



## Health and Social Care Scrutiny Committee

**Date:** TUESDAY, 10 MAY 2016  
**Time:** 11.30 am  
**Venue:** COMMITTEE ROOMS, WEST WING, GUILDHALL

**Members:** Chris Boden  
Revd Dr Martin Dudley  
Vivienne Littlechild  
Wendy Mead  
Vacancies x2

**Enquiries:** Philippa Sewell  
tel. no.: 020 7332 1426  
[philippa.sewell@cityoflondon.gov.uk](mailto:philippa.sewell@cityoflondon.gov.uk)

Lunch will be served in the Guildhall Club at 1pm  
**NB: Part of this meeting could be the subject of audio or 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. **ORDER OF THE COURT OF COMMON COUNCIL 21 APRIL 2016**  
To receive the Order of The Court of Common Council from 21 April 2016.  
**For Information**  
(Pages 1 - 2)
4. **ELECTION OF CHAIRMAN**  
To elect a Chairman in accordance with Standing Order 29.  
**For Decision**
5. **ELECTION OF DEPUTY CHAIRMAN**  
To elect a Deputy Chairman in accordance with Standing Order 30.  
**For Decision**
6. **CO-OPTION OF A HEALTHWATCH REPRESENTATIVE**  
To co-opt one representative from Healthwatch City of London.  
**Healthwatch have nominated Steve Stevenson for appointment.**  
**For Decision**
7. **APPOINTMENT OF INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE REPRESENTATIVE(S)**  
To appoint representative(s) to the INEL JHOSC representative.  
**It is proposed that the Chairman and Deputy Chairman are appointed.**  
**For Decision**
8. **ANNUAL WORKPLAN**  
Joint report of the Town Clerk and Director of Community & Children's Services.  
**For Decision**  
(Pages 3 - 4)
9. **PLANNED PRIVATE PATIENTS UNIT AT ST BARTHOLOMEW'S HOSPITAL**  
Presentation from Barts Health NHS Trust.  
**For Information**

10. **PUBLIC HEALTH SERVICE LEVEL AGREEMENT BETWEEN THE CITY OF LONDON AND THE LONDON BOROUGH OF HACKNEY**  
Report of the London Borough of Hackney.

**For Information**  
(Pages 5 - 8)

11. **CITY OF LONDON CARE NAVIGATOR**  
Report of the Director of Community & Children's Services.

**For Information**  
(Pages 9 - 12)

12. **AGENDA ITEMS FOR NEXT MEETING**  
To be discussed.

**For Decision**

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

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

15. **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.

## **Part 2 - Non-Public Reports**

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

17. **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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MOUNTEVANS, Mayor	<b>RESOLVED:</b> That the Court of Common Council holden in the Guildhall of the City of London on Thursday 21st April 2016, doth hereby appoint the following Committee until the first meeting of the Court in April, 2017.
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## **HEALTH & SOCIAL CARE SCRUTINY COMMITTEE**

1. **Constitution**

A non-Ward Committee consisting of,

- Any 6 Members appointed by the Court of Common Council
- 1 Co-opted Healthwatch representative.

The above shall not be Members of the Community & Children's Services Committee or the Health & Wellbeing Board.

2. **Quorum**

The quorum consists of any three Members. [N.B. - the co-opted Member does not count towards the quorum]

3. **Membership 2016/17**

- 1 (1) Christopher Paul Boden
- 1 (1) The Revd. Dr. Martin Dudley
- 1 (1) Vivienne Littlechild, J.P.
- 1 (1) Wendy Mead, O.B.E.
- Vacancy*
- Vacancy*

Together with the co-opted Member referred to in paragraph 1 above.

4. **Terms of Reference**

To be responsible for:-

- (a) fulfilling the City's health and social care scrutiny role in keeping with the aims expounded in the Health and Social Care Act 2001 and Part 14 of the Local Government and Public Health Act 2007 (Patient and Public Involvement in Care and Social Care);
- (b) agreeing and implementing an annual work programme; and
- (c) receiving and taking account of the views of relevant stakeholders and service providers by inviting representations to be made at appropriate meetings.

