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Health and Social Care Scrutiny Sub (Community and Children's Services) Committee

Date: **TUESDAY, 25 NOVEMBER 2014**

Time: **1.45 pm**

Venue: **COMMITTEE ROOMS, WEST WING, GUILDHALL**

Members:
Wendy Mead (Chairman)
Dhruv Patel (Deputy Chairman)
Judith Pleasance
Emma Price
Ann Holmes
Adam Richardson
Tom Sleigh
Philip Woodhouse

Enquiries: **Philippa Sewell**
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Lunch will be served in the Guildhall Club at 1pm
NB: Part of this meeting could be the subject of audio video recording

John Barradell
Town Clerk and Chief Executive

AGENDA

Part 1 - Public Reports

1. **APOLOGIES**

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

3. **MINUTES**
To agree the public minutes and non-public summary of the meeting held on 19 May 2014.

(Pages 1 - 8)

4. **GOODMANS FIELD BRIEFING**
Report of the Tower Hamlets CCG.

For Information
(Pages 9 - 10)

5. **CITY & HACKNEY CLINICAL COMMISSIONING GROUP - 5 YEAR PLAN**
Report of City & Hackney CCG.

For Information
(Pages 11 - 24)

6. **REVIEW OF HEALTH OVERVIEW AND SCRUTINY FUNCTIONS**
Report of the Director of Community and Children's Services.

For Decision
(Pages 25 - 30)

7. **HEALTHWATCH CITY OF LONDON UPDATE**
Report of Healthwatch City of London.

For Information
(Pages 31 - 34)

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

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

10. **EXCLUSION OF THE PUBLIC**
MOTION - That under Section 100(A) of the Local Government Act 1972, the public be excluded from the meeting for the following items on the grounds that they involve the likely disclosure of exempt information as defined in Part I of the Schedule 12A of the Local Government Act.

For Decision

Part 2 - Non-Public Reports

11. **NON-PUBLIC MINUTES**
To agree the non-public notes of the Briefing held on 17 September 2014.

For Decision
(Pages 35 - 38)

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

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

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HEALTH AND SOCIAL CARE SCRUTINY SUB (COMMUNITY AND CHILDREN'S SERVICES) COMMITTEE
Monday, 19 May 2014

Minutes of the meeting of the Health and Social Care Scrutiny Sub (Community and Children's Services) Committee held at Committee Rooms, West Wing, Guildhall on Monday, 19 May 2014 at 11.30 am

Present

Members:
Dhruv Patel
Judith Pleasance
Emma Price
Ann Holmes
Adam Richardson
Tom Sleigh
Philip Woodhouse
Lynn Strother (Healthwatch)

Officers:

Ade Adetosoye	-	Director of Community & Children's Services
Neal Hounsell	-	Community & Children's Services
Philippa Sewell	-	Town Clerk's Department
Frances O'Callaghan	-	Barts Health
Dr Chris Gallagher	-	Barts Health
Mark Mann	-	Barts Health
Beneeta Shah	-	Boots UK
Rohit Kotecha	-	Niemans Chemist Ltd
Nicole Klynman	-	City & Hackney Public Health Consultant

1. **APOLOGIES**
Apologies were received from Wendy Mead.

2. **MEMBERS' DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
Dhruv Patel declared a non-pecuniary interest in item 10 by virtue of his family's pharmacy business within the City and Hackney CCG (but not within the boundaries of the City).

3. **ELECTION OF CHAIRMAN**
Members were invited to elect a Chairman in accordance with Standing Order 29. A list of Members eligible to stand was read out and Wendy Mead, being the only Member indicating her willingness to serve, was declared to have been elected for the ensuing year.

4. **ELECTION OF DEPUTY CHAIRMAN**
Members were invited to elect a Deputy Chairman in accordance with Standing Order 30. A list of Members eligible to stand was read out and Dhruv Patel,

being the only Member indicating his willingness to serve, was declared to have been elected for the ensuing year.

5. **ELECTION OF AN INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE REPRESENTATIVE**

RESOLVED – That the Chairman be appointed as the Inner NE London Joint Health Overview and Scrutiny Representative, with the Deputy Chairman deputising where necessary.

It was noted that the next meeting of the INEL JHOSC was scheduled for 6.30pm on 10 July 2014 at East Ham Town Hall.

6. **TO CO-OPT HEALTHWATCH REPRESENTATIVES TO THE HEALTH AND SOCIAL CARE SCRUTINY SUB COMMITTEE**

RESOLVED – that David Simpson and Lynn Strother be co-opted as representatives for Healthwatch.

The Deputy Chairman (in the Chair) welcomed new Members of the Committee, Ann Holmes, Adam Richardson, Tom Sleigh and Philip Woodhouse, and thanked the outgoing Members, Deputy Billy Dove and Randall Anderson.

7. **MINUTES**

RESOLVED – That the minutes of the meeting held on 4 February 2014 be agreed as a correct record.

Matters Arising

Clinical Commissioning Group – Commissioning Intentions Update

The Director of Community & Children's Services reported that two meetings had been held and discussions were ongoing. Members noted that future updates would be provided to this Sub Committee.

Community Nursing Services

The Assistant Director, Partnerships and Commissioning reported that, subsequent to the presentation given at the last meeting, the implementation date had been deferred for approximately 3 months until further discussions had taken place. Members noted that a report would come to the next Sub Committee.

Cancer and Cardio

In response to a Member's question the Assistant Director, Partnerships and Commissioning reported that although the original consultation was over, this had subsequently turned into a broader study. Members noted that this was ongoing and a written response would be provided to the Sub Committee once concluded in September/October 2014.

CQC Inspection of Barts Health NHS Trust

In response to Members' questions Ms O'Callaghan, Director of Strategy for Barts Health reported that bullying observed in the Trust had been of staff by

staff, and was being taken very seriously. She confirmed that work was underway to resolve these issues including staff communications on how to raise concerns, improving executive visibility, and ensuring appreciation for frontline staff was conveyed.

8. **HEALTHWATCH CITY OF LONDON UPDATE**

The Sub Committee received a report from Lynn Strother from Healthwatch.

Visits to Newham Hospital

Healthwatch had made observations in elderly ward and written to the Trust suggesting the implementation of more activities for engagement. Members noted that a positive response had been received.

GP survey

A priority for Healthwatch was Community Services, which was incorporated in the wider Healthwatch City of London GP survey. This went out to approx. 2,000 people and Healthwatch were now contacting the surrounding GP practices.

Hospital discharge

Owing to concerns about patients and discharge procedures, Healthwatch were doing a broad survey and investigation into discharge policies across London.

Services for City Residents

Healthwatch had concerns over City residents who were registered with a GP outside of the City. The Director of Community and Children's Services reported that the Sub Committee had been looking at this issue for some time and work was being done on identifying a proposal for integrated care. He advised that the Corporation was confident that residents were not going without services, but there were issues with communications between the three CCGs City residents had access to (Islington, City & Hackney, and Tower Hamlets).

