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London Borough of Islington Health and Care Scrutiny Committee - Monday, 19 October 2015

Minutes of the meeting of the Health and Care Scrutiny Committee held at on Monday, 19 October 2015 at 7.30 pm.

Present: **Councillors:** Klute (Chair), Chowdhury (Vice-Chair), Heather, Turan, Nicholls, O'Halloran and Ismail

Also Present: **Councillors** Janet Burgess

Co-opted Member Bob Dowd, Islington Healthwatch

Councillor Martin Klute in the Chair

139 INTRODUCTIONS (ITEM NO. 1)

The Chair introduced Members of the Committee and welcomed witnesses to the meeting.

The Chair also welcomed two new Members of the Committee, Councillors Ismail and O'Halloran, who had been appointed as new Members of the Committee to replace Councillors Gantly and Hamitouche.

140 APOLOGIES FOR ABSENCE (ITEM NO. 2)

Councillor Andrews

141 DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)

None

142 DECLARATIONS OF INTEREST (ITEM NO. 4)

None

143 ORDER OF BUSINESS (ITEM NO. 5)

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

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

That the minutes of the meeting of the Committee held on 14 September 2015 be confirmed and the Chair be authorised to sign them

145 CHAIR'S REPORT (ITEM NO. 7)

The Chair referred to the dispute between the Government and junior doctors over the renegotiation of their contracts and that there is a lot of anger amongst junior doctor over the proposals.

The Chair added that he attended a meeting on 25 September of the North Central London Joint Overview and Health Scrutiny Committee and discussions took place on possible changes as a result of a report from Carnell Farrar and that the JOHSC had requested more details to be presented to a future meeting of the Committee.

The Chair reported that there is projected to be a £400m deficit in the NHS trusts by 2020 and that 22% of the population accounted for the use of 64% of resources and too many people attended A&E when it is not necessary. All the 5 PCT's in North Central London were making efforts to reduce these attendances.

The Chair added that the JOHSC also discussed the out of hours/111 service contract and that they had requested that the service should be profiled to fit individual boroughs needs, as each borough is different and that there appeared to be more positive engagement on this.

The Chair also referred to the GP appointments scrutiny recommendations and that he would be meeting with the Executive Member Health and Wellbeing on the implementation of these, given the concerns expressed at the last meeting, and would report back to the next meeting.

146 PUBLIC QUESTIONS (ITEM NO. 8)

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

A member of the Public asked a question in relation to the proposed closure of the Margaret Pyke centre and it was stated that she was concerned at this and that Central and North West London NHS Trust should prioritise women's services, especially the important area of contraception, and keep the Margaret Pyke Centre open. She added that the centre is valued by clients and if the centre were closed the valuable work on research and training would also be lost.

Discussion took place as to the tariffs system for the payment of GUM and contraception services and the fact that there had been a lack of consultation and engagement with staff or patients.

The Director of Public Health stated that she recognised the inconsistencies in funding in the GUM and contraceptive services and that consideration is being given to an integrated tariff across London and that no firm options were yet available for consideration on proposals for the future of the Margaret Pyke Centre. In addition consideration needs to be given to whether there needs to be a different delivery model for these services. The Director of Public Health added that she was continuing to have discussions with L.B.Camden and would be visiting the Margaret Pyke Centre the following day.

The view was expressed that Margaret Pyke is an internationally renowned centre and the building had been refurbished at extensive cost recently. Contraceptive services were a basic right for women and if the services were broken up they could not be delivered in the same way.

The Chair indicated that the Committee had heard a convincing argument that the Centre should be retained and that it did not appear that the only option available is to reallocate services elsewhere. It was added that any proposals would represent a significant service provision change and therefore any service change proposals should be referred back to Committee for consideration.

