

London Borough of Islington
Health and Care Scrutiny Committee - Monday, 28 January 2019

Minutes of the meeting of the Health and Care Scrutiny Committee held at on Monday, 28 January 2019 at 7.30 pm.

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

Also Present: **Councillor:** Burgess

Councillor Osh Gantly in the Chair

27 INTRODUCTIONS (ITEM NO. 1)

The Chair introduced Members and officers to the meeting

28 APOLOGIES FOR ABSENCE (ITEM NO. 2)

Councillor Woodbyrne and Hyde

29 DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)

None

30 DECLARATIONS OF INTEREST (ITEM NO. 4)

The Chair declared a personal interest in that she worked for NHS Digital

31 ORDER OF BUSINESS (ITEM NO. 5)

The Chair stated that the order of business would be as follows –

UCLH

Health and Wellbeing update

Executive Member Annual Report

Performance update

Local Account

Scrutiny Review – GP Surgeries

Scrutiny Review – Adult Social Carers

Work Programme

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

RESOLVED:

That the minutes of the meeting of the Committee held on 15 November 2018 be confirmed and the Chair be authorised to sign them

33 APPROVAL OF MINUTES OF JOINT COMMITTEE WITH CAMDEN (ITEM NO. 7)

A Member enquired in relation to the Moorfields consultation how this would take place and where consultation on the St.Pancras Estates strategy would also take place

Health and Care Scrutiny Committee - 28 January 2019

The Chair stated that the Moorfields consultation, as it has a number of satellite sites where it provides services, would be carried out at the JOHSC, however she would clarify the position and inform the Committee thereon

RESOLVED:

That the minutes of the Joint Committee with L..B.Camden be confirmed as a correct record of the proceedings and that the Chair be authorised to sign them

34 CHAIR'S REPORT (ITEM NO. 8)

None

35 PUBLIC QUESTIONS (ITEM NO. 9)

The Chair outlined the procedure for Public questions, filming and recording of meetings, and fire evacuation procedures

36 HEALTH AND WELLBEING BOARD UPDATE - VERBAL (ITEM NO. 10)

Councillor Janet Burgess, Executive Member Health and Social Care, was present and provided an update on the work of the Health and Wellbeing Board, during which the following main points were made –

- A meeting had been held with Haringey in December, however the Haringey Chair was no longer in post, and that although it had been a useful meeting new relationships were being developed. It was noted that officers from the 2 boroughs were still working together on the development of a number of services

37 UCLH PERFORMANCE UPDATE (ITEM NO. 11)

Simon Knight, Director of Planning and Performance, UCLH Foundation Trust was present and made a presentation to the Committee, copy interleaved

During discussion the following main points were made –

- UCLH services are provided from a number of sites
- MRSA bacteraemia cases have reduced significantly since 2006 to a very low level in 207/18. There are none to date in 2018/19
- Clostridium difficile – 43 cases reported as at the end of November 2018 against year to date threshold of 62. 1 case was found to be a lapse of care by the Trust. The current worst case position is 22 cases, against the November year to year threshold of 62
- The 2017 in patient survey rated UCLH as the best provider as measured against its peers
- Referral to treatment time – the % of patients who have been waiting less than 18 weeks – the standard was not met in 2018, however UCLH continue to perform above the national average. Performance has been challenging, by longer waiting times at Eastmans Dental Hospital and national specialist services in neurosurgery and uro-gynaecology. A recovery plan is in place to achieve the standard overall at trust level by March 2019
- Diagnostic waits – the % of diagnostic waiting list within 6 months – this was driven by a combination of patient cancellations and DNA's, due to the severe weather in March and scanner breakdown, as well as technical issues following upgrade of imaging software. UCLH regained compliance in October 2018
- Access to timely patient cancer care % of patients seen within 14 days of referral – the trust sustained performance against the two week wait standard

Health and Care Scrutiny Committee - 28 January 2019

- In terms of the % of patients treated on cancer care within 31 days of decision to treat, the trust met the standard in most months of the year, and months of underperformance were driven by sector wide surge in demand for robotic prostate cancer surgery. The urology team increased capacity to reduce waiting times following a surge and robots had been introduced that had improved the waiting times for treatment
- UCLH has continued to experience challenges in delivering the 62 day treatment service standard. An action plan is in place
- With regard to A&E access times, waiting times continue to be challenging, as is the case for many Trusts and work is taking place with partners to address the multi factorial issues. Key actions are in place to deal with these
- Delayed transfers of care in 2018 – Camden and UCLH have improved shared understanding of demand for out of hospital services, there is good joint working on discharge to assess pathways and improved collaborative working with external partners to identify and resolve external delays
- There are significant financial challenges and in 2018/19 the Trust is forecasting a deficit of £6.2m before sustainability funding of £14.5m, a net position of an £8.3m surplus. The financial challenge for 2020/21 is significant as there are estimated costs of £20m for the introduction of the new patient administration system, costs relating to moving services, loss of transitional funding following the move of cardiac services to Barts, loss of undergraduate training and an efficiency factor of 1.6% built into the income received. An in depth review is currently being looked at in relation to new expenditure in 2019/20
- The Trust has also been working closely with NHSI to obtain relief (through reduced financial targets), to reflect some of the further funding losses
- Reference was made to the loss of undergraduate funding and its effect on the Trust, and UCLH stated that they would provide further details on this for Members
- The introduction of a new patient administration system would be a significant change
- In response to a question, it was stated that the Trust had not pursued the proposal to buy out the PFI funding provider

