



**Resources Department
Town Hall, Upper Street, London, N1 2UD**

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 in Committee Room 1 at the Town Hall on **9 May 2019 at 7.30 pm.**

N.B. THERE WILL BE PRE-MEETING FOR MEMBERS IN COMMITTEE ROOM 2 AT 7.15 P.M. PRIOR TO THE MEETING OF THE COMMITTEE

Enquiries to : Peter Moore
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Despatched : 1 May 2019

Membership

Councillors:

Councillor Osh Gantly (Chair)
Councillor Nurullah Turan (Vice-Chair)
Councillor Martin Klute
Councillor Jilani Chowdhury
Councillor Tricia Clarke
Councillor Sara Hyde
Councillor Anjna Khurana
Councillor Kadeema Woodbyrne

Substitute Members

Substitutes:

Councillor Rakhia Ismail
Councillor Satnam Gill OBE
Councillor Mouna Hamitouche MBE
Councillor Angela Picknell

Co-opted Member:

Janna Witt – Islington Healthwatch

Substitutes:

Quorum: is 4 Councillors

A. Formal Matters	Page
1. Introductions	
2. Apologies for Absence	
3. Declaration of Substitute Members	
4. Declarations of Interest	

If you have a **Disclosable Pecuniary Interest*** in an item of business:

- 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.

In both the above cases, you **must** leave the room without participating in discussion of the item.

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.

***(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.

This applies to **all** members present at the meeting.

5. Minutes of the previous meeting	1 - 8
6. Chair's Report	

7. Public Questions

For members of the public to ask questions relating to any subject on the meeting agenda under Procedure Rule 70.5. Alternatively, the Chair may opt to accept questions from the public during the discussion on each agenda item.

8. Health and Wellbeing Board Update - Verbal

B. Items for Decision/Discussion	Page
9. Scrutiny Review - Adult Carers/Green Paper - Revised SID	9 - 10
10. Scrutiny Review - GP Surgeries - Draft recommendations	11 - 12
11. Scrutiny Review - Air Quality Implications for Health - 12 month progress report	13 - 18

C. Urgent non-exempt items (if any)

Any non-exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be agreed by the Chair and recorded in the minutes.

D. Exclusion of Press and Public

To consider whether, in view of the nature of the remaining items on the agenda, it is likely to involve the disclosure of exempt or confidential information within the terms of the Access to Information Procedure Rules in the Constitution and, if so, whether to exclude the press and public during discussion thereof.

E. Confidential / Exempt Items	Page
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F. Urgent Exempt Items (if any)

Any exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be agreed by the Chair and recorded in the minutes.

The next meeting of the Health and Care Scrutiny Committee will be on 11 June 2019
Please note all committee agendas, reports and minutes are available on the council's website:

www.democracy.islington.gov.uk

Public Document Pack Agenda Item 5

London Borough of Islington
Health and Care Scrutiny Committee - Thursday, 7 March 2019

Minutes of the meeting of the Health and Care Scrutiny Committee held at on Thursday, 7 March 2019 at 7.30 pm.

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

Councillor Osh Gantly in the Chair

44 INTRODUCTIONS (ITEM NO. 1)

The Chair introduced Members and officers to the meeting

45 APOLOGIES FOR ABSENCE (ITEM NO. 2)

Councillors Woodbyrne, Khurana and Hyde. Councillor Burgess, Executive Member Health and Social Care also submitted her apologies

46 DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)

None

47 DECLARATIONS OF INTEREST (ITEM NO. 4)

The Chair declared that she was an employee of NHS Digital

48 ORDER OF BUSINESS (ITEM NO. 5)

The Chair stated that business would be as per agenda order

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

RESOLVED:

That the minutes of the meeting of the Committee held on 28 January 2019 be confirmed as a correct record of the proceedings and the Chair be authorised to sign them

50 CHAIR'S REPORT (ITEM NO. 7)

The Chair stated that a meeting would be held at the Town Hall on 11 March to discuss cuts to the NHS and all were welcome to attend

51 PUBLIC QUESTIONS (ITEM NO. 8)

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

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

Councillor Burgess provided a written update to the Committee, copy interleaved

The following main points were noted –

- The agenda for the next meeting of the Board was notified to Members
- A meeting of the Haringey and Islington Health and Wellbeing Boards Joint Sub Committee met on 6 March, and discussion took place on the NHS 10 year plan and there was a general discussion, but no conclusions were reached
- Presentations also took place about progress in developing Locality Based Care in Haringey

RESOLVED:

That the report be noted

53

MOORFIELDS NHS TRUST PERFORMANCE UPDATE (ITEM NO. 11)

Ian Tomblason, Director of Quality and Strategy, Tracy Lockett, Director of Nursing and Allied Health Professions, and Johanna Moss, Director of Strategy and Business Development, Moorfields NHS Trust were present, and made a presentation to the Committee, copy interleaved.

