

London Borough of Islington
Health and Care Scrutiny Committee - Monday, 14 September 2015

Minutes of the meeting of the Health and Care Scrutiny Committee held at on Monday, 14 September 2015 at 7.30 pm.

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

Also Present: **Councillors** Janet Burgess

Co-opted Member Bob Dowd, Islington Healthwatch

Councillor Martin Klute in the Chair

125 INTRODUCTIONS (ITEM NO. 1)

Members of the Committee and officers presenting reports introduced themselves to the meeting.

126 DECLARATIONS OF INTEREST (ITEM NO. 2)

None

127 APOLOGIES FOR ABSENCE (ITEM NO. 3)

Councillors Osh Gantly, Mouna Hamitouche and Dave Poyser

128 DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 4)

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

129 ORDER OF BUSINESS (ITEM NO. 5)

The Chair stated that the order of business would be as per the agenda items as listed

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

A revision to minute 123 - SID – Health Implications of Damp Properties was laid round for Members.

RESOLVED:

That, subject to the above amendment, the minutes of the meeting of the Committee held on 2 July 2015 be confirmed and the Chair be authorised to sign them

131 CHAIR'S REPORT (ITEM NO. 7)

The Chair stated that he had circulated a framework for presenters for reports to the Committee and he was pleased to note that all contributors that evening had followed this framework which would assist Members in their consideration of the items.

The Chair added that there would be a CQC inspection at the Whittington NHS Trust on 08 December and if Members had any submissions they wished to make they could make them direct to the CQC or forward comments to him for submission.

The Chair also referred to a letter that he had received from the NHS Property Company concerning the future of the Finsbury Health Centre site and that the response had been reasonably positive and he would keep the Committee updated on developments.

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The Chair stated that following discussion at the last meeting he would be taking up the issue of some of the recommendations of the GP Appointments scrutiny not being adopted with the relevant Executive Members.

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

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

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

Councillor Janet Burgess, Executive Member for Health and Wellbeing, was present and outlined the recent developments of the Health and Wellbeing Board during which she made the following main points –

- The Carers hub contract has been agreed
- The Mitchison street GP practice was now working well and there were temporary GP's in place and it may take up to a year before permanent staff were in place
- A Health and Wellbeing Board would be taking place on Wednesday and they would be considering the Joint Strategic Needs assessment which has shown that the population has grown in the borough from 202,000 to 224.600 since the last census in 2011. The Chair requested that a copy of the report be circulated to Members of the Committee and Councillor Ismail

The Chair thanked Councillor Burgess for attending and her update

134 **NHS TRUST - WHITTINGTON HOSPITAL - QUALITY ACCOUNTS - PRESENTATION (ITEM NO. 10)**

Siobhan Harrington, Whittington Hospital NHS Trust and Ron Jacob, Governor Whittington NHS Trust were present for discussion of this item.

The Quality Accounts Whittington NHS Trust report for 2014/15 was laid round (copy interleaved) and Siobhan Harrington outlined the main points of the report and made a presentation to the Committee (copy interleaved).

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

- The key highlights included – New TB centre and Ambulatory Care service, sign up to safety campaign, improved medicines management, District Nursing service – mobile smart working with i Pads, JAG accreditation for the Endoscopy unit, Hospital at Home service, Infection rates and low SMHI score, smoking cessation and alcohol harm prevention CQUIN's, and RTT 18 week waits and cancer access targets
- Quality Priorities for 2015/16 include – Improve patient experience for Learning Disabilities and improve staff training and recognition, Reduce the number of inpatient falls that result in harm by 50%, achieve outcome measures in Sepsis and AKI CQUIN's and effectively record performance, reduce the amount of pressure ulcers, increase the number of NIHR programmes and increase participation in inter professional events and improve patient experience and response rate to FFT and data capture in diabetic and frail elderly services
- In response to a question it was stated that the Trust had been disappointed with the staff survey results and the problem areas were being addressed
- The Committee noted that there is a new library and resource areas for students

