

Health and Care Scrutiny Committee - 14 September 2017

That Janna Witt be appointed substitute Member on the Committee for Healthwatch for the remainder of the municipal year or until her successor in office is appointed

The Chair also referred to the discussion at a previous meeting in relation to the Government's pharmacy proposals and that a response had been sent to the consultation proposals. Whilst no pharmacies had closed at present it was anticipated that the proposals would lead to closures in the future and have a detrimental effect on the local economy

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

The Chair outlined the procedure for Public questions

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

Councillor Janet Burgess, Executive Member Health and Social Care, was present at the meeting and updated the Committee.

During discussion the following main points were made –

- A more detailed report will be submitted to the next meeting of the Committee
- It was noted that the Haringey and Islington Board had now merged and was working well

The Chair thanked Councillor Burgess for attending

38 **NHS WHITTINGTON TRUST - PERFORMANCE UPDATE/ESTATES STRATEGY (ITEM NO. 10)**

Siobhan Harrington, and Carol Gillen, Whittington Hospital was present for discussion of this item and made a presentation to the Committee, copy interleaved.

During discussion the following main points were made –

- The Trust's score of 3.83 is above the national average of 3.8 and a local improvement from 3.79 in 2015 on the staff engagement indicator and is an improvement on last year
- However, for the first time the percentage of staff experiencing harassment, bullying or abuse from service users has been highlighted as a cause for concern and this will require specific attention later in the year
- With regard to the CQC a formal inspection of Whittington Health NHS Trust between 8-11 December 2015, with further unannounced inspections taking place on 14,15 and 17 December and the findings published in July 2016 gave a Good rating overall and Outstanding for Caring
- The Trust met all its last year targets except – 75% of staff who work in Emergency Department to have specific training in the care of patients with Learning Disabilities. The Trust is working towards this target – the Trust needs to reduce its in patient falls that result in severe/moderate harm by 25%. This target has not been met however a new 'falls bundle' was introduced which provides more comprehensive risk assessments and care plans for our patients. Selected as one of only 20 Trusts to participate in the NHSi falls

Health and Care Scrutiny Committee - 14 September 2017

collaborative – no avoidable grade four pressure ulcers target not met as despite zero in the acute setting there were five in the community. This is being targeted for 2017/18

- The Sepsis target was achieved over the target ED96 against 90% and has been an important safety initiative and success for Whittington Health
- The Trust has set targets re: patient experience and these priorities were determined through triangulation of information from complaints, local and national surveys, including Family and Friends Test, and the very useful feedback from service users via the engagement and workshop event with Islington Healthwatch
- The Committee noted the Quarter 1 performance data as outlined in the presentation
- Key priorities are – urgent and emergency care admitted pathway – discharge to assess, reducing DTOCS – improving mental health pathway in ED – Islington and Haringey Wellbeing Partnership and Community Services alignment with CHINS – Winter resilience – workforce – staff engagement and morale – community engagement and delivering the estates strategy
- The Panel noted that funding had been obtained for a mental health recovery room
- Workforce recruitment and retention is crucial and this would be a priority for the Trust
- The Estates strategy was an exciting development for the Trust and a final decision would be taken by the Trust Board in October and a potential partner had been identified. Community engagement would take place on the proposals
- It was stated that Whittington were committed to the NHS and private health provision would be minimal if at all
- The Trust stated that the new strategy would involve the creation of a new maternity unit, community centre and provision of nursing accommodation
- The Panel noted the measures being taken by the Trust to reduce bullying and harassment for staff
- Reference was also made to the proposal for mental health beds to be relocated at the Whittington and that the Committee welcomed this
- It was stated that work is taking place with Local Authorities on discharge of patients and generally this is not a significant problem
- The Committee welcomed the increase in responses from patients in the FFT

RESOLVED:

That the report be noted and the Committee be kept informed of development on the Estates Strategy in the future

The Chair thanked Siobhan Harrington and Carol Gillen for attending

39 HEALTHWATCH ANNUAL REPORT (ITEM NO. 11)

Emma Whitby and Janna Witt, Healthwatch, were present for discussion of this item.

