

Our Ref: IPCT/FOI/0339

30 September 2008

Barbara Jacobson
19 Charles Rowan House
Margery Street
London
WC1X 0EH

Dear Ms Jacobson,

I am writing with regards to the supplementary enquiry you made to Islington PCT for further information relating to Finsbury Health Centre.

1. Sparknow - the PCT paid Sparknow £68k a number of years ago. We do not have a copy of their report.
2. English Heritage - the only correspondence with English Heritage on Finsbury relates to the PCT providing them with information on the capital cost of the refurbishment. We are unable to share this detail with you as they are commercially confidential details. CICS and CSPC - the only correspondence with either of those relates to them providing us with the capital cost information which we then provided to English Heritage, and we feel that the same exemption applies.
3. Costings. We acknowledge there has been some confusion about this. The cost of providing the same clinical space as is currently provided by Finsbury Health Centre in a new building would be c£600k per annum in rent. If we were to refurbish Finsbury Health Centre (in order to do this the route that we would need to go down is the LIFT route, which means we would need to sell the building to CICS, who would then refurbish it and rent it back to us) the rent would be c£1m per annum. These are the figures in the Consultation document that has just been published. The March 2008 press release also included the cost of incorporating clinical space that would result from combining the current Finsbury Health Centre with a facility on the land next door.
4. We do not currently have a Plan to sell Finsbury, and therefore do not have any costings relating to such a Plan. We are currently negotiating with LBI to buy the land next door, and the details are not yet finalised. Similarly, we are currently negotiating with the developer re the premises in Hornsey Street, and the detail has not yet been finalised. As the PCT is currently in possession of the other properties referred to in the Consultation document additional costs to move other services out will not be significant.
5. We did not refuse to disclose information relating to this question - we asked you to clarify what you were referring to. I assume you are referring to Sparknow and the Conservation Management Plan. The cost of the Sparknow work was £69k, and the Conservation Management Plan cost the PCT £19k.

Continued . . .

6. The PCT retains £1m of Enabling Funds that were originally earmarked for Finsbury Health Centre. We are required to use this funding for premises improvements, though there is no restriction as to which premises. It is likely that a significant proportion of this will be used to acquire the land next door.
7. The minutes of the 23 July 2008 meeting, and the Premises Report discussed at that meeting are attached. No decision re selling Finsbury Health Centre will be made until after the conclusion of the Consultation.

8,9,10 Relationship of Islington PCT to CICS and CSPC. CICS Ltd has the following ownership:

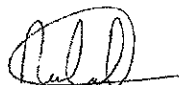
Community Health Partnerships (a joint venture between the private sector and Department of Health)	20%
Camden PCT	10%
Islington PCT	10%
CSPC	60%

Islington PCT has no relationship with CSPC.

If the PCT decided to refurbish Finsbury Health Centre it would (in accordance with the way the national LIFT programme works) sell the building to CICS, who would refurbish it and rent it back to the PCT.

I can confirm that your application is being processed in accordance with the Freedom of Information Act 2000. We intend to respond to your application within the 20 working day period, and will supply the information unless it falls within one of the exemptions.

Yours sincerely,



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FOI Complaints
Chief Executive Office
Islington PCT
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The Information Commissioner:
<http://www.informationcommissioner.gov.uk>
FOI Compliance Team (complaints)
Wycliffe House
Water Lane, Wilmslow
Cheshire, SK9 5AF

Board Meeting: 24 July 2008

**RELOCATION OF COMMUNITY HEALTH SERVICES WITHIN
ISLINGTON**

**Helen Pettersen, Chief Operating Officer - Islington PCT Provider
Services** (Helen.pettersen@islingtonpct.nhs.uk) **and Simon Goodwin, Director of
Finance** (Simon.goodwin@islingtonpct.nhs.uk)

SUMMARY

This paper describes the review of community health services premises within Islington undertaken over the last nine months. It makes recommendations for changes to some premises and to the location of some community health services. These changes are being proposed to improve the accessibility and quality of services for patients and to improve the standard of accommodation for clinical services.

RECOMMENDATIONS/ACTIONS REQUESTED

The Board is asked to **APPROVE:**

1. The findings of the review of community health services premises in Islington
2. The proposal to go out to public consultation in September 2008, on the movement of some community health services within Islington
3. The delegation of the final agreement of the version of the public consultation document to the PCT Chief Executive and one PCT Non-Executive Director
4. A revised budget for the refurbishment of River Place.

