



**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 on **10 March 2020 at 7.30 pm.**
Please note that there will be a pre-meeting of Committee Members at 6.00p.m. in Committee Room 2

Enquiries to : Peter Moore
Tel : 020 7527 3252
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Despatched : 27 February 2020

Membership

Councillors:

Councillor Osh Gantly (Chair)
Councillor Nurullah Turan (Vice-Chair)
Councillor Joe Caluori
Councillor Jilani Chowdhury
Councillor Tricia Clarke
Councillor Sara Hyde
Councillor Roulin Khondoker
Councillor Martin Klute

Substitute Members

Substitutes:

Councillor Mouna Hamitouche MBE
Councillor Satnam Gill OBE
Councillor Anjna Khurana

Co-opted Member:

Islington Healthwatch - Vacancy

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. UCLH Performance update - Presentation	9 - 24
10. Scrutiny Review - Adult Paid Carers - Draft recommendations - to follow	
11. Work Programme 2019/20	25 - 26

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 2 April 2020
Please note all committee agendas, reports and minutes are available on the council's website:

www.democracy.islington.gov.uk

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Public Document Pack Agenda Item 5

London Borough of Islington

Health and Care Scrutiny Committee - Thursday, 30 January 2020

Minutes of the meeting of the Health and Care Scrutiny Committee held on Thursday, 30 January 2020 at 7.30 pm.

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

Also Present: **Councillors** Burgess

Councillor Osh Gantly in the Chair

- 129 **INTRODUCTIONS (ITEM NO. 1)**
The Chair introduced Members and officers to the meeting
- 130 **APOLOGIES FOR ABSENCE (ITEM NO. 2)**
None
- 131 **DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)**
None
- 132 **DECLARATIONS OF INTEREST (ITEM NO. 4)**
None
- 133 **MINUTES OF THE PREVIOUS MEETING (ITEM NO. 5)**
RESOLVED:
That the minutes of the meeting of the Committee held on 21 November be confirmed and the Chair be authorised to sign them
- 134 **CHAIR'S REPORT (ITEM NO. 6)**
The Chair stated that the items would be taken in agenda order

The Chair added that she had had discussions with the CCG about the proposals around Walk in Centres and that she felt that Members of the Committee should be updated at the March or April meeting of the Committee
- 135 **PUBLIC QUESTIONS (ITEM NO. 7)**
The Chair outlined the procedure for Public questions, and the Fire Evacuation procedures
- 136 **HEALTH AND WELLBEING BOARD UPDATE - VERBAL (ITEM NO. 8)**
None
- 137 **SCRUTINY REVIEW - ADULT PAID CARERS - WITNESS EVIDENCE - VERBAL (ITEM NO. 9)**

Health and Care Scrutiny Committee - 30 January 2020

Stephen Day, Head of Service IDLP, and Nicola Martinez –Herrera, Team Manager, Direct Payments were present, and gave witness evidence to the Committee

During the evidence the following main points were made –

- A personal budget is the amount of money the Council will pay towards any social care and support a service user needs. The personal budget is determined following an assessment of needs under the Care Act. The assessment will confirm what kind of care and support is needed, how much it will cost, how much the service user is able to afford to contribute following financial assessment
- A personal budget can be paid to the service user or carer, to enable them to make more decisions about how it is spent. This is known as a Direct Payment
- Direct payments have been in use in adult care and support since the mid 1990's. The Care Act 2014 confirms personal budgets in law for people with eligible assessed needs and carers, including the right to direct payment. In order to ensure that people are supported to use and manage the payment appropriately, local authorities must provide relevant and timely information about direct payments
- Direct payments give individuals greater choice and control over the support they receive and how it is provided. For example, one could choose to hire care workers or personal assistants who are always the same people and available when needed, speak the same language, have experience working with a person's care needs, or is a specific person that has been recommended
- There are many ways service users could choose to spend the money. A person can make a choice as long as the personal budget is spent on things that meet their needs, and are detailed in their support plan
- Benefits of Direct Payments – choice and control, flexibility, empowerment, consistency, person centred, creative, can have specialist support, savings to LA which makes more funds available to service clients, local job creation, improved service provision, less prescriptive care, variety of sources of service provision
- Currently 22% of all Islington community care and support is provided through Direct Payments. This figure has decreased almost 10% since 2017. Feedback from the 2018 service user survey continues to show that DP recipients felt that they had the most choice, and control, over their care and support services, and had the highest percentage of those extremely, or very satisfied, with their service
- Improving the offer – Personalisation is a key stream of the Adult Social Care Plan 2019-22. Building on evidence from research, the aim is to improve the offer to people who choose a Direct Payment. The aim is to increase uptake to make it the default choice, and are looking at how the market can meet the needs of those who choose Direct Payments. Processes and policies are being reviewed, and work is taking place across departments, and the CCG, to ensure an integrated and co-ordinated approach to personalisation. The aim is to develop a new training offer for social work staff regarding the approach to personalisation, and updated policies and procedures
- Working with Direct Payment Service Users – have restarted the Direct Payments Forum to engage with all recipients, gather feedback, and guide plans for improvement. Feedback has been really positive. An active working group has been established with service users, and carers, to shape future forums, work on the actions from the forums, and engage DP recipients to network and offer peer support. The working group is developing a training offer for DP employers and PA'S, engaging current providers, and building the local market

Health and Care Scrutiny Committee - 30 January 2020

- The role of the Direct Payments team – Provides support, information and assistance to professionals regarding Direct Payments in Islington, e.g. processing referrals, investigating misuse or other issues relating to Direct Payments. In addition, it implements personal health budget/continuing health care, and long term conditions. Also provides support, information and assistance to both new and existing Direct Payment employers, including self-funders. Assists with recruitment campaigns, and employment of PA's, support with employment disputes, ending employment direct payments/redundancies, and keeping up to date with employment changes
- The Direct Payments services provide the following assistance – information visits – attend joint visits with practitioners to prospective new Direct Payment users to explain about flexibility, choice and responsibilities for DP employers. DP employment set ups and advice – visits to assist with setting up new or existing employees with the following – payroll, employers liability insurance, DBS checks, redundancy, employment contracts, suspension of DP's relating to employment tasks, discuss annual leave cover arrangements, and special leave cover arrangements, and employer/employee rights and any other employment tasks
- Ongoing support provided to existing and new DP employers – liaising with payroll on behalf of service user/family, breakdown cover arrangements, back up agency, maternity advice, and sickness advice, break in service, employment law, ending Direct Payments, supporting with disputes
- Setting up Personal Health Budget for CCG – service users who are on continuing care or long term condition can now access Direct Payments and these are called Personal Health Budgets. (PHB). They are health funded, and they have commissioned the Social Services Direct Payment team to deliver them. The DP team complete the following tasks for CCG – information visit, costing care plan etc. completing PHB agreements, adding the support plan and provision to LAS, e referrals to DP finance and set up, support with employment and recruitment, and ongoing support. Personal health budgets can be 'virtual' budgets
- In response to a question it was stated that it was felt that the drop in uptake of personal budgets was due to social workers not encouraging these, and that training is taking place with social work staff in this regard. It was stated that comparative data for other Local Authorities take up of DP could be circulated to Members
- It was stated that those in receipt of DP were not charged administration fees
- In response to a question as to the situation where there is a change in condition of a service user on Direct Payments and how this is detected it was stated that notification could be through a social worker or GP or family member. Although there is an Annual Review, vulnerable clients are visited more often to check on them often every 2 weeks

