

**HEALTH AND SOCIAL CARE SCRUTINY SUB (COMMUNITY AND CHILDREN'S SERVICES) COMMITTEE**

**WEDNESDAY, 2 MAY 2012**

**MINUTES OF THE MEETING OF THE HEALTH AND SOCIAL CARE SCRUTINY SUB (COMMUNITY AND CHILDREN'S SERVICES) COMMITTEE HELD AT GUILDHALL, EC2 ON WEDNESDAY, 2 MAY 2012 AT 1.45 PM**

**Present**

**Members:**

Revd Dr Martin Dudley (Chairman)  
Angela Starling (Deputy Chairman)  
Nicolas Cressey  
Deputy Henry Jones  
Peter Leck  
Deputy Joyce Nash  
Deputy Revd Stephen Haines  
Vivienne Littlechild  
Nick Kennedy

**Officers:**

Julie Mayer - Town Clerk's Department  
Neal Hounsell - Community & Children's Services  
Farrah Meherali - Community & Children's Services

**In Attendance:**

Dr Steve Gilvin - Director of Primary Care Commissioning  
Celine Van Valkenhoef - Programme Manager  
Emma Williams - Service Development and Policy Manager  
Anna Starling - Service Development Officer  
Anna Stewart - Associate Director, Technical Contracting NHS ELC  
Dr Maggie Harding - Locum Health Consultant NHS ELC  
Jakki Mellor-Ellis - City LINK Urgent Care Lead  
Jenny Purcell - City LINK Officer  
Emma Marwood Smith - Manager, Substance Misuse Team  
Dr Cynthia White - LINK Representative

**1. APOLOGIES**

Apologies were received from Deputy and Sherriff Wendy Mead, Dr Hardwick and Mr Stevenson.

**2. DECLARATIONS BY MEMBERS OF PERSONAL AND PREJUDICIAL INTERESTS IN RESPECT OF ITEMS ON THIS AGENDA**

City of London resident Members declared personal interests in all the agenda items, as users of the services under discussion. They did not consider these to be prejudicial interests.

### 3. **MINUTES**

The public minutes and summary of the meeting held on 17 February 2012 were approved.

#### **Matters arising**

##### GP Choice Pilot - update

Members noted that this pilot would open nationally on 12 May. Local GPs had some issues outstanding in respect of referral and prescribing costs. Whilst these would be covered in future years, the short-term issues would need to be resolved before the pilot could commence in the City. The City workers health research, due to be published on 9 May, would inform the size of demand and the local Clinical Commissioning Group were due to meet with the City of London, NHS East London and the City and the Department of Health later this month to discuss ways in which the pilot could be delivered in the City.

In response to a question from the Chairman about a pending planning application, which might increase local residency by 260, the Director of Primary Care Commissioning advised that the Neaman practice would be able to meet this capacity. Members noted that all GPs had been given the opportunity to volunteer for the Pilot but that, to date, the Neaman Practice had not.

### 4. **OUTLINE BUSINESS CASE FOR ST LEONARD'S HOSPITAL**

The Committee received an outline business case, presented by the Director of Primary Care Commissioning. The report proposed a new resource centre at St Leonard's Hospital, Hackney, which would provide high quality community services and new premises for GPs. The scheme would allow the demolition of existing poor quality buildings on site and, subject to planning permission, the disposal of the site to provide a significant capital receipt for the NHS.

Members noted that the plans had been refreshed, with the existing and new estate scaled down to 3,200 sqm. The outline business case would be presented to the Board shortly and engagement with users would follow. A full business case would be ready within the next 12 months.

Members commended a clear and concise report but expressed some concerns about podiatry services remaining at St Leonard's, as the level of foot health services accessible to City residents was already low. The Director of Primary Care Commissioning agreed to communicate the broader concerns of the Sub Committee to the Clinical Commissioning Group. The Director explained that St. Leonards would be one of three 3 hubs in Hackney that were planned for foot health, with transport available for anyone with mobility problems who would meet the criteria.

**RECEIVED**

5. **CITY AND HACKNEY URGENT CARE PROGRAMME**

The Committee received a verbal update from the Director of Primary Care Commissioning. Members noted that, following discussion with the London Borough of Hackney's Health Scrutiny Committee, two walk-in centres in North East Hackney would close but GP access would be increased by 60%. The Committee was content that this was an issue which would not have an impact on City residents.

