

HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE

Tuesday, 3 November 2020

Minutes of the meeting of the Health and Social Care Scrutiny Committee held at
VIRTUAL PUBLIC MEETING (ACCESSIBLE REMOTELY) on Tuesday, 3 November
2020 at 11.00 am

Present

Members:

Michael Hudson (Chairman)
Chris Boden (Deputy Chairman)
Vivienne Littlechild
Barbara Newman
Steve Stevenson

In attendance:

Randall Anderson
Helen Fentimen
Ruby Sayed

Officers:

Rofikul Islam	Town Clerk's Department
Gemma Stokley	Town Clerk's Department
Julie Mayer	Town Clerk's Department
Chandni Tanner	Town Clerk's Department
Shahana Uddin	Neaman Practice
Ellen Wentworth	The Chamberlain's Department
Danielle Maaloof	The Chamberlain's Department
Xenia Koumi	Community & Children's Services
Ellie Ward	Community & Children's Services
Simon Cribbens	Community & Children's Services
Csaba Barody	Homerton University Hospital Foundation Trust
Chris Lovitt	Deputy Director of Public Health – City & Hackney
David Maher	City & Hackney CCG

It was agreed that Mrs Barbara Newman take the Chair.

1. APOLOGIES

Apologies were received from Wendy Mead.

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

The following declarations were made;

- Barbara Newman;
- Vivienne Littlechild;
- Steve Stevenson;

all declared they were resident in the City and patients of the Neaman Practice.

3. **ORDER OF THE COURT**

The Committee received the Order of the Court of Common Council of Thursday 16 July 2020, 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. Michael Hudson being the only Member expressing willingness to serve, was duly elected Chairman for the ensuing year.

5. **ELECTION OF DEPUTY CHAIRMAN**

The immediate past Chairman intends to exercise his right under Standing Order No. 30. (3) (a) to serve in this position for the ensuing year, and as such, there was no election for the position of the Deputy Chairman.

6. **CO-OPTION OF A HEALTH WATCH REPRESENTATIVE**

The Committee proceeded to elect a Co-Opted Member as a Health Watch Representative. Steve Stevenson, having been nominated by City Healthwatch, was duly elected to the position for the ensuing year.

7. **VOTE OF THANKS**

At this point in the proceedings, Vivienne Littlechild delivered a Vote of Thanks to the immediate past Chairman.

Members of the Health and Social Care Scrutiny Committee wish to place on record their sincere appreciation to:

CHRISTOPHER PAUL BODEN

for the dedication he has shown in all aspects of his work on their Committee, and the exemplary manner in which he has presided over the Committee during his three years as Chairman.

CHRISTOPHER HAS DEMONSTRATED the utmost care and commitment to the well-being of City residents and workers. His experience outside of the Square Mile has informed a detailed knowledge of the challenges faced by social care and health services that have proved invaluable in his role.

UNDER HIS LEADERSHIP, the Committee has maintained the highest level of scrutiny for health and social care services. In overseeing a robust and ambitious workplan, Christopher has ensured that the Committee's scrutiny is wide-reaching. He has led the Committee in ensuring measurable improvements in the health and social care services offered to City residents and workers.

HIS TERM IN OFFICE has seen active engagement with stakeholders and partners in health and social care in the City, Hackney and further afield, including serving on the Inner North East London Joint Health Overview and

Scrutiny Committee, ensuring the City Corporation exercised effective scrutiny of health and social care services throughout London.

THE COMMITTEE WISHES TO PLACE ON RECORD its recognition of Christopher's distinguished contribution to the Committee and the health services accessible to City residents and workers, in thanking him for his three years in office. His colleagues would like to convey their gratitude and best wishes for the future.

THE PROPOSAL WAS APPROVED UNANIMOUSLY. Mr Boden responded to thank Mrs Littlechild and Members.

