

HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE

Tuesday, 13 February 2018

Minutes of the meeting of the Health and Social Care Scrutiny Committee held at the Guildhall EC2 at 11.00 am

Present

Members:

Chris Boden (Chairman)	Michael Hudson
Wendy Mead (Deputy Chairman)	Vivienne Littlechild
Alderman Emma Edhem	Steve Stevenson
Alderman Alison Gowman	

Officers:

Farrah Hart	-	Community & Children's Services Department
Joseph Anstee	-	Town Clerk's Department
Simon Cribbens	-	Community & Children's Services Department
Adrian Kelly	-	Community and Children's Services

Also in attendance:

Sue Neville	-	Neaman Practice
Shahannu Uddin	-	Neaman Practice
Richard Bull	-	City and Hackney CCG
Siobhan Harper	-	City and Hackney CCG
Kathie Binysh	-	NHS England
Sarah Galbraith	-	NHS England
Dan Burningham	-	City and Hackney CCG
Dr Waleed Fawzi	-	East London NHS Foundation Trust

1. APOLOGIES

Apologies for absence were received from Jo Wilson (NHS England).

2. MEMBERS' DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA

Alderman Alison Gowman, Vivienne Littlechild and Steve Stevenson declared standing interests by virtue of being residents in the City of London, and registered with the Neaman Practice.

3. MINUTES

RESOLVED – That the public minutes of the meeting held on 30 October 2017 be agreed as a correct record.

Matters Arising

Defibrillators

The Director of Community and Children's Services informed the Committee that officers had engaged with the Community Heartbeat Trust and were working on a scheme to encourage business to make defibrillators installed on their premises publicly available. There would be a proposal going to the Health and Wellbeing Board to take the scheme forward.

Employment for People with a Learning Disability

The Director of Community and Children's Services informed the Committee that learning disabilities were not recorded specifically in the City of London Corporation's employment data. With regards to employees declaring a disability, 2.7% of employees declared a disability, and 13% of employees had not declared their disability status.

The Committee noted that the City Bridge Trust was currently funding two schemes with the aim of supporting people with disabilities into employment, including the Bridge to Work programme. The Committee noted that the Corporation was not on this scheme as an employer. A Member suggested that officers link with the Corporation's Disability Inclusive Network for insight into the matter.

4. GP SERVICES IN THE CITY

The Committee received a report of the City and Hackney Clinical Commissioning Group (CCG) and welcomed Sue Neville and Shahannu Uddin, representatives from the Neaman Practice and Richard Bull from City and Hackney CCG. The Committee was given an update on the Neaman Practice and its current performance. The practice currently had around 9400 registered patients, and provided a variety of services alongside GP, nurse and pharmacy appointments such as chiropody, physiotherapy and smoking cessation, and also offered a duty doctor scheme, which had been successful.

Practice staff were aware of difficulties with the phone system and were working hard to find a system which maximised the capacity of the reception staff to take bookings for appointments both over the phone and face-to-face. The practice had been selected for City and Hackney's 'South Hub' and would be open from 8am until 8pm on Saturdays from April 2018. The practice was also aiming to increase its capacity and hold an extra three hours of appointments during the week. There were plans to increase capacity for booking online appointments to up to 6 weeks in advance.

The Committee noted the practice's performance against the CCG's Primary Care Quality Dashboard. Whilst there were some areas of underperformance the practice's overall score was higher than the City and Hackney average and above the London and National benchmarks. The Committee noted that the practice was within BMA guidelines for weekly appointments per 1000 patients and number of registered patients per doctor. The Committee noted that the practice's administrative obligations and accountability to the local GP Confederation often had to take a high priority as the practice needed to meet certain targets in order to receive funding.

The Chairman reminded the Committee that it was important to keep context of the patients being served in mind when considering the performance data of the practice, as it had an unusual catchment area with some of the lowest areas of deprivation in the country, thus skewing the data. The Committee was informed that the practice had met its funding-related targets and was working hard to improve any areas of underperformance. Staffing was a significant issue, but the practice was working hard to recruit both medical and non-medical staff in order to meet demand and operate at full capacity.

The Chairman asked the Neaman Practice representatives if the Babylon GP service had impacted on the practice. Whilst it was not currently a big issue for the Neaman Practice specifically, it may escalate in the future, as it could attract younger patients who may deregister from GP Practices, which would have a knock-on effect on the funding received by the practice as well as increasing relative workload. The Committee was informed that the Babylon service was creating a problem for GP practices in other areas. The Chairman suggested that the Committee could look at the Babylon service at a future meeting, as it was theoretically a positive thing but was seen to be having negative effects, and could have further implications with regards to cancer screening if younger patients were not registered with GPs.

