



Health and Social Care Scrutiny Committee

Date: WEDNESDAY, 2 FEBRUARY 2022
Time: 11.00 am
Venue: COMMITTEE ROOMS, WEST WING, GUILDHALL

Members: Michael Hudson (Chairman)
Wendy Mead (Deputy Chairman)
Vivienne Littlechild
Andrew Mayer
Deputy Barbara Newman
Steve Stevenson

Enquiries: Ben Dunleavy
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Accessing the public meeting

Members of the public can observe this public meeting at the below link:

<https://youtu.be/VzhoZdeb1Ec>

A recording of the public meeting will be available via the above link following the end of the public meeting for up to one municipal year. Please note: Online meeting recordings do not constitute the formal minutes of the meeting; minutes are written and are available on the City of London Corporation's website. Recordings may be edited, at the discretion of the proper officer, to remove any inappropriate material.

Lunch will be served in the Guildhall Club at the rising of the Committee

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 of the meeting held on 10 November 2021.
For Decision
(Pages 5 - 10)
4. **WORKPLAN**
To note the Committees workplan.
For Information
(Pages 11 - 12)
5. **ADULT SOCIAL CARE - EARLY INTERVENTION/PREVENTION**
The Adult Social Care Service Manager to be heard.
For Information
(Pages 13 - 16)
6. **HEALTH INEQUALITY STEERING GROUP UPDATE**
The Deputy Director of Public Health to be heard.
For Information
(Pages 17 - 20)
7. **AMBULANCE SERVICES**
The London Ambulance Service NHS Trust Stakeholder Engagement Manager to be heard.
For Information
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.

Part 2 - Non-Public Reports

11. **NON-PUBLIC MINUTES**

There was not a non-public session at the meeting on 10 November 2021.

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 COMMITTEE
Wednesday, 10 November 2021

Minutes of the meeting of the Health and Social Care Scrutiny Committee held at Committee Room 3 - 2nd Floor West Wing, Guildhall on Wednesday, 10 November 2021 at 11.00 am

Present

Members:

Michael Hudson (Chairman)
 Wendy Mead (Deputy Chairman)
 Vivienne Littlechild
 Steve Stevenson

Officers:

| | |
|-----------------|--|
| Ben Dunleavy | - Town Clerk's Department |
| James Gibson | - Chief Operating Officer's Department |
| Simon Cribbens | - Community & Children's Services |
| Sarah Greenwood | - Community & Children's Services |
| Chris Lovitt | - Community & Children's Services |
| Annie Roy | - Community & Children's Services |

Also in attendance:

| | |
|-------------------|------------------------------------|
| Dan Burningham | - NHS North East London CCG |
| Emily Carter | - Barts Health NHS Trust |
| Paul Coles | - Healthwatch |
| Dr Waleed Fawzi | - East London NHS Foundation Trust |
| Kelvin Hankins | - NHS North East London CCG |
| Claire Hogg | - NHS North East London CCG |
| Eugene Jones | - East London NHS Foundation Trust |
| Charlotte Painter | - NHS North East London CCG |

1. APOLOGIES

Apologies were received from Andrew Mayer.

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

The following declarations were made:

- Vivienne Littlechild;
- Steve Stevenson;

both declared they were resident in the City and patients of the Neaman Practice.

3. MINUTES

Vivienne Littlechild asked for a correction to the minutes of the meeting on 30 June 2021.

RESOLVED – That the public minutes of the meeting held on 30 June 2021 be agreed as a correct record, as amended.

4. **HEALTHWATCH CITY ANNUAL REPORT**

Members received a report of the Director of Community and Children's Services.

The Chairman regretted that the report did not mention that Steve Stevenson was the Healthwatch representative on the Health and Social Care Scrutiny Committee, and hoped that this would be included in the next report.

RESOLVED, that – the report be received and its contents noted.

5. **WARD RELOCATIONS - EAST LONDON FOUNDATION TRUST**

Members received a report of the Director of Service Transformation, East London NHS Foundation Trust (ELFT) on the proposal to relocate inpatient dementia assessment services to East Ham Care Centre (EHCC).

Members noted that while EHCC was close to public transport options, a travel analysis had shown that the majority of journeys to EHCC were carried out by car. EHCC offers cover for journeys done by minicabs and taxis, and financial support for charges incurred on private journeys. The Committee requested that a letter from the Director of Service Transformation confirming these transport support arrangements.

