

HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE

Monday, 30 October 2017

Minutes of the meeting of the Health and Social Care Scrutiny Committee held at the Guildhall EC2 at 11.30 am

Present

Members:

Chris Boden (Chairman)
Michael Hudson

Vivienne Littlechild
Steve Stevenson

In Attendance:

Louise Crosby – St Bartholomew's Hospital

Officers:

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| Joseph Anstee | - | Town Clerk's Department |
| Simon Cribbens | - | Community & Children's Services Department |
| Farrah Hart | - | Community & Children's Services Department |
| Anna Grainger | - | Community & Children's Services Department |

1. APOLOGIES

Apologies were received from Chief Commoner Wendy Mead, Alderman Alison Gowman and Emma Edhem.

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

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

3. MINUTES

RESOLVED – That the public minutes of the meeting held on 8 May 2017 be agreed as a correct record.

Matters Arising

Neaman Practice

The Director of Community & Children's Services advised that a new doctor was in post following the departure of Dr Vasserman. It was suggested that the Practice Manager be invited to the next meeting in February 2018.

4. CQC INSPECTION OF ST BARTHOLOMEW'S HOSPITAL

The Committee received a report of the Care Quality Commission (CQC) following their inspection of St Bartholomew's Hospital in May 2017. The Committee welcomed the Director of Nursing at St Bartholomew's to the meeting and invited her to introduce the report.

Members were advised that the hospital had changed significantly since its previous inspection in 2013, having undergone a merger of cardiovascular services in April 2015, and much building redevelopment that was completed in October 2016. The hospital had around 450 beds, a respiratory ward and a specialist endocrinology unit, employing around 1200 staff including 870 nurses, following recent recruitment campaigns. This was the hospital's first inspection in their new remit as a specialist hospital for cancer and cardio services.

The Committee noted that the CQC's framework was designed for inspecting General Hospitals. Four core services of the hospital were marked against five indicators: Safe, Effective, Caring, Responsive and Well-led. Each of the core services was rated as good. The hospital was pleased with the outcomes but had taken note of the recommendations for improvement they had received, and were putting action plans in place to make the required improvements. Progress over the last 2 years was pleasing and the hospital's target was an outstanding rating in their next inspection.

In response to a question from a Member about the impact of the UK leaving the European Union on staffing, the Director told the Committee that there would not be a huge impact but it was something that would need looking at. The hospital's reputation was improving which made it easier to retain more high-quality nurses. The hospital had recruited many nurses from the Philippines over the last 18 months. Whilst this was expensive as they required training and assessment, these nurses tended to stay long-term and were of a high standard. Recruiting British nurses had become more difficult in recent years nationally, but the hospital was working on ways to combat this.

The Committee voiced their disappointment that parts of the CQC report did not comply with RNBI type standards, as the grey colour and size of the type was difficult to read, and asked officers to communicate this to the CQC.

In response to a question from Members, the Director told the Committee was generally good at treating sepsis and mortality was very low. The hospital was working hard on its implementation and monitoring of the sepsis six programme, and on improving their 'did not attend' rate.

The Committee thanked the Director for coming to the meeting and congratulated them on their positive inspection results.

RESOLVED – That the report be noted.

5. CITY OF LONDON HEALTH PROFILE

The Committee received a report of the Director of Community and Children's Services concerning the City of London Health Profile. The Health Profile had been produced by Public Health England. Whilst it was not completely reliable due to the small sample size of City residents, it provided a good starting point.

There were several red indicators, but the majority of these were caused by small sample sizes or the City's figures being merged with those of the London

Borough of Hackney. There was an issue around sexual health, as the figures were affected by City workers using their work postcodes to access sexual health services. The breast cancer screening figures were a possible concern, and the Committee requested that information on this be brought to the next meeting with the update on cancer services. The Committee noted that the Health Profiles were published annually and they would be able to make comparisons and see trends in future years.

RESOLVED – That the report be noted, and a report on breast cancer screening in the City be brought to the next meeting.

