Public Document Pack

Health and Social Care Scrutiny Committee

Date: **TUESDAY, 27 SEPTEMBER 2022**

Time: 11.00 am

Venue: **COMMITTEE ROOMS, WEST WING, GUILDHALL**

Members:
Deputy Christopher Boden (Chairman)
David Sales (Deputy Chairman)
Alderman Christopher Makin
Andrew Mayer
Steve Stevenson, Healthwatch City of London representative

Enquiries: **Ben Dunleavy**
ben.dunleavy@cityoflondon.gov.uk

Accessing the virtual public meeting

Members of the public can observe this virtual public meeting at the below link:
https://youtu.be/EC7P2C9mjrc

A recording of the public meeting will be available via the above link following the end of the public meeting for up to one civic 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.

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 21 July 2022.

For Decision
(Pages 5 - 8)

4. **WORKPLAN**

To review the Committee's workplan.

For Discussion
(Pages 9 - 10)

5. **ANNUAL REVIEW OF THE COMMITTEE'S TERMS OF REFERENCE**

Report of the Town Clerk.

For Discussion
(Pages 11 - 14)

6. **HEALTH AND CARE ACT 2022**

Report of the Director of Community and Children's Services.

For Information
(Pages 15 - 22)

7. **HEALTH OVERVIEW AND SCRUTINY COMMITTEE PRINCIPLES**

Report of the Director of Community and Children's Services.

For Information
(Pages 23 - 38)

8. **EXCESS DEATHS**
Principal Public Health Analyst to be heard.

For Information
(Pages 39 - 46)

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

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

This page is intentionally left blank

HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE
Thursday, 21 July 2022

Minutes of the meeting of the Health and Social Care Scrutiny Committee held at Committee Rooms, West Wing, Guildhall on Thursday, 21 July 2022 at 11.30 am

Present

Members:
Deputy Christopher Boden (Chairman)
Alderman Christopher Makin
Andrew Mayer
David Sales (Deputy Chairman)

Officers:

Ben Dunleavy	-	Town Clerk's Department
Kate Bygrave	-	Community and Children's Services Department
Simon Cribbens	-	Community and Children's Services Department
Ellie Ward	-	Community and Children's Services Department

1. **APOLOGIES**
There were no apologies.

2. **MEMBERS' DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
There were no declarations.

3. **ORDER OF THE COURT OF COMMON COUNCIL**
The Committee received the Order of the Court of Common Council of Thursday 21 April 2022, appointing the Committee and approving its Terms of Reference.

4. **ELECTION OF CHAIRMAN**
The Committee proceeded to elect a Chairman in accordance with Standing Order No. 29. Deputy Christopher Boden, being the only Member expressing willingness to serve, was duly elected Chairman for the ensuing year.

5. **ELECTION OF DEPUTY CHAIRMAN**
The Committee proceeded to elect a Deputy Chairman in accordance with Standing Order No.30. David Sales, being the only Member who expressed a willingness to serve, was duly elected as Deputy Chairman of the Committee for the ensuing year.

6. **CO-OPTION OF A HEALTHWATCH REPRESENTATIVE**

The Committee proceeded to elect a Co-Opted Member as a Health Watch Representative. Steve Stevenson, the only Member expressing willingness to serve, was duly elected to the position for the ensuing year.

7. **APPOINTMENT OF INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE REPRESENTATIVE(S)**
RESOLVED – That the Deputy Chairman be appointed to the Inner North East London Joint Health Overview and Scrutiny Committee.

8. **MINUTES**
RESOLVED – That the public minutes of the meeting held on 2 February 2022 be agreed as a correct record.

9. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**
There were no questions.

At the request of the Chairman, officers undertook to prepare a paper on integrated care systems for the next meeting. Officers also confirmed that a paper on the role of health and social care scrutiny committees would be taken to the next meeting. The Healthwatch representative said that lines of communication with the Integrated Care Partnership Board should be maintained, and suggested that Members of that Board be invited to observe Health and Social Care Scrutiny Committee meetings.

A Member raised their concerns on the issue of excess deaths from extreme weather events, including extreme heat and cold. They requested that officers return with a paper on the performance of the NHS on excess death from cold weather, including statistics from the local area as appropriate. The Chairman said that statistics were often not easily available for the area covered by the City of London Corporation, but agreed that it was a valid topic to raise.

At the request of a Member for material to aid them in preparing for Committee meetings, officers undertook to circulate explanatory information on the areas scrutinised by the Committee.

10. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**
The Town Clerk updated Members on the meetings scheduled for 2023:

- Wednesday 1 Feb at 11am
- Wednesday 7 June at 11am
- Wednesday 4 October at 11am

The meeting ended at 11.46 am

Chairman

Contact Officer: Ben Dunleavy

ben.dunleavy@**cityoflondon.gov.uk**

This page is intentionally left blank

Health and Social Care Scrutiny Committee

2022 dates

- 14 September 2022
- 30 November 2022

2023 dates

- 18 January 2023
- 7 June 2023
- 4 October 2023

Workplan

	Topic	Suggested meeting
	Health and Care Act 2022 (including Integrated Care Systems)	**September 2022**
	Excess Winter Deaths	**September 2022**
	Impact on older people of COVID and related government support measures	
	Adult Safeguarding Board Annual Report	
	Health Visiting Services for new born children	
	Children in social care	
	Surgery capacity	
	System priorities for health and social care	
	Public Involvement and Transparency in Local Integrated Commissioning and ELHCP	
	City of London commissioned provision to prevent or delay uptake of formal social care services and reduce isolation	
	Making Every Contact Count initiative - impact	
	Report on untoward incidents within the health providers which work with the City Corporation	
	Government Green paper on Social Care	

This page is intentionally left blank

Committee(s): Health and Social Care Scrutiny Committee – For decision	**Date(s):** 14 September 2022
Subject: Annual Review of the Committee's Terms of Reference	**Public**
Report of: Town Clerk & Chief Executive	**For Discussion**
Report author: Ben Dunleavy Governance Officer	

Summary

As part of the implementation of the 2021 Governance Review, it was agreed that the cycle and process of annually reviewing the Terms of Reference of all Committees/Boards should be revised, to provide additional time for Committees to consider and discuss changes before they are submitted to the Policy and Resources Committee. Therefore, this report is initially being brought before the Committee at its September meeting to allow time for proposed changes to be considered and developed at subsequent meetings.

This will enable any proposed changes to be considered at the Policy and Resources Committee in good time ahead of the annual appointment of Committees by the Court of Common Council in April.

Recommendation(s)

Members are asked to:

- review the existing terms of reference as outlined in Appendix 1 and consider any changes;
- consider the frequency of their meetings going forward, which is currently 3 times per year.

