

HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE
Wednesday, 17 January 2024

Minutes of the meeting of the Health and Social Care Scrutiny Committee held at
Committee Room 2 - 2nd Floor West Wing, Guildhall on Wednesday, 17 January
2024 at 11.00 am

Present

Members:

Deputy Christopher Boden (Chairman)
David Sales (Deputy Chairman)
Michael Hudson
Andrew Mayer
Deborah Oliver
Deputy Alpa Raja

Officers:

Simon Cribbens	- Community and Children's Services
Ellie Ward	- Community and Children's Services
Jayne Moore	- Town Clerk's Department
Chris Pelham	- Community and Children's Services
Rachel Talmage	- Community and Children's Services
Hannah Dobbin	- Community and Children's Services
Anna Hanbury	- NHS Northeast London
Jane Naismith	- St John's Hospice
Matthew Hopkinson	- NHS Northeast London
Amaia Portelli	- NHS Northeast London
Robert Nsiiro	- The Neaman Practice

1. APOLOGIES

There were no apologies.

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

Deborah Oliver declared these two interests:

Agenda Item 4: patient of the Neaman Practice; and

Agenda Item 7: Governor of Royal Bridewell Hospital (King Edward and Barrow hills Schools).

No other declarations were made.

3. MINUTES

RESOLVED – That the minutes of the meeting of 04 October 2023 be agreed as a correct record.

4. **NEAMAN PRACTICE UPDATE**

The Committee viewed a presentation updating Members on the Neaman Practice following its improvement plan, noting in particular the following:

- The overseeing by the Regional Digital First teams (NEL) of a distinct process aimed at identifying practices on analogue telephony systems, with funding allocated to facilitate: i) the buyout of existing contracts if necessary, ii) the procurement of digital/cloud-based telephony licenses, and iii) local implementation support;
- The introduction of tools to facilitate the transition to Modern General Practice (MGP);
- Staff training and local improvement support;
- Means of communication with patients;
- The consideration of a plan for offering an outcome to patients at first point of contact with a practice via
 - Options for patients to have needs assets via an online consultation through the practice website or using e-Consult,
 - Re-structured appointment system,
 - Fulfilment of contractual obligation by achieving prospective record access for patients, which became active on October 25, 2023 allowing all patients with consent, who have signed up for online access, to remotely review their records,
 - Recognition of significance of participating in the PCN Improvement Leads programme, and
 - Working with the national Digital & Transformation Leads development programme team to receive extended support over a twelve-month period to include action learning set sessions, individual Quality Improvement (QI) coaching sessions, and guidance towards signposting to other learning opportunities such as webinars.

Members asked for more information on performance, measuring and KPIs, and on how issues and concerns were gathered. The meeting heard that patient feedback was gathered via Patient Participation Groups and feedback forms and that some issues related to patient triage and how patients were signposted to the right support, and that day-to-day capacity was monitored. Members heard that data was benchmarked against other local practices.

A Member asked whether any GPs had special interests – the meeting heard that a GP partner specialised in dermatology and ran a skin clinic once a week that is bookable through Reception or by referral.

Members asked what was being offered to carers and whether carers were given any priority. The meeting heard that all carers were noted and monitored and that carers were always prioritised and that primary carer health was the subject of a neighbouring pilot scheme that was being examined for implementation.

A Member asked how effective were the social prescribers. The meeting heard that these sessions were held once a week and patients were usually referred to attend 30-minute social prescriber sessions (three for the practice as the

social prescriber was shared among 5 practices). Members commented that three sessions for the practice appeared limited.

A Member asked what three benefits would be noticed following the plan: the meeting heard that the practice was recognised and appreciated for its diverse and welcoming team, the efficiency of the clinical team, and the good relationship with patients as evidenced by feedback.

A Member asked for further clarification on the practice's interaction with the 111 service, and whether there appeared to be patients using the 111 service if they were unable to access GP services. The meeting noted that the practice was integrated into the 111 system, and that patients were not signposted by the practice to the 111 service.

A Member sought reassurance that the practice put patients at the heart of decision-making at the practice.

The meeting noted that performance data would be provided in advance of attendance at a future meeting.

5. **UPDATE ON VIRTUAL WARDS**

The Committee viewed a presentation delivered by the Programme Lead – Unplanned Care, City and Hackney NHS North East London setting out updates on virtual wards, noting in particular the following:

- NHS national priorities and operational planning guidance;
- delivery of virtual wards now sits with Place teams, with the NEL Urgent and Emergency Care Programme providing overall system oversight;
- finance allocations for 2023/24;
- virtual ward referral pathways;
- impacts and benefits of virtual wards; and
- next steps.

On sharing best practice and learning, a Member asked for further information on sharing digital tools. The meeting heard that best practices were shared across NEL and that a range of practice communities shared best practice including digital technology tools.