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

- Around 2350 people work at Moorfields, and it ranks first in staff satisfaction with the quality of work and care delivered. It also ranks first for staff motivation at work, and staff satisfaction with resourcing and support
- The overall CQC inspection is good – January 2017
- The 5 year quality strategy started in November 2017, and year 1 delivery examples include check in kiosks to reduce waiting times in clinics, governance framework and customer care training for administrative teams
- Compliance with national targets – A&E 73022 patients seen this year, and achieving around 98%/99% patients seen within 4 hours
- Cancer meeting national targets, and six week diagnostic targets met 100%
- Infection control – year on year no cases of MRSA or c difficile
- Quality Patient Experience Cancer – Moorfields did particularly well 90% or above. Patients are given a clinical nurse specialist to support them through treatment. Areas for improvement include practical advice about the side effects of treatment, giving information to assist family and carers and all the information to assist them at home, and patients being given a care plan
- In the Friends and Family test the overall patient experience continues to be good
- Financial update – finances are currently on target to deliver a surplus of £6.7m, and the use of resources rating remains 1 (the best)
- Outlook for 2019/20 – Expectations continue to be challenging for 2019/20
- It was noted that Oriel is the proposal to build a new facility at the site of St.Pancras Hospital in Camden, subject to consultation. If approved, all services from Moorfields on City Road, and UCL Institute of Ophthalmology, located on Bath Street in Islington, will be relocated
- The relocation will provide an opportunity to build a new purpose built centre for world class research, education and excellent care
- Drivers for change include – more patients will need treatment in future, new techniques and technology to diagnose and treat conditions, blocks in the system, patient feedback, getting it right first time, and potential benefits from the new location

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- As part of the relocation services at St. Pancras Hospital for Camden and Islington, Mental Health patients would move to the Whittington Hospital site, plus there would be investment in community hubs
- Up to 2 acres of St.Pancras site could be sold to Moorfields Eye Hospital for development of new eye care, and a research and education facility with UCL Institute of Ophthalmology, and Moorfields Eye Charity. Moorfields would potentially fund the move from the release of the City Road site
- St.Pancras Transformation Programme is not reliant on Oriel, however Oriel is reliant on the St.Pancras Transformation programme
- Evidence has shown that 80% of those surveyed are supportive of the scheme, and there are clear channels of communication for people to have a say
- In response to a question it was stated that the Trust were taking measures to increase the patient response rate
- It was noted that two satellite sites were not performing to the same standard as other sites, however action is being taken to improve this
- Reference was made to the fact that the existing site was an ageing site but was not fit for purpose, and that patient flow around the site is fragmented. In addition, more patients were being seen year on year
- It was noted that it is intended that all clinical services will be based at the St.Pancras site
- Reference was made to the fact that a significant part of the funding strategy is dependent on the sale of the City Road site, and consideration is being given to Brexit planning analysis
- In response to a question it was stated that in relation to recruitment of staff that the Trust were working to reassure their EU staff that the effect of Brexit will be minimal on them
- Discussion took place as to whether it would be more sustainable for the Trust to stay at the City Road site, however the Trust stated that the City Road site would be much more energy efficient, but the decision taken to move had not been taken lightly. There were mixed views amongst staff concerning the move, but it is not sustainable for the Trust to remain at the City Road site in the longer term

The Chair thanked Ian Tombleson, Tracy Lockett and Johanna Moss for their presentation

54 **SCRUTINY REVIEW - GP SURGERIES - WITNESS EVIDENCE (ITEM NO. 10)**

Katherine Gerrans, Primary Care workforce, and Rebecca Kingsnorth, Assistant Director, Primary Care, Islington CCG were present at the meeting and made a presentation to the Committee, a copy of which is interleaved.

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

- A new five - year framework was announced in January 2019 between NHS England and the General Practitioners Committee, England, and will introduce increased workforce, creating networks, and see reconfiguration of services
- The changes will provide much needed support, and resources, for general practice, expanding the workforce, reducing workload, increasing funding, retaining GP and partnership autonomy, and ensuring GP's have a leadership role at the centre of primary care
- Practices will form Primary Care Networks through a new Directed Enhanced Service, and Networks can facilitate shared decision making between

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practices for their total network populations, typically 30-50000), around funding and workforce distribution, and augmented service provision.

