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ISLINGTON

Governance and Human Resources
Town Hall, Upper Street, London, N1 2UD

AGENDA FOR THE HEALTH AND CARE SCRUTINY COMMITTEE

Members of the Health and Care Scrutiny Committee are summoned to a meeting, which will be held on **19 May 2015 at 7.30 pm.**

John Lynch
Head of Democratic Services

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Despatched : 11 May 2015

Membership	Substitute Members
Councillors:	**Substitutes:**
Councillor Martin Klute (Chair)	Councillor Alice Donovan
Councillor Jean Roger Kaseki (Vice-Chair)	Councillor Tim Nicholls
Councillor Raphael Andrews	
Councillor Jilani Chowdhury	
Councillor Osh Gantly	
Councillor Mouna Hamitouche MBE	
Councillor Gary Heather	
Councillor Nurullah Turan	
Co-opted Member:	**Substitutes:**
Bob Dowd, Islington Healthwatch	Olav Ernstzen, Islington Healthwatch
	Phillip Watson, Islington Healthwatch
	Vacancy
Quorum 4 Members	Vacancy

A.	**Formal Matters**	**Page**
1.	Introductions	
2.	Apologies for Absence	
3.	Declaration of Substitute Members	
4.	Confirmation of minutes of the previous meeting	1 - 6
5.	Declarations of Interest	

If you have a **Disclosable Pecuniary Interest*** in an item of business:

- if it is not yet on the council's register, you **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent;
- you may **choose** to declare a Disclosable Pecuniary Interest that is already in the register in the interests of openness and transparency.

In both the above cases, you **must** leave the room without participating in discussion of the item.
If you have a **personal** interest in an item of business **and** you intend to speak or vote on the item you **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent but you **may** participate in the discussion and vote on the item.

***(a)Employment, etc -** Any employment, office, trade, profession or vocation carried on for profit or gain.
(b)Sponsorship - Any payment or other financial benefit in respect of your expenses in carrying out
duties as a member, or of your election; including from a trade union.
(c)Contracts - Any current contract for goods, services or works, between you or your partner (or a body
in which one of you has a beneficial interest) and the council.
(d)Land - Any beneficial interest in land which is within the council's area.
(e)Licences- Any licence to occupy land in the council's area for a month or longer.
(f)Corporate tenancies - Any tenancy between the council and a body in which you or your partner have
a beneficial interest.
(g)Securities - Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

This applies to **all** members present at the meeting.

6.	Order of business	
7.	Chair's Report	

The Chair will update the Committee on recent events.

8. Public Questions

9. Health and Wellbeing Board Update - Verbal

B.	**Items for Decision/Discussion**	**Page**
10.	111/Out of Hours service - Service specification - Presentation	7 - 46
11.	Membership,; Terms of Reference and Dates of Meetings	47 - 52
12.	Scrutiny Topics 2015/16 - Verbal	
13.	Islington CCG - Annual report	53 - 62
14.	Scrutiny Review - Patient Feedback Draft recommendations	63 - 64
15.	Work Programme 2015/16	65 - 68

The next meeting of the Health and Care Scrutiny Committee will be on 16 June 2015

Please note all committee agendas, reports and minutes are available on the council's website:

www.democracy.islington.gov.uk

Director of Corporate Resources

London Borough of Islington

Health and Care Scrutiny Committee - Tuesday, 17 March 2015

Minutes of the meeting of the Health and Care Scrutiny Committee held at on Tuesday, 17 March 2015 at 7.30 pm.

Present:	**Councillors:**	Klute (Chair), Kaseki (Vice-Chair), Andrews, Chowdhury, Gantly, Hamitouche, Heather and Turan
Also Present:	**Councillors**	Janet Burgess
	Co-opted Member	Bob Dowd, Islington Healthwatch

Councillor Martin Klute in the Chair

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

The Chair introduced Members of the Committee.

The Chair also welcomed Ron Jacob, Governor at Whittington Hospital, who he had invited to attend the meeting that evening.

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

None

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

None

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

Councillor Kaseki declared a non-pecuniary interest in agenda item B10 Camden and Islington Mental Health Trust and Councillor Kaseki declared a non-pecuniary interest in agenda item B11 as he was the Councillor representative for Moorfields Eye Hospital.

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

The Chair stated that the order of business would be as per the agenda, however he would be taking the submission from Ron Jacobs on the Whittington Hospital as the first item on the agenda.

86 **CONFIRMATION OF MINUTES OF THE PREVIOUS MEETING (ITEM NO. 6)**

RESOLVED:

That the minutes of the meeting of the Committee held on 10 February 2015 be confirmed and the Chair be authorised to sign them

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

The Chair stated that he had invited Ron Jacob, Governor at Whittington Hospital to attend that evening in order that he could present the Governor perspective in relation to the current situation at the Whittington.

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

- It was noted that there was a shadow Governing Body at the Whittington which had been set up when the Trust was bidding for Foundation status and that this had been continued with once the application had not gone forward

- In response to a question about the Hearts and Minds campaign it was stated that it was felt that this was not about making financial savings by removing beds but more about enabling patients to recover at home where they would be more likely to progress and not pick up any infections
- Members expressed concern that the social care may not be available in the community and that patients would not get the care that they received in hospital
- It was stated that there had been additional community beds purchased so that patients could receive appropriate care prior to admission or before returning home
- The Whittington had benefitted from the opening of the Ambulatory Care centre and this had been successful and resulted in a reduction in A&E attendances
- The Whittington had applied for additional funding to upgrade maternity services at the hospital and a response was expected shortly on whether this would be successful
- The Trust had a number of financial challenges and there was a defecit of £7 million that needed to be addressed. The appointment of an interim Finance Director and a permanent Finance Director who would be starting in a few months time would be addressing this and it was hoped that improvements would be made
- It was stated that waiting time for A&E had improved since the difficulties experienced over the winter and a rapid access pathway had been introduced and this enabled patients to be seen more quickly
- In relation to patient feedback it was stated that the Trust were putting more effort in trying to gather patient feedback as it was proving difficult to get this information at present through the Friends and Families Test
- In response to a question about whether there was low staff morale at the Trust it was stated that the results of the annual staff survey were published openly and that the Trust did not do particularly well in relation to staff morale. The new Chief Executive was looking at measures to address this
- A Member expressed concern that the Hearts and Minds campaign was seen as a measure the Trust were adopting to cut costs. It was stated that the Trust had been looking at this for a few years, however there was a need to convince residents that this was in their interest as well. The Trust had held a series of meetings to explain the proposals and get the public views however these had not been well attended but where there was attendance it had largely proved positive. There had been improvements in the extension of hours of community nurses and Council support services and there was a need to develop these further to make them more effective
- It was also stated that Whittington had improved procedures for patient discharge and that there was now a weekend pharmacy to enable patients to be discharged at weekend. The Trust were also looking at year on year efficiency savings and the target is 6% for the forthcoming year
- The Whittington were looking at systems that could reduce bed demand however the primary concern was the best interests of patients
- A Member expressed the view that moving care into the community would necessitate the Trust presenting the rationale and how this would be achieved and it was hoped that the Trust would do this

The Chair thanked Ron Jacob for attending

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

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

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

Councillor Janet Burgess, Executive Member Health and Wellbeing, was present for this item and outlined the recent work of the Health and Wellbeing Board.

During her verbal report the following main points were made –

- Additional beds had been purchased in order to support people coming out of hospital to be cared for in the community
- There was a social worker working in the Whittington to enable services to be put in place in the community for when patients were discharged
- A market management event had been held with local organisations and companies in relation to the Care Act and this had been positive
- A new Senior Commissioner for Older People was being appointed
- Islington had the worst rates of mental health psychosis in the country however waiting times for treatment were some of the best in the country
- There is a pilot scheme operating in 5 GP surgeries in the borough providing psychiatric, psychological support and this was being rolled out across the borough
- Islington had the best rating for admissions to emergency care residential and nursing homes

The Chair thanked Councillor Burgess for her update

90 **NHS TRUST - MOORFIELDS (ITEM NO. 11)**

John Pelly, Chief Executive and Bill Tidmass, Governor Moorfields Eye Hospital, were present for discussion of this item and made a presentation to the Committee, a copy of which is interleaved.

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

- In A&E Moorfileds achieved over 99% target within 4 hours despite consistent growth in activity and 82% within 3 hours
- Referral to treatment time (RRT) - 18 targets missed until final quarter
- Cancer – two week wait achieved other than in two cases where patients chose to wait longer
- Readmission within 28 days following cancellation of surgery was not achieved on three occasions
- No breaches of mixed sex accommodation
- No cases of MRSA or C difficile
- On A&E Moorfields would have featured as one of the top 10 Trusts but for responses to two questions, pain management and wait for first examination and the definition of this was being discussed further with the CQC
- On daycare there were generally good results- 98% of patients would definitely or probably recommend Moorfields
- Main negative comments concern wait for procedure and wait for discharge
- On outpatients there were generally positive results – 95% rated Moorfields as excellent, very good or good, and 97% would definitely or probably recommend Moorfields
- Negative feedback mainly concerned with waiting times and choice of appointment date/time
- Friends and Famiies Test – more than 25,000 patients -20% - responded in Q3 and 97% extremely likely or likely to recommend Moorfields and only 1% would not recommend Moorfields
- Patient led assessment of the care environment – cleanliness rated 99.6% as opposed to 97.3% nationally, Privacy, dignity and wellbeing 88.3% as opposed

to 87.7% nationally, Condition, appearance and maintenance 99.1% as opposed to 92% nationally and food and hydration 100%

- On the NHS Choices website Moorfields has 4/5 stars based on 134 ratings
- The 2014 staff survey results are being analysed and based on 2013 results Health Service Journal rated Moorfields as one of the top 10 best places to work in healthcare, and one of only 2 hospitals to feature in the top 10
- Moorfields is in the Mutuals pathfinder programme
- There had been three new satellite locations established in 2014 in Croydon University and Purley War Memorial Hospitals, Darrant Valley Hospital, Kent and the Olympic Park, Stratford
- A new service had been established for Merton residents and ocular oncology service currently managed by Barts is to be taken over by Moorfields from April 2015 and will be a specialised service commissioned by NHS England and transferred to Moorfields as a result of concerns following a review
- In terms of financial matters there is likely to be only a £2 million surplus compared with a planned £5million with the principal cause being the pause in manufacturing production at Moorfields Pharmaceuticals following an MHRA inspection and the decision to close this facility. In response to a question it was stated that to meet regulations for inspections the facility was not viable however many of the drugs were still being provided through different providers
- The financial position was also impacted adversely by excess costs of carrying out additional activity to address the RTT 18 issues

- The monitor risk ratings remain strong
- The proposal is to develop with the Institute of Opthalmology a unique state of the art, integrated ophthalmic treatment, research and education centre in the Kings Cross/Euston area
- The preferred site of the centre is at St.Pancras hospital and is currently in the ownership of the Camden and Islington Mental Health Foundation Trust and is in need of redevelopment. The site fully aligns with Moorfields selection criteria and the proof of concept feasibility study demonstrated it was a feasible and fit site
- In response to a question it was stated that the Trust did have alternative plans if the St.Pancras site did not go ahead, however it would be very difficult to redevelop the current site
- Patient, public and staff engagement exercise showed strong support for the move and the design brief will be ready for patient consultation with the earliest date for a move planned for 2022
- In response to a question it was stated that if the Trust moved to the same site as Camden and Islington Mental Health Trust there could be links made and the different faculties may be able to work together on some areas
- Bill Tidmass stated that Governors were being kept informed at all stages of the proposals for relocating the Trust and that Governors regularly visited all the clinics and spoke to patients on a regular basis. He added that it was important for Governors to challenge all aspects of the work of the Trust

The Chair thanked John Pelly and Bill Tidmass for attending

91 **CAMDEN AND ISLINGTON MENTAL HEALTH TRUST - 6 MONTH REPORT BACK (ITEM NO. 10)**

Colin Plant, Clare Johnstone and Nyanin Akosa, Camden and Islington Mental Health Trust, were present for discussion of this item.