Appendices

- Appendix 1 – Terms of Reference of the Health and Social Care Scrutiny Committee (Order of the Court – April 2022)

Ben Dunleavy
Governance Officer

E: ben.dunleavy@cityoflondon.gov.uk

This page is intentionally left blank

KEAVENY, Mayor	**RESOLVED:** That the Court of Common Council holden in the Guildhall of the City of London on Thursday 21st April 2022, doth hereby appoint the following Committee until the first meeting of the Court in April, 2023.

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 2022/23**

7 (3) Wendy Mead, O.B.E.

3 (2) Andrew Paul Mayer

Together with four Members to be appointed for this day and 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.

This page is intentionally left blank

Committee: Health and Social Care Scrutiny Committee	**Dated:** 27 September 2022
Subject: Health and Care Act 2022	**Public**
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	1,2,3 and 4
Does this proposal require extra revenue and/or capital spending?	**N**
If so, how much?	**£**
What is the source of Funding?	
Has this Funding Source been agreed with the Chamberlain's Department?	
Report of: Andrew Carter Director of Community and Children's Services	**For Information**
Report author: Kate Bygrave, Community and Children's Services	

Summary

This report outlines the main points of the new Health and Care Act 2022 and its implications locally.

The new legislation came into force in July 2022 and contains significant reform to the NHS by joining up health, social care and public health services at a local level to improve health outcomes and tackle health inequalities. Much of the Act focuses on creating a statutory basis for Integrated Care Systems through the creation of Integrated Care Boards

It also sets out the introduction of a cap on care costs in Adult Social Care and the introduction of inspections by the Care Quality Commission of local authority Adult Social Care Services.

Recommendation

Members are asked to:

- Note the report.

Main Report

Background

1. The Health and Care Act 2022 received Royal Assent in April 2022 and came into force on 1 July. In summary, the Act:
   - Establishes Integrated Care Boards (ICBs) and abolishes Clinical Commissioning Groups (CCGs) in a new structure for integrated care
   - Moves aware from competitive tendering and towards more collaborative delivery in health services

- Formally merges NHS England and NHS Improvement
- In Adult Social Care, establishes a cap on the amount that adults can expect to pay towards eligible care costs over their lifetime (applies from October 2023)
- Establishes the Care Quality Commission (CQC) as the body that oversees and assesses Integrated Care Systems (ICSs) and inspects local authority Adult Social Care Services
- Puts the Health Services Safety Investigations Body (HSSIB) which investigates concerns over patient safety on a statutory footing

Integrated Care

2. The Act establishes a legislative framework to support integrated care and collaboration across health, social care and public health. Although this has already been happening for a number of years, the Act creates a legal infrastructure for how this will be delivered.

3. Integrated care aims to deliver health and social care services in a more joined up fashion, including those in the community, creating a more seamless experience for patients, delivering better outcomes and tackling health inequalities.

4. Integrated Care Systems already existed as partnerships bringing together NHS providers, local authorities, and voluntary sector partners working together to plan and organise how health and care services were delivered in their area. They aimed to remove some of the boundaries between organisations to deliver better, more joined up care for their local communities. CCGs were the statutory bodies responsible for commissioning health care services in a local area. There were 42 ICSs across England, and each covered a population size of 1 to 3 million.

5. The Act moves the ICSs onto a statutory footing by establishing statutory ICBs. The ICBs take on the commissioning functions of CCGs as well as some of NHS England's commissioning functions. The ICB model also allows for integration and collaboration across the system. Any ICB is able to exercise its functions through place-based committees (for example City and Hackney).

6. The Act also requires an ICB and its partner local authorities to establish an integrated care partnership (ICP), bringing together health, social care, public health, and representatives from the wider public space where appropriate, such as social care providers or housing providers. The ICP is responsible for developing a strategy to address health, social care, and public health needs across its population and system. The ICB and local authorities then have to have regard to this strategy when making decisions.

7. These structures are illustrated in Appendix 1.

Adult Social Care

8. The Act sets out a duty for the CQC to conduct reviews, assess performance and publish reports on the exercise of regulated care functions by English local authorities relating to adult social care.

9. The CQC already existed as the independent regulator of health and personal care services in England. Unlike Children's Social Care, overall local authority Adult Social Care services were not inspected. Where a local authority provided any direct care such as reablement or homecare, these were inspected but not the service overall. This now changes following the Act. The Secretary of State will set objectives and priorities for the CQC's assessments of Adult Social Care Services.

10. Unlike health, Adult Social Care Services are means tested and many people will be self-funders to meet their care needs until they reach a certain threshold of assets. The Act changes this to say that people will not have to pay more than £86,000 for care to meet their eligible care needs.

Current Position

Integrated Care

11. The City of London Corporation sits within the North-East London ICS along with the boroughs of Barking and Dagenham, Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest.

12. The ICB for North-East London was operating in shadow form but is now legally established. The ICP is also established along with a local place-based partnership in City and Hackney called the Neighbourhood Health and Care Board (NHCB).

13. The NHCB brings together a variety of local partners to commission and deliver health, care and wellbeing services to patients and residents. This includes the London Borough of Hackney, local providers of primary, secondary and mental health services.

14. In terms of key priorities for the ICS, these include shifting resource and focus to prevention to improve long-term health and wellbeing, addressing health inequalities, delivering pro-active community-based care closer to home and outside of institutional settings, maintaining financial balance, delivering integrated care to meet physical, mental health and social needs within the diverse communities and empowering patients and residents

15. Locally in the City and Hackney Partnership, key work programmes are built around a focus on children, young people, families and maternity (giving every child the best start in life), Neighbourhoods and communities (Living well), rehabilitation and independence (aging well), mental health and Primary Care.

16. Primary Care Practices work together in Primary Care Networks (PCNs) which incorporate registered populations of between 30,000 and 50,000. These PCNs are co-terminus with 8 neighbourhoods which have been developed in the City and Hackney system to establish new integrated community-based neighbourhood teams for adults, develop new service pathways for particular cohorts of the population and to take a population health approach to address needs and inequalities.
17. The City of London Corporation has been involved in working as part of the local health and care system over a number of years and this will continue. Regular updates are provided to the Community and Children's Services Committee and to the Health and Wellbeing Board.

18. As the new statutory arrangements for integrated care consolidate, the Health and Social Care Scrutiny Committee may wish to request updates on particular areas for their consideration.

19. Scrutiny within the North East London footprint has been supported by meetings that have brought together groups of local authorities. This Committee has been represented at the Inner North East London Health Scrutiny and Oversight Committee. Where decisions and delivery are made at the NEL level, the NHS is likely to favour scrutiny through these multi local authority arrangements. Members may wish to consider whether they are content with such an approach.