It was noted that COVID-19 had been a catalyst in relocating the inpatient dementia assessment services to EHCC. The pressures placed on Mile End Hospital to clear bed space and create safe spaces meant that the move to empty spaces at EHCC had come before the proposal and consultation. ELFT was now consulting on whether the relocation should be made permanent.

It was further noted that within ELFT there was a drive to reduce waste within NHS space. A number of buildings had been reconciled and repurposed, and they were working towards a point where no space or buildings were unused.

In reply to a question by Deputy Chairman on how secure the capital funding for the investment into Cazaubon ward was, the Director of Service Transformation said that the works would be undertaken and funded by ELFT which had reserves to cover the costs.

It was noted that EHCC was currently working with Hackney Healthwatch but they were hoping to extend this to other branches. Members requested that they approach Healthwatch City of London.

The Deputy Chairman asked if it would be possible for the Committee and Healthwatch City of London to visit EHCC, and the Director was happy for a visit to be arranged.

The Chairman commented that the question options should allow scope for a 'don't know' or 'no difference' answer, and also suggested that it would be appropriate to include a question about whether the drawbacks of the location outweigh the advantages for City residents. The Director of Service Transformation replied that he would take these suggestions on board; it is still a draft paper and so can be amended.

The Chairman also commented that it would have been more appropriate to conduct an Equality Impact Assessment (EIA) before the proposal, rather than afterwards. The Director of Service Transformation replied that they plan to prepare a draft EIA to be conducted alongside the public consultation. Feedback from the consultation will be incorporated into the final EIA.

The Chairman suggested that City Matters should be included in the list of Printed Information in the report, and that information should be made available for the City's public libraries. The Director thanked the Chairman for this suggestion, and said they were in consultation with Healthwatch on how to further publicise information.

RESOLVED, that – the report be received and its contents noted.

6. **ST BART'S MINOR INJURIES UNIT REOPENING**

Members received a presentation of the Divisional Manager of Emergency Care and Trauma, St Bart's Hospital.

Members noted that the Minor Injuries Unit (MIU) would return to its previous location on the St Bartholomew's Hospital Site.

Members felt it would be useful to advertise the reopening of the MIU, and the Divisional Manager undertook to provide material to be distributed to various relevant publications in the City of London.

Members felt strongly that there should be positive consideration for the reopened MIU to provide an x-ray service. The Divisional Manager undertook to consider this, and to feedback to the Committee if it was a viable option, but was unable to commit to any future provision.

The Deputy Chairman asked where patients arriving at the unit with suspected heart issues would be sent. The Divisional Manager replied that the MIU is staffed with experienced EMTs who would make a clinical assessment and send patients to the Barts Heart Attack Centre if appropriate. The Deputy Chairman requested for this information to be sent in a letter to the Committee.

RESOLVED, that – the oral update be received.

7. **RECOVERY OF PLANNED/ELECTIVE CARE POST COVID-19**

Members received a joint presentation of the Director of Planned Care, North East London ICS and Acute Alliance and the Acting Workstream Director for Planned Care, NHS North East London Clinical Commissioning Group, and

City and Hackney Integrated Care Partnership and North East London Health and Care Partnership.

It was noted that there was still active recruitment of doctors and nurses, both in Europe and internationally.

The Chairman commented that the aim to return to pre-pandemic levels by March 2024 seemed unambitious. In reply, Members heard that this date was based on national recovery modelling. Local modelling in North East London has not yet taken place in detail but the scale of the challenge is likely to be similar. They are seeing increasing levels of referrals due to new patients, and efforts to clear the backlog. They are looking into how physical and workforce capacity can be improved in North East London, and can feed back to the Committee once more work on this has been done. There are plans to ensure a significant reduction in patients waiting over 52 weeks during this financial year, which is a key milestone in the delivery of our aim. The Directors stressed that it is important to be realistic about what could be achieved and set trajectories and milestones that reduce waiting list size and waiting times over the next 2 years.