David Barry, Governor, Camden and Islington Mental Health Trust was also in attendance.

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

- Since the original CQC inspection visit in May 2014 an action plan was now in place to address the findings of the CQC
- Whilst the CQC had found areas of good practice there were significant challenges, especially within the Trust's inpatient services
- The training provided would now be more linked to practice and would be delivered more consistently with groups of staff to ensure front line staff were confident and ensuring staff recorded information more effectively
- David Barry indicated that the Governors had been kept informed of the action plan for addressing the CQC report and the CQC had agreed to involve Governors in the process and they had supported the remedial actions proposed. Governors were getting regular progress reports on the work being carried out and this is expected to continue
- In response to a question it was stated that training would be better embedded in the future in the organisation and training would be recorded
- It was stated that the majority of the Governors were publicly elected and therefore needed training sessions and there needed to be a distinction of roles maintained. The term for Governors is three years but Governors could be re-elected
- The CQC process highlighted the importance of external scrutiny
- In response to a question it was stated that the recruitment of nurses was behind schedule although efforts were being made to recruit through Universities and from Ireland. There was however a need for experienced staff and the Trust were looking at measures for key worker housing with RSL's and providing more modestly accommodation
- It was noted that it was easier to recruit staff at entry level rather than experienced staff and there needed to be better career structures in place and the Trust's retention rates amongst staff were about average

The Chair thanked the representatives of the Camden and Islington Mental Health Trust for attending

92 **SCRUTINY REVIEW - PATIENT FEEDBACK - WITNESS EVIDENCE (ITEM NO. 12)**

The Chair stated that he had raised a number of issues on the report and outlined the responses received.

During consideration of this item the following main points were raised –

- Where the Families and Friends Test is well established, such as places like A&E, then all these departments, now display the monthly results, what they have heard in the narrative responses and what they are doing about it. For the areas that are just starting, such as GP's since April, out patients etc., they need to get into the habit of doing the same. The evidence is that by displaying results this encourages feedback from more and more patients and leads to more rapid service improvement. All providers should be encouraged to continually publish findings
- In relation to how many GP's and acute Trusts are using supplementary follow up questions it was stated that most should be using supplementary questions and they are encouraged to use the opportunity by leaving space for open comment. The standard supplementary question is ' Why have you given the rating you have' and this gives an opportunity to say things for fully and enables the practice to think about what they can change

- In relation to timescale for practices to start displaying Families and Friends results it is expected that after the first year of operating, April 2015, that they would be displaying results but the onus is on them to do this and it is unsure if NHS England has any sanctions on those who do not do this
- In relation to the results of the trial at Camden and Islington Mental Health Trust it was stated that no mental health results in England had as yet been published
- In response as to whether the Islington CCG have an agenda to improve patient response to the FFT test it was stated that the focus is particularly on the services that the CCG commission and work has been carried out with local Trusts to improve their collection rates, improve the rapidity of collection (now monthly), and to improve the overall score although this is not necessarily the most important thing to concentrate on, and regularly at contract meetings ask the Trust to report on comments that they have received
- It was stated that supplementary questions, that allow patients to fully explain their experience, and say what they would like changing seem vital to the CCG. All those who use the Families and Friends Test should be able to get the most out of the feedback they receive.
- The Committee were of the view that consideration should be given to a recommendation to GP's and others to collect this information

RESOLVED:
That the report be noted and that draft recommendations on the scrutiny review be submitted to the next meeting of the Committee for consideration

93 **WORK PROGRAMME 2014/15 (ITEM NO. 13)**

During consideration of the report the following main points were made

- The 111 service specification and the draft recommendations would be considered at the next meeting of the Committee on 19 May
- A Member stated that it may be useful to look at standards of care provided in sheltered accommodation and that this should be considered for scrutiny next year. Other ideas for consideration were the Mental Health Capacity Act proposals, and how the impact of reducing NHS budgets were impacting on Patient Care

RESOLVED:
That subject to the above the work programme be noted

MEETING CLOSED AT 9.55 P.M.

Chair

NHS
Islington
Clinical Commissioning Group

Islington CCG Insight Report: NHS 111 and GP Out of Hours re-procurement and service improvement

Introduction:

Islington Clinical Commissioning Group is responsible for buying Out of Hours and NHS 111 services. The current services' contract ends in April 2016. We will be reprocuring 111 and GP Out of Hours (OOH) across the five CCGs in NCL and we want to make sure the service we buy meets the needs of the local community. This report outlines Islington's community engagement, summarises the key themes arising from the engagement and makes recommendations to feed into the final service specification for the new service.

We have included within the appendices our engagement plan, the feedback from the Learning Disability group – which particularly highlights some of the health and communication needs of the most vulnerable within the community – and a summary of the survey monkey questionnaire.

We wanted to ensure we spoke with a full range of local community groups, particularly those groups who would be most likely to use this service or who we know face particular barriers to accessing services or are vulnerable.

We have spoken with 190 people face to face in workshops or meetings.

This includes working with the following groups:

- People with a disability (sensory and physical)
- People with a Learning Disability
- Mental health service users
- Young carers
- Young people through the Youth Council
- People living with HIV and young people and families affected
- Patient participation groups
- Active local community people particularly interested in NHS and health policy
- Refugee and migrant communities
- Housebound patients
- Older people
- HealthWatch
- Carers or services users with Last Years of Life care

In addition we sent out an online open survey to all patients registered with the local practice/PPG. 62 people responded.

So in total we have engaged with 252 Islington residents.

A number of key themes emerged from the engagement exercise. What was particularly interesting about the group discussions is that people often had very similar concerns/issues to raise, and were passionate about similar things.

Summary of Key themes:

Where people had used NHS 111 the majority of experiences were positive. Approximately 80% of people spoken to had had a good experience of 111. With mental health groups, those who had used it for physical health needs had had a very good experience. This is clearly reassuring - although it's also important to highlight that the service needs to focus on all experiences being positive. There were few people who had used OOH and their experience was more mixed.

Combining NHS 111 and GP OOH as an integrated service is a good idea. To the majority of people spoken to combining the two services was a good idea – and people felt that it would improve care and the speed with which people can access services. It was also felt having just one place to call was the easiest way for people to access services.

Everyone wanted a high quality service (Patients, CCG Board, GPs, patient community groups)
The community were most concerned with having a high quality service that could identify and meet their clinical needs. There was some concern about the training and competency of the call handlers and the training they received. It was felt that as soon as possible people needed to speak with a professional.

Some of the community think the GP OOH service should be run and/or delivered by Local GPs and felt this would keep the service within the NHS rather than a private organisation; there was an implicit trust if it was a local GP with whom patients had a relationship; it would also mean that less monitoring was required. However, for others the focus was on the need for "high quality GPs"- who may or may not be local but would provide the best service. It was felt that proper monitoring did need to be done to ensure a high quality service and the most skilled practitioners involved in the service. There was also an acknowledgement that it may not be possible to hire local GPs due to already stretched workloads

NHS111 and GP OOH needs to be able to make good links with the local health system
The need for effective links with local healthcare services was highlighted. There are a range of people who will call the service and it was felt the links to local services needed to be comprehensive for the service to be fully effective. It was also felt this would need to be monitored through regular data assurance that information the provider had was up to date and complete.

The site of one of the Out of Hours locations – currently at St. Pancras Hospital was highlighted as not being particularly accessible.

NHS111 needs to be better at helping people with mental health needs
It was highlighted that there was a real need for NHS 111 to be able to deal with mental health related calls. At the moment there is a gap for people with Mental Health needs. There is not a particular service for someone who is between crisis and stability and needs some low level support. It was requested that mental health call handling training is provided as well as mental health professionals included in service. This was expressed by numerous people spoken to (including non mental health service users) and highlighted as really important. Within this the needs of dementia patients should also be recognised and thought of.

The need for the NHS 111 and OOHs service to be responsive to diverse language needs or patients with a disability (i.e. BSL) was highlighted. Currently it was felt services were not always effective at supporting people who needed an interpreter or had a communication need. This was particularly highlighted for those who are hard of hearing or profoundly deaf. It was highlighted with a service like NHS 111 it is imperative this need is met. There was real anxiety that the service would not be able to cater for all people. A group of young people affected by HIV stated that 'they had to make the situation sound worse to be taken seriously. In particular as a young person accessing the service they would have to pass the phone to their parents to be taken seriously.'

It is important to note that the session with people with Learning Disabilities provided the most negative feedback. It is clear from looking at this session that more needs to be done to cater for this community. It was reported that the service 'didn't understand me' and 'they asked me if it was 'essential' I don't know what that means' 'they asked me difficult questions and told me I was wasting their time when I couldn't answer them. What does 'what condition is the patient in mean?' There were suggestions on how this could be improved including 'listening to the person who is answering the questions' and 'asking questions in an easier way' as well as 'training for staff on communicating with someone who has learning disabilities' and 'using webcams and facetime so they can see what you're talking about.' The long list of questions asked by NHS 111 was in the main seen as a good thing although some people reported finding it rather annoying and that it took a long time to get what was needed for them. However, the majority found it beneficial and those with a communication need were particularly satisfied with this model.

Prescriptions and the possibility of next day GP appointments were very well received. Prescriptions were highlighted as a real issue for people to manage. Concerns were raised that if you could get an appointment with a GP through NHS 111 for the next day – that people would begin to use this as a short cut. It was asked how this could be mitigated against or if it could be? It was highlighted that access would only be through a GP assessment and not a 111 call handler. However, this is still worth noting – and perhaps links to ensuring there is proper promotion of NHS 111 and local healthcare services to a greater and more targeted degree than the current promotion of the service.

