

London Borough of Islington  
**Health and Care Scrutiny Committee - Thursday, 14 June 2018**

Minutes of the meeting of the Health and Care Scrutiny Committee held on Thursday, 14 June 2018 at 7.30 pm.

**Present:**           **Councillors:**           Gantly (Chair), Turan (Vice-Chair), Klute, Clarke, Hyde, Khurana and Woodbyrne

**Also Present:**   **Councillors**           Janet Burgess and Una O'Halloran

**Co-opted Member**   Shelagh Prosser - Healthwatch

**Councillor Osh Gantly in the Chair**

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

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

Councillor Jilani Chowdhury

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

It was noted that Sheelagh Prosser was deputising for Jana Witt – Islington Healthwatch

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

The Chair stated that she wished it to be recorded that in connection with her employment with the NHS, she had undertaken some work at Moorfields NHS Trust  
Sheelagh Prosser, Healthwatch stated that she had also undertaken some part time work at Moorfields NHS Trust

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

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

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

**RESOLVED:**

That, subject to the following amendment,  
Minute 95 – Whittington Estates Strategy – the deletion of the word discuss in the resolution and the insertion of the word write  
the minutes of the meeting of the Committee held on 01 March 2018 be confirmed and the Chair be authorised to sign them

**103       MATTERS ARISING FROM THE MINUTES (ITEM NO. )**

A Member enquired whether the letter referred to in Minute 95 to local MP's had had a response as yet.

It was stated that the letter had been sent, however a reply is still awaited

**104       MEMBERSHIP, TERMS OF REFERENCE ETC. (ITEM NO. 7)**

**RESOLVED:**

That the report be noted

**105       CHAIR'S REPORT (ITEM NO. 8)**

The Chair welcomed the new Members of the Committee and officers to the meeting.

## Health and Care Scrutiny Committee - 14 June 2018

The Chair added that Sheelagh Prosser was deputising that evening for the Healthwatch representative on the Committee, Jana Witt

### 106 **PUBLIC QUESTIONS (ITEM NO. 9)**

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

### 107 **HEALTH AND WELLBEING BOARD UPDATE (ITEM NO. 10)**

Councillor Janet Burgess, Executive Member Health and Social Care, was present and gave an update to the Committee, during which the following main points were made –

- It was noted that a member of the voluntary sector, from the Manor Gardens Community Centre would be joining the membership of the Health and Wellbeing Board and that this was welcomed
- Members expressed their condolences on the recent death of a carer in Islington who had been murdered by a client and expressed regret at this shocking incident
- It was noted that Stacy Street was closing and residents moved to St. Ann's. Residents would be given support to manage this change. Care plans would be maintained and it was felt that the new provision would be an improvement on existing services
- There is to be a consultation shortly commencing on mental health day services and details of this could be submitted to Health and Care Scrutiny Committee at a later date

### 108 **CAMDEN AND ISLINGTON PERFORMANCE UPDATE - PRESENTATION (ITEM NO. 11)**

Andy Rogers, Chief Operating Officer and Simon Africanus Rowe, Patient Experience Lead, Camden and Islington Mental Health Foundation Trust were present and outlined the report, during which the following main points were made-

- The focus has been on patient safety and quality of care and as a result of consultation with all stakeholders, including patients, a list of 9 priorities were identified
- There have been 3 key areas where significant achievements have been made and with regard to patient safety a comprehensive risk assessment had been introduced. Staff had been upskilled, and staff trained to a level that is more than satisfactory. In addition, poor health outcomes for people with serious mental illnesses has been reduced and the Trust has promoted safe and therapeutic ward environments by preventing violence
- In addition, physical as well as mental health was assessed, as it is known that psychosis often develops at an early age, and the Trust has introduced a holistic health care package In addition there is now more communication with GP's
- Work is also being carried out with those patients that present at A&E and how families and patients can be made comfortable when presenting there. Service users and staff have been engaged in suicide prevention strategies
- There have also been efforts to engage with other services and staff to develop an information strategy, and the Trust has worked with stakeholder and the NICE guidelines have provided a framework for this. In terms of patient experience progress has been made. However there are sometimes difficulties if there is no next of kin listed
- With regard to clinical effectiveness the Trust is looking at working holistically with patients, and has developed an integrated practice unit, where