RESOLVED:

That the report be noted, and that comparative figures in other Local Authorities for the take up of Direct Payments be circulated to Members of the Committee

The Chair thanked Stephen Day and Nicola Martinez- Herrera for attending

138 **LOCAL ACCOUNT (ITEM NO. 10)**

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

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

- Noted that Adult Social Services are facing increasing pressures, with reductions in funding, at a time when the numbers of frail older people are increasing. There is a high incidence of people with long term mental health conditions, along with a population of people with physical and learning disabilities, who require specialist services
- In 2019/20 to help meet these challenges – there is a need to build on strengths, focusing on work, and helping people overcome barriers which are preventing them from reaching their potential, and having the best possible lives they can. Also a need to provide support to carers of people receiving adult social care through the provision of direct payments, advice and information, respite care, support groups, special events, and the Flexible Breaks Fund service. Also work is being carried out to reduce social isolation, by broadening the number of social contacts through innovative schemes with the voluntary sector, so that people are better connected to things that can engender a sense of wellbeing, and greater quality of life. There is also support for independent living through direct payments, and self-directed support, and by supporting service users to make their own informed decisions, and choices
- Discussion took place as regards care homes and sheltered accommodation and it was stated that this was an area that the Committee may wish to carry out a scrutiny/mini scrutiny review in the future
- A Member stated that she had a neighbour who had a substantial package of care and his elderly wife did not have any, and enquired the reasons for this. Councillor Burgess stated that she would investigate this if details were provided

The Chair thanked Councillor Burgess for attending

139 **EXECUTIVE MEMBER HEALTH AND SOCIAL CARE ANNUAL REPORT (ITEM NO. 11)**

Councillor Janet Burgess, Executive Member, Health and Social Care, was present at the meeting, and made a presentation to the Committee

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

- Since 2006-2008 life expectancy has increased in Islington for men, and women. Life expectancy at birth for men in Islington is 79.6 years, an increase of 4.4 years since 2006. However, this is below the London average. For women in Islington life expectancy is 83.3 years, which is statistically significantly lower than the London average, 84.5 years of age
- Healthy life expectancy – In Islington men and women spend on average the last 17 and 20.7 years of life in ill health, statistically similar to London and England
- The Health and Wellbeing Board has set priorities for 2017/20 – ensuring every child has the best start in life, preventing and managing long term

conditions to enhance both length and quality of life, and reduce health inequalities, plus improving mental health and wellbeing

- Key achievements long term conditions – these include projects funded by the National Diabetes Transformation Funding, development of an NCL wide programme of work to improve Atrial Fibrillation management, cervical screening social marketing campaign to increase uptake of cervical screening. Proactive Islington has developed and agreed a new physical activity action plan with partners. Islington Food Poverty Action plan developed – Islington has been recognised as best performing borough in London 2019 food poverty profile. Behaviour change includes NHS Health Check offer, pre-diabetic residents referred onto NHS Diabetes Prevention programme, stop smoking initiatives, and adult weight management
- The top 3 contributors to premature mortality in Islington are cardiovascular disease, cancer and respiratory illness
- Looking forward, the coming year will see increased work with partners across NCL STP to support improvements in long term conditions
- Key achievements mental wellbeing – 5148 people entered IAPT treatment in 2018/19 in Islington, this is approximately 17.4% of those estimated to have a common mental health problem. Public health funded mental health promotion services include mental health awareness training. There has been a downward trend in suicide rates in Islington, and Islington is leading the commissioning of an NCL Support after Suicide Service to provide support for those affected by suicide, who themselves are at increased risk of suicide. Training in suicide awareness for non-clinical frontline staff in the borough has proved very popular
- Workplace mental health and wellbeing continues to be a focus for Public Health. 5% of Islington's older population have a diagnosis for dementia, and Islington has been recognised as having an exemplar clinical model
- There is a relationship between poor mental health outcomes and deprivation/social disadvantage. Community and Mental Wellbeing service in Islington aims to promote awareness of mental health and wellbeing. Physical health and mental health are inextricably linked. Life expectancy is lower among people with some mental health conditions, and this is largely attributable to long term physical conditions. Older adults are one of the fastest growing population groups, and the number of people living with dementia is expected to increase
- Embedding a Public Mental Health approach will be a key element of work. This approach includes promoting good mental health and wellbeing, preventing the development and escalation of mental distress, and mental health problems, improving the lives of people living with, struggling with and recovering from mental health problems
- Transformation programmes include sexual health, and drug and alcohol services
- Noted that over the coming months planning will start for the development of Islington's new Joint Health and Wellbeing strategy, which provides an opportunity to lay out a clear shared vision for improving health and wellbeing of residents, and reducing health inequalities to make Islington a fairer place. There will be a further cementing of a population health approach for Islington, with an increased focus on prevention and early intervention. Also to help maintain a focus on the key issues that impact on the health and wellbeing of Islington residents, and build on the work taking place to deliver the integration of health and care across the borough, supporting a shift away from high cost services to more community based models of health, care and support, and making more efficient use of resources. The strategy will be co-produced with partners and residents

Health and Care Scrutiny Committee - 30 January 2020

- Reference was made to the proposal around cuts to the diabetes service at the Whittington Hospital. Councillor Burgess stated that she would look into this
- A Member expressed the view that whilst it was good to see an increase in life expectancy, this could be due to the increase in wealthy residents residing in the borough. Councillor Burgess stated that it would be interesting to investigate if there is any co-relation, however there is still a large elderly population living in poverty, and many elderly people as indicated in the figures lived unhealthy later lives
- A Member referred to the immunisation statistics and enquired whether social media is influencing lower rates of immunisation. L.B.Hackney immunisation figures are particularly low. It was responded that there is felt to be particular reasons why there is a low take up in Hackney, however Islington does have a mobile population and it is challenging. Some of the data that is gathered however is not totally reliable, but the Council/CCG are looking at ways that they can influence the take up of immunisation
- A Member expressed the view that there may be a connection the high levels of pollution and the dementia figures
- Reference was made to the high rate of child obesity and yet 33 out of 65 schools had been awarded healthy schools status. It was stated that achieving healthy schools status involved a number of things, and often a school is doing the right things, however there are other factors outside school that affect child obesity. Councillor Burgess expressed the view that this is an area that the Scrutiny Committee could look at in the future if they wished to
- A Member referred to the fact that TfL had banned unhealthy food advertising, and that this could be looked at

