



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 **16 May 2016 at 7.30 pm.**

John Lynch
Head of Democratic Services

Enquiries to : Peter Moore
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Despatched : 6 May 2016

Membership

Councillors:

Councillor Martin Klute (Chair)
Councillor Jilani Chowdhury (Vice-Chair)
Councillor Raphael Andrews
Councillor Gary Heather
Councillor Nurullah Turan
Councillor Rakhia Ismail
Councillor Tim Nicholls
Councillor Una O'Halloran

Co-opted Member:

Bob Dowd, Islington Healthwatch

Quorum: is 4 Councillors

Substitute Members

Substitutes:

Councillor Alice Donovan
Councillor Alex Diner
Councillor Jean Roger Kaseki
Councillor Jenny Kay
Councillor Alice Perry
Councillor Dave Poyser
Councillor Clare Jeapes

Substitutes:

Olav Ernstzen, Islington Healthwatch
Phillip Watson, Islington Healthwatch

A. Formal Matters	Page
1. Introductions	
2. Apologies for Absence	
3. Declaration of Substitute Members	
4. Declarations of Interest	
<p>If you have a Disclosable Pecuniary Interest* in an item of business:</p> <ul style="list-style-type: none"> ▪ 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. <p>In both the above cases, you must leave the room without participating in discussion of the item.</p> <p>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.</p> <p>*(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.</p> <p>This applies to all members present at the meeting.</p>	
5. Order of business	
6. Confirmation of minutes of the previous meeting	1 - 6
7. Public Questions	
8. Membership, Terms of Reference etc.	7 - 12

B.	Items for Decision/Discussion	Page
9.	Chair's Report	
	The Chair will update the Committee on recent events.	
10.	Health and Wellbeing Board Update - verbal	
11.	Islington CCG Annual Report	13 - 24
12.	Margaret Pyke update - Results of consultation - verbal	
13.	Scrutiny Review - Health Implications of Damp properties - witness evidence - verbal	
14.	Consultation on Government Pharmacy proposals - To follow	
15.	111/Out of Hours service - Chair's update - verbal	
16.	Work Programme 2016/17	25 - 28

The next meeting of the Health and Care Scrutiny Committee will be on 9 June 2016
Please note all committee agendas, reports and minutes are available on the council's website:
www.democracy.islington.gov.uk

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Public Document Pack Agenda Item 6

London Borough of Islington Health and Care Scrutiny Committee - Monday, 11 April 2016

Minutes of the meeting of the Health and Care Scrutiny Committee held at on Monday, 11 April 2016 at 7.30 pm.

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

Also Present: **Councillors** Jenny Kay

Co-opted Member Bob Dowd, Islington Healthwatch

Councillor Martin Klute in the Chair

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

The Chair introduced Members and officers to the meeting

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

Councillors Nicholls and O'Halloran

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

Councillor Jenny Kay stated that she was substituting for Councillor O'Halloran

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

None

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

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

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

RESOLVED:

That, subject to the deletion of the word Partners and the insertion of the word Hyde, in minute 192 bullet point 5 – the minutes of the meeting of the Committee held on 7 March 2016 be confirmed and the Chair be authorised to sign them

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

The Chair reported that further to the involvement of JOHSC, the Committee and the Keep NHS public campaign, he was pleased to report the awarding of the contract for the 111/Out of Hours service had gone to the North Central and West London Unscheduled Care Collaborative. This will enable a local focus to be maintained for boroughs

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

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

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

Councillor Janet Burgess, Executive Member for Health and Wellbeing, was present for discussion of this matter and outlined the following –

- Work is taking place with the Whittington Hospital on the Estates strategy and it is important that this work is completed quickly to fit in with Government timescales

Health and Care Scrutiny Committee - 11 April 2016

- The Government has announced proposals for a Sugar Tax and this is welcomed and the Obesity strategy would be considered on 24 June
- The Making it Real work carried out on direct payments and social services funding has been nominated for a national award
- The Deaf service has won an award for the most successful mainstream service and Spectrum service for severe autism has been commended by the National Autistic society
- It was noted that Age UK Islington, who ran the carers service, had opened a centre in Manor Gardens and she had attended the opening

The Chair thanked Councillor Burgess for her update

206

HEALTH IMPLICATIONS OF DAMP PROPERTIES SCRUTINY REVIEW - WITNESS EVIDENCE - VERBAL (ITEM NO. 10)

