

**HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE**  
**Wednesday, 30 June 2021**

Minutes of the meeting of the Health and Social Care Scrutiny Committee held at Committee Rooms, West Wing, Guildhall on Wednesday, 30 June 2021 at 11.00 am

**Present**

**Members:**

Michael Hudson (Chairman)  
Vivienne Littlechild  
Wendy Mead (Deputy Chairman)  
Deputy Barbara Newman  
Steve Stevenson  
Andrien Meyer

**Officers:**

Ben Dunleavy	- Town Clerk's Department
Gemma Stokley	- Town Clerk's Department
Bukola Soyombo	- Chamberlain's Department
Simon Cribbens	- Community & Children's Services
Chris Lovitt	- Community & Children's Services
Xenia Koumi	- Community & Children's Services
Annie Roy	- Community & Children's Services
Ellie Ward	- Community & Children's Services

**Also in attendance:**

Larissa Howells	- City Connections
Kevin Jones	- City Connections
Dr Chuan Chor	- Neaman Practice
Dr Paul Ugwu	- Neaman Practice

**1. APOLOGIES**

There were no apologies.

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

The following declarations were made:

- Barbara Newman;
- Vivienne Littlechild;
- Steve Stevenson;

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

**3. ORDER OF THE COURT OF COMMON COUNCIL**

The Committee received the Order of the Court of Common Council of Thursday 15 April 2021, 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. Michael Hudson 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. Wendy Mead, 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 Health Watch Representative. Steve Stevenson, being the only Member expressing a 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 Chairman be appointed to the Inner North East London Joint Health Overview and Scrutiny Committee with the Deputy Chairman appointed as his substitute.

8. **MINUTES**

**RESOLVED** – That the public minutes of the meeting held on 10 February 2021 be agreed as a correct record.

**MATTERS ARISING**

Members were concerned about further incidents relating to hospital discharges, particularly at evenings and weekends. It was agreed that there should be a formal request for investigation. The Director of Community and Children's Services agreed to invite the Head of Adult Care to address the next Committee meeting on this matter and also undertook to discuss with individual Members, their difficulties and concerns to date.

9. **SEXUAL HEALTH & REPRODUCTIVE HEALTH SERVICES AND COVID**

The Committee received a joint report of the Director of Community and Children's Services and the Director of Public Health. The report provided an update on sexual and reproductive health services in the City of London during the COVID-19 pandemic.

Members expressed concern about users of sexual health services providing their office addresses instead of home addresses and asked what was being done to recover the cost of using the services from those who worked in the City but were not residents. In reply, an Officer said that sexual health clinics are open access and therefore anyone living in England has the right to access a sexual health clinic anywhere in the country. The use of work addresses is a

known issue, however, and the clinics did ask for correct home addresses to be provided as much as possible, but that unfortunately there would always be some users who did not follow this, and that this can be for a variety of reasons.

A Member questioned whether service users could be asked to provide details of the health authority where they reside as opposed to their home address so that the money could be reclaimed. In response, an Officer underlined that sexual health data is kept in a confidential way and is not linked to primary care records. This means there are restrictions in terms of how the data can be used. When a user does provide an address outside the City of London, it is billed to the relevant local health authority. Previous investigations have shown that it is only a small number of users who provide office addresses.

The Chairman said there should be provision for collecting a home address and an address for communication, and that it was particularly important to be able to get the address of users from overseas, so that any costs could be charged back to their home country. An Officer reiterated that users are asked for their home address, and those who give an office address instead did so knowingly. The Officer added that there may not be provision for international recharging. The Officer concluded by stating that the importance of treating infectious diseases as early as possible outweighed that of reclaiming costs associated with a very small number of foreign nationals attending sexual health services, for whom these costs cannot be recharged.

A Member asked what the costs involved are. In reply, an Officer underlined that sexual health and substance abuse treatment services made up the largest portion of money spent from the Public Health grant.

An Officer also agreed that the issues raised about cross-charging could be discussed with the local specialist sexual health service and a formal response provided to this committee.

The Public Health team said that a sexual and reproductive health Needs Assessment is in development and can be brought back to the Committee when ready.

RESOLVED – That, the report be noted.

#### 10. **CITY CARERS UPDATE REPORT**

The Committee received an oral update from the Director of Community and Children's Services on work being done to support informal carers, following feedback from carers and the Member COVID-19 Working Party on the support provided prior to and during the COVID-19 pandemic.

The Officer reported on the work being done to address this feedback and to look at areas where support for carers could be strengthened. Examples of this work included redoing the Strategy Action Plan, which has been started through a workshop with involved carers. There has been specific engagement with carers to look at how a more enhanced level of support for carers might be piloted. Other work includes

RESOLVED – that, the oral update be received.

**11. SUPPORT FOR CITY CARERS**

The Committee received a presentation from City Connections, a service providing support for carers in the City of London. The presentation covered the roles within City Connections, the range of services that are provided, and the development of the organisation since it took over from the previous service in April 2019.

A Member said that she had received a letter from a former carer with various questions about the service. The first question was on what services City Connection provided, with the Member stating that she was satisfied that this had been covered in the presentation. The Member went on to question whether there were really only 45 carers across the City. In response, the representative from City Connections explained that these 45 were those carers who had been known to the previous care agency, and that City Connections suspects there are more and are trying to actively engage with them. The Member also queried when the Carer Support Plans will be reviewed. In response, the Head of Adult Social Care reported that there will be a new quality assurance framework in September.

