

HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE

Tuesday, 1 November 2016

Minutes of the meeting of the Health and Social Care Scrutiny Committee held at Committee Rooms, West Wing, Guildhall on Tuesday, 1 November 2016 at 11.30 am

Present

Members:

Wendy Mead (Chairman)	Michael Hudson
Revd Dr Martin Dudley (Deputy Chairman)	Vivienne Littlechild
Chris Boden	Steve Stevenson (Co-opted Member)

In Attendance

Paul Haigh - City & Hackney Clinical Commissioning Group

Officers:

Philippa Sewell	-	Town Clerk's Department
Jane Reynolds	-	Comptroller & City Solicitor's Department
Neal Hounsell	-	Community & Children's Services Department
Ian Tweedie	-	Community & Children's Services Department
Ellie Ward	-	Community & Children's Services Department

The Chairman welcomed Michael Hudson, a new Member of the Committee, and the Chief Commoner, along with Paul Haigh from the City & Hackney Clinical Commissioning Group and Corporation officers.

1. APOLOGIES

Apologies were received from Alderman Alison Gowman.

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

The Revd Dr Martin Dudley, Vivienne Littlechild, and Steve Stevenson declared standing interests by virtue of being residents of the City of London.

3. MINUTES

RESOLVED - That the public minutes of the meeting held on 10 May 2016 be agreed as a correct record.

Matters Arising

Planned Private Patients Unit at St Bartholomew's Hospital

Members asked officers to follow up with Bart Health NHS Trust regarding the lease period and to provide reassurance and details regarding the revenue stream that would be invested back into NHS services.

4. **PRESENTATION: SUSTAINABLE TRANSFORMATION PLAN**

The Committee received a presentation covering Sustainability and Transformation Plans, the Hackney devolution pilot, and the Integrated Commissioning Model.

In December 2015, NHS England announced a requirement for five year Sustainability and Transformation Plans (STPs) to set out how local areas proposed to meet the challenges set out in the Five Year Forward View. The City of London Corporation was part of the North East London STP, which included eight local authorities, seven Clinical Commissioning Groups and three acute hospital trusts. Guidance from NHS England set out that all STPs would have a single 'system' budget made up of the operational budgets for each organisation involved. Funding could therefore be moved between organisations by agreement, provided the overall budget total did not change, which posed a potential risk where funding from local organisations may be used to support other organisations in the system that were experiencing financial difficulties. There were a number of challenges across North East London, including increasing population, deprivation, health inequalities, capacity in some services, fragmentation of service pathways, as well as significant financial pressures. New models of care were therefore being explored through the STP, the 'Transforming Services Together' programme (overseen by the Joint Health Overview and Scrutiny Committee), and the Hackney devolution pilot.

Paul Haigh from the City & Hackney Clinical Commissioning Group introduced the Hackney devolution pilot, one of five across London, which aimed to explore the delegation of powers to a local level to better support the achievement of plans. The pilot sought to develop an integrated health and social care commissioning and delivery model system, develop estate and implement new approaches to prevention. The City of London was not part of the pilot, but had been involved throughout to ensure potential benefits for the City could be realised and unintended consequences could be minimised. Mr Haigh outlined the six 'building blocks' of the pilot:

- Practice based family nursing teams, with a pilot at the Neaman Practice;
- Integrated community health and social teams in each quadrant, e.g. Care Navigators;
- Quadrant based voluntary sector organisations delivering social, wellbeing and public health services;
- Physically integrated single point of access for services for health and social care practitioners in and out of hours, e.g. ParaDoc, a pilot to provide a joint paramedic and GP clinical response addressing urgent primary care needs with the intention of reducing unnecessary conveyance to A&E via ambulance;
- Empowering patients with skills and information to help them self-manage conditions and access right services when needed;
- Strong and safe local hospital/provider landscape.

