

## **HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE**

**Tuesday, 6 November 2018**

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

### **Present**

#### **Members:**

Michael Hudson (Deputy Chairman)

Steve Stevenson

#### **Officers:**

Joseph Anstee

- Town Clerk's Department

Simon Cribbens

- Community & Children's Services Department

#### **Also in attendance:**

Jane Milligan

- East London Health Care Partnership

David Maher

- City and Hackney CCG

Dan Burningham

- City and Hackney CCG

Jon Williams

- Healthwatch

Amanda Elliot

- Healthwatch

*The Town Clerk noted that the meeting was inquorate and therefore in line with Standing Order 36 of the Court of Common Council, the formal meeting would be dissolved and consideration of business adjourned until the next regular meeting of the Committee. Noting that there were no items for decision on the agenda, Members agreed to discuss the items on the agenda, with minutes of the discussion to be taken to the next regular meeting of the Committee.*

### **1. APOLOGIES**

Apologies were received from Chris Boden (Chairman), Alderman Alison Gowman, Vivienne Littlechild and Wendy Mead.

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

Steve Stevenson declared a standing interest by virtue of being resident in the City of London.

### **3. MINUTES**

Members agreed that as the meeting was inquorate, the minutes of the meeting held on 1 May 2018 would be taken to the next meeting of the Committee for formal approval.

### **Employment for People with a Learning Disability**

The Director of Community and Children's Services, by way of an update, informed Members that the City of London Corporation was currently working with twelve adults with learning disabilities. Seven of these adults were of working age and were able to work, and of these seven, four were currently in

volunteering placements, two were in work experience placements, and one was undertaking a qualification.

#### 4. **EAST LONDON HEALTH & CARE PARTNERSHIP**

The Committee received a briefing paper of the East London Health Care Partnership and welcomed Jane Milligan, Executive Lead for the Partnership, to the meeting.

The ELHCP involved all CCGs and providers in the North East London area along with the local authorities. A plan for North East London had been produced as a response to the five-year forward view, focussing on quality, performance and finance. A ten-year plan was to be published in December. Members were given an overview of the ELHCP and its aims, objectives and key enablers.

The ELHCP aimed to underpin and support local delivery and commissioning, share good practice, and achieve consistency and joined-up thinking at clinical level. Workforce was a key enabler and the Partnership had strategies in place to strengthen this area. A particular focus of this work was midwives, where particular focus and targeted work on the recruitment process, including training and placements had achieved zero vacancies across the North-East London. GPs and Social Workers were also considered to be key areas for focus where the ELHCP wanted to apply its strategies. A joined-up approach also made the partnership more able to bid for resources. As stakeholders became used to working together the methods would be progressed further.

Members were also given an overview of commissioning arrangements under the ELHCP. A joint committee, on which the City of London Corporation was represented, had been set up. Integrated commissioning arrangements were being replicated across the area, as it was helpful to have congruence, particularly for work with acute providers. There had been achievements in a number of areas following ELHCP work, and the Partnership would continue to look at local delivery and leverage the power of working together to achieve more.

Members emphasised the need for effective prevention methods to tackle issues such as smoking, diabetes and loneliness. In response, Members were advised that this highlighted the need for a more holistic approach, and the ELHCP offered an opportunity to make progress in these areas. Central government had also announced an emphasis on prevention going forward. The neighbourhood-based approach of the ELHCP would also be useful to this effect.

The key areas of the ELHCP 10-year plan included mental health, cancer, paternity and primary care. There would also be a greater emphasis on integrated care and an approach that ensured the Sustainability and Transformation Partnership was not seen as top-down. The City and Hackney programme had been showcased as part of the announcements and the ELHCP was finding the flows and tools to support the holistic model and

integrated services. North-East London had been a leader for London in digital capabilities and this was well-placed to be taken forward.

Members were advised that there was a London Workforce Board in place to consider issues relating to Brexit. Workforce modelling and analysis had been undertaken, particularly for acute services. The current position was that there would not be a significant overall impact on the existing workforce, although there may be some impact on social care. More joined-up recruiting and retaining of staff would be beneficial regardless of any impact of Brexit.

The 10-year plan had a five-year break clause but would be under review on an ongoing basis, with engagement and consultation involving local people and patient involvement leads, with a co-production charter under development. The ELHCP wanted to build on the good work already done in City and Hackney.

Members thanked Jane Milligan for attending and for her excellent presentation.

**RESOLVED** – That the report be noted.

## 5. **UPDATE ON NEIGHBOURHOOD HEALTH AND CARE SERVICES**

The Committee received a update on Neighbourhood Health and Care Services from City and Hackney CCG and welcomed Dan Maher, City and Hackney CCG, to the meeting.

Members were advised that work had been undertaken to build resources at local level. A vision for neighbourhood services had been clearly articulated and as a result community health contracts had been redesigned, and would be transformed over the next eighteen months. A Task and Finish group amongst commissioners had been convened to design the case for changes and consider how to deliver services, and would meet until March 2019.

The neighbourhood model was attractive for a number of reasons, such as the opportunities it brought for social inclusion. As patients were living longer and therefore using services longer, services closer to home were required in order for patients to live more ordinary lives. More personalised or wrapped services would also be available.

Members were given a map setting out neighbourhoods in City and Hackney and an overview of GP services in the area. The neighbourhood model would ensure relationships with children's services. The next steps for the model were around redesigning social care input, with further ambitions of restructuring housing in the future. Detailed procurement for the immediate next steps were underway.