Members had several questions regarding the details of the Healthwatch GP survey and comments from service users of Homerton University Hospital NHS Foundation Trust, and it was agreed that all questions be forwarded to the Committee and Member Services Officer who could liaise with Ms Strother and circulate the answers electronically.

RESOLVED – That all questions be forwarded to the Committee and Member Services Officer.

9. **DEVELOPMENTS AT THE ST. BARTHOLOMEW'S SITE**

The Deputy Chairman welcomed Frances O'Callaghan (Director of Strategy), Dr Chris Gallagher (Lead Consultant in Medical Oncology) and Mark Mann (Acting Director of Communications and Engagement) from Barts Health NHS Trust.

Ms O'Callaghan reported that the development of the King George V building to accommodate cancer and cardiovascular services was ongoing. All

cardiovascular services from The London Chest Hospital would move to St Bartholomew's in early 2015 and services from The Heart Hospital, part of UCLH, would join these if proposals were approved. This would create one of the largest cardiovascular centres in Europe, benefitting patients from the increased research and academic work. With regard to cancer services, Barts Health would remain a key provider of a significant amount of cancer care, with less than 1% of all Barts Health's cancer activity moving to UCLH and the Royal Free.

Ms O'Callaghan advised Members of the proposal for a Maggie's Centre; Members were reminded that the Corporation was the Planning Authority for this application and therefore all discussion should be on health related issues. Although the proposal for the Maggie's Centre was still in flux, Ms O'Callaghan reported that this would be a purpose-built space to help provide a holistic approach to cancer care, open to cancer patients who live or work in the City of London, even if they were being treated elsewhere. In response to Members' questions, Ms O'Callaghan reported that the Maggie's Centre was fully funded and would take approximately 2 years from start to finish. With regards to working relationship between the Trust and The Friends of the Great Hall and Archive of St. Bartholomew's Hospital, Ms O'Callaghan advised that this needed improvement but that a commitment had been made to work closely to secure the best possible outcome for everyone.

In response to further questions it was established that, in relation to cardiovascular care, new capacity was being built rather than services moving. Ms O'Callaghan confirmed that capacity was mapped annually and subject to discussion with the stakeholder group. In response to a question concerning the provision of sexual health services it was noted that, although the Trust believed this was better provided within the community, provision was being kept on-site at present.

The Deputy Chairman thanked the officers for their presentation.

RESOLVED – that impact assessments of services moved would be reported a future meetings when available, and officers look in to the possibility of a site visit to the King George V building.

10. **PHARMACY SERVICES IN THE CITY**

The Sub Committee received a presentation from Beneeta Shah, from Boots UK, and Rohit Kotecha, from Niemans Chemist Ltd, which gave an overview of the pharmacy services in the City.

Ms Shah reported that there were three tiers of pharmacy services – Enhanced (commissioned by the Local Authority), Essential (NHS commissioned) and Essential (NHS England commissioned). Under the latter tier, an electronic prescription service had begun which saw prescriptions being sent directly from the Doctor to the pharmacy. This offered more flexibility to the patient, and Members noted that there were a significant number coming in from outside London.

With regard to the role of community pharmacy, Ms Shah detailed the three main intersecting divisions: self-care (empowering patients to take control, i.e. pharmacists prescribing over the counter medicines to reduce GP workload), Public Health and Wellbeing (commissioned by the Local Authority, i.e. smoking cessation, sexual health, and weight management), and Medical Optimisations (i.e. how to take medication properly and medicine use reviews). Members noted the wide range of services provided in the City, for example a trial by Barts Health of a walk-in sexual health clinic at Boots in Liverpool Street station, and a smoking cessation trial targeting recipients of FPNs for littering with cigarette butts.

In response to Members' question, Mr Kotecha advised that trials had received relatively little general publicity in order to ensure demand was kept at a manageable level, but assistance was needed to support the promotion of services to targeted groups in the wider community. The Director of Community & Children's Services reported that officers would continue to work with Healthwatch to address this and advised Members that officers were looking at establishing income streams to support additional services. In response to a Member's question regarding review mechanisms on repeat prescriptions, Mr Kotecha confirmed that checks were made before repeats were requested and that the review period was outlined on the prescription.

The Deputy Chairman thanked Ms Shah and Mr Kotecha for their presentation.

11. **HOMERTON UNIVERSITY HOSPITAL NHS FOUNDATION TRUST (HUHFT)**
The Sub Committee received the Executive Summary of the Care Quality Commission's inspection of the Homerton University Hospital NHS Foundation Trust which had concluded that the services were very good.

RESOLVED – That the Executive Summary and result of the inspection be noted.

12. **ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH - HEALTH AT THE HEART OF THE COMMUNITY**
The Sub Committee received a presentation from Nicole Klynman, Public Health Consultant for City & Hackney, which outlined areas identified by the Joint Strategic Needs Assessment (JSNA) for attention over next year.

Tackling Health Inequality
Dr Klynman advised that City Workers were a diverse group, including cleaners, baristas and support staff, who would have long working and commuting hours limiting their access to health services.

A Smokefree Future
Dr Klynman reported that good services were operating but work was needed to communicate their availability and access times.

Healthy Weight
Members noted that work was being done in one school, but as submitting data

for state maintained school was not formally required and the City had such small numbers, it was difficult to draw robust conclusions.

Mental Health
Dr Klynman reported that Children and Adolescent Mental Health Service (CAMHS) and mental health services for adults were in place, and that City workers and residents would have different issues that needed to be addressed depending on their circumstances, i.e. income. Members noted the need to ensure vulnerable and Looked After Children were accessing services in the Borough they're living in.

Dementia
Members noted that it was harder to gauge an accurate picture of dementia patients in the City owing to the relatively small number. The Director of Community & Children's Services reported that 300+ Dementia Friends were now trained who could help support people with dementia and their carers.

Air Quality
Members noted that significant work was being done to address these issues.

In response to Members' questions, Dr Klynman reported that a priority was improving communication of and access to services; some patients were unable to access services, some not aware of what they could access. With regard to smoking, Dr Klynman advised that a Public Health consultant was working with Barts Health to address the issue of smoking in hospitals but that it was always going to remain difficult to remove long-term smoking patients from hospital premises. 'Voluntary smoking bans' would not be formally 'policed' as such, but estate staff were being trained to speak to smokers and offer cessation advice and it was hoped the self-policing mechanism would gather momentum and prevail. Members agreed that the number of fines for littering with cigarette ends be circulated electronically after the meeting, and noted that officers issuing these fines ends targeted pubs and clubs and that suggestions for sites were welcome.

RESOVLED – That the number of fines for littering with cigarette ends be circulated electronically after the meeting.

13. **REVIEW OF NHS PATIENT CARE IN EAST LONDON**
RESOLVED – That the review be considered by the INEL JHOSC.

14. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**
There were no questions.

15. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**
The Deputy Chairman reported on two conferences he had attended on behalf of the Sub Committee since the last meeting concerning the Care Quality Commission's consultation on a new approach to inspecting, regulating and rating services. He reported that the new rating system will be an improvement on the current compliant/non-compliant model, and would have four possible

ratings: Outstanding, Good, Requires improvement, and Inadequate. A middle rank of satisfactory was likely to be excluded to prevent it becoming a default position. The Deputy Chairman advised that for hospital trusts it was proposed to provide these ranks in 3 dimensions:

1. Across their different sites
2. Across their different core services
3. Across five key questions: Is it safe, Is it effective? Is it caring? Is it responsive to people's needs? Is it well-led?

The Deputy Chairman expressed his concern that this may result in ratings being granular and difficult for the public to easily understand, but it was agreed that this would still be an improvement on the current system.

16. **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.

Item Nos.	Exempt Paragraph(s)
17-18	3

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

There were no questions.

18. **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.

The meeting ended at 12.50 pm

Chairman

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Tower Hamlets
Clinical Commissioning Group

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Goodmans Field Briefing

The NHS in Tower Hamlets have been in discussions regarding the progression of a health facility in the City of London Aldgate area for some time and in 2010 registered their support for the Goodman's Field development to provide a health facility to meet the health and well being needs of the local population and to reduce health inequalities. In 2013, changes to the political landscape resulted in the creation of NHS Tower Hamlets CCG, NHS England and NHS Property Services all of whom are stakeholders in the development of the health centre and who are currently working together to bring the health centre to fruition.

In the interim, City Wellbeing Practice have been providing 2 GP sessions per week in the Portsoken district of the City of London to increase GP access in an area that has long expressed concerns about the lack of access to primary care services. The Portsoken Health Centre is a small facility consisting of two consulting rooms and GP services are available Mondays and Thursdays between 10am and 1pm.

Goodman's Field is a residential-led, mixed use development that will include a health facility of up to 1,250m2. The developer is Berkeley Homes and the health centre is located within the ground floor of the South East Block. The South East Block is the last block to be developed and will provide the remaining 297 residential dwellings and ground floor commercial floor space including the health centre. The developers are aiming for a start date on site within the autumn of 2015 and a completion within the summer of 2019.

The Goodman's Field development, within close proximity to the Portsoken district, will allow re-provision for two GP surgeries within the area, namely City Wellbeing and Whitechapel Health, both currently in poor quality, inadequate premises with no potential for expansion or development of services. The new development will absorb the GP services currently being offered at Portsoken Health Centre and will significantly increase access to primary care services.

It is expected that GP services will continue to be provided from Portsoken until the completion of the Goodman's Field development allowing patients in the area to continue to access and register with a GP.

City and Hackney
Clinical Commissioning Group

OUTLOOK FOR THE NEXT 5 YEARS

OUR PLANS

September 2014

SUMMARY

1

Our vision for the City and Hackney health economy is:

- Patients in control of their health and wellbeing;
- A joined-up system which is safe, affordable, of high quality, easy to access, saves patients' time and improves patient experience;
- Everyone working together to reduce health inequalities and premature mortality and improve patient outcomes;
- Getting the best outcomes for every £ we invest through an equitable balance between good preventative services, strong primary and community services and effective hospital and mental health services which are wrapped around patient needs;
- Services working efficiently and effectively together to deliver patient and clinical outcomes and providers in financial balance.

2 **BIG THEMES:**

3 **PLANS:**

Reduce premature mortality

Focusing on cardiovascular & respiratory diseases, people with mental health problems and people with cancer, commission our providers to deliver:

- Earlier diagnosis and treatment;
- Social prescribing and integrated preventative services;
- Patients supported and empowered to embrace lifestyle changes which will impact on their health.

Manage demand

- Use the Better Care Fund to ensure services and providers are working in unison to deliver patients' care plans and the system-wide metrics we have set;
- Commission better support and quality of life for people with long term conditions and mental health problems;
- Ensure practices have the capacity & time to support & care for people in the community given the increasing demands they are facing.

Develop primary care and community services

- Commission the GP Confederation to deliver population coverage, uniform high quality standards & outcomes in primary care;
- Commission One Hackney providers including the voluntary sector to join up their services & work more closely with practices and patients & explore whether an Accountable Care Organisation would be a robust future delivery model;
- Ensure patients see primary care as their first port of call in and out of hours;
- Maintain our demand management & audit work with Homerton to align clinical behaviours.
- Work with our partners to develop an integrated offer for early years which supports everyone to get the best possible start in life.

Safe high-quality hospital services

Support Homerton Hospital to deliver:

- Strong 7 day DGH services, meeting fair, benchmarked performance standards and achieving good outcomes;
- Services aligned to patient pathways across primary care & specialist services, ensuring minimal impact on local DGH services, patient access and outcomes from redesigned service models;
- Improved patient experience, satisfaction and information & join up our IT systems.

Address mental health needs

- Commission access to fast professional care and support to maintain recovery and independence;
- Support primary care development and education to deliver more community based provision and parity of esteem.

4

Overseen by:

- Our CCG Board & 2 HWBBs debating & making decisions which affect City & Hackney transparently & in public;
- Our Programme Boards working with patients & clinicians to affect change on the ground in line with our constitution;
- Closer collaboration with Public Health commissioners in the Local Authorities;
- Our providers working in unison under "One Hackney" aligning individual organisational and service responsibilities to deliver shared outcomes;
- Our clinical senate generating ideas & debating & influencing clinical behaviours;
- Co-commissioning with NHSE & other CCGs;
- Organisation leaders meeting & working together for the good of City & Hackney.

5

Measured by:

- User, clinical & process outcomes for each service, contributing to & delivering system outcomes;
- KPIs across aligned contracts & tracking system-wide changes in activity & spend;
- Financial balance maintained & all providers remain viable & without significant performance concerns.

City and Hackney
Clinical Commissioning Group

INTRODUCTION

- We are setting out the clinical ambitions we have to improve things for our patients in City & Hackney.
- We are not a financially challenged health economy and so we don't need to develop heroic plans to balance our books.
- We face the same challenges though as everywhere else in the NHS with the prospect of little financial growth and possible changes in the future to how much money we receive for health services for our patients. The CCG is lucky to have sufficient financial headroom to make strategic investment to improve services and quality and test out whether what we are commissioning is really making a difference on the ground. This is a unique and highly privileged position which means we need to focus relentlessly with our patients, clinicians and stakeholders on where we need to improve things, how to do so, and ensure that we "think like a patient but act like a taxpayer".
- We continue to liaise with other CCGs in North East London to ensure that we can understand the impact of any service changes that they are proposing for either our patients or on the Homerton Hospital.
- Having listened to our patients and our practices, looked at how we and our providers benchmark against elsewhere we have agreed 5 big themes that we want to tackle together.