RESOLVED:

That any proposals for reconfiguration of services for sexual health and contraception in relation to the above be referred back to the Health and Care Scrutiny Committee for consideration

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

There was no update submitted to this meeting

148

LONDON AMBULANCE SERVICE QUALITY ACCOUNTS - PRESENTATION (ITEM NO. 10)

Peter Rhodes, Assistant Director of Operations, London Ambulance Service, was in attendance and made a presentation to the Committee, a copy of which is interleaved.

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

- Approximately 25% of Londoners are not registered with a GP and there are significant health inequalities and variations in life expectancy
- The LAS is the only pan London provider working with 32 Trusts, 32 Clinical Commissioning Groups, operating in seven clusters, seven System Resilience Groups, five Urgent and Emergency Care networks
- Demand for services is increasing year on year and in 2014/15 there were over 1.7 million requests. Operating budget is £316m and has 5,000 staff, 71% of which are frontline
- There is a changing workforce with more graduates, women and a higher turnover of staff and expectations. Transformation is taking place with a management restructure of frontline staff and recruitment drives
- The LAS main contract is to provide emergency service and urgent care ambulance (999) contract and is commissioned by NHS Brent CCG on behalf of all the 32 CCG's across London
- It is an annual contract which runs between 1 April 2015 and 31 March 2016 and operates 24 hours a day, for 365 days per year and the contract value is £267m per annum
- The 3 main challenges are staffing where morale needed to be improved as well as increasing staff numbers. There is also an ever increasing demand on services and the LAS will need to continue to find new and innovative ways of managing demand. The culture and management style of the organisation also needs to change as evidenced by staff feedback and external surveys
- In terms of recruitment LAS are running a national and international recruitment campaign for frontline staff, targeting Australian paramedics and increasing the number of places available at UK universities. Approximately 820 staff will be recruited this financial year, which includes 150 new posts
- In terms of performance LAS reached 75% of Category A calls in just over 10 minutes in 2014/15 and are now reaching 75% of Category A calls in just over 9 minutes so far in 2015/16. LAS work closely with the CCG and all the Acute Trusts in North Central London to develop pathways and reduce patient wait times
- Most patients are conveyed to the Whittington (31%) followed by UCLH (22%)
- In response to a question it was stated that it is mainly young people that did not register with a GP and that they tended to go straight to A&E
- LAS stated that staff in the staff survey in 2014 had indicated that they were concerned about the culture of management and a lot of work has taken place on improving local management who were visible to staff. There is also a new Chief Executive who is well respected by staff
- It was noted that the 2015 staff survey is now currently taking place
- A Member enquired whether there had been any improvement in recruitment of BME staff and the LAS stated that they would provide these figures to Members following the meeting
- In response to a question it was stated that the loss of staff contributed to the reduction in the Category A responses in 2014 and that one of the reasons why staff had left the LAS is that other services outside London are offering higher pay rates which the LAS could not compete with and that this had also affected staff morale

- It was stated that the utilisation rate of staff is around 90/95% which is very high and staff worked 12 hour shifts and this is tiring for staff and is far too high
- LAS worked well with the 111 service and did not think the referrals made were generally unnecessary or unreasonable, however there is a need generally to reduce attendance at A&E
- In response to a question the LAS stated that it would be useful if schools and colleges could be targeted to encourage children to train to be paramedics, however this would involve additional resources, however Health Education England had been approached in order to increase funding and training to encourage more paramedics and it is also important to retain existing paramedics

RESOLVED:

That the LAS provide the Committee with the closing date of the 2015/16 staff survey and the recruitment details of BME staff to the service and whether there had been an improvement in this

The Chair thanked Peter Rhodes for attending and his presentation

149

PROCUREMENT OF GP PREMISES - VERBAL (ITEM NO. 11)

Eshwyn Prabhu, Islington Planning Department, Alan Keane and Jonathan Weaver, NHS England, Fiona Ernes and Islington CCG were present for discussion of this item and made a presentation to the Committee, copy interleaved.