A key part of the Hackney devolution pilot was the Integrated Commissioning Model, which aimed to minimise transaction and management costs. It was

consistent with the Hackney devolution pilot, based on the pooling of health, social care and public health funding with separate pooled budgets for Hackney and for the City of London Corporation. Agreement was now being sought from Members to explore this model further for the City of London Corporation, with a more detailed report being presented early next year. The aim was to launch in April 2017 with gradual development and a number of gateways to ensure stability and minimise risk.

Members discussed the presentation, noting that the scale of the problem was challenging - not necessarily just the amount of debt being tackled, but the fragmentation of the health service – and agreed that effective communication between a large number of Local Authorities, CCGs and care providers would be difficult.

Members challenged the devolution pilot's focus on transactional change rather than transformation, and queried whether there was a danger of provision for City workers being overlooked and of different residential areas in the City being treated differently. Paul Haigh agreed that there was a focus on transactional change, but confirmed that transformational change would be addressed alongside this through the 'building blocks' identified for the Hackney devolution pilot. Officers advised that integrated commissioning would enable a clearer focus on City residents and workers and the different networks they need, as the Corporation would retain a separate pooled budget. Officers advised that separate agreements were needed with different commissioners where there were crossovers with other Local Authority areas. Although integration with Hackney would not change agreements with other LAs, it would enable the Corporation to reopen discussions and renegotiate provision.

Members expressed their confidence in the City & Hackney CCG, but also their concerns over the target launch date in April, and asked for the follow-up report to include more detail as to alternative launch dates and to clearly set out the mechanism (i.e. when, how, and with what consequences) for the Corporation to withdraw from this model if it were unsuccessful. Members also asked that the follow-up report suggest key metrics and outcomes for the Committee to scrutinise against after implementation.

Members also noted this report would be considered the Policy & Resources Committee in December and queried whether it could go to that Committee's November meeting. It was noted, however, that the report needed to be discussed by the Community & Children's Services Committee and the Health and Wellbeing Board beforehand so their comments could be considered by P&R.

RESOLVED – That:

- a) the presentation be noted;
- b) the report at agenda item 7 be noted; and
- c) the follow-up report include additional details regarding alternative implementation dates, withdrawal mechanisms and metrics for scrutiny.

5. **TERMS OF REFERENCE**

Members discussed the Committee's Terms of Reference and agreed that although a larger membership would be preferable it would be difficult to achieve.

RESOLVED – That the terms of reference be approved.

6. **DEFIBRILLATORS**

Officers reported that BT had deferred their strategy regarding installation of defibrillators in phone boxes until January 2017. Members noted that work was progressing with Waitrose regarding the installation of a defibrillator in their branch on Whitecross Street. It was hoped that, if successful, this could be held up as an example and other supermarkets would follow suit. Steve Stevenson advised that, at the London Ambulance Patients' Forum, Sainsbury's had undertaken to install thousands of defibrillators in their stores across the country.

7. **INTEGRATED COMMISSIONING FOR HEALTH AND SOCIAL CARE**

This report was considered at agenda item 4.

8. **THE ADULT SOCIAL CARE DUTY SYSTEM**

The Committee received a report of the Director of Community & Children's Services regarding the Adult Social Care Duty System and the pathway for professional and public enquiries and referrals into Adult Social Care.

Members discussed the report, querying the low numbers associated with mental health assessments and access to reablement services for people discharged from A&E. Officers advised that the 15 assessments quoted were carried out by the Approved Mental Health Professional in the Adult Social Care Team and did not include urgent, out of hours, or emergency assessments. With regard to discharges, officers advised that the onus was on the A&E department to contact reablement services, but noted there was a potential for patients to be overlooked.

Members requested the City of London Police be asked for comments regarding the team's performance and service regarding mental health needs and, in response to a query regarding Delayed Transfers of Care (DTC) figures for the City, officers reported that any delays due to social care were monitored by the Corporation but delays due to the NHS were reported by the relevant hospitals.

RESOLVED – That the report be noted.

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

There were no questions.

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

There was no other business.

The meeting ended at 12.50 pm

Chairman

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