Adult Social Care

20. Alongside some of the changes introduced in the Health and Social Care Act 2022, for Adult Social Care, there are also a number of other significant changes being introduced such as the Liberty Protection Safeguards to replace Deprivation of Liberty Safeguards.
21. Preparation for all of the changes in Adult Social Care and any forthcoming inspection are being managed through a dedicated transformation programme. This will include developing new policies and processes, configuring our systems and working with residents to raise awareness and understanding in order to plan for their future.
22. Guidance has been published for the care cap but guidance on inspections is awaited.
23. The Health and Social Care Scrutiny may wish to scrutinise some of the impact of these changes once they are implemented.

Corporate & Strategic Implications

24. Strategic *implications* – The Health and Care Act 2022 reflects the strategic priorities set out in the NHS Long Term Plan which was published in 2019. All of

the work around integrated care helps meet the corporate plan priorities of 1,2,3, and 4.

25. Financial *implications* - none

26. Resource *implications* - none

27. *Legal* implications - none

28. *Risk* implications - none

29. *Equalities implications* – A key priority for the ICS and all the local work around integrated care is to reduce health inequalities and improve health outcomes. There are specific groups within the system looking at this.

30. Climate *implications* - none

31. Security implications - none

Conclusion

32. This report sets out some of the key points of interest for the Health and Social Care Scrutiny Committee arising from the Health and Social Care Act 2022.
33. A new legal structure is created around integrated care, there will be a cap on the maximum anyone will have to pay for the costs of meeting their eligible care needs and Adult Social Care will be subject to an inspection by the CQC.
34. These are all areas that the Health and Social Care Scrutiny Committee may wish to consider in time.

Appendices

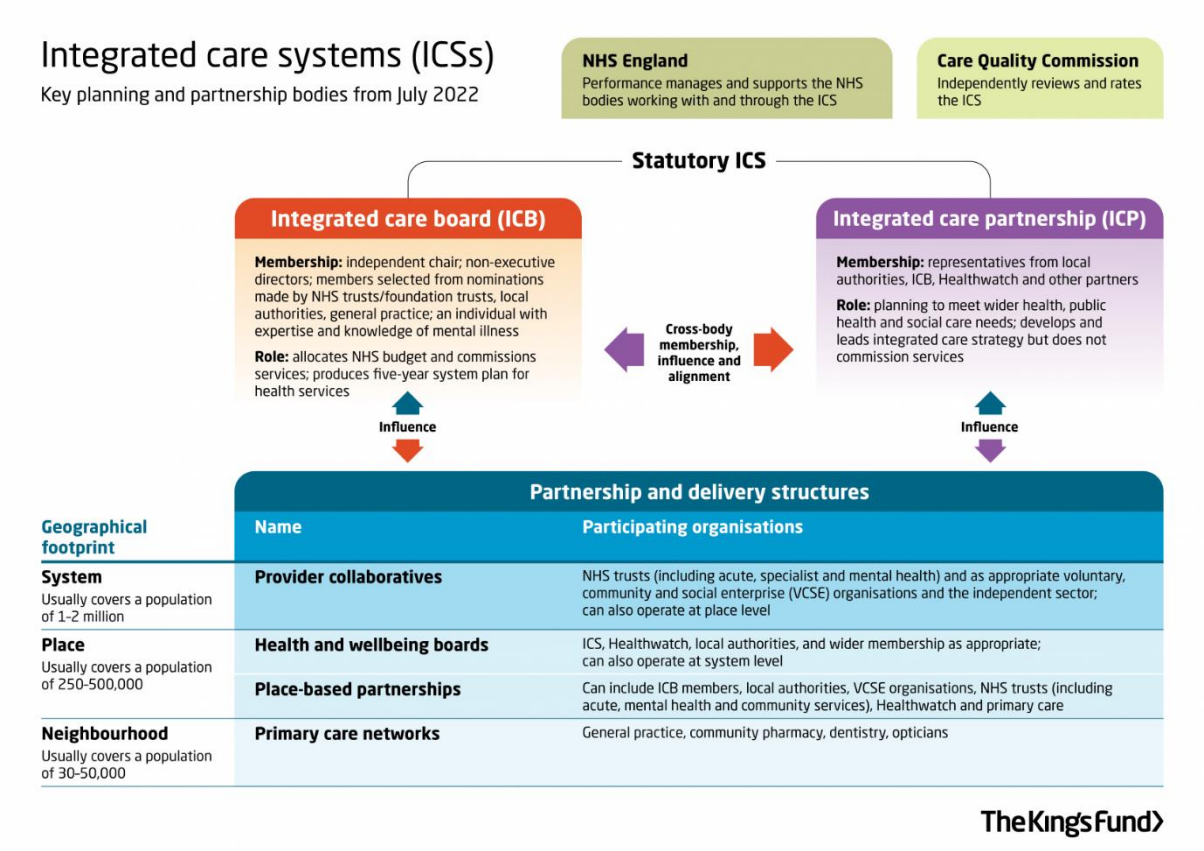
- Appendix 1 - Integrated Care Systems and the North East London System

