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London Borough of Islington  
**Health and Care Scrutiny Committee - Monday, 22 January 2018**

Minutes of the meeting of the Health and Care Scrutiny Committee held at Committee Room 4, Town Hall, Upper Street, N1 2UD on Monday, 22 January 2018 at 7.30 pm.

**Present:**      **Councillors:**      Klute (Chair), Chowdhury, Heather, Ngongo, Turan (Vice-Chair) Jeapes and Gallagher

**Also Present:**    **Councillor**      Janet Burgess – Executive Member Health and Social Care

**Co-opted Member**      Bob Dowd – Islington Healthwatch

**Councillor Martin Klute in the Chair**

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

The Chair introduced Members, officers and presenters of reports to the Committee

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

Bob Dowd for lateness

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

Councillor Clare Jeapes stated that she was substituting for Councillor James Court

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

None

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

The Chair stated that the order of the agenda is as follows – Whittington Estates Strategy, Witness evidence Air Quality Scrutiny Review-Client Earth, UCLH Performance update, and then remaining witness evidence on Air Quality Scrutiny Review.

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

**RESOLVED:**

That the minutes of the meeting of the Committee held on 14 December 2017 be confirmed as a correct record and the Chair be authorised to sign them

**76      CHAIR'S REPORT (ITEM NO. 7)**

None

**77**

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

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

**78**

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

Councillor Janet Burgess, Executive Member for Health and Social Care, was present and outlined the work of the Health and Wellbeing Board.

During consideration the following main points were made –

- Barnsbury GP medical practice has been placed in special measures by the CQC and the CCG were working with the practice to ensure that improvements are made

The Chair thanked Councillor Burgess for her update

**79**

**UCLH PERFORMANCE UPDATE (ITEM NO. 10)**

Simon Knight, Director of Planning and Performance UCLH, was present and made a presentation to the Committee, a copy of which is interleaved.

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

- MRSA management had improved year on year since 2006/7 and is now below 2% in the year to date
- With regard to clostridium difficile UCLH has reported 43 cases by the end of November 2017 and the year to date threshold is 62
- Two cases of C diff have been found to be a lapse in care by the Trust. Therefore, UCLH worst case position is currently 17 cases against the year to date threshold of 62
- UCLH was ranked No1 in the inpatient survey of Peer London Teaching Hospitals in 2016
- In relation to referral to treatment time – the percentage of patients who have been waiting less than 18 weeks, UCLH did not achieve the standard between July and November 2017, despite strong performance since 2015. The decline is predominantly driven by increasing volumes of long waits at the RNTNE and Eastman Dental Hospitals, and persistent waits for complex neurosurgery. There is a recovery plan in place to achieve the standard overall by March 2018
- With regard to diagnostic waits and the percentage of diagnostic waiting lists within 6 weeks, UCLH achieved the standard achieved in every month, except June, when it narrowly missed compliance
- UCLH sustained performance against the 2 week wait standard in relation to the percentage of timely cancer care patients seen within 14 days of referral. In relation to the position on the percentage of patients treated within 31 days of the decision to treat, UCLH had regained compliance since October 2017. The previous underperformance was driven by a high volume of late prostate referrals from another trust who had been constantly reducing their waiting list. Urology commissioned a second robot to provide resilience for future referral surges