The Chair thanked Councillor Burgess for attending

140 **PERFORMANCE UPDATE - QUARTERS 1/ 2 (ITEM NO. 12)**

Councillor Burgess, Executive Member Health and Social Care, was present at the meeting and outlined the report

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

- Delayed transfers of care – noted these are at 5.6 beds per day at quarter 2, over the target of 5 beds per day. To improve the rate of delayed transfers of care, processes have been reviewed and support strengthened within the local system. There are also weekly heads of service, AD escalation meetings chaired by the Local Authority with the Whittington, UCLH, and St. Pancras to ensure cases are resolved, and there is a strategic approach in identifying themes and recurrent issues to be addressed and resolved
- Discharge to home or community setting – at the end of 2018/19, 95% of people discharged from hospital into enablement services were at home or in a community setting 91 days after discharge, meeting the target of 95%. Work is taking place with acute partners to co-ordinate hospital discharges, and ensuring full utilisation of all pathways
- Direct Payments – in Quarter 2 24% of all Islington Community Care and support is provided through Direct Payments, compared to 24% at this point last year. The total number of service users continues to show that direct payments recipients felt that they had the most choice and control over their care and support services. Personalisation is a key work stream of the Adult Social Care Plan 2019/22. Work is taking place with Children's Services to ensure the offer is consistent, and allows a clear and supportive transition for young people moving into adulthood. Work is also taking place with partners in health to ensure a co-ordinated approach to personalisation, and the sharing

of knowledge, and expertise. Work has taken place to reform the Direct Payments Forum, so that people using Direct Payments and their carers can discuss issues arising with Council staff, and make suggestions for improvements

- Admissions into residential or nursing care – the aim is to keep the number of permanent placements as low as possible, supporting more people to remain in the community. To maintain the same target rate per 100000 residents aged 65 and older as 2018/19, the target is 134 new placements for 2019/20. At the end of Quarter 2 there had been a total of 51 new placements of people aged 65 or older. This places it on target, and a reduction from the same period last year
- In the year to date, at end of Quarter 2, there have been 510 placements in nursing or residential care homes for service users, aged 65 or over. New admissions have accounted for 15% of these placements. There are an additional 1062 placements with long term homecare services for service users, aged 65 or over, in the year to date
- Reducing social isolation – results from the 2018/19 Social Care survey show an increased percentage of working age adults known to Adult Social Care feeling that they have adequate, or better social contact, at 78%, compared to 70% in 2017/18. There is a strengths based approach, and Framework to focus on enabling people to remain as independent as possible
- Reducing prevalence of smoking – the quarter 2 figure of 225 four - week smoking quits against a target of 200, showed clear improvement on the previous quarter. The quit rate in Q2 was 59.2%, over the 50% target. Over half of people who quit the service were from key target populations with high rates of smoking. The service's outreach work continues to build good links with these key groups, and communities, and work is taking place to help build a team of smoking cessation volunteers
- Effective detection of health risk – NHS Health checks is a national programme, delivered locally, designed for residents between 40 and 74, who are at risk of cardiovascular disease, and conversations take place in order to support the individual to reduce risk. In Q2 3.3% of eligible residents received a check, and this met the quarterly target
- Tackling mental health issues – Public health commission services to raise awareness, and understanding, of mental health conditions to reduce stigma and to support early access to mental health services, and early signposting to support. In Q2 performance exceeded target, and this represents an improvement from last year. The percentage of Islington residents entering IAPT treatment who recover, is in line with the national target 50%, and is at 50.8%. Alongside IAPT service provision, a range of mental health awareness, training and promotion programmes are in place to build awareness, signpost residents into local services, and tackle stigma, encouraging residents to seek help, and support, for mental health
- Effective treatment programmes to tackle substance misuse – Q2 demonstrates an improvement across both indicators. Successful completion rates for both drug and alcohol users have increased, although both are still below target. Monitoring of the service improvement plan is taking place
- Improve sexual health - Data for Q2 shows Islington to be on target for Long Acting Reversible Contraception, and to be in excess of the quarterly target
- In response to a question it was stated that in relation to the target for number of people in residential accommodation, this was not driven by cost and that this is not a target to achieve savings
- In response to a question Councillor Burgess stated that she would check the discrepancy in the figure for the percentage of Direct Payments

The Chair thanked Councillor Burgess for attending

141 WORK PROGRAMME 2019/20 (ITEM NO. 13)

RESOLVED:

That, subject to the addition of a report on Walk in Centres update to the March or April meeting, the report be noted

MEETING CLOSED AT 9.45 p.m.

Chair

University College London Hospitals NHS
Foundation Trust

Update on performance for Islington HSC

Simon Knight, Director of Planning and Performance

Performance against key targets

- Infection targets
- Patient surveys
- Referral to treatment times
- Cancer waiting times
- Waiting times in our emergency department
- Delayed transfers of care

Strategic developments



In October 2019 we opened our new £100 million Royal National ENT and Eastman Dental Hospitals. It is one of the biggest specialist centres in Europe for dental, ear, nose, throat and balancing services and will carry out more than 200,000 appointments each year..

Our new electronic health record system (EHR)

What is included in our EHR programme?

