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 Tombleson, Director of Quality and Strategy, Tracy Luckett, 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 Opthalmology, 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

- 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 Opthalmology, 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 Luckett 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

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

- 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 and 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 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

## 55 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 deteminants. 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

- 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

**56** **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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