City and Hackney
Clinical Commissioning Group

BIG THEMES

Our plans fall into 5 areas

- Reducing premature mortality
- Managing demand
- Developing primary and community services
- Ensuring safe high quality hospital services
- Addressing mental health needs

The following pages outline:

- Why we need to address each of these
- What we are going to do

City and Hackney
Clinical Commissioning Group

REDUCING PREMATURE MORTALITY

WHY?

- We have worse premature mortality than London and the rest of England:
- CVD mortality rate locally is 89 deaths per 100,000 compared to 66 across England and cancer mortality rate is 142 deaths per 100,000 compared to 122 nationally.
- Life expectancy in males is 1.5 years lower in C&H than in England (with 4.4 years gap between the most and the least deprived in C&H).
- People with mental health problems die 20 years before the comparative population;
- Our patients have told us they want more support, help and education to manage their conditions;
- 62% of people locally feel supported to manage their LTC compared to 65% nationally and this has improved over the last year;
- We are in the top fifth for most measures of clinically effective management of LTC in London.

WHAT?

- We've heard from our patients that they want to be in control of their health and decisions about their health - so we are using our Innovation Fund to commission a range of new services suggested by our patients, including more peer support, education, advocacy and information and we have exciting plans to work with clinicians at Homerton to improve patient information and decision aids;
- We are working hard on parity of esteem – supporting our practices and providers to treat the whole person and address their physical health needs, not just their mental health problem.
- We have invested over £2m in a comprehensive programme to commission our GP practices via the Confederation to identify and diagnose patients at risk of diabetes, cardiovascular, respiratory or liver diseases and to initiate treatment and management;
- We have also commissioned our practices to offer an extended consultation on initial diagnosis and training our practice staff in improved consultation & care planning skills;
- We are commissioning a greater focus at Homerton Hospital on supporting and managing people with Long Term Conditions to join their work up with what our practices are doing– hospital staff reviewing care plans when people are in hospital, improving communication about changes to care plans, and linking up patients with community education and support
- We have invested a further £600k to extend our social prescribing scheme with the voluntary sector so that more GPs can refer patients to healthy living and wellbeing interventions in the community and our patients have better knowledge of the support available to them;
- The biggest impact on premature mortality will come from tackling poverty, increasing exercise and from reducing obesity, alcohol use and smoking. We are working with our Local Authority Public Health commissioners to join up plans to ensure that together we can have the biggest impact;
- We are working with our GPs to support earlier cancer diagnosis and access the range of advice and diagnostic services we commission – although the biggest impact on cancer mortality will be from the Local Authority's work on stop smoking and encouraging patients with symptoms to contact their GP.

NHS

City and Hackney
Clinical Commissioning Group

MANAGING DEMAND

WHY?

We have increased our focus on emergency activity as we want people to be cared for safely at home wherever possible and the new Better Care Fund gives an added impetus to this.

We appear to perform relatively well compared to London and the rest of England on the number of emergency admissions per 1000 people (on average 1750 emergency admissions per month). 20% of these admissions are in the over 75s and our rate of emergency admissions in the over 75s per 1000 people is greater than across London. Whilst we are ambitious to make improvements we don't believe there is scope to safely reduce these by more than about 2%.

Although this initiative won't save us significant amounts of money we believe it will make a difference for our patients in the quality of care and services they receive and in minimising unnecessary hospital stays.

WHAT?

We are very conscious that demand to see GPs has doubled in the last fifteen years and we need to support practices to manage this alongside the increasing workload from more services and care outside hospital.

Our main strategy is to ensure that practices have the capacity – both time and manpower – to care for people in the community and to offer a rapid response and consultation service when needed and that they are supported by a range of community services working together to help them

- We are investing nearly £4m in practice based integrated care which commissions our practices to develop care plans with our vulnerable and at risk patients, put these in place and undertake regular proactive home visits. This also funds more staff at Homerton, the Local Authority and in our other community and voluntary sector providers to ensure that they can wrap their staff and services around what our GPs are doing to ensure that strong clinically-led multidisciplinary teams are delivering the care plans set by our patients;
- We expect our plan to improve the quality of services in the community, reduce hospital emergency bed days, delayed discharges and readmissions & support more people to die in their own home if that is their wish;
- Our newly commissioned reablement and intermediate care service is starting which is a joint service between Homerton and social care and is aimed at providing one point of access and a rapid response to care for people safely in their homes

And we already have a wide range of commissioned services which are all focused on helping people to be cared for in their home environment. These will become the focus of our Better Care Fund. Our clinicians believe these new services will improve the quality of care for our patients but we are cautious about setting an ambitious target of how much hospital based activity they might save due to the limited evidence base for this.

In association with our fellow commissioners of adult social care in our two Local Authorities we will use the Better Care Fund to support our providers to work together really effectively to care for as many people as possible in the community in line with their care plans, improve the hospital discharge experience and reduce any delays, and support more people to die outside a hospital setting if that is what they want

Whilst the Better Care Fund has a national focus on adults, locally we are also looking at emergency admissions for children to Homerton and have commissioned an expansion to the children's community nursing team to support more children and their parents in the community and support earlier discharge. We also want to develop a programme with Homerton to look at whether their community services for children could do more to avoid hospital admissions and manage more children at home. Over the next year we will have a particular focus on asthma and on supporting our practices to identify children at risk so that they can put In place the necessary support and care plans.

City and Hackney
Clinical Commissioning Group

OUR URGENT CARE SYSTEM

WHY?

As well as our work on emergency admissions we are maintaining our focus on the wider urgent care system for our patients, recognising that at the moment our A&E attendance rate is 10% higher than across London.

We are fortunate that locally the Homerton delivers really strong A&E performance for sick people but we need to ensure we have a good wider urgent care system both in and out of hours which meets the needs of our patients and that our patients see primary care as their first point of contact for all non-emergency issues both in and out of hours.

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WHAT?

Last year we commissioned our new out of hours GP service from a new local GP led social enterprise - CHUHSE - and already have seen 38% more people use the service. Over the next year:

- We will be investing in our practices to extend their opening hours to improve GP access for our patients in an attempt to discourage people from using A&E as their first port of call
- We have also commissioned a new £600k service in conjunction with our GP Confederation and the London Ambulance Service called Paradoc which ensures a GP and paramedic can respond to an urgent call, visit the individual and ensure that there is support and care available to keep them at home and avoid having to go to hospital. So far it has seen over 500 cases and only 14% of these ended up going to A&E;
- We have invested in an Observational Medical Unit at Homerton A&E to quickly treat patients referred by GPs with certain conditions and we are also commissioning a range of consultant advice lines and urgent clinics coupled with rapid access diagnostics so GPs can get a quick diagnosis and start treatment fast;
- All our practices work with Homerton and other partners to develop care plans with patients who frequently attend A&E;
- We are commissioning Homerton to help people who are using A&E and don't have a GP to register with a local GP and have extended this service to Hackney Service Centre to encourage more local people to register with our GPs;
- We are commissioning Homerton to identify people attending A&E with mental health problems & develop care plans for them;
- We have commissioned our GP out of hours provider to have community nurses working alongside them to provide more holistic care for our patients overnight and at weekends;
- We are working with Homerton, London Ambulance Service and our GP Confederation to improve how information is shared about our patients' care plans and ensure that emergency services follow these;
- We are investing in more services to make hospital discharge smoother & in more community services for people who are at the last stages of life;
- Our Urgent Care Programme Board is working with Homerton and our practices to think about how we could redesign the current Primary Urgent Care Centre (PUCC) service to better meet the urgent care needs of our patients

Now we have such a wide range of services in place our priorities are to make sure the services work together to address patient needs and link up with primary care, that patients can articulate what they want their care plans to look like and that we are supporting clinical behaviour which results in care for as many people as possible in the community.