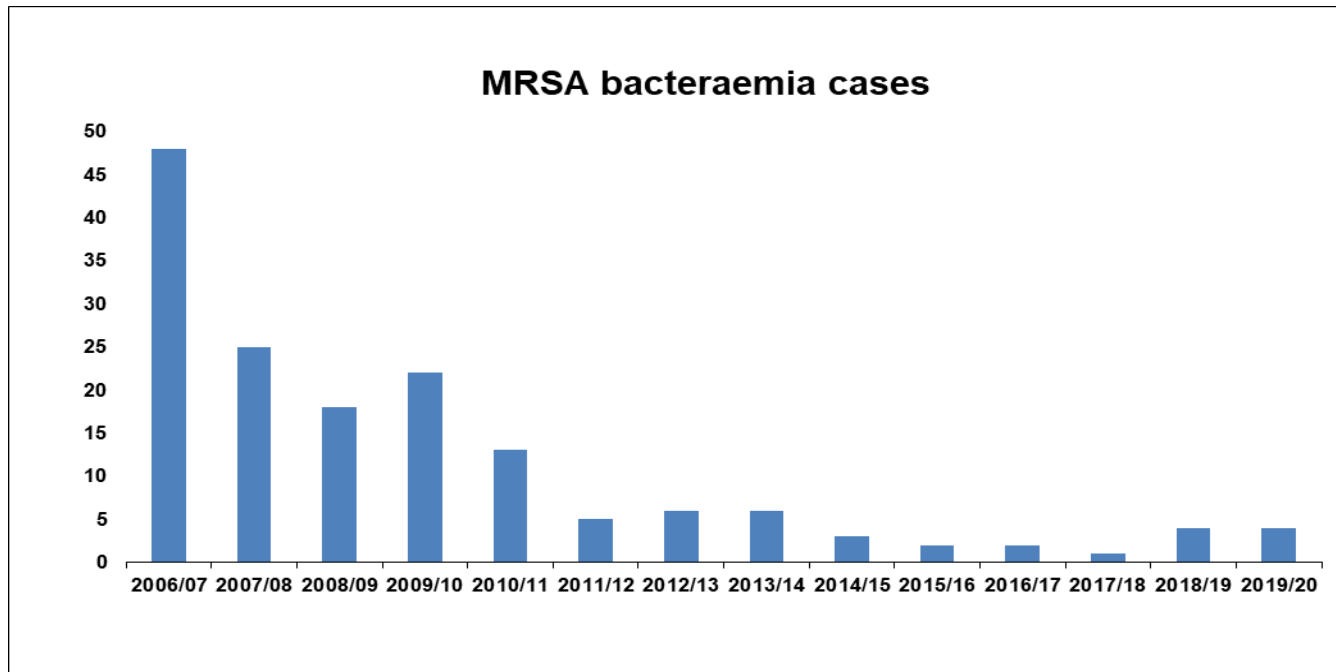


our new electronic health record system (EHR)



<p>1. One patient record</p>	<p>2. New end-user technology and IT infrastructure</p>	<p>3. Training programme and people readiness</p>
<p>Epic's single, integrated, electronic patient record replacing most of our current systems (accessed by staff, patients through a secure patient portal, and external healthcare providers such as GPs through a secure link).</p>	<p>New PCs, Workstations on Wheels, Rovers (mobile devices for nurses to view and enter patient data), barcode scanners, label printers and upgraded Wifi to access and use Epic.</p>	<p>How we will use Epic and the end-user technology to further improve patient safety and patient and staff experience.</p>

MRSA management

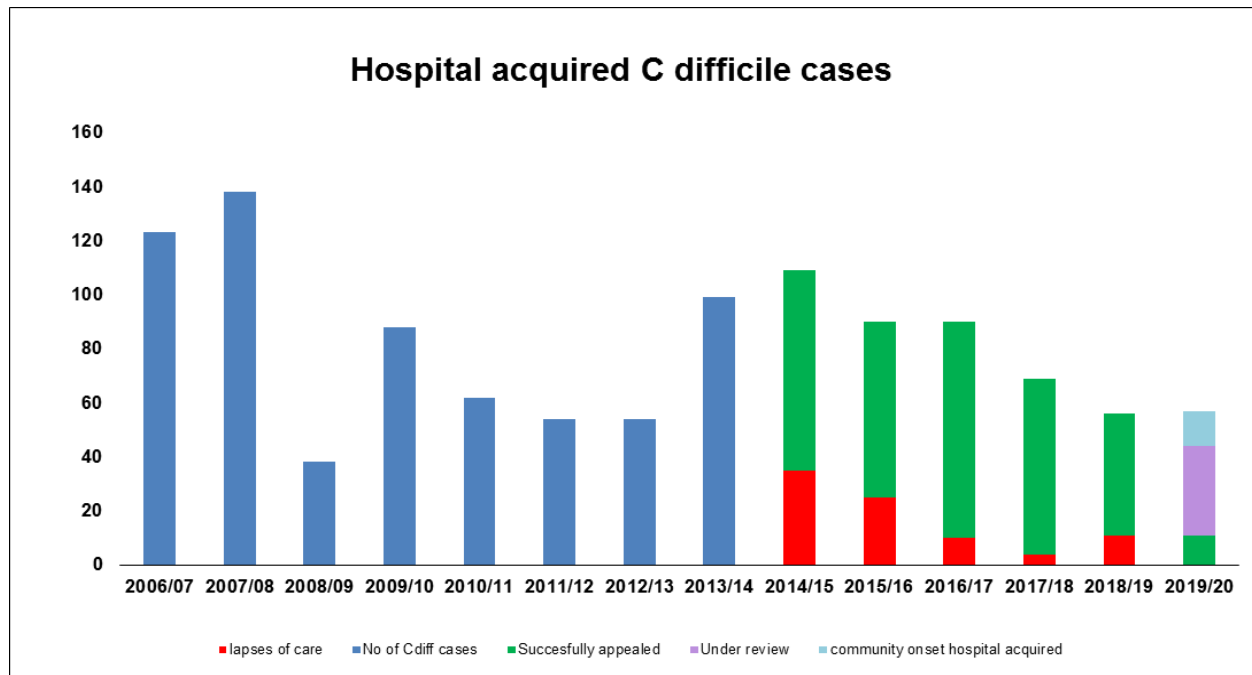


- There have been four cases of MRSA up to December this year against a threshold of none.
- Careful investigation has shown that there were no lapses in care identified in the first two cases. The third case was a contaminated blood culture which identified lessons for staff learning. The fourth case is awaiting a post infection review

Clostridium difficile

- We have had 57 cases of C diff as at the end of December 2019 against a year to date threshold of 64. 11 of these have been successfully appealed and 33 cases are under review.
- There are so far no lapses in care by the Trust.
- There were 13 community onset hospital acquired cases. Therefore our worst case position currently is 57 cases against the year to date threshold of 64.

