

London Borough of Islington  
**Health and Care Scrutiny Committee - Tuesday, 19 May 2015**

Minutes of the meeting of the Health and Care Scrutiny Committee held on Tuesday 19 May 2015 at 7.30 pm.

**Present:**           **Councillors:**            Klute (Chair), Chowdhury, Gantly, Hamitouche,  
Nicholls, Heather and O'Halloran

**Also Present:**   **Councillors**            Burgess

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

**Councillor Martin Klute in the Chair**

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

The Chair introduced Members and officers

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

Councillors Turan and Andrews

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

Councillor O'Halloran stated that she was substituting for Councillor Turan

**97            CONFIRMATION OF MINUTES OF THE PREVIOUS MEETING (ITEM NO. 4)**  
**RESOLVED:**

That the minutes of the meeting of the Committee held on 17 March 2015 be confirmed and the Chair be authorised to sign them

**98            DECLARATIONS OF INTEREST (ITEM NO. 5)**

None

**99            ORDER OF BUSINESS (ITEM NO. 6)**

The Chair stated that the Committee would consider the items on the Islington CCG Annual Report and the 111/Out of Hours service items first on the agenda that evening

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

The Chair stated that he continued to be a Member of the JOSHC, which consists of the LB.'s Barnet, Haringey, Islington, Camden and Enfield forming the North Central London sector and that due to Councillor Kaseki no longer being a Member of the Committee, it would be necessary to appoint another Member to serve with him on the Committee. The next meeting of the Committee is scheduled to be held on 26 June at Islington Town Hall.

The Chair also referred to a private consultancy agency that had been requested to carry out work on changes to the North Central London sector and he had requested the company concerned to attend a future meeting of the JOSHC and individual Health and Care Scrutiny Committees on the terms of their brief.

The Chair informed the Committee that there were also proposals to close 2 GP surgeries in the borough which was very worrying and he stated that he had approached NHS England with a view to finding alternative GP's, even though it seemed to be the case that the patients could be accommodated at other local GP surgeries.

The Chair also referred to the recent e mail that he had sent to Members of the Committee as to comments on the work and Chairing of the Committee and would welcome feedback.

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

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

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

Councillor Janet Burgess, Executive Member for Health and Wellbeing was present and made a verbal update on the work of the Health and Wellbeing Board.

The following main points were made –

- In response to a statement the Chair stated that one of the recommendations of the scrutiny review undertaken by the Committee on GP Appointments is to ensure that future planning applications take account of population increases and the need for additional GP surgeries. Councillor Burgess responded that that a response is being prepared on the Committee's considerations but this had been taken on board by officers
- Councillor Burgess stated that an unsuccessful application had been made for Vanguard funding which would enable closer co-operation between Islington and Haringey, however even though this had been unsuccessful the process would be pursued as it was considered beneficial
- Councillor Burgess referred to the recent publication of the Annual Public Health report and that she would circulate a copy to Members. Members were of the view that there should be an item on a future agenda to look at mental health
- Reference was made to the fact that £100000 had been allocated over the Easter period to ease hospital discharges
- A meeting had been held with the Governors at Whittington Hospital and the maternity unit had now received planning permission
- The Whittington Quality Account report will be presented to their next full Board meeting

**RESOLVED:**

That Councillor Burgess be requested to circulate the Annual Health Public report to the next meeting of the Committee

**103 111/OUT OF HOURS SERVICE - SERVICE SPECIFICATION - PRESENTATION (ITEM NO. 10)**

Martin Machray, Islington CCG was present for discussion of this item.

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

- Enfield CCG is leading the process on behalf of the North Central London sector to re-commission the 111/Out of Hours service across the 5 boroughs
- Discussions have been had with full range of community groups, particularly those groups who would most likely to use this service or face particular barriers to accessing services or are vulnerable
- The Keep NHS Public campaign had given the CCG a petition and this will be responded to in July. However the CCG has given the campaign the names of two local GP co-operatives in order for them to make contact with them

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- In response to a question as to whether the 111 service is unnecessarily being sent to A&E and that call handlers lacked the necessary training in relation to those callers with a learning disability, it was stated that training would take place and they hoped to provide more trained clinicians in the call centres, however this could be made clearer in the recommendations
- There had been an improvement in the referral rates from 111 to hospitals over the past 2 years and the figure is now below that of NHS Direct and the Islington figure is less than the rest of London
- At present the out of hours service is operated by Care UK and the 111 service by a GP co-operative but this is not an NHS organisation. Social enterprises or GP co-operatives often proved to be successful
- A Member referred to question 13 on the questionnaire with regard to sexual orientation and the CCG accepted that this question is not relevant
- In response to a question as to whether LAS paramedics were leaving the service to join 111 it was stated that there had been retention problems however it is also the case that LAS paramedics were relocating in the Home Counties due to the expense of living in London. The LAS were conducting a review into the main reasons but the results were not yet published. Money had however been invested by the CCG on measures to retain staff
- The Chair enquired whether the specification for the new service is encouraging local GP consortiums to apply or social enterprises given that these tended to be more successful. It was stated that the service specification will reflect that local knowledge of the health system is important and look to build capacity in the primary care sector long term
- It was noted that the specification should hopefully be agreed before September and that there will be a combined specification across the 5 boroughs

