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London Borough of Islington  
**Health and Care Scrutiny Committee - Tuesday, 2 October 2018**

Minutes of the meeting of the Health and Care Scrutiny Committee held at on Tuesday, 2 October 2018 at 7.30 pm.

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

## **Councillor Osh Gantly in the Chair**

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

The Chair introduced Members and officers at the meeting

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

Councillors Burgess and Klute and Jana Witt - Healthwatch

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

None

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

None

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

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

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

**RESOLVED:**

That the minutes of the meeting of the Committee held on 12 July 2018 be confirmed and the Chair be authorised to sign them

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

The Chair informed the meeting that there would be 2 additional meetings of the Committee, to be held jointly with the L.B.Camden Health and Care Scrutiny Committee, on 9 October at Camden and on 29 November at Islington. These meetings were to consider the plans for the proposals to transform services in Mental Health in the Camden and Islington areas

The Chair stated that the Committee wished to undertake 2 new scrutiny reviews in the New Year – Social Care/Adult Carers and Eating Orders and it was noted that these would need to carry on into the New Municipal Year and it was –

**RESOLVED:** Accordingly

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

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

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

Members were informed that there was no report that evening, as there had not been a meeting of the Health and Wellbeing Board since the last meeting of the Committee

**10** **WHITTINGTON ESTATES STRATEGY - UPDATE - PRESENTATION (ITEM NO. 10)**

Sophie Harrison and Stephen Bloomer Whittington Hospital, were present at the meeting, and made a presentation to the Committee, copy interleaved.

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

- The Trust priorities include modern, fit for purpose maternity and neo-natal facilities, child centred community facilities, modern community based facilities that support and deliver the integrated closer to home vision and high quality accommodation
- The Trust is progressing estates management, through the preparation of a Strategic Outline case, including an estate development control plan, by April 2019
- The Trust is also building on relationships with the GLA, North Central London STP, Haringey and Islington Wellbeing Partnership and the London Estates Board
- The Trust is also working with Camden and Islington Foundation Trust, to support the delivery of improvements in mental health facilities, and Project Oriel, ( Moorfields) by agreeing to the site of mental health facilities on part of the Whittington Hospital site
- The Trust will have a strategic outline case (SOC) by April 2019, and as part of this work, the Trust has begun the process of preparing an estate development control plan, and has procured specialist resources to support the work – using SBS framework, mini competition, an architectural led team, and resources will include design, health planning, cost consultancy, and engineering and energy specialists
- Delivering the SOC will require - presentation of the strategic context, including commissioner support, demonstration of Health Service need, a shortlist of options, including a development control plan, demonstration of affordability, and the presentation of timetable and deliverability
- The Trust has begun the preparation of the design brief, and a more formal assessment of its current estate, and will begin to engage externally on delivery options in early 2019
- Delivery of estates transformation will require support from, and engagement with staff, patients, the local communities, commissioners, and health and wellbeing provider partners. A number of more formal relationships/forms of engagement are already in place, including membership of the Haringey and Islington Wellbeing Partnership, and associated pathway groups and estates group, and membership of the North London Partners (NCLSTP), and associated Estates Strategy Board
- The Trust has a relationship with the GLA, through the signing of a Memorandum of Understanding, and through this the GLA will provide strategic housing expertise and advice to the Trust. This support will enable the estate transformation plan to consider the delivery of affordable housing, to meet the aspirations of the draft London Plan, London Housing Strategy, and the L.B.Islington Local Plan
- Through the H&I Estates Group and the NCL Estates Strategy Board, there is engagement with a range of partner providers, from primary through to tertiary care, to support an integrated approach to estates management
- The Trust has an agreement with Camden and Islington FT for the use of part of the Whittington Hospital site for the provision of inpatient mental health beds. This will further facilitate the development of the St.Pancras and Moorfields hospital sites

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- In response to a question it was stated that the discontinued contract with Ryhurst is subject to a legal challenge, but the Trust were confident of their position
- It was stated that the Trust were working in collaboration with NCL to provide oversight and support and that strategies were joined together

The Chair thanked Sophie Harrison and Stephen Bloomer for their presentation

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### **LONDON AMBULANCE SERVICE - PERFORMANCE UPDATE (ITEM NO. 11)**

Peter Rhodes, London Ambulance Service, was present for discussion of this item and made a presentation to the Committee.