During discussion the following main points were made –

- Achievements included autism and reasonable adjustments, social workers phones, developed a consultation consortia and now developing its scope,

Health and Care Scrutiny Committee - 14 September 2017

better links with care homes and allocated GP's, better information for podiatry patients, volunteering award

- Current and future work includes mystery shopping for autism friendliness, increasing diversity for the Islington Patient Group, Supporting Community mental health services engagement, considering social isolation, influencing ADHD assessment and safeguarding sharing of information
- Behind the scenes achievements include investing in volunteers, strengthening links with London Met and Training Parent champions
- Reference was made to difficulties in clients accessing accurate podiatry information and that Healthwatch is in discussions with Whittington NHS Trust in this regard
- Work is taking place to look at how current services can be used to tackle social isolation
- Healthwatch would be actively engaged in the Whittington Estates strategy consultation
- Work is being undertaken with Clare Henderson where additional resources and use of the voluntary sector could be used to achieve better outcomes for residents
- In response to a question it was stated that care home had a dedicated GP who visited the home on a set day per week

The Chair thanked Emma Whitby and Janna Witt for attending

40 **PERFORMANCE UPDATE (ITEM NO. 12)**

Councillor Janet Burgess, Executive Member Health and Social Care was present for discussion of this item.

Julie Billett, Director of Public Health, was also present.

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

- Delayed discharge figures were quite good however figures for MMR were below target due to the reluctance of parents to allow children to be vaccinated
- Discussion took place as to alcohol reduction and that this is on target and Public Health often commented on licensing applications

RESOLVED:

That the report be noted

The Chair thanked Councillor Burgess and Julie Billett for attending

41 **NEW SCRUTINY TOPIC - AIR QUALITY AND HEALTH - PRESENTATION AND APPROVAL OF SID (ITEM NO. 13)**

Julie Billett, Director of Public Health, Ian Sandford, Public Health Strategist, and Paul Clift, Environment and Regeneration Department 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 and SID the following main points were made

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- Air Pollution is a gas (or a liquid or solid dispersed through ordinary air) released in a big enough quantity to harm the health of people or other animals, kill plants or stop them growing properly, damage or disrupt some other aspect of the environment or cause some other kind of nuisance. It is the quantity or concentration of the chemicals in the air that makes the difference between harmless and polluted air
- Particulates are sooty deposits in air that blacken buildings and cause breathing difficulties. In London, most particulates come from traffic fumes, brake and tyre wear and increasingly wood burning. Most worrying are the fine PM 2.5 and ultrafine PM1 particulate matter as these can enter deep into the lungs and into the bloodstream. Particulates of different sizes are referred to by the letters PM followed by a number so PM10 means particles of less than 10 microns – less than 10/1000ths. Of a millimetre
- South of the Borough is the most pollute, 60% of the borough is over EU limits and every school is near an area of high pollution
- Another major source of pollutants are nitrogen oxides NOx and both nitrogen oxide and nitrogen dioxide are gas pollutants, made as a result of burning when nitrogen and oxygen react together. They are harmful to health and a big source of NOx is from vehicle engines
- At ground level, ozone is a toxic pollutant that can damage health. It forms when sunlight strikes a cocktail of other pollution and is a key ingredient of smog
- Islington NOx emissions by source type are – major roads 43%, minor roads 6%, domestic gas 13%, commercial gas 17%, NRMM 2%, Industry 1%, and other 18%
- Further from the Environment and Regeneration Scrutiny into Air Quality in 2014 the Council has been and is active in work to improve air quality. Further measures are challenging as many sources of pollution are from outside Islington or traffic passing through
- Further measures are needed in order to reduce air pollution and the Council need to work with other boroughs, TfL, and the GLA to improve air quality and the Council still needs to further improve how different departments and teams work together to improve air quality
- Poor air quality impacts from early life – before birth high levels of PM2.5 are associated with low birth weight and children are particularly at risk due to immaturity of their respiratory organ systems. Infants have a high metabolic rate, so they breathe a greater volume of air per minute than an adult relative to their size
- Infants are also within greater proximity to air pollution sources – vehicle exhausts and research into early exposure to air pollution effects on lung function and respiratory infections, asthma exacerbation cognitive development and development of the brain and co-ordination. There is some evidence that air pollution plays a part in causing asthma, but more research is needed
- PM2.5 is attributable to mortality equivalent to 88 deaths in Islington and NO2 to 164 deaths in Islington. There is an estimated overlap of 30% in the effects of PM2.5 and NO2 underlying the need to reduce both
- The cause of death is not recorded as air pollution, rather heart or respiratory disease
- Air pollution exacerbates heart and lung conditions which hasten death. The above deaths represent an average of 8.9 months lost attributable to PM2.5