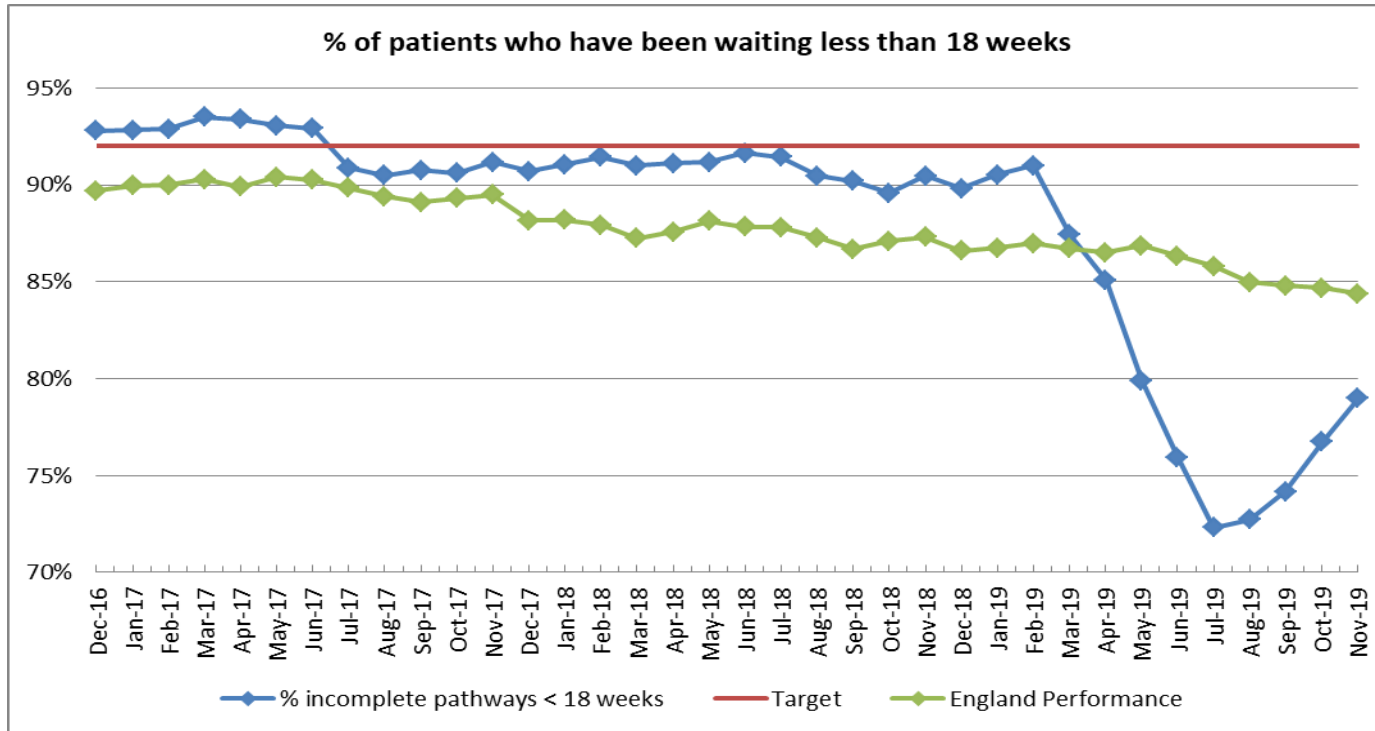
Page 14



2018 Inpatient Survey

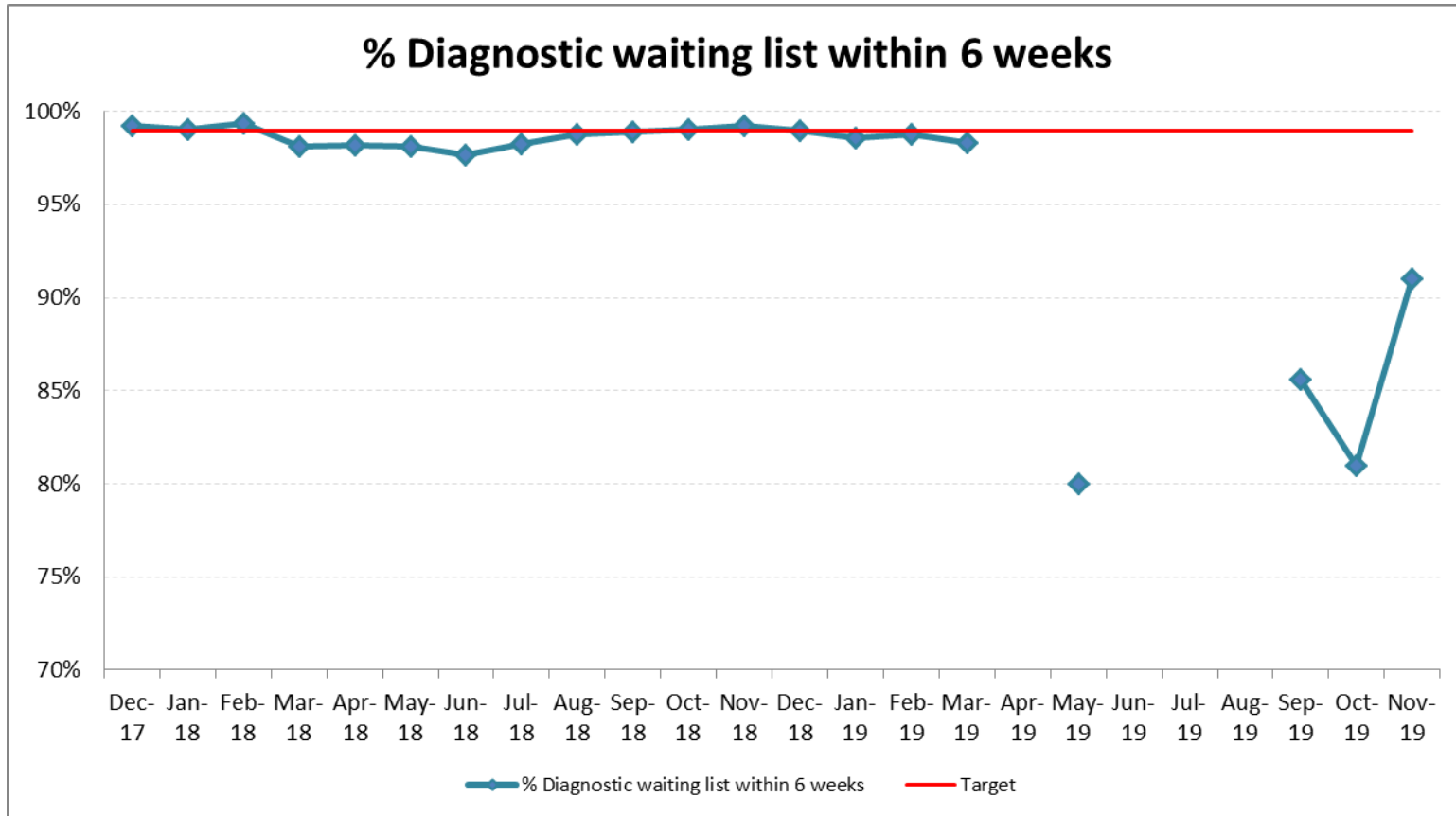
	Overall experience	Q's better than other trusts	Q's worse than other trusts
Guys and St Thomas'	8.5	8	0
UCLH	8.3	3	1
St Georges	8.0	1	0
Imperial College	8.0	1	4
Chelsea & Westminster	8.0	0	3
King's College	7.9	0	3
Barts Health	7.9	0	9
Royal Free	7.8	0	2

Referral to Treatment Time (RTT)



- We did not meet the standard in 2019. Performance remained above the national average until March 2019 when we launched our new electronic health records system.
- The new system will ultimately deliver benefits for patients. However some technical and booking issues that arose during the go-live period resulted in RTT challenges.
- We have improved our RTT data quality through technical fixes, manual validation, and enhancing booking efficiency. These actions are improving performance.

