

HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE
Wednesday, 27 February 2019

Minutes of the meeting of the Health and Social Care Scrutiny Committee held at
Committee Room - 2nd Floor West Wing, Guildhall on Wednesday, 27 February
2019 at 11.30 am

Present

Members:

Michael Hudson (Deputy Chairman)
Wendy Mead
Alderman Emma Edhem
Vivienne Littlechild MBE
Steve Stevenson

Officers:

Simon Cribbens	-
Xenia Koumi	-
Ellie Ward	- Community and Children's Services Department

1. APOLOGIES

Apologies for absence were received from Chris Boden (Chairman) and Alderman Alison Gowman.

The Deputy Chairman therefore took the Chair.

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.

Vivienne Littlechild declared a standing interest by virtue of being resident in the City of London.

3. MINUTES

The Town Clerk explained that, as the last meeting of this Committee had been inquorate, Members would need to consider the minutes of their previous two meetings.

a) 1 May 2018

The public minutes of the meeting held on 1 May 2018 were tabled. The minutes were considered and approved as a correct record.

b) 6 November 2018

The public minutes of the inquorate meeting held on 6 November 2018 were considered.

Mrs Mead highlighted that she had also sent apologies to the meeting and asked that these be recorded. It was also noted that it was David Maher as opposed to Dan Maher who had been one of the City and Hackney CCG representatives at the meeting. The Town Clerk undertook to make these amendments to the published minutes.

Subject to the amendments above, the minutes were approved as a correct record.

4. COMMITTEE WORK PLAN 2019/20

The Committee considered suggested items for inclusion in the 2019/20 workplan.

A Member requested that an item looking at how personal budgets/carers allowances were working following recent cuts be added to the workplan.

The Deputy Chairman suggested that the workplan be reconsidered towards the end of the agenda as some of the items for consideration today may lead to the addition of further points.

5. INNER NORTH EAST LONDON (INEL) JOINT HEALTH AND OVERVIEW SCRUTINY COMMITTEE (HOSC)

The Committee received a report of the Director of Community and Children's Services presenting the recently revised Terms of Reference of the Inner North East London (INEL) Joint Health and Overview Scrutiny Committee (HOSC).

The Deputy Chairman also welcomed Robert Brown, Senior Scrutiny Policy Officer at the London Borough of Newham, to talk to the report. Mr Brown highlighted that the INEL HOSC incorporated the London Borough of Newham, Tower Hamlets, the London Borough of Hackney and the City of London Corporation. The Committee had not now met since November 2017 but the plan was now to resurrect more regular meetings over the next few years.

Members were informed that a revised Terms of Reference document was attached to the report for comment and that a new protocol was also in place to help Members to have a better understanding of what types of issues could come to HOSC meetings.

Mr Brown confirmed that the City of London Corporation had one representative on the Committee and that, at present, this was the Chairman of this Committee, with the Deputy Chairman as a substitute. It was highlighted that this, however, may change given that HOSC meetings were evening meetings and that this often proved problematic for the Chairman. The Deputy Chairman state that it may be that he therefore become the City's representative on the HOSC with a new substitute appointed. He clarified that it was not necessary for the City's representative to be either the Chairman or Deputy Chairman of this Committee and that this would therefore be a matter

for Members to decide in due course. It was noted that it would be preferable for the City to have a consistent attendee at these meetings going forward.

In response to questions, Mr Brown clarified that meetings of the HOSC took place in Stratford at the Old Town Hall. He added that key issues that the meetings would be considering in the coming months included the Estate Strategy in April 2019 and the NHS Long Term Plan in September 2019 which would be a joint Inner North East London (INEL) and Outer North East London (ONEL) meeting. It was also noted that David Maher and Selena Douglas would be invited to attend all future meetings.

With reference to the proposed revised terms of reference, Members requested that the contributors be referred to as authorities as opposed to boroughs.

