

HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE
Tuesday, 27 September 2022

Minutes of the meeting of the Health and Social Care Scrutiny Committee held at
Committee Rooms, West Wing, Guildhall on Tuesday, 27 September 2022 at 11.00
am

Present

Members:

Deputy Christopher Boden (Chairman)
Alderman Christopher Makin
Andrew Mayer

Officers:

Ben Dunleavy	- Town Clerk's Department
Simon Cribbens	- Community and Children's Services Department
Diana Divajeva	- Community and Children's Services Department
Chris Lovitt	- Community and Children's Services Department
Ellie Ward	- Community and Children's Services Department

1. APOLOGIES

Apologies were received from David Sales.

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

There were no declarations.

3. MINUTES

The public minutes of the meeting held on 21 July 2022 were noted, and no corrections were suggested.

4. WORKPLAN

Members reviewed the Committee's workplan and the list of suggested topics.

The Chairman requested that two additional topics be added to the list:

- system priorities for health and social care and NEL ICB intelligence; and
- facilitation of employment opportunities for people with learning disabilities and autism

It was suggested to spread the proposed topics over the next four meetings as follows:

November 2022

- Adult Safeguarding Board Annual Report
- Employment Opportunities for people with Learning Disabilities and Autism
- Public Involvement and Transparency in the ICS

January 2023

- Surgery capacity
- Early Intervention and Prevention Services
- System Priorities for health and social care and NEL ICB intelligence

May 2023

- Children in social care
- Untoward incidents within health providers which work with the City of London Corporation
- Impact on older people of COVID and related government support measures

October 2023

- Government policy on adult social care
- Making Every Contact Count Initiative Impact Report
- Health Visiting Services for new born children

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

Members received a report of the Town Clerk relative to the annual review of the Committee's terms of reference.

The Chairman requested that the terms of reference be amended to make specific reference to the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

6. **HEALTH AND CARE ACT 2022**

Members received a report of the Director of Community and Children's Services relative to the Health and Care Act 2022.

The Chairman said that he appreciated that new Members may find it difficult to learn the acronyms used and requested that Members should ask officers for clarification when they came across unknown acronyms. An officer said that a list of acronyms would be kept and updated, and included with the work plan on the agenda for each Committee meeting.

Officers informed Members that although the functions of the former City and Hackney Clinical Commissioning Group (CCG) were now discharged at the North East London (NEL) level, NEL's intention was to devolve as much responsibility back down to the City and Hackney place, to allow areas to be commissioned at the most effective level. It was suggested that the Committee may want to consider scrutinising how funding would come down to the local level at a future meeting.

A Member asked if officers could identify who the winners and losers in the new arrangement were. In reply, officers said that the one positive aspect of the change was that the City Corporation was working as part of a bigger entity, which would allow greater leverage and access to data. An officer added that they were not sure what the government had set as the parameters of success for the reforms, but understood that they thought it would provide a more rational approach, and suggested that this may be an area that the Committee would want to scrutinise in due course.

The Chairman suggested that the changes would give local authorities greater control, and might leave GPs in a weaker position. In reply to a question from a Member, asked if it would contribute to the migration of doctors away from GP services. Officers replied that they thought GP delivery would remain in the model of independent practices.

The Chairman said that while the reforms meant that greater cooperation was expected and required, local authorities would be cooperating in the same financial silos. He thought the reforms had led to an expected change in tone but did not expect to see massive results.

7. HEALTH OVERVIEW AND SCRUTINY COMMITTEE PRINCIPLES

Members received a report of the Director of Community and Children's Services with regards to the principles of health overview and scrutiny committees.

An officer said that Members may wish to consider the relationship between the different types of health overview and scrutiny committees

Members noted an officer's update on the relationship between Inner and Outer North East London joint health overview and scrutiny committees, and whether reports which went to the larger body should also be seen by the local scrutiny committee. The legislation on these bodies stated that that there were the choice was available, the NHS could go to a larger scrutiny. They felt it was worth ensuring there was clarity about the relationship and that papers going to INEL also went to this, or back to the larger one.

An officer suggested that, when INEL colleagues were invited to Committee meetings, Members could raise the issue of how they intend to interact with the eight local authority scrutiny committees that they are responsible to.

The Chairman suggested that officers approach the INEL JHOSC for their forward work plan so that the Committee could consider whether topics on that plan are areas the Committee would want to look at, or how the Committee would be represented at that level.

8. EXCESS DEATHS

Members received a presentation from the Principal Public Health Analyst on the subject of excess winter deaths.

Members discussed the impact of changing weather conditions on public health. A Member asked if, while the warming climate may lead to an increased risk of excess summer deaths, the net effect on health would likely be positive, as it could also lead to fewer excess deaths during warmer winters. Officers replied that they could not predict future climate conditions, and it was not necessarily the case that it would lead to milder winters in the UK. There were other factors such as energy poverty, the cost of living crisis, and the impact of more extreme weather conditions on housing infrastructure that also needed to be considered. The key point from a public health perspective was that extremes of either high or low temperatures were bad, and the risks to public health were exacerbated when there were populations with underlying health conditions.

The Chairman commented that the City had an unusual demographic profile, as it did not contain any areas where there was particularly high deprivation, but did have some where deprivation was particularly low. Officers replied that some areas of the city, such as Portsoken Ward, contained a number of residents who shared the characteristics of the lowest levels of deprivation, but the numbers were so small that they were often hidden by the rest of the population.

In reply to a question from the Chairman on the correlation between deprivation and excess deaths than with other areas, officers said that there was also a correlation between age and underlying conditions. The City contained a higher proportion of old people, and the excess deaths experienced in this group might may arise due to older people being more likely to have underlying health conditions and having greater vulnerability to viruses that may be circulating. Officers said it may be useful, considering the small size of the City's resident population, to improve communications on preventing catching viruses.

The Chairman asked why there appeared to be a concentration on preventing avoidable deaths for those under the age 75. Officers replied that public health authorities distinguished between life expectancy at birth and a healthy life expectancy, and the fundamental goal was for people to stay healthy for as long as possible.

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

There were no questions.

10. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT

There was no other business.

The meeting ended at 12.23 pm

Chairman

Contact

Officer:

Ben

Dunleavy

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