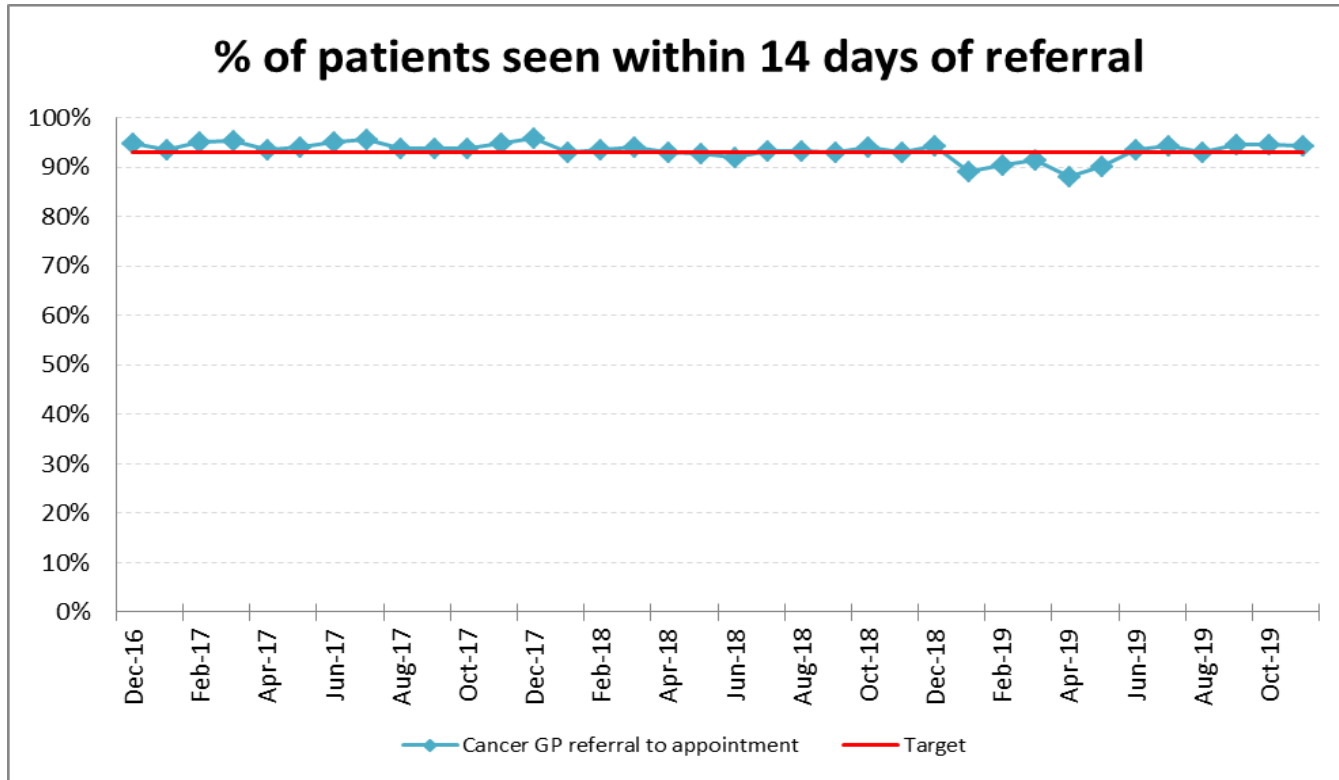
Diagnostic waits



Page 17

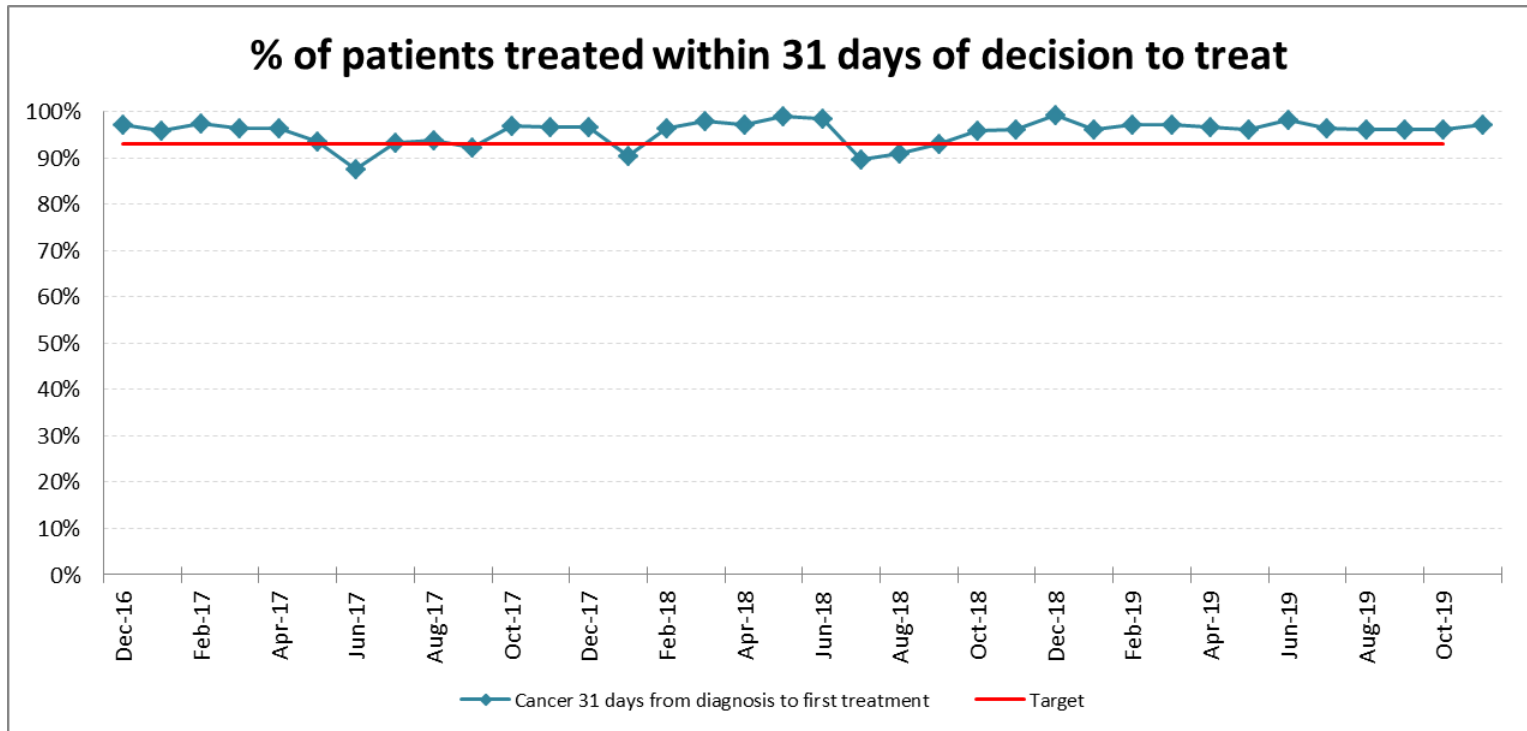
- We paused reporting of diagnostics waiting times during April to August 2019 due to issues with data quality after we went live with our new electronic health records system.
- We have recovery plans in place, with additional activity being carried out in imaging and endoscopy.