It was noted that the proportion of operations currently being carried out compared to 2019 is about 80%. The Chairman asked if waiting lists were going up. In reply, the Directors said that the waiting list for non-admitted patients was increasing, but the waiting list for admitted patients was currently going down. When asked how many people were waiting to go onto the waiting list, the Directors said that this could only occur if GPs were “holding on” to patients. A subsequent increase in referrals in June 2021, after a drop during the pandemic, suggests that GPs are not holding on to patients. The Chairman referred to Dame Alwen Williams’ response to his question on this topic at the Inner North East London Joint Health Overview and Scrutiny Committee meeting on 23 June 2021, where she referred to a holding list for patients before they are placed on a waiting list. The Chairman and the Committee found this to be an unacceptable practice. In reply, the Directors said that they had not been aware of Dame Alwen’s response, and were not aware of this practice occurring in any of the Trusts.

A Member asked what the estimated extra number of deaths between October 2021 and March 2024 was. This was not information that the Directors had immediately available, but was something they could look into.

RESOLVED, that – the oral update be received.

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

There were no questions.

9. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT

The Town Clerk undertook to circulate a list of possible agenda topics for the next meeting of the Committee.

The meeting ended at 12.53 pm

Chairman

Contact Officer: Ben Dunleavy
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Health and Social Care Scrutiny Committee

2022 dates

- 1 June 2022
- 14 September 2022
- 30 November 2022

Potential Future topics

| | Topic | Suggested meeting |
|----|--|----------------------|
| 1 | System priorities for health and social care | |
| 2 | Public Involvement and Transparency in Local Integrated Commissioning and ELHCP | |
| 3 | City of London commissioned provision to prevent or delay uptake of formal social care services and reduce isolation | |
| 4 | Sexual Health Services Review | |
| 5 | Mental Health Services Review | |
| 6 | Health Visiting Services for new born children | |
| 7 | Making Every Contact Count initiative - impact | |
| 8 | Report on untoward incidents within the health providers which work with the City Corporation | |
| 9 | ICU discharge protocol and pressures at the Royal London | |
| 10 | Impact on older people of COVID and related government support measures | |
| 11 | Government Green paper on Social Care | Publication date tbc |
| 12 | Adult Safeguarding Board Annual Report | Publication date tbc |

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Adult Social Care Early Intervention and Prevention

Introduction

This document has been written as an accompaniment to the presentation on Adult Early Intervention and Prevention in the City. It is designed to give some wider background and context while the presentation is aimed to deliver a greater focus on how Adult Social Care delivers its functions in this area.

The Legislative context

Preventing needs for care and support is addressed under section 2 of the Care (2014) as follows,

A local authority must provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will—

(a) contribute towards preventing or delaying the development by adults in its area of needs for care and support;

(b) contribute towards preventing or delaying the development by carers in its area of needs for support;

(c) reduce the needs for care and support of adults in its area;

(d) reduce the needs for support of carers in its area.

A Strengths-Based Approach

The Care Act 2014 put a strengths-based approach at the centre of someone's assessment, care and support, highlighting 'What is strong' rather than simply 'What is wrong'.

The objective of the strengths-based approach is to protect the individual's independence, resilience, ability to make choices and wellbeing. Supporting the person's strengths can help address needs for support in a way that allows the person to lead, and be in control of, an ordinary and independent day-to-day life as much as possible. It can also help delay the development of further needs.

Adult Social Care

Adult Social Care in the City of London is undergoing a cultural shift towards a strengths-based approach with a greater emphasis prevention, early intervention and supporting people to achieve the outcomes they want.

Occupational therapy provides a vital role in in this approach. It's about people being able to do the things they want and have to do. That could mean helping overcome challenges going to work, playing sport, or simply doing the dishes. Everything is focused on increasing independence and wellbeing.