PCT Objective(s)/Plans supported by this paper – The proposals in this paper support the aims and objectives of the PCT Primary Care Strategy July 2008. In particular, they relate to ensuring that high quality and accessible primary care and community health services are available to local people and enables more services to be transferred from hospital and be available in the community.

Public and Patient Involvement

A period of three months public consultation will commence in September 2008 on the proposal to relocate some community health services within Islington

Equality Assessment - Has been carried out.

Risks – If the PCT retains Finsbury Health Centre it will be a significant drain on resources. It will mean fewer resources will be able to be allocated to the direct provision of health care to local residents.

Risk rating – 12

Legal Implications – Solicitors will be involved to draw up any contracts that are required for building works, rental and lease agreements.

Resource Implications – covered in the report.

Next Steps – If the proposals in this paper are approved the next step is to go out to public consultation on the proposal to relocate some community health services within Islington in September 2008, for 3 months.

1. INTRODUCTION

Primary and community healthcare services in Islington are currently delivered from nine PCT Health Centres, 28 separate GP premises and a small number of other sites. The Strategic Services Development Plan (SSDP), produced in 2003, set out the vision and challenges for the PCT's estate and a five year plan for the development of services and premises up to 2008. The estate has been improved over the past five years, mainly due to the closure of smaller inadequate GP premises and relocation of GPs and PCT services to newly-built facilities, including three LIFT buildings.

In September 2007, a project was set up to review the locations in which community health services are based and services delivered. The purpose of this review was to improve accessibility for patients across Islington and to optimise the utilisation of clinical and administrative space. The drivers for this review were as follows:

- With the development of more community based services, practice based commissioning and the extension of services provided in general practice, there are increasing pressures to find more space to deliver a wider range of community-based services.
- There has been feedback from patients that access to our buildings is not always easy. Staff have also feedback that some of our clinical and administrative space is not adequate for them to be able to provide a first class service. The review's focus was on establishing the current state of the PCT's estate and the potential to deliver services from better settings and mix of them.
- The White paper, "Our Health, Our Care, Our Say" (2006), which encourages innovation in the provision of community health services and the provision of more services in local communities closer to peoples' homes.
- The development of the provider arm of the PCT. The cost of services includes the cost of accommodation and therefore to be competitive community health services need to offer value for money and find ways to improve efficiency.
- Identify space for shifts in services from secondary care to primary care.

2. PROJECT OBJECTIVES

The objectives for the project were as follows:

- Map the existing PCT services' bases by location, including floor areas and premises costs
- Identify all services (PCT and others) delivered from PCT premises
- Produce proposals to reconfigure service bases by location to optimise the occupation of PCT premises
- Identify opportunities for "smart" working through technology and facility sharing
- To check services are using accommodation appropriately to ensure value for money.

2.1 Themes coming from the review

The review was completed in May 2008. Several clear themes emerged as a result of this work about staff experience of providing clinical services in PCT premises:

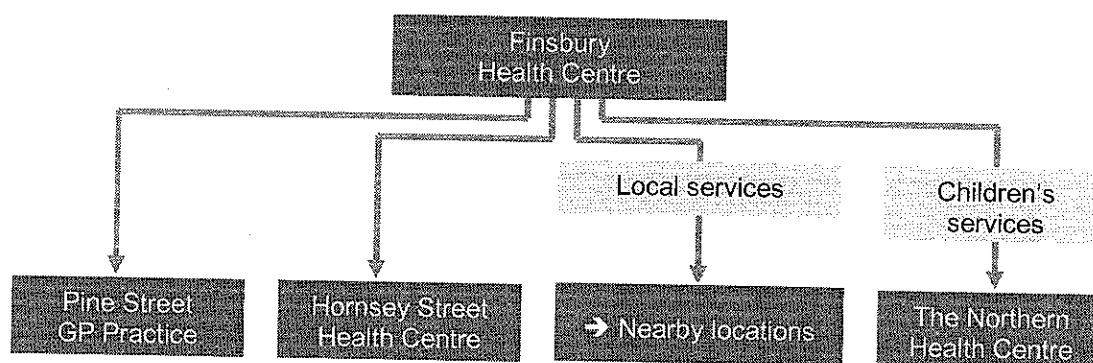
- Some services are trying to provide services to vulnerable people in less than adequate accommodation. For example in some buildings there are no lifts, or no clean and dirty utility rooms
- Physical access to some services for some groups of patients is difficult due to the poor quality of some PCT buildings
- Some teams are providing services where therapists are working alone. This has the effect of making access to services very complex because there are many small clinics with limited capacity. It raises issues for clinical governance in the areas of clinical and cost effectiveness as there are concerns as to how the single practitioner can operate alone and participate in multi-disciplinary shared learning. Single practitioner sites are not suitable for training students and make service development more difficult.
- As the expectation of providing a greater number of services in a community setting increases, teams are growing in number and skill-mix and some have outgrown the accommodation that they currently have, which has resulted in some overcrowding in parts of some of our buildings
- There are real possibilities for services to share clinical space (for example physiotherapy and podiatry) and consequently improve cost effectiveness of space use and service provision
- Administrative space is not well utilised and there are opportunities for re-designing administrative offices so that they are utilised more fully and staff have access to the type of space that they need
- The quality and size of accommodation across Islington varies between localities. Generally speaking and historically, the majority of investment, and therefore the quality and size of premises, is greater in the south of the borough.
- There is a willingness from staff to adopt mobile working. This would mean that staff could work in any of the PCT premises and could receive their telephone calls and messages from what ever work station they were working at, and also be able to use any local computer for their work. To support this way of working a request for 'touchdown' space in the main PCT buildings was raised, so that staff can work flexibly.
- More space is required in the middle of the borough to improve access to services and improve the quality of accommodation