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

- Following the inspection in March 2017, the LAS moved from an overall rating of 'Requires Improvement' to 'Good', which is a tremendous achievement and recognises the efforts of people across the service
- The Care of Patients in once again rated as 'outstanding'
- Amongst the CQC's key findings is that staff went above and beyond their expected duties, in order to meet patient needs
- The CCQ report also found that people working across all parts of the service demonstrated care which was consistent to the LAS values
- On the well led element of the inspection, the CQC found strong leadership, and more widely also highlighted the expertise in the care of the maternity and mental health patients
- There has been significant progress since 2015, from a position of an inadequate overall rating and being placed in special measures, to a good overall rating in 2017/18, and removal of special measures. Significant progress has also been made against all of the 2017/18 quality priorities
- The new LAS 5-year strategy introduced its new vision to build a world class ambulance service for a world class city, and exists to provide outstanding care for all its patients. The strategy also aims for the LAS to be a first class employer, valuing and developing skills and the diversity and quality of life of people, to provide the best value possible for the tax paying public, and to partner with the wider NHS and the public sector, to optimise healthcare and emergency services provision across London Borough of Islington
- Patients are playing a larger role in the integrated 111/Integrated Urgent Care provision across London, integrating 999 and 111 call answering, and clinical support to provide better and faster care. In addition, the LAS works with patient groups, and other providers, to introduce more specialised models of care for a greater proportion of its patients, and priority services. There is also a need to reduce unnecessary conveyancing of patients to emergency departments
- In terms of staff, the LAS is seeking to recruit and retain talent, improve engagement, and recognise and reward excellence
- In terms of public value, as previously stated the LAS is integrating 999 and 111 call answering, and this will provide a more cost effective service. Pioneer services will reduce unnecessary hospital conveyances, delivering savings for system partners. In addition, there will be a detailed internal programme of work, to implement the recommendations of Lord Carter's review into unwarranted variation within the NHS, and there will be a new partnership with South Central Ambulance Service
- The LAS work closely with a range of NHS Partners across London, including STP's, CCG's, Mental Health and Community Trusts, NHS England, NHS Improvement, and the CQC. There are a number of joint priorities including,

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increasing usage of alternative care pathways, reducing conveyance to emergency departments, and reducing handover delays at hospitals. Work also takes place with the Metropolitan Police and the London Fire Brigade, as well as other ambulance services around the country. In addition, work is also increasingly taking place with other public sector bodies, including the Mayor, TfL, and the local authorities

- It was noted that ambulances for Islington were sited at the one ambulance station at Brewery Road, and recruitment figures were positive
- Discussion took place as to how LAS deal with mental health patients and it was stated that this depended on the severity of the patients mental health. There is a target of 1 hour to respond to these calls and a flow chart was used to assess whether patients were likely to cause themselves harm
- Members congratulated the LAS on their improved performance
- Members noted that there is now a suite available at Whittington Hospital for mental health patients, which is preferable to them being treated in A&E
- In response to a question it was stated that staffing levels were good in Camden and Islington, however 1 in 6 staff were from abroad, and it was not known as to whether Brexit would affect recruitment/retention levels of staff

The Chair thanked Peter Rhodes for his presentation

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### **SCRUTINY TOPIC - WITNESS EVIDENCE - GP SURGERIES (ITEM NO. 12)**

Imogen Bloor and Rebecca Kingsnorth, Islington CCG, were present for discussion of this item.

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

- Social prescribing is the process of linking people with a range of non-medical community based services, which can support wellbeing and develop skills, knowledge and confidence to self- manage (activation)
- Patient activation refers to the extent to which people feel engaged and confident in taking care of their health conditions
- Patients who are more activated are better able to self-manage and use traditional services less frequently
- Patient activation measure is a validated tool that measures levels of patient activation – skills, knowledge and confidence
- An evaluation of the use of Patient Activation measures in Islington in 2014/15 found that 13% of patients reported the highest level of ability in managing their health conditions and 25% reported the lowest level and may feel overwhelmed by their conditions
- Patients most able to manage their health conditions had 38% fewer emergency admissions than the patients who were least able to
- If patients with low levels of activation were better supported to manage their conditions, as well as the most able, emergency admissions and attendances at A&E could be prevented
- Evidence supports that social prescribing builds capacity into the health and social care system, offering an alternative to traditional health care interventions
- A pilot in East Merton showed a reduction in GP consultations for patients referred to social prescribing by 33%. Patients identified were frequent attenders at this practice
- Social Prescribing Islington Navigation service – Age UK is the Islington provider of the Islington Navigation Service the principal social prescribing connector service in the borough. There are 7 care navigators and support patients/service users to identify ways of achieving individual health aims