John Venning, Partners was present and during discussion the following main points were made –

- The housing stock managed by Partners is largely Victorian and Georgian street properties and Partners had responsibility for 2900 properties and 4500 tenants. In addition there were 1800 leaseholders
- The properties were mainly solid wall brick walls and had sash windows and therefore there were inherent problems with carrying out cost effective insulation work
- Partners recognised that dampness is detrimental to health and this has been addressed in a number of ways by a refurbishment programme between 2002-12, advice to tenants and support to vulnerable residents
- The refurbishment programme included ventilation work, damp proof works in basements and some external wall works
- Ongoing repairs are carried out by Partners sub-contractor Rydons who dealt with 23,000 repair requests per year, only 3% of these were damp related
- Of the 778 initial complaints relating to dampness only 205 resulted in an independent survey being commissioned
- . Of the 200 major works jobs only 7 were related to dampness
- There had been no major issues of dampness identified in the previous few months
- Ad hoc work is carried out in relation to condensation problems and Partners provided advice to residents by distributing leaflets on this and energy saving measures. Assistance is also given to vulnerable residents and there is liaison with SHINE
- Secondary glazing works had recently taken place to some properties and boilers had been replaced to be more energy efficient and there is a loft insulation programme
- There is a desire to carry out more insulation to walls, secondary glazing,/double glazing but this work is expensive to do
- In response to a question Partners stated that the main causes of damp problems were rising damp, water ingress, plumbing, drainage and roofing problems. There were condensation issues but the important thing is for there to be specialist knowledge to identify and rectify any problems
- Partners had a repairs obligation to tenants to resolve issues and worked with tenants and stated that if Members had any specific problems he would be willing to look at these
- In response to a question it was stated that whilst Partners had had roofing problems with properties a few years ago this had now been largely addressed

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- Partners stated that they recognised the health implications of dampness to residents and that they had an important role in reducing dampness in their properties

The Chair thanked John Venning for attending

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JOINT STRATEGIC NEEDS ASSESSMENT (ITEM NO. 11)

Julie Billett, Director of Public Health and Mahnaz Shaikut, Head of Health Intelligence Public Health were present for discussion of this item and laid this round for the Committee.

During consideration of the report the following main issues were raised –

- In respect of NEET's the higher than average London figure may be associated with social deprivation although there are relatively small numbers involved
- There are high levels of mental health problems in the borough and work is taking place with the health service about mental health risks and the vulnerability of this group
- Members expressed the view that there should be consideration given to air quality and its effects on asthma and that this should form part of the next JSNA
- Reference was made to the fact that the JSNA should include where the current GP practices are in the borough and the areas where these are likely to be needed in the future based on projected population growth
- Councillor Heather stated that he would like to receive information on a ward basis in relation to the evidence and it was stated that this could be provided to him
- In response to a question it was stated that the JSNA is signed off by the Health and Wellbeing Board and informed commissioning plans
- A Member expressed the view that BME groups tended to suffer disproportionate levels of mental health problems, however it was stated that the levels were broadly reflective of the demographics of the community
- There is early intervention work on mental health and there is training and support for mental health champions. In terms of older people there is good access to services but there is a need for more equity auditing and this could be looked at
- Reference was made to the fact that a large number of the prison population suffered from mental health problems and that this may not have been the case if early intervention had taken place
- It was stated that mental health is a complex issue and can be caused by many factors and there is a need to promote good mental health and should not just focus on responding to crisis situations. There should also be a focus on providing other treatments not just merely drug prescription for good mental health outcomes
- It was stated that early intervention work is important and that Public Health had good relationships with other departments in this regard and this need is recognised across Directorates
- Reference was made to the link between children with SEN and the NEET cohort and that this should be looked at together with ethnicity
- In addition it was stated that in relation to children with disabilities their parents/carers were often unable to go back to work and were therefore more likely to live in poverty and that the JSNA should have an action plan in this regard

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- Concern was also expressed that the income maximisation team had been reduced which limited families ability to maximise their income

RESOLVED:

That the issues raised above be considered when the future JSNA is being prepared and the information be requested above by Councillor Heather be circulated to him

The Chair thanked Julie Billett and Mahnuz Shaikut for attending

208

DEPARTMENT OF HEALTH CONSULTATION - COMMUNITY PHARMACY IN 2016/17 AND BEYOND (ITEM NO. 12)

The Director of Public Health, Julie Billett, was present together with a representative of the London Pharmaceutical Committee (LPC).