Record sharing was met with very positively from the local community. In general most people thought this was a good idea, but only with consent to record sharing and strict focus on confidentiality. The reasons given for this were that it would give the entire healthcare service a 'full picture of a person's health needs enabling service providers to decide on the right diagnosis and treatment – providing the best care.' It was also highlighted it would reduce the frustration a person can feel when having to tell their story repeatedly. This was further emphasised when someone had additional communication needs such as English not as a first language, severe mental distress, learning disability or when a person was a carer.

It was highlighted that residents hoped this would be done across healthcare and not just be a part of urgent care.

There were some concerns which mainly focused on information being made available to private companies such as insurance companies. It was highlighted that there must be strict data protection and confidentiality rules to ensure this could not happen.

It was asked if there could also be an online function for NHS 111 so people could access it through a variety of methods depending on the need. Thus, people with communication needs such as deaf, hard of hearing or speech difficulties could use a texting service. It was also asked if the NHS 111 directory of service function could be available

publicly. Thus, people would not have to always call 111 if they felt able to self manage – and instead navigate the system themselves to find the service or support they needed.

There is a need for more marketing of the service. Of the people we spoke with not everyone knows what NHS 111 / OOHs is and it was felt the service needs more promotion**.** Approximately 50% to 60% of people were aware of the service. A definite need that was identified was the need to better promote NHS 111 – highlighting when it can be used. The need for better promotion was highlighted on both a local and national level. it was pointed out that although local campaigning is good – the things you really take note of are the ones that are done on a wider, national scale. Although NCL cannot address this it is important this feedback is passed onto the national team.

It was also highlighted that different communities had different knowledge of NHS 111. Refugee and migrant communities were a group highlighted who did not have much knowledge of NHS 111. A lot of targeted promotional work needs to be done with certain communities.

Although, this is outside the remit of North Central London it was also highlighted that having both 999 and 111 was very confusing. It was hard for people to know which to choose – and if in doubt most people will always call 999. The question raised was whether there could be one telephone number people to call – through this they are then triaged to the correct place. Even people who had heard of the service were still unclear how to use it: 'Not if you need an ambulance right but then more for queries?'

There was a perception an ambulance will come more quickly if a person calls 999 and one is needed.

Service needs to minimise unnecessary referrals to A&E or 999
There was real concern that people were wrongly being sent to A&E or being given an ambulance by 111 call handlers because they did not have the proper training or expertise to deal with the calls.

All wanted to speak to healthcare professionals quickly and as early as possible it was felt this would reduce unnecessary referrals to A&E and improve patient care.

People were keen to be involved in the development and procurement of this service.
All wanted to hear back about the next steps and some wished to be actively involved. There was concern raised by some members of the public about the overall procurement process.

Recommendations to influence Service Specification:

1. Patients are not only part of the procurement process but once the contract has been awarded are also part of the contract review – whatever form this takes. This would follow a similar process to those patients who already sit on the contract review groups.

2. The service should incorporate the following features:
    - **a.** access to a range of clinical professionals as early as possible to minimise referrals to A&E
    - **b.** Next day appointments with a GP (in hours)
    - **c.** Access to emergency dental appointments
    - **d.** Access to a Mental Health professional
    - **e.** Easy access to prescriptions
    - **f.** Record sharing, with consent

3. The service should provide high quality care.

4. That NHS 111 must make robust links with the local health, social and community sector so they can refer or signpost people to the most appropriate care or support. This Directory of Services must be properly kept up to date and be as comprehensive as possible. This must be monitored.

5. NHS 111 should include training for 111 call handlers in handling people with mental health concerns

6. NHS 111 should be properly promoted so the whole community know what it is and when to use it.
    a. This promotion should be targeted to particular community groups such as refugee and migrant communities
    b. Although, outside of North Central London's control – a recommendation should be taken back to the national team that there is only one number for people to call – for any urgent or emergency query.

7. NHS 111 must be able to deal with the communication needs of all community groups. Particular emphasis must be placed on Sensory disability (deaf, difficulty speaking or blind), Learning disability and English not as a first language
    a. NHS 111 call handlers must be trained in working and speaking to someone who has a Learning Disability
    b. NHS 111 should have some form of online access and / or texting service to help meet these needs.

8. NHS 111 should have an online function for those people who can self manage – and thus are able to navigate their symptoms and an online directory of local services.

Next Steps:
Islington CCG has committed to sharing this report and the outcome of the recommendations with everyone who took part in our engagement meetings. The CCG would like to share how the recommendations have been taken forward and where this is not possible why this is so – and is there any mitigating action or long term planning that may eventually meet the recommendation.

Update
This report was considered at the CCG Governing Body on 6 May when a petition from Keep Our NHS Public was received. A formal response to the petition is required at the July Governing Body and a verbal update will be provided at the HOSC meeting on 19 May.

Elizabeth Stimson
Engagement Lead

31 March 2015

Appendices:
1. Islington CCG Engagement Plan
2. Learning Disability report
3. Survey monkey questionnaire summary

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NHS 111/GP OUT OF HOURS PROCUREMENT, ISLINGTON CCG ENGAGEMENT PLAN

PUBLIC

MEETING	**DATE**	**Type of activity e.g. Meeting, focus group, deliberative event, online discussion, online**	**Target audiences**	**How were participants informed**	**Number of attendees / number of hits or users**
iBUG 75 Hanley Road	27 January 2.00pm – 3.00pm	Meeting	Mental health service user group	Invited via organisation	20
Drayton Park Women's Crisis House	28 January 3.30pm – 5.00pm	Open discussion	Mental health open women's group	Invited via women' strategy group, flyer and through centre	3
Overview and Scrutiny Committee	10 February	Formal council meeting. CCG called to present.	Attendees of the Committee	n/a	n/a (Councillors and interested members of the public)
Community Members/Independent Patient Group Goswell Rd	3 February 5.30pm – 7.00pm	Meeting for community members particularly interested in the procurement process	Members who sit on CCG working groups and Islington independent patient groups	Through community members and IPG networks (were asked to bring interested friends and family too)	12
HealthWatch meeting	24th February	Meeting	HealthWatch members	Through HealthWatch	16
Age UK	2 workshops held in February and March	Workshops	Primarily anyone over 40 or with a LTC	Through organisation's network	20

Body & Soul	3 workshops held in February and March: 18th February confirmed	Workshops	Young people and families who are affected by or suffer from HIV	Through Body and Soul's network and client group	30
Elfrida Society (Learning Disabilities)	2 workshops and 1:1 interviews held in March	Workshops	People with a learning disability	Through Elfrida's networks	20 to 25
Young Carers	March	Workshops	Young carers in Islington	Through young carer's network	20 to 25
Disability Action Islington	March	Workshops	People with a disability	Through DIA's network	20 to 25
Manor Gardens: Housebound and refugee and migrant communities	March	Workshops	Housebound and refugee and migrant communities	Through Manor Garden's network	20 to 25
Joint meeting with Camden; open meeting	23 February 5.30pm – 7.30pm	Open discussion	All people from Islington and Camden	Through PPG networks, healthwatch and advertising in local papers	7
Last Years of Life Group/Voices for Change Bingfield Medical Centre	5 March 10.00am – 12 noon	Meeting / workshop	Patients and carers in Last Years of Life	Through Voice for Change attendees	7
Last Years of Life Group Islington Carers Hub	5 March 1.30pm – 3.30pm	Meeting / workshop	Patients and carers in Last Years of Life	Through Voice for change attendees	4
Youth Council	10th March	Workshop	Young people	Through youth council's network	6
North Locality Patient Forum Resource Centre	19 March 2.00pm – 5.00pm	Forum	Islington community	PPG network	
Central Locality Patient	26 March	Forum	Islington	PPG network	

Forum Venue tbc	5.30pm – 8.30pm		community		
South Locality Patient Forum St Lukes Centre	31 March 5.30pm – 8.30pm	Forum	Islington community	PPG network	
Survey	31st March close	Online survey	Islington community	Various routes including PPG network, healthwatch, community & vol sector and website	
Community Reference Group Invitation	24th March 2015	Invitation to open meeting	Islington community	However, the invitation was targeted to all people who had taken part in the above engagement activity, as well as posted on the website and tweets.	

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People with learning disabilities' response to consultation about 111.

Islington CCG asked The Elfrida society to find out what people with learning disabilities thought about 111.

Julia from Elfrida ran two sessions to find out what people thought.

She spoke to the Power and Control group.

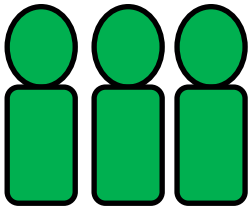
She spoke to people who live at Leigh Road and their support staff.

20 people took part.

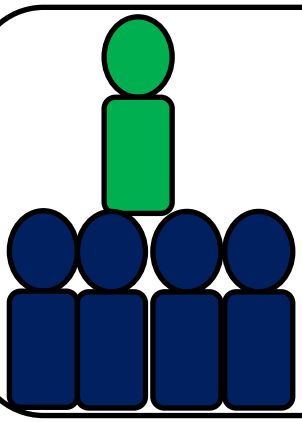
The staff also gave their views. Some people needed staff to be able to use 111.

Julia used flip chart, drawings and objects to help people understand the questions.

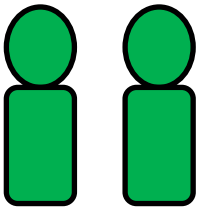
What people said:



3 people with learning disabilities had used 111 before.



1 person said their mum had used it.
All the staff had used it.



2 people said it was OK
0 people said it was good

There was lots that was bad about 111.

They told me to get lost.

They didn’t understand me.

They told me my mum should get to hospital by herself.

There were lots of phone calls. They asked me if it was “essential”. I don’t know what that means.

They asked me difficult questions and told me I was wasting their time when I couldn’t answer them. What does “what condition is the patient in mean?”

They didn't understand that the patient doesn't express pain in the same way as other people.

They told me to make my own way to hospital but I couldn't see!

They didn't understand that some people don't talk.

The call back took a long time.

They eventually sent an ambulance. It arrived 2 hours after we supported the patient to hospital in a taxi.

There were lots of ideas to make 111 better.

Quicker response.

Understanding of learning disabilities.

Caring staff.

Asking questions in an easier way.

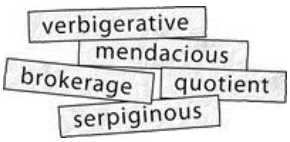
Listening to the person who is trying to answer the questions.

More understanding.

Call back quicker.

Training for staff so they can tell you what is the matter with you.

More staff.



Not using jargon like “what condition is the patient.”

Training on communicating with people with learning disabilities.

Use webcams and facetime so they can see what you're talking about.

Visiting doctors that come to your house.

Who would you like to talk to when you call 111?