Members suggested that it would be helpful to be provided with a meeting schedule for the year ahead in advance. The Deputy Chairman added that he would like all Members of this Committee to be sent the papers for future meetings for information and that he would welcome any input they may have to feed in to this meeting.

The Committee noted the proposal around the London Borough of Waltham Forest joining the INEL HOSC to reflect structural changes to the Clinical Commissioning Groups. Members were generally supportive of this noting that it was correct that the Committee should have scrutiny powers over Whipps Cross.

Mr Brown thanked the Committee for their input and highlighted that there had also been proposed amendments to the terms of reference from other contributors and that these would therefore be reflected in a final version of the document which would be referred to the next HOSC meeting for final approval.

RESOLVED – That Members note the report.

6. HEALTH AND SOCIAL CARE INTEGRATION UPDATE

The Integration Programme Manager gave a presentation updating the Committee on Health and Social Care Integration.

The Programme Manager reminded the Committee that the City of London Corporation had entered into integrated commissioning arrangements with City and Hackney CCG in April 2017 to commission together across health, public health and social care. A governance structure was set up at the time and has proceeded. Four workstreams (delivery arms of the programme) were included – prevention, unplanned care, planned care and children, young people and maternity services.

The presentation covered the following points:

Key areas of work:

- A neighbourhood model – integrated care at a local level built around GP practice populations of 30-50,000. It was highlighted that the Neaman

Practice is part of the Shoreditch Park and City neighbourhood. The Neaman Practice are part of the wider neighbourhood management group but there would be a bespoke operational model for the City. There would be links across with the integrated care model in Tower Hamlets as many residents on the east side of the City are registered with Tower Hamlets CCGs. The City were now meeting regularly with Tower Hamlets CCG.

- Neighbourhood health and care services – The Committee were informed that a project was underway to look at how community health services could be realigned to deliver the neighbourhood model and how social care services would also link in with this. Extensive engagement had been undertaken with stakeholders and engagement with residents would follow as thinking around this continued to develop. A Member referred to recent, personal experience with the health service and highlighted that patients in the City wishing to access GP chiropody services were being instructed that they must first visit St Leonard's. She expressed her concern and confusion around this approach. Mr Maher reported that it was expected that direct access opportunities would open up as part of the new model.
- Pooling of CHC and ASC budgets – Members were informed that the Integrated Commissioning Board (ICB) agreed to pool budgets for health and social care in February 2018. The Programme Manager reported that, to date, the process of pooling the budgets had been slower than anticipated. Associated infrastructure was also to be developed – for example joint brokerage and decision making panels. There would also be an opportunity to open up the market and ensure equity around costs between organisations. Risk sharing arrangements were also being developed focusing on financial aspects such as overspend/underspend.

Other work:

- Development of urgent care service – looking at what the provision will be for City and Hackney. A Member commented that she was aware that the Managing Director of the Barts Hospital site wanted the City Corporation to install signage informing the public that there was no Accident and Emergency Department situated at the hospital. The Deputy Chairman stated that he was of the view that this was something for the hospital to progress if they felt it necessary. The Member went on to state that she had stressed the need for a critical care centre at the site given that the demand for this clearly existed, particularly when taking into account the half a million workers in the City each weekday and those visiting the City for its night time economy. Another Member highlighted that there was a minor injuries unit at Barts and that it was important that any signage around the lack of an Accident and Emergency Department did not steer people away from this. He was of the view that the minor injuries unit should be better signposted and promoted.
- Making Every Contact Count (MECC)
- CAMHS pathways transformation
- Outpatients transformation

Issues and Risks:

- Governance Review – integrated care vision updated and now more succinct
- Sustainable Transformation Partnership (STP) and local integrated care systems – looking at how these are structured
- Risk sharing – following pooled budgets there could be others areas of pooling going forward
- Future funding landscape – fairer funding, Comprehensive Spending Review (CSR), additional health funding etc
- City flexibility within larger health and care systems – in terms of the services the City wanted to provide and how it provided them.