Julie Billett outlined the report.

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

- There is a need for more work to be undertaken in order to respond to the consultation process
- There is to be reduction in funding for community pharmacy
- There are 45 community pharmacies in the borough and the current demand is being met
- The proposals may mean the loss of some pharmacies in the borough, however it is felt that these are a valuable resource that should be maintained and were a source of local employment
- It was stated that work is being carried out to work with community pharmacists and the LPC in order to prepare a response to the consultation. Members were of the view that they would wish to contribute to this and the draft response should be considered at the next meeting of the Committee
- Members expressed the view that pharmacies could assist in alleviating the pressure put on GP' s and that the Government proposals appeared to be counter productive
- It was noted that the consultation process finished on 24 May and that the response to the consultation could be considered by the Committee at its meeting on 16 May
- The LPC representative stated that he represented pharmacies in Camden and Islington and added that whilst the funding had been announced for community pharmacies for 201/17 no indication had been given as to future funding
- It was felt that there is a strong possibility that there may be an increase in the prescription threshold and a reduced establishment payment over the next few years which will mean the closure of some community pharmacies and therefore investment plans may be put on hold
- Camden and Islington had the lowest prescription rate in London apart from Westminster and this may be to the difference in the daytime and nighttime populations
- The LPC representative stated that pharmacies both small and large scale providers were united in opposition to the proposals and were actively lobbying to prevent them
- The view was expressed that community pharmacists also provided somewhere where vulnerable and the elderly could visit and obtain advice and to reduce taking of medicines unnecessarily
- The Committee expressed the view that they supported the LPC and would wish to add comments to the consultation process and the draft response should be submitted to the Committee on 16 May for consideration

RESOLVED:

That the draft consultation to the Department of Health Community Pharmacy proposals be submitted to the next meeting of the Committee for consideration

209 WORK PROGRAMME 2016/17 (ITEM NO. 13)

RESOLVED:

That the report be noted

MEETING CLOSED AT 9.40p.m.

Chair

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Report of: Corporate Director - Resources

Meeting of	Date	Ward(s)
Health and Care Scrutiny Committee	16 May 2016	All

Delete as appropriate		Non-exempt
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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 2016/17, the membership appointed by Council on 12 May 2016 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:

16 May 2016
9 June 2016
14 July 2016
5 September 2016
6 October 2016
17 November 2016
12 January 2017
6 March 2017
22 May 2017

Membership of the Committee 2016/17 – to be confirmed at Annual Council on 12 May 2016

Councillor Martin Klute – Chair
Councillor Rakhia Ismail – Vice Chair
Councillor Gary Heather
Councillor Nurullah Turan
Councillor Tim Nicholls
Councillor Una O’Halloran
Councillor Michelline Safi Ngongo
Councillor Jilani Chowdhury
Bob Dowd – Co-opted Member Islington Healthwatch

Substitute Members

Councillor Dave Poyser
Councillor Alice Perry
Councillor Clare Jeapes
Councillor Marian Spall

4 Vacancies

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 2016/17 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. Equalities Implications

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 this 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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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:

Councillor Martin Klute (Chair)
Councillor Raphael Andrews
Councillor Jilani Chowdhury (Vice Chair)
Councillor Osh Gantly
Councillor Mouna Hamitouche
Councillor Gary Heather
Councillor Tim Nicholls
Councillor Nurullah Turan

Substitutes:

Councillor Alice Perry
Councillor Una O'Halloran
Councillor Dave Poyser
Councillor Jenny Kay
Councillor Jean – Roger Kaseki
Councillor Alex Diner
2 Vacancies

Co-opted Member:

Bob Dowd – Healthwatch Islington

Substitutes:

Olav Ernstzen – Islington Healthwatch
Phillip Watson – Islington Healthwatch

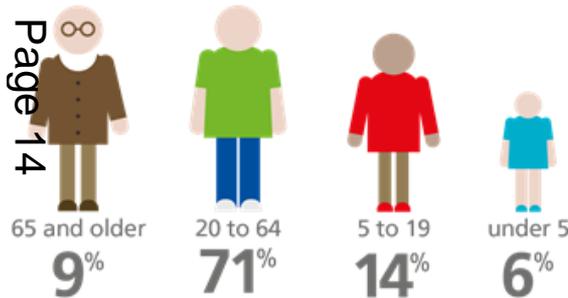
Annual Report – Summary

Wednesday 4 May 2016

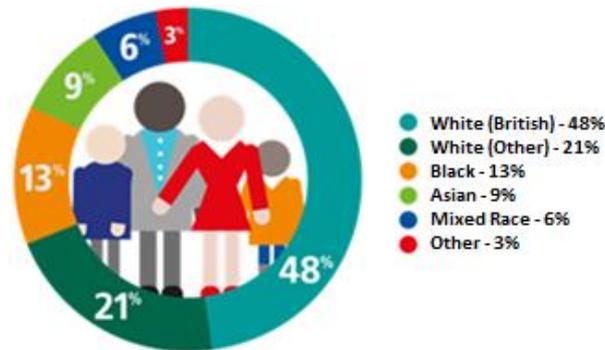


Our community

Breakdown of ages



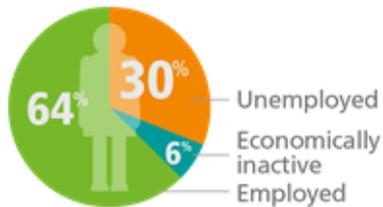
Breakdown of ethnic backgrounds



Registered with a GP: 228,000

Resident population: 224,600

Resident population by 2025: 246,500



64% of those aged 16-74 are employed



8,600 single-parent households



6,000 people live in shared accommodation

Joint working with Islington Council



Long-term conditions

High level of long-term conditions (such as diabetes) that will need a different kind of care over 10 years.



Mental health and wellbeing

Highest level of psychosis in England.



Children's health

London's second highest level of child poverty, with 13,000 children (34.5%) living in low income families.



Population

Most densely populated UK borough and the 5th most deprived in London.

Joint working with Islington Council

Our four shared priorities

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To make sure every child has the best start in life.



To prevent and manage long-term conditions to extend the length and quality of life, and reduce health inequalities.



To improve mental health and wellbeing.



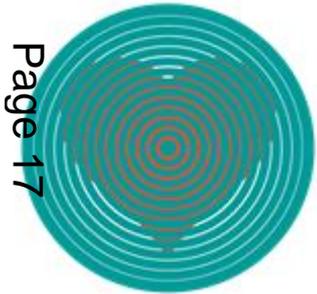
To provide high-quality, efficient services within the resources available.

Summary of performance



Patient experience

- Integrated networks – Seven in place this Spring covering an estimated 50% of the population.
- Expect more to be formed throughout the year.



Individual's care

- Procurement of an Integrated Digital Care Record.
- Developing a Person Held Record.
- Allowing health and social care services to share data.



Development of Primary Care

- Three iHubs launched offering additional appointments.
- Working with practices to help form a GP Federation.

Summary of performance



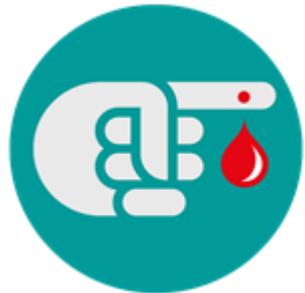
Clinical effectiveness

- Worked with Haringey and Camden CCGs to develop diabetes and psychosis services focussed on outcomes.



Patient and community engagement

- Worked with Voluntary Action Islington to develop and deliver Patient Participation Groups.



Urgent Care

- Commissioned a single, integrated NHS 111 and GP Out of Hours service with the five North Central London CCGs.

Summary of performance

Accident and Emergency

- The Whittington did not achieve the Four-hour wait target in 2015/16 and has an improvement plan for 2016/17.
- The improvement plan is set to achieve compliance again in June.

Referral to Treatment (RTT)

The RTT target has consistently been achieved and there is no indication this performance is in jeopardy.

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Improving Access to Psychological Therapies

- Access – Performance is consistently above the 3.75% per quarter.
- Recovery – However recovery rates are below the 50% target for Q4.

Dementia

- The CCG has the highest dementia diagnosis rate of all the CCGs in London and is consistently above 85% with a threshold of 66.6%.