14 people thought it would be good to talk to a doctor.

15 people thought it would be good to talk to a nurse.

16 people thought it would be good to talk to a paramedic.

14 people thought it would be good to talk to a pharmacist. The staff thought this was a really good idea!

Other people who might be good to talk to are psychiatrists and drug and alcohol workers.

Everyone thought it would be a good idea to be able to get a prescription through 111.

3 people wanted to know how you would know if the pharmacy was open. How would you pick up the prescription?

Would they get the medicine delivered?

Everyone thought it would be a good idea if 111 could make you an appointment with your doctor.

Would it end up being quicker than trying to do it yourself?

It would be really good if they did that. No extra calls and I would feel safe that the appointment is made.

But would it be my doctor? What if he is booked up?

Nearly everyone thought it would be good if 111 could book you with the emergency dentist.

Nobody knew about the emergency dentist. They thought it would be good for more people to know about it.

One person doesn’t really want to go and see the dentist.

17 people thought it would be good if their medical records were shared with 111.

“I have complex health. If they don’t know they might give me the wrong thing and kill me.”

“It is important they know I have learning disabilities.”

3 people thought it was a bad idea to share medical records.

“What if they lose the information. It’s my private information. It’s confidential.”
“Can they check with me before they look?”

Thank you to Power and Control and Leigh Road for taking part.

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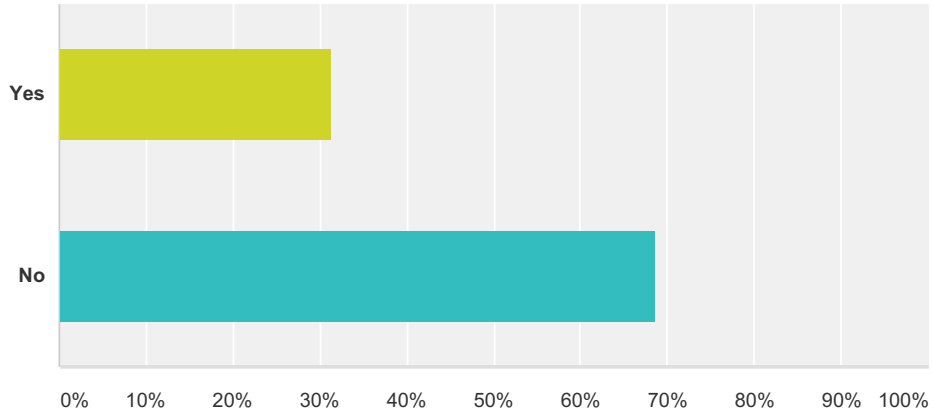
Q1 Have you used NHS111 or accessed GP Out of hours service in the last year?

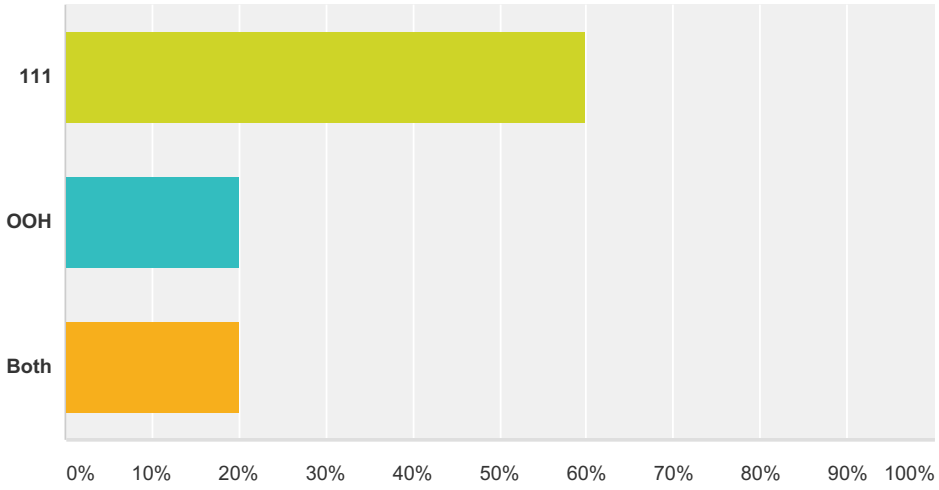
Answered: 32 Skipped: 5



Answer Choices	Responses	
Yes	**31.25%**	10
No	**68.75%**	22
Total		**32**

Q2 If yes, which service:

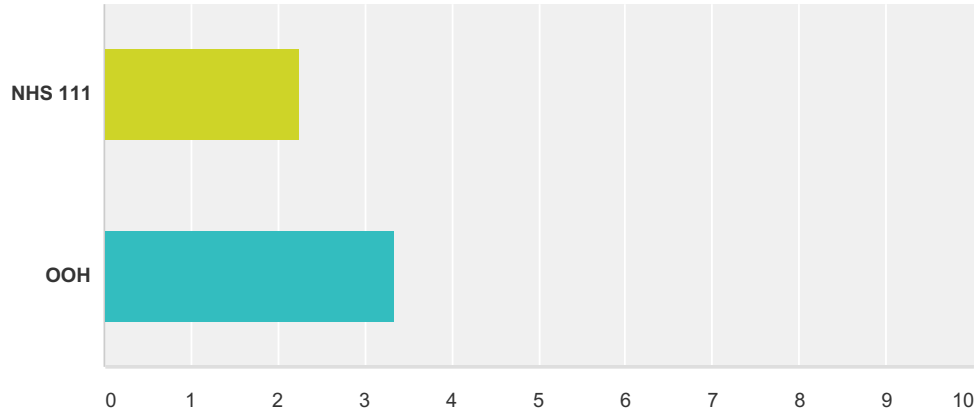
Answered: 10 Skipped: 27



Answer Choices	Responses	
111	**60.00%**	6
OOH	**20.00%**	2
Both	**20.00%**	2
Total		**10**

Q3 How would you rate your experience of nhs11 and OOH overall

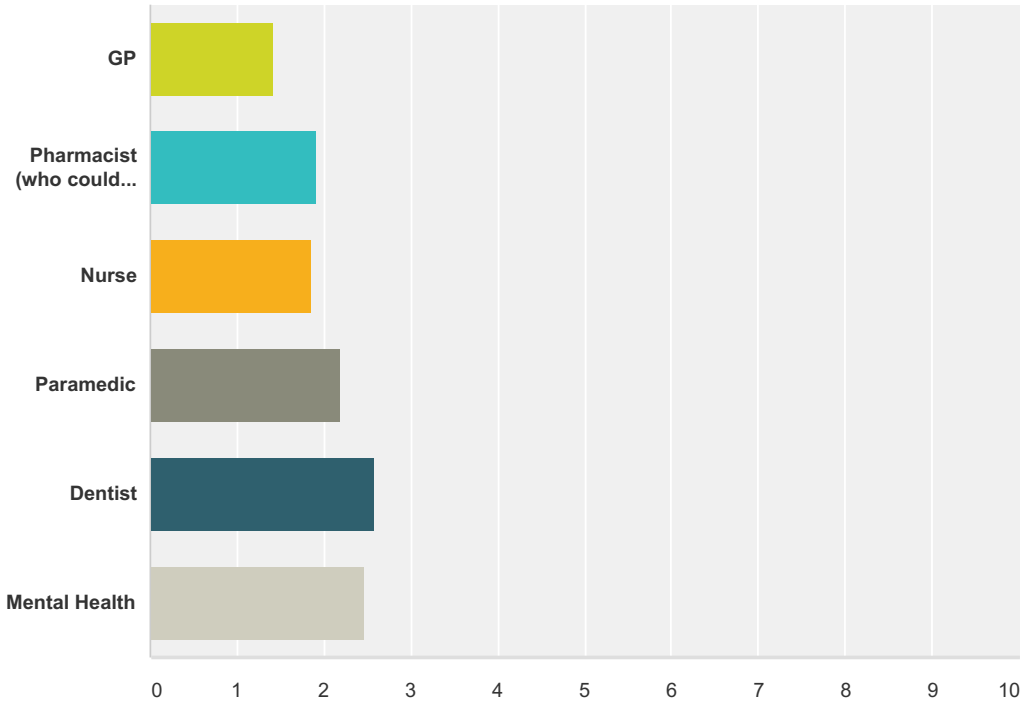
Answered: 9 Skipped: 28



	1. Poor	2. Fair	3. Good	4. Very Good	5. Excellent	Total	Weighted Average
NHS 111	**37.50%** 3	**37.50%** 3	**0.00%** 0	**12.50%** 1	**12.50%** 1	8	2.25
OOH	**0.00%** 0	**0.00%** 0	**66.67%** 2	**33.33%** 1	**0.00%** 0	3	3.33

Q4 When you call 111, How important would it be to you to be able to talk to following healthcare professionals?

Answered: 28 Skipped: 9



	1. Unimportant	2. Of Little Importance	3. Moderately Important	4. Important	5. Very Important	Total	Weighted Average
GP	**0.00%** 0	**0.00%** 0	**7.69%** 2	**26.92%** 7	**65.38%** 17	26	1.42
Pharmacist (who could provide a prescription)	**3.85%** 1	**0.00%** 0	**19.23%** 5	**38.46%** 10	**38.46%** 10	26	1.92
Nurse	**3.70%** 1	**0.00%** 0	**18.52%** 5	**33.33%** 9	**44.44%** 12	27	1.85
Paramedic	**8.00%** 2	**0.00%** 0	**36.00%** 9	**16.00%** 4	**40.00%** 10	25	2.20
Dentist	**3.85%** 1	**19.23%** 5	**34.62%** 9	**15.38%** 4	**26.92%** 7	26	2.58
Mental Health	**15.38%** 4	**11.54%** 3	**15.38%** 4	**19.23%** 5	**38.46%** 10	26	2.46

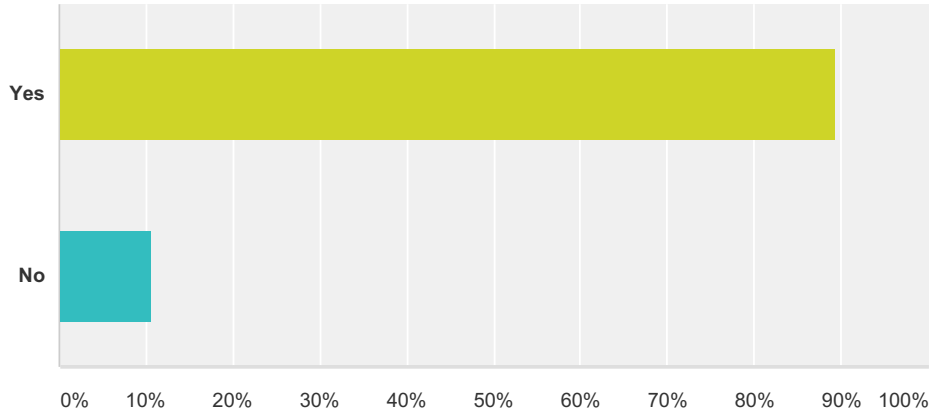
Q5 Is there anyone else you would like to be able to talk to – please specify

Answered: 10 Skipped: 27

#	Responses	Date
1	NO	2/28/2015 10:17 AM
2	A & E	2/27/2015 10:41 AM
3	first person to speak to should be someone with medical training of some kind	2/25/2015 6:43 AM
4	Palliative Care specialist	2/25/2015 5:41 AM
5	Friend, peer	2/23/2015 7:15 AM
6	I would not want to talk to anyone who was not a qualified member of one of the professions listed above.	2/22/2015 10:22 AM
7	no	2/22/2015 2:27 AM
8	no	2/20/2015 1:06 PM
9	Dementia professional	2/20/2015 11:43 AM
10	No.	2/20/2015 5:39 AM

Q6 Would you like the 111 or OOH service to be able to book an appointment at your GP practice the following day if it was thought necessary?