6. HOSPITAL DISCHARGE

The Committee received a report of the Director of Community and Children's Services concerning Hospital Discharge. There was a national emphasis on discharging from hospital in a timely and efficient manner and the adult social care team worked closely with the NHS to ensure a smooth admission and discharge process for all hospitals in the area. The Corporation aimed to maintain its good performance on DTOCs (Delayed Transfers of Care) and reduce numbers as far as possible. A key part of the team was the reablement service, rated as Good by the CQC, and the care navigator role in place to work between the team and the hospitals. The Reablement Plus service provided extra support including out-of-hours services.

In response to a Member's query, the Director of Community and Children's Services told the Committee that the reablement team had an occupational therapist in place to assess the needs of residents living in flats and maisonettes who would have a problem with stairs. Advance planning was key to success, and whilst there were sometimes issues, the adult social team was always looking to learn from them and improve.

RESOLVED – That the report be noted.

7. PUBLIC DEFIBRILLATORS

The Committee received a report of the Director of Community and Children's Services concerning public defibrillators. The report set out the provision of recorded defibrillators within the City and proposals to encourage more public access defibrillators within the City of London. The Director of Community and Children's Services circulated a map to Members demonstrating the locations of the defibrillators already in place.

The Corporation wanted to increase the availability and distribution of 24/7 publicly accessible defibrillators in the City, and had prepared a budget to grant fund parties willing to work with one of the charities working in this field. Officers planned to meet with the Community Heartbeat Trust, to explore the ability of such an organisation to support the proposals with their knowledge of the governance and security implications of increasing the provision of defibrillators. Members were supportive of the proposals, and made suggestions for promoting the scheme and increasing the awareness of currently available defibrillators.

RESOLVED – That the report be noted.

8. **EMPLOYMENT FOR PEOPLE WITH A LEARNING DISABILITY**

The Committee received a report of the Director of Community and Children's Services concerning the employment of people with a learning disability. There were 13 adults with a learning disability currently supported by the Corporation, but none were in paid employment. The adult social care team was currently doing focussed work to assess needs, with the aim of getting one or more into paid employment. Some were doing voluntary work which would not be disrupted if it was beneficial.

Members commented that mental health in employment was not given parity of esteem and discussed how the Corporation could improve in this area. Learning disabilities were very wide-ranging with regards to their impact on a person's employability, and could not always be monitored, as difficulties such as dyslexia were self-reported and were not always disclosed. Members suggested revisiting the item at the next meeting to discuss how the Corporation was supporting any employees with learning disabilities.

RESOLVED – That the report be noted.

9. **ANNUAL WORKPLAN**

The Committee received a report of the Town Clerk updating them on the annual workplan as mentioned under 'Matters Arising'. The Committee requested that the Neaman Practice be included on the agenda for the next meeting, and the Practice manager be invited to the meeting. The Committee also asked that information on the Leadenhall local service be included with the item proposed for the next meeting regarding Sexual Health Transformation for London.

RESOLVED – That the annual workplan be noted and would be updated ahead of the next meeting.

10. **INNER NORTH EAST LONDON UPDATE**

The Committee received the minutes of the last meeting of the Inner North-East London Joint Health Overview and Scrutiny Committee. The Director of Community and Children's Services informed the Committee that an Accountable Care Officer was in the process of being appointed, and the Committee could invite them to a future meeting to explain their role and where the City fit in to that. The proposal would replace the current CCG officer for East London. The Director of Community and Children's Services would continue to update the Committee on the North-East London Sustainability and Transformation Plans.

RESOLVED – That the minutes of the last INELJHOSC meeting be noted.

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

Members raised concerns about the delay to development work at Great Arthur House and its impact on the health of nearby residents. The Director of Community and Children's Services noted Members concerns and asked that any concerns about particular individuals be reported.

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

There was no other business.

13. **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.
14

Exempt Paragraph(s)
3

14. **NON-PUBLIC MINUTES OF THE PREVIOUS MEETING**

RESOLVED – That the non-public minutes of the meeting held on 8 May 2017 be agreed as a correct record.

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

There were no questions.

16. **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 closed at 1.10 pm

Chairman

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