8. **MINUTES**

RESOLVED, that the Public Minutes of the meeting held on 16 July 2020 be approved as a correct record.

Matters arising

The Air Quality Manager has asked that a vote of thanks be noted to the Committee for its work around the remedial work and changes of operation plants in St Barts, which had resulted in a very positive impact.

9. **APPOINTMENT OF INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE REPRESENTATIVE(S)**

The Committee proceeded to elect a representative to the Inner North East London Joint Health Overview and Scrutiny Committee. It was agreed the Chairman of the Committee would continue to act as a representative at the Inner North East London Joint Health Overview and Scrutiny Committee and appointed Wendy Mead as the Substitute.

10. **WORKPLAN**

The Committee noted the work plan and agreed that the following items are discussed in future meetings;

1. St Bartholomew's Hospital (Barts) Minor Injuries Unit.
2. Neighbourhood model for health and social care.
3. Delayed Transfers of Care, including the outcome of the 'Discharge to Assess' pilot.
4. Mental Health services and support for children and young people.
5. GP Services in East of City not provided by Neaman Practices.

11. **UPDATE ON CHIROPODY**

The Committee received the oral update from the Head of Podiatric Medicine, Homerton University Hospital NHS Foundation Trust, and the Clinical Commissioning Group representative.

The Committee was advised that the services are now back up and running but had to make a significant adjustment to ensure that the building was covid-secure. This means that the patients are being managed safely, but it is time-consuming compared to the past. The services continued to provide critical and emergency care as well as making urgent home visits when required during the

pandemic. This was followed by the Head of Podiatric Medicine, clarifying that at the moment, the service which is provided is a podiatrist specialist service and not chiropody services. Moreover, the Head of Podiatric Medicine assured the Committee that the vulnerable patients who required a chiropody provision were being serviced through partner organizations such as Hoxton Health.

The Committee was further informed that as CCG, the Group had increased its home visits for the extremely vulnerable patients. Since the last meeting, health centres such as the John Scott Health Centre, Kenworthy Road Health Centre, and the Neaman Practice have resumed its operations.

Additionally, the Committee was informed that urgent priority cases of 1000 patients who were at risk of having the legs amputated were contacted and offered appointments for them to be seen. It is anticipated that by the end of November 2020, most of the outstanding appointments will be provided to the patients. At present, the Podiatric team visits the Neaman Practice every six weeks for a podiatrist's services and has a list of 44 patients who are being treated. For all the other services, patients, young and elderly, have to go to the specialist services based in St Leonard's Hospital for dedicated services. A lot of patients do not turn up to their appointment after confirming their appointments, and as a result, the service is seen a lot of missed appointments too.

A Member raised concerns that for patients to be seen at Neaman Practice for footcare, they are first required to be seen at St Leonard's Hospital and for patients from the City of London, this is a far away for elderly patients, and as such, doctors at the Neaman Practice should be able to make the decision to see patients. The Member was advised that for an assessment to be carried out, a senior clinician would have to see the patients. At present, the Neaman Practice is serviced by a Junior Clinician to carry out low-risk work. The Member was further assured that a transport system is also offered to the patients for those who are not able to travel afar. This was followed by a discussion around the need to address the complexity of ensuring that the patients are informed appropriately about the services, which are available as an alternative solution. This was followed by another Member who spoke of their experience around the services and acknowledged that elderly patients do need to be taken care of as many are resorting to a private service, which is costing them a lot of money in the long run.

The Deputy Chairman commented that the City of London is in a far better position to assist its local residents in comparison to other local authorities. The matters raised are more social care rather than a health care matter, and as such suggested the Grand Committee (CCS) explore what opportunities and additional funds could be made available to fill the gap in the service. The Chairman agreed that a resolution will be presented to the Grand Committee (CCS) in its future meeting.

A Member asked about the current monthly service activity and waiting time since post-July 2020. The Committee was informed that at present, the service is seeing between 500-1000; in September 2020, there were 2400 patients

seen; it was noted that due to COVID-19, the referral to the services has been low, although the self-referral for patients remains open.