Networks will need to be geographically contiguous

- Practices will sign a network agreement that outlines what decisions the network has made about how they will work together, which practice will deliver what for specific packages of care, how funding will be allocated between practices, and how new workforce will be shared, including who will employ them
- Practices will be expected to work together in networks to provide extended opening hours, currently provided on an individual practice basis
- In full from 2020/21 the DES specification will require networks to outline how they will provide specific support for those in care homes, and undertake medication reviews
- From 2020/21 the delivery of personalised care will commence, early cancer diagnosis will be supported, diagnosis and anticipatory care, and how data will be shared within the network will take place
- From 2021/22 onwards, additional requirements will be added to Cardiovascular disease, prevention and inequalities, although these details are still to be negotiated. These areas will be linked to the expanded workforce employed by the network
- In relation to Primary Care networks, additional workforce will be introduced and partially funded through the Network. The number will build up over 5 years
- NHS England will fund 70% of each professional, including on costs. Networks will need to fund the additional 30% themselves. The exception is social prescribers, which NHS England will fund 100%, including on costs
- The Network will decide how the additional workforce is employed
- The workforce and network will be led by a Clinical Director, chosen from within the GP's of each network. The Clinical Director will be funded, an average of a day a week for a network of 40000 patients, including on costs, from new funding provided by NHS England
- In 2019, there will be 1x clinical pharmacist and 1x social prescriber, in 2020 first contact physiotherapist and physician associates, in 2021 all of the these will increase and community paramedics will be introduced, in 2022/23 all of the above workforce will be increased, and by 2024 a typical network will receive 5 clinical pharmacists, equivalent of one per practice, three social prescribers, three first contact physiotherapists, two physician associates, and one community paramedic
- Changes will also take place to support electronic access, to appointment booking, and to information, and this will be phased in over a number of years. A programme to digitalise paper records will commence to enable the creation of a complete electronic record for each patient
- Practices will be required to offer 1 appointment per 3000 patients per day, for NHS 111 to book registered patients in, following triage. These are existing appointments, as decided by the practice, but should be spaced evenly throughout the day
- Practices will no longer use fax machines for either NHS or patient communications
- From 2019 the GP contract will increase by 1.4%, in addition to the funding through networks. This includes a 2% uplift for GP and staff pay, and an uplift for practices to establish and develop networks, via an additional service within the global sum, an uplift due to population increase, adjustment for an indemnity state backed scheme, an increase to the value of giving some vaccinations and immunisations, including influenza, a £20m recurrent for costs associated with subject access requirements, and £30m for practices to make appointments available to NHS 111

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- There will be changes to the GP Quality and Outcomes framework through which practices receive payment for achievement against specified indicators, and there will be the introduction of Quality Improvement programme at network level
- The new GP contract supports and accelerates many aspects of work in Islington and North Central London Primary Care strategy. Further detail is awaited on many aspects of the contract, and it was noted that the timescales are ambitious
- Encouraging conversations are taking place with the Islington GP Federation and Local Medical Committee about working jointly to support practices as the existing network arrangements become more formalised through the contract
- Digital Developments include – the development of an NHS app, which will be activated in Islington in April 2019, enabling patients to access their GP records, book appointments online, request repeat prescriptions, undertake a symptom checker which has the potential to release capacity in general practice. Due diligence process is underway, including testing in a live practice environment (e.g. direct integration into EMIS appointment booking)
- Video consultation functionality will be available from mid-March 2019. The NCL supplier is piloting this in another area. An app version of the solution is expected to be available in February 2019, and so will be available in those practices who have expressed interest to offer this service, once this solution has been implemented. Initial discussions with the supplier have indicated that they have the capability and interest in aligning their product with the NHS app over time
- There are a number of North Central London wide workforce projects taking place, including NCL workforce action plan/GP strategy implementation, international GP recruitment, a GP retention scheme, new employment models in primary care, practice educator team development (formerly superhubs), GP nursing 10 point plan, physician associates in primary care, super admin, care navigation, clinical pharmacists in general practice, trainee nursing associates, general practice nurse training, and the Learn and Earn Pathway apprenticeship scheme
- It was stated that it is felt that Islington is well placed to implement local and national strategies
- It was noted that Islington has better patient to GP ratios than Barnet, Enfield or Haringey
- In terms of funding it was stated that the CCG were currently funding the current cohort of community pharmacists, however there is a need to look at affordability of the future roll out of cohorts
- There is a need for GP practices to look at what works for them, and how changes will benefit practices
- In relation to social prescribing this is to address the non-medical needs of patients that could be of benefit to them, and work will take place on the experience working with Age UK
- In terms of staff recruitment this will be varied, and there is a need to look at the development of these roles across the North Central London network
- Reference was made to some pregnant ethnic minority women being refused treatment and access to medical services. It was stated that generally access to services is allowed, if a person has been in the country for more than 6 months but this may be an issue that the Committee could look at in more detail at a future date

The Chair thanked Rebecca Kingsnorth and Katherine Gerrans for their presentation

ANNUAL HEALTH PUBLIC REPORT (ITEM NO. 12)

Julie Billett, Director of Public Health and Agama Keegan, Public Health were present for discussion of this item.