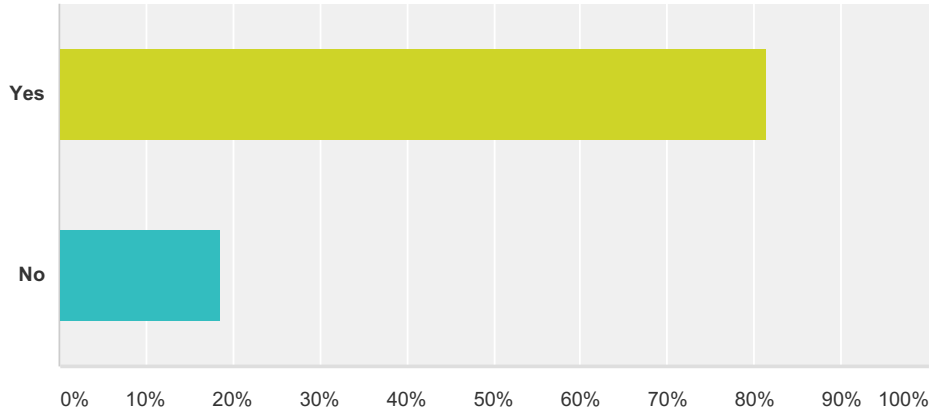
Answered: 28 Skipped: 9



Answer Choices	Responses	
Yes	**89.29%**	25
No	**10.71%**	3
Total		**28**

Q7 We would like to be able to share medical records between nhs111/oohs and other healthcare services. We would have very strict safeguards in place to ensure this important data of yours remains completely confidential. Do you think this is a good idea?

Answered: 27 Skipped: 10

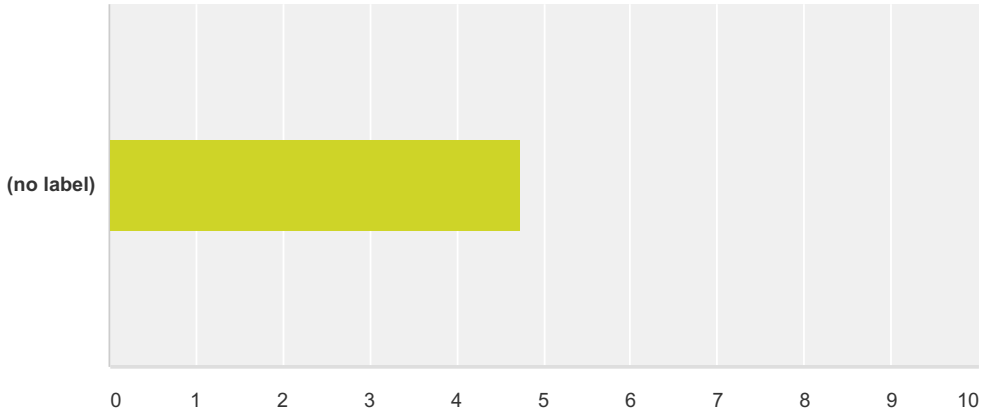


Answer Choices	Responses	
Yes	**81.48%**	22
No	**18.52%**	5
Total		**27**

#	If yes (please specify)	Date
	There are no responses.	

Q8 We want our OOH GPs to have a good understanding of what local service are available in Islington when your GP is closed. How important is this issue to you?

Answered: 27 Skipped: 10



	1. Unimportant	2. Of Little Importance	3. Moderately Important	4. Important	5. Very Important	Total	Weighted Average
(no label)	**0.00%** 0	**0.00%** 0	**7.41%** 2	**11.11%** 3	**81.48%** 22	27	4.74

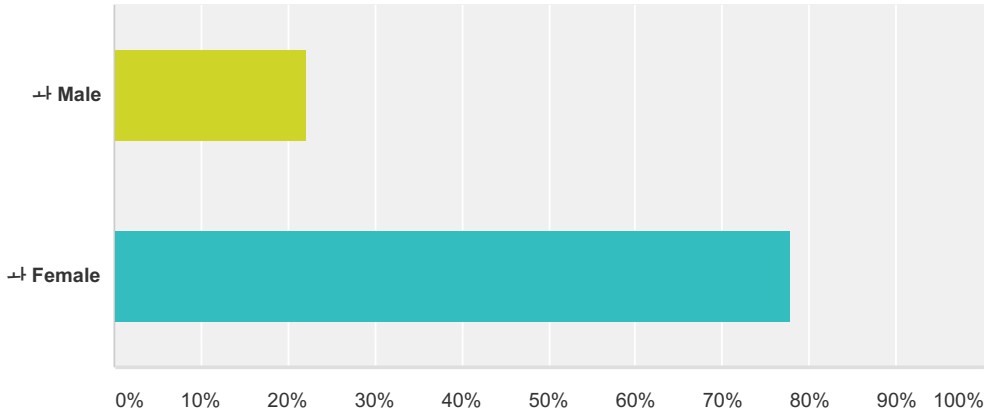
Q9 Is there anything else you would like us to consider?

Answered: 12 Skipped: 25

#	Responses	Date
1	I and my family are completely against the OOH/111 contract being offered, let alone awarded, to any provider from the private sector apart from a not-for-profit grouping of local/area GPs.	3/2/2015 2:02 PM
2	I would not want info shared as nervous of being sold to private companies	2/28/2015 10:17 AM
3	On the occasions I have phoned 111 I have been advised to go to A & E and it was totally unnecessary which is why I think it would be good to be able to talk to them directly.	2/27/2015 10:41 AM
4	I have been very pleased with the appointments which have been made at St Pancras Hospital at the weekends - when my 2-year-old grand daughter has been ill.	2/26/2015 6:10 PM
5	I have no idea what is behind what you are asking in question 6. If the GPs didn't understand, what would it mean about the service provided? In question 5. you need to indicate what info sharing is counterbalanced against, otherwise you have simply asked a loaded question and everyone will say 'yes'.	2/26/2015 4:50 AM
6	A much faster response Out of hours home visits Access to palliative care services	2/25/2015 5:41 AM
7	Question 4 is difficult to answer as it would entirely depend upon the problem. Although I have said 'important' to speak to a GP, I would not expect to speak to one every time, but to have the option to speak to one in an emergency, after talking to other people, would greatly improve the service.	2/24/2015 3:31 AM
8	Blanks are deliberate. Ticks are based on current illness. Used Barnet services for dying partner. A motorbike medic was useful for breathing difficulties. Don't know if one can access OOH 111 from Smart Phone?	2/23/2015 7:15 AM
9	Everyone knows NHS 111 has resulted in overloading of A&E departments and district nurses out of hours. Whatever precise group of people run the proposed service, they have to be competent to give better advice than NHS 111 -- if not, the same thing will happen all over again.	2/22/2015 10:22 AM
10	no	2/22/2015 2:27 AM
11	Healthcare should be made more available if patients cannot access their Go surgery. Patients should be able to talk to a healthcare professional anytime without having to go to A&E WHICH SHOULD BE LEFT INLY FIR ENERGENCIES.	2/20/2015 6:01 AM
12	No.	2/20/2015 5:39 AM

Q10 Are you male or female?