3. MAIN FINDINGS FROM THE REVIEW

3.1 Relocation of Services

The main proposal from the review is that there is a need to relocate some community health services within Islington. These proposals centre on the movement of services from Finsbury Health Centre, the development of a new GP surgery in Pine Street – next door to Finsbury Health Centre, the development of a large premises in central Islington (Hornsey Street), and the development of the Northern Health Centre to be a hub for children's services in Islington.

Summary of the main proposal



3.2 Finsbury Health Centre

3.2.1 Finsbury Health Centre is a Grade One listed building in the south of the borough. It has been given this listing due to its architectural significance and as such is famous and much admired. Due to the uniqueness of this building it is very difficult to maintain and it now requires significant investment to bring it up to a reasonable standard. For many years the PCT and its predecessor organisations have tried hard to come up with a solution to modernise Finsbury Health Centre. However, our research over the years has shown us that, with the resources we have at our disposal, it is not financially or architecturally possible to make it a fit-for-purpose 21st century facility. The fact that Finsbury Health Centre is not viable gives us an opportunity to relocate services and develop better premises.

3.2.2 Services at Finsbury Health Centre

Finsbury Health Centre (FHC) is a large building from which a range of services are provided. These include 2 GP practices, podiatry, orthotics and biomechanics (foot health), contraceptive services, speech and language therapy, community dental services, physiotherapy, The Michael Palin Centre for Stammering and an administrative base for health visiting.

The review of our buildings has highlighted significant problems with FHC, which are described below.

3.2.3 Grade 1 Listed building status

Finsbury Health Centre is a Grade 1 listed building. This listing brings strict management guidelines concerning any changes the PCT can make to the inside and outside of the building. These guidelines prevent us from moving walls, and significantly changing fixtures and fittings. The Health Centre was built in 1938 when its design was cutting edge. But the range of services provided in primary care, and the way in which they are delivered, has changed considerably since then and the building can not be made suitable for delivering state of the art services in 2008 and beyond. The Grade 1 listing means that it is very expensive for us to make improvements to repair and maintain the building because the materials that we have to use need to be the same as those originally used. The original materials are extremely expensive and require specialist contractors to do the work e.g. the exterior tiles would need to be manufactured specifically if they were to be replaced.

If the PCT did continue with Finsbury Health Centre it would be required to continue to spend a significant amount of management time preserving and

managing this Grade 1 listed building. This is a highly specialised job for which we are not equipped as a provider of primary and community healthcare.

3.2.4 Developing and maintaining Finsbury Health Centre

The capital cost of refurbishing Finsbury Health Centre is c £4.4m more than the cost of a new building providing the same amount of usable space.

A refurbished Finsbury Health Centre would also cost significantly more to maintain, and significantly more for energy and utilities than a new building. This would increase the revenue cost of the building and therefore the cost of services.

3.2.5 Disabled Access

Access for disabled patients and staff who go to Finsbury Health Centre is limited. There is a first floor and a basement where much of the clinical space is located for treating patients. However, there is no lift in Finsbury and this means that many patients and staff with mobility problems can not access all of the building. Some can but with difficulty going up and down stairs. It is PCT policy to try and ensure that all of the space in all of our building should be accessible to all patients and staff.