The Chairman questioned the number of carers accessing the service. In response, the representative said that there were around 350 known residents using the service, one third of whom are carers. Within this group, 40% attend carer-specific activities, with the remaining majority choosing to engage with more generic services.

A Member asked if the discharge coordinator works on a 24-hour shift rota. In response, the representative said that the member of staff in question worked Monday-Friday during normal working hours, and is a care navigator, not a discharge coordinator.

It was agreed that the remaining questions that had been received by Members would be sent in writing to City Connections.

RESOLVED – that, the oral update be received.

**12. NEAMAN PRACTICE**

The Committee heard from two doctors from the Neaman Practice. The doctors had been invited to attend the Committee following a letter sent to the Clinic by Healthwatch with several complaints against the Practice.

The doctors presented the complaints received and set out the actions they had taken and were continuing to take to resolve the issues raised.

The first complaint concerned rudeness of non-GP staff in the Practice. The doctors confirmed that they have spoken to staff about communication skills and were also looking into formal training.

The second complaint concerned reception staff being rude to each other in front of patients. Members were informed that the Practice has held an emergency staff meeting to remind all staff of what behaviour is expected of them, and, again, are looking into formal training. Managers were also spending time at reception to monitor staff behaviour, with the Practice also holding more frequent support meetings for staff.

The third complaint was that reception staff seemed to be unaware of dates for clinics, in particular for the podiatry clinic. The Neaman Practice hosts a foot health clinic provided by the Homerton Podiatry service. The doctors said that communication with the Homerton Podiatry had been poor, and that this had caused the issue. They accepted that they should have been more proactive in chasing the Homerton service. The Neaman practice has had an urgent meeting with the manager of the foot health clinic and were told that the Foot Health service only provides foot health care to those with 'high risk' feet, and could not justify running additional services. The Practice has agreed to improve communication with Foot Health and had also contacted the Foot Health service at Hoxton Health to arrange care for 'non at risk' feet.

The fourth complaint was that staff were not always wearing name badges. Staff have been told that they should wear these badges and Managers would be conducting spot-checks. Any repeated failures to wear the badges would result in disciplinary action being taken.

The fifth complaint was that the website was not being updated. The managers accept that the website has been neglected due to the pressures of the COVID-19 pandemic.

The sixth complaint concerned the telephone system. Telephone calls were not being answered, and messages were not being responded to. The doctors explained that they had recently switched to a new provider, and that this had caused several difficulties, on top of challenges with administration and staff. They are exploring solutions to the issues with the new provider and are working on systems to help staff with answering telephone calls.

The seventh complaint referred to poor attendance at the PPG, and a data breach where the email addresses of PPG Members were cc'd instead of bcc'd. The management have apologised to those involved and reviewed their processes. They reported the issue to NRLS, who had responded to state that they considered this to be a data incident but not a breach.

The final complaint was that staff were not wearing face masks appropriately, and that there was a lack of hand gel in hand sanitiser dispensers. The management explained that staff are allowed to pull down masks when answering the phone to improve communication. The lack of hand gel in one hand sanitiser dispenser was an oversight, but management admit that it was in a crucial location. They will work with the cleaning staff to make sure no dispensers are missed.

A Member spoke to state that she was concerned about the Practice's approach when she had had to obtain a death certificate for a neighbour who died in January 2021. The Member said that no doctor would come to examine the body, and the Member's husband had to deal with the doctor over the telephone to verify the death. The Member said it was a very distressing experience. The doctors from the Practice apologised to the Member for this experience and explained that the British Medical Association had issued guidance that examinations of bodies should be carried out remotely where possible during the COVID-19 pandemic. They agreed that in future they would make it an internal policy for doctors to check with carers that they are comfortable with carrying out this inspection remotely.

A Member thanked the doctors for their reply to Healthwatch's letter and asked if the City of London Corporation could assist in terms of resolving the issues with the Practices phone system. One of the doctors said that the Department for Community and Children's Services had offered to contact the supplier to help resolve the issue.

A Member expressed concern that, when creating an online account with the Neaman Practice, she was sent a list of several different organisations as possible places to sign up to. She was worried that data could be shared across so many organisations.

RESOLVED – that, the oral update be received.

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

The Chairman updated the Committee on his attendance of the Inner North East London Joint Health Overview and Scrutiny Committee (INEL JHOSC).

The Chairman reported that INEL JHOSC had presentations regarding waiting lists for non-urgent care. The waiting lists are over-subscribed, and some have waiting lists to get on the waiting list. The Chairman felt that INEL JHOSC should write a letter to Barts Health stating that this was unacceptable. Members were in agreement with the Chairman and asked that the Chairman write on behalf of this Committee to express this view.

The Chairman also referred to a report INEL JHOSC had received regarding, among other items, the transfer of holdings from AT Medics to Operose Health Ltd. The Chairman said that there were, apparently, no provisions in standard NHS contracts allowing for termination of the contract on change of control of the company. The Chairman added that it was unclear whether such a provision would be permissible or not. The Chairman felt that INEL JHOSC should contact all relevant local MPs, and those in other areas of London, to seek to change the law in relation to this. A Member said that the Committee should also contact Healthwatch. It was agreed that a letter from the Health and Social Care Scrutiny Committee to MPs would be drafted on the matter.

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

There was no other business.

**The meeting ended at 12.54 pm**

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Chairman

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