

HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE

Tuesday, 1 May 2018

Minutes of the meeting of the Health and Social Care Scrutiny Committee held at the Guildhall EC2 at 11.30 am

Present

Members:

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

Officers:

Joseph Anstee	- Town Clerk's Department
Simon Cribbens	- Community & Children's Services Department
Tracey Jansen	- Human Resources

Also in attendance:

Nina Griffith	- Homerton University Hospital Foundation Trust
Dr. Angshu Bhowmik	- Homerton University Hospital Foundation Trust

1. APOLOGIES

Apologies were received from Emma Edhem.

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

There were no declarations.

3. ORDER OF THE COURT OF COMMON COUNCIL

The Committee received an Order of the Court of Common Council of 19 April 2018 appointing the Committee and approving its Terms of Reference.

4. ELECTION OF CHAIRMAN

The Committee proceeded to elect a Chairman in accordance with Standing Order No.29. The Town Clerk read a list of Members eligible to stand and Christopher Boden, being the only Member who expressed a willingness to serve, was duly elected as Chairman of the Committee for the ensuing year.

5. ELECTION OF DEPUTY CHAIRMAN

The Committee proceeded to elect a Deputy Chairman in accordance with Standing Order No.30. The Town Clerk read a list of Members eligible to stand and Michael Hudson, being the only Member who expressed a willingness to serve, was duly elected as Deputy Chairman of the Committee for the ensuing year.

6. **CO-OPTION OF A HEALTHWATCH REPRESENTATIVE**

RESOLVED – That Steve Stevenson be co-opted as the representative for Healthwatch.

7. **APPOINTMENT OF INELJHOSC REPRESENTATIVE(S)**

RESOLVED – That the Chairman be appointed to the Inner North East London Joint Health Overview and Scrutiny Committee with the Deputy Chairman as their substitute.

8. **MINUTES**

The Committee noted that the external guests who had attended the last meeting had been omitted from the attendance and agreed that this should be corrected.

RESOLVED – That, pending the above correction, the public minutes of the meeting held on 13 February 2018 be agreed as a correct record.

Matters Arising

Update on Changes to Cancer Services and Breast Cancer Screening

A Member clarified that the concerns they had raised in the previous meeting about the cancer unit at St. Bartholomew's were more specifically about the expectation that patients could receive more than one treatment in a day at the unit, and that patients were having to wait too long for mammograms. It was hoped that this could be improved.

Employment for People with a Learning Disability

The Committee was given an update on the City of London Corporation's activities in this area. The Committee noted that the Establishment Committee was responsible for matters of employment at the Corporation itself. A major project was underway to co-ordinate work experience opportunities at the Corporation, who had various partnerships already. Led by Human Resources, this would also involve Community and Children's Services, the Economic Development Office, the City Bridge Trust and working with a number of brokerages. This was to ensure that the new service would address the different commitments and strategies already in place or planned. It was not thought that expanding the work experience offering would impact on commitments to placements for schools, as generally students required different work experience opportunities to adults and there was a range of people that would benefit.

Members felt that the Corporation had a statutory duty to provide appropriate support where possible, but accepted that due to the wide spectrum of learning disabilities there was no 'one size fits all' approach. The Corporation also had a responsibility with regards to children and young people with learning disabilities. The Committee hoped that the City of London could move towards an individual, integrated approach. The Assistant Director of HR advised that she could only comment in relation to employment and in this regard, it was the

Equality Act 2010 that identified issues such as disability discrimination and reasonable adjustments.

The Committee heard that the Corporation had received Silver accreditation last year and was working towards Gold, which entailed gathering better monitoring information. Learning disabilities were self-reported on the Corporation self-service facility but were not broken down into types of disability. Support was offered on an individual and one-to-one basis. It was an area where the Corporation was always learning and trying to improve. The Corporation had also had a duty to make reasonable adjustments for employees with disabilities. A Disability Staff Network was in place and had hosted events to support individuals with disabilities. The Director of Community and Children's Services told the Committee that their department had met with the City Bridge Trust and the HR department to review what was already in place to support people with learning disabilities joining the workforce. The Corporation was awarded disability-confidence recognition and supported individuals on a one to one basis to meet their needs. The Corporation, through its attracting talent and recruitment initiatives, aspired to become a leader in this area in the City. It was important to utilise the amount of employment opportunity available in the City of London.

A Member asked what support was in place for children in care after the age of 16, where in some places a lack of continuing support could cause problems, as a foster home would not necessarily prepare a child for adult life. The Director of Community and Children's Services told the Committee that an extensive network of support was in place for care leavers, including training and a care-nominated member of staff. Support was available until the care leaver reached 25 years of age. A recent Ofsted report had rated the Corporation's services for care leavers as Good. Outcomes in health and wellbeing and education, employment and training were measured. The Corporation also cared for a number of unaccompanied asylum seeker children via the national dispersal scheme, and took in a higher number of children that suggested by the quota. The Committee suggested that more effort could be made to publicise the good work that the Corporation was doing in these areas and encouraged officers to do so.