Health and Care Scrutiny Committee - 14 September 2017

and 4.8 months lost attributable to NO₂ across all deaths, although this will be greater for people who died of heart or lung disease

- Short term effects of poor air quality on deaths and hospital admissions in London as a result of PM_{2.5} are 818 deaths brought forward, 2072 respiratory hospital admissions, 769 cardiovascular hospital admissions and as a result of NO₂ 461 deaths brought forward, and 419 respiratory hospital admissions. There are no estimates at local level
- Other impacts on health and wellbeing include an increased risk of early death and hospital admissions time off school or work due to illness, economic impact of long term conditions including loss of earnings and increased costs of keeping the home warmer for longer, deterrence of engaging in physical and/or social activities, particularly amongst people with existing conditions and poor air quality impacts negatively on self-reported wellbeing
- The entire population is exposed to air pollution, but the health impacts of this exposure are experienced much more commonly in vulnerable people, particularly those with pre-existing heart or respiratory conditions
- The most deprived 20% of areas in London had 8.6% more PM₁₀ compared with the least deprived 20% and 8.1% more NO₂ in 2001 the most recent high resolution air quality data available to the study authors
- Areas of London with more than 20% of non-white residents had 6.6% more PM₁₀ compared with areas with less than 20% non-white residents and 8.1% more NO₂ in 2001
- Local programmes to improve air quality include a combination of policies at a national level, such as vehicle and fuel taxes, policy to promote uptake of cleaner technologies, city wide such as congestion charging, low emission zones, investment in public transport and borough level (e.g. local travel infrastructure, parking policy) have been influencing trends to date and will continue to do so. The impact of such policies is cumulative
- Improving air quality can include – promotion of active travel and public transport, higher parking charges for the most polluting vehicles, energy efficiency schemes to help reduce NO₂ from boilers, electric charging points along Regents Canal, idling action, and low and zero emission networks
- Healthy Streets is the Mayor's framework of 10 indicators for healthy streets, including local borough streets. The approach aims to encourage everyone to walk, cycle and use public transport, reduce road danger, tackle air quality and noise, reduce car dependency, improve the environment and deliver an accessible and inclusive transport system
- Local programmes to mitigate poor air quality include – Air Text which forecasts high pollution to enable subscribers to take action to avoid exposure or reduce the impact – GP and hospital services for early diagnosis and better management of COPD – Whittington Health 'Asthma Kite Mark' scheme in schools supports better management of condition – Air Quality learning in schools as part of KS2 and planning policies to limit air pollution from developments
- Key barriers and challenges to further improvement are pollution sources outside the Local Authority control such as transboundary – international, national, and regional sources – through traffic, diesel sources such as freight, buses and taxis. Air Quality is a cross cutting issue which impacts on multiple and diverse policy areas across the Council, e.g. through a corporate board or steering group. There is a need to improve and target public awareness and change attitudes and for additional funding and resources to develop new initiatives and apply enforcement
- Reference was made to the 2014 report of the Environment and Regeneration Scrutiny Committee and that the Committee should look at these recommendations and the progress made in order to inform their current

Health and Care Scrutiny Committee - 14 September 2017

scrutiny review. It was requested that progress on the recommendations to date be submitted to the next meeting of the Committee

- Members referred to the short timescale for the review, given the Council elections in May 2018, and there will be a maximum of 3 Committee meetings in order to take evidence, that consideration would need to be given as to who gave evidence in person to the Committee and what written evidence is taken by the Committee
- Members expressed the view that it would be useful if Kings College could attend the next meeting in order to give evidence as to the health implications of poor air quality to the next meeting of the Committee
- It was stated that allergies could be aggravated by poor air quality/pollution and if there is any evidence to substantiate this it would be useful if it could be submitted to the Committee

RESOLVED:

- (a) That the SID be amended as follows –
Delete bullet point 3 and replace with – To make recommendations for increasing the impact of local measures to improve health in relation to air quality and make local resources more effective
- (b) That an additional point € be added to types of evidence to be assessed as follows – Progress on the recommendations of the Air Quality scrutiny carried out by the Environment and Regeneration Scrutiny Committee in 2013
- (c) That a progress report on the recommendations of the Air Quality Scrutiny Review carried out in 2013 be circulated to the next meeting for Members of the Committee
- (d) That Kings College be invited to the next meeting to give evidence on the health implications of poor air quality

The Chair thanked Ian Sandford, Paul Clift and Julie Billett for attending

MEETING CLOSED AT 10.00p.m.

Chair