## Health and Care Scrutiny Committee - 14 June 2018

signposting, mental health screening etc can take place. In addition care plans can be reviewed and assessed to get a suitable care plan in place

- In relation to safeguarding, the Trust has identified approaches that can be used to identify risk and take appropriate measures under the Mental Health Act
- The overall CQC rating for the Trust is good, and it has taken a great deal of work for the Trust to achieve this rating
- The Trust has also instituted a Recovery college, and this is doing well and serves service, users, staff and the public. A Women's Psychiatric Intensive Care Unit has been introduced
- As previously stated the Trust has identified 9 priorities, which all involved have signed up for and service users and carers are essential to this
- A Member referred to the improvement of health and wellbeing of NHS staff, and that in quarter 4 this had not been met. The Trust responded that there had been an improvement, however staff, because of the challenging nature of the job that they did, suffer a lot of stress. The Trust recognised that there was still more to do
- Reference was also made to the prevention of ill health by risky behaviours by tobacco and alcohol targets were not met in quarters 3 and 4 and it was stated that the Trust had decided to integrate physical and mental health. It was recognised that this is an ongoing issue, but the Trust felt confident that this was a reporting issue primarily, and internal monitoring is taking place. However it is recognised that this is an area that the Trust need to focus on. This is particularly important given vulnerable patients
- Discussion took place as to talking therapies for those patients at medium risk and that there is a disparity in these services being accessed by BME groups
- It was noted that BME groups tended to present later and at a more acute stage, and tended to suffer from poorer mental health. BME groups are less likely to access IAPT services, however the Trust felt that their services are accessible to all communities and work is taking place between the CCG and GP's, to identify and refer on patients with mental health issues
- Members expressed the view that strategies for BME to access services should be looked at further
- Reference was made to the fact that the management profile of the Trust needed to be more ethnically diverse, and that more work needs to be done on this
- A Member referred to the number of deaths and the Trust stated that any death is unfortunate, but in their view these were not disproportionate, and in addition Islington has one of the highest rates of mental health problems in England
- A Member referred to the use of volunteers and peer support workers and that peer support workers did often take up posts at the Trust. The Trust stated that they would provide details of the peer support programme to Members
- In response to a question it was also stated that there is a BME service user group
- The Trust recognised that better communication with families is needed with families after serious incidents occur, and this is a priority for the Trust. Where such incidents do occur the Trust need to be honest and discuss this with the family, in order to learn lessons for the future
- A Member congratulated the Trust on the removal of ligature points
- Reference was made to the staff survey and that 32% of staff had identified problems of bullying/harassment. The Trust responded that the CQC had identified that the Trust had a high level of agency staff, and the Trust recognised this needed to be addressed. However there are areas where staff morale can be improved by simple remedial measures, such as repairs to the

## Health and Care Scrutiny Committee - 14 June 2018

building and general tidying up. In addition, mandatory training for staff will be taking place

- The Trust are clear that they will deal with any issues of bullying/harassment, however it is recognised that some staff felt that the Trust did not take this seriously enough. The Trust has put in place the ability for staff to talk to guardians and senior staff in confidence and there is a BME member of staff who can be talked to. Some staff had been trained to be bullying/harassment champions
- The Trust stated that they felt that the issue of bullying/harassment is mainly a historical one, and a number of BME staff, who had been employed for a long time, had not yet recognised the changes that have taken place
- In response to a question as to bullying of staff by patients and families, the Trust stated that it would not tolerate this and having a mental health issue did not excuse this. Staff training has also taken place on how to deal with patients and the public, and the Trust were looking to develop pathways to support staff
- In response to questions from the Chair, it was stated that in relation to Police powers to remove people with severe mental health problems from the street, The Trust had capital growth to develop facilities on site in a few years time. In addition, mandatory training had been introduced and such training had achieved over target levels. The Trust were also improving recruitment, however the vacancy on acute wards needed to be improved, but it had to be recognised these were difficult places to work for staff

### RESOLVED:

That the Trust circulate details of the peer support worker system to Members of the Committee

The Chair thanked Andy Rogers and Simon Africanus Rowe for their presentation

## 109 MOORFIELDS NHS TRUST - PERFORMANCE UPDATE (ITEM NO. 12)

Ian Tombleson and Tim Withers, Moorfields NHS Trust were present and made a presentation to the Committee.