A Member took this opportunity to highlight a recent experience whereby an elderly neighbour of hers who was resident in the City had had to spend a period of almost six weeks in hospital at UCH because of difficulties around securing an occupational therapist. The patient had to await a therapist from Camden before it was deemed she was able to return home. This experience clearly demonstrated the need to tighten up in terms of co-ordination of care. The Committee were of the view that experiences such as these were wholly unsatisfactory and asked that a strong message along these lines be sent back to relevant Officers. The Programme Manager confirmed that the City had its own Occupational Therapist as did the hospital.

In response to further questions, the Programme Manager reported that there was an even split between those requiring acute admissions in the City being sent to UCH or the Royal London Hospital.

Another Member referred to the fact that the Neaman Practice was now open for on the day appointments on a Saturday, covering the whole of the City and Hackney area. He questioned whether funding for this had yet been allocated and suggested that the practice themselves had expressed some concern around this. There was also some concern at the fact that there hadn't been great take up in terms of the Saturday offering due to a lack of awareness about this. It was reported that, whilst the offering had been available for approximately 9 months now, even the local pharmacy had been unaware of this until very recently. It was suggested that this could be promoted in future editions of City Matters.

The Programme Manager confirmed that this had been set up in response to NHSE requirements for extended GP surgery hours. In the City and Hackney area, this had been delivered through 'hubs' and divided between practices. 111 calls could also direct patients to this service. She went on to confirm that City Resident was planning a health focus for its April edition and that articles for inclusion within this were currently being drafted by Officers.

Mr Maher confirmed that the service had also been advertised as part of the City and Hackney's winter planning/flu literature with leaflet drops to local residents.

RESOLVED – That, Members note the contents of the presentation.

7. **CITY OF LONDON HEALTH PROFILE 2018**

The Committee received a report of the Director of Community and Children's Services setting out the City of London Health Profile 2018 containing summary information on the health of the people in each local authority area and factors that may influence their health.

A Member underlined that City residences were often second homes for some. He stated that, if this were the case and these individuals were accessing health care in the City, he hoped that City and Hackney were received the funds for this.

With regard to the paragraph concerning violent crime, a Member referred to a recent Evening Standard article that had produced statistics on the safest postcodes in London. He noted that EC1Y, the Golden Lane Estate, had been listed as London's second safest postcode.

A Member referred to the paragraph on new STI diagnoses. She recalled that this Committee had previously been informed that people would no longer be permitted to use their office postcode to access sexual health services so that funds could be adequately reclaimed. Officers undertook to look into this matter further and report back to Members. It was, however, highlighted that the recently published statistics were taken up to July 2018 and it could, therefore, be that there was a lag in the data around this as a new clinic had now been established.

RESOLVED – That Members note the City of London Health Profile 2018 and consider how they might use it to shape their forward-planning process.

8. **2017/18 CLINICAL COMMISSIONING GROUPS (CCG) ASSESSMENTS FOR MENTAL HEALTH, DEMENTIA, LEARNING DIFFICULTIES AND DIABETES**

The Committee received a report of the Director of Community and Children's Services presenting the 2017/18 Clinical Commissioning Group assessments for mental health, dementia, learning disabilities and diabetes.

Members were pleased to note that City and Hackney CCG had received an 'Outstanding' assessment rating in terms of Dementia. A Member went on to refer to the fact that there were very few care/nursing homes in the City and Hackney area with none at all in the City itself and just 3-4 based in Hackney. Another Member recalled that there had previously been a respite care centre based in the City of London Maternity Hospital but that this no longer existed.

The Deputy Chairman referred to the City and Hackney's 'Requires Improvement' assessment score in terms of Learning Disabilities. He said that he failed to understand how this score had been arrived at from reviewing the information provided within the report. He asked for greater clarity around this going forward. Mr Maher highlighted that there was currently a difference between how data on learning disabilities was considered nationally and how it was uploaded and recorded locally. The Deputy Chairman reiterated that he

would still like to see more clarity in future around what exactly required improvement in this area, where and why. Mr Maher stated that Officers had sent back similar feedback on this data.