Access to timely cancer care



- We sustained performance against the two-week wait standard with the exception of 18/19 Q4 and 19/20 Q1. Breast and gynaecology were significantly below the standard which drove performance during the quarters.

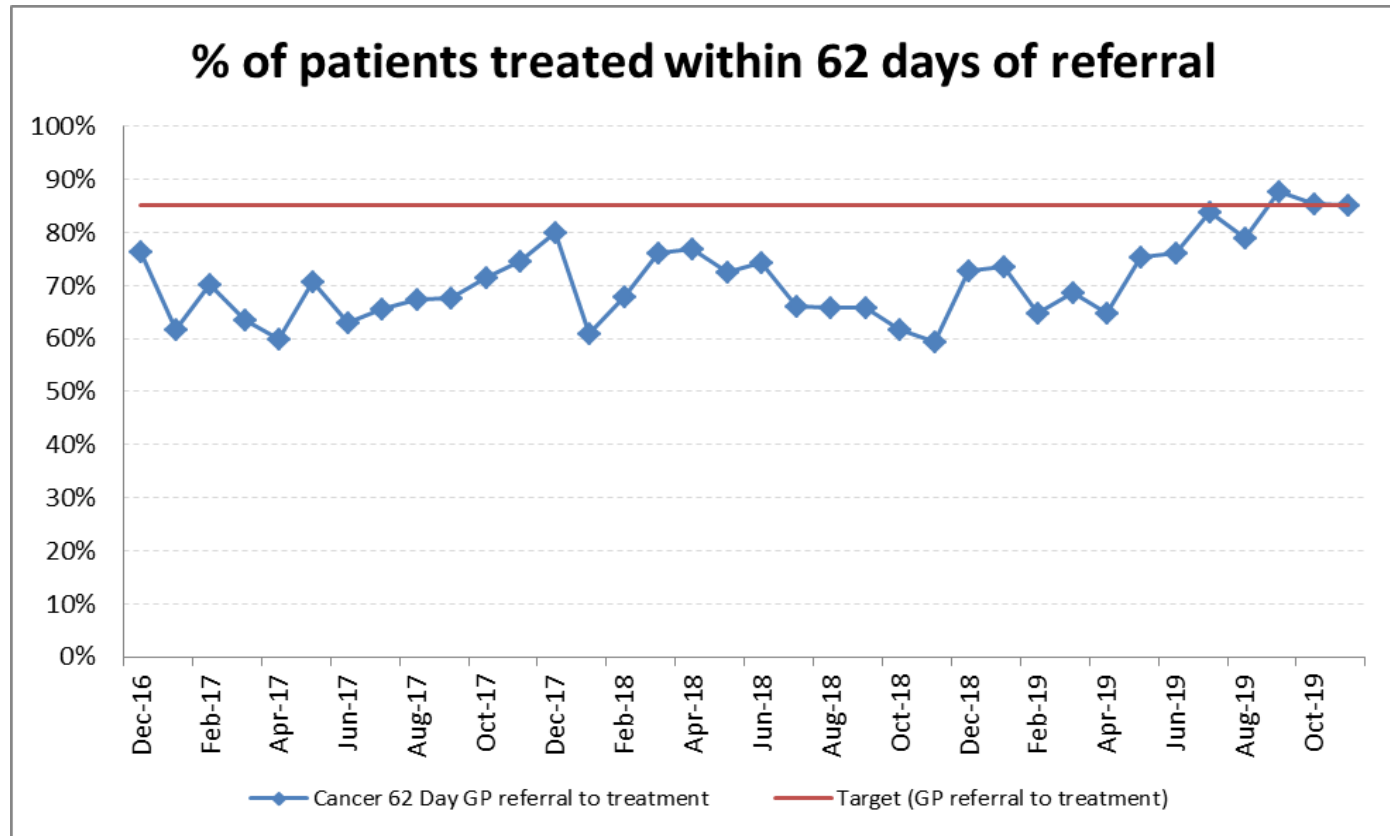
Access to timely cancer care



Page 19

- We met the standard in most months of the year.
- Urology has continued to maintain flexible surgical capacity arrangements both in-house and with the private sector to maintain short waits for robotic prostatectomy treatments.

Access to timely cancer care



- Like other major cancer centres, historically we have struggled to meet the target that 85 per cent of patients with cancer should begin their first treatment within 62 days of an urgent GP referral.
- We passed the standard for the first time in September, and maintained this in October and November.
- We continue to work closely with referring hospital trusts to speed up patients' movement through the healthcare system.