It was noted that Hoxton Health is part-funded by Hackney Council and delivers foot care. It does not operate within the City as it is not funded by the City of London. It was suggested that possibilities can be explored to see if the City of London were to fund the Hoxton Health, and have its foot care services extended to the City. It was agreed that this an idea that could be explored.

RESOLVED – that, the oral update be received.

12. **NEAMAN PRACTICE APPOINTMENTS**

The Committee received the oral update on the Neaman Practice appointments from the Neaman Practice Manager.

The Chairman agreed that items 12 and 15 be taken together.

The Neaman Practice Manager informed the Committee that during COVID-19, the Neaman Practice continued to remain open and provide its services to the vulnerable patients. It continues to do so by ensuring that all the safety protocols are met. Neaman Practice continues to open up more and more of its services, such as the stop smoking campaign, substance misuse programme, podiatry services, and family action services. The Social Prescriber's services, which were halted in the past, is also slowly resuming its services. The Centre continues to be available to its patients either online or via its telephone services. The website allows patients from 5 am every day to book appointments in advance.

A Member raised concerns that some patients may not be able to go online and register for an appointment. The Practice Manager reassured the Committee, some appointments are kept in reserve to allow patients to call in at 8 am to book in appointments. The Neaman Practice Manager also reminded the Committee that the Neaman Practice is also providing a service to 111 services. The emergency services can refer patients to the Neaman Practice for consultation who are not a registered patient of Neaman Practice.

The Neaman Practice continues to liaise with its housebound patients and ensuring that they are being seen to. Some of the housebound patients have also received their winter flu, and the service will continue to be provided to other patients. In terms of the patient's access, at the beginning of April 2020 the Neaman Practice was at 28.9%, and the Practice continues to advertise the app, which will allow patients to access their medical records, at present, it is at 29.5% with a target of achieving 30% by December 2020, which will enable the patients to have greater control over the records and how they can access the Practice.

In terms of the IT systems, the Neaman Practice had its telephone line out of order, with slower internet speed, and as a result of the issues, the Practice is looking to upgrade to Window10 as well as add a new software called PatientsPartner, which will allow patients to book appointment 24/7, the

PatientsPartner will make it easier to book appointments without having to speak to a receptionist.

A Member noted that some of the receptionists are new and asked the reasons behind the recruitment. The Neaman Practice Manager reassured the Member the receptionists have not gone anywhere, but due to COVID-19, some of the staff are shielding, and a few had to go on leave, and as a result, temporary staff had been drafted in to provide additional support. This may result in communication error, as temporary agencies change staff at the last minute, but the Neaman Practice is trying its best to ensure that they are communicating effectively with their patients.

The Chairman noted from the report that “the City of London has a single GP practice – the Neaman Practice. Patients registered at the Neaman have one of the lowest rates of diabetes within the City and Hackney practices. However, the higher rates of diabetes in neighbouring Hackney may skew local estimates of diabetes”. The Chairman asked about clarity on the point. The Neaman Practice Manager noted that the City of London has a low level of deprivation as well as the residents being able to make educated decisions and take heed of early intervention and make lifestyle changes to bring about positive changes.

The Neaman Practice Manager informed the Committee this would be her last meeting as she is moving on from the Neaman Practice. The Chairman thanked the Neaman Practice Manager for her services to the Committee

RESOLVED – that, the oral update be received.

13. CITY & HACKNEY RESTORATION AND RECOVERY PLAN POST-COVID-19

The Committee received an oral update on the City and Hackney restoration and recovery plan post-COVID-19. The CCG’s Managing Director informed the Committee that the CCG is expecting a phase 4 letter, which will explain the mandate from NHS England for practices in terms of adhering to its statutory responsibilities during the pandemic, as the country awaits another lockdown. The phase 4 letter will maintain elective surgeries during the next peak. The CCG City and Hackney has a strong plan for managing a number of hubs sites across North East London, taking a specialism approach in specific parts of elective surgeries. The capacities identified within the Trusts will allow the medical professionals to continue to run elective surgeries and manage the critical care aspect of the services, should the need arise. The Royal London Hospital has its 14th and 15th floor on standby to run any critical care services from there.