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

- Around 250 staff work at Moorfields NHS Trust and the Trust ranks first in staff satisfaction and the quality of work and care they are able to deliver. Staff motivation at work and staff satisfaction with resourcing and support are also at high levels where the Trust requires improvement. In January 2017, the Trust rating placed them in the top third of acute Trusts
- The turnover of the Trust is £224 m, there were 730,000 patient contacts in 2016/17, across 32 sites. The Trust saw more than 586000 outpatients

## Health and Care Scrutiny Committee - 14 June 2018

- The CQC action plan had 78 recommendations and the action plan is progressing well with 82% of actions complete
- The Trust has a 5 year quality strategy with the ambition to deliver outstanding patient care
- In terms of compliance with key national targets, in A&E there is a 98-99% compliance of meeting the 4 hour target, compliance against the national target on incomplete patient pathway, however the cancer target was narrowly missed 95.7% as against 96% target. Six week diagnostic tests were 100% and on infection control there were no cases year on year of MRSA or C difficile
- The CQC patient experience quality results were good both in the children's and young person's survey and A&E. The Families and Friends test continues to be very good and the main feedback relates to the length of patient journeys in clinic. There has been a launch of a Patient Participation Survey, in December 2017 which has more activities with patients participating and signposting and recruiting
- It had been a solid year financially, with a net surplus of £5.7m and satisfactory delivery against CIP's and commercial performance
- The use of resources rating remains I (the best), however expectations for 2018/18 continue to be tough
- It was noted that the Trust are looking to improve IT systems, in order to improve efficiency
- It was stated that the Trust recognised that they needed to improve the stress placed on staff, which is often linked to increased workload
- Reference was made to the Trust moving to the St.Pancras site and that this is progressing well, and it is hoped to go out to public consultation later in the year
- It was noted that work is being carried out to reduce waiting times and in response to a question it was stated that staggered arrival times had worked well at the Trust's network sites. However at the City Road site there was still work needed to be done to improve the situation
- A Member enquired about the CQC findings in relation to patient safety and the WHO surgical checklist. The Trust responded that some staff had been doing their jobs for a number of years, and did not fully appreciate the need for this, however the checklist had meant that there is more team working and improvements had been made
- In response to a question it was stated that the Trust had a very good safety record, however the City Road site is an old building with narrow corridors and it is challenging. The Trust is constantly looking at ways that this could be improved

The Chair thanked Ian Tombleson and Tim Withers for attending and for their presentation

### 110 **NEW SCRUTINY TOPIC APPROVAL - VERBAL (ITEM NO. 13)**

The Chair stated that it would be necessary for the Committee to select a topic/s for scrutiny in the forthcoming year.

Following discussion it was –

#### **RESOLVED:**

- (a) That approval be given to a mini scrutiny review on GP surgeries and the main scrutiny review topic be chosen from the following -

## Health and Care Scrutiny Committee - 14 June 2018

Body dysmorphia/eating disorders- possible link with mental health  
Child Obesity  
Mental Health – also link with mental health of care leavers  
Care staff pay and conditions

- (b) That the Chair be requested to contact Members following the meeting, taking into account their views for the main topics listed above, and select one for the main scrutiny topic
- (c) That the final topics be submitted to Policy and Performance Committee for consideration

### 111 **CHILD OBESITY (ITEM NO. 14)**

Julie Billett, Director of Public Health and Julie Edgecombe, Assistant Public Health Strategist outlined the report for the Committee, during which the following main points were made –