3.3 **The need to spread resources across Islington**

Finsbury Health Centre is located in South Islington which has recently benefited from substantial new premises and new services funding. Bingfield Street Primary Healthcare Centre is a brand new building housing two GP practices and community health services, the Amwell Street GP practice is housed in a brand new building, Laycock Street (due to open in September 2008) is the new home of the St Paul's Road Medical Centre and River Place Health Centre will be refurbished in the autumn of this year. In addition the majority of other premises in South Islington are under 10 years old and are purpose built. The PCT is required to ensure that resources are spread across Islington, and not concentrated in one area.

3.4 **Development and upgrading of other health centres in Islington**

It should be noted that during 2008/09 the PCT also intends to refurbish River Place Health Centre, Goodinge Health Centre and Highbury Grange Health Centre. The cost of each of these will be between £500k and £1m, and will be funded from existing budgets. Board approval will be sought for each scheme individually when detailed costs are known.

In January 2007 the Board approved a budget of £550k for the refurbishment of River Place Health Centre. More detailed surveys have subsequently been carried out, and it is clear that the scope of the project needs to be extended – there are significant issues with the roof, asbestos and the electrical systems which were not known about in January 2007.

The Finance and Commissioning Committee are therefore asked to approve an increase in the budget for River Place from £550k to £900k, and to delegate authority to the Director of Finance and Chief Executive to sign the contract provided it is below £900k.

4. **SPECIFIC RECOMMENDATIONS**

The following recommendations are put forward as solutions to the problems with PCT accommodation identified by the review. We believe that these recommendations will enable the PCT to provide high quality services to all

Islington residents and in accommodation that is fit for the demands of the 21st Century.

4.1 Finsbury Health Centre

It is proposed that the PCT should move the services that are currently provided at Finsbury Health Centre to other locations.

It is proposed that the community health services currently provided from the centre will still be provided, but from alternative more suitable accommodation local to Finsbury.

The two GP surgeries will be moved to a new building on a site adjacent to Finsbury Health Centre.

It is proposed that the PCT sells Finsbury Health Centre to an owner who would be in a much better position to look after a Grade 1 listed building. The building currently only has planning permission to be a health care facility. We expect to apply for change of use so that a range of different owners would wish to bid to buy it. Because it is Grade 1 listed it can not be demolished and any new owner would need to ensure that it remains looking as similar as possible, both inside and out, to when it was built in 1938.

The Board will be kept appraised of developments, and will be asked to formally approve the sale of Finsbury Health Centre at the appropriate time.

4.2 Develop new accommodation in Central Islington

The premises review identified that there is not enough high quality accommodation of significant size in central Islington for community services. The result of this is that there are few opportunities for innovative service developments and service redesign to meet service needs.

An opportunity has arisen for the PCT to rent a large centre (c1700m²) in Hornsey Street N7. This centre is very close to the tube and bus networks and is on ground level, offering maximum accessibility to local people. It is proposed that this centre house five services that are currently in difficulties because of restrictions in their current accommodation.

4.3 Develop a child focussed centre at the Northern Health Centre

The Northern Health Centre is a grade two listed building in North Islington and is the largest centre owned by the PCT. There are a large number of community health services provided in this centre and one GP practice. As clinical space is at a premium in Islington, services have developed incrementally and the review identified that some services are no longer functioning optimally in the Northern.

The possible option of opening a new centre in Hornsey Street N7 has provided the PCT with an opportunity to review which services are located at the Northern and re-organise accommodation to ensure that it is appropriate for each service and accessible for service users. A significant proportion of the services at the Northern Health Centre are provided for children and young people. As part of the reorganisation of services across Islington in general it will be possible to designate the Northern as a child-focussed centre and move adult services to alternative accommodation in Hornsey Street. This would put children's community services in the heart of Islington, in accessible accommodation that is focussed on their needs.

4.4 Mobile working

One of the themes of the review was that staff are increasingly using laptop and handheld devices to record data as they travel around Islington. It is recommended that any new or upgraded PCT community health buildings have a designated "touchdown" space where any member of PCT staff can plug in a laptop and access PCT systems. This will increase flexibility and efficiency.

4.5 Implications of the recommendations

The overall impact of these recommendations will be to substantially improve the fabric and standard of accommodation for PCT community services. These recommendations address most of the themes of the review including improving physical access, reducing overcrowding and single clinician working, and increasing shared/ flexible space. The proposals also improve the availability of space in the centre of the borough.

5. FINANCE

Although at this stage there remains uncertainty about the financial implications of what is proposed, what is clear is that there is no 'do nothing' option. The nearest that there is to a 'do nothing' option is to refurbish Finsbury Health Centre, which would cost c£1.1 m per annum more (for 25 years) than the current estates costs, but not deliver any more clinical space.