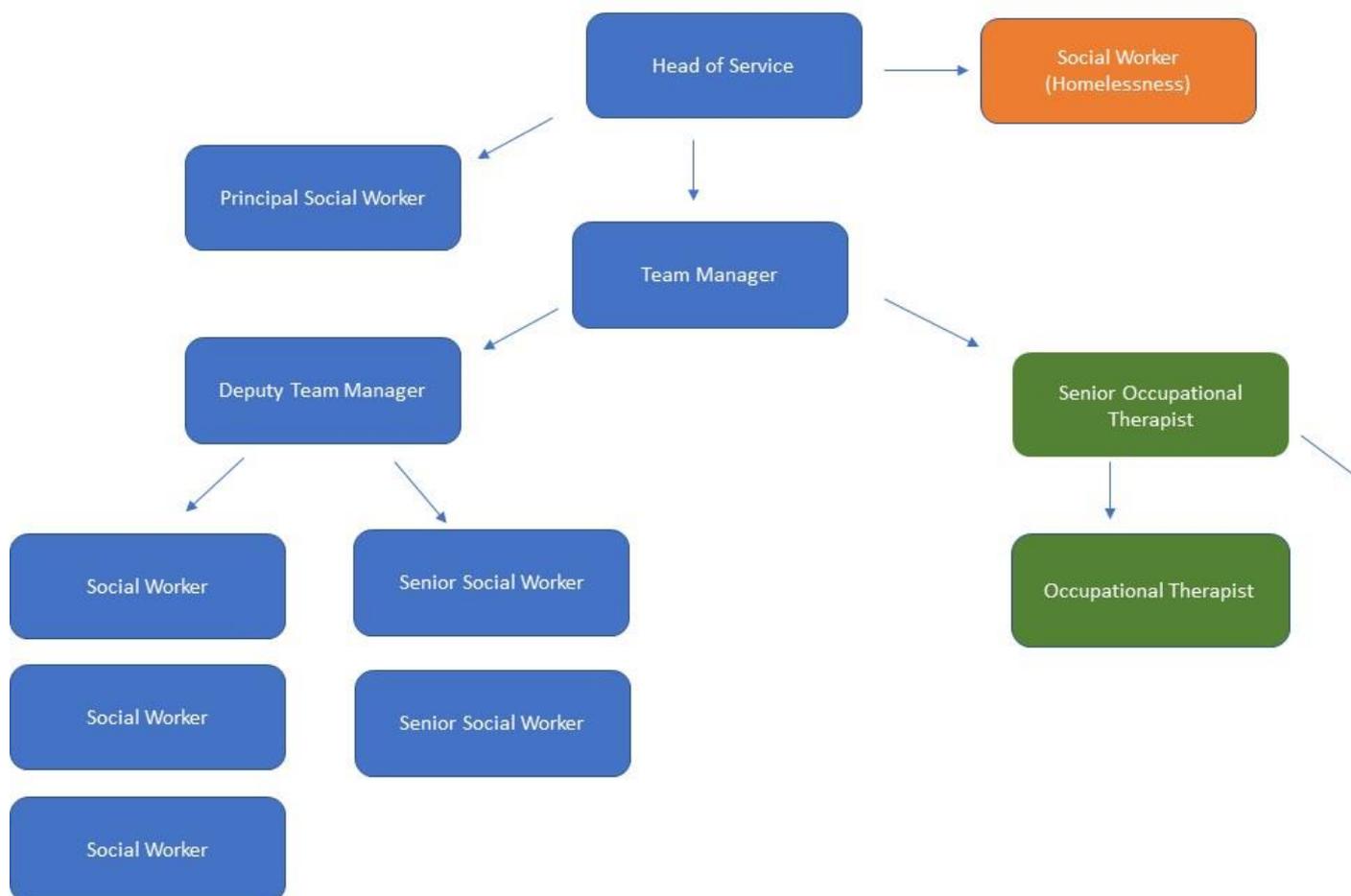
Reablement remains a core element of prevention, providing short term, intensive support to help adult residents regain the skills, confidence, and independence that they may have lost due to an illness, disability, or period in hospital.

Following the outcomes of Targeted Operating Model, a new structure is being put in place within Adult Social Care, to support the continuation of the move to a more strengths-based approach which focuses on prevention and early intervention.

A new distinct Principal Social Worker role has been created to help shape this cultural shift within the service, providing vital links across the sector and lead on quality assurance.

Following a successful pilot, the dedicated Social Work post working with Homelessness has been made permanent.

Occupational Therapy capacity has been increased removing the risk of a single point of failure, while 2 brand new roles of Strengths-Based Practitioners have been created.



Key: Green – Short term intervention Orange – post sits across both Homelessness and Adult Social Care

Commissioning

Commissioning provides a vital role in delivering the local authority functions in this area. The innovative City Connections service offers a strengths-based approach to early intervention and prevention linking people to health and wellbeing services in

the square mile. This service includes a specific remit to support to carers within their service.