During consideration of this item the following main points were made –

- There are cost pressures in London however there are a number of initiatives to improve capacity and access to primary care
- There is an Islington I HUB pilot which has secured funding from PM Challenge Fund which will extend core GP hours in Islington, provide three physical hubs across the borough, with a single point of entry via a smart phone telephone interface, including clinical triage and be supported by digital information channels
- Islington has the lowest proportion of single handed contracts compared to other NCL boroughs. Since October 2014, 3 single hander GP practices have closed with a combined list of 4711. Capacity audits of neighbourhood GP practices during the consultation indicated that patients could re-register
- Islington is above the national average for FTE GPs per 1000 patients
- The average GP and Nurse FTE per 1000 patients combined across London is 0.75 and Islington is the highest in North Central London. This indicates that Islington provides sufficient clinical capacity for GP and Nurse FTE per 1000 patients
- The GLA estimates a projected increase of 41,500 (20%) over 15 years
- Growth varies by ward from 11% in Canonbury to 34% Bunhill however there is uncertainty as the actual number of homes or bedroom sizes are not known until planning permission is finalised
- Islington GP consultations are high at the start of life and from middle age increase sharply. Islington population aged 65-74 is expected to grow by 35% and aged 75+ by 39% from 2011-16
- Research has shown that someone living in the most deprived areas consults a GP as often as someone 20 years their senior in the least deprived areas
- There are a number of issues associated with Primary Care premises – Complex arrangements of tenure, where premises are improved and have rent increases this is picked up by the CCG to ensure alignment with strategy, Better Care for London recognised that across the capital up to 30% of

primary care premises are not compliant with the Equality Act 2010, strong focus from national bodies on how estates can be an enabler to service transformation

- From 1 October 2015 Islington CCG became a co-commissioner with NHS England which means that they both worked together to commission primary care
- Estate is a priority across North Central London CCG's who are working together to develop plans and Islington and Haringey are working on a joint strategy due in December 2015
- The strategic direction is to develop more local provision in the community so it is likely that there will be more co-location of primary care
- The recent Bunhill example showed how local planning could work and the project team included NHS England, L.B.Islington Public Health and Planning, NHS Property services, Islington CCG and the NEL Commissioning Support Unit
- The projected residential development and population increases arising from development over the next 15 years arises from developments particularly concentrated around Finsbury Park, Bunhill, Archway and Clerkenwell
- In the near future, the majority of development outside of, but adjacent to Islington, is planned in the Hoxton West ward, in the area north of City Road, and one development in the Hoxton East and Shoreditch wards, east of City Road
- There is a methodology used for options appraisal – public health maps of Islington, the City and Hackney wards, practices within one mile of the development, ratio of patients to GP's and nurses, space requirements, etc.
- The options available to cope with the recent decision for Bunhill population increase included – do nothing, grow existing practices within current premises, develop and improve existing practice premises, or relocate an existing GP practice into the City Forum development or commission new premises and a new contract
- In terms of the Bunhill development options appraisal there is an approval process in place and this was outlined, although this may not be suitable for other future developments
- The use of the Finsbury Leisure centre for the new GP premises is positive as it enables a co-location with a leisure facility with the stability of the Council being the landlord
- Members expressed concern that they would not like to see in future developers not being made to avoid their obligations to provide suitable premises and that it was important to develop a strategy with NHS England and the Planning Department to ensure that premises that are required are delivered at the right time and that any potential difficulties were identified at an early stage and there were no gaps in the process
- In response to a statement that GP's are independent contractors, it was stated that there were however levers that were in place to encourage them to change premises and that by having a competitive process GP's could be persuaded that this was a good idea
- It was stated that if there is significant population growth a new practice can be established and that the City Road development of 4000 additional patents, was not significant enough for this so the most viable option was to increase capacity at an existing practice. City Road practice were keen to expand and NHS England the Council were keen to work with them
- Reference was made to the previous item on the London Ambulance service where it was noted that 25% of Londoners were not registered with a GP and whether it was envisaged that this would increase. It was stated that it is hoped that new practices will pick up some existing residents who are not registered, however there is variable registration across London and whilst

they were looking at hotspots for non- registration it was a difficult problem to resolve