The Chair thanked Simon Knight for his presentation

38 **EXECUTIVE MEMBER HEALTH AND SOCIAL CARE - ANNUAL REPORT (ITEM NO.)**

Councillor Janet Burgess, Executive Member Health and Social Care, was present and made a presentation to the Committee, copy interleaved.

During the discussion the following main points were made –

- Life expectancy has increased in Islington for both men and women
- Men and women spend on average the last 18.6 and 20.5 years of life respectively in poor health
- Key achievements – Best start in life – Bright Start conference celebrated a year of the launch of a more holistic integrated early childhood and family services
- Child health clinics are now open access and health visiting services have maintained good coverage and successful antenatal programme
- There are a number of key challenges including tackling childhood obesity and poor mental health of parents, which have a profound impact on children
- Key achievement include a reduction in early deaths from heart disease, cancer and respiratory disease and adult participation in physical activity is

Health and Care Scrutiny Committee - 28 January 2019

higher in Islington than the national rate. Stop smoking campaign has successfully supported residents

- Transformation programmes on substance misuse are showing improvements as well as the sexual health transformation
- The areas of focus for the forthcoming year include addressing high levels of alcohol related harm, promotion of physical activity, improving physical health of those with mental health conditions, tackling social isolation and parents mental health etc.
- In response to a question Councillor Burgess stated that she would look into whether the use of anti-psychotic drugs for younger people on a regular basis, had led to reduced life expectancy in this age group and Councillor Burgess stated that she would investigate and provide this information
- It was noted that there would be a transfer of mental health beds from the St. Pancras site to the Whittington and a new treatment centre would also be provided
- Reference was made to the excellent progress made in relation to smoking and enquired if the measures put in place could be used in relation to drug and alcohol services. Councillor Burgess stated that she would investigate this
- Discussion also took place as to progress in relation to suicide bridge at the Archway and it was stated that there had been objections from residents to the proposals and discussions were still ongoing. A Member enquired whether figures were available for the number of suicides of residents whilst on medication and Councillor Burgess stated that she would investigate if these figures were available

RESOLVED:

That Councillor Burgess be requested to provide –
Details on the number of residents on medication who had committed suicide
Details of the number of the number of young people on regular anti-psychotic drugs that had reduced life expectancy in this age group
Whether the same techniques successfully used to reduce smoking can be used in other programmes, such as the alcohol and drug programmes

39

QUARTERS 1/2 PERFORMANCE INDICATORS (ITEM NO. 12)

Councillor Janet Burgess, Executive Member Health and Social Care, was present for discussion of this item and made a presentation to the Committee (copy interleaved)

During her presentation the following main points were made –

- Members welcomed the good figures in relation to support for residents who have been discharged from hospital into enablement settings and the delayed days for transfer of care had reduced
- The number of new admissions to care had also reduced

RESOLVED:

That the report be noted

40

SCRUTINY REVIEW - GP SURGERIES - WITNESS EVIDENCE - VERBAL (ITEM NO. 14)

Clare Henderson, Director of Commissioning, Islington and Haringey CCG, was in attendance, and was accompanied by Sarah McIlwayne, Programme Director, Health and Care Closer to Home, North London Partners, and made a presentation to the Committee, a copy of which is interleaved

During discussion the following main points were made –

- North Central London had made progress in some areas of primary care, however there is still a number of areas still to be developed
- There are significant challenges in recruiting/retaining GP's – there is an ageing workforce, fewer Doctors and nurses and demographic changes
- There are 4 key areas that need to be addressed – improving access, partnership working, integrated working now the long term NHS plan has been agreed and developing the alignment of GP practices in networks. It was noted that a local plan would be prepared to develop a priority plan, and work is taking place with Healthwatch
- Reference was made to social prescribing and that this has been extremely positive, and that there is a need to develop how to build capacity in GP practices. This could include pharmacists based in GP surgeries, upskilling of practice nurses, and benchmarking exercises were taking place. Work is taking place with GP's on social prescribing and the management of this
- In addition, it was noted that a focus would be providing new community mental health services
- Reference was made to the need to understand the benefits of social prescribing and to look where services are over-subscribed and the outcomes
- In response to a question it was stated that NHS England had provided funding for recruitment of GP's and there are training GP practices in the borough. Retention of GP's is also an important issue, and it is important to develop teams at GP practices, such as pharmacists, physiotherapists, apprenticeships for health care assistants, to develop more integrated team working
- In response to a question it was stated that GP practices were individual businesses and they could employ staff on their own terms and conditions
- Reference was made to the need to look at how staff can rotate between practices, and this should assist in rationalising terms and conditions of staff. The Federation of Islington GP's presents an opportunity to employ staff on terms and conditions applicable across the network