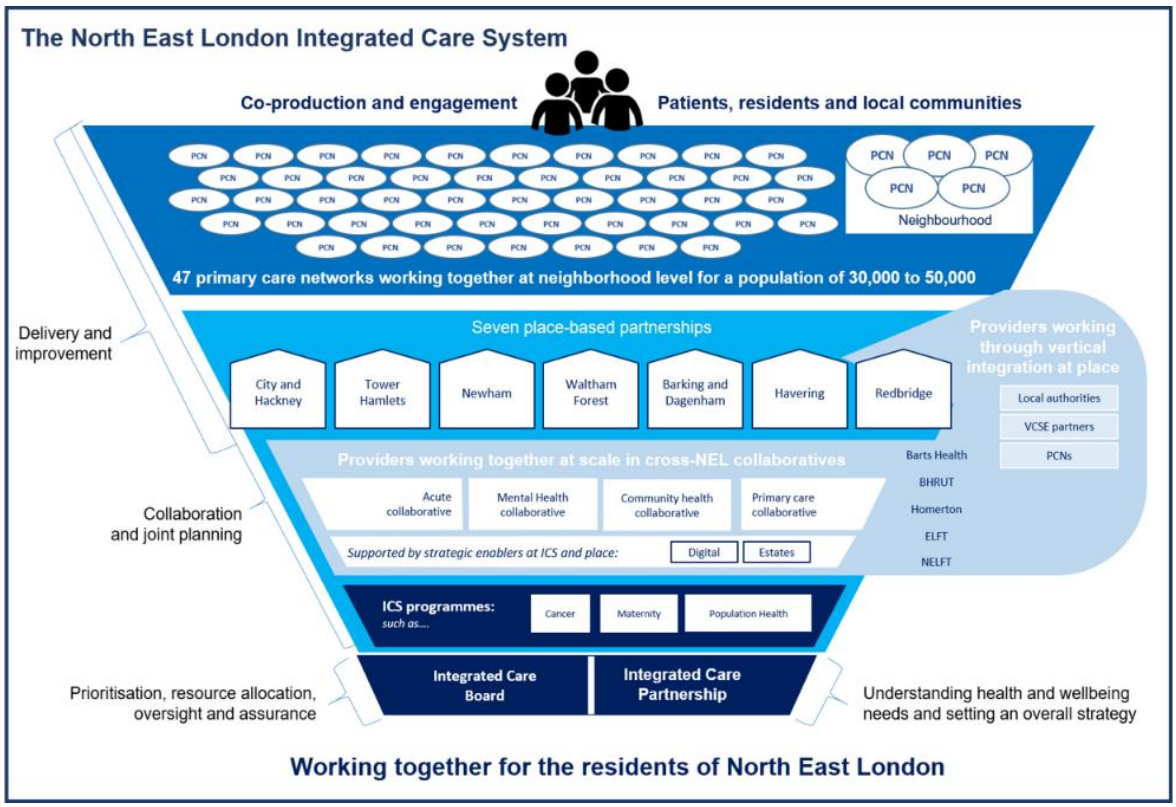
Kate Bygrave
Strategy and projects Officer

E: kate.bygrave@cityoflondon.gov.uk

This page is intentionally left blank

Appendix 1 - Integrated Care Systems and the North East London System





This page is intentionally left blank

Committee: Health and Social Care Scrutiny Committee	**Dated:** 27 Sept 2022
Subject: Health overview and scrutiny committee principles	**Public**
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	2, 4
Does this proposal require extra revenue and/or capital spending?	**N**
If so, how much?	**£**
What is the source of Funding?	
Has this Funding Source been agreed with the Chamberlain's Department?	
Report of: Director of Community and Children's Services	**For Information**
Report author: Kate Bygrave. Community and Children's Services	

Summary

This reports gives an summary of the role of local authority health overview and scrutiny, and shares guidance recently published by government on the expectations of scrutiny committees given changes to the configurations of services shaped by the Health and Social Care Act.

Recommendation

Members are asked to:

- Note the report.

Main Report

Background

1. The government has published guidance – in advance of statutory guidance – advising on the role and nature of health oversight and scrutiny arrangements given the changes enacted by the Health and Social Care Act.

2. The full guidance is appended.

3. The primary aim of health scrutiny is to strengthen the voice of local people, ensuring that their needs and experiences are considered as an integral part of the commissioning and delivery of health services and that those services are effective and safe.

4. Health scrutiny also has a strategic role in taking an overview of how well integration of health, public health and social care is working – relevant to this might be how well health and wellbeing boards are carrying out their duty to promote integration - and in making recommendations about how it could be improved.

5. At the same time, health scrutiny has a legitimate role in proactively seeking information about the performance of local health services and institutions; in challenging the information provided to it by commissioners and providers of services for the health service ("relevant NHS bodies and relevant health service providers") and in testing this information by drawing on different sources of intelligence.

6. Health scrutiny is part of the accountability of the whole system and needs the involvement of all parts of the system. Engagement of relevant NHS bodies and relevant health service providers with health scrutiny is a continuous process. It should start early with a common understanding of local health needs and the shape of services across the whole health and care system.

7. Local authorities need to satisfy themselves that they keep open effective channels by which the public can communicate concerns about the quality of NHS and public health services to health scrutiny bodies. Although health scrutiny functions are not there to deal with individual complaints, they can use information to get an impression of services overall and to question commissioners and providers about patterns and trends.

8. Health scrutiny should be outcome focused, looking at cross-cutting issues, including general health improvement, wellbeing and how well health inequalities are being addressed, as well as specific treatment services

9. Where there are concerns about proposals for substantial developments or variation in health services (or reconfiguration as it is also known) local authorities and the local NHS should work together to attempt to resolve these locally if at all possible

10. Local authorities should ensure that regardless of any arrangements adopted for carrying out health scrutiny functions, the functions are discharged in a transparent manner that will boost the confidence of local people in health scrutiny. Health scrutiny should be held in an open forum and local people should be allowed to attend and use any communication methods such as filming and tweeting to report the proceedings. This will be in line with the new transparency measure in the Local Audit and Accountability Act 2014 and will allow local people, particularly those who are not present at scrutiny hearing-meetings, to have the opportunity to see or hear the proceedings.

11. To that end the guidance reiterates the role and powers of local authority health oversight and scrutiny arrangements to:

    - review and scrutinise matters relating to the planning, provision and operation of the health service in the area. This may well include scrutinising the finances of local health services

    - require information to be provided by certain NHS bodies about the planning, provision and operation of health services that is reasonably needed to carry out health scrutiny

    - require employees, including non-executive directors of certain NHS bodies, to attend before them to answer questions

    - make reports and recommendations to certain NHS bodies and expect a response within 28 days

    - set up joint health scrutiny and overview committees with other local authorities and delegate health scrutiny functions to an overview and scrutiny committee of another local authority

    - have a mechanism in place to respond to consultations by relevant NHS bodies and relevant health service providers on substantial reconfiguration proposals

    - have a mechanism in place to deal with referrals made by local Healthwatch organisations or local Healthwatch contractors

    - report disputed reconfiguration proposals to the Secretary of State until the new reconfiguration provisions take effect

12. The guidance notes that HOSCs, Health and Wellbeing Boards, local Healthwatch and NHS bodies collectively have a role to play in good governance and accountability across the health and care system.

13. Health Scrutiny will continue to play a vital role in scrutinising health services in the local area and will retain duties, but there are likely to be some changes to the functions and terms of Scrutiny committees.

Corporate & Strategic Implications

14. Strategic implications – robust scrutiny will support the Corporation meet its Corporate plan commitments that “people enjoy good health and wellbeing”.

15. Financial implications - none

16. Resource implications – none.

17. Legal implications – as set out in terms of the powers and functions of health scrutiny.

18. Risk implications – none.

19. Equalities implications – securing effective health services delivers benefit to those who disproportionately suffer ill health and health inequalities including those with protected characteristics such as older people and the disabled.

20. Climate implications – none.

21. Security implications – none.

Conclusion

22. The Secretary of State will gain new powers (between July 2022 and July 2023) to intervene in the operation of local health and care services, although Health Scrutiny will no longer be able to refer matters to the Secretary of State with any formal status.

23. Existing scrutiny regulations will be revised in this period, and this is likely to include changes to constitutions and terms of reference for scrutiny committees

Appendices

- Guidance: Health overview and scrutiny committee principles

Kate Bygrave
Strategy and projects Officer
kate.bygrave@cityoflondon.gov.uk

Department of Health & Social Care (https://www.gov.uk/government/organisations/department-of-health-and-social-care)

Guidance

Health overview and scrutiny committee principles

Published 29 July 2022

Applies to England

Contents

This publication is available at https://www.gov.uk/government/publications/health-overview-and-scrutiny-committee-principles/health-overview-and-scrutiny-committee-principles

Purpose of this document

In advance of the statutory guidance on the Secretary of State's new powers in relation to service reconfigurations, this document sets out the expectations of the Department of Health and Social Care (DHSC), the Local Government Association (LGA) and the Centre for Governance and Scrutiny (CfGS) on how integrated care boards (ICBs), integrated care partnerships (ICPs) and local authority health overview and scrutiny committee (HOSC) arrangements will work together to ensure that new statutory system-level bodies are locally accountable to their communities.

HOSCs, local authorities, ICBs, ICPs and other NHS bodies should use this document to ensure that scrutiny and oversight are a core part of how ICBs and ICPs operate. Leaders from across health and social care should use these principles to understand the importance of oversight and scrutiny in creating better outcomes for patients and service users and ensure that they are accountable to local communities.

Further information on the role of health scrutiny can be found in the Local authority health scrutiny: guidance to support local authorities and their partners to deliver effective health scrutiny (https://www.gov.uk/government/publications/advice-to-local-authorities-on-scrutinising-health-services).

Integrated care systems

The Health and Care Act 2022 (https://www.legislation.gov.uk/ukpga/2022/31/contents/enacted) builds on the work of existing non-statutory integrated care systems (ICSs) to encourage more integrated system working, and to improve local population health outcomes through the planning and provision of services.

The act also provides for the creation of new NHS bodies, ICBs, and for each ICB and its partner local authorities to form a joint committee to be known as the ICP.

42 ICBs will be established, and the 106 existing clinical commissioning groups (CCGs) will be abolished. The ICB will take on the commissioning functions of the CCG and have a governance model that reflects the need for integration and collaboration across the system.

Each ICP will have, as a statutory minimum, a representative from the ICB and a representative from each of the partner local authorities. It may decide locally to include a broad range of representatives in its membership – including those from the independent and voluntary, community and social enterprise (VCSE) sector – concerned with improving the care, health and wellbeing of the local population. The ICP will be tasked with developing an integrated care strategy to address the health, social care and public health needs of its system. The ICB and local authorities will have to have regard to the strategy when exercising their functions.

It is important to note that ICPs, as a joint committee between the ICB and partner local authorities as well as other members agreed by the ICP locally will be within the scope of HOSCs.

There will be a continuing role for HOSCs, health and wellbeing boards (HWBs) and the local Healthwatch as their roles are protected and preserved in the new system.

HOSCs will continue to play a vital role as the body responsible for scrutinising health services for their local area. They will retain their legal duties to review and scrutinise matters relating to the planning, provision and operation of the health service in the area. As is currently the situation, some local authority areas may have separate scrutiny committees for health and for adult social care. ICBs and ICPs should develop a trusting relationship with HOSCs to enable effective scrutiny.

HWBs will continue to bring together leaders at a place level to develop joint strategic needs assessments and prepare joint local health and wellbeing strategies for their local area. HOSCs should consider these strategies when scrutinising outcomes for their local area.

Local Healthwatch organisations will retain their statutory duty to obtain the views of people about their needs and experience of local health and social care services and will need to continue working with HOSCs to make these views known.

The benefits of scrutiny

Proactive and constructive scrutiny of health, care and public health services, done effectively, can build constructive relationships that deliver better outcomes for local people and communities; the people who represent them, and the commissioners and providers of health and care services. It also has other benefits including:

• providing an opportunity for local people and their elected representatives to contribute to and comment on the local priorities for improving health and care services and outcomes

• giving a voice to local people and communities on the quality, safety, accessibility and effectiveness of local health and care services

• assuring local elected members and the public that health and care services are safe and effective, address local health priorities and reduce health inequalities

• helping health and care providers and commissioners gain insight into the health needs and concerns of particular groups

• enabling health and care providers and commissioners to develop new services and care pathways to address local health priorities more effectively

While the procedures of review and scrutiny are at the discretion of the local authority, we recommend that each individual HOSC develops a framework to help them ensure that their scrutiny work is effective, focused and adds value. While this will be informed by other partners in the system, the assessment of risks, effects and impacts should be the HOSC's own. In particular, we recommend that a framework should consider:

• risks, effects and impacts to individual populations

• risks, effects and impacts to the whole local population

• support and input from local health colleagues

Responsibilities

HOSCs, HWBs, local Healthwatch and NHS bodies collectively have a role to play in good governance and accountability across the health and care system.

The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (https://www.legislation.gov.uk/uksi/2013/218/contents/made) will continue to apply although the formal statutory route for local authorities to report to the Secretary of State will be removed when the new reconfiguration provisions in the Health and Care Act 2022 take effect.

Local authorities

Local authorities will retain the power to:

• review and scrutinise matters relating to the planning, provision and operation of the health service in the area. This may well include scrutinising the finances of local health services

• require information to be provided by certain NHS bodies about the planning, provision and operation of health services that is reasonably needed to carry out health scrutiny

• require employees, including non-executive directors of certain NHS bodies, to attend before them to answer questions

• make reports and recommendations to certain NHS bodies and expect a response within 28 days

• set up joint health scrutiny and overview committees with other local authorities and delegate health scrutiny functions to an overview and scrutiny committee of another local authority

• have a mechanism in place to respond to consultations by relevant NHS bodies and relevant health service providers on substantial reconfiguration proposals

• have a mechanism in place to deal with referrals made by local Healthwatch organisations or local Healthwatch contractors

• report disputed reconfiguration proposals to the Secretary of State until the new reconfiguration provisions take effect

NHS bodies

NHS bodies will retain the power to:

• provide information about the planning, provision and operation of health services as reasonably required, depending on the subject by local authorities to enable them to carry out health scrutiny

• attend before local authorities to answer questions necessary for local authorities to carry out health scrutiny

• consult on any proposed substantial developments or variations in the provision of the health service

• respond to health scrutiny reports and recommendations: NHS service commissioners and providers have a duty to respond in writing to a report or recommendation where health scrutiny requests this, within 28 days of the request. This applies to requests from individual health scrutiny committees or sub-committees, local authorities and joint health scrutiny committees or sub-committees

Health and wellbeing boards

HWBs will retain the power to:

• provide assessments of the current and future health and care needs of the local population

• develop joint strategic needs assessments

• develop joint local health and wellbeing strategies at a place level

Local Healthwatch

Local Healthwatch organisations will retain the power to:

• obtain the views of people about their needs and experience of local health and social care services, and to make these views known to those involved in the commissioning and scrutiny of care services

• make reports and make recommendations about how those services could or should be improved

• promote and support the involvement of people in the monitoring, commissioning and provision of local health and social care services

The design of new models of integrated care and support that are being introduced through the Health and Care Act 2022 will inevitably lead to changes in how and where services are provided.

HOSCs will have an invaluable role to play during the initial transition and implementation of ICBs and ICPs, and beyond, in scrutinising the impact and effectiveness of integration on health services and outcomes. Under this new structure, there will be a need for scrutiny of health services and outcomes at a local place-based level, as well as more strategic scrutiny of health services and system-level outcomes. Both levels of scrutiny are important; HOSCs should maintain an appropriate balance between the 2, and establish joint health overview and scrutiny committees (JHOSCs) where appropriate and necessary. Individual local authorities hold responsibility for carrying out scrutiny tests.

Scrutiny can play a valuable role in improving the evidence base for decisions about integration and in holding local authorities, NHS bodies, and health service providers to account for the level of local ambition to improve health and integrate services in ways that benefit people who use services and in the interests of taxpayers. It can also help to ensure that the views of people in an area are fully reflected in the consideration of any proposals.

Principles and ways of working

The following 5 principles set out best practice for ways of working between HOSCs, ICBs, ICPs and other local system partners to ensure the benefits of scrutiny are realised and should form the basis of ongoing discussions between these partners about how they will work together.

The 5 principles are:

- outcome focused
- balanced
- inclusive
- collaborative
- evidence informed

1. Outcome focused

Outcome-focused scrutiny can provide a valuable and relevant platform for looking at cross-cutting issues, including:

- general health improvement

- wellbeing
- specific treatment services and care pathways
- patient safety and experience
- overall value for money

Health scrutiny also has a strategic role in taking an overview of how well integration of health, public health and social care is working and in making recommendations on how it could be improved locally.

By focusing on outcomes, ICPs, ICBs, local political leaders, professionals and communities can explore and consider the complexities of health and wellbeing and help to evaluate the planning, delivery and reconfiguration of health and care services. A strategic approach should be taken to consider how best to apply scrutiny to evaluating key strategies and outcomes of the ICB and ICP, including the integrated care strategy and the ICB joint 5-year forward plan.

Within the wider ICB area, HOSCs will have a valuable role to play in scrutinising and evaluating place-based outcomes at local authority level. HWBs will continue to develop joint strategic needs assessments and establish joint local health and wellbeing strategies; HOSCs will continue to scrutinise place-based health services in relation to these.

However, HOSCs will also play a valuable role in scrutinising the health services of the wider ICB area and should work with other local authority areas, forming JHOSCs where appropriate, to scrutinise outcomes against the joint 5-year forward plan and the integrated care strategy.

2. Balanced

Good scrutiny needs to maintain balance between being future focused and responsive. When scrutiny is future focused it can help system partners to understand how local needs are changing, as well as understand the issues that communities face and suggest and test solutions. Future-focused scrutiny can also add value to integration planning and implementation by improving the evidence base for holding local decision makers to account for the level of local ambition to integrate services and improve population health.

ICBs and ICPs should take an inclusive and future-focused approach to agreeing a clear set of arrangements for scrutiny to be built into the whole cycle of planning, commissioning, delivery and evaluation. Leaders from across health and social care should work with openness and candour to establish a clear shared set of priorities and a future work programme to improve health and social care outcomes.

Scrutiny also needs to be reactive and responsive to issues of concern to local communities, including service performance and proposed NHS reconfigurations, local authorities, and other system partners, should ensure that HOSCs have the capacity to respond reactively to public concerns and reconfigurations. ICBs can

assist with this by working with HOSCs to shape their forward plans. ICBs should take a proactive approach to sharing at an early stage any proposals on reconfigurations, drawing a distinction between informal discussions and formal consultations. ICBs should also take a proactive approach to involving relevant bodies on any other matters which system partners expect to be contentious, to help navigate complex or politically challenging changes to local services.

With regard to concerns about service performance, ICBs should be open and transparent with HOSCs, bearing in mind that in some cases there may be legal or assurance proceedings. Equally, HOSCs must appreciate the need for regulatory and legal processes to run their course, but ICBs should update HOSCs on the progress of these processes.

3. Inclusive

The primary aims of health scrutiny are to strengthen the voice of local people and provide local accountability. They should ensure that local people's needs and experiences are considered as an integral part of the commissioning and delivery of health services, and that those services are effective and safe. Effective scrutiny allows for more inclusive public conversation than might be delivered as part of a formal consultation exercise. As such, it is important for scrutiny to engage the community, involving the right people at the right time in the right place.

HOSCs are a fundamental way for democratically elected local councillors to voice the views of their constituents, hold the whole system and relevant NHS bodies and relevant health service providers to account and ensure that NHS priorities are focused on the greatest local health concerns and challenges. Flexible and accessible arrangements to scrutinise integration issues provide the best opportunities for councillors to hear from people and groups with whom they may not have previously had much contact, for example primary care practitioners or people who use services. HOSCs, subject to time and resource constraints, may be well placed to engage with members of the public directly.

Systems and NHS bodies should form trusting working relationships with HOSCs, and work together to ensure that this important community intelligence is fed directly into system-wide decision making. Engaging with scrutiny is a way for ICBs and ICPs to add richness to their understanding of local need, and a way to connect strategic planning at system level to the nuances of local pressures and requirements.

4. Collaborative

Work plans that detail the future decisions and issues to be scrutinised by HOSCs should be informed by communities, providers and planners of health and care services to ensure that scrutiny is focused on achieving the most value for its population. Effective health scrutiny requires clarity at a local level about respective roles between the health overview and scrutiny committees, ICBs, ICPs, the NHS, local authorities, HWBs and local Healthwatch.

Service change and integration are typically not challenges that are confined to one local authority's area; these are issues that can straddle one or more local authority population. Under the new system-level structures, health scrutiny may increasingly need to cover issues that cut across local authority boundaries. Therefore, local authorities on ICB boundaries, and neighbouring councils within an ICB area should take a collaborative approach in order to identify any strategic issues that would benefit from joint scrutiny. Under Regulation 30 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, local authorities must appoint a joint health overview and scrutiny committee where a relevant NHS body or health service provider consults more than one local authority health scrutiny function about substantial reconfiguration proposals; however local authorities also have the discretion to set up joint committees in other circumstances.

The role of JHOSCs is particularly important in assessing strategic issues that cover 2 or more local authority areas, and will be even more important under the new arrangements as ICB areas will span more than one local authority area in most cases. In particular, JHOSCs will have a strategic role to play in scrutinising the delivery and outcomes of the integrated care strategy.

It is important for ICBs, councils and scrutiny committees to develop joint protocols in advance of the need for any joint scrutiny arrangements, whether these arise under legislation or are optional arrangements. This includes having a clear view about how councils should work together, the structure of joint arrangements, and the time needed to establish these arrangements. JHOSCs will also need to recognise and take into account the potential difficulties of working together, particularly around the political balance between different local areas, as well as resourcing. Developing this shared understanding helps build the foundations for effective joint working. ICBs should have an active role in providing support in these situations and should recognise the complexity and time involved in establishing formal JHOSCs.

5. Evidence informed

Scrutiny informed by evidence can help make the case for better integration of services, better joint working around service improvements and better approaches to major service reconfigurations. Scrutiny adds value to decision making by ensuring that evidence is sound and based on the right insight, so that no voice is unheard or evidence overlooked. The types of evidence that aid effective scrutiny include evidence on quality and safety of services and evidence on population health needs. Qualitative evidence from those with lived experience – including patients, the public and those who are most likely to be excluded from services – are particularly valuable forms of evidence for aiding scrutiny.

Health scrutiny has a role in proactively seeking information about the performance of local health services and institutions; in challenging the information provided to it by commissioners and providers of services for the health service locally and in testing this information by drawing on different sources of intelligence. Local

Healthwatch are an important source of evidence and should work with HOSCs to pass on the views of people about their needs and experience of local health and social care services.

HOSCs can request evidence from systems and NHS bodies, and should ensure that their requests for evidence are reasonable, proportionate and relevant.

The health system has a responsibility to provide information needed for health scrutiny. Health and care providers and commissioners should respond positively and constructively to the requests for information from HOSCs. Where an NHS body cannot provide a response to a request for information, it should work with the HOSC to attempt to provide information and support where possible. ICBs should have plans and protocols in place for sharing information for the purpose of scrutiny, as this will avoid the need for continual ad-hoc decision-making when information is requested.

Next steps

The Health and Care Act 2022 introduces a power for the Secretary of State to call in and take decisions on or connected to reconfiguration proposals at any stage in the proposal's process. This does not change local authorities' scrutiny responsibilities for service change. To support this intervention power, the local authority referral power, which is set out in regulations, will be amended to reflect the new process.

DHSC will also issue statutory guidance on the new powers outlining how the Secretary of State proposes to exercise their functions during this new process, including the new Secretary of State call in power. This guidance will also include information for NHS commissioning bodies, NHS trusts and NHS foundation trusts about how they should be exercising their functions under the new reconfigurations process. We expect that these principles will complement the new guidance to help ensure that scrutiny is embedded across the new statutory system-level bodies.

Exact timelines are still to be determined; however, any changes to the reconfiguration process introduced through the Health and Care Act 2022 will not be implemented immediately following Royal Assent. We will work with the system to help prepare for any proposed changes and to develop the new statutory guidance.

↑ Back to top

Excess deaths

Report for the City of London

Diana Divajeva | Principal Public Health Analyst
14 September 2022

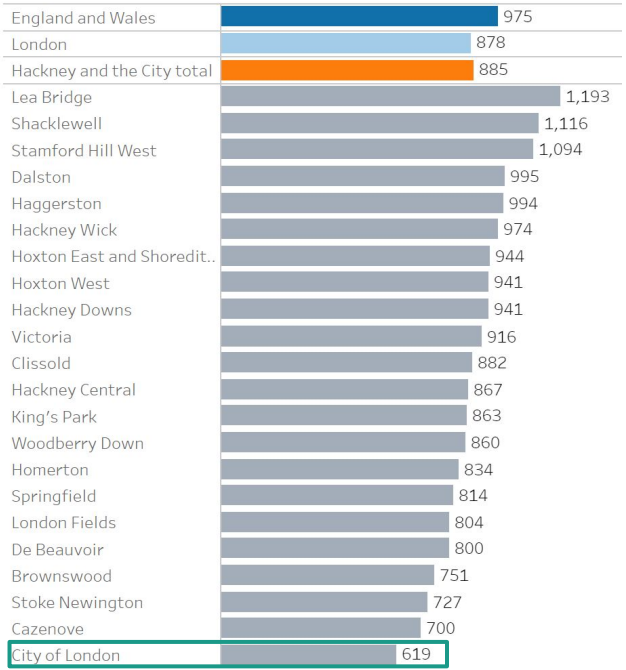
Hackney CITY OF LONDON

Outline of the presentation

- Mortality rates and the most common causes of death
- Seasonal variation in the number of deaths
- Socio-demographic and area characteristics associated with higher excess mortality from cold and heat
- City of London areas of potentially higher vulnerability
- Summary

Age-standardised mortality rates in the City of London are generally lower than in Hackney, London and England

Age-standardised mortality, all causes of death, rate per 100,000 population, 2015-2020



Source: NHS Digital, Primary Care Mortality Dataset

- Age-standardised mortality rate (ASMR) helps to compare and understand mortality patterns across areas with different population structures.
- The data from the past six years show that all-cause **ASMR in the City of London is consistently lower** than rates in Hackney and City combined, London and England averages.
- **Cancer was the most common underlying cause of death**, accounting for almost 30% of all deaths in the period between 2015 and 2022 quarter 2.

Proportion of deaths by cause, City of London, 2015 Q1 - 2022 Q2

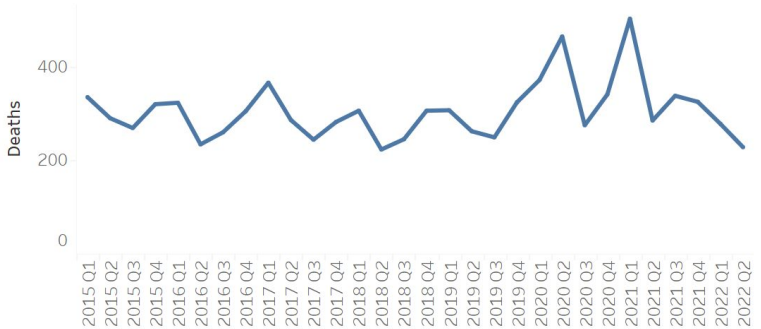
Hackney

CITY OF LONDON

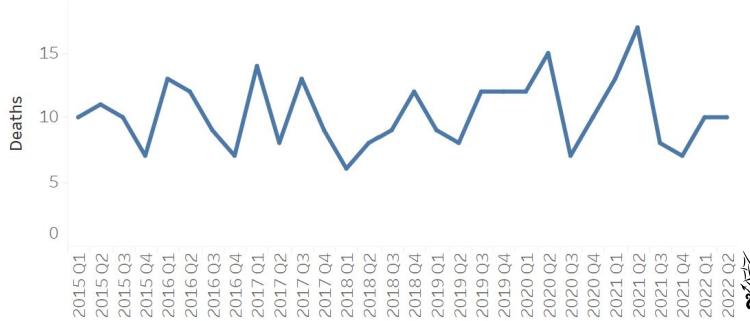
There is a seasonality in mortality patterns whereby more deaths tend to occur during winter season

- The seasonal variations in the number of deaths can be clearly seen in the top right chart (deaths in City and Hackney combined), whereby **more deaths occur during the cold weather season** (Q1 is January-March, Q2 - April-June and so on).
- **Due to the relatively small number** of residents - and, in turn, deaths - this **pattern is not as clear in the City of London** making it difficult to calculate excess winter deaths.
- Regardless the strength of evidence around seasonal variation in mortality, brought by the small numbers in the City of London, **the risk associated with cold weather remains**.

Variation in the number of deaths, all causes, City and Hackney



Variation in the number of deaths, all causes, City of London



Source: NHS Digital, Primary Care Mortality Dataset. Please note: the two highest peaks in the charts correspond to COVID waves prior to mass vaccination campaign; overall mortality rates are now comparable to pre-pandemic rates.

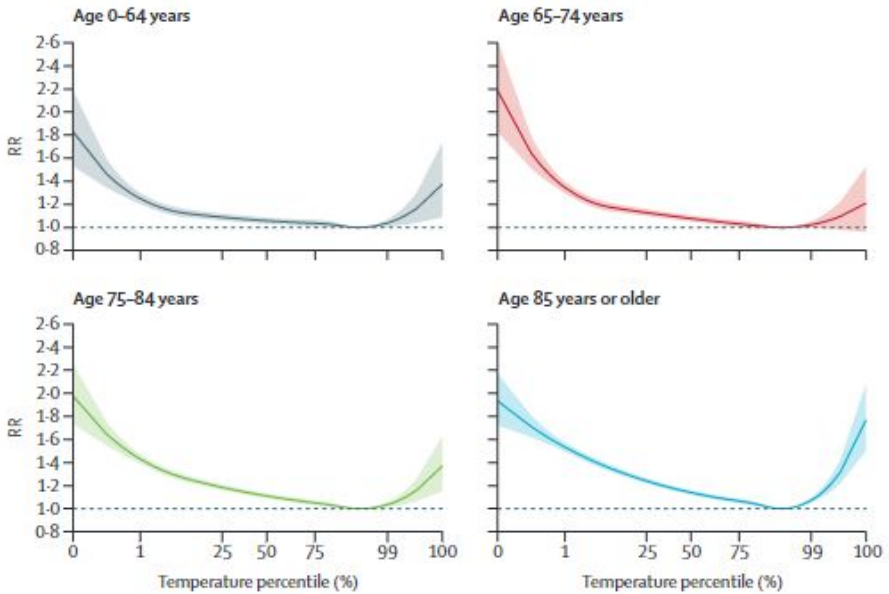
Hackney

CITY OF LONDON

The risk of dying, attributable to both cold and hot temperatures, varies by socio-demographic and area characteristics

- A recent study looking at the **characteristics of people and places in relation to mortality from heat and cold** found that:
  - Excess deaths from cold: were higher in more **deprived areas**;
  - Excess deaths from heat were related to deprivation to some degree but they were also higher in highly **urbanised areas**;
  - Risk of both heat and cold-related deaths increased with **age**.
- The chart on the right shows relative **risk of dying by age group versus temperature** percentile, where lower percentile means colder temperature.

Index of Multiple Deprivation 2019, quintiles by City of London LSOA



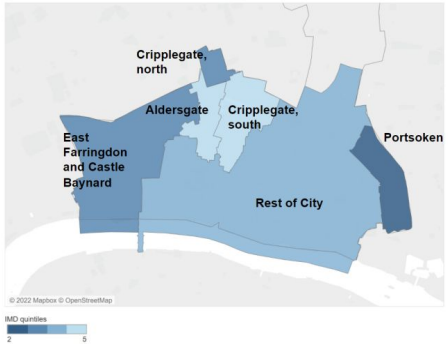
Source: Gasparrini A, Masselot P, Scortichini M, et al. Small-area assessment of temperature-related mortality risks in England and Wales: a case time series analysis. Lancet Planet Health 2022; 6: e557–64.

Hackney CITY OF LONDON

There are several areas of higher risk associated with excess deaths from cold or hot temperatures in the City of London

- The **most deprived** Lower Super Output Area (LSOA) in the City of London is **Portsoken** (2nd quintile), following East Farringdon and Cripplegate North (3rd quintile).
- **Cripplegate North** is also one of the most densely populated areas and has a relatively large population over the age of 65.
- **Aldersgate and Cripplegate South** are the least deprived areas (5th quintile), but like Cripplegate North, they are relatively densely populated and have a relatively high number of residents over the age of 65.

Index of Multiple Deprivation 2019, quintiles by City of London LSOA



Population density by City of London LSOA, 2020

Click here for the age profiles by City of London LSOA

Sources: ONS, Lower layer Super Output Area population density. Ministry of Housing, Communities & Local Government, Indices of Deprivation 2019. ONS, mid-year population estimates 2021.

In summary

- The mortality rates in the City of London are lower compared with Hackney, London and England rates.
- It is difficult to calculate excess winter deaths from the existing City of London data due to the small numbers, resulting in less pronounced seasonal variations in mortality rates.
- Several characteristics are associated with excess winter mortality, including area deprivation and older age.
- With the high increase in the cost of living and energy prices, more deprived areas in the City might see rising excess winter deaths.
- Hot temperatures are also associated with excess mortality; age, deprivation as well as the level of urbanisation have an impact on the risk of death from heat.
- Currently, much more excess deaths occur during winter season (London annual average is around 5,800 deaths from cold versus around 170 deaths from heat), but with the changing climate the number of excess deaths in the summer months might increase in the coming years.
- It is important to understand the risk factors associated with excess mortality, because this knowledge can inform effective policies.

This page is intentionally left blank