The Committee noted the draft scoping paper for an options appraisal for the Neaman Practice. A small working group was to be convened to consider options to improve access to the practice, and work out the scope for expansion, the practice's relationship with neighbouring practices and the effect of expansion or relocation on the practice's catchment area. The Committee noted that the premises costs for the Neaman Practice's current location were far higher than the CCG average, but was assured that if the Practice was to be relocated it would remain within the City of London.

The Committee thanked Sue Neville, Shahannu Uddin and Richard Bull for attending and for their contributions to the meeting.

RESOLVED – That the report and briefing papers be noted.

5. UPDATE ON CHANGES TO CANCER SERVICES AND BREAST CANCER SCREENING

The Committee received a report of NHS England and welcomed Siobhan Harper from the City and Hackney CCG, and Kathie Binysh and Sarah Galbraith, representatives from NHS England to the meeting. The Committee was given an overview of cancer services and breast cancer screening in the City of London. All CCGs were monitored on cancer standards and rated by the Integrated Assessment Framework (IAF) on key indicators such as waiting times, survival rates, patient experience and staging.

Siobhan Harper informed the Committee that City and Hackney CCG was underperforming by these standards. There was a need for improvement in cancer services, and this was a high-profile focus of the CCG. There were some issues specific to the area, but performance in City and Hackney had been poor in the last year, with particular issues in the delivery of 62-day

referrals for cancer screening. However, performance had been encouraging with regards to survival rates where the CCG was improving significantly. The Committee was informed that there was a lot of work ongoing to learn from methods in other European countries where cancer services were better. A Member expressed concern that the cancer unit at St. Bartholomew's was not delivering what had been expected when it had opened.

Members noted that the CCG's level of 65.4% for urgent referrals within 62 days was well below neighbouring CCGs and was a significant cause for concern, as the shortfall was greater than in other places. Members expressed the urgent need to work past difficulties and barriers, and made suggestions for increasing referral numbers, such as making screening locations more convenient, and increasing engagement with patients to understand any reasons that might cause barriers to screening. Siobhan Harper told the Committee that there had been some discussion about introducing mobile CT scans, and a GP endorsement service had been commissioned. As Homerton Hospital had very small numbers of patients being referred, each person had a bigger influence on the data. The NHS Trust was a diagnostic centre which sometimes caused bureaucratic delays, as there was a need to refer patients to other places for treatment. The CCG had met its targets in this area in December and was close to the target in January and so far in February, indicating some improvement.

Members suggested that any structural issues also needed to be analysed. As there was a clear shortcoming, the issue needed to be looked at closely to gain a fuller understanding and identify as many possible routes to improvement. Members suggested that a report be brought back to a future meeting to examine the CCG's progress in this area.

Kathie Binysh then gave the Committee an overview of breast screening in the City of London and Hackney. Breast screening coverage in London as a whole was the lowest in England, although this was a long-standing issue. The data for City and Hackney was encouraging, as coverage had increased by 2.9% over the last year and was the third-highest for Central and East London. The Committee noted that the Neaman Practice coverage, at 65.6% was higher than the average for City and Hackney CCG GP practices.

Coverage was an ongoing concern, as it was vital for as many women as possible to take up the offer of breast screening. There were a number of reasons women did not take up the offer, and so efforts were made to influence these factors where possible. Whilst there had been recent challenges like workforce capacity, overall uptake was increasing in City and Hackney and Central and East London. There were a number of initiatives being actioned to improve uptake such as second timed appointments, pre-appointment reminder texts, commissioning Community Links to contact women who DNA screening appointments and marketing strategies. NHS England London would continue to work with a variety of partners to implement and roll out interventions that have been shown to improve uptake and coverage.

The Committee noted that whilst the City of London had relatively high population turnover, this was likely to be caused predominantly by younger patients and should not have a significant impact on screening numbers. The Director of Community and Children's Services expressed some concern that the statistics for the City of London had been grouped in with Hackney, as there were City-specific figures available from other sources. The report had not provided some data that would have been helpful to the Committee, and some of the data that had been provided was confusing or poorly presented.

In response to queries from the Director of Community and Children's Services, Sarah Galbraith told the Committee that the Community Link service had been piloted in Hackney (but not the City of London), and that wider rollout was slow and dependent on capacity within the service. A serious incident communicated by St. Bartholomew's in 2016 had been caused by a major IT issue which affected the breast screening service, causing the service to cease screening for four weeks. The investigation and subsequent recovery process was still ongoing, and a clinical harm review had been undertaken. Sarah Galbraith told the Committee that the data used in the graphs had come from the national team rather than the City and Hackney CCG, but that they would look at improving the graphs and data available.