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

- Healthy ageing, as defined by the World Health Organisation, is the process of developing and maintaining the functional ability that enables wellbeing in older age, in terms of quality of life, to be independent and safe in their environment, have health and care provided closer to home, and to be supported to remain connected to their community when they want to be
- In 2017 there were an estimated 20786 older adults living in Islington, and 9% of the population is aged 65 years and over, and 1% is over 85 years or older
- The sharpest projected population increase is expected in the very old, i.e. persons over 85 years and above, and within, the older adult population in terms of their experience of healthy ageing, and many people live long, healthy and independent lives, and many have significant needs that impact on their quality of life
- Examples of inequalities in physical health and dementia include – deprivation, gender, ethnicity
- In terms of quality of life - this is subjective but social isolation and loneliness impact on health and wellbeing and have an adverse impact. Fuel poverty is also an aspect of financial insecurity, and can significantly impact health and wellbeing. It is estimated that around 8% of Islington households with residents aged 60 or over are fuel poor, and this is expected to increase
- There are significant inequalities in quality of life amongst older residents in Islington
- Quality of life – everyone has a role in enhancing community connectedness. Small acts of neighbourliness and connecting with others builds a more cohesive, connected community. Services commissioned and delivered by the Council, include maximising social value through the supply chain to promote and support quality of life in older age can contribute to this
- The social prescribing model, and service, presents a key opportunity and a means for linking people into VCS, and community assets and into services to tackle isolation and loneliness, and other key determinants. There is also a need to take a holistic approach to wellbeing, and quality of life, in older age
- Environmental and social determinants of healthy ageing – the proportion of older residents who live in social housing is particularly high in Islington, and this presents an opportunity to support many residents to remain independent and well in later life. The quality of public places and spaces is important for everyone, and different things make a particular difference to older people. Accessibility to safe, comfortable, affordable and safe public transport is a key enabler, encouraging older people to access services, maintain active lives, and take part in leisure and social activities
- Environmental and social determinants of healthy ageing - key recommendations include, as the Council are social landlords that they should develop the relationships with older tenants, adopt a healthy streets approach, and incorporate aspects of age-friendly cities into policies, plans and local schemes
- There also needs to be affordable and accessible social homes in Islington
- Managing major life changes – Key recommendations – the Council should develop strategies and policies, in order to support older workers in the workplace, provide opportunities to get involved and volunteer, and to ensure that voluntary and community health services have a key role to play in the identification of carers, and ensuring carers are proactively supported to access information, advice and support

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- Health and Care systems – the experience of old age varies significantly from individual to individual, and a lot can be done to prevent ill health and maintain wellbeing. Key recommendations include – health and care professionals, and providers across the whole system, should consider how a more strengths based approach could be developed in their services, and systematically prioritise and promote prevention across the whole life course
- Social prescribing and other approaches should be developed to connect older adults with the rich and diverse community assets
- Overarching themes and messages – good health is a key foundation of a good later life, but ageing well is much more than just good physical and mental health in older age. A whole life course approach to healthy ageing is needed. People in mid and later life can benefit from interventions that promote wellbeing, prevent poor health or deterioration, detect problems early, and build resilience. Age friendly communities are inclusive communities and can benefit everyone
- It was noted that for data collection purposes 65 was the age referred to as an older person, however some residents had health problems that impacted on younger age groups than this
- In response to a question about the impact of Brexit on public health it was stated that work is taking place with EU staff employed and that in the longer term food standards and medical supplies need to be assured
- Concern was expressed at the risk of loneliness and that some members of poorer communities live a long number of years in poor health. Healthy ageing is an issue for all residents
- Data collection needed to improve on social isolation and locality working may assist in this, however a whole number of factors are involved housing, health and social care support. Social isolation does not just affect the elderly but also the working age population
- Reference was made to the fact that Government funding reductions has led to the closure of day centres and luncheon clubs etc. that provided support for those at risk of social isolation
- It was stated that the development of personal payments for residents for care did enable them to access services that are more appropriate for them
- In terms of the Annual Report it was noted that this was an ‘influencing’ report on other parts of the Council and partners to raise awareness of the issues and an action plan would be formulated

The Chair thanked Julie Billett and Apama Keegan for their presentation

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SCRUTINY REVIEW - ADULT SOCIAL CARERS /GREEN PAPER SOCIAL CARE - REVISED SID (ITEM NO. 13)

RESOLVED:

That the revised Scrutiny Initiation Document be approved

MEETING CLOSED AT 9.35P.M.