The Committee noted that the Corporation had recently been inspected by Ofsted on its SEND programme, and were waiting for the formal feedback letter. This could be brought back to the next Committee meeting as it picked up on the issue of transition.

9. NHS 111 SERVICE

The Committee received a report of Homerton University Hospital Foundation Trust and welcomed Nina Griffith, Workstream Director for Unplanned Care in a cross-borough City and Hackney role, to the meeting. A new 111 service was being procured for North-East London, and the Committee was given an overview of the planned service. The intention was that one phone call would give patients access to a doctor and service if needed, with various outcomes including self-care, a GP, urgent GP or pharmacy appointment, or a referral to A&E. Call handlers would be non-clinical, but clinicians would be on hand and

available if necessary. Children and elderly patients would be put straight through to a clinician. The service was not intended to overlap with 999 which would still be the recommendation for emergencies. The Committee noted the NHE England specifications, and that the single point of entry was a strong national driver.

The Committee noted the current patient model in City and Hackney provided by the City & Hackney Urgent Healthcare Social Enterprise (CHUHSE) system was small and no longer viable. CHUHSE would provide interim cover for face-to-face GP out-of-hours services until March 2019, with the new 111 service going live on 1 August 2018, at which point the CHUHSE telephone service would cease.

A Member suggested that patients over the age of 75 may find it more difficult to express themselves over the phone and asked how the service could help these patients. It was hoped that within call handling issues like this could be picked up and inform clinicians as to how to direct the call. The Committee was informed that the Home Visiting service would also continue for City residents. A key change under the new service was that there would be more options for out-of-hours appointments and locations. Out-of-hours Hubs were planned, one of which would be the Neaman Practice. Clinicians would determine which professional a patient needed and would have a directory on hand to find the best one for the patient. A Member suggested that there may be patients outside of children and the elderly who should be put straight through to a clinician, and pointed out that GPs had a list of patients who should be fast-tracked that they could share with the 111 service.

The Committee was informed that work was ongoing with the 111 design team on such issues. There had been a good level of clinical input into the design of the service to give it a strong line of sight and the right level of detail to be effective, but the service would be informed by feedback and could always be improved.

A Member asked if the service would be available for people working in the City of London as opposed to residents. The 111 service would be available and patients would be referred locally if they required urgent treatment, but would otherwise be referred to their local GP. Full specifications for the service were still under negotiation and could be shared after June when contracts had been finalised. Members suggested that if response times for the service were not quick patients would be likely to call 999 instead. Members also suggested that the service be able to pick up the number of the person calling in case they needed to respond urgently to a distressed or incapacitated caller, as with the 999 service which could override withheld Caller IDs.

The Committee thanked Nina Griffith for her excellent presentation.

RESOLVED – That the report be noted.

10. **INTEGRATED COMMISSIONING PROGRAMME - HEALTH AND SOCIAL CARE**

The Committee received a report of the Director of Community and Children's Services updating Members on the progress of the integrated commissioning programme and two current key pieces of work within it – the development of a local integrated care model and the pooling of budgets for Continuing Health Care and Adult Social Care.

The Director of Community and Children's Services informed the Committee that there were various changes including the introduction of a Sustainability and Transformation Partnership. Local authorities and the CCG had looked at introducing a single system for better delivery and outcomes. It was stressed that this would not be a merger with Hackney, but rather the pooling of some resources with the CCG which would aim to enable quicker design and delivery and drive better outcomes and efficiency. The City of London alone was a small part of the market and this model would give the City of London more of a voice and increased ability to make changes. The emergence of neighbourhood delivery would help with the City's smaller population base. Implementation would be overseen by the Integrated Commissioning Board which included three City of London Corporation representatives. The Board would have oversight of CCG budgets. The governance structure included four workstreams, each with a Director and Senior Responsible officer. These workstreams were Unplanned Care, Planned Care, Prevention and Children, Young People and Maternity.

The changes were about collaboration and partnership and hoped to see real service delivery change, aiming for equality of service and shared understanding within and between neighbouring CCGs. Along with the 111 service, this approach would allow for more choice and opportunities in areas such as out-of-hours services.

The Committee noted the development of the neighbourhood model with regards to GP services. Members were aware of the national challenges for GP practices around recruitment and particularly attracting partner GPs, as well as practices merging or entering into joint office support arrangements. The Neighbourhood Model would aim to make City and Hackney attractive to GPs and work was ongoing with the local GP confederation. An integrated structure would be more appealing to GPs and the model would be based on geographical location to inform the understanding of local needs. Members suggested that bureaucracy and the administrative burden for partners was another barrier to GP recruitment.

The aim was to provide more continuity of care and to join up a broader range of services. The Committee noted models used elsewhere such as Acute Providers taking on GP functions which alleviated the administrative burden. Better recruitment in other areas could also help GPs. Members felt that the admin support issue, continuity of care and health and social care integration were key in providing better GP services. There was an inherent risk in having a high turnover of GPs, whilst poor administrative support and patients visiting GPs with non-health issues was uneconomical for both patients and doctors.