- It was stated that there is a constant churn of people in the borough and that NHS England were working with the Council to look at information on projected population growth and it would be important for them to work with Public Health and Planning to be aware of projected population growth
- Reference was made to the fact that there is often a limited amount of space to develop the capacity of GP surgeries in an inner London Borough such as Islington
- The Chair stated that it is hoped that Islington Planning would be able to deliver suitable premises through planning gain and in conjunction with an NHS needs assessment followed by NHS England seeking suitable providers

The Chair thanked all the witnesses for attending

150 SCRUTINY REVIEW - HEALTH IMPLICATIONS OF DAMP PROPERTIES - WITNESS EVIDENCE - VERBAL (ITEM NO. 12)

Katie White, Andover TRA, Janet Manderson, Girdlestone TRA and Ken Kanu, Help on Your Doorstep were present for discussion of this item and gave evidence to the Committee.

Julie Billett, Director of Public Health was also present together with Damian Dempsey, Housing and Adult Social Services.

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

- The Girdlestone Estate had been built in 1975/76 and 95% of the properties suffered from some sort of dampness problem
- The problems of dampness on the estate has led to instances of depression, respiratory problems, allergies, coughs and colds, and the issue affected flats on all levels not just the ground floors
- There had been constant issues with the Council in resolving these problems and tenants often gave up however major works were planned in the future and it was hoped that these would remedy the problems
- There seemed to be a number of causes of the dampness problems on the estate including leaks from central heating pipes, roofing, lack of DPC, balconies etc.
- There were also problems with leaks from the flat above the Community Centre, which was a leasehold flat and there had been ongoing problems with the Council and the leaseholder in resolving this issue which meant the Community Centre often cannot be used. Councillor Nicholls stated that he would investigate this issue with the TRA and the Housing Department
- The Committee were informed that a programme of works is being drawn up on the Girdlestone Estate and a pilot scheme would shortly be started with a rolling programme of major works commencing in 2017/18 for the rest of the estate, however there may still be the difficulty of accessing leasehold flats where there were central heating pipe problems
- The Andover TRA stated that there were not only problems in the new Andover blocks but the old blocks as well and many flats suffered from dampness problems
- There was poor communication by the Council when faults were reported and often tenants requested a report or feedback following a surveyors visit and this never happened and tenants often gave up and continued to live in damp conditions
- The Andover TRA stated that there were similar medical complaints of tenants to those at Girdlestone Estate, respiratory problems, coughs/colds, asthma,

especially in children, and tenants suffered depression, both caused by the problems and the difficulties in getting it rectified. Housing officers did not respond to e mails or enquiries and tenants never got feedback on visits and often problems remain unresolved or the dampness was just painted over