Health Integration

In City and Hackney, GP practices have joined with residents, local hospitals, community groups, mental health providers, social care, and voluntary sector organisations to create eight 'Neighbourhood' areas. The City of London operates as its own unique satellite within the City and Shoreditch Park neighbourhood.

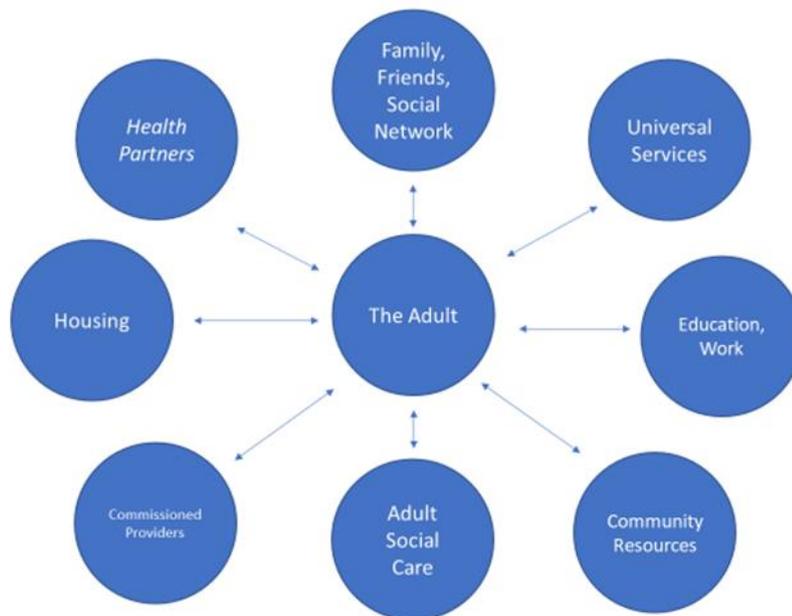
The neighbourhood model of integration is an inherently strengths-based model in that it is one of placed based delivery with resources shaped to support requirements of the local community,

The Neighbourhoods are small enough to provide personalised care, but big enough to make sure residents can use the range of services they need. It also means we can really map and understand what each Neighbourhood has to offer residents beyond just health and social care services such as parks, libraries, gyms, community groups.

We are also conscious that 16% of the City's population has a GP in Tower Hamlets so engaging at all levels with health services there is an ongoing priority.

Wider Partnership working

Although there are distinct roles for Adult Social Care, an effective approach to prevention, requires partnership working with the Adult, and the outcomes they want to achieve, at the centre.



Ian Tweedie

Head of Service, Adult Social Care

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City & Hackney Health Inequalities Steering Group - one year on Partner briefing, January 2022

What this briefing covers

This short briefing note provides an overview of the work of the City & Hackney Health Inequalities Steering Group (HISG), since it was formed in November 2020 in the context of the coronavirus pandemic and the stark injustices this has exposed.

Role & purpose of the Health Inequalities Steering Group

The HISG was convened to provide a focal point for work being done locally to reduce unfair and avoidable differences in health outcomes between groups and communities.

Membership of the group is designed to represent all [four 'pillars' of a population health system](#) - the 'wider determinants' of health, health behaviours, places and communities, and an integrated health and care system. Members are drawn from the VCS, Healthwatch, local authorities, North East London CCG, NHS trusts, and PCN clinical directors. The steering group is chaired by Dr Sandra Husbands, City & Hackney's Director of Public Health.

The purpose of the group is to ensure our collective efforts have maximum impact, and that we make best use of our combined resources to tackle long-standing health inequalities, through collaboration and partnership. It strives to do this by:

- collecting and monitoring information about health inequalities in the City and Hackney and the actions being taken to address these
- helping to prioritise further measures needed to prevent and reverse existing health inequalities (in the short and long-term)
- mobilising local action, by working in partnership to influence decisions and empower others to act
- using our collective resources to support the effective delivery of priority actions to reduce health inequalities
- challenging, and taking collective action to address, institutional cultures and practices that act to perpetuate health inequalities
- empowering local communities and our workforce to take positive action to improve health and reduce inequalities.

The HISG works in close partnership with the new City & Hackney Population Health Hub, which has been established as a shared system resource to provide timely and actionable intelligence, develop practical tools and lead specific projects to improve population health and reduce health inequalities. Dr Husbands chairs the Population Health Hub as well as the HISG, which helps to ensure alignment of priorities and action plans. As part of its workplan, the Population Health Hub is leading the delivery of a number of projects in support of the HISG's cross-cutting strategic objectives (see below).