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- It was stated that the response rate to the FFT in the previous year was 37% for inpatients and 17% for the emergency department. i Pads were now being given to patients to improve FFT responses however feedback was good on patient experience of the Trust
- FFT results were being displayed on the ward but the Trust were looking at other methods of displaying results
- In response to a question it was stated that there is currently a 10% nursing vacancy rate and the Trust, were having to conduct a rolling recruitment programme, however recruitment problems were an issue for most London Trusts
- A Member referred to the new structure introduced in terms of clinical services in July and that this should address some of the concerns raised in the staff survey and there was now more clinical ownership across the organisation and staff would feel more informed and connected
- It was noted that temporary and 'bank' staff, some of whom had been employed for a considerable time were not included in the staff survey and the Trust stated that they would investigate whether these staff could be included in the future
- The Trust stated that there should be improvements in the areas of information governance in the coming year and that FFT feedback was regularly reported to staff and concerns addressed
- The Lead Governor stated that given the financial pressures on the Trust he was encouraged by the progress, however it was his view that whilst the FFT is important it is a fairly superficial process and that a more in depth survey should be undertaken to look at patient experience of an integrated care organisation and how services were accessed and any problem areas

The Chair thanked Siobhan Harrington and Ron Jacob for attending

135 **HOSPITAL DISCHARGES - PRESENTATION (ITEM NO. 11)**

Jonathan Fielden, UCLH Foundation Trust and Siobhan Harrington and Carol Gillen Whittington NHS Trust were present for discussion of this item and made presentations to the Committee thereon.(Copies interleaved).

During discussion the following main points were made –

- The Committee noted that UCLH felt that there were more delays and difficulties in discharging Islington residents since a new system had been introduced in May
- UCLH were of the view that L.B.Camden had a better system of liaising and co-ordinating discharges and that the system in L.B.Islington meant that there was a weekly Panel meeting which could lead to delays
- L.B.Islington is one of the main users of UCLH@home
- The Executive Member for Health and Wellbeing indicated that she was not aware of these concerns and that she would ensure that liaison took place with UCLH to improve the position and that the results of these discussion could be reported to Committee
- UCLH indicated that whilst they did have a good working relationship with Islington they felt that the relationship with Camden was better
- The Whittington indicated that the Trust were seeing more complex medical conditions, especially with elderly patients, and this is one of the reasons for delayed discharge
- Delayed discharges had peaked in October/November 2014, but this had now reduced

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- There is daily teleconferencing of cases with Islington and readmission rates were looked at on a regular basis and work is being undertaken with social care and other organisations to reduce readmission rates, however this is often difficult due to complex conditions. Being an integrated care organisation did assist in this
- The Director of Commissioning, Islington CCG stated that he would be happy to discuss with UCLH the problems and work with social care organisations to look at the different practices in operation in London Boroughs, in order to try to obtain some kind of consistency that would assist the discharge process for Trusts
- The view was expressed that delayed discharge also impacted on the ability of the patient to quickly adapt back to normal everyday life and often affected their quality of life
- It was also stated that a number of patients had mental, as well as physical health problems, and often this may lead to delayed discharge

RESOLVED:

That discussions take place with regard to the problems referred to above and consistency of approach to discharges from social care providers and this be reported back to the Committee. In addition, a response from the Director of Housing and Adult Social Services should be submitted to the Committee on the particular problems referred to above in relation to UCLH

The Chair thanked Jonathan Fielden, Siobhan Harrington, Carol Gillen and Ron Jacob for attending

136

111/OUT OF HOURS SERVICE SPECIFICATION (ITEM NO. 12)

Kath McClinton, Islington CCG, Dr.Paul Sinden, Director of Commissioning Islington CCG and Dr.Jo Sauvage, Vice Chair Islington CCG were present for discussion of this item during which the following main points were made –

- The Committee noted that there had been a delay to the timetable and the CCG were not yet in a position to bring the final service specification to the Committee
- The publication of the National Standards are awaited and the development of the service specification continues and the draft specification already prepared has been widely circulated for comment and it would be developed in the light of national guidelines but is felt to be on the right lines
- The Committee were informed that it is hoped that the final version of the service specification would be available at the end of September and could be reported to the Committee in November
- There had been a second market event held in August to talk to interested bidders about the service model and there is interest from a wide range of bidders, including GP collaboratives, organisations, NHS Trusts, social enterprises and the private sector and all bidders would need to be registered or in the process of being registered and bidders would be aware of this
- In response to a question it was stated that potential bidders would be accessing a similar cohort of GP's
- Discussion took place as to the emphasis that would be placed in the service specification on local knowledge and it was stated that quality would be covered in the specification and that following analysis of the comments received the proposed working could be brought back to Committee for consideration
- In response to a question it was stated that quality was an important aspect and the definition of local knowledge is important, however the contract would be across North Central London

