

London Borough of Islington
Health and Care Scrutiny Committee - Thursday, 12 January 2017

Minutes of the meeting of the Health and Care Scrutiny Committee held at on Thursday, 12 January 2017 at 7.30 pm.

Present: **Councillors:** Klute (Chair), Chowdhury, Turan, Ismail , Heather and Nicholls

Also Present: **Councillors** Burgess

Co-opted Member Bob Dowd, Islington Healthwatch

Councillor Martin Klute in the Chair

284 INTRODUCTIONS (ITEM NO. 1)

The Chair introduced Members and officers to the meeting

285 APOLOGIES FOR ABSENCE (ITEM NO. 2)

Councillor O'Halloran and Councillor Nicholls for lateness

286 DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)

None

287 DECLARATIONS OF INTEREST (ITEM NO. 4)

None

288 ORDER OF BUSINESS (ITEM NO. 5)

The Chair stated that he would take agenda item B11 Scrutiny Review – IAP as the first item on the agenda and the remainder of the items would be considered as per the agenda order

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

RESOLVED:

That the minutes of the meeting of the Committee held on 17 November 2016 be confirmed as a correct record of the proceedings and the Chair be authorised to sign them

290 CHAIR'S REPORT (ITEM NO. 7)

The Chair stated that a report on the LUTS clinic had been laid round for Members and that he would be attending a meeting the following week to consider whether the additional resources were being provided in order to reinstate the service.

The Chair added that he had received late notification from the CCG of the transfer of gynaecology services from the Holloway Health Centre to the Whittington Hospital to reduce waiting times.

The Chair added that the JHOSC has been considering the Sustainability and Transformation plans and that there was unanimity amongst the North Central London sector that agreement could not be given to the plans at the present time.

It was also stated that Councillor Heather had circulated an e mail to Members concerning the next meeting of the Whittington Community Forum at which there will be a discussion on the Sustainability and Transformation Plan

291 PUBLIC QUESTIONS (ITEM NO. 8)

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

292 HEALTH AND WELLBEING BOARD UPDATE (ITEM NO. 9)

None

293 PRESENTATION UCLH (ITEM NO. 10)

Simon Knight UCLH was present and outlined the presentation to the Committee.

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

- Key priorities include – to improve patient experience, maintain excellent mortality ratings, reduce the number of hospital acquired pressure ulcers, meet standards for how long patients wait from referral for their treatment, shorter waiting times for diagnostic tests, shorter waiting times for different stages of cancer pathways, shorter waiting times in emergency, delivering more efficient care so that financial targets can be delivered
- Waiting times in A&E have been challenging as has been the case for many trusts and a recovery action plan is in place and there is close working with Camden and Islington emergency care boards to address these issues. One of the main issues has been the high occupancy levels for beds at UCLH. Key actions include a new primary care service in the Emergency Department, additional step down beds at St.Pancras (opening on 16 January) and weekly senior level meetings with Camden and Islington partners to manage delayed transfers of care and discharging patients earlier in the day
- There are significant financial challenges and in 2016/17 there is around £11m forecast deficit. This is in line with the assigned control total and an improvement on the previous year when there was a £31 million deficit
- In 2017/18 UCLH are planning for a surplus position of £5.3 million
- This is within the context of significant financial challenges including a 2% tariff efficiency, loss of £3.1million education funding and an increase of £2 million in PFI costs. Discussions are taking place as to whether funding can be obtained to buy UCLH out of the PFI contract , which will deliver a significant financial benefit. Members felt that this would require a lot of upfront costs and whether this was feasible, however welcomed this approach
- There will be increased surgical capacity at the Tower and there will be more inpatient and other surgical capacity available

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- In relation to attendances at A&E it was stated that there had been a national increase in attendance due to an ageing population and whilst this has not been experienced to the same extent yet at UCLH they expected this to increase in future
- It was stated that the Sustainability and Transformation Plan proposals may be able to assist in looking at other ways of dealing with problems with the service by sharing of services and better use of resources
- The GP service provided at UCLH was working well and helping to reduce attendances at A&E
- There were 30/40 patients at any one time in UCLH that did not need to be there and there is a need to continue to look at ways of reducing this by providing better care in more appropriate settings
- It was noted that there had been improvements in dealing with Islington on delayed discharges and this was welcomed

RESOLVED:

That the report be noted and UCLH provide, if possible, details of the costs of buying out the PFI contract and the long term savings to the hospital of doing this

The Chair thanked Simon Knight for attending

294 **SCRUTINY REVIEW - EFFECTIVENESS OF IAP - WITNESS EVIDENCE (ITEM NO. 11)**

Dr. Lucy Williams- Shaw, Service user involvement lead, was present and was accompanied by i COPE service users.