Progress to date - looking back over the past 12 months

Early in 2021, the HISG defined 10 cross-cutting areas for system-wide action to reduce local health inequalities (see below).

10 cross-cutting areas for system-wide action to reduce health inequalities

1. **Equalities data & insights:** Routine collection and analysis of service equalities data & insight to inform actions
2. **Tools & resources:** Develop and enable system-wide adoption of tools to embed routine consideration of health equity in decision-making
3. **Tackling structural racism & systemic discrimination:** adopt a partnership position and action plan to tackle racism and wider discrimination with local institutions
4. **Community engagement, involvement & empowerment:** build trust and adopt flexible models of engagement to work in partnership with residents to improve population health
5. **Health in all policies:** ensure wider policies and strategies explicitly consider and address health inequalities
6. **Anchor networks:** local anchor institutions collectively use their local economic power to lead action on reducing social inequalities that underpin health inequalities
7. **Strengths-based, preventative approach to service provision:** 'no wrong door' access to support for residents to address wider health and wellbeing needs
8. **Staff health and wellbeing:** build on Covid-19 risk assessments to provide ongoing support for wider staff wellbeing needs
9. **Digital inclusion:** pool system resources to x3 dimensions of exclusion: skills, connectivity, accessibility
10. **Tailored, accessible information about services and wider wellbeing support:** produce information in community languages that is culturally appropriate and responsive to local diverse needs

We also produced a **Covid-19 inequalities evidence pack** (latest version is saved [here](#); this will be updated early in 2022). This evidence pack was shared with the Health and Wellbeing Boards to help inform the development of two new HWB strategies for Hackney and the City of London. HISG members also contributed to two workshops to shape the HWB strategy priorities - the 10 cross-cutting areas for action are explicitly referenced in the [draft Hackney strategy](#).

The Population Health Hub is leading on the delivery of a number key projects on behalf of the HISG, specifically addressing three of the 10 cross-cutting priorities, namely:

- a stocktake of equalities data across the health and care system, including a 'deep dive' of mental health and sexual health service data [1. *equalities data & insights*]
- co-development of a resource pack to facilitate routine consideration of health equity in local decision-making and planning [2. *tools & resources*]
- the design and delivery of a series of workshops to develop a shared system framework for inclusive resident involvement to improve population health outcomes [4. *Community engagement, involvement & empowerment*].

Another major programme of work that is being progressed by the HISG is the development of an action plan to embed an explicit anti-racist approach in tackling health inequalities across the City and Hackney.

The steering group has also hosted a number of conversations to review and offer support for work being led by wider system partners on a number of other priority areas - including digital inclusion; tailored & accessible information about services and wider wellbeing support; and anchor networks. There are named HISG leads for all of these cross-cutting areas, who are taking responsibility for ensuring that the steering group is kept updated on progress and that we provide appropriate and timely support and guidance where it is needed.

Finally, we have been working closely with the NEL CCG health inequalities workstream from the outset to ensure our focus is on action needed at local level, while working in partnership through the ICS where it makes most sense for action to be taken at a broader level. The NEL CCG lead for health inequalities and population health regularly attends the HISG to ensure we are making the most of opportunities for partnership action.

Looking forward to 2022 and beyond

Work will continue in the new year to progress actions being led by the HISG, and Population Health Hub on its behalf, across key cross-cutting areas, as described above.

We will also turn our attention to programmes of work relevant to three priority areas we have not reviewed in detail to date - health in all policies (including work being led by the Health and Wellbeing Boards); strengths-based preventative approaches to service provision; and staff health and wellbeing (including partnership work with the City and Hackney Workforce Enabler Board).

Early in the new year, we will also revisit work started in 2021 to support the City & Hackney Integrated Care Partnership to strengthen local plans to address health inequalities through the health and care system - including actions for the NHS in response to the 2022/23 operational planning guidance and new requirements as part of the [CORE20PLUS5 framework](#).

While we will continue to support the development and implementation of both HWB strategies, it is expected that the role of the HISG and Health and Wellbeing Boards will increasingly align over time. As such, the scope and purpose of the steering group will be kept under regular review.

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