The essence of the new model was to create structures for local ownership, to enable long term sustainability and flexibility for local leaders.

The Committee noted the progress of the integrated commissioning programme and key pieces of work within it, and agreed they were steps in the right direction. The Committee thanked Nina Griffith for attending and for her contributions to the meeting.

RESOLVED – That the report be noted.

11. CANCER SCREENING - 62-DAY TREATMENT TARGET

The Committee received a report of Homerton University Hospital Foundation Trust and welcomed Dr. Angshu Bhowmik, consultant in respiratory and general medicine and lead clinician for lung cancer, to the meeting. The Committee was given an overview of the process and pathways for healthcare services in diagnosing and treating cancer patients, from the point of GP referral to receiving treatment. The target timeframe for this process was 62 days and the expectation was to meet this target in 85% of cases. However, there were some legitimate reasons why this could not be met, for example in the case of patients who had recently had a heart attack.

Performance in City and Hackney against the 62-day GP standard had been inconsistent over the last 24 months. There were challenges in meeting the target, as pathways were sometimes clinically complex, and histology was often a problem. It could take up to four weeks to devise a treatment plan. Furthermore, many new drugs were available to treat cancers, but special tests were required to determine a patient's suitability, and it could take up to six weeks to approve drug use. The pathway was stretched to the limit to enable treatments. Timescales for surgery had shortened in recent years, but timescales for chemotherapy had gotten longer. The Committee noted that the majority of treatments completed at Homerton were compliant, but patients who went for treatments at other Trusts who then breached the 62-day target still counted towards the figures for Homerton.

There were three broad categories of delays; pathway management, patient choice/behaviour and clinical complexity. The Committee was informed that areas for improvement to minimise or prevent delays had been identified such as changes to staffing and recruitment, particularly in specialist positions. The hospital was also looking at how quickly tissue samples were transported, as small delays in histology could make a big difference and turnaround could take up to 10 days. There were sometimes delays for the Homerton in getting their histology results back from the Royal London. However, transporting to hospitals that were not local may in some cases mean that a sample was analysed quicker, but could equally be longer, and as this would mean the analysing doctor would not be able to attend multidisciplinary team meetings, it would not be a good thing overall. There were issues with histology timescales and similar experiences in many areas of the country, but efforts were being made to improve.

In response to a query from a Member, Dr. Angshu Bhowmik told the Committee that private sector work was done in the hospital, but this was separately allocated and done outside of a doctor's NHS shifts, so should not be using up any NHS resource or contributing to delays. The Committee noted concerns around histology procedures, but recognised that this was a national issue. Members suggested looking into histology in greater detail as part of the annual workplan. Whilst it was positive that there was better available treatment, this was offset if it caused longer waits. The Committee was informed that timescales for newer treatments were coming down, but there was more work to be done. New drugs had proven to be excellent treatments but currently only a small percentage of cancers were treatable with them. It was hoped this percentage would increase significantly over the next few years.

The Secretary of State had been made aware of the issues around cancer treatment at the moment as it was frequently raised by the BMA and other bodies. It was not felt that the targets should be relaxed, but more effort should be made to work towards meeting them. Members suggested that the CCG and INELJHOSC may also be interested in exploring the issue of histology procedures, as a turnaround of up to 10 days was a concern.

The Committee thanked Dr. Angshu Bhowmik for attending and for his helpful contributions to the meeting, which had explained a complicated subject in a clear and concise manner.

RESOLVED – That the report be noted.

12. **ANNUAL WORKPLAN**

Members received a report of the Town Clerk regarding the Committee's meetings and activities for the year, and the current workplan, and the following agenda items were suggested:

Histology at Royal London – To examine the procedures around histology as part of the process for cancer treatment.

Air Pollution – To look at the actions taken or being taken to improve air quality in the City of London, progress made against the Air Quality Strategy and whether the Corporation's targets were being met.

SEND – To receive the results of the Corporation's recent Ofsted inspection for discussion.

Healthwatch – Healthwatch representatives to attend a Committee meeting and report to the Committee on governance changes and restructuring of Healthwatch City of London and Hackney.

RESOLVED – That the proposed schedule of meetings be agreed.

13. **INNER NORTH EAST LONDON UPDATE**

The Committee noted that the last meeting of the Inner North-East London Joint Health Overview and Scrutiny Committee had been cancelled due to

adverse weather conditions, and in lieu of a rescheduled meeting, a letter had been sent to the NHS North East London Commissioning Alliance containing questions relating to the agenda items for the cancelled meeting. The Committee noted the documents provided, including the letter sent to the NHS on behalf of the JHOSC and the letter and documents received in response.

RESOLVED – That the report and documents provided on behalf of the JHOSC be noted.

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

There were no questions.

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

There was no other business.

The meeting closed at 1.20 pm

Chairman

Contact Officer: Joseph Anstee
tel. no.: 020 7332 1480
joseph.anstee@cityoflondon.gov.uk