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

- There was good user satisfaction with the service
- Service users are asked to fill in a Patient Experience Questionnaire at the end of their treatment
- A regular survey to contact people who have dropped out of treatment in I COPE is carried out to ask them about their experience of the service and the reasons that they did not continue with treatment
- Therapists regularly ask for feedback and informal complaints are recorded and these are reviewed regularly in management and team meetings
- There are feedback comment slips available in the waiting areas and a feedback e mail address advertised on the website and letters
- In terms of improving the service patient feedback is reviewed and discussed and any changes needed implemented
- A monthly poster is displayed in waiting areas regarding the feedback that has been received and how it is being acted upon
- Service users who are interested are encouraged to contribute towards the service
- Service users contribute towards i COPE by attending the advisory group where service developments are discussed and they can join the list of advisors and contribute to focus groups, answering surveys and getting involved with specific projects. In addition they can apply to work in a paid role as a peer well-being worker
- Service users provided feedback and helped recruit new staff by training to be interview Panel members

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- 98.1% of service users would recommend i COPE to family and friends indicated by the Friends and Family test
- In response to a question it was stated that 48% of discharged patients completed the Patient Experience Questionnaire, however there were a number of factors that had prevented this from increasing however therapists were encouraged to request patients to fill in the form at their last session
- Feedback is also received by e mail and via a drop out survey and that an e mail address is included on all letters sent out and anonymous feedback forms are available in GP surgeries
- Service users gave evidence to the Committee that it had been easy for them to access the service and that their experience had been positive. One of the residents had attended the group session and one had attended individual sessions and both spoke about their experiences and that these were positive and that the treatment they had received had been effective
- The Committee noted that the maximum number of sessions permitted is 20 and the length of the sessions usually varied from 6 to a maximum of 20
- In response to a question it was stated that some evening sessions were available for appointments but the number that can be offered is constrained by other factors such as the opening hours of the premises used
- The Chair enquired whether it was felt that 6/10 sessions were considered sufficient to treat a patient and it was stated that it often depended on whether the patient wanted to engage, however if a patient had high level anxiety more sessions may be needed

The Chair thanked Dr.Williams-Shaw and the service users for attending

295 **SCRUTINY REVIEW - PATIENT FEEDBACK 12 MONTH PROGRESS REPORT (ITEM NO. 12)**

The Director of Public Health, Julie Billett was present together with Justin Roper, Islington CCG.

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

- The Committee noted the progress on the recommendations and that the responses were positive, however there is a need to improve the response rates
- The CCG continues to monitor and discuss the FFT with providers throughout the year within the regular contract meetings. This includes focusing upon satisfaction levels and response rates
- The CCG did not only rely on FFT responses but also collected data from national surveys, GP feedback, quality control accounts, complaints and information from Healthwatch
- It was noted that the GP response rate is low, but that the FFT has only just been introduced in GP surgeries
- The Committee expressed the view that the FFT is a simple and straightforward way of collecting feedback
- Islington CCG felt that a 15% response rate did provide some validity to the process

RESOLVED:

That progress on actions being taken forward to address the recommendations of the Health and Care Scrutiny Committee be noted

The Chair thanked Justin Roper and Julie Billett for attending

296 **PERFORMANCE STATISTICS (ITEM NO. 13)**

Councillor Janet Burgess, Executive Member Health and Social Care, was present at the meeting. The Director of Public Health, Julie Billett was also present.

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

- Reference was made to the delayed transfer of care figure which is behind target and Councillor Burgess stated that she would look into this as this did not correspond to her information
- In response to a question on direct payments it was stated that the paperwork and financial monitoring involved was putting some claimant off and Councillor Burgess stated that she would investigate this in order to see if it could be simplified
- In response to a question Councillor Burgess stated that she would also investigate the time limit for the assessment process
- Reference was also made to the problems of entitlement to benefit following leaving hospital and that this is being stopped when they were entitled to six weeks free care when leaving hospital and Councillor Burgess stated that she would investigate this. Bob Dowd stated that he would notify Councillor Burgess on specific examples he had where this practice had taken place

RESOLVED:

That the report be noted and that Councillor Burgess be requested to respond to the matters raised above

297 **WORK PROGRAMME 2016/17 (ITEM NO. 14)**

RESOLVED:

That the report be noted

MEETING CLOSED AT Time Not Specified

Chair