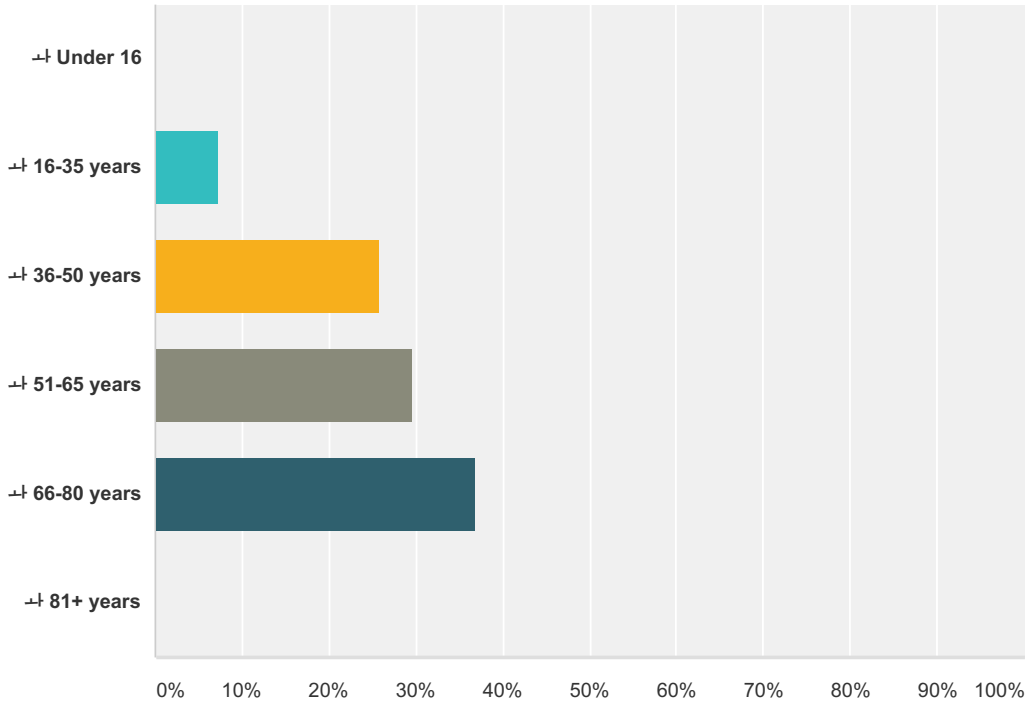
Answered: 27 Skipped: 10



Answer Choices	Responses	
Male	**22.22%**	6
Female	**77.78%**	21
Total		**27**

Q11 Please select your age

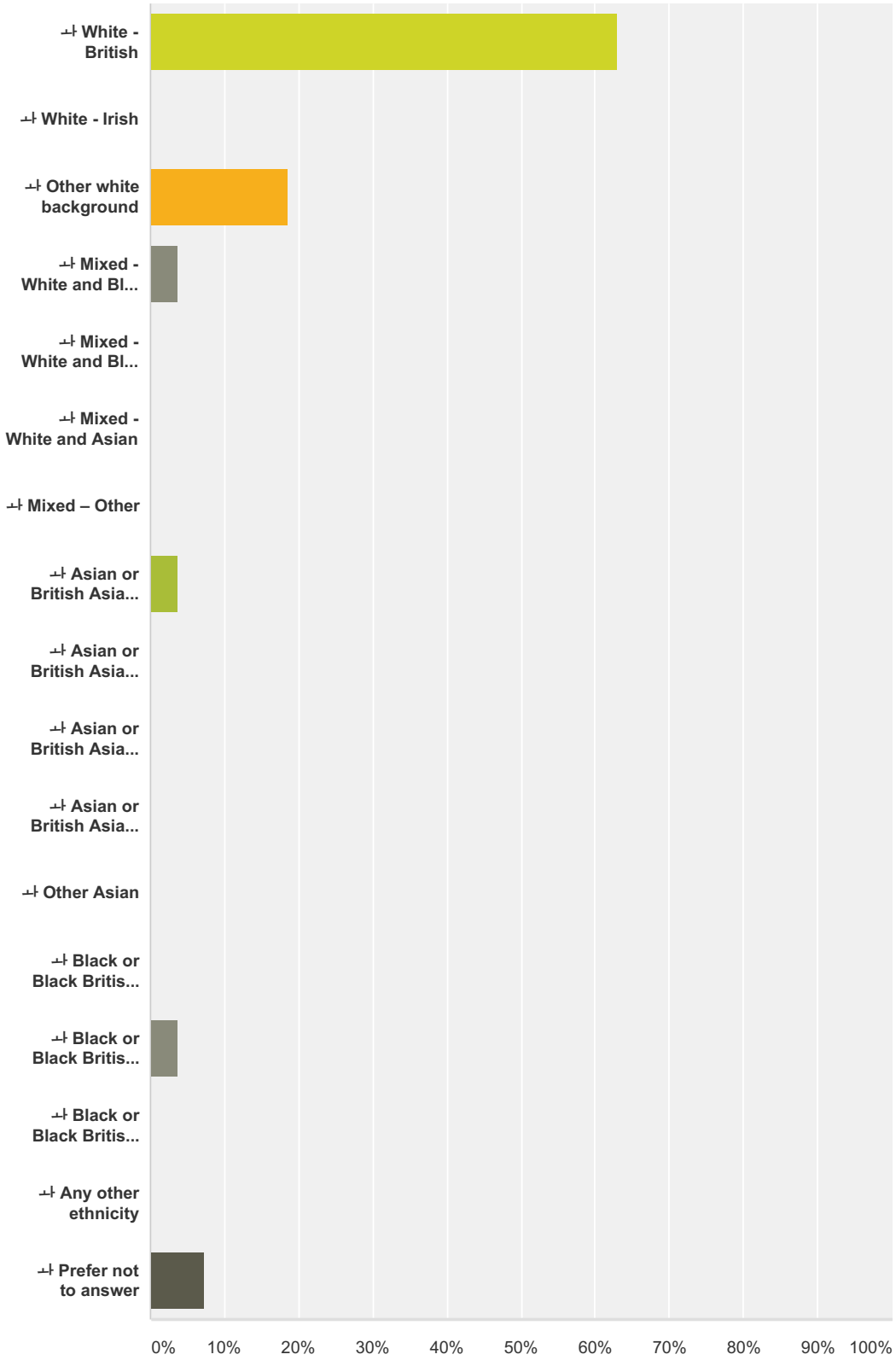
Answered: 27 Skipped: 10



Answer Choices	Responses	
Under 16	0.00%	0
16-35 years	7.41%	2
36-50 years	25.93%	7
51-65 years	29.63%	8
66-80 years	37.04%	10
81+ years	0.00%	0
Total		27

Q12 To which of these ethnic groups would you say you belong to?

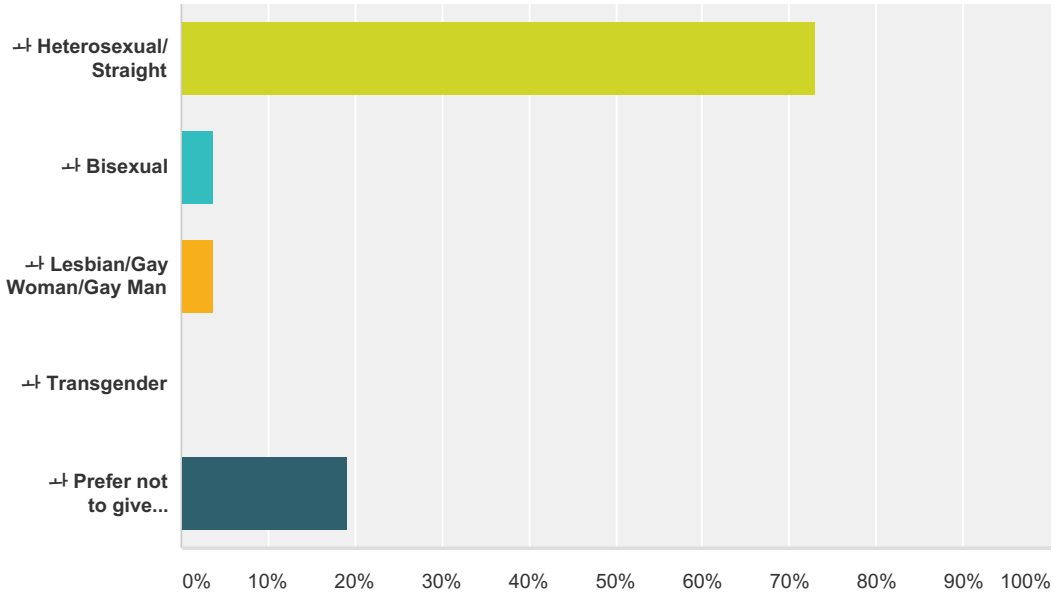
Answered: 27 Skipped: 10



Answer Choices	Responses	
↳ White - British	**62.96%**	17
↳ White - Irish	**0.00%**	0
↳ Other white background	**18.52%**	5
↳ Mixed - White and Black Caribbean	**3.70%**	1
↳ Mixed - White and Black African	**0.00%**	0
↳ Mixed - White and Asian	**0.00%**	0
↳ Mixed – Other	**0.00%**	0
↳ Asian or British Asian - Indian	**3.70%**	1
↳ Asian or British Asian - Pakistani	**0.00%**	0
↳ Asian or British Asian - Bangladeshi	**0.00%**	0
↳ Asian or British Asian - Chinese	**0.00%**	0
↳ Other Asian	**0.00%**	0
↳ Black or Black British - Black African	**0.00%**	0
↳ Black or Black British - Black Caribbean	**3.70%**	1
↳ Black or Black British - other	**0.00%**	0
↳ Any other ethnicity	**0.00%**	0
↳ Prefer not to answer	**7.41%**	2
Total		**27**

Q13 What would you say is your sexual orientation?

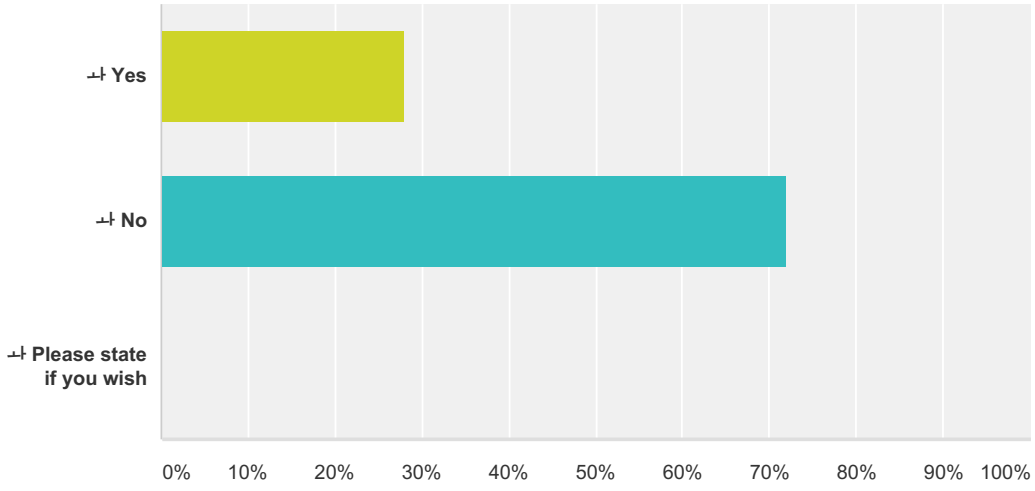
Answered: 26 Skipped: 11



Answer Choices	Responses	
Heterosexual/Straight	**73.08%**	19
Bisexual	**3.85%**	1
Lesbian/Gay Woman/Gay Man	**3.85%**	1
Transgender	**0.00%**	0
Prefer not to give sexuality	**19.23%**	5
Total		**26**

Q14 Do you or any of your family (in your household) have a disability?

Answered: 25 Skipped: 12



Answer Choices	Responses	
Yes	**28.00%**	7
No	**72.00%**	18
Please state if you wish	**0.00%**	0
Total		**25**

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ISLINGTON

Corporate Resources
Town Hall, Upper Street, London N1 2UD

Report of: **Corporate Director - Resources**

Meeting of	**Date**	**Ward(s)**
Health and Care Scrutiny Committee	19 May 2015	All

Delete as appropriate		Non-exempt

SUBJECT: HEALTH AND CARE SCRUTINY COMMITTEE - MEMBERSHIP, TERMS OF REFERENCE AND DATES OF MEETINGS

1. Synopsis

1.1 The Committee is asked, to note the Committee's terms of reference and their meeting and working arrangements.

1.2 Scrutiny Committees carry out reviews of the council's policies, performance and practice and look at how external organisations conduct their business to ensure local, accountable and transparent decision making and shape future policy and practice.

2. Recommendations

2.1. To note dates of meetings of the Health and Care Scrutiny Committee for the municipal year 2015/16 the membership appointed by Council on 14 May 2015 and the terms of reference, as set out at Appendix A.

3. Background

3.1. The Health and Care Scrutiny Committee is established under the terms of the constitution of the London Borough of Islington. A copy of the current terms of reference is attached at Appendix A.

3.2. The membership of the Health and Care Scrutiny Committee is attached at Appendix A. The quorum is four councillors.

3.3. In addition to carrying out health related scrutiny reviews, the Committee invites local NHS trusts and health providers to the Committee to discuss their performance. This enables an ongoing dialogue to take place to enable the Committee to gain a better understanding of health service matters and to question the trusts on areas of concern throughout the year.