Chair

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SCRUTINY INITIATION DOCUMENT (SID)
Review: Review the current arrangements for commissioning and delivering domiciliary care services within LB Islington
Scrutiny Review Committee: Health and Care
Director leading the review: Jess Mcgregor
Lead officers: Marisa Rose and Jon Tomlinson
Overall aim: To review the current position regarding paid adult domiciliary care workers in LB Islington including: funding, numbers, contractual arrangements funding, numbers, delivery arrangements and their effectiveness. To consider other models of commissioning and delivery in place in other parts of the country. To advise on any changes that need to be considered/implemented to the strategic direction for providing care support to people in their own home.
Objectives of the review: <ul style="list-style-type: none">• To consider numbers and profile of paid Carers in Islington and consider any benchmarking data• To examine the requirements of commissioned providers in respect of adult paid carers in terms of: remuneration, quality assurance and risk assessment, training, travel time, payment of LLW, and how cultural /specialist needs are being met.• To examine the area of Direct Payments.• To examine the effectiveness of the current arrangements.• To examine the different models of commissioning and delivery of care at home currently in place elsewhere.• To consider any actions that may need to be taken in the light of the findings of the review to ensure LB Islington effectively supports citizens to remain independent, healthy and part of their local community.• To consider how local providers can be assisted to bid for contracts for Adult Social Care.
How the review is to be carried out: <u>Scope of the review</u> The review will focus on the commissioning, delivery and effectiveness of the current arrangements for delivering home based care to support citizens in their own home. It will also focus on workforce challenges and how to encourage increased local employment of paid carers.

Types of evidence

1. Documentary evidence including:
 - a. DH guidance, advice and findings from reports published by specialist and advisory organisations
 - b. Service information in relation to commissioned and directly delivered provision.
2. Witness evidence including presentations from:
 - a. Commissioned, non- commissioned/ in-house providers.
 - b. Paid carers.
 - c. LBI/NHS commissioners.
 - d. LBI Care Management Team.
 - e. Domiciliary care national provider trade organisations – UK Homecare Association.
 - f. Service users, carers and families from within Islington as appropriate.
 - g. Colleagues from other areas currently delivering services through alternative models.
 - h. CQC.
 - i. Skills for care.
 - j. Direct Payments team.

Additional information:

Timescales: *(to be confirmed)*

9 May 2019 Presentation and sign off of updated SID

June to December 2019 Witness Presentations

January to March 2020 compilation of report.

End March 2020 Final Report

In carrying out the review the committee will consider equalities implications and resident impacts identified by witnesses. The Executive is required to have due regard to these, and any other relevant implications, when responding to the review recommendations.

SCRUTINY REVIEW – GP SURGERIES – DRAFT RECOMMENDATIONS

That the Executive be recommended –

1. That given that a number of GP Surgeries are at present in ageing premises, and that GP services are provided from a number of different locations, the CCG/Islington GP Federation should work to establish integrated networks of GP surgeries, providing a wider range of facilities and services for patients
2. That in relation to recommendation 1 above, the CCG/Islington GP Federation should consider, when looking at the development of integrated networks, establishing a closer working relationship of GP's in the borough, the physical expansion of premises where feasible, relocation of existing premises to larger sites, and remodelling of premises/sharing services to maximise clinical use. This should be done in liaison with the LBI Planning Department to ensure that where new housing developments are planned in the borough, premises are allocated for GP provision, where this is necessary
3. That, due to demographic changes taking place in the borough, there is a need to ensure GP surgeries are situated in the right locations, and have the facilities available to cope with an ageing population. The CCG should work with the Islington GP Federation/North Central London, and the LB.I. Planning Department to ensure that they were aware of local housing developments/population trends that may impact on GP services in the borough
4. That due to recruitment/retention problems of GP's, and the fact that a significant number of GP's in the borough will be retiring in the next 10 years, the work/life attractions of Islington as a location be advertised, in order to attract younger GP's and clinical staff
5. That the Committee noted that many younger GP's have indicated that they wish to have more flexibility and variety in their careers, and younger nurses wish to pursue more career development. The Committee are of the view therefore that there should be increased development of team working in GP practices, such as the recruitment of advanced care practitioners, pharmacists, physician associates, based in practices, and there should be more of a focus on provision of care as a team and developing a more holistic approach. The CCG should continue to work towards this goal, and to investigate other new ways of working to encourage and develop recruitment to GP practices
6. That there should be consideration given to common terms and conditions for practice nurses, to enable more movement between surgeries, so that this will create increased job opportunities/job satisfaction for nursing staff. This will be beneficial in recruiting and retaining nurses in the borough in the short and longer term
7. That there is a need to further develop the use of digital technology to support new ways of working in primary care. In addition to those initiatives already being undertaken, the development of online consultations should be further developed, and support should be given to the North London Health Information Exchange initiative, which will allow clinical staff to view integrated records from across provider organisations

8. That discussions should take place with regard to further improving access for patients for GP surgeries, with increased availability to an increased range of services at HUBS, extended access in evenings and at weekends, and provision of investment for additional facilities to provide more appointments at GP surgeries
9. That, given that the Committee heard evidence about the benefits that have been achieved for patients through social prescribing, there should be increased development of provision in this area for GP's to link in with non-medical based services, which can provide support and develop skills and self-knowledge, in order to assist patients in managing their conditions. Evidence has also shown that social prescribing builds capacity into the health and social care system, and offers an alternative to traditional health care interventions
10. That the Committee welcome the additional funding provided through the GP contract, and the development of digital and IT technology to support practices, and the Committee support the workforce projects taking place across the North Central London region. The Committee support the development of the NHS App, and the provision of 25% of appointments being made available on line. The Committee encourage practices to consider making changes to their appointments booking systems, and to consider their triage processes, as part of their online booking process