City and Hackney
Clinical Commissioning Group

DELIVERING PRIMARY & COMMUNITY SERVICES

WHY?

Many people believe that the current model of primary care needs to change and adapt to better meet the needs of people in the 21st century.

Locally we are fortunate to have a good range of well performing practices that have been commissioned to offer a range of extended services to support our patients and take forward our plans and they are now working together as a Confederation.

However we aren't complacent.

Our patients told us that they wanted a GP out of hours service they knew about and had confidence in - we addressed this and now have a new service run by local GPs.

Our patients are telling us that they are struggling in some cases to get access to primary care and are going to A&E to seek help, even when their practice is open and that there are differences between what different practices offer.

WHAT?

Our 43 member practices have formed a GP Confederation which is a GP-led not for profit umbrella organisation, providing help and support to practices with the delivery of services and giving other local providers one organisation to talk to who can represent practices as we try to ensure the integration of local services. We now contract for additional services from our member practices via the GP Confederation – this means we just have one contract with one organisation that is responsible for supporting practices to ensure uniform high quality standards and outcomes and ensure population coverage – ie so that all our patients can access the services we are commissioning from primary care irrespective of which practice they are registered with.

We are already commissioning the following new services from primary care:

- Extended opening hours in response to patient feedback;
- Duty doctor service to respond to urgent requests for support from patients and other providers;
- Identification of vulnerable older people, development and agreement of care plans, proactive home visiting service;
- Identification and early diagnosis of people at risk of coronary heart disease, respiratory disease and diabetes;
- Access to support, advice and education for everyone with a long term condition and longer initial & care plan review consultations;
- Proactively reviewing & managing people with mental health problems;
- Seeing each woman during her pregnancy and after delivery to ensure that her needs are being met;
- Focusing on proactively reviewing all children with long term conditions and ensuring that care plans are in place with a specific focus on the management of asthma and ensuring support is available to children and their families;
- Ensuring high quality prescribing practice.

To complement this and ensure integrated pathways and provision we hope we will be allowed to take formal responsibility for co-commissioning primary care with NHSE via our Health & Wellbeing Boards.

Our GPs have also worked really hard over the last six years with consultants at Homerton Hospital to improve care for our patients, eliminate waste and make care as seamless as possible. We have low out patient referral rates and we will be maintaining this focus through our clinical leadership work with Homerton, our Planned Care Board and our consortia by developing more pathways, eliminating steps in the patient pathway which don't deliver patient benefit and improving access to diagnostic investigations. Our 6 commissioning Consortia are the bedrock for how our GPs work together to discuss & develop primary care clinical behaviour & deliver education & support.

Our local providers across the NHS and voluntary sector (including the GP Confederation) have also come together under the "One Hackney" umbrella to join up their services, work more closely with our practices and take collective responsibility for delivering specific outcomes. We are keen to explore with them whether this could develop into an Accountable Care Organisation to better coordinate care for our patients.

We are starting some work with our partners over the next few months to develop an integrated service offer for vulnerable parents & children to ensure that we can identify their needs, wrap services around them to address their needs and get them the best possible start in life. Whilst we have spent a lot of time focusing on the needs of our elderly population we now need to address the needs of our growing young population.

City and Hackney
Clinical Commissioning Group

SAFE HIGH QUALITY HOSPITAL SERVICES

WHY?

We want to make sure that the experience of our patients when they have to go into hospital is first class and that services are safe and of high quality.

Most of our patients use Homerton Hospital and we are fortunate that it is efficient with good standards and outcomes.

Patients have told us that they would like to see better join up between hospital services and primary care and a reduction in waste in hospital - wasted appointments where there isn't the information available to treat them, duplicate tests, poor communications. These issues seem to be more of a problem at non-local hospitals – particularly Barts Health where our GPs are also concerned about the delivery of some services.

People are broadly complimentary about the services at the Homerton but feel that they have more to do around addressing feedback from patients and staff attitudes.

WHAT?

We will continue to work with Homerton to ensure that it stays a high performing organisation and that it can meet any new quality or performance standards which are introduced and can meet the challenges of ensuring great services seven days a week.

The six main areas of work for us over the next year are:

- Supporting the work which Homerton is doing to improve patient experience in some areas - particularly care of the elderly and post natal care - and linking up with the views of our patient and public involvement groups, Healthwatch, our GPs and other stakeholders to ensure that concerns are being addressed and patient satisfaction and empowerment is core to how Homerton - and other providers - design and deliver their services;
- Ensuring hospital services abide by NICE standards and participate in national audits. We are also very active in supporting local joint clinical audits of our clinical pathways & clinical behaviour;
- Making sure that we are working with clinicians at the Homerton to monitor, investigate and learn the lessons from complaints, incidents, outbreaks of infection and any avoidable deaths;
- Working with our colleague CCGs to understand the implications of emerging models of specialist care commissioned by NHSE. We want to ensure that we have integrated pathways from presentation in primary care to hospital treatment and need to make sure that the NHSE reviews of specialist service provision across London do not worsen access, outcomes or quality for our patients nor destabilise any local services and pathways;.
- Ensuring that we continue to have strong local pathways for people with cardiac and cancer diseases which link in with the new specialist centres being developed at Barts Health and UCLH;
- Understanding the plans of our fellow CCGs to improve the quality of services across Barts Health and the implications of any changes for both City and Hackney patients and for the Homerton.

City and Hackney
Clinical Commissioning Group

ADDRESSING MENTAL HEALTH NEEDS

WHY?

Our population have high mental health needs:

- 50% of all women and 25% of all men are affected by depression at some point in their lives;
- 4-5% of people have a diagnosable personality disorder;
- People with schizophrenia are likely to die 15-25 years earlier than others;
- Dementia affects 5% of all over 65s and 10-20% of the over 80s.

We spend more money on mental health services than elsewhere in England and so we need to ensure that every £ is really addressing the mental health needs of our patients and really improving outcomes.

WHAT?

