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London Borough of Islington  
**Health and Care Scrutiny Committee - Tuesday, 19 July 2016**

Minutes of the meeting of the Health and Care Scrutiny Committee held on Tuesday, 19 July 2016 at 7.30 pm.

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

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

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

## **Councillor Martin Klute in the Chair**

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

The Chair introduced Members and officers to the meeting

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

Councillor Chowdhury and Bob Dowd for lateness

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

None

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

None

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

The Chair stated that the Scrutiny Review Health Implications of Damp Properties would be taken as the first item on the agenda

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

#### **RESOLVED:**

That the minutes of the meeting of the Committee held on 09 June 2016 be confirmed and the Chair be authorised to sign them

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

The Chair stated that he was concerned at the recent CQC report into the Camden and Islington Mental Health Trust that stated that the Trust required improvement. This was despite the Trust attending the previous meeting of the Committee and presenting a positive picture of the Trust's performance.

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The Chair stated that he would be meeting the Chair of the Trust, Leisha Fullick, to discuss this in the near future.

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

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

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

None

### 249 **WHITTINGTON HOSPITAL PERFORMANCE UPDATE (ITEM NO. 10)**

Sioban Harrington, Director of Strategy and Deputy Chief Executive, Whittington NHS Trust was present for discussion of this item and outlined the report.

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

- The performance of the Trust has been rated as good following the CQC inspection and had been rated outstanding in the caring services area
- There had only been 3 NHS Trusts that had received this rating in London Borough of Islington
- It was noted that the Trust had had a Quality summit the previous week to look at all the areas in order to address the areas that needed improvement however the CQC report was an excellent one
- In response to a question it was stated that there would be an increase of 5 consultant posts which would increase capacity and staffing levels
- In response to a question in relation to the risk register it was stated that flatter structures had been introduced and an integrated updated system introduced
- The Chief Executive of Whittington stated that the Whittington Hospital is a community hospital and had 200 adult beds. The numbers that were attending A&E had been increasing and numbers had gone up by 5%. The target for meeting the 4 hour emergency response time was in the mid 80%, as opposed to the 95% target
- Progress has been made in reducing patient stays of over 7 days and work is taking place with Local Authorities to try to reduce this and the Trust were working to discharge patients before 11a.m. However, there is a particular problem with mental health patients as once their physical illness had been treated there is a lack of mental health beds in the system to discharge them to
- The Trust were endeavouring to use the bed capacity in a smarter manner
- In response to a question on palliative care it was stated that the Trust had an end of life group that met every 6 weeks
- It was stated that there had been problems with confidentiality of patient data and that this had taken time to address but this has now been rectified
- In response to a question in relation to ligature points it was stated that this had been an area of disagreement with the CQC assessors but this has now been resolved
- The Committee welcomed the report and the significant improvements made in the past 2 years

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- It was stated that the improvement action plan would be circulated to Members of the Committee
- Reference was made to the fact that the recent unsatisfactory report on North Middlesex A&E had led to more emergency patients being referred to the Whittington and the Trust were looking at bed flow and working with partners to try and reduce length of stay in hospital. The industrial action of the junior doctors had also compounded these problems
- In response to a question in regard to mandatory training it was stated that whilst this was 10% below target, it was felt that a 90% rate was reasonable and better than 2 years previously. In addition, there was a need to improve staff appraisals, however the CQC had commended the Trust on the training provided in relation to children and adults at risk
- Reference was made to the fact that future inspections by the CQC would be unannounced and done in a different less resource led level as the current inspections were expensive
- It was stated that the Trust were about to employ a Head of Improvement to take things forward

### **RESOLVED:**

That the Whittington NHS Trust improvement plan be circulated to Members

The Chair thanked Steve Hitchins and Simon Pleydell for attending

## **250**      **WHITTINGTON HOSPITAL - GOVERNANCE ARRANGEMENTS (ITEM NO. 11)**

Simon Pleydell, Chief Executive and Steve Hitchins, Chair of the Whittington NHS Trust were present for discussion of this item.

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

- Discussion took place as to the disbanding of the Shadow Board of Governors and the Chief Executive stated that this had been established when the Trust were considering Foundation Trust status. However this is no longer being considered and therefore there is no reason to continue with the Shadow Board
- Reference was made to communication between the Chair of the Committee and the Chair of Whittington NHS Trust on this issue and that Councillor Heather had attended the recent meeting of the Forum for local engagement that had recently been established. The Trust were working hard to engage the local community and build up an e mail list of invitees and liaison is taking place with IVAC to develop a list of contacts and hard to reach groups
- The Chair of the Trust stated that they were due to meet the Youth Council to talk to young people. He added that the Forum was not going to have a specific membership and costs would be kept to a minimum and information disseminated digitally
- The intention is to engage as many of the community as possible
- It was noted that the Trust were being advised by the Director of Patient Experience at NHS England
- Councillor Heather expressed the view that the Forum meeting that he had attended had worked well and there had been a high level of engagement. However he felt that there should be an ability to look into specific issues and it was noted that there would be a mixture of afternoon and evening meetings to engage as wider section of the community as possible
- Councillor Burgess stated that she was the Council's representative on the Shadow Board of Governors for the previous 5 years and interest had waned