Although we have not yet concluded negotiations on Hornsey Street, nor agreed a design or costs for Pine Street, it is probable that the aggregated cost of these two schemes will be less than the £1.1 m per annum of the above option, it will include a capital receipt (the exact amount to be determined at a later date), and will deliver potentially 500m² more clinical space.

6. TIMESCALES

It is proposed to go out to public consultation in September 2008. The consultation will run until December 2008. The consultation findings will be reported to the PCT Board in January 2009.

7. CONTINUITY OF SERVICE PROVISION

If any community health services are relocated within Islington, the PCT will ensure that there is continuity of service provision and the new locations for services will be accessible to local people; especially for those who are vulnerable or who have mobility problems

8. CONCLUSION

The review of PCT premises was comprehensive and has identified some significant problems with the quality of accommodation and shortcomings in the size and location of buildings. This is the first time that the PCT has collected data on all community health services, which it can use to reorganise services to ensure adequate clinical space and provide services that are safe and accessible to patients. The review has identified some serious shortcomings in the PCT's estate and the recommendations in this report will go some way towards ensuring that the PCT is in a position to meet the demands of the modern twenty first century health service.

Minutes of the Board meeting held on Thursday 24 July 2008 at 9.30am in the Conference Rooms A&B, 338-346 Goswell Road, London EC1V 7LQ

Present:

Paula Kahn	(PK)	Chair
Anita Charlesworth	(AC)	Non-Executive Director
Steve Hitchins	(SH)	Non-Executive Director
Catherine Taylor	(CT)	Non-Executive Director
James Tugendhat	(JT)	Non-Executive Director
Anne Weyman	(AW)	Non-Executive Director
Gillian Greenhough	(GG)	Professional Executive Committee Chair
Rachel Tyndall	(RT)	Chief Executive
Simon Goodwin	(SG)	Director of Finance
Sarah Price	(SP)	Director of Public Health
John Gilbert	(JG)	Executive Member for London Borough of Islington, Health & Social Services
Sarah Timms	(ST)	Director of Nursing and Professional Development and Children's Services

In Attendance:

Will Huxter	(WH)	Director of Strategy and Commissioning
Helen Pettersen	(HP)	Director of Services
Jane Roberts	(JR)	Director of Quality & Performance
Richard Freeman	(RF)	Head of Corporate Management (Minutes)
Thanos Morphitis	(TM)	Assistant Director LBI Children's Services (Item 14 Only)
Maggie Buckell	(MB)	Deputy Director Children's Services (Item 14 Only)

STANDARD ITEMS

1. Apologies for Absence:

Action

Claire Topping

Declaration of interests

GG declared that she had an interest in Finsbury Health Centre.

2. Chair's introduction and opening remarks

- 2.1 PK welcomed CT who had recently joined the Board as a Non-Executive Director. CT introduced herself, providing a resume of her background in marketing and highlighting her experience in social marketing.

3. Minutes of last meeting

The Board **AGREED** the minutes were an accurate record of the meeting.

4. Matters Arising

- 4.1 The requirement to present proposals for the delegation limits of Board sub-committees was to be dealt with in Agenda Item 4.
- 4.2 The requirement to present detailed proposals about the service and premises strategy for the Finsbury Health Centre was to be dealt with in Agenda Item 8.
- 4.3 WH provided an explanation of the use of concurrent appointments at Moorfields Hospital. In circumstance where patients had more than one appointment in the same speciality on one day, the PCT was only charged once.
- 4.4 WH provided a brief to the Board on the issue of 'unknown clock starts'.
- 4.5 The requirement to produce a short paper to the Board that identified the added value of the JSNA was deferred to the next Board meeting. SP

4.6 The requirement to include information on the effectiveness and speed of risk mitigation measures and how these varied in future Chief Executive's Reports to the Board would be addressed prior to the next Board meeting. RT

4.7 AW had discussed with AC how risk issues would be dealt with between the Audit Committee and the QAG. Once per year, the QAG would provide a report to the Audit Committee on how risk was being handled, including how identified risks were being dealt with and identifying 'systemic' risk. Risk relating to the Provider Side would be dealt with separately between the Audit Committee and the Provider Side Committee.

5. Chief Executive's Report

5.1 RT provided an overview Lord Darzi's Next Stage Review and the findings that were contained in 'High Quality Care for All', noting that potentially the report could generate up to 93 different workstreams. AC noted that the report had a lack of clarity on the issue of 'Polyclinics'.