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<b>Committee:</b>	<b>Date:</b>
Health and Social Care Scrutiny Committee	10 May 2016
<b>Subject:</b> Annual Workplan	<b>Public</b>
<b>Report of:</b> Town Clerk and Director of Community & Children's Services	<b>For Decision</b>
<b>Report author:</b> Philippa Sewell, Committee & Members' Services Farrah Hart, Heathy City Development Manager	

## Summary

The work of Health and Social Care Scrutiny has continued to evolve over the last 12 months, culminating in the change in becoming a Grand Committee. In order to manage its workload as effectively as possible, the Committee is asked to plan its meetings and activities for the year.

## Recommendation(s)

Members are asked to agree the frequency of meetings and dates for 2016/17 meetings, and to consider the principle of including items that ensure regular internal scrutiny is carried out, as proposed at paragraph 4.

## Main Report

### Meeting Dates

1. The previous Sub Committee met on average three times a year, with one additional date in the summer months for a visit.
2. It is proposed that this schedule be retained with the following dates:
  - <date for summer visit TBC>
  - Tuesday 1 Nov 2016, 11.30am
  - Monday 30 Jan 2017, 11.30am
  - Monday 8 May 2017, 11.30am

### Workplan

3. To assist Members in agreeing an initial work programme, Officers have suggested that a mixture of Social Care and Health issues are considered at each Health and Social Care Scrutiny meeting. Officers are mindful, however, that Members of the Committee (including the co-opted Member) can call in issues or services at any time, that other priorities can emerge during the year at relatively short notice, and that the timing of a number of local and regional consultations from other health and social care bodies can also be subject to change. Therefore, a degree of flexibility will need to be built into the programme.

4. To ensure that the Committee fulfils its remit of scrutinising internal as well as external services Officers propose that the following items should normally be considered at each meeting:
  - At least one Social Care issue, from a service commissioned or provided by the City of London Corporation
  - Two to three health issues, at least one from a public health service commissioned by the City of London Corporation
5. Members are asked to note that, with the agreement of the Chairman, it may be necessary to vary this arrangement to take account of the factors set out in Paragraph 3.
6. Officers are proposing that future agendas are discussed at each meeting to raise any issues and to determine which topics or services should be considered at the next meeting, to ensure the Committee is able to anticipate emerging issues and priorities in health and social care.

## **Conclusion**

7. Members are asked to consider the structure of the workplan, as proposed at paragraph 4, and whether the frequency of meetings should remain at 3, along with a summer visit.

## **Appendices**

8. None.

### **Philippa Sewell**

Committee & Members' Services Officer,  
Town Clerk's Department

T: 020 7332 1426

E: [philippa.sewell@cityoflondon.gov.uk](mailto:philippa.sewell@cityoflondon.gov.uk)

### **Farrah Hart**

Healthy City Development Manager,  
Community & Children's Services  
Department

T: 020 7332 1907

E: [farrah.hart@cityoflondon.gov.uk](mailto:farrah.hart@cityoflondon.gov.uk)



<b>Committee</b>	<b>Date:</b>
Health & Social Care Scrutiny Committee	10 May 2016
<b>Subject:</b> Public Health Service Level Agreement between the City of London and the London Borough of Hackney	<b>Public</b>
<b>Report of:</b> London Borough of Hackney	<b>For Information</b>
<b>Report author:</b> Gareth Wall, Public Health, London Borough of Hackney	

## Summary

This report describes an agreement between the City of London and the London Borough of Hackney regarding the management of public health services. The agreement articulates the level of service expected by the City and the price for individual elements. An agreement of this nature has been in place since April 2013 and is reviewed annually for content, activity and price.

Individual services covered by this agreement are set out in the report. They include services for public health intelligence, community sexual health, genitourinary medicine, oral and dental health promotion, prevention of domestic violence, elements of smoking cessation, health visiting, family nursing, school nursing, and data management services.

The agreement forms a contract between the two bodies, with a number of requirements for the London Borough of Hackney such as contract management, monitoring and review of services. These requirements are managed through quarterly briefing meetings to review the previous quarter's performance.

## Recommendation

Members are asked to note the report.