Report of: Executive Member for Environment & Transport

Health and Care Scrutiny Committee	Date: 09 05 2019	Ward(s): ALL
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Delete as appropriate	Exempt	Non-exempt
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SUBJECT: Health and Care Scrutiny Committees' Health Impacts of Poor Air Quality – 12 month report back report

1.	Synopsis
1.1	Health and Care Scrutiny Committees conducted a review into the Health Impacts of Poor Air Quality which ran from July 2017 to March 2018 and evidence was received from a variety of sources. The committee's recommendations are directed towards several services in the council, the Whittington Hospital and the Health & Wellbeing Board. This report summarises actions being taken to address the recommendations.
2.	Recommendations
2.1	To note the progress made towards achieving the recommendations outlined in the Health and Care Scrutiny Committee's report into Health Impacts of Poor Air Quality.
3.	Background
3.1	In July 2017 the Health and Care Scrutiny Committee commissioned a review of the health impacts of poor air quality in the borough, and what further actions could be taken to tackle poor air quality and mitigate its detrimental effects on the health of residents.
3.2	The review ran from September 2017 until March 2018 and evidence was received from a variety of sources, including:- <ul style="list-style-type: none"> - Presentations from Council Officers in Public Health, Environment and Regeneration and from Islington Clinical Commissioning Group - Documentary evidence, including the findings of the Air Quality Review conducted in 2013, and the report on progress against the 2013 review's recommendations (May 2014)

	<p>– Information from external expert witnesses (Dr Ian Mudway, Kings College London; Sam Longman, Transport for London, and Andrea Lee, Client Earth)</p>
3.3	<p>The Scrutiny Committee’s final report on the health impacts of poor air quality, received by the Executive on the 19th April 2018, contained eleven recommendations covering a range of topics, including general information provision and awareness raising, the coordination of action within the local authority, and some specific project proposals.</p> <p>(http://democracy.islington.gov.uk/documents/s14911/Air%20Quality%20Scrutiny%20-%20Recommendations%20of%20the%20Health%20and%20Care%20Scrutiny%20Committee.pdf)</p>
3.4	<p>On 18th October 2018, the Executive responded to the recommendations contained in the Health and Care Scrutiny Committees’ report into Health Impacts of Poor Air Quality and largely accepted them.</p>
4.	Response to the recommendations
4.1	<p>Recommendation 1: Car transport - Roll out electric charging points as speedily as possible across the borough. Continue with the policy of increased parking charges for diesel vehicles. Implement a staged introduction of higher charges for higher polluting vehicles.</p> <p>Progress:</p> <p>Islington Council has made a commitment to install 400 electric vehicle (EV) charging points by 2021/2022. These EV charging points will help improve local air quality by encouraging people to switch to EVs, especially those people who lack off-street parking and cannot install their own charging point.</p> <p>There are currently 88 on-street EV charging points in the borough. Design work has already been completed for an additional 90 charging points which are scheduled to be installed in 2019 including the Council’s first batch of lamppost charging points. The Council is working with a wide range of suppliers to ensure a robust network of charging points is provided. We are also working with TfL to provide a network of rapid charging points which are especially important for the new electric taxis.</p> <p>As part of the budget process for 2019/20, fees have been increased, and new charges introduced, in order to further deter the use of diesel vehicles by charging methods. From 1st March, the short-stay diesel surcharge was increased from £2 to £3 per hour. From 1st April, all residents permits will be subject to an increased diesel surcharge of £120 per annum, which is an increase from £99.65. The Traffic and Parking Service will be reviewing other permit types during 2019/20, to determine whether further differential fee bands are necessary to drive changes in vehicle ownership.</p>
4.2	<p>Recommendation 2: Schools</p> <ol style="list-style-type: none"> a. Parking near schools: Implement a ‘zero tolerance’ approach to parking near schools for parents dropping off and picking up children from school, including abolishing the ‘10-minute grace’ informal rule currently applied, with the only exception being disabled/blue badge holders. b. Close roads near schools: At the beginning and end of the school day, as is currently being piloted in Hackney and Camden. c. Educate parents: Support schools to educate parents on the health benefits of walking and cycling to school. d. Air quality monitoring: Monitor air quality outside all schools (including PM2.5), and use results to leverage Local Safety Scheme funding from TFL, and to support applications for physical environmental improvements. <p>Progress:</p> <p><i>Parking near Schools</i></p>

