- In response to a statement from the Chair CNWL stated that they could give an update on progress and the results of the consultation process in May. In addition the Committee would like to be informed of the final proposals for the service in order that the Committee can consider if these are felt appropriate

RESOLVED:

That a further report be submitted to the May meeting of the Committee outlining the results of the consultation process and once the proposals for the transformation of the service are formulated these be reported to the Committee for consideration

181

111/OUT OF HOURS SERVICE - UPDATE (ITEM NO. 14)

The Chair stated that this matter had been discussed at the last meeting of the JOHSC and that it had been decided that to avoid duplication and to save officer and Member resources that this issue would continue to be discussed in detail at the JOHSC rather than at respective borough scrutiny committees. The Chair added that he would update developments on a regular basis to the Committee.

The Chair indicated that there was no sense of any organisations being precluded from the bidding process and that the performance criteria will include knowledge of

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local provision. In addition it was stated that the JSNA of each individual borough should be part of the tendering process

RESOLVED:

That the report be noted and that the Chair would provide future verbal updates to the Committee on this matter

182

WORK PROGRAMME 2015/16 (ITEM NO. 15)

The Chair stated that due to the re-arrangement of this meeting the next meeting was only a few weeks ago and it was sensible to rearrange this until a later date

RESOLVED:

That the report be noted and the next scheduled meeting on 8 February be rearranged for early March

MEETING CLOSED AT 9.45 p.m.

Chair