- We have commissioned a new service at Homerton to ensure a rapid assessment of people with mental health problems in the hospital wards and in A&E and to help support safe and rapid discharge;
- As part of our work on parity of esteem, we have also transferred the management of some patients with mental health problems to primary care. Our clinicians have now agreed to take a further step - discharging more patients over the next twelve months and reinvesting the savings in an extended primary care mental health service to help manage patients in the community;
- We are commissioning our practices to ensure they have the skills, capacity & time to provide the support that people with mental health problems need in the community;
- We are working with our Local Authority Public Health commissioners to align the health and wellbeing and prevention services they commission with our CCG plans;
- We are investing in community provision for dementia sufferers and their carers and are commissioning all our providers to increase the rate of diagnosis of dementia and ensure that advice and support is available to people diagnosed and their carers;
- We are investing in a training programme for community staff to recognise the symptoms of psychosis in order to enable swifter referrals;
- We will make sure that every patient with mental health problems has a recovery plan which has an introduction to benefits and employment support;
- We are continuing to commission shorter waiting times for psychological therapy assessment and treatment services and will commission an extended range of interventions.
- We have recently published a Joint Framework for CAMHS services to improve outcomes and promote early interventions;
- We are commissioning an extended mental health service to meet the needs of patients admitted to Homerton with mental health problems and those who attend A&E.
- We are expanding the popular service we commission with the Tavistock & Portman to support people with unexplained medical symptoms& complex medical problems which have underlying mental health issues.

RESPONDING TO OTHER THINGS WE HAVE BEEN TOLD

WHY?

Our patient and public involvement groups who work with our practices and with our Programme Boards are an incredibly rich source of useful and powerful information about what we need to change and why.

We also spend a lot of time listening to the views of our 43 GP practices - they are in direct contact with our patients every day, work with local services and have a great understanding of what's actually happening "on the ground".

WHAT?

So we are making lots of other changes - which don't fit neatly into the other headings but are just as important if we are to meet our vision of making a difference for our patients.

We are:

- Developing a new pathway for the antenatal care of vulnerable women and working with fellow commissioners and partners to develop an improved offer for our 0-5 year olds.
- Improving the way that wound dressings for our patients are provided and managed in the community and developing a new service for lymphpoedema. We think there is a lot of waste and duplication in the current dressings service which isn't as responsive to the needs of our patients as it ought to be;
- Commissioning a better spread and availability of diagnostic tests for patients in the community - blood tests, spirometry, ECG and anticoagulation amongst others;
- Commissioning a new community based service to test people for glaucoma and monitor the results which should result in fewer trips to hospital for check ups;
- Improving the way that people with pain and those needing joint surgery are cared for and treated - we think we could really streamline the pathway and better join up services so our patients don't need as many trips to hospital, provide much better information to our patients, and improve overall quality and satisfaction;

FINANCIAL STRATEGY

- Our plan maintains our 2013/14 £27.2m roll forward as headroom through the next 5 years;
- We will use our strategic investment reserves and internal resources non-recurrently to invest in change where it will deliver patient benefit for City & Hackney; these reserves also maintain our recurrent headroom against risk;
- All investment proposals are considered by our Prioritisation and Investment Sub-Committee using a prioritisation framework;
- Where evaluation shows that our new investment has delivered the improvements we expect and is sustainable, we will fund the services recurrently;
- Our plan supports the continued viability of our main providers Homerton, ELFT, CHUHSE and GP Confederation;
- We base all our decisions on evidence base and benchmarks, in line with our constitution, and our plans are grounded in clinical reality and making a difference on the ground and are all clinically led & supported – therefore we have not made heroic assumptions and our QIPP plans are cautious and deliverable;
- Our plan allows for headroom to cover downside risks such as funding formula change, demographic change and activity risk and we are full members of a risk share agreement with other East London CCGs – Waltham Forest, Newham and Tower Hamlets;
- We will continue to lobby with our partners for a fairer funding formula that reflects deprivation and meets the needs of an inner urban population.

Financial Summary of SPG plan

Revenue Resource Limit

£ 000	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Recurrent	347,625	352,977	364,918	371,250	377,362	383,578
Non-Recurrent	10,266	27,232	27,200	27,000	27,000	27,300
Total	**357,891**	**380,209**	**392,118**	**398,250**	**404,363**	**410,878**

Programme Expenditure

Acute	175,006	181,273	179,253	183,096	187,726	192,280
Mental Health	48,166	48,428	48,269	49,934	51,160	52,367
Community	37,141	37,295	37,672	38,842	39,829	40,800
Continuing Care	10,564	10,697	10,998	11,391	11,680	11,965
Primary Care	36,361	41,850	43,088	44,502	45,885	47,312
Other Programme	16,983	23,732	36,112	33,584	30,600	28,364
Total Programme Costs	**324,221**	**343,275**	**355,392**	**361,350**	**366,880**	**373,088**
Running Costs	6,540	5,920	5,926	5,943	5,959	5,974
Contingency	-	3,814	3,800	3,957	4,224	4,416
Total Costs	**330,761**	**353,009**	**365,118**	**371,250**	**377,063**	**383,478**

£ 000	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Surplus/(Deficit) - cumulative	27,130	27,200	27,000	27,000	27,300	27,400
Surplus/(Deficit) %	7.6%	7.2%	6.9%	6.8%	6.8%	6.7%
Net QIPP	-	5,426	6,803	2,000	2,000	2,000

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Committee(s):	Date(s):
Health and Social Care Scrutiny	25 November 2014
Subject: Review of Health Overview and Scrutiny functions	**Public**
Report of: Director of Community and Children's Services	**For Decision**

Summary

The purpose of this report is to highlight to members of the Health and Social Care Scrutiny Sub Committee how recent national developments have impacted on how local authorities exercise their health overview and scrutiny function.

The wider health environment has also changed so that the City of London Corporation is now a commissioner and provider of public health services and thus a body which itself can now be scrutinised.

The report, therefore, proposes that the Health and Social Care Scrutiny Sub Committee should examine how or if its own health scrutiny functions could be enhanced and sets out a two phase approach for how this should take place.

Recommendation(s)

Members are asked to:

- Note the report
- Endorse the proposal that the Health and Social Care Scrutiny Sub Committee should examine how or if its health scrutiny processes could be enhanced in line with the approach proposed in this report.

Main Report

Background

1. The Health and Social Care Act 2012 confirmed the relocation of public health functions, resources and commissioning responsibilities from the NHS into local government. The City was required to discharge its statutory public health responsibilities, detailed in the Public Health Outcomes Framework (2012) from 1 April 2013[1].

[1] The framework identifies four specific domains that local authorities are required to focus on: Domain 1: Improving the wider determinants of health; Domain 2: Health improvement; Domain 3: Health protection; Domain 4: Healthcare public health and preventing premature mortality.

2. Also on 1 April 2013, secondary legislation (Regulations 2013)[2] came into force to support local authorities in discharging their health overview and scrutiny functions effectively through connecting across all bodies which have a health related impact.

3. Public accountability and placing patients at the centre of health services are integral to the regulations. To this end, the City, as a commissioner and provider of public health services is now itself within the scope of health scrutiny legislation.