The Managing Director informed the Committee that there are two concerns that the CCG needs to be aware of, the first being the risks of transmission to NHS staff and frontline workers; hence the testing regime and the turnaround around the testing are very crucial to ensure a smooth running of services. The second point of concern is the worries around mental health, which requires

public health orientated work to provide support for people to assist around their mental health and wellbeing.

At this point the Chairman noted that the report states that 98% of the CCG allocation will be retained locally with teams and resources continuing to deliver to local agenda, and asked what the value of the 2% figure which will be allocated North East London. The Managing Director informed the Committee the North East London is allocated £10 million. Additionally, the City and Hackney CCG hold 1% of its allocation in the reserve funds; the reserved funds were used in the past to assist in times of difficulties in supporting other CCGs across London.

The Managing Director thanked the Committee for its leadership and scrutiny.

The Committee was further informed that since 2019 Public Health England has published its Local Authority Health Profiles on its Fingertips website; however, the City of London's profile can't be made available in this way due to the need to include indicators from multiple profiles and because some of the indicators are combined with Hackney's data.

The Deputy Chairman raised a question on the clarity of those Killed and Seriously Injured (KSI) on roads and whether the figures were for the accident's location or the location of the resident. The Deputy Director of Public Health agreed to look into this and come back to the Committee after the double-checking matter. It was agreed that the figures are relatively high for the City of London.

This was followed by another Member who asked that the number of children in low-income families lower than the national average, and if the families in the East of the City of London who attend the GP practices in Tower Hamlets are they included in Tower Hamlets CCG or the City and Hackney CCG. The Deputy Director of Public Health informed the Committee that the figures would be reflected upon the borough where they reside in, rather than the GP practice they are registered with.

Another Member asked if some of the residents used business addresses to register with a GP for personal reasons, will this impact the data. The Deputy Director of Public Health responded that from the data gathered from historical work, the City noted that a very small margin had used their business addresses, and as such, this will not have a massive impact should someone use their business addresses.

RESOLVED – that, the oral update be received and noted the City of London Health Profile 2019 and consider how they might use it to shape their forward-planning process.

14. **AN INTEGRATED CARE SYSTEM FOR NORTH EAST LONDON UPDATE**

The Committee received an oral update on the integrated care system for North East London from the City and Hackney from the CCG's Managing Director.

The CCG's Managing Director informed the Committee that some of the issues raised today concerning the Portsoken ward and the North and South of the City regarding accessing services. The proposed single CCG model gives the City a better chance to influence services in the City and in Tower Hamlets along with the other sides of the City. This may play into some of the contemporary issue's colleagues in terms of access and boundaries.

RESOLVED – that, the verbal update be received.

15. **CITY OF LONDON HEALTH PROFILE 2019**

The City of London Health Profile 2019 was received with item 12.

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

There were no questions.

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

There was no other business.

18. **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 the 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>
19	3
22	3

19. **NON-PUBLIC MINUTES**

RESOLVED - That the non-public minutes of the meeting held on 16 July 2020 be approved as a correct record.

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

There were no questions.

21. **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.

22. **CONFIDENTIAL MINUTES**

RESOLVED - That the confidential minutes of the meeting held on 16 July 2020 be approved as a correct record.

23. **CONFIDENTIAL QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**

There was no other questions.

**24. ANY OTHER CONFIDENTIAL BUSINESS THAT THE CHAIRMAN
CONSIDERS URGENT**

There was no other business.

The meeting ended at 12.54 pm

Chairman

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