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- The navigators also connect service users to appropriate health/care services and other non-traditional providers to make best use of community resources for the delivery of these goals. There is enhanced signposting through up to date knowledge of available local services
- There is also promotion of patients/service users independence through improved availability of information and support linked to personal goals. It is not simply a signposting service and the navigators are highly skilled professionals with backgrounds in a range of social and community care services – for example mental health, drug and alcohol services
- The Islington Navigation service is open to all adults with an identified need. There are onward referrals to over 130 different organisations per year and service users are 81% likely or highly likely to reduce use of primary and secondary care services, due to navigation service interventions
- There were 1088 referrals in 2017/18 and there were 350 referrals from GP practices
- The new 2018 contract requires the service to develop and build links with primary care to raise the profile across all sites and to increase referrals
- There is a focus on an integrated care and health integrated network model, which is focused on building resilience through collaboration – a team around the practice connecting primary care to a network of support
- In response to a question it was stated that NHS England had granted licences for social prescribing until 2021
- GP's from each practice meet regularly with a team of health and social care practitioners to discuss the care needs of patients who have the most complex needs
- Each meeting is centred on patients from a small group of GP practices. Health and Care issues are discussed and the team creates a coordinated plan to make the best use of local services
- An external evaluation of the networks in 2017 identified over a 12 month period, that patients were less likely to have visited hospital
- Services wrapped around primary care – identifying moderately frail patient include – the North Care Closer to Home Integrated Network (CHIN), a partnership between GP's, Whittington Health (Islington Community Ageing Team), Age UK, Islington GP Federation has established a service for moderately frail patients. Each practice has clinically verified those patients identified as moderately frail by EFI (electronic frailty index), to confirm a provisional assessment of moderate frailty
- 458 patients across 9 practices were identified as moderately frail and a further 217 whose frailty status was unclear
- The next steps include prioritising the list, to have clinically led telephone triage, subsequent face to face assessment, and interventions as indicated
- These contacts resulted in a regrading of frailty status in half of the cohort, severe, mild, or not frail
- There are a broad range of interventions (either by the service or other agencies), for those confirmed with moderate frailty difficulties including medication review, therapy intervention, and social prescribing approaches
- In response to a question it was stated that in the new 2018 contract it required the service to develop and build links with primary care and to build the profile and increase referrals from GP's
- Reference was made to the wide skill set in Age UK that could assist clients
- A Member referred to the issue of frequent callers and whether there was any information on this, and whether the service were aware if information from the LAS and hospitals was available. Reference was made to the fact that work was going on with Whittington A&E around this and information would be supplied to Members when available

The Chair thanked Imogen Bloor and Rebecca Kingsnorth for their presentation

**13**      **HEALTHWATCH ANNUAL REPORT/WORK PROGRAMME (ITEM NO. 13)**

Emma Whitby, Islington Healthwatch was present for discussion of this item and made a presentation to the Committee, copy interleaved. Members noted that one of the documents in the pack was in fact a draft and she apologised for this, and it was noted that a new document would be provided for Members