5.2 Alongside the publication of the Next Stage Review came the announcement of a new constitution for the NHS. PK noted that the opportunity existed for the PCT to respond to the proposed constitution; however, as it was not controversial, it was agreed that the PCT would not do so.

5.3 The Local Area Agreement (LAA) had received ministerial sign off in June 2008 and the new LAA 2008-11, together with the accompanying Story of Place, were presented to the Board. SP noted that the national indicator list contained too many indicators realistically to track; however, the LAA presented an opportunity to select those indicators that would make a difference within the Borough, for example, work that might take place on 'income' would potentially have an impact on child poverty. AC noted that the targets on under-18 conception were very ambitious and that, given that the quality of housing is critical to many initiatives, the targets on this issue were disappointing. RT emphasised that financial incentives were attached to the targets and stated that the Health and Wellbeing Board would be taking the health related work forward.

5.4 RT provided an overview of the proposed changes to the Scheme of Delegation, emphasising that there is the latitude to make amendments in the future.

The Board **NOTED** the Chief Executive's Report and **APPROVED** the changes to the Scheme of Delegation.

PROFESSIONAL EXECUTIVE COMMITTEE

6. Professional Executive Committee Report

6.1 GG stated that the revised extended hours LES for practices had been launched within the last two weeks; although, there was not as much scope to develop this with local GPs as had been hoped. The balanced scorecard for GP self assessment had also been updated and the template for the annual contract review finalised.

6.2 Work to increase uptake of the screening programme was being completed by Public Health and GPs. Breast and bowel screening within Islington is one of the lowest uptake rates in London.

6.3 Initial results from the MORI poll into patient satisfaction were disappointing. Access to primary care had improved but not as fast as others and so the PCT had "slipped down the pecking order". However, at this stage the results could only be compared with other Trusts who had used the same contractor to complete the survey. The HCC had just published the results of PCT surveys nationally and therefore comparison shortly could be made of IPCT's results and all PCTs in England (as opposed just to those surveyed by Quality Health). It was decided that GG and JR should present a report to the Board for information on these results in September highlighting key issues and then present an action plan to the QAG in October that identifies what will be done. The new PCT website will include GP performance and quality data in the section on 'How to find a GP'. JT questioned how this would be publicised and RT noted that such issues needed to be addressed. GG/
JR

6.4 NHS London had confirmed that all London PCTs should have plans for the introduction of a polyclinic within the next 5 years. RT

HEALTHCARE FOR LONDON

7. Healthcare for London – Next Steps

- 7.1 The Joint Committee of PCTs (JCPCT) had met on 12th June and made a number of decisions and agreed recommendations arising out of the Healthcare for London (HfL) study. Comments on the proposals that had been made by PCTs had been incorporated into the minutes. Some work has already started, for example on the trauma and stroke care pathways. PCTs will be required to articulate their strategic plans for commissioning primary and community care in their CSP submission in November, including intentions with regards commissioning of polyclinics. The LCG have agreed to complete the other HfL projects that are already underway, including: the local hospital project, unscheduled care, and diabetes. The next projects that will be considered are: maternity services, children's and young people's services, mental health and health improvement.
- 7.2 The Board had been requested to endorse the proposed scope and approach to delivery of the programme in 2008/09 whilst providing suggestions for consideration by the LCG. It was emphasised that the programme should not go over old ground and should incorporate previous work done by the PCT such as 'Healthy Starts, Healthy Futures', starting where such work had finished. Moreover, whilst the PCT should support pan-London projects there was a need to focus on a few priorities.

The Board **ENDORSED** the proposed scope and approach to delivery of the HfL programme.

PROVIDER SIDE

8. Feedback from the Provide Side Committee

- 8.1 Two thirds of the work to refurbish of Simmons House had been completed; however, following problems with the contractor, the contract has been terminated. A meeting of the Project Board, to be held on 25th July 2008, would agree the way forward.
- 8.2 A review of provider side services would be completed by November 2008.
- 8.3 A strategy workshop to address the provider side strategy and development plan had been held. Proposals would be going out for consultation during September 2008.
- 8.4 Discussions have been taking place between the provider sides of the five North Central London PCTs in order to develop proposals for potential future working relationships. ST stated that the opportunity for Islington and Haringey provider sides to work more closely together would be a positive step.
- 8.5 Problems have delayed the role out of RIO v5 across London from October until November 2008; moreover, the role out could slip further until January 2009. SP stated that these delays in the implementation of RIO were causing real problems for service delivery and immunisation coverage and it was questioned whether it would be possible to use an old version of RIO for some services. HP agreed to check whether this would be possible. It was also noted that such problems were affecting Islington PCT to a greater degree than many other PCTs; therefore, it was agreed that RT would write to Ruth Carnall to request that Islington PCT be one of the first PCTs to transition to RIO v5. HP RT

The Board **NOTED** the Provider Side Committee update.

