

HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE

Thursday, 16 February 2017

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

Present

Members:

Wendy Mead (Chairman)
Chris Boden
Michael Hudson

Vivienne Littlechild
Steve Stevenson (Co-opted Member)

In Attendance:

Paul Haigh - City & Hackney Clinical Commissioning Group
Anne Canning - London Borough of Hackney

Officers:

Philippa Sewell - Town Clerk's Department
Neal Hounsell - Community & Children's Services Department
Ellie Ward - Community & Children's Services Department
Marion Willicome-Lang - Community & Children's Services Department

1. APOLOGIES

Apologies were received from the Deputy Chairman, the Revd. Dr Martin Dudley, and Alderman Alison Gowman.

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

Steve Stevenson and Vivienne Littlechild declared standing interests by virtue of being residents in the City of London.

3. MINUTES

RESOLVED – That, subject to one amendment, the public minutes of the meeting held on 1 November 2016 be agreed as a correct record.

Matters Arising

Defibrillators

Waitrose had been contacted regarding having a defibrillator in the White Cross Street branch but no decision had been reached. Sainsbury's had agreed to put defibrillators in their 100 largest stores, however, as none of these was in the Square Mile, local Sainsbury's and Tesco stores throughout the square mile were being contacted.

Members noted that the London Ambulance Service Patients' Forum had been turned down by Boots and, regarding installation of defibrillators in telephone

boxes, BT was still re-evaluating the use of payphones in major cities and not taking on any adoptions in town and city centres at the present time.

Adult Social Care Duty System

Members noted a response regarding the Adult Social Care Duty Team's performance was still awaited from the City of London Police.

4. **DOMICILIARY CARE IN THE CITY OF LONDON**

The Committee received a report of the Director of Community & Children's Services regarding the design and delivery of domiciliary care services for City of London Residents. Officers explained how Domiciliary Care Support was offered in the form of an Individual Budget as well as through the City of London's Adult Social Care Services' In-house Reablement service, and that Bluebird Care had recently been confirmed as the new sole provider of domiciliary care services.

Members discussed the report in detail and the following points were raised:

- Members agreed that the scale shown on graphs included in the report was misleading, and officers advised this was partly due to the low resident numbers in the square mile but undertook to check the figures.
- Officers undertook to put together indicators to monitor outcomes for different choices of care, but advised that generally those who chose to receive care from the provider commissioned by the Corporation (rather than taking an individual budget) tended to be the most frail.
- Officers confirmed that a back-up provider was in place and current service users would have a choice whether to retain their current provider or transition to Bluebird Care.
- In response to a Member's comment regarding telecare, officers agreed technological options were investigated as they could enhance domiciliary care and fill gaps in service, but for the eldest and frailest residents human contact continued to be the most popular and effective.
- The qualitative aspect to care had been emphasised in the tender for the new provider and Members noted residents would have an individualised assessment of need.
- Hospital communication with social care continued to be challenging, but officers confirmed that once contact was made and consent given by the individual, the social care team ensured reablement services were put in place.
- With regard to isolation and loneliness, officers advised that a Panel had recently been held to discuss social wellbeing and Members agreed to call in those findings. A Member suggested these also be referred on to the Barbican Association.

RESOLVED – That:

- a) officers check the figures included in the report;
- b) indicators be developed to monitor outcomes for different care choices;
- c) the findings of the recent Panel regarding social wellbeing be brought to a future meeting.

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

The Committee received a report of the Director of Community & Children's Services which provided further detail regarding the integrated commissioning model between the City of London Corporation and the NHS City and Hackney Clinical Commissioning Group (CCG) Governing Body.

Members discussed the report in detail and the following points were raised:

- The “equitable approach” referred to in the report was a misleading term. Officers confirmed the intention was to adopt a similar approach regarding integrated commissioning across the CCG's area and not about standardising the level of service across the two areas which may have an impact on the standard of service in the City of London.
- Members challenged officers on the lack of information regarding employees with learning difficulties and officers agreed, confirming it was a problem in schools and health services as well.
- Members sought and were given assurances that the ‘committees-in-common’ governance structure would not prohibit the Corporation from making decisions. Keeping separate Integrated Commissioning Boards secured a City-specific focus which was continued through the work-streams.
- Members queried how the level of care provided to Portsoken residents would be safeguarded. Officers confirmed the integrated approach was a leap of faith but the CCG was trusted to take account of the different needs of City and Hackney. They advised that if the model proved successful it could be used it as leverage to reopen discussions regarding partnerships with other CCGs. Members sought and were given assurances that objectives/KPIs would be put in places to ensure services to Portsoken residents were being delivered to the same, if not better, standard.
- With regard to public health provision for City workers, officers advised they were in discussions with Barts Health to provide more primary care services at the minor injury unit.
- Officers confirmed that there was still uncertainty regarding the break clause timescales and, in response to Members queries and concerns, undertook to clarify the arrangements under delegated authority provisions.
- With regards to the scrutiny arrangements moving forwards, Members noted that the Integrated Commissioning Board would be a Sub Committee of the Community & Children's Services Committee, and as such any decisions it made or reports it received could be called in for scrutiny. Officers advised that, where appropriate, this Committee could join with Hackney's Scrutiny Committee to review the Boards.

RESOLVED – That the report be noted.

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

There were no questions.

7. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**
There was no other business.

8. **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>
9	3
10-11	-

9. **PRIVATE PATIENT UNIT AT ST BARTHOLOMEW'S HOSPITAL**

The Committee received an update regarding the private patient unit at St Bartholomew's Hospital and ask officers to follow this up after the contract had been signed.

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

There were no questions.

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

Members discussed a possible visit to the Neaman Practice later in the year.

The meeting closed at 12.15 pm

Chairman

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