4. In essence, therefore, the duties which apply to scrutinised bodies such as the duty to provide information, to attend before health scrutiny and to consult on substantial reconfiguration proposals will now apply to the City in so far as it is a "relevant health service provider".[3]

Current Position

5. The new health environment has extended the scope of health scrutiny but has also increased the flexibility of local authorities in deciding how to exercise their scrutiny function. Patients and the public are at the very core of the new health system. So, in parallel, scrutiny is fundamentally about improving outcomes for people and making improvement happen by understanding how services are really experienced on the ground and challenging those responsible to review and improve.

6. The new health landscape also means that overview and scrutiny reviews will increasingly involve services which are jointly commissioned by the NHS, Clinical Commissioning Groups and the City.

7. Significantly, since the Regulations (2013) came into effect, local authority health scrutiny has faced an important and challenging time. The Francis report into the mid-Staffordshire Hospital crisis pointed to a systematic failure by a range of local and national organisations, including the health overview and scrutiny committees of both the county and district authorities. An alarming parallel was again uncovered in the revelation of a cover up of abuse in Rotherham. A clear message in the reports by Robert Francis and Alexis Jay into the mid-Staffordshire and Rotherham enquiries respectively was that these incidents should not be regarded as one off events that could not be repeated elsewhere.

8. In light of these challenges, the Department of Health (DH) published guidance (The Guidance) [4] to support local authorities in the implementation and interpretation of the Regulations (2013). The Guidance does not replace existing legislation, instead it provides an up-to-date explanation and guide to implementation of the Regulations governing health scrutiny functions.

[2] Local authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013
[3] Regulation 21 of the Regulations 2013
[4] Local Authority Health Scrutiny, Guidance to support local authorities and their partners to deliver effective health scrutiny, Department of Health, June 2014.

9. A report was presented to the Health and Social Care Scrutiny Sub Committee in June 2012[5] advising Members that there was a need to maintain a Scrutiny Sub Committee under s10 of the Health and Social Care Act 2001 and not to abolish this sub committee at that time. The report advised, however, that more generally, the City's health scrutiny function ought to be the subject of a review no later than April 2014.

Proposals

10. A review of the work programme of the Health and Social Care Scrutiny Sub Committee shows, however, that whilst it has effectively scrutinised and taken account of the views of relevant NHS bodies and health providers, its legitimate role in proactively seeking information about the performance of the services and providers it commissions itself is not exercised to the same extent.

11. There are no concerns that the City's arrangements are fundamentally flawed. However, in view of the factors and instances presented in this report, this report proposes that the Health and Social Care Scrutiny Sub Committee should examine if there are any areas where its health overview and scrutiny functions could be enhanced.

12. It is proposed that this examination, should involve a two phased approach:

Phase 1: At the next meeting of the Health and Social Care Sub Committee meeting

Members and Officers reviewing the following key questions to help the Sub Committee to carry out an initial stocktake of its position:

i) Could a City resident be confident that the City and those with whom it works will be aware when significant problems rear their head and can the public be confident that this information will be acted on?

Do performance indicators measure the right things? Do performance systems have within them a sense of humanity? Can members be assured that such systems address existing problems?

ii) Does the City's Health Overview and Scrutiny function itself have access to information which will allow a member of the public to confidently challenge, on the basis of evidence, the council's assertions about the quality of a service?

Relying exclusively on official data is inadequate. Effective scrutiny needs to know that systems are in place to delve deeper into a service to explore the frontline reality that sits behind senior officers at the committee table.

In both Stafford and Rotherham, scrutiny placed too much store on the assurances of people in authority that everything was fine. Even if they had wanted to ask challenging questions, they did not have access to the information to do so.

[5] The City of London, Community and Children's Services Committee, 2 March 2012.

iii) Do council officers and officers from other agencies agree and accept the role that scrutiny has to play?

One of scrutiny's principal strengths is in policy and service development. But in order to develop and improve evidence is also needed on how things are done now. When scrutiny involves sitting in a room talking to senior officers, it risks becoming part of the same group think.

Does the City need to how and when scrutiny engages with frontline officers who might have different stories to tell about how frontline services are delivered?

Phase 2: Following the next meeting

With Officer support the Chairman and Deputy Chairman (and/or other nominated Members) of the Sub Committee analyse:

- The outcomes from the above discussion
- A review of what has been and can be learnt locally from both the Francis report and Alexis Jay report into the Rotherham investigation.
- Research of best practice from elsewhere

And recommend what changes are needed to the health overview and scrutiny functions in the City as a result.

Corporate & Strategic Implications

The proposals outlined within this report fit with Community and Children's Services Departmental Business Plan priority to Safeguard children and adults from abuse and neglect wherever possible and deal with it appropriately and effectively where it does occur[6].

Implications

The Regulations (2013) have implications for relevant health service providers, including local authorities carrying out the local authority health scrutiny function, health and wellbeing boards and those involved in patient and public activities. The duties in the regulations are aimed at supporting local authorities to discharge their scrutiny functions effectively. Failure to comply with those duties will place the City in breach of its statutory duty and render it at risk of legal challenge.

Conclusion

Since the publication of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, health scrutiny has faced a challenging time. Key incidents such as the mid Staffordshire hospital crisis and the abuse in Rotherham have put health scrutiny into sharp focus. This is also against the new context that local authorities are now working in – as commissioners and providers of public health they themselves can now be scrutinised.

[6] Community and Children's Services Departmental Business Plan 2014-17 Strategic Aim 1: Safety and protection for all.

A review of the Health and Social Care Scrutiny sub committees work programme shows that whilst the sub committee has been very effective in bringing to account NHS and other health bodies, hearing from its own commissioned services has not been so evident.

In the light of these factors, this report proposes that the Health scrutiny sub committee should examine how or if its scrutiny could be enhanced. The report proposes a two phase approach on how this could take place.

Background Papers:

Department of Health, Local Authority Health Scrutiny, Guidance to support Local Authorities and their partners deliver effective health scrutiny, June 2014.

Statutory Instrument No. 2013 /218 The Local authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

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Committee(s):	Date(s):
Health and Social Care Scrutiny Sub Committee	25 November
Subject: Healthwatch City of London Update	**Public**
Report of: Healthwatch City of London	**For Information**

Summary

The following is Healthwatch City of London's update report to the Health and Social Care Scrutiny Sub Committee.

This report covers the following points:

- Healthwatch City of London influence on entertainment facilities at Newham University Hospital
- Barts NHS Trust Transport system
- Barts NHS Trust Appointment System
- Ageing well in the City events
- Healthwatch City of London hosting of the Notice the Signs campaign launch event

Recommendation(s)

Members are asked to:

- Note this report, which is for information only

Main Report

Background

The Healthwatch annual conference and AGM took place at the Dutch Centre on 29 October 2014. A review of the year was presented by the Chair Samantha Mauger and then followed by discussion groups that focussed on ways of working more effectively with providers of services and engagement with young people and children and workers in the City of London.