The Committee thanked Sarah Galbraith, Kathie Binysh and Siobhan Harper for attending and for their contributions to the meeting, and asked to be kept informed about cancer services at St. Bartholomew's and breast cancer screening in the City of London.

RESOLVED – That the report and briefing papers be noted.

6. **PROPOSAL TO MERGE CEDAR LODGE WITH THAMES HOUSE**

The Committee received a report of the City and Hackney CCG and welcomed Dan Burningham, representing the City and Hackney CCG, and Dr Waleed Fawzi, representing the East London NHS Foundation Trust, to the meeting. The report presented an outline proposal to merge two continuing care dementia wards to create a shared older adult dementia inpatient ward at Thames House Ward, Mile End Hospital. The involved the closure of Cedar Lodge, a ward based on The Lodge site in City and Hackney, and increasing the number of beds available at Thames House Ward from 12 to 18 beds.

There had previously been three wards on The Lodge site, but as 2 had been relocated Cedar Lodge was now isolated. Cedar Lodge currently had no onsite junior doctor coverage and required ambulances in emergencies. Patients had previously been expected to live in these wards before end of life care. However, the need for beds had reduced in the last 5 years as more patients were being assessed as requiring nursing home care. If physical needs predominated, then a care setting was thought to be more appropriate. The aim of the proposal in bringing the two wards together was to create a centralised inpatient service where patients with physical needs could be treated before eventually returning to being nursed in the community. As both wards were under-occupied and under-utilised, the merger would increase financial and

staffing provision and enable the use of therapies that could not currently be provided at Cedar Lodge.

Whilst there were wider issues with regards to funding allocation and the delineation between healthcare and social care, the merger was a medium-term solution which would provide a better service than at present in both wards, and was part of an overall strategy to improve standards in Older Adults inpatient services and a commitment to integrated care. The Committee noted that there were no patients from the City of London currently admitted at either ward. Members agreed with the proposal and endorsed the plans for the merger.

RESOLVED – That the Committee note the report and attached briefing paper, and endorse the proposal that the reconfiguration proceeds without the need for any further stakeholder or public consultation, beyond that already planned or undertaken.

7. UPDATE ON TRANSFORMATION OF LOCAL SEXUAL HEALTH SERVICES

The Committee received a report of the Director of Community and Children's Services concerning local sexual health services. The Director of Community and Children's Services informed the Committee that a new custom-built sexual health clinic would open at 80 Leadenhall on 3 April 2018. Officers had taken action to promote the new clinic, including posters and press releases, and would be in contact with the Barbican Centre and other places to spread awareness of the availability of the new clinic.

The new clinic would enable work postcodes used by City workers attending the clinic to be filtered out, and so ensure the City of London Corporation was not paying for the residents of other boroughs. As the clinic was in a more convenient location, it was hoped the new clinic would attract more City workers.

RESOLVED – That the report be noted.

8. INNER NORTH-EAST LONDON UPDATE

The Committee received the minutes of the last meeting of the Inner North-East London Joint Health Overview and Scrutiny Committee (INELJHOSC). The Committee noted that the JHOSC had also discussed the Babylon GP service. The Chairman informed the Committee that he was unable to attend the next meeting and asked that if available, another Member of the Committee attend in his place.

RESOLVED – That the minutes of the last INELJHOSC meeting be noted.

9. ANNUAL WORKPLAN

The Committee received a report of the Town Clerk updating them on the annual workplan. The Chairman suggested that the Committee could revisit the Corporation's role in supporting people with learning disabilities. Committee Members suggested the Babylon service and NHS 111 system and its rollout could be discussed the next meeting. A Member suggested that the newly-

appointed Accountable Care Officer discussed at the INELJHOSC could be invited to a future meeting.

RESOLVED – That the annual workplan be noted and would be updated ahead of the next meeting.

10. **ANNUAL REVIEW OF TERMS OF REFERENCE**

The Committee considered a report of the Town Clerk concerning the annual review of the Committee's terms of reference.

RESOLVED – That the terms of reference of the Committee be approved for submission to the Court as set out.

11. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**

There were no questions.

12. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**

There was no other business.

13. **EXCLUSION OF THE PUBLIC**

RESOLVED – That, under Section 100A of the Local Government Act 1972, the public be excluded from the meeting for the following items on the grounds that they involve the likely disclosure of exempt information as defined in Part 1 of Schedule 12A of the Local Government Act.

<u>Item Nos.</u>	<u>Exempt Paragraph(s)</u>
14	3
15-16	-

14. **NON-PUBLIC MINUTES**

RESOLVED - That the non-public minutes of the meeting held on 30 October 2017 be agreed as a correct record.

15. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**

There were no questions.

16. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE COMMITTEE AGREE SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**

There was no other business.

The meeting closed at 1.00 pm

Chairman

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