

LONDON BOROUGH OF ISLINGTON

HEALTH SCRUTINY COMMITTEE – 25 FEBRUARY 2014

Minutes of the meeting of Health Scrutiny Committee held at the Town Hall, Upper Street, N1 2UD on Tuesday 25 February 2014 at 7:30pm

Present: **Councillors:** Martin Klute and Kaya Makarau Schwartz.
Co-opted Member: Bob Dowd - Islington Healthwatch

Other attendees: Dr Yi Mien Koh, Chief Executive, Whittington Health
Steve Hitchins, Chair, Whittington Health
Alison Blair, Chief Officer, Islington Clinical Commissioning Group
Doug Golding, Housing and Adult Social Services Director of Operations
George Howard, Senior Commissioning Manager Mental Health
Paul Calaminus, Chief operating officer, Camden and Islington NHS Foundation Trust

Councillor Martin Klute in the Chair**525 INTRODUCTIONS (Item A1)**

Councillor Klute welcomed the meeting attendees. The members of the committee and the clerk introduced themselves.

526 APOLOGIES FOR ABSENCE (Item A2)

Apologies for absence were received from Councillors Chowdhury, Horten, Spall and Andrews.

527 DECLARATIONS OF SUBSTITUTE MEMBERS (Item A3)

None.

528 DECLARATIONS OF INTEREST (Item A4)

None.

529 ORDER OF BUSINESS

Item B2 was deferred to a future meeting. The order of business would otherwise be as per the agenda.

530 CONFIRMATION OF THE MINUTES OF THE MEETING OF THE HEALTH SCRUTINY COMMITTEE HELD ON 20 JANUARY 2014 (Item A6)

This item was deferred to the next meeting.

531 CHAIR'S REPORT (Item A7)**Moorfields Hospital proposed relocation**

The Chair reported that further discussions had taken place regarding the proposed Moorfields Hospital move to the old St Pancras Hospital site. The view of the Health Scrutiny

Health Scrutiny Committee – 25 February 2014

Committee was that, because the hospital's patient catchment area was so wide, the proposed move was not a substantial variation in service. The Chair reported that he understood the council's planning service were liaising directly with Moorfields and would be sending their formal response shortly. Moorfields are attending the next Health Scrutiny Committee to provide an update.

532 HEALTH AND WELLBEING BOARD UPDATE (Item A8)

The Chair advised that Councillor Janet Burgess had sent apologies; she has been nominated for an LGiU Councillor Award and is attending the award ceremony this evening. Councillor Burgess provided a written update from Health and Wellbeing Board, including an update on the Smokefree Seminar, which had been circulated.

533 WHITTINGTON HOSPITAL NHS TRUST UPDATE (Item B1)

The Chair asked Dr Yi Mien Koh, Chief Executive, Whittington Health, to update the committee about progress with the application for Foundation Trust status, the recent changes to the Board and the stories in the press that the hospital had to make cuts of between £20M to £40M and the departure of the Head of Nursing.

Dr Yi Mein Koh advised that the Head of Nursing, is leaving to take the post of Director of Nursing for NHS England – London. This was for career progression and Dr Yi Mien Koh did not understand the source of the press reports. The Whittington has always been a breeding ground for talent and it is something they are proud of.

Dr Yi Mein Koh also advised that she did not understand the press reports of the financial situation. The trust's board meeting and all the papers are in the public domain and unlike many others, the trust is poised to break even this year. However, Dr Yi Mein Koh did advise that the trust had achieved only half of the £15M savings target for this year, it has a similar target next year, with the balance not achieved this year to carry forward as well. Steve Hitchins advised that the hospital had learnt from recent press coverage and was aware it needed to be more transparent about its savings proposals and improve public engagement.

Dr Yi Mein Koh and Steve Hitchins summarised progress with the hospital's application for foundation trust status, advising that following the public enquiry into the Mid Staffordshire NHS Foundation Trust and the subsequent Francis report, the process of applying for foundation trust status had become much more challenging. A CQC inspection is now required first and that will not take place for at least 15 months. The trust will also have to develop a 5 year financial plan at a time when there needs to be transformation and innovation to achieve savings and services are changing rapidly with the development of integrated care. They have one more chance to get it right and they will definitely apply, but only when they are confident that they have done everything they need to.

The two new non-executive directors appointed to the board were Rob Whiteman, ex-Chief Executive of the Chartered Institute of Public Finance and Accountancy (CIPFA) to Chair of Audit and Tony Rice, an ex-Chief Executive of FTSE 400 companies to Chair Resources and Planning. Although neither have clinical backgrounds, Steve Hitchins advised that the trust had skills shortages in other areas and these appointments would strengthen the trust and help it compete for contracts. There is a further board vacancy and applications are being actively sought from minority ethnic communities to try to increase the diversity of the board.