The Assistant Director of Commissioning and Partnerships confirmed that the City currently had 14 clients registered as having learning disabilities and confirmed that the City was meeting their needs satisfactorily. Members suggested that a note to this effect would be helpful in future reports.

RESOLVED – That, Members note the report.

9. **NHS 10 YEAR PLAN**

The Committee received a report of the Director of Community and Children's Services alerting Members to the publication of a new NHS Long term plan and setting out key messages from the Local Government Association and a response from the Accountable Officer of NHS North East London Commissioning Alliance.

A Member commented that the cuts to funding were extremely concerning.

The Integration Programme Manager reported that the City of London Corporation, like others, did receive winter pressures funding and that and that some of these funds had been used to trial the engagement of an additional member of Occupational Health staff to see what value this might add to the services provided in supporting hospital discharge.

Mr Maher reminded Members that 2019 was the final year of the current 5 year NHS plan and that it was proposed that a 10 year plan (called the Long Term Plan) be introduced thereafter. He acknowledged Member concerns around funding cuts and stated that this was particularly concerning around social care. He added, however, that he felt that mental health had made significant gains particularly around the introduction of more specific, measurable goals.

It was highlighted that there was a greater focus on digital care within the Long Term plan with the intention being that all service users would have the right to request an online consultation with their GP by 2022. There was a strong indication that this would be preferable for City workers and also younger people. A Member stressed the fact that City and Hackney CCG were not responsible for the health care of City workers if they were not also resident in the area. The Assistant Director of Commissioning and Partnerships clarified that online consultations would be linked to the users own GP practice and would be dependent on the user being registered with a particular GP. He added that registering for online health services using a work address would be unlikely to be possible. He agreed that, were this not the case, there could be issues around how services were funded and costs falling to City and Hackney CCG. A Member stressed that this had been the case regarding the sexual health services to date. Mr Maher stated that it was his understanding that it was the responsibility of the online service providers to manage the reclaiming of any costs.

A Member referred to the fact that there were reciprocal arrangements in place for UK citizens accessing medical treatment in Europe but that this, nevertheless, required users to pay for these services up front before reclaiming these costs at a later date. She questioned why this was something that the NHS had failed to implement. Mr Maher confirmed that, at present, trust do have the option of reclaiming costs for out of area medical activity but successful reimbursement is inconsistent. The Member added that even private health care providers required money for treatment up front.

Mr Brown confirmed that the 10 year plan would be considered further at the September 2019 annual JOSCH meeting.

RESOLVED – That, Members note the report.

10. DRAFT AIR QUALITY STRATEGY

The Committee received a report of the Interim Director of Consumer Protection and Markets Operations relative to the City Corporation's Draft Air Quality Strategy.

The Air Quality Manager presented the report and supplemented this with a presentation to Members, slides for which were tabled at the meeting.

The Air Quality Manager highlighted that Air Pollution was very much a public health issue. The Presentation touched on the background and context of the strategy with the Air Quality Manager underlining that this was a statutory function for the organisation. She was pleased to report that there had been improvements in the City's air quality which was now regularly monitored in many locations throughout the Square Mile. Members were informed that the City had been an Air Quality Management Area since 2001 and that an action plan around this had been in place since 2002, against which Officers regularly reported on progress.

The Air Quality Manager went on to report that Nitrogen dioxide and small particles were the pollutants of concern, the former being heavily associated with respiratory issues. The City, situated at the heart of London was affected in terms of air quality, by what happened in the surrounding boroughs. The City's narrow streets and tall buildings also enabled pollutants to be 'trapped'. Buses were a particular problem, as depicted by the Fleet Street area. However, Members were informed that positive steps were being taken here with the introduction of hybrid vehicles and electric single decker buses on City routes.