**RECEIVED**

6. **LONDON AMBULANCE SERVICE**

The Committee receive a report from the Service Development and Policy Manager. Members asked for reassurance that, given the extent of roadworks and the resulting changes to access arrangements; i.e. for the Barbican and social housing estates in the City, all crews are immediately issued with updated keys/passes. The Service Development and Policy Manager responded that although local crews already had keys, ambulances could often be called out from other areas of London to attend emergencies and it was not possible to equip all ambulance crews with keys and passes for all estates across London.

In response to a question about extra pressure during the Olympics, the Manager advised that although more ambulance services would be required for the Games period additional crews would be drafted in from outside London to ensure that the Olympics would be no adverse effect on normal services to residents.

**RECEIVED**

7. **ASSISTED CONCEPTION POLICY FOR SUB-FERTILITY**

The Committee received a report from the NHS ELC. This Policy defined the assisted conception treatments being offered in NHS East London and the City and set out the eligibility criteria for patients wishing to access those services.

In response to questions about the timescales referred to in paragraph 5.1 of the report, the Health Consultant explained that women over 36 are assisted for unexplained infertility after one year, because the treatment is only available for women up to the age of 40. Members noted that, given the sensitivities surrounding this type of treatment, the service do not retain patient details; this is held by the PCT.

The Health Consultant explained to the LINK representative who was concerned about the public consultation arrangements for this proposal, that legal advice had been taken on the appropriate level of consultation, and it was proportionate to the changes proposed. Some modifications had been made following further testing with LINKs.

**RECEIVED**

8. **LEAVING HOSPITAL**

The Committee received a report from City LINK and noted that a 'leaving hospital' leaflet would be available in the next few weeks. Officers endorsed the report and offered to convene a meeting with Adult Social Care, Toynbee Hall and Bart's and the London to produce a single action plan in response to the report's recommendations

Members commended this report for its joined up thinking, particularly in the current financial climate.

**RECEIVED**

9. **INSIGHT IN TO CITY DRINKERS**

The Committee received a report of the London Substance Misuse Partnership which explored the nature, prevalence and attitudes towards alcohol misuse amongst 'City Drinkers'. Using these findings, it provided recommendations to inform possible actions to reduce alcohol-related harm in the Square Mile. Members noted that the results of the survey had conclusively found high and increasing levels of alcohol misuse, when compared to both regional and national averages.

The Chairman suggested, and Members agreed, that the problem would require a holistic approach with other lifestyle choices, such as smoking and obesity. The Manager from the Ambulance Service confirmed that they are working with the Police on this matter and are asking for more details about patients' lifestyles during call-outs.

**RECEIVED**

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

There were no questions.

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

Members were asked to note the Committee's visiting to the new A&E Department at the Royal London, on 12 July, at a time to be confirmed.

It had come to the Chairman's attention that Bart's and the London had reduced the hours of the Minor Injuries Unit at St. Bartholomew's Hospital. As it is used primarily in the mornings, the Unit would close in the afternoons, for a 3-month trial period. Officers confirmed that the Deputy Chief Executive of the Trust would write to the Committee I about the basis of the trial and consult on the outcome with the Health Scrutiny Committee prior to any long term decision being made. The Chairman suggested that Members raise this issue during their proposed visit to the A&E Department in July. The Manager from the Ambulance Service advised that they would raise it with their commissioners.

12. **DATE OF NEXT MEETING**

Thursday 25 September at 1.45pm

13. **EXCLUSION OF THE PUBLIC**

RESOLVED - That under Section 100A(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A of the Local Government Act as follows:-

<b>Item No.</b>	<b>Exempt Paragraph(s) in Schedule 12A</b>
14	2
15-16	-

**SUMMARY OF MATTERS CONSIDERED  
WHILST THE PUBLIC WERE EXCLUDED**

14. **PROFILING MENTAL HEALTH SERVICE USE IN THE SQUARE MILE**  
The Committee received a report from Canterbury Christ Church University (Centre for Health and Social Care Research).
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 were no urgent items.

**The meeting ended at 3.45 pm**

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Chairman

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