In the afternoon there was a presentation from Glenda Ericksen, Lead Clinician, Consultant Child & Adolescent Psychiatrist, East London Foundation Trust followed by questions and answers and a consultation on Mental Health Care for Older People. The East London Foundation Trust ran a session on the value of the arts in mental health. The outcomes of these sessions will be reported on in the next report for the Health and Wellbeing board.

The incoming Chair Glyn Kyle was introduced to attendees at the meeting. Glyn Kyle will be replacing Sam Mauger as the representative for Healthwatch City of London at the Health and Wellbeing board meetings.

Current Position

Entertainment Facilities at Newham University Hospital

Following a tour of Newham University Hospital in March 2014 Healthwatch City of London wrote a letter in conjunction with Healthwatch Newham expressing our concern at the lack of television facilities in the wards for older people. Our letter was incorporated into the recommendations to make improvements to the ward and the Senior Nurse, Older People and Stroke Services really valued the support given to the ward. A successful bid was made to the Barts Charity in July 2014 for the provision of televisions at Newham elderly care wards.

As a result of our influence Healthwatch City of London has received a commitment from Barts Trust that television will be installed at Newham University Hospital Thistle Ward for the Elderly within the next three months. Once the televisions are installed Healthwatch will write an article for our Newsletter.

Barts NHS Health Trust transport issues

Healthwatch City of London received a complaint via Healthwatch England from the wife of a patient whose husband had been left on the street alone in his wheelchair after his taxi didn't arrive on time. He was left in a vulnerable position and unable to move. The lady put a complaint into the hospital and the MP has written to Peter Morris, Chief Executive of Barts. The Healthwatch Manager liaised with the Facilities Manager at Barts Trust to identify the issues over transport that have arisen at Barts since the introduction of the new transport service. As a result, Barts have prioritised patient transport as an area of concern and our correspondence has been included in a Trust wide investigation into transport incidents. Transport will now be on the agenda for all Barts Trust meetings with local Healthwatch.

Barts NHS Health Trust Appointment System

Healthwatch City of London has been in discussions with Barts Health NHS Trust to assist in communicating their work on the centralised appointments system for all outpatient bookings across their hospital sites and services. This is expected to take around four to six months to implement fully and we will keep residents updated on the progress of this in future newsletters.

Barts Health NHS Trust introduced a new electronic health record system at Whipps Cross Hospital in June 2014 as part of their ongoing efforts to improve patient care. The new system is already in place in all Barts Health's other hospitals, and provides one single record for patients across the Trust, no matter where they are cared for. Following this transition, Barts has experienced some early technical and administrative issues and have apologised to patients for the inconvenience. These have primarily been around delays to patients receiving follow-up letters for appointments, as well as some delays to initial appointment letters. A number of immediate measures have been taken to resolve the situation, including the deployment of additional staff, and increasing the number of telephone lines in the outpatient centre. All patients who were seen in an outpatient clinic, and need urgent treatment, have been contacted and attended the necessary appointments. Barts are currently working to clear the backlog of clinic outcome forms by the end of August and a full investigation into the issue is being led by Helen Byrne, Director of Contracts Performance, to better understand the problems encountered, and to ensure this is never repeated. At the appropriate time Barts will share a report

containing details of the investigation outcomes, including lessons learned and what further changes might be required. We will disseminate this to Healthwatch City of London members when it is available.

Ageing well in the City events

A series of sessions took place in July and August 2014, organised by Healthwatch City of London and the City of London Corporation, in different locations to reach a broad range of City residents. Locations were:

The Artizan Street Library – a discussion group session with 20 attendees
The Sir Ralph Perring Club on the Golden Lane Estate – a discussion group session with 21 attendees
The Barbican Library – an information stall with questions put to visitors of the library

The issues looked at included: the type of support people will need to enable them to stay in their home, the types of housing people might need, where people will want to live, how they will access the support and help they need and where people would go in the City to find the best information and advice in the community. A full report on the outcomes will be available from the City of London Corporation.

Feedback from evaluation forms also highlighted other areas residents would like to focus on including: waiting times for hospital appointments and administration of appointments, the health of older people, care in the community, affordable housing and social housing provision, tackling air pollution, social isolation and dementia services in the City.

The following report on the events was distributed in the Healthwatch newsletter in September 2014:

The City's Community and Children's Service ran two 'Ageing Well in the City' workshops recently, both hosted by Healthwatch City of London, to get residents views about people's needs as they grow older. Both events were well attended and there was lively discussion about the housing needs of older people and the help older people need in the community and at home.

A number of common themes emerged from both workshops

- More needs to be done to help address social isolation in the City especially for certain groups such as older men. The befriending scheme and development of stronger relationships between younger and older people were suggested as ways of providing companionship and a stronger sense of community.

- Local shops, pharmacies and post offices are important as is the development of other assets in the community such as religious centres, schools, and good community centres. Housing estate offices and libraries are good places to get information. Events such as cultural celebrations, gardening competitions, physical exercise facilities and resident involvement schemes in these community-based assets help keep people connected and active.

- Many people told us they liked living in the City and wanted to stay living where they were for as long as they could with good care and the right support. Good design (to lifetime housing standards), size and affordability of homes were emphasised as were accessibility issues, reliable lifts, and the provision of aids and adaptations in the home.

- Consistency, reliability and the recognition of personal preferences were seen as crucial to delivering good care, together with the values of dignity, respect and trust. Good support included help with small jobs, such as changing light bulbs and cleaning. Finding care workers, good advocacy services were issues for some people.

- Many residents recognised the role that new technology could play in supporting, connecting and keeping people safe in the home though it is important to have personalised service and contact when needed; volunteers and neighbours are important but should not replace statutory services. Help in keeping up with new technology would be useful.

- There was also strong interest in the internet and web-based provision to meet the need for better coordinated information about services and events, though many people also favoured face to face interaction to get information and this should be available locally. GPs surgeries were seen as a key opportunity to do this especially for those who may not have the confidence or opportunity to access alternative sources.

- Another key opportunity to do this would be through the development of informal networks such as community groups and gardening clubs, for example, to facilitate this. These networks could be used as drop-ins by staff to promote services that support people in the home, together with provision of evening drop-in surgeries.

Healthwatch City of London hosting of the Notice the Signs campaign launch event

A key concern to all health and social care providers is safeguarding. On 15 October Healthwatch City of London partnered with the City of London Social Care team to run an event for the Notice the Signs campaign – designed to encourage City residents and organisations to work together to keep children and adults safe. There were 30 attendees who met together for an informal afternoon discussions on noticing the potential signs of safeguarding issues.

Attendees were able to spend time with social workers from both the children's and adults' team and were given the opportunity to ask questions and discuss any concerns following the presentations and case studies presented.

Further details are available from the City of London Adult Social Care team.

Conclusion

The Healthwatch City of London representative will provide an update on the areas raised in this report at the next meeting.

Appendices

n/a

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