A&E access times

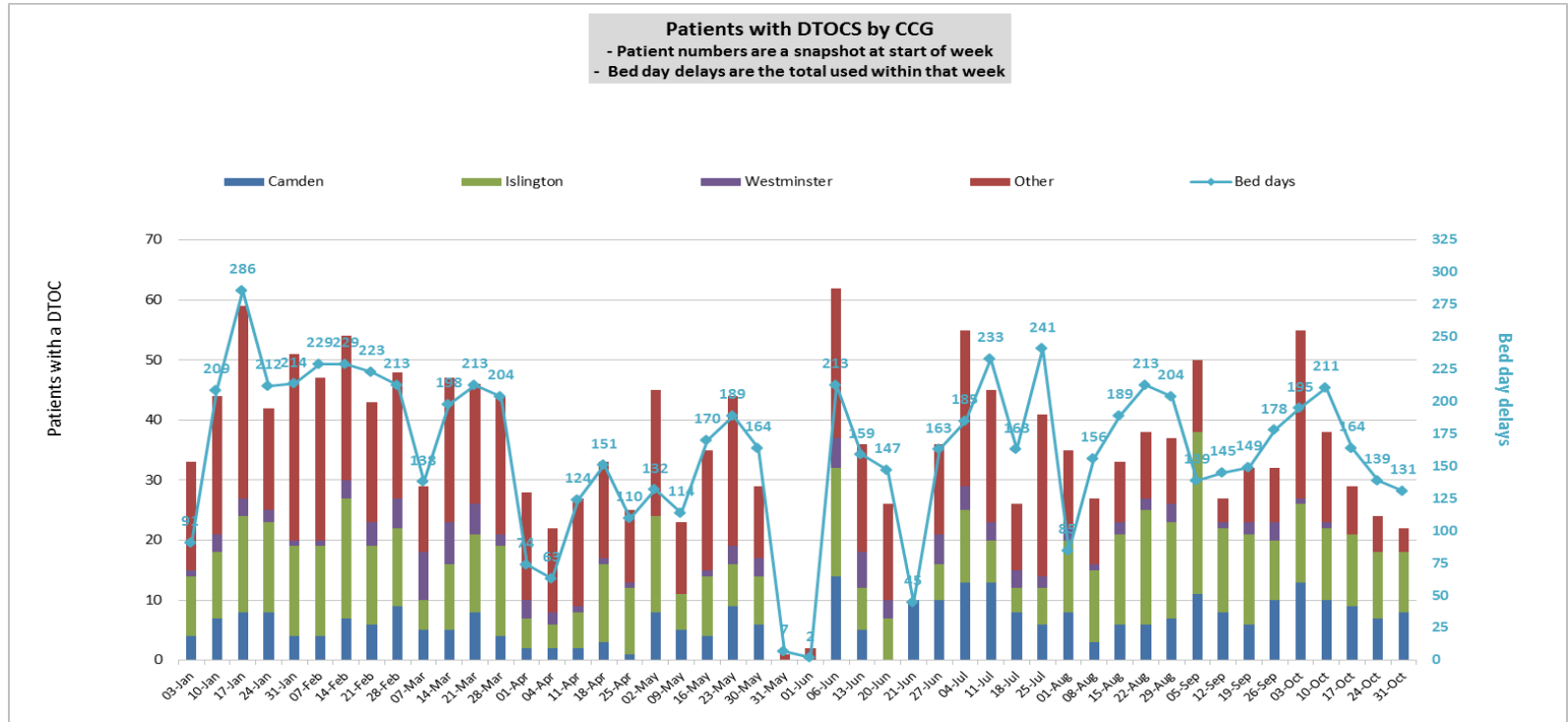
Type 1 performance	Q4 17-18	Q1 18-19	Q2 18-19	Q3 18-19	Q4 18-19	Q1 19-20	Q2 19-20	Q3 19-20
UCLH	86.0%	84.3%	85.0%	85.3%	81.9%	83.1%	85.0%	78.9%
London	81.0%	82.7%	82.6%	81.3%	77.3%	86.1%	77.2%	71.1%

- Waiting times in A&E continue to be challenged, as has been the case for many trusts.
- We continue to work closely with partners in Camden and Islington to address the multi-factorial issues through the A&E Delivery Board. This oversees our join system improvement plan to deliver actions that will have maximum impact on improving processes within UCLH, as well as increasing discharges and admissions avoidance in the community.

Key actions include:

- We have introduced an expanded area for Rapid Assess and Treat (RAT) of patients arriving via ambulance to reduce the time very sick patients wait to be seen.
- To improve bed availability several measures have been introduced: 12 beds made available at Queen Square for patients with neurological conditions; six additional flow co-ordinators in the wards to help with faster discharge; a pilot of a more efficient way of cleaning beds on the acute medical unit.
- We have worked closely with our mental health partners on a number of measures to reduce delays and 12 hour mental health trolley breaches. A safe space for patients introduced by Camden & Islington with three beds.

Delayed transfers of care in 2019



- Camden and UCLH have improved shared understanding of demand for out of hospital services (shared with Islington).
- Good joint working with Camden on discharge to assess pathways and starting to replicate in other boroughs.
- Improved collaborative working with external partners to identify and resolve external delays.
- Evergreen (step down ward) will close on 27th March. CCG partners are working to provide additional step down services



Significant financial challenges

In 2019/20, the Trust is forecasting a deficit of £39.4m before sustainability and financial recovery funding of £25.2m (a net position of a £14.2m deficit).

The financial challenge for 2020/21 is unprecedented. We have costs relating to our strategic programmes, for example:

- The second year of the Electronic Health Records System implementation (£11.1m)
- The full year revenue costs of opening the new Royal National Throat Nose and Ear hospital at Huntley Street (£1m)
- the costs for opening the Phase 4 building which will ultimately incorporate Proton Beam Therapy (£10.3m)

These costs were planned but now coincide with a national requirement for all trusts and STPs to be moving at a faster pace on a trajectory towards a break even position

The Trust is working closely with the London NHSE/I team and with its STP partners to plan to close the gap between what is being required of the Trust

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HEALTH AND CARE SCRUTINY COMMITTEE – WORK PROGRAMME 2019/20

15 JULY 2019

1. Camden and Islington Mental Health Trust - Performance update
2. Scrutiny Review – Adult Paid Carers – witness evidence
3. Health and Wellbeing Board update
4. Work Programme 2019/20
5. Walk in Centres update

10 SEPTEMBER 2019

1. NHS Whittington Trust – Performance update
2. Scrutiny Review – Adult Paid Carers – witness evidence
3. Health and Wellbeing update
4. Performance update – Quarters 3 and 4
5. Work Programme 2019/20

10 OCTOBER 2019

1. Health and Wellbeing update
2. Work Programme 2019/20
3. Scrutiny topic – Adult Paid Carers – witness evidence
4. Healthwatch Annual Report/Work Programme

21 NOVEMBER 2019

1. Scrutiny Review – Adult Paid Carers – witness evidence
2. Health and Wellbeing Update
3. Work Programme 2019/20
4. Alcohol and Drug Abuse update
5. Annual Safeguarding report
6. London Ambulance Service – Performance update
7. Performance indicators – Quarter 1

30 JANUARY 2020

1. Scrutiny Review – Adult Paid Carers - witness evidence
- 2 Health and Wellbeing update
3. Work Programme 2019/20
4. Local Account
5. Executive Member Health and Social Care - Annual Report
6. Performance update – Quarter 2

10 MARCH 2020

1. Scrutiny Review – Adult Paid Carers– Draft recommendations
2. Health and Wellbeing update
3. Work Programme 2019/20
4. UCLH Performance update

02 APRIL 2020

1. Health and Wellbeing update
2. Work Programme 2019/20
3. Scrutiny Review –Adult Paid carers– Final report
4. Moorfields NHS Trust – Performance update
5. Annual Health Public report
6. Walk in Centres

11 JUNE 2020

1. Health and Wellbeing update
2. Work Programme 2020/21
3. New Scrutiny topic – to be decided
4. Quarter 3 - Performance update
5. Membership/Terms of Reference etc.

JULY 2020

**Quarter 4 Performance update/Council Targets 2020/21
Scrutiny Review – GP Surgeries 12 month report back**