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but it would be good to try to engage some of the previous Board Members in the future. It was stated that a number of the Shadow Board Members had attended the Forum meeting

The Chair thanked Steve Hitchins and Simon Pleydell for attending

### **251 HEALTHWATCH ANNUAL REPORT (ITEM NO. 12)**

Emma Whitby and Bob Dowd of Healthwatch were present and outlined the report and made a presentation to the Committee, during which the following main points were made –

- The work of volunteers and the approach to volunteering was celebrated as best in the country and the project on mental health services for young adults was singled out for particular praise
- Worked with Islington Council and two local providers, to reach some 600 people receiving Council funded care in their own homes, providing signposting and other information
- Worked with GP surgeries to increase interpreting services in practices and this is now showing results
- Carried out mystery shopping in local hospitals and GP practices to find out how easy it was for people on low incomes to receive support under the Healthcare Travel costs scheme. This brought an immediate change of policy at Moorfields Hospital and one eventually at the Whittington
- Reference was made to the Whittington Estates strategy and that this has been considered at the JHOSC. It was stated that this needed to be kept under review and the Forum that has been established needs to be able to consider issues such as this and focus on outcomes
- It was stated that Healthwatch would be meeting with the new Patient Experience Manager at the Whittington in the next few weeks and that they would update the Committee on this

The Chair thanked Emma Whitby and Bob Dowd for their presentation

### **252 SCRUTINY REVIEW - HEALTH IMPLICATIONS OF DAMP PROPERTIES - WITNESS EVIDENCE - VERBAL (ITEM NO. 13)**

James Stone and Hilary Rowbottom, Hyde Housing Association, were present for discussion of this item.

During consideration the following main points were made –

- Hyde stated that they were not able to comment on the position at Alderwick Court as this matter is currently subject to legal consideration
- Hyde has a customer care centre, responsive repairs surveyors (of which there are 4 in Islington), and a special projects and major repairs team
- There is a phased approach to reports of damp and when a resident reports a dampness problem this is assessed and if it can be identified an order issued, however if not a surveyor would visit the property and where necessary the situation would be monitored and if it still could not be identified the issue could be referred to a more senior surveyor
- If there were lifestyle issues were involved Hyde would issue a leaflet to advise tenants of the best ways to avoid condensation and Hyde had a

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proforma for the surveyor to complete. Hyde stated that they would circulate this to Members

- If the works are substantial these will be referred to the major works team who will carry out further tests to see if there are design problems with the building etc. or a specialist DPC contractor will be called in to assess and remedy the problems
- If there is an emergency the matter is referred to the emergency services team and if there is a social services referral or a care issue then this is signposted to the appropriate agencies and interested parties, such as Environmental Health would be kept updated
- The surveying staff situation had been problematic in the past however there were now permanent members of staff in all surveying positions
- In response to a question as to rehousing families as a result of dampness problems where health situations were involved, it was stated that this was difficult to assess and would depend on the individual circumstances. Initially Hyde would try to assess and rectify the dampness issue, however if this was not possible then there may be a need for a temporary move. This would be assessed on a case by case basis
- It was stated that Hyde staff were not medical experts and if there is an issue then tenants would be advised to visit their GP for an assessment and advice and if there were relevant issues Hyde would look into these
- In response to a question it was stated that if an underlying cause for dampness problems could not be found then lifestyle issues would be taken into consideration and would need to be eliminated. A whole range of things would be looked at and there is a process of advice and monitoring the tenant
- Reference was made to whether Hyde were aware of the number of properties in their housing stock that were suffering from dampness problems and it was stated that they would try to ascertain these figures and inform Members
- In response to a question it was stated that if a tenant presents with a chronic medical issue works were carried out as an emergency, however if there are major works temporary accommodation would be provided
- Members expressed the view that it would be useful if Hyde could identify from their IT system figures on dampness issues in their properties, and it was stated that Hyde did not have KPI's on this however if a dampness issue regularly occurring this will be referred to a senior surveyor/company to investigate if there is any underlying cause and if this is ruled out then lifestyle issues will be considered and the implications of this explained to the tenant and appropriate advice given
- In response to a question Hyde stated that the worst problems of dampness were usually experienced in their Victorian and Edwardian properties

### **RESOLVED:**

- (a) That the pro forma, referred to above be circulated to Members for information
- (b) That if Hyde had any details of the numbers of properties in their housing stock that suffered from dampness problems these be notified to Members of the Committee

The Chair thanked James Stone and Hilary Rowbottom for attending

## **253      WORK PROGRAMME (ITEM NO. 14)**

### **RESOLVED:**

That the report be noted

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MEETING CLOSED at 10.00p.m.

Chair