The Chair thanked Clare Henderson and Sarah Mcilwayne for their presentation

41 NEW SCRUTINY TOPIC - ADULT SOCIAL CARERS/GREEN PAPER SOCIAL CARE - PRESENTATION/SID (ITEM NO. 15)

Katherine Willmette, Director Adult Social Care, was in attendance and made a presentation to the Committee and outlined the Scrutiny Initiation Document for the review

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

- Islington has contracts with 4 home care agencies from 1 April 2018 to 31 March 2022, with options to extend. Our current contract agencies are – MiHomecare, London Care, Mayfair Homecare and Castlerock Recruitment Group
- Packages of care are determined by social workers, in conjunction with service users and carers. Service users step down into home care from hospital or intermediate beds, or step up from no previous package of care. Officers in the financial assessment team determine each service user's financial contribution
- Packages of care are brokered via the Resource team. The four contracted block providers are prioritised, however spot packages are individually

Health and Care Scrutiny Committee - 28 January 2019

commissioned by Brokerage officers, where necessary. Currently 70% of all packages of care are provided by block agencies. Currently there are 1079 packages of care, with the weekly cost of £264,349.81

- Contract management – Islington’s four block home care providers are subject to the following contract monitoring processes – quarterly KPI returns, including details of service issues, safeguarding alerts, and other incidents, quarterly contract review meetings and quarterly punctuality audits generated by the Contracts team. There are also bi-annual branch audits by the Contracts team, looking at service user care plans, and risk assessments, staff files, and supervision notes, complaint and safeguarding reports, service user feedback, and rostering, DBS, and payroll reviews. There are also bi annual provider forums to advise of key developments and promote the sharing of best practice. Service issues raised by health and social care partners, such as social workers, paramedics, GP’s, and Occupational therapists are reviewed by the Contracts team to identify trends and challenge issues at formal reviews or when they arise
- Service provision – Islington’s four block home care providers predominately support older adults, however service users also include adults under 65 with learning and physical disabilities, and mental health issues. Support is mainly personal care, although domestic and shopping calls are also common
- The vast majority of calls are between 7.30a.m to 9.30p.m with late night calls and 24 hours packages of care much less common. LBI do not commission visits of less than 30 minutes
- Contracted care workers provide support for service users, and may also provide respite services for informal carers. The current service specification requires providers to pay care workers the London Living Wage (£10.55), for all work delivered, and for travel time between calls. Providers are required to provide consistent care workers to each service user and to ensure care workers are trained to a minimum of NVQ2
- In response to a question it was stated that it was difficult for local providers to bid for work, due to the block contracts and the capacity needed, however providers needed to have an office in the borough. Block contracts share the risk and reduce costs
- It was noted that Care UK is no longer a block provider for Adult Social Carers
- It was stated that block provider contracts supplied 70% of the capacity, with the other 30% being provided by spot contracts
- Members noted that the Green Paper on Social Care had not yet been published and therefore the scrutiny process may take longer than envisaged
- Members were of the view that the following additions should be made to the SID – the addition of Professor Segal Birkbeck University, to the list of witnesses, and the addition to the list of witnesses, carers who can detail experiences of conditions/employment. In addition, block providers should be requested to provide information as to why more residents were not employed locally as carers

RESOLVED:

That, subject to the above amendments, the Scrutiny Initiation Document be approved

42 LOCAL ACCOUNT (ITEM NO. 16)

Councillor Janet Burgess, Executive Member Health and Social Care, was present for discussion of this item and was accompanied by Julie Billett, Director of Public Health

During discussion the following main points were made –

Health and Care Scrutiny Committee - 28 January 2019

- Carer numbers had fallen, however this is felt to be due to a reduction in them being able to be reached
- Good progress has been made on re-enablement and in residents being able to remain at home, rather than being in hospital
- In response to a question in relation to direct payments, it was stated that evidence has shown that residents were happier being on a direct payment scheme as it enables them to choose, however take up needed to improve
- In response to a question as to social isolation and support for disabilities and those with mental health conditions, it was stated that Age UK and Manor Gardens organised a number of support facilities for residents

RESOLVED:

That the report be noted

The Chair thanked Councillor Burgess for her presentations and for attending

43

WORK PROGRAMME 2018/19 (ITEM NO. 17)

RESOLVED:

That the report be noted

MEETING CLOSED AT 9.55 p.m.

Chair