### **RESOLVED:**

That the report be noted and a further report be submitted to the Committee once the specification is available

### **104 MEMBERSHIP,; TERMS OF REFERENCE AND DATES OF MEETINGS (ITEM NO. 11)**

#### **RESOLVED:**

That the report be noted and Councillor Turan be recommended to Council as the additional Member on the JOSCH to replace Councillor Kaseki

### **105 SCRUTINY TOPICS 2015/16 - VERBAL (ITEM NO. 12)**

Discussion took place as to scrutiny topics for the forthcoming municipal year.

Following discussion it was –

#### **RESOLVED:**

That a scrutiny review be carried out in relation to the health implications arising from dampness in properties and this should include both private and public sector properties

### **106 ISLINGTON CCG - ANNUAL REPORT (ITEM NO. 13)**

Martin Machray, Islington CCG and Dr.Gillian Greenhough were present and outlined the report to the Committee.

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

- The incidence of tooth decay had reduced and was now average having reduced from the highest level in the country and had benefitted from the fluoride programme introduced
- Teenage pregnancies had reduced
- Work was taking place with Whittington Hospital on integrated care
- The Annual Public Health report is an excellent document and the focus is to look at reducing mental health problems and will now account for 19% of the budget
- Islington CCG administration costs only represented 2% of the total annual budget which is good value
- Whittington Hospital and UCLH have some of the best mortality rates in the country and A&E targets were nearly met despite the crisis in most A&E units in the country during the winter and the CCG had put additional funding in during this period
- With regard to infection control the Whittington were below target for MRSA and c difficile and had one of the best infection control units in the country
- Camden and Islington were in the top 3 CCG's for palliative care
- Islington is made up of 36 GP practices working in partnership with local providers and the Council
- Islington is the most densely populated UK borough and the 4<sup>th</sup>. most deprived in the borough and has the second highest level of child poverty in the borough. It also has the highest level of psychosis in the country and has a high level of long term conditions that will need a different level of care over 10 years
- Islington Council and the CCG share the following priorities – to make sure every child has the best start in life, to prevent and manage long term conditions and health inequalities, to improve mental health and wellbeing, and deliver high quality, efficient services within the resources available
- The CCG spent a total of £315.3 million across commissioning areas and management costs
- Islington has reversed the historically low trend in vaccination of children is now performing amongst the best in the country for 5 in 1 vaccinations
- Commissioned Whittington Health's ambulatory care centre to address pressure on A&E
- There will be a continued focus on integrating care and there will be joint working across North Central London focusing on improved primary care, and shifting focus towards commissioning for healthy outcomes
- In the next 5 years the CCG will focus on prevention, work with people to design new services, improve access and quality in primary care, make GP practices the centre of co-ordinated health and social care, manage care better by planning ahead and having a single point of contact, and help people manage their own care
- It was noted that dampness had an impact on health for residents of the borough
- There was also a high incidence of COPD in Islington and dampness is a contributory factor, although due to the improvements in social housing this has reduced in the last 5 years
- Reference was made to incidences of co-morbidity and that this tended to be seen more in an ageing population, however Islington had a relatively young population
- Islington has a sophisticated public health system and heart disease has reduced by 33% in the previous 5 years

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- In response to a question it was stated that the rates of autism are growing across the country and incidences were picked up quickly in Islington and the CCG is putting more money into diagnosis and how this problem could be better addressed
- An area of concern is the need to find in the NHS £22 billion of efficiency savings and this equated to Islington identifying £100 million of savings by 2020. This is during a period when other public sector organisations such as the Police and Local Authorities who also support the health sector in delivering a service
- Work is taking place with Islington and GP's in order to obtain and record information on residents with learning disabilities
- In relation to child obesity it was stated that whilst this has improved it is still above average and it was stated that data on this could be circulated to the Committee

The Chair thanked Martin Machray and Dr.Gillian Greenhough for attending

### 107 **SCRUTINY REVIEW - PATIENT FEEDBACK DRAFT RECOMMENDATIONS (ITEM NO. 14)**

The Chair outlined the draft recommendations to the Committee during which the following points were raised –

- Discussion took place as to whether the information gathered by Healthwatch should be included in the feedback process
- In relation to recommendation 6 it was stated that the views of all sectors of the community should be reflected in the tests and the Chair should draft the necessary wording to reflect this

#### **RESOLVED:**

That, subject to the above redrafting of recommendation 6, the draft recommendations be agreed and the report be referred to the Executive for consideration

### 108 **WORK PROGRAMME 2015/16 (ITEM NO. 15)**

Noted

MEETING CLOSED at 9.55p.m

Chair