Our financial performance

	Plan	Actual	Achieved
To stay within plan and deliver a surplus of £9m	£6.5m	£9m	✓
Achieve a minimum in-year breakeven or surplus position*	0	£2.5m	✓
To meet our cash target	£305.1m	£305.1m	✓
To deliver our QIPP savings programme	£12.0m	£11.5m	✗
To meet our running cost allowance	£5.2m	£5.2m	✓
To meet the better payment practice code target (<i>value</i>)	95%	94%	✗
To meet the better payment practice code target (<i>volume</i>)	95%	89%	✗

Where the money goes

Acute and integrated care (such as hospitals)

£208.2 million

Community services (such as district nurses)

£32.1 million

Mental-health services

£47.2 million



Primary care schemes
£5.6 million

Others (such as voluntary and community projects)
£5.4 million

Our running costs
£5.1 million

Primary care prescribing
£25.7 million

Our plans for 2016 and beyond



Islington and Haringey will **work in partnership** across health and social care to improve the way people receive care and ensure people live healthier and longer lives.



A **Sustainability and Transformation Plan** across North Central London will set out how services will evolve and become sustainable over the next five years and deliver the Five Year Forward View.



Continue **working with our member practices** to help them form a GP Federation to develop and deliver high quality services.



Engaging with our local population about Islington's health priorities, and providing information about appropriate access to care, including self-care.

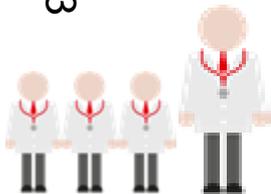
Our plans for 2016 and beyond



Continuing our work on **integrating care with our partners** - children's health, long-term conditions, mental health and wellbeing.



Developing Islington's **health and social care workforce** through our Community Education Provider Network.



Building **clinical leadership** with insight from Islington's GPs to drive commissioning in partnership with patients and service users.



Working across North Central London to **jointly commission** general practice to improve the quality of services and care for local people.

Thank you

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HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2016/17

16 MAY 2016

1. Membership, Terms of Reference and Dates of Meetings
2. Work Programme 2016/17 and prioritisation of scrutiny topics
3. 111/Out of Hours service specification –update from Chair
4. Islington CCG Annual report
5. Margaret Pyle update – Results of consultation/Progress on transformation
6. Scrutiny Review – Health implications of Damp Properties – witness evidence
7. Consultation on Government Pharmacy proposals
8. Health and Wellbeing Board – update

09 JUNE 2016

1. Drug and alcohol misuse – Annual Update
2. Camden and Islington Mental Health Trust Quality Account
3. Islington Healthwatch Annual Report
4. Scrutiny Review – Health Implications of Damp Properties – final report
5. Niew Scrutiny topic – Approval of SID
6. Work Programme 2016/17
7. Health and Wellbeing Board – update

14 JULY 2016

1. NHS Trust – Whittington Hospital – Performance update
2. Scrutiny Review – New topic - Presentation
3. Work Programme 2016/17
4. Health and Wellbeing Board – update

OCTOBER 2016

1. London Ambulance Service – Performance update
2. Scrutiny Review – witness evidence
3. Annual Adults Safeguarding report
4. Work Programme 2016/17
5. Health and Wellbeing Board - update

NOVEMBER 2016

1. Scrutiny Review – New topic- witness evidence
2. Work Programme 2016/17
3. Presentation Executive Member Health and Wellbeing
4. Healthwatch Work Programme
5. Health and Wellbeing update

JANUARY 2017

1. NHS Trust – UCLH – Performance update
2. Scrutiny Review – New topic – Witness evidence
3. Work Programme 2015/16
4. Health and Wellbeing Board – update
5. GP Appointment update
6. Scrutiny Review – 12 month progress report – Patient Feedback

2017

1. Scrutiny Review – New topic– witness evidence
2. NHS Trust – Moorfields – Performance update
3. Work Programme 2015/16
4. Health and Wellbeing Board – update

5. Whittington Estates Strategy

11 APRIL 2016

1. Scrutiny Review – Health Implications of Damp Properties – witness evidence
2. Work Programme 2015/16
3. Health and Wellbeing Board – update
4. Joint Strategic Needs Assessment

16 MAY 2016

1. **Scrutiny Review – Health Implications of Damp Properties – Final Report**
2. **Margaret Pyke update – Results of consultation/progress on transformation**
3. **111/Out of Hours service – update from Chair**

Other items to be determined

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