Concerns about staff morale were raised, especially those working in the community, who were worried about job cuts. Dr Yi Mein Koh advised that she did not recognise that concern, that the trust is recruiting more community based staff and staff survey responses were high, but that she would look into the issue.

Health Scrutiny Committee – 25 February 2014

Steve Hitchins advised that Councillor Convery was already being invited to all board meetings and that Councillor Klute would be invited to the board meeting next week.

RESOLVED:

That the presentation be noted.

534 HEALTHWATCH: GP MYSTERY SHOPPING RESULTS PRESENTATION (Item B3)

Bob Dowd introduced the findings of Healthwatch's mystery shopping exercise to investigate how GP practices in the borough responded to enquiries about complaints and what complaint information they displayed for patients.

The mystery shopping found that whilst a third of practices had leaflets that were easy to find, just under a third displayed no information about complaints at all. Some practices, but not all, had posters and some of these were out of date. The detailed findings are in section 3 of the report, but the main finding was that, as with GP appointment systems, there is no consistency across the borough, with surgeries apparently working in isolation and widely differing standards between them. There was no apparent explanation for this; the practices which scored well or badly did not appear to have any common characteristics. Bob Dowd noted that unlike appointments systems, there was a complaints procedure that all the surgeries should be following. Healthwatch had made a number of recommendations in the report. Alison Blair invited Bob Dowd to attend a forthcoming Practice Manager Forum to discuss these. Bob Dowd advised this survey would be followed up by a further mystery shopping exercise in a year's time.

RESOLVED:

That the report be noted and that Bob Dowd to report back to the Committee following the meeting with Practice Managers.

535 MENTAL HEALTH PROTOCOL PRESENTATION (Item B4)

The Chair advised that the committee's initial concern related to reports that residents were being moved into council housing without their mental health conditions being communicated to housing staff. The committee did request specific examples of casework but none were available, so in a further attempt to look into the concerns raised, the committee requested a presentation of the protocols relating to housing mental health patients.

Doug Goldring apologised that Sean McLaughlin was unable to attend as he was unwell. George Howard presented the paper in Sean's absence and advised that mental illness is consistently associated with deprivation, low incomes and high unemployment and that Islington has higher levels of mental health need than London or England as a whole. The percentage of patients in Islington, in primary care, with either a psychosis or a bipolar disorder is the highest in England and nearly double the national average.

The main problem for housing staff is people moving into housing who subsequently develop a mental health condition. To address this:

- We are increasing staff awareness, understanding and skills in day to day contacts
- many housing staff have attended Mental Health First Aid Training
- there are mental health champions who work with residents, especially on deprived estates
- We are a pilot for Family Mosaic's 'Health Begins at Home' project which includes targeted interventions and can help those people who won't go to a GP.
- the ICCG is investing in free access to psychological therapy, which can be based on a self-referral through the iCope service
- we have a 'Supporting People' programme which funds housing support services to

Health Scrutiny Committee – 25 February 2014

work with vulnerable and socially excluded people, including floating support to help people remain in their own homes and supported housing to enable people to move to increasing independence.

- there are referral coordinators in the Housing Aid Centre's Housing Options Team

Paul Calaminus of the Camden and Islington Foundation Trust advised they have seen an increase in the number of referrals since the housing staff completed awareness training

The Mental Health Protocol itself is a practical handbook for staff to use and it is currently being refreshed and will be jointly re-launched with the Camden and Islington Foundation Trust on 31 March 2014. It addresses key issues such as information sharing, special cleaning services, assisted decoration, repairs, access and forced entry and case conferences and shows how to access Mental Health services including floating and crisis support.

The Chair advised the committee would welcome additions to make the protocol more proactive at identifying the early signs of mental health illness to help early identification and intervention; staff in housing benefits or anyone visiting someone's home, a gas fitter for example, can help if they know the signs to look out for and what to do in response.

RESOLVED:

The presentation was noted.

The Chair requested the evaluation of Family Mosaic's 'Health Begins at Home' project is shared with him when available.

The committee will review the new Mental Health Protocol when it is re-launched.

536 WORK PROGRAMME 2013/14 (Item B5)

Noted a number of changes had taken place.

RESOLVED:

That the programme be reviewed outside the meeting.

537 URGENT NON-EXEMPT MATTERS (Item B6)

There were no urgent non-exempt matters.

538 URGENT EXEMPT MATTERS (Item B7)

There were no urgent exempt matters.

The meeting closed at 9.15pm.

CHAIR