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- There was a need to ensure that any process built in safeguards on recruitment and training and the ethos of the service expected and is subject to ongoing scrutiny and there is a facility for smaller providers bidding in a collaborative approach
- Given that there is a finite GP resource there is a need to look at the most intelligent use of resources with the use of IT and the sharing of records and that 3 new GP hubs had been set up out of hours that were open in the evenings and outside normal GP surgery hours
- It was noted that the new service should commence in October 2016

RESOLVED:

That the draft service specification and consultation responses be submitted to the Committee in November for consideration

The Chair thanked Dr.Sinden, Dr.Sauvage and Kath McClinton for attending

137

SCRUTINY REVIEW - HEALTH IMPLICATIONS OF DAMP PROPERTIES - PRESENTATION/SID (ITEM NO. 13)

Heer Matianda Baljeer, Public Health and Damian Dempsey, Housing and Adult Social Services were present for discussion of this item and during consideration of the report the following main points were made –

- The Committee welcomed the excellent report produced
- There is a great deal of work being carried out in Islington in terms of insulation of properties and the recent works on the Holly Park Estate were in the process of being evaluated. The Committee indicated that it would be useful if this evaluation is submitted to a future meeting of the Committee
- The Chair referred to paragraph 7.7 of the report and queried the effectiveness of spending £2m in addressing dampness in properties and £10m in improving energy efficiency to help relieve these problems. It was stated that a more detailed breakdown of the figures could be made available
- It was stated that there were 2 main hotspots in Islington for dampness problems, the Andover and Girdlestone Estates and problems were being addressed as part of the cyclical repair programme and by the use of surveys. It had been found that there were a number of problems that had been found particularly in relation to where garages had been converted into flats which had led to dampness problems. A combination of methods were being used to eradicate the problems and the work carried out to date had been encouraging
- It was stated that there is a need to explain to tenants how best to operate their heating and ventilation systems efficiently, however the view was expressed that if properties were properly insulated and the design of the property is good these problems would not occur
- In response to a question as to whether garages were still being converted into flats and whether this would not cause future problems it was stated that new garage developments had more rigorous design specifications, which had not been the case with the conversion of the Andover Road Estate garages
- In response to a question as to whether good practice was being shared with Housing Associations and other social landlords it was stated that this currently did not take place
- The Chair referred to paragraph 6.4 of the report and that the 2008 Islington Private Sector stock condition survey estimated that 869 owner occupied and privately rented homes had a Category 1 Damp and Mould hazard, indicating that the extent of dampness and mould growth was likely to be harmful to health. This is an estimate of those where the Council would be required to take action under the Housing Act 2004 and there are likely to be a further number of lower level Category 2 hazards. The Chair enquired whether how

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often the Council took action under the Housing Act 2004 and it was stated that this information would be provided to the Committee

- A Member enquired if, when Council officers identified dampness when they went into properties, they would report this for action to be taken. It was stated that this would be investigated and reported back to Committee as to current practice but he did not think this had been done historically apart from where rainwater egress was identified
- The view was expressed that there was a need to continually monitor the work carried out and in particular in relation to older and young people

RESOLVED:

(a) That the Director of Housing and Adult Social Services be requested to report back to the Committee as to whether Housing officers visiting properties reported dampness where it is identified

(b) That the results of the evaluation of the Holly Park Estate insulation works effectiveness be reported to the Committee when this is available

(c) That the Director of Housing and Adult Social Services be requested to report back on how many enforcement actions had been taken against landlords as a result of the Housing Act 2004

138 WORK PROGRAMME 2015/16 (ITEM NO. 14)

RESOLVED:

That, subject to the addition of the 111/Out of Hours service specification and consultation responses item being added to the agenda of November meeting of the Committee, the report be noted

MEETING CLOSED AT 10.25p.m.

Chair