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- In response to local and national challenges with cancer waiting time standards UCLH has – jointly commissioned an externally led review of cancer waiting times with NHS Improvement – undertaken a series of bi-lateral meetings with other Trusts where it shares cancer pathways to produce joint action plans. In addition, UCLH has refreshed its 62 day delivery plan to include recommendations and milestones. Key actions include – implementing tighter management and escalation of pathways (internal and shared), on key criteria that enable UCLH to respond to potential delays as early as possible, review of the MDT co-ordinator resource to ensure optimum tracking, and strengthened clinical leadership in relation to cancer waits across all tumour sites. UCLH are aiming to deliver the standard overall from July 2018
- In relation to A&E access times UCLH performs better than the London average, although waiting times in A&E continue to be challenging, as is the case with many Trusts
- UCLH continues to work closely with the Camden and Islington Foundation emergency care boards, to address the issues and has refreshed its recovery action plan to prioritise actions that will have maximum impact on improving flows through UCLH, discharges and processes within the Emergency Department
- Key actions include – launch of an electronic co-ordination centre to provide real-time information on patient movement through hospital –implementation of an electronic tool to identify and manage patients who are medically fit to discharge, but have had their discharge delayed – working with partners across NCL to implement improved discharge pathways for patients requiring ongoing care. These include a model whereby patients are discharged to receive care assessments in their homes, rather than as inpatients. In addition, the completion of an emergency department site redevelopment to increase and enable optimum use of space to support admission avoidance
- Delayed transfers of care in 2017 – good joint working through the STP on discharge to assess pathways, work to improve specific clinical pathways, for example the stroke pathway, and much closer working with Camden and Islington colleagues on helping with patients in acute beds when they do not need to be
- Significant financial challenges include – In 2017/18 the Trust is forecasting a year end surplus of around £10m, in line with the target set by the regulator. This represents an improvement on the previous year, when the equivalent figure was a deficit of £5.8m
- In 2018/19 the Trust is required to plan for a surplus position of £9.8 m again within the context of some significant financial challenges including – the current year underlying position, the target has been met this year with the help of a number of one off transactions – a 2% efficiency built into the income UCLH are paid – a loss of £3.1m of undergraduate training funding – a £9.3m loss of cardiac transition funding – a £1.9m increase in PFI costs. This makes the target next year extremely challenging and a plan is being worked on to deliver this. At the same time the Trust remains in further discussion with the regulator to try to obtain some relief (through a reduced target), to reflect some of the funding losses
- Members referred to the undergraduate training funding loss and it was stated that details of this would be provided to the Committee
- Reference was also made to the increase of £1.9m in PFI costs and Members requested that they be informed of the reasons for the increase

### **RESOLVED:**

That the report be noted and Members be informed of the reasons for the increase in PFI costs and the reasons and effect of the loss of funding for undergraduate training

**80**

**SCRUTINY REVIEW - HEALTH IMPLICATIONS OF AIR QUALITY - WITNESS EVIDENCE - VERBAL (ITEM NO. 11)**

Witness evidence was received from –

Andrea Lee – Client Earth

Philipp Wrigley and Ian Sandford – Islington Public Health

Andrew Ford – Islington Environment and Regeneration

During consideration of the witness evidence the following main points were made –

- 4 Islington primary schools have cleaner air quality in the curriculum and have citizen science
- Cleaner air for Manor House and Finsbury Park – joint working with Hackney and Haringey involving 3 Islington schools with air quality lessons, workshops and citizen science
- Save the Air Walk There – this is a production of 5 and 10 minute walking map and the production of a film about air quality
- Air Quality monitoring is taking place in 4 schools with pupils use hand held monitors to measure and map pollution around their school
- Car Free Day 2016 took place in 3 schools with lung function tests, air quality games, pedal powered cinema showing a short film on sustainable travel and get to know your bike session
- Current projects include a School TV Screen Project – this is running from March 2017-March 2018 in 10 schools, with an air quality monitor outside the schools, workshops with children producing low pollution route walking map, a TV screen located in the playground drop off and pick up showing live air quality data, walking map, pupil video, information on air quality including how to lower exposure and decrease emission, Also, an anti-idling campaign spreading the message of air pollution, particularly the impacts of keeping your engine running, part of Idling Action London, a 15 borough initiative,, including events near schools and one filmed by the BBC), 7 other independent events in 2017, including several outside primary schools, volunteers and staff and snakes and ladders game in school and people on streets around the school
- There is also an Air Quality Audit – Islington is part of the Mayor's Air Quality Audit Programme looking at schools in polluted areas to see how they can reduce pollution and pupil exposure. Prior Weston launched the project with the Mayor and the air quality audit has now been completed with the results due in March
- Other work includes – Grants through the Archway ZEN, active travel and STARS, and monitoring schools air quality
- Future work proposed includes air quality monitoring outside every school, a road closure pilot outside schools, implementation of audit recommendations where possible. Monitoring outside schools will include diffusion tubes currently at 11 schools and the diffusion tubes measure nitrogen dioxide NO<sub>2</sub>, one of the main pollutants of concern and these are in place for one month before the tubes are changed and results analysed, There are also more advanced sensors in some locations to measure particulate matter
- In regard to road closures outside schools there is a pilot scheme closing roads outside schools during drop off and pick up, and the next steps are

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consultation, engagement with users, installation, monitoring of impact, and adaptations and expansion of the scheme