## Main Report

### Background

1. Until 2013, the City's public health services were delivered by the previous Primary Care Trust. The Trust also delivered public health services in Hackney. When responsibility for public health transferred from the National Health Service to local authorities in 2013, most contracts were novated from the Primary Care Trust to the London Borough of Hackney. From that point, the borough-based team continued to commission and contract-manage provision on behalf of both the City and the borough.
2. This arrangement has been managed through a service level agreement between the two bodies. The City's contribution has been through staff time and, in most

instances, a 5.3% contribution to the cost of each service. 5% based on a population estimate and a 0.3% management fee.

3. A process of recommissioning public health services has continued since 2013 and, where appropriate, services have been commissioned separately by the City and Hackney. Those service areas include: smoking cessation, health checks, weight management, substance misuse, and exercise on referral.
4. In 2015 local government assumed additional public health responsibility for children aged 0-5 and their parents, including the Health Visitor service. This service has been inherited by Hackney and is managed by the borough on behalf of both locations, as per the arrangement established in 2013.

### **Current Position**

5. The Service Level Agreement between the City of London and the London Borough of Hackney for delivery of public health services covers the following areas for 2016/17:
  - Provision of public health intelligence
  - Genitourinary medicine and community sexual health
  - Commissioning support for sexual health remittances
  - Adult and Young people condom distribution schemes
  - Fluoride varnish scheme
  - Oral health promotion
  - Dietetics
  - Healthy start vitamins
  - Domestic violence prevention in primary care
  - City and Hackney Social Care Forum
  - Communicable disease outreach
  - Tuberculosis directly observed therapy
  - Young people's substance misuse service
  - Smoking cessation pharmacy service, prescribing costs and data system
  - Tobacco control training
  - School nursing
  - Health visiting service
  - Family nurse partnership
6. In 2015/16 the pricing arrangement was modified to more accurately reflect service use by City residents, rather than just an estimated population figure. Several years into the agreement, it has been possible to collect more accurate data from providers about the residence of patients and service users. This has led to reduced costs to the City for some services (for example, School Nursing) but higher costs in other areas (for example, communicable disease outreach).

### **Proposals**

7. The proposed course of action is to continue with the Service Level Agreement approach with the London Borough of Hackney, making adjustments in line with more accurate data on service use, and when services are recommissioned.

8. The estimated cost commitments for 2016/17 are £608,600.

### **Corporate & Strategic Implications**

9. This arrangement is central to the City's achievement of its Joint Health and Wellbeing Strategy priorities. In particular that:
- More people in the City should take advantage of Public Health preventative interventions, with a particular focus on at-risk groups
  - children in the City are fully vaccinated
  - Children and YP priorities are addressed

### **Conclusion**

10. The Service Level Agreement between the City of London and the London Borough of Hackney has ensured a safe landing for public health services in both locations. Elements of the agreement relating to the provision of public health intelligence have also enabled the City and Hackney Clinical Commissioning Group to commission primary and secondary health care services on behalf of the populations in both areas. Through effective contract management and annual negotiation, the City is in a strong position to choose whether to deliver or commission services directly in future, or to continue its contractual arrangement with Hackney where greater efficiencies and service quality are available.

### **Appendices**

None

#### **Gareth Wall**

Head of Public Health Service (Adults)  
London Borough of Hackney  
020 8356 3029  
[gareth.wall@hackney.gov.uk](mailto:gareth.wall@hackney.gov.uk)

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<b>Committee</b>	<b>Date:</b>
Health and Social Care Scrutiny Committee	10 May 2016
<b>Subject:</b> City of London Care Navigator	<b>Public</b>
<b>Report of:</b> Director of Community and Children's Services	<b>For Information</b>
<b>Report author:</b> Marion Willicome-Lang	

## Summary

This report updates Members on the Care Navigator role in the City of London, the impact it has had and plans for the future.

The City of London Corporation has commissioned a Care Navigator service which is designed to help ensure safe hospital discharge for any City resident who requires it. The service began in January 2015 and has had considerable impact. Building on the success of the role, funding has been secured for a continuation of the service for a further year. Funding is also being sought for an additional service to support City of London residents in Accident and Emergency who are not admitted but need some support to return home safely.

## Recommendation

Members are asked to note the report.