- It was stated that the pilot scheme on the Andover Estate is in relation to the new blocks
- The Andover Estate TRA also made reference to the problems that some tenants had experienced in relation to the installation of new kitchens and bathrooms and that this had caused condensation due to cupboards being placed in front of the air bricks
- In some flats the dampness was so bad children had to sleep in the sitting room
- The Housing officer stated that he did not consider that it was satisfactory if tenants had not received responses and he would contact the TRA to visit the estate and take up with officers the lack of responses issue
- The view was expressed that there were also problems on the New River Green and Elthorne Estates that had been picked up by Help on Your Doorstep in relation to dampness problems
- A number of vulnerable residents were affected by damp problems and 25% of those supported by Help on Your Doorstep are elderly. In addition there are families with young children that are affected and recurring medical themes are respiratory problems, allergies, infections, skin complaints and mental health problems
- Many residents also complained about the smell of damp in their properties and it lingering on their clothes and Help on Your Doorstep referred to a 93 year old woman that they were assisting and had been trying to rectify her dampness problems for 6 years and it was still ongoing
- In response to a question it was stated that the dampness problems in the old blocks were experienced on all floors. Councillor Heather indicated that he had visited the estate to see the problems and he felt that some of them were caused by a leaking water tank in the roof and he had discussed this with the surveying team
- The Committee expressed the view that there needed to be a systematic look at the problems on the Girdlestone and Andover Estates. Members were informed that there is a pilot taking place on the new blocks at the Andover and then major works would take place and similarly on the Girdlestone, however it appeared the old blocks on the Andover Estate, that were not scheduled for works needed further investigation
- The Committee requested that they receive six monthly updates on the progress of works on Andover and Girdlestone Estates, once they commence
- Help on Your Doorstep is an outreach/referral service that is a door knocking service for residents that refers residents on to a wide range of Council and other services, The service tried to focus on vulnerable residents and had identified a significant number of dampness problems and is the most common housing issue for residents
- Help on Your Doorstep stated that a common complaint from residents was that housing officers never responded to them and in the end they gave up and continued living in poor damp conditions. To date Help on Your Doorstep had identified 261 cases associated with dampness in the last 5 years
- Clients offered received multiple visits from surveyors and then did not get any feedback or work done and even on the occasions where work is carried out it is often superficial. Whilst it is recognised that dampness is often expensive to remedy it is also not pleasant for those residents having to live in damp properties
- The Committee were of the view that the evidence strongly seemed to suggest that there needed to be a better communications strategy with residents and

that where there were dampness problems copies of surveyors reports should be provided to tenants when they requested them and that this may well be one of the recommendations arising from the scrutiny review

- Reference was also made to the fact that a number of residents had communication problems as English was not their first language and that in such cases these should be sent to a relative or friend who could translate it for them
- Councillor Heather stated that he had experienced similar lack of communication issues with officers when reporting complaints and that the problems on the Andover Estate needed to be systematically assessed. In connection with the major remedial works on the Andover Estate, public meetings had been held and future meetings will be held with residents to keep them informed and discuss proposals
- In response to a question Help on Your Doorstep stated that they had information on the database in relation to the health problems suffered by residents that they assisted and Members requested that this should be circulated to Members, with names etc. anonymised

The Chair thanked Katie White, Jan Manderson and Ken Kanu for attending

151

ANNUAL ADULTS SAFEGUARDING REPORT (ITEM NO. 13)

Marian Harrington, Chair of the Adult Safeguarding Board and Elaine Oxley, Housing and Adult Social Services were present for discussion of this item.

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

- Under the Care Act 2014 the Council now has a statutory responsibility, through the Health and Care Scrutiny Committee to lead the Borough in safeguarding adults
- It was noted that physical abuse, financial abuse and neglect have remained the top three categories for several years and that the percentage of cases which were substantiated or partially substantiated has risen by 20% in the last year
- Islington has had its first serious case review for a number of years and an action plan is being worked on in order to address issues of concern. The case involved a discharge from hospital and measures had now been put in place to address these issues with care homes and Whittington and UCLH Trusts and relevant GP's
- In response to a question as to the interface between the Adults Safeguarding and Childrens Safeguarding Board, it was stated that there is an interface and there were teams in place to deal with the transition to adult services and there was a reciprocal arrangement for a member to be on the Boards. There is also shared learning and whole family training is being looked at
- The Chair stated that in view of the time limit for closing the meeting any questions to the Chair of the Adult Safeguarding Board would need to be submitted in writing for response

RESOLVED:

- (a) That any questions be submitted in writing to the Chair of the Adults Safeguarding Board
- (b) That the contents of the report be noted and to commend adult social services staff for their commitment to preventing abuse, where possible, and responding to concerns of abuse or neglect of vulnerable Islington residents

152 WORK PROGRAMME 2015/16 (ITEM NO. 14)

RESOLVED:

That, subject to the addition of the Healthwatch Work programme being added to the November meeting, the report be noted

The meeting ended at 10.30p.m.

Chair

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