A Member questioned the increase in pollutants around the Barts Hospital site. The Air Quality Manager confirmed that this was a result of the movement of the sites power/energy plant which was very large in size. She confirmed that Officers were keen to explore this matter further with the hospital site's management. The Deputy Chairman questioned whether certain filters could be installed within the plant to mitigate this or if something as straightforward as planting additional trees nearby to help absorb the additional pollutants might go so way to addressing the problem. The Air Quality Manager underlined that it was difficult for Officers to stipulate here. Members suggested that Officers

should look to work with colleagues in planning to ensure that certain conditions were put on any new plants in terms of installing adequate filters going forward. The Air Quality Manager highlighted that, in previous years, there had been a promotion of the use of combined heat and power plants which tended to be the worst offenders. There was now, therefore, a conscious move away from this now. The Committee were of the view that their Chairman should be instructed to write to the Chief Executive of Barts regarding the City's concerns around the relocation of their plant and question what they planned to do about its negative effects on air quality. The Town Clerk undertook to produce a draft of this and circulate to all Members for comment/input ahead of sending.

With regard to issues around Thames Street, the Deputy Chairman underlined that the City had previously pushed for this area to become a 20mph as opposed to a 30mph zone which would go some way to lowering the brake and tyre particulants emitted here. This had, however, been resisted by TfL. It was noted that small particles were particularly difficult to deal with. They were often affected by weather conditions and impacted in areas outside of where they were originally emitted.

The Air Quality Manager underlined that WHO guidelines around air pollution were much tighter than existing European Standards. She added that, at present, the City were working alongside London Councils on proposals for a private members bill to tackle air quality at a higher, more strategic, level. In the meantime, the organisation were doing a huge amount themselves to lower the City's own impact in this area.

With regard to the draft strategy itself, Members were informed that this focused on 6 policy areas. The City were also keen to demonstrate leadership in this matter, co-ordinating London-wide action as well as cross Departmental action. Members were informed that there were specific plans in place for City based schools.

The Deputy Chairman questioned monitoring around the Sir John Cass school site and the fact that monitors were situated at the back of the school building. He suggested that a more suitable spot would be within the under 5 playground area at the front of the site which was located closer to the road. The Air Quality Manager confirmed that the school was a super site in terms of air quality monitoring and that, as such, there were monitors in various locations here. She also confirmed that the equipment used was very sophisticated and sensitive. Members were informed that Offices had successfully experimented with air filters within the school nursery and had actually found that there were lower levels of air pollution within the nursery playground than elsewhere/higher up in the building as it had been found that particulants were warm as they were emitted from vehicle exhausts and therefore tended to rise beyond the sunken, under 5's playground area.

A Member questioned the number of vehicles at Smithfield Market that appeared to be exempt from regulations in this area. He referred specifically to refrigerated vehicles that tended to park up at the market site on Friday evenings and remain there for the duration of the weekend. He questioned

whether parking here could be restricted to address this. The Deputy Chairman undertook to take up this matter with the Chairman of the Markets Committee. It was noted that a longer term solution to this problem would need to be considered as part of the markets relocation project.

Members went on to question proposals around the installation of Electric Vehicle charging points in the City. It was noted that initial proposals centered on a rapid charging hub for taxis for Baynard House car park and a taxi only charge point at Noble Street taxi rest rank. The Member questioned whether Officers felt that these would be sufficient. The Deputy Chairman suggested that the right approach would be to await demand and review the situation at a later date.

RESOLVED – That, Members note the content of the Air Quality Strategy and continue to provide support for reducing the impact of poor air quality on public health.

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

There were no questions.

12. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT
Committee Work Plan 2019/20

The Assistant Director of Commissioning and Partnerships undertook to review the Committee Work Plan in light of comments made at today's meeting and to put forward a revised version of this for consideration and prioritisation at the next meeting of this Committee.

The meeting ended at 1.28 pm

Chairman

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