Members were advised that appointments had been made to help convene integrated care service work and that the neighbourhood model in City and Hackney would interface with partners in Tower Hamlets and North Central to ensure that residents living near neighbourhood borders, or patients who used

services in multiple places, were catered for appropriately and not missed out. The neighbourhood model provided an opportunity to bring some services closer to City residents for whom Homerton may be too far. Members were advised that the community health centre near Aldgate station was still operating and provided some GP services. The centre was commissioned by Tower Hamlets and would be moving to Goodman's Field in the future.

The Committee thanked Dan Maher for attending and for his valuable contributions to the meeting.

**RESOLVED** – That the report be noted.

**6. HEALTHWATCH UPDATE**

The Committee welcomed Jon Williams and Amanda Elliot, representing Healthwatch Hackney, to the meeting to provide an update on Healthwatch.

Members were advised that Healthwatch Hackney had taken on the Healthwatch City of London contract in April 2018. Separate boards had now been agreed, although there may be joint meetings, and there would be representatives from each Board on the other. The two Boards would aim not to duplicate work and to work effectively together to provide the best service for the City and Hackney area as a whole. Interviews for the Chair of the City of London board were to take place later in the week, and it was hoped more information could be brought to the next meeting of the Committee. The AGM in October 2018 had been well-attended and Healthwatch wanted to build on that.

A Member queried whether the Healthwatch City of London contract could be delivered without unpaid staff, as it had previously been somewhat reliant on the assistance of volunteers and board members. Healthwatch responded that this was an area under development. Healthwatch wanted to continue to have volunteer-led projects and to ensure that volunteers were valued, as they were of great benefit to Healthwatch. A Healthwatch representative regularly attended Hackney's committee for health scrutiny and the same could be done for City of London, with Healthwatch feeding in to the Committee's work programme.

Members suggested that as there were a significant number of private medical facilities in the City of London, it may be beneficial to Healthwatch's work to visit them, as evidence from patients on their experiences helped Healthwatch with their key lines of enquiry.

Members thanked Jon Williams and Amanda Elliot for attending and for their contributions to the meeting.

**7. SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) CITY OF LONDON LOCAL AREA INSPECTION OUTCOME – MAY 2018**

The Committee received a report of the Director of Community and Children's Services providing an update to Members on the outcome of the City of London Local Area Inspection on Special Educational Needs and Disabilities (SEND) in May 2018.

Members praised the department for the very positive inspection report. The Committee noted that some of the areas for development were out of the City of London Corporation's control such as GP services.

The Director of Community and Children's Services gave Members an overview of the main findings of the inspection report and work that was ongoing to maintain or improve services, including work on data collection, the SENCO network, mental health and co-production. There were clear systems in place with services working well, but the department retained strong ambitions. There was a strong desire to build on the work done on transitions and outcomes, particularly with regard to adult social care, and officers were currently exploring projects around the overarching transition to adulthood and pathways to independent living.

**RESOLVED** – That the report be noted.

**8. NORTH EAST LONDON CCGS - HEALTH BASED PLACES OF SAFETY (HBPOS)**

The Committee received a briefing paper of City and Hackney CCG regarding Health Based Places of Safety (HBPOS), spaces where people could be detained under Section 136 of the Mental Health Act and assessed and welcomed Dan Burningham, representing City and Hackney CCG, to the meeting.

The Committee was given an overview of the proposal for a new model of care for individuals detained under Section 136 and were given a summary of the issue in relation to the City of London, within the wider London context. The proposals had originated from the Healthy London Partnership, to develop a Pan-London initiative that would reduce the number of HBPOS sites from 20 to 9, in order to provide better-quality facilities with round-the-clock care and dedicated, fully-trained and experienced Section 136 staff.

Locally, there were several sites in boroughs neighbouring the City of London, but each had limitations in their current state. Under the preferred option to take forward, there would be a dedicated HBPOS at Homerton Hospital (3 rooms), re-located to offer better patient privacy and dignity and staffed with a dedicated core staff team. There were also grants in place from the Department of Health, and further business cases being devised, for new facilities and new staffing in North-East London, in recognition that mental health facilities in the area needed improvement on a wider level.

A Member suggested that the paper would benefit from more emphasis on the patients, as it was mostly from the point of view of practitioners rather than patients and that perspective was important. Members were advised that there had been service user representatives on groups involved in developing the proposals and in consultations. The built environment of the HBPos was important, as it needed to balance safety requirements without feeling like a prison cell. Service user representatives would also be involved in the design group.

In response to a query, Members were advised that the average time a patient spent in the HBPoS was 12 hours, with a maximum of 24 hours in place. Under the proposals, the aim was for an average of 10.5 hours. Whilst elements of the funding were still under consideration and could cause delay, the current timescale was for new facilities to be ready by July 2019. Members were assured that no existing facilities would be closed until new facilities were ready for use.

Members thanked Dan Burningham for attending and for his contributions to the meeting. Comments from Members on the proposal and on the paper would be taken on board as the proposals were taken forward.

**RESOLVED** – That the report be noted.

9. **ANNUAL WORKPLAN**

The Committee received a report of the Town Clerk.

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

There were no questions.

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

There was no other business.

**The meeting closed at 12.55 pm**

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Chairman

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