- Evidence on prevalence and local health service usage in relation to respiratory conditions for 2016/17 in relation to COPD shows that there were 3843 registered patients with 186 hospital admissions resulting nationally in 30,000 deaths per year. In addition, there are 12,485 registered patients and 345 hospital admissions and nationally 1200 deaths per year including 30 child deaths. In Islington the reported to estimated prevalence of COPD is better than the UK average and there is lower than average levels of asthma mortality. However according to data attendances and admissions for COPD and asthma are increasing and there is high spend on inhaled cortico-steroids
- No respiratory services are directly commissioned to target the effect of air pollution.- however there are Locally Commissioned services (LCS) in primary care for the early diagnosis for COPD/Disease management/over 75 health checks conditional on delivering the smoking LCS. In addition, there are vaccination and immunisation LCS a flu jab for all patients over 65 and at risk younger patients, community respiratory service – specialised nurses, respiratory physiotherapy, etc. an acute exacerbation service and home oxygen service. Also in relation to asthma there is an asthma nurse, working together with local primary and secondary schools, to provide guidance and training on asthma and support school to achieve a national standard kite mark increasing awareness, understanding triggers, and reducing stigma. There are also self-management programmes with pulmonary rehabilitation, long term exercise programme, breathe easy and sing for your lungs and an integrated IAPT service for COPD and diabetes
- The respiratory interventions/services planned include – Asthma LCS Primary Care – upskilling primary care staff, particularly around paediatric asthma, extended consultations, written care plans with potential for 50% reduction in admissions. In addition, a vaccination and immunisation LCS a 2018/19 programme aiming to reach a wider range of patients, Care Closer to Home Integrated Networks (CHIN) initiatives, a follow up 48 hour post discharge (paed asthma) with a potential 23% reduction in admissions, a follow up 48 hour post discharge (COPD patients unknown to respiratory team), and target flu vaccines to 90% of patients who were vaccinated in the previous year. There will be a Test and Learn approach, prior to rolling out across Islington
- The Committee noted that whilst air pollution does not directly cause COPD or asthma, it has a significant impact on the experience of living with respiratory disease. The reported evidence of clinicians state that winter is not longer the main source of increased activity in secondary care, summer attendances have also increased.
- Respiratory consultants are particularly worried around diesel pollution (PM2.5) now recommending apps to more ‘activated’ patients such as CITYAIR which provides up to date pollutant information, AIRTEXT and LONDONAIR
- The key messages of poor air quality are the impact on patients and services quality of life – ability to self – manage and the disempowering effect of exacerbations, depression and anxiety, isolation and dependency due to inability to leave the home – the increased strain on the system both for GP's and secondary care attendances and on the voluntary and support sector
- Members referred to the fact that it would be useful if there was a public health funded project to investigate whether poor air quality days impacted on attendance at GP surgeries and Accident and Emergency
- Members queried whether it could be proven if there is a causal link between asthma and poor air quality and officers stated that they would further investigate any national evidence in this regard

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- Client Earth is a campaigning organisation for the improvement of Air Quality, and who had initiated successful legal judgements to enforce the Government to meet Air Quality standards
- At present the Government were bound by European Commission legal requirements on clean air, however Brexit may mean a relaxation by the Government of the regulations and that this would need to be monitored. Client Earth stated that this was the reason why a Clean Air Act should be introduced to ensure satisfactory legal measures were in place to deal with Air Quality
- Client Earth supported the Mayor of London's clean air strategy and it was stated that Client Earth stated that they were in discussion with the Mayor to press central Government to introduce a new Clean Air Act
- It was noted that Government often delegated responsibility for ensuring air quality measures to Local Authorities, who often did not have the relevant powers or funding to enforce them effectively. Whilst the Mayor and London Boroughs could implement measures to improve air quality, there also need to be action taken by central Government as well, if air pollution is to be tackled effectively
- Client Earth stated that diesel emissions were the biggest contributor of pollution in London, and this is now more of a problem, given the encouragement by Government to people to purchase diesel vehicles in the past
- The view was expressed that people needed to be encouraged to take public transport walk or cycle, in order to reduce emissions, and there is a particular problem with particulates and that these were above the limits recommended by the World Health Organisation. Client Earth would wish to see ULEV's extended across all of London and in addition they supported road charging, to address the issue of the large number of vehicles using London's road network

The Chair thanked Andrea Lee, Phil Wrigley and Andrew Ford for attending

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### **WHITTINGTON ESTATES STRATEGY - VERBAL (ITEM NO. 12)**

Siobhan Harrington and Steve Hitchins, Whittington NHS Trust, were present and made a presentation to the Committee, a copy of which is interleaved.

The Defend Whittington Hospital campaign representatives were also present.