- The Council takes a holistic, whole system approach to tackling obesity which includes creating an environment that supports good health and wellbeing, by improving the food environment, improving the food offer and promoting physical activity
- The Council has long term multi sectoral partnerships to promote this and encourages settings such as workplaces, schools and children's centres to promote good health
- It also supports families and children to maintain a healthy weight, which included a Families for Life programme, health living nurse and a psychology service for children with complex needs
- It was noted that 2.52% of reception children had severe obesity, similar to the England average, while 5.9% of year 6 pupils had severe obesity, which is higher than the England average of 4.07%
- Families for Life is a universal healthy lifestyle programme for families with a child aged 2-11 years. Activities include 4 or 6 week programme focusing on healthy eating, active games and cook and eat activities. 21 programmes ran in 2017/18 and 98 unique families were reached
- An early years and primary parent champion offer to increase referrals into the programme and allow for parent champions to support sessions
- From April 2019, these programmes will be delivered by Islington's School Improvement service
- In relation to the Healthy Living service, which is a weight management service for 5-16 year olds, overweight children are offered one to one support including home visits if needed
- In 2016/17 1038 children were identified as overweight and obese by the National Child Measurement Programme (NCMP), and of these 613 were identified as very overweight
- The Healthy Living Service delivered by Whittington Health, provides follow up support to those children identified via NCMP, and also takes referrals from GP's, school nurses and other professionals
- Vacancies within the service and the numbers of overweight children exceeding service capacity, meant that the service has had to target its resources to focus on supporting those children who are very overweight
- Future models for the delivery of tier 2 weight management services are being developed. Since the enhanced tier 2 weight management service was introduced in 2017, public health has commissioned an enhanced weight management service to help develop and evaluate the type of weight management intervention that best supports children with co-morbidities, and

## Health and Care Scrutiny Committee - 14 June 2018

/or complex needs. This involves working collaboratively with CAMHS, dieticians and community paediatricians via a MST

- Since launch in October 2017, there have been 16 referrals to the pilot service with 9 children/families seen to date
- With a small amount of financial support from Islington CCG the pilot has extended to run until March 2019, to help build up evidence and develop the model
- Discussions are ongoing with the CCG regarding funding beyond April 2019, but this service could be aligned to the CAMHS transformation work locally
- Update on Local Government Declaration on sugar reduction and healthier eating pledges – this was signed by Haringey and Islington Health and Wellbeing Board in October 2017. The summary of pledges and activity include –
  - Tackle advertising and sponsorship – draft policy agreed and need to clarify policy in relation to alcohol and there is a process in place for agreeing corporate leadership
  - Improve the food controlled or influenced by the Council – Develop a food standards policy (to be completed by Sept 2018) and pilot healthy vending machines in progress with local key employers/organisations
  - Reduce prominence of sugary drinks and promote free drinking water – pledge to align work across Islington on plastic waste, includes Refill Islington and installation of water fountains in public places. It was noted that funding from the Mayor was available to assist in this. Refill Islington will launch in July and a day of action has taken place to get businesses signed up and so far 40 businesses have done this
  - Support businesses and organisations to improve their food offer
  - Public events – work with Greenspace team to the Councils' event application procedure; safer food is embedded and the provider must be rated 3 or higher as part of events policy and must provide a range of healthy offerings e.g. the caterers must have a Healthy Catering commitment
  - Raise public awareness
- Members were of the view that the launch of the Public awareness campaign could be done at full Council and the Executive Member Health and Social Care stated that she would investigate the possibility of this
- It was noted that the Family Centre is shared across Camden and Islington and there is funding of £40000 available and this funds for 6 months, 3 full time psychologists and an assistant psychologist and is good value. There is a long list of families, and the intention is to build capacity by involving other organisations and services interlinked to provide an evidence base
- Members expressed concern at the increase in child obesity between reception and year 6, and it was stated that family influence plays a big part in diet, even though primary schools have the free school meals offer
- The view was expressed that there is a link between deprivation and obesity for a number of reasons, and residents relationship with food needs to be examined
- In relation to the sugar tax this has proved successful although manufacturers have now reduced sugar in their products to such an extent that the funding is only likely to be for one year
- Reference was made to the fact that families did not tend to eat together, as in the past, and community centres and cookery classes etc should be promoted to encourage healthy eating habits. Community kitchens and food co-ops need to be supported

The Chair thanked Julie Billett and Julie Edgecombe for their presentation

**Health and Care Scrutiny Committee - 14 June 2018**

**RESOLVED:**

That the report be noted

MEETING CLOSED AT 10.25p.m.

Chair