	<p>We are progressing discussions on implementing a zero-tolerance approach to parking near schools, this will involve a change in the existing policy. This will result in the removal of the ten-minute grace period.</p> <p>Close roads near schools We have implemented eight school streets and consulted on two more that are due to commence in June 2019. We have a target of fifteen schools for this financial year 19/20 and will be working with schools in the borough with the highest levels of pollution to create improved air quality on these streets at school start and finish times, during in term time only.</p> <p>Educate parents We provide information to schools and parents through the School Travel Plan programme, which encourages schools to sign up to the Transport for London STAR’s programme which is an online tool that helps the schools to develop their own travel plans. As part of the school travel plan programme events such as ‘walk to school’ week are promoted and free provision of cycle training for pupils.</p> <p>We provide schools with advice on air pollution when requested and include messages on the benefits of active travel through our general communications on air pollution as well as any school-specific projects. In the last year, we have held a number of anti-idling events with or outside schools and these allow us to talk about air quality more generally. We will continue to look for further opportunities as funding allows. Previous projects have included walking maps, tv screens with information on pollution and ways to reduce it in the school’s playgrounds at pick up time and pupils art competitions for Clean Air Day 2018.</p> <p>Islington Council, along with 12 other London boroughs, is piloting a “School Superzone” concept. We have identified a cluster of five primary schools in the Caledonian Road area and have been mapping environmental assets and harms – including poor air quality, and developing an action plan pulling together existing resources in order to take a holistic approach to healthy communities around schools.</p> <p>Air quality monitoring The Council has begun monitoring pollution outside every school in Islington. With the creation of new schools, this monitoring will increase. There is also monitoring of pollution inside some classrooms and playgrounds to give a better idea of the pollution levels children are exposed to whilst at school as opposed to when travelling to and from school.</p>
4.3	<p>Recommendation 3: Through traffic - Council to investigate a borough-wide neighbourhood cellular zoning policy to both reduce rat-running and overall traffic volumes.</p> <p>Progress:</p> <p>The Council is developing a Transport Strategy for 2019-2041. Within this strategy, the Council is developing policies, proposals and targets aimed at reducing car ownership and dependence and minimising the negative impacts of private car use. The Council will carry out a public consultation on the Transport Strategy in spring 2019 and the strategy is due to be adopted later in 2019.</p> <p>The Council has commenced a programme of Liveable Neighbourhoods for every residential area in the borough. The programme will deliver measures, such as road closures aimed at reducing rat running and traffic volumes, protected cycle routes, improved crossings and improvements to public spaces. So far proposals have been developed for Clerkenwell Green and the surrounding area, and for the Cally, which includes parts of Caledonian and Barnsbury wards. Developing proposals for a third neighbourhood will start in 2019.</p>
4.4	<p>Recommendation 4: Idling vehicles - Put up signs in zones where idling is a common problem asking people to switch off their engines. Investigate using Public Space Protection orders to give the Council greater powers to sanction engine idling, and also for the Council to enforce current legislation on engine idling more robustly. (See also recommendation 7 below).</p>

	<p>Progress:</p> <p>An assessment has been conducted of every school in the borough and additional anti-idling signs have been ordered where required and are due to be installed soon.</p> <p>The council has applied, with other neighbouring boroughs, to the Mayors Air Quality Fund to conduct an anti-idling project. As part of this a review into the different ways by other local authorities regulate idling, including Public Space Protection Orders (PSPOs), will be conducted.</p>
4.5	<p>Recommendation 5: Communications strategy</p> <ol style="list-style-type: none"> a. The Council to develop a communications strategy to inform and engage residents on the implications of poor air quality. b. Promote the use of mobile phone apps e.g. ‘Air text’ to advise residents of poor air quality days, and to assist those with respiratory problems. c. Promote the health benefits of active travel, walking, cycling, and the use of public transport. d. Educate residents about dangers of wood burning, open fires, and the impacts on air quality. e. Promote the issue of ‘less vehicles as well as less polluting vehicles’. <p>Progress:</p> <p>The Council is developing a communications plan to inform and engage residents on the implications of poor air quality. The recommendations have been incorporated into the draft Air Quality Strategy and Action Plan, which is soon to go to consultation. The accompanying communications plan will cover all of the points in this recommendation and also link closely with the new Transport Strategy communications plan.</p> <p>The Officer Forum (recommendation 6) will oversee the communications plan.</p> <p>The Officers from across the council will work together through the Officer Forum (recommendation 6) to oversee the communications plan. This will help to combine relevant air quality and public health communications into a coherent Air Quality Communications Plan.</p>
4.6	<p>Recommendation 6: Officer Forum: Given that the work on air quality is often fragmented across different Council departments, establish an officer forum in order to more effectively coordinate the work on air quality and the establishment and implementation of new strategies, with Forum proposals being approved by the executive.</p> <p>Progress:</p> <p>Terms of reference and proposed membership for an Air Quality Action Board are currently being drafted. The Air Quality Action Board will also have oversight of the Air Quality Communication Plan (Recommendation 5) as well as the Air Quality Strategy and Action Plan. This board will report regularly to the Executive Member for Environment and Transport. The Director of Public Health will chair the board.</p>
4.7	<p>Recommendation 7: Lobby the Government - Work with other London Boroughs and campaigning organisations to lobby Government to introduce a new Clean Air Act, to include car tax penalties for diesel engines, a scrappage scheme to support people to dispose of diesel vehicles, to make engine idling an immediate offence, and to standardise legislation to include Canals and Waterways.</p> <p>Progress:</p>