FINANCE AND COMMISSIONING

9. Relocation of Community Health Services within Islington

- 9.1 HP described the review of community health service premises that had taken place within Islington over the previous nine months. This had been driven by; the need for improved premises; the fact that some existing premises were not fit for purpose; and a desire to make the most efficient use of the estate. In particular, there was a desire to: move the services that were currently provided at Finsbury Health Centre to other locations; develop new accommodation in central Islington for community services; consolidate child services at the Northern Health Centre; and facilitate mobile working through the provision of 'touchdown' space.

- 9.2 The Board was therefore asked to approve: the findings of the review of community health services premises in Islington; the proposal to go out to public consultation in September 2008 on the movement of some community health services within Islington; the delegation of the final agreement of the version of the public consultation document to the PCT Chief Executive and one PCT Non-Executive Director; and a revised budget for the refurbishment of River Place.
- 9.3 It was noted that a communications strategy would be required before September; however, this should be for the purpose of communicating intent rather than consulting on proposals. A proposed communications strategy is already held by HP.
- 9.4 At the end of the refurbishment and relocation process, there would still be some buildings that were not fit for purpose, but these, for example GP surgeries, would not be in PCT ownership. SG stated that there were limitations on spending money on these premises; however, the PCT could assist in transitioning them into new premises, and already had a policy for doing this.
- 9.5 The Board **APPROVED**:
1. The findings of the review of community health services premises in Islington
 2. The development of a communications strategy to advise the public on the movement of some community health services within Islington
 3. The delegation of the final agreement of the communications strategy to RT and CT.
 4. A revised budget for the refurbishment of River Place of up to £900K.

10. Finance and Commissioning Committee Update

- 10.1 WH provided an update of the main activities of the Strategy and Commissioning Directorate and the major commissioning issues affecting the PCT. These included: the resolution of patients waiting over 52 weeks for treatment at UCLH (who have now been treated or had been mis-recorded due to data problems) and a revised focus on patients waiting more than 26 weeks. WH reported that Finance & Commissioning Committee had received a consultation draft of the PCT's End of Life Strategy, and that this was to be issued for consultation over the summer.
- 10.2 SG presented the Month 3 Finance Report, stating that the key issues for 2008/09 surround the achievability of the proposed Investment Plan, and the potential that a larger surplus than the planned £5.7m, might arise. It is important that the PCT does not underspend; therefore, an Investment Plan that addresses this surplus has been developed although there are still risks around slippage.

The Board **NOTED** the Finance and Commissioning Update and **NOTED** the Investment Plan.

11 Update on World Class Commissioning

- 11.1 WH provided an update on World Class Commissioning (WCC), focussing on the assurance framework for PCTs and the work that needs to be done in preparation for a panel assessment in January 2009. This will include completion of a self-assessment against the WCC competencies, and production of a number of documents, including: a 5 year commissioning strategy plan, a primary & community services strategy, an OD plan, and a market management & procurement strategy.
- 11.2 The Board **NOTED** the World Class Commissioning Update.

12 Development of a Revised Primary Care Strategy

- 12.1 WH presented a report that set out a proposed framework for the production of a revised Primary Care Strategy for the PCT, covering the period 2009-2012, and which included the intended outcomes of the strategy. The strategy covers a full range of community services, commensurate with the national approach.
- 12.2 It was identified that, prior to the production of a draft strategy, the views of the public and patients on primary care services would be sought via a range of mechanisms, including a 'key questions' booklet.

- 12.3 It was proposed to provide an update to the Board at the September Board Meeting followed by the draft Strategy at the November meeting. This would be followed by a formal consultation process. WH
- 12.4 AC noted that the Project Board appeared rather "insular" and that there ought to be more representation from the Local Authority. JG indicated that as the LBI representative to the Board, he was content with the representation on the Project Board given the number of joint appointees already in place. It was also noted that there should be a Non-Executive Director and two patient representatives on the Project Board.

The Board **NOTED** the report and **APPROVED** the proposed approach to developing the Primary Care Strategy.