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

- The Estate priorities are – maternity and neonatal services, staff residences, modernisation and rationalisation of the community estate, community children's services, reducing the backlog (currently £24m), delivering a sustainable energy and infrastructure strategy
- The decision timeline for procuring resources was outlined
- There was a formal procurement process and competitive dialogue under the OJEU procedure and the contract notice was released in October 2016 and the Trust Board approved the outcome of procurement in October 2017
- Siobhan Harrington outlined the non-financial evaluation criteria
- Due diligence took place from June to September 2017 and further clarification questions to test if any bid information had been impacted as a result of the events at Grenfell Tower and the wider implications of those events plus QC

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advice and engagement with staff, commissioners and key stakeholders to understand concerns took place

- The Trust Board decision in September 2017 considered all the risks associated with proceeding, or not, with the procurement including the following – if the procurement did not go ahead, there would be further delay in the essential estates work on buildings that are very old and unfit for purpose, - if the Trust further delayed the development of its estate, there would be a potential impact on Whittington Health being able to fully benefit from the future development of the estate – if the procurement did not go ahead, there would be a risk that the Trust could face financial penalties under procurement law, With all the information and evidence the Trust Board made the decision that it should proceed with the procurement and Ryhurst as preferred bidder
- In October 2017 the Trust Board approved the outcome of the procurement for a Strategic Estates Partnership and to award the contract to Ryhurst Limited and approved the creation of a Strategic Estates Partnership, subject to NHS approval
- The next steps are to develop the estates master plan and to – establish a Masterplan Project Team including the necessary technical skills e.g. architects, quantity surveyor, health planning mechanical engineer, and structural experts – establish an Informed Client Group, with Trust staff and external membership, to consider and inform the development of the masterplan – Masterplan engagement which will be shaped and informed by engagement with staff, commissioners and local community re: future estate requirements and establishing membership of Haringey and Islington wellbeing partnership, Haringey and Islington Estates Board, NCL STP Estates Board – Engagement approaches – the Trust will engage using a number of different approaches to reach a wide audience, including extra forums, targeted workshops, and social media
- The Whittington Health Strategic Estates Partnership will support the Trust to progress at pace with transforming the Trust's estate to meet urgent needs
- The Whittington Health Strategic Estates Partnership is a non - exclusive, contractual joint venture an all projects undertaken will be agreed on a project by project basis, with no project taken forward without the agreement of the Trust. There will be no transfer of assets or staff to the joint venture
- It was noted that there were 37 sites administered and 7 of these sites were freehold
- In response to a question it was stated that each individual project would be discussed with the Trust Board, and payments would be authorised through the joint venture process
- Reference was made to the fact that discussions were taking place with Camden and Islington Mental Health Trust for them to build on the Whittington Site and each proposal would be looked at as a business case and the capital receipts would allow funding for projects
- It was stated that the Whittington would consult stakeholders on any proposals to dispose or change services at community sites and to look at options for sites that were currently not fit for purpose. Scrutiny of the proposals is important and flexibility to consult stakeholders, including the Council in relation to a number of community projects, will be undertaken prior to formal consultation
- In response to a question it was stated that whilst wishing to retain the Whittington site a number of options would be considered, including the development of social housing. There is support from the Mayor of London to provide housing on the site as the land is currently underused. It was stated that consultation, including with staff, would take place on any proposals
- Concern was expressed at the selection of Ryhurst as the preferred partner, given their involvement with Grenfell Tower, and also the recent collapse of

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Carillion. It was stated that the joint venture need not proceed if there are any adverse findings in respect of Grenfell

- Reference was made to the fact that there were checks and balances built into the process to ensure that each scheme is adequately considered by the Trust Board and NHS Improvement and the Project Board
- The Trust stated that it had to weigh up the benefits of continuing with Ryhurst as the preferred partner, and that the Board had considered this in detail before the decision was finally taken, and all due processes had taken place
- In response to a question it was stated that the Trust were not looking to have any private sector health provision on the site and that when discussions were taking place on the selection of the preferred partner, the Trust had to respect confidentiality around the tendering process, and therefore was not able to share certain information with the public. There could be public involvement at later stages in the process, including at the planning stage of any proposals
- A Member referred to the reference to private health provision in a document from the Trust, and it was stated that this referred to an Estates strategy document written in 2016, and it was reiterated that this is no longer part of the strategy
- Reference was made to the fact that a decision had needed to be taken to move forward with an Estates Strategy, given the financial constraints on the Trust

The Chair thanked Siobhan Harrington and Steve Hitchins for attending

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### **WORK PROGRAMME 2017/18 (ITEM NO. 13)**

#### **RESOLVED:**

That the report be noted

MEETING CLOSED AT 10.30 pm

Chair