On funding from NHS England, a Member commented that while in theory funding could be diverted from hospital bed use, expansion was such that escalation beds were being used and that hospital wards were not necessarily being shut. Consideration was being given on how more could be done within the community through virtual wards, and that provided appropriate technology was being used virtual wards would be more affordable per bed in the longer term.

On the three categories of patients, a Member commented that most patients would have multiple conditions and asked how these were prioritised and whether co-morbidities might preclude the virtual ward setting. The meeting heard that patients who benefited the most from virtual wards tended to have

complex conditions, and would be handled by a lead consultant in the same way as would such a patient in a hospital environment. The meeting also heard that all cases were assessed for suitability to virtual wards.

A Member asked why virtual ward provision had taken so long to roll out given that the technological tools have been available for nearly two decades. The meeting heard that virtual ward provision has been taking place for some time, and has accelerated since covid with patients becoming more comfortable with the experience over time.

A Member asked how early adopters were finding the virtual ward experience and whether there was any data on patient outcomes. The meeting heard that outcome effectiveness was difficult to measure – noting Member comments that virtual ward provision could not be measured solely in terms of cost effectiveness and must result in better patient care overall.

A Member commented that given the compactness of the City of London it was noted that nurses would not have to travel far to manage virtual wards.

6. **UPDATE ON CURRENT END-OF-LIFE SUPPORT AND IMPACT**

The Committee viewed a presentation delivered by the Programme Manager at Start Well and Age Well at City & Hackney Place-Based partnership, the joint CEO and Director of Clinical Services at St Joseph's Hospice, and the Joint Director of Operations and City & Hackney GP Confederation. The presentation set out updates on current end-of-life support and impact and the Committee noted in particular the following:

- An overview of community and inpatient Palliative and End of Life Care (PEoLC) services in the City of London;
- A summary of the NHS North East London ICB Palliative and End of Life Care Strategy;
- Activity and progress on End of Life Care within Primary Care in City & Hackney (with detail from the Neaman Practice);
- Overview of the Marie Curie Overnight End of Life Care Rapid Response Service; and
- Report from St Joseph's Hospice covering key activity, inpatient ward re-development, work to improve links with community services, and achievements.

The Committee noted the PEoLC strategy at the NHS North East London; the 2024/25 priority on embedding activities that focus on practices' EoL procedures at micro practice level; the Marie Curie Rapid Response Service; and the activities of St Joseph's Hospice.

A Member congratulated the Hospice for its warmth and friendliness noted during a visit in 2023.

A Member asked for more information on the triage process for patients ending their lives in hospices. Members heard that patients tended to express a preference, and that referrals tended to come from palliative care teams. The

meeting noted that many patients would be admitted a few times for symptom management.

A Member sought further information on hospice capacity and how that related to funding sources. The meeting heard that funding came from a range of sources including grants, and that fundraising was a real challenge particularly in respect of expanding the community team and that virtual wards for palliative care were worthy of future consideration.

A Member asked how the quality of death was judged, noting the obvious challenge in obtaining personal feedback. The meeting noted that bereaved relatives were surveyed, and that 90% of relatives had felt that patients had died in the right place (following a survey a few years ago). The meeting noted that preferred place of death was not necessarily a metric of a 'good' death and was, rather, a proxy measure given that end-of-life situations could change rapidly. Members noted the role of unwanted medical interventions, and the potential for better education around the end-of-life process.

7. **CHILDREN'S SOCIAL CARE SELF EVALUATION FRAMEWORK**

The Committee received the report of the Executive Director, Community and Children's Services on the Children's Social Care Self-Evaluation Framework.

Members noted that the non-public paper carried an exemption, noting that names had already been redacted (noting also that identification was also possible in theory). Members commented that future such items should be presented as Public items – at least wholly or in part, with appropriate redactions where necessary.

Members noted that the paper was positive for the City of London Corporation, reflecting the Corporation's policy decisions to boost children's services and to continual improvement.

The meeting was extended beyond 1pm with the agreement of all Members.

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

The Committee noted that in May, at least these three topics would be covered:

- Self-evaluation of adult social care services
- Evaluation of special educational needs and disability services for children and young people
- Update on low-paid workers/access to healthcare;

and that these topics would be covered in later meetings:

- Patient choice and access to health services (the right to have treatment at the place of choice, including for City workers)
- Clarification of postcode provision to ambulance service following a recent incident at Guildhall in which an ambulance was apparently unable to assist an unwell person due to confusion over the correct postcode, the meeting heard that the matter would be investigated. The meeting noted that the issue had been raised and that a response was awaited and that further information would be circulated to Members within a week.

A Member asked for briefings to presenting officers to highlight discussions of impact and performance.

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

There was no other business.

10. **EXCLUSION OF THE PUBLIC**

RESOLVED, 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.

The meeting ended at 1.23 pm

Chairman

Contact Officer: Jayne Moore