	<p>We have taken every opportunity to lobby the government on many of the above issues. In particular, our responses to the Defra Clean Air Strategy and Air Quality Action Plan consultations included the actions recommended above.</p>
4.8	<p>Recommendation 8: Mayor of London’s Clean Air Strategy: Support the Mayor’s strategy in order to improve air quality and to reduce traffic, and to urge the Mayor to support additional funding for schemes to improve air quality in Islington.</p> <p>Progress:</p> <p>The Council supports the Mayor’s air quality schemes where possible. For example, distributing information to residents and businesses in the borough in preparation for the launch of the Mayor’s Ultra-Low Emission Zone (ULEZ) in April. We also responded to all of the Mayor’s consultations on ULEZ, Environment Strategy and the Clean Air Strategy when they were released 2016-18.</p> <p>In January the Council applied for seven schemes in the latest round of the Mayor’s Air Quality Fund. Results are due in May and if successful funding lasts for a maximum of three years.</p>
4.9	<p>Recommendation 9: Whittington NHS Trust - Islington CCG and NHS Trusts should ensure that energy efficiency is considered and implemented, wherever possible, in all future proposals and strategies for the Whittington NHS Trust, and as already identified in their current Estates Strategy.</p> <p>Progress:</p> <p>Energy Services have recently finalised a feasibility study building a new heat network in the Archway area, which would involve connecting the hospital. Discussing inclusion of energy efficiency and air quality consideration in campus redevelopment.</p>
4.10	<p>Recommendation 10: Health and Wellbeing Board policies: HWB to incorporate air quality considerations into its future policies, given the impact of poor air quality on health and the costs of the provision of services to deal with combating respiratory diseases.</p> <p>Progress:</p> <p>The Joint Strategic Needs Assessment on Air Quality has been updated and will be used by the Health and Well-being board particularly when delivering on its priorities of ‘Best start in life’ and ‘Long term conditions’.</p>
4.11	<p>Recommendation 11: Changes to the Parking Permit Surcharge: That the Executive Member’s response report include consideration of applying a parking permit surcharge on SUVs because of their detrimental impact on the environment.</p> <p>Progress:</p> <p>Officers were unable to find a method of readily identifying SUV vehicles in order to apply any form of surcharge. The normal vehicle look-up methods do not identify vehicle types as being SUV or non SUV. Without such a method, any surcharge would have to be applied by a manual look up of each permit application, and that is not in accord with the council’s aims of reducing administration costs and enabling customer self-serve processes.</p>
5.	Implications
	Financial implications:
5.1	The progress against the recommendations has been funded from a variety of sources, including external grant funding and allocations, and, council capital and revenue resources. These financial implications have been built into the Medium Term Financial Strategy budget planning process.
	Legal Implications:

5.2	The recommendations should be considered in the light of the council's general duty to take such steps as it considers appropriate for improving the health of the people in Islington. (section 2B National Health Services Act 2006). Further, Part IV of the Environment Act 1995 requires local authorities in the UK to review air quality in their area and designate air quality management areas if improvements are necessary. Where an air quality management area is designated, local authorities are also required to work towards the Strategy's objectives prescribed in regulations for that purpose. An air quality action plan describing the pollution reduction measures must then be put in place. As required, detailed legal advice and assistance will be provided on the implementation of the individual recommendations.
	Environmental Implications
5.3	Although there may be some environmental impact from capital works improve air quality, such as installing signs or EV charge points (which result in energy and material use and the generation of construction waste), the works have a long-term positive environmental impact in terms of enabling electric vehicle usage and improved air quality.
	Resident Impact Assessment:
5.4	<p>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.</p> <p>Where the proposals in this report may have equalities implications and other implications for residents. Resident Impact Assessments (including assessment of equalities implications) will be undertaken as before implementing relevant policies.</p> <p>However, an initial assessment suggests that there will not be any negative impacts on residents. Measures to increase air quality are most likely to have a beneficial effect on those who tend to be more economically disadvantaged or vulnerable.</p>
6.	Conclusion and reasons for recommendations
6.1	This report details the progress made since April 2018 when the Health and Care Scrutiny Committee report into the Health Impacts of Poor Air Quality was first published.

Signed by:

Executive Member for Environment & Transport Date

Appendices: Health Impact of Poor Air Quality – Report of the Health and Care Scrutiny Committee
Background papers: None

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