

HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE
Wednesday, 15 May 2024

Minutes of the meeting of the Health and Social Care Scrutiny Committee held at
Committee Room 1 - 2nd Floor West Wing, Guildhall on Wednesday, 15 May 2024
at 11.00 am

Present

Members:

Deputy Christopher Boden (Chairman)
David Sales (Deputy Chairman)
Michael Hudson
Deborah Oliver
Deputy Alpa Raja
Steve Stevenson

In attendance:

Chris Pelham	- Community and Children's Services
Hannah Dobbin	- Community and Children's Services
Ian Tweedie	- Head of Adult Social Care, CoLC
Amy Wilkinson	- NE London Health & Care partnership
Alison Glynn	- NE London Health & Care partnership
Thomas Clark	- NHS North East London
Andrew Trathen	- Hackney Council

1. **APOLOGIES**

Apologies were received from Andrew Mayer.

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 April 2024.

4. **ELECTION OF CHAIR**

A single expression of interest having been received, Deputy Boden was duly elected Chair of the Committee for the ensuing year.

5. **ELECTION OF DEPUTY CHAIR**

6. A single expression of interest having been received, David Sales was duly elected Deputy Chair of the Committee for the ensuing year.

6. **MINUTES**

RESOLVED – That the public minutes of the meeting held on 17 January 2024 be agreed as a correct record.

7. **FORWARD PLAN**

The Committee noted the forward plan.

On the forward plan, the Committee requested these future focus areas:

- Carers' strategy review, noting that this is reviewed annually;
- Military veterans and the military covenant; and
- Health and social care arrangements and outcomes of Portsoken Ward residents noting the disparity in deprivation between those residents and other CoL residents.

8. **ADULT SOCIAL CARE SELF-ASSESSMENT**

The Committee noted the report of the Executive Director, Community and Children's Services introducing the City of London Corporation's Adult Social Care Self-Assessment 2024, supporting the inspection of our Adult Social Care services by the Care Quality Commission (CQC).

In response to a question on clarification around the terms of the triangulation of the commissioning arrangements, the Committee noted that annual reviews are undertaken on residential homes that took into account CQC ratings, quality assurance, and protocols that emphasised partnership working and a focus on safeguarding.

On whether the absence of care home accommodation within the CoL was a strategic choice, the meeting heard that the issue had been raised within the confines of the carers' strategy consultation, noting that there has not historically been any evidence of planning for provision within the CoL based on the data, and many families seeking residential care have extended families outside the CoL – however options are being considered and there is no strategic decision to refrain from having such arrangements within the Square Mile.

A Member commented that there was merit in also examining sheltered and assisted living arrangements within the Square Mile, and the Committee noted the affordability constraints of care home options in the CoL and the small number of residents that might merit working in partnership with other LAs and take advantage of block-commissioning exercises outside the CoL.

Members noted that the CoL is linked to the Northeast London commissioning system, noting also the nationwide variance in spot-commissioning and block-commissioning rates.

A Member asked for further information on the extent to which the CoