

HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE

Wednesday, 18 January 2023

Minutes of the meeting held at Guildhall at 11.00 am

Present

Members:

Deputy Christopher Boden (Chair)
David Sales (Deputy Chair)
Andrew Mayer
Steve Stevenson

In attendance:

Gail Beer (Chair of Healthwatch)

Officers:

Simon Cribbens - Assistant Director, Commissioning and Partnerships, Community and Children's Services
Kate Bygrave - Community and Children's Services
Ian Tweedie - Community and Children's Services
Nina Griffin - Director of Delivery, City and Hackney Place-based Partnership
Eeva Huoviala - Head of Public Engagement, City and Hackney Place-based Partnership
Julie Mayer - Town Clerks

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. MINUTES

RESOLVED, That – the public minutes of the meeting held on 30th November 2022 be agreed as a correct record.

Matters arising

The Committee noted that the Chair had asked a question at the last meeting of the Court of Common Council about opportunities for people with learning difficulties and/or autism.

4. WORKPLAN

The Assistant Director, Commissioning and Partnerships, agreed to schedule a future agenda item in respect of virtual wards, following discussions with relevant colleagues.

5. **SERIOUS UNTOWARD INCIDENTS**

Members received a presentation from the Chair of Healthwatch, noting that it was from their perspective, and not the NHS. The Chair addressed the Committee, setting out her career background in holding health organisations to account and ensuring the patient safety. The presentation sought to assist the Committee in making proportionate representations in the following areas:

- Local and Strategic Management
- Patient Safety Incident Response Framework (PSIRF) – Implementation August 2023
- Categorising Incidents
- Near Events
- Serious Incidents and Investigations
- Clinical and Non-clinical incidents
- Thematic Causes of Failure
- What should we be encouraging and what should we be looking for

During the discussion and questions, the following points were noted:

1. An operational culture in skipping a step in procedures, for example, could migrate to a wider policy failure. Leadership would then be monitored by the ICS and possibly the Board. In more severe cases, CQC or NHS England might also produce a report.
2. There is a concern in that imposing fines might discourage transparency but the organisation would still come under considerable scrutiny and its leadership held accountable. A serious incident is often multi-faceted and would also be brought to the attention of the Secretary of State. However, many litigation claims are settled by the NHS, on account of their full transparency.
3. A Member shared anecdotes of incidents whereby patients had not been fed regularly, or there had been unacceptable delays in administering intravenous lines. The Chair of Healthwatch advised that the greatest reporter of incidents are the nursing staff. Healthwatch recently undertook a spot check, including those areas which had little or no reports of these incidents.
4. Early discharge is likely to be a worthwhile area to consider in terms of virtual wards, as suggested under the workplan item above.
5. A report would be made to the Health and Safety Executive, and possibly to RIDDOR, in the event of an equipment failure resulting in injury or death. An instrument left in after surgery would be categorised as a 'never event' and reportable to the Secretary of State. 'Near misses' often involved medications.

6. The Chair of Healthwatch receives ambulance statistics daily and the City performs well in this area. However, this Committee should still challenge and seek improvements, where possible.
7. The officers agreed to arrange for the ICB's Quality and Safety Team to present to a future meeting in respect of reporting 'never events'. Although Primary Care is not obligatory in this report, the Committee can still ask the ICB how they seek assurance.

6. ADULT SOCIAL CARE REVIEW OF EARLY INTERVENTION PILOT

The Committee received a report of the Interim Executive Director, Community and Children's Services, in respect of a pilot early intervention programme, developed by the City of London Corporation's Adult Social Care Team. Members noted that the pilot allowed Adult Social Care staff to access funds for one-off purchases, to improve the wellbeing of service users. Members noted an error in the report whereby of the 26 people supported during the pilot, 16 (and not 18) were not receiving a costed adult social care service.

A Member advised that a number of the City's churches have access to small funds for vulnerable residents, which could be used to buy curtains, for example. The officers advised that such funding was accessible, and the most vulnerable residents are known to social workers.

The officer advised that, since March 2022 there had been more interventions, mainly linked to the cost of living crisis. However, recent changes in the Care Sector had resulted in less need for approvals. For example, the Rough Sleeping designated Social Worker has their own budget. The Chair welcomed this progress, noting how a small amount can have a considerable impact on the lives of some individuals. In concluding, the Chair congratulated the team on a progressive and successful pilot.

RESOLVED, that – the report be noted.

7. CITY AND HACKNEY PLACE-BASED PARTNERSHIP RESIDENT INVOLVEMENT

The Committee received a report of the Director of Delivery, City and Hackney Place-based Partnership, which provided an update on resident involvement within the City and Hackney Place-based Partnership, with particular focus on how the Partnership seeks to involve City of London residents.

During the discussion on this item, the following points were noted:

1. The Chair welcomed the reference to Portsoken, as this accounts for 1/5th of the City's population. However, under the former CCG, there had been challenges in engaging with this community, due to boundary restrictions.
2. From current data, there appears to be considerable disparity in health outcomes between Portsoken residents and the rest of the City.

3. It was accepted that resident participation can be low amongst the working population. Officers agreed to look at a possible communications campaign and work with the Committee in seeking to improve this. Members noted the good work in the City and Hackney under 'together better'; a project which brings patient volunteers GPs to run community groups. It was noted that it is preferable to expand on those areas which already have community engagement.
4. Under current legislation, the Community and Children's Services Department are required to consult regularly with service users. A lot of Ward Members are also City residents, who can share insight.
5. If residents have concerns, they can go direct to the healthcare provider; i.e. the Neaman Practice and Barts receive comments and complaints. Service users can also approach the ICB and Healthwatch. Members noted that the Neaman had improved its reception service, and both Barts and the Neaman had improved their elective referrals processes following such interventions. Social media is also monitored regularly.
6. Individuals in less deprived areas are the most likely to complain, even if the complaints are relatively minor. However, the reverse often applies in the more deprived areas. Officers were encouraged to approach the Portsoken Ward Members to help with resident engagement. Members noted that there is a Healthwatch Office in the new Portsoken Community Centre, which hosts regular community groups.
7. Whilst the NHS is commissioned to provide services to local residents, rather than the working population, there have been initiatives to support City workers; i.e. vaccination clinics, blood tests and mental health services, which do not require time off work. The Committee can work with the NHS to widen this offer and Ward Newsletters are a good means of communication.
8. Organisations such as 'We-Work' could be another pathway to reaching self-employed City workers.

RESOLVED, that – the report be noted.

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

There were no questions.

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

There was no other business.

10. **EXCLUSION OF THE PUBLIC**

RESOLVED – That, under Section 100A of the Local Government Act 1972, the public be excluded from the meeting for the following items on the grounds that they involve the likely disclosure of exempt information as defined in Part 1 of Schedule 12A of the Local Government Act.

Item Nos.

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Exempt Paragraph(s)

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

There were no questions.

12. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE COMMITTEE AGREE SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**

During the discussion on this item, the following points were noted:

Chairman

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