3.4. The following dates have been agreed for the remainder of this municipal year:

19 May 2015
16 June 2015
02 July 2015
14 September 2015
19 October 2015
23 November 2015
07 January 2016
08 February 2016
11 April 2016
16 May 2016

4. Implications

4.1. **Financial implications**

The Director of Finance and Resources confirms that costs associated with the Review Committees have been budgeted for in the 2014/15 budget.

4.2. **Legal Implications**

The Council appoints Scrutiny Committees to discharge functions conferred by section 21 of the Local Government Act 2000.

4.3. **Resident Impact Assessment**

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

4.4. **Environmental Implications**

Papers are circulated electronically where possible and consideration given to how many copies of the agenda might be required on a meeting by meeting basis with a view to minimising numbers. Any agendas not used at the meeting are recycled. These are the only environmental implications arising from this report.

4.5 **Resident Impact Assessment**

There are no direct equality or other resident impact implications arising from the report

5. Conclusion and reasons for recommendations

The Committee are asked to note their terms of reference and working arrangements.

Background papers:
The Council's constitution
Programme of Meetings

Final Report Clearance

Signed by	…….	
	…….	
	Assistant Chief Executive (Governance and HR)	Date
Received by	…….	…….
	Head of Democratic Services	Date

Report author: Peter Moore
Tel: 020 7527 3252
E-mail: peter.moore@islington.gov.uk

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APPENDIX A

HEALTH AND CARE SCRUTINY COMMITTEE

(This Scrutiny Committee is responsible in accordance with regulation 28 of the Local Authority (Public Health, Health and Wellbeing and Health Scrutiny) Regulations 2013) for the Council's health scrutiny functions other than the power under regulation 23(9) to make referrals to the secretary of state

Composition

Members of the Executive may not be members of the Scrutiny Committee.

Members of the Health and Wellbeing Board should not be appointed to this committee.

No member may be involved in scrutinising a decision which he/she has been directly involved.

The Scrutiny Committee shall be entitled to appoint a number of people as non-voting co-optees.

Quorum

The quorum for a meeting of the committee shall be four members.

Terms of Reference

1. To review the planning, provision and operation of health and care services in Islington area, invite reports from local health and care providers and request them to address the committee about their activities and performance

2. To respond to consultations by local health trusts and the Department of Health.

3. To consider whether changes proposed by local health trusts amount to a substantial variation or development.

4. To make reports and/or recommendations to a relevant NHS body or a relevant health service provider.

5. To recommend to the Council that a referral be made to the secretary of state under regulation 23(9) of the Local Authority (Public Health, Health and Wellbeing and Health Scrutiny) Regulations 2013.

6. To make reports and/or recommendations to the Council and/or the Executive on matters which affect the health and wellbeing of inhabitants of the area.

7. To carry out the functions of an overview and scrutiny committee in respect of matters relating to the Public Health Directorate or to Adult Social Services.

8. To undertake a scrutiny review, of its own choosing and any further reviews as directed by the Policy and Performance Scrutiny Committee and, consulting all relevant sections of the community, to make recommendations to the Executive thereon.

9. To carry out any review referred to it by the Policy and Performance Scrutiny Committee following consideration of a Councillor Call for Action referral.

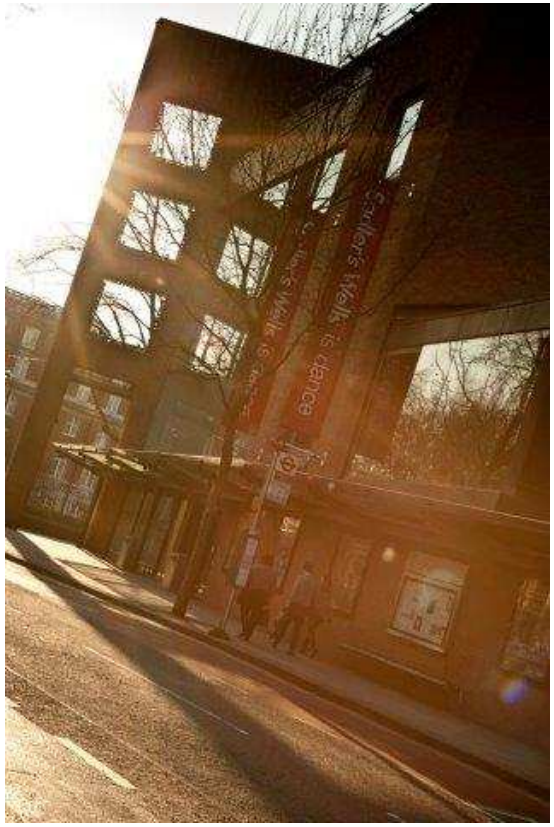
MEMBERSHIP - Health Scrutiny Committee 2015/16

Membership

Councillors:	**Substitutes:**
Councillor Martin Klute (Chair)	Councillor Alice Perry
Councillor Raphael Andrews	Councillor Una O'Halloran
Councillor Jilani Chowdhury (Vice Chair)	Councilor Dave Poyser
Councillor Osh Gantly	Councillor Jenny Kay
Councillor Mouna Hamitouche	Councillor Jean – Roger Kaseki
Councillor Gary Heather	Councillor Alex Diner
Councillor Tim Nicholls	2 Vacancies
Councillor Nurullah Turan	

Co-opted Member:	**Substitutes:**
Bob Dowd – Healthwatch Islington	Olav Ernstzen – Islington Healthwatch
	Phillip Watson – Islington Healthwatch

NHS
Islington
Clinical Commissioning Group



Overview and Scrutiny Committee

Tuesday 19 May 2015

Who we are and what we do

We are Islington Clinical Commissioning Group (CCG)

We plan, buy and monitor local health services including planned and urgent hospital care, community health services, mental health and rehabilitation

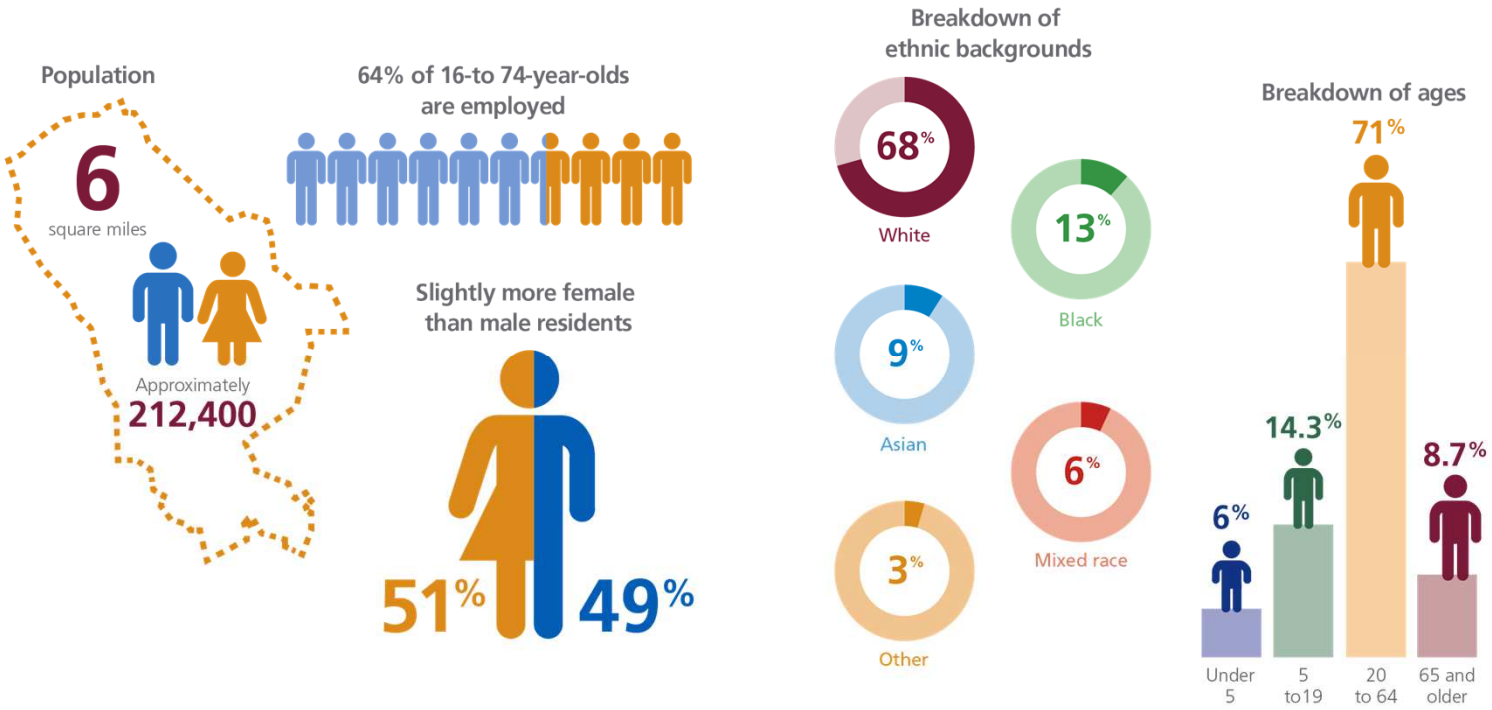
We are made up of 36 local GP practices, working in partnership with local providers and Islington Council

We are an ‘integrated care pioneer’, meaning that we and Islington Council work together to link services in health and social care

Our communities

Islington's challenges:

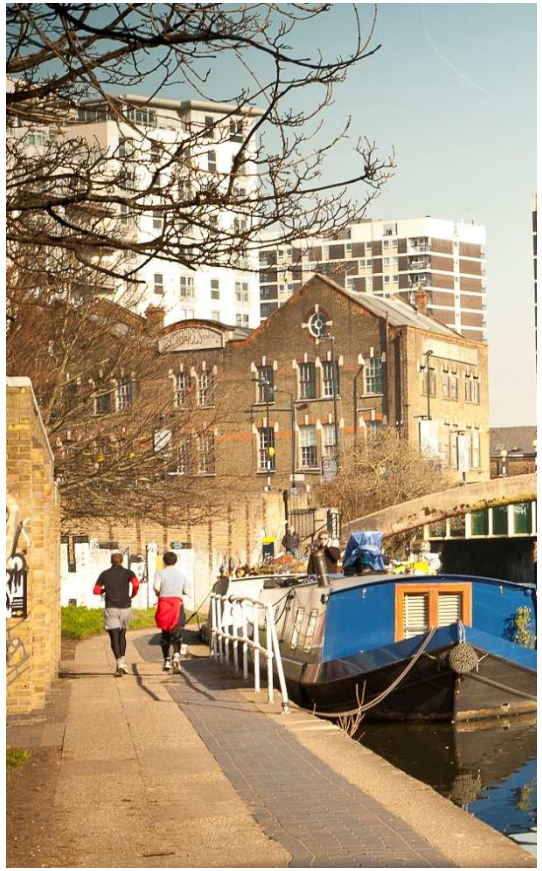
- most densely populated UK borough and the 4th most deprived in London
- second highest level of child poverty in the country
- highest level of psychosis in England
- high level of long-term conditions that will need a different kind of care over 10 years



Our health and wellbeing priorities

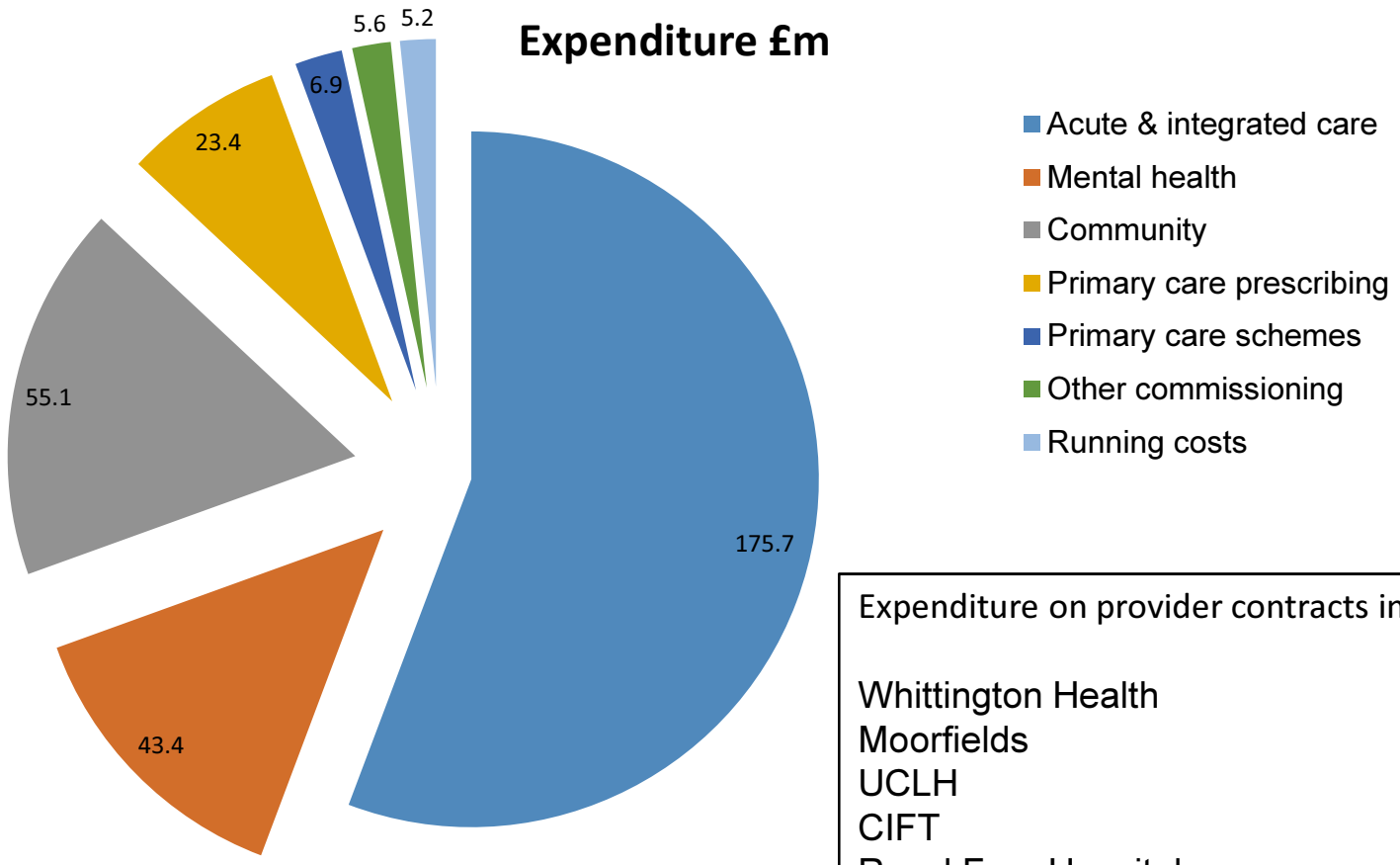
Islington (both the Council and the CCG) share these priorities for our local population

- To make sure every child has the best start in life
- To prevent and manage long term conditions and reduce health inequalities
- To improve mental health and wellbeing
- Delivering high quality, efficient services within the resources available



What we spent in 2014/15

We spent a total of £315.3m across commissioning areas and management costs:



Expenditure on provider contracts includes:	
Whittington Health	£93.6m
Moorfields	£ 3.8m
UCLH	£60.3m
CIFT	£35.9m
Royal Free Hospital	£10.3m
Barts Health	£ 4.9m

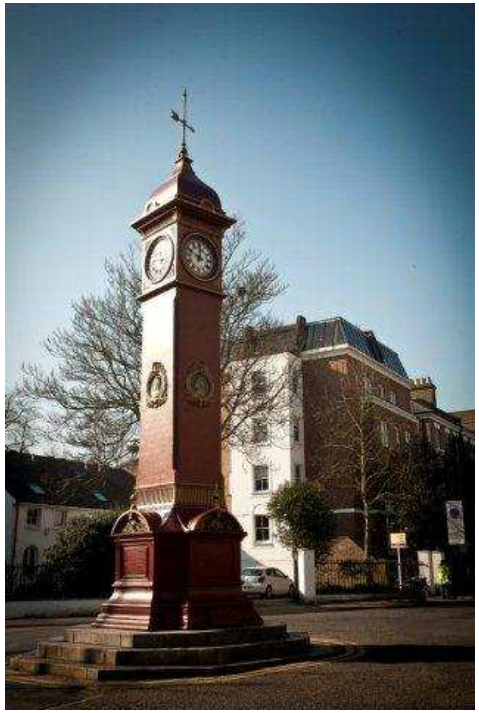
Some of our achievements

- Reversal of the historically low trend in vaccination of children – Islington now performing amongst the best in the country for 5-in-1 vaccinations
- Launched The Story of Maggie and Rose to show how integrated care works in a joined up way to help those with complex health needs
- Local GP met face to face with over 200 local residents to hear their views about NHS 111 and Out of Hours care
- Improved diabetes services through partnership working with local patients

- Supported those with mental ill health back into employment through the Reablement Service
- Commissioned Whittington Health's Ambulatory care centre at Whittington Health to address pressure on A&E
- Ran a Choose Well campaign across Islington, with focus on self-care
- Dementia navigators helping people to get help with housing, writing wills, and many other services

Our plans for 2015 / 16

- Engaging with our local population about their views on Islington's health priorities, and providing good information about appropriate access to care, including using self-care
- Continued focus on integrating care, and our shared priorities with Islington Council - children's health, long term conditions, mental health and wellbeing, whilst continuing to carefully steward our resources



- Developing Islington's health and social care workforce through our Community Education Provider Network
- Building Islington's clinical leadership, using local GP insight to drive commissioning in partnership with patients and service users
- Joint working across north central London focusing on improving primary care, and shifting our focus toward commissioning for healthy outcomes

In the next five years

We will:

- focus on prevention
- work with people to design new services
- improve access and quality in primary care
- make GP practices the centre of co-ordinated health and social care
- manage care better by planning ahead and having a single point of contact
- help people to manage their own care

Find out more about us

@islingtonccg

islington.ccg@nhs.net

www.islingtonccg.nhs.uk

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Patient feedback – Draft recommendations V1

1. All providers of medical services, including Mental Health Trusts should implement the Family and Friends Test (FFT) as required by the government.
2. All FFT tests should include an ‘open’ supplementary question which invites comment.
3. All providers should actively promote and encourage patients to complete the test, both with posters and face to face.
4. All providers should display monthly statistical results of the FFT and a brief description of how any other comments or suggestions have been addressed.
5. Islington CCG should actively encourage and support providers in promoting and publicising results, and also in monitoring results and reporting them back to the HCSC.
6. Providers should offer a number of methods of collecting results of the test, including verbal response, written forms, hand-held devices and internet. Web sites should display a link to the feedback form prominently on the homepage.
7. CCG to work with the Council to develop a similar feedback model for public health services.

Chair.

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HEALTH SCRUTINY COMMITTEE
WORK PROGRAMME 2015/16

19 MAY 2015

1. Membership, Terms of Reference and Dates of Meetings
2. Work Programme 2015/16 and prioritisation of scrutiny topics
3. 11/Out of Hours service specification
4. Islington CCG Annual report
5. Scrutiny Review – Patient Feedback – Draft recommendations
6. Health and Wellbeing Board - update

16 JUNE 2015

1. Camden and Islington NHS Trust – Quality account report 2015/16
2. Patient Feedback Scrutiny review – Final Report
3. New topic – Presentation and SID
4. Work Programme 2015/16
5. Health and Wellbeing Board - update

02 JULY 2015

1. Drug and alcohol misuse – Annual Update
2. Islington Healthwatch Annual Report
3. Scrutiny Review – Presentation and SID
4. Scrutiny Review– Witness Evidence
5. Work Programme 2015/16
6. Health and Wellbeing Board – update
7. Executive Member Health and Social Care - Presentation

14 SEPTEMBER 2015

1. NHS Trust – Whittington Hospital – Performance update
2. Annual Adults Safeguarding Report

3. Scrutiny Review – Witness Evidence
4. Scrutiny Review – Witness Evidence
5. Work Programme 2015/16
6. Health and Wellbeing Board - update

19 OCTOBER 2015

1. London Ambulance Service – Performance update
2. Scrutiny Review – witness evidence
3. Scrutiny Review- Witness Evidence
4. Work Programme 2015/16
5. Health and Wellbeing Board - update

28 NOVEMBER 2015

1. Scrutiny Review – witness evidence
2. Scrutiny Review – witness evidence
3. Work Programme 2015/16
4. Health and Wellbeing update

07 JANUARY 2016

1. NHS Trust – UCLH – Performance update
2. Scrutiny Review – witness evidence
3. Scrutiny Review – witness evidence
4. Work Programme 2015/16
5. Health and Wellbeing Board - update

08 FEBRUARY 2016

1. Child Protection in Islington – Annual Update
2. Scrutiny Review – Draft recommendations
3. Scrutiny Review – Draft recommendations
4. NHS Trust – Moorfields – Performance update

5. Work Programme 2015/16
6. Health and Wellbeing Board - update

11 APRIL 2016

1. Scrutiny Review – Final report
2. Scrutiny Review – Final report
3. Scrutiny Review – GP Appointments – 12 month report back
4. Work Programme 2015/16
5. Health and Wellbeing Board – update

16 MAY 2016

To be determined

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