## Main Report

### Background

1. The City of London has complex care pathways with 75 per cent of patients registered at the Neaman Practice (the City's one GP practice and part of City and Hackney Clinical Commissioning Group) and the remaining mainly registered with GPs who are part of Tower Hamlets Clinical Commissioning Group (CCG).
2. These two CCGs commission hospitals for their registered patients and for City and Hackney CCG this is normally the Homerton hospital. However, when any City of London resident is admitted to hospital as an acute or emergency case then they are usually taken either to The Royal London Hospital or University College London Hospital. Very few City residents are admitted to Homerton Hospital.
3. As a result of these complexities, there is an increased risk of City of London residents not being linked up with the correct follow on services and that the Adult Social Care Team is not being made aware of residents being discharged back into the community who may need support.

4. This creates potential safety issues and a risk of a delayed transfer of care from hospital to the community. Ensuring that those being discharged from hospital get the right services and support they require helps to promote independence, good health and wellbeing and prevent hospital readmission.
5. In response to this, the City of London Corporation developed a one year pilot of a Care Navigator service to provide support to City residents who required it to ensure a safe hospital discharge.

### **Current Position**

6. The Care Navigator service has been operational in the City of London since January 2015 and is provided by Age UK East London. The role was originally funded through Section 256 funding (health money given to social care to deliver services which have a health benefit) and some additional funding came from the Better Care Fund (BCF) in 2015/16. The Better Care Fund is a national fund which aims to integrate health and social care services at a local level. The total budget for the Care Navigator service is £50,000 per year.
7. Between March 2015 and March 2016, the Care Navigator service has had contact with 60 City residents in hospital with some of these being recurrent admissions.
8. As a result of the Care Navigators work, the number of delayed discharges of care has been reduced thus saving money on the potential fines that hospitals can charge if beds are blocked for social care reasons when a person is considered to be medically fit to go home. The links between Care Navigators and the reablement team mean that reablement has been able to target people more quickly thus making their goals for independence more achievable.
9. Care Navigators have also been able to make early intervention and prevention referrals direct from hospital wards to commissioned services such as shopping, befriending (to avoid social isolation), the carers group, memory group and the 50+ support group.
10. A qualitative survey has also been undertaken with residents who have received the service. The main themes from the survey included the beneficial nature of the service but that a follow up home visit after discharge may have been useful and that although some clients did not have much direct contact with Care Navigators, they were aware that they were able to receive other services that they needed as a result of contact with the navigators.

### **Proposals**

11. Given the impact of the Care Navigator service, the Health and Wellbeing Board agreed that the service should be continued for another year. Further funding from the BCF 2016/17 City proposal is set aside for this. It is recognised that long term sustainable funding needs to be secured and this is being explored as part of the integrated care model that is being developed by City and Hackney CCG as part of One Hackney and the City.

12. It is also proposed that a new service is developed to support City residents who are conveyed to Accident and Emergency but not admitted and need support to return home safely during unsociable hours. City and Hackney CCG have allocated some non-recurring funding to help address delayed transfers of care and emergency admissions in the City of London and it is proposed that part of this funding could be used to fund a pilot service. This is currently being discussed with City and Hackney CCG.

## **Corporate & Strategic Implications**

13. With pressures on health and social care systems nationally, and a drive towards more person centred care, integrated care has become a key mechanism for achieving efficient, effective and holistic services which are delivered at the right time and in the right place. Integration is therefore a key driver in a number of national strategic documents and plans such as the NHS five year forward view.
14. The Better Care Fund 2016/17 includes a national condition around addressing Delayed Transfers of Care in order to access the funding.
15. Integration is a priority in the refreshed City of London Joint Health and Wellbeing Strategy and delivering the Better Care Fund is a key action in the Department of Community and Children's Services Business Plan.

## **Implications**

16. The Care Navigator service and the proposed additional service are currently being provided from non-recurrent funding. Therefore if the service is to be sustained in the longer term further funding will need to be identified. Our long term aspiration would be to secure mainstream funding for these services.
17. For any additional services, City of London Corporation procurement process will need to be followed.

## **Conclusion**

18. The City of London Care Navigator service plays a key role in supporting safe hospital discharge for City residents and reducing potential delayed transfers of care.

## **Appendices**

- None

## **Marion Willicome-Lang**

Adult Social Care Service Manager

T: 020 7332 1216

E: [marion.willicomelang@cityoflondon.gov.uk](mailto:marion.willicomelang@cityoflondon.gov.uk)

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