QUALITY, ASSURANCE AND GOVERNANCE

13 Quality, Assurance and Governance Update

- 13.1 The Board discussed the outcome of the recently published PCT and Hospital Patient Surveys. It was noted that the update from the QAG should have read "In almost every area, the results in Islington PCT are markedly worse than the results for all the PCTs surveyed by Quality Health in 2008". Access to General Practice had improved since previous surveys, but there was still significant room for improvement, and access by telephone is poor. The Whittington Hospital has seen little change but UCLH has improved markedly. Indeed, national results show significant variations across organisations. The Whittington's results have already been discussed at a contract monitoring meeting and further information is to be supplied to the PCT following the hospital's Board meeting. As well as further discussions at QAG, the PCT Board requested a report at its next meeting jointly from the PEC Chair and the Director of Quality and Performance with regard to action planned to improve patient experience in primary care (see also paragraph 6.3).
- 13.2 Good progress has been made by the PCT Equalities Steering Group in ensuring that the PCT is working effectively to reduce inequalities.
- 13.3 A somewhat new format for the Performance Summary Report will be presented to the next Board meeting reflecting the current requirements set out in the 'vital signs'.
- 13.4 The GP appraisal system was now well embedded and had run smoothly over the course of the year. There was a brief discussion on appraisals of doctors more generally and it was noted that Sir Liam Donaldson had just published a report on next steps towards medical revalidation.

The Board **NOTED** the Quality, Assurance and Governance Committee Update.

PARTNERSHIP

14 Promoting Mental Health and Wellbeing in Islington

- 14.1 SP presented the report into Promoting Mental Health and Wellbeing in Islington. This is a particularly important issue as Islington has very high levels of mental ill health, the second highest spending on mental health services in London and there is a need to build resilience into the population. A consultation with service users and stakeholders has taken place and the main tenets of the strategy are to: reduce stigma; raise awareness; recognise and respond to problems early; and prevent suicide.
- 14.2 The requirement to measure success was discussed at it was noted that strategy coincided with a LAA local target.

The Board **NOTED** the case for, and approach to, promoting and building positive mental health outlined in the strategy and **APPROVED** the strategy, its aims and objectives.

15. 2007/08 Annual Review of the Children and Young People's Plan

- 15.1 TM presented the draft 2007/08 Annual review of the Children and Young People's Plan, noting that this was the second year of a three year plan and that next year would see the preparation of the next three year plan. The plan has five priorities: prevention is better than cure and giving

young children the best possible start in life; every child going to school every day; outstanding learning in every Islington school; young people with access to all the support and help they need; and Islington's children in care enjoy the lives we want for our own families.

15.2 A revised action plan and priorities for the coming year was being developed. It was questioned how the PCT would influence the next plan and it was stated that this would be through a consultation process in November and December 2008. The plan should be complete by February or March 2009.

15.3 It was requested that an 'organogram' be produced for the Board that details how services interact across the PCT and LBI boundaries, taking account of partnerships and dual accountability.

TM

The Board **AGREED** the draft Annual Review of the Children and Young People's Plan.

16. **Annual Section 75 Partnership report**

16.1 WH presented the Annual Section 75 Partnership Report. It was noted that partnership working in Islington is well developed with arrangements between Islington Primary Care Trust and Islington Council being a leading example of effective joined up health and social care services in London.

The Board **ENDORSED** the achievements in 2007/08 of the Section 75 (formerly Section 31) partnership arrangements between Islington Primary Care Trust and Islington Council and **AGREED** the planned work on integration for 2008/09.

CORPORATE

17. **Update on LINKs**

17.1 JG presented a report that provided an update on LINKs, the new mechanism for local people to have their say on health and social care services. LBI are the first authority in London to have a Transitional LINK working and are making progress towards provision of the full service.

17.2 A report on progress was requested for the November 2008 Board meeting.

The Board **NOTED** the report.

18. **Audit Committee Annual Report for the Year 2007/08**

18.1 AW presented the Audit Committee Annual Report for the year 2007/08. The Committee were pleased with the outcome of the self assessment and it was felt that the PCT were operating good governance and systems.

18.2 In future there will be four, rather than three, meetings of the Audit Committee per annum, of which one will be attended by the Chair of the Board.

The Board **NOTED** the Audit Committee Annual Report for the Year 2007/08.

19. **Annual Accounts**

The Board **ADOPTED** the Annual Accounts of the PCT and **NOTED** the Finance monitoring and Accounts.

FOR INFORMATION

20. **Report from Audit Committee**

The Board **NOTED** the report from Audit Committee.

21. **Any Other Business**

21.1 No other business was discussed.

22. **Date of Next Meeting**

Thursday 25 September 2008 at 9.30 am to 12.30 pm Conference Rooms A&B, 338-346 Goswell Road.