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

- Healthwatch is part of a national network, is 5 years old, and is part funded by LBI, and funding is being sought from other sources. Funding from LBI is to fulfil the statutory functions of the Health and Social Care Act 2013
- Healthwatch gather and report views on health and social care, and to provide people with information on services. It is a charitable company and takes a collaborative, critical friend approach
- To date this year, 47000 people have been reached on social media, 26 volunteers helped with things like mystery shopping to blogging, and reports have tackled issues ranging from autism and accessible information, through to hospital discharge and reablement. 101 people have been spoken to about mental health day services, 42 local service have been visited and over 300 people have been given advice and information
- Healthwatch brought commissioners and service users together, in August 2017, to discuss how to improve support for adults with ADHD. As a result, commissioners have redesigned the service to make more support available to people, before they have been clinically assessed. In particular, a psychosocial group at the point of referral is now available
- When working with partners, Healthwatch want to share responsibility and finances fairly, and bring resources to small grass roots organisations, supporting their development, through training and skills sharing and valuing their expertise. Healthwatch works with community health voices, such as ethnic minority organisations, and the Manor Gardens Centre, and Elfrida Society. Other partnerships are being sought
- In 2018/19 Healthwatch aims to continue to deliver its signposting service to at least 200 residents, reflecting the diversity of the borough, to have a co-signed statement in response to the Camden and Islington Estates Strategy, to start resident engagement in Day Centre Specification design and procurement, to have a programme of information stalls linked to protective characteristics and other vulnerabilities, to seek community views on health and care, and to liaise with diverse community health voices to gather BME input on primary care
- In addition, other measures, such as patient group meetings on key topics of relevance, and a response to key consultations from NHS England and the Green paper on Social Care will be actioned. Healthwatch will also be seeking views about resident's experiences in elderly care homes, and to assess in hospitals the implementation of the Accessible Information Standard
- Volunteers from London Metropolitan University designed and delivered a project about social isolation, and volunteers also gathered views on community services and phoned GP surgeries to find out what support is offered to patients with autism. Healthwatch has also influenced future plans on pharmacy spending, and trained 126 older residents with health conditions to use their smartphone to access information about health services, book GP appointments 7 days a week, and find low cost opportunities for self-care, such as keep fit classes

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- Members were of the view that during the scrutiny review that they were undertaking in relation to GP surgeries, that evidence has shown that where there is a large concentration of social housing ill health is more prevalent. Members were of the view that Healthwatch should consider looking at this in a future work programme

The Chair thanked Emma Whitby for her presentation

### 14 **IAPT SCRUTINY REVIEW - 12 MONTH PROGRESS REPORT (ITEM NO. 14)**

Jill Britten, Islington CCG was present for discussion of this item.

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

- It was noted that national targets were being met on the number of IAPT sessions offered
- Reference was made to the fact that the data issues had now been resolved in relation to recommendation 10
- Members were informed that one year funding had been provided from NHS England to support Islington and Haringey IAPT services to develop an offer to support people with type 1 or type 2 diabetes and/or COPD, whose physical needs are met either through primary care, or Whittington Health community and acute services. This new integrated IAPT service will be delivered in addition to the core local IAPT offer already available in each borough

The Chair thanked Jill Britten for her attendance

### 15 **WALK IN CENTRES (ITEM NO. 15)**

Imogen Bloor, Rebecca Kingsnorth, Sarah Soan and Phil Wrigley, Islington CCG were present for discussion of this item.

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

- The CCG were providing the same level of funding as for the existing contract and is currently undertaking a six month programme of engagement with patients and professionals to inform the decision making process
- It was noted that the contract for the service expires in March 2019, though there is an option to extend this to September 2019
- There were a number of options available and it was stated that if Members had views as to their favoured option this should be communicated to the CCG
- Discussion took place as to unregistered patients and that these needed to be identified in order to direct them to register at a GP practice. It was stated that further attempts should be made to identify whether patients attending the walk in centre were unregistered and that this should inform the process
- In response to a question it was stated that a phone app was being trialled in a pilot across NC London for consultations with GP's and the CCG were monitoring this

#### **RESOLVED:**

- (a) That the process of engagement that the CCG is undertaking to inform the decision making process in relation to future investment in same day primary care provision be noted
- (b) That approval be given to further engagement plans as in the report
- (c) That if Members have any views on further engagement or consultation these be notified to the CCG and an attempt be made to identify the unregistered patients attending the walk in centre, as referred to above

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The Chair thanked Imogen Bloor, Rebecca Kingsnorth, Sarah Soan and Phil Wrigley for attending

### **16** **WORK PROGRAMME 2018/19 (ITEM NO. 16)**

#### **RESOLVED:**

That the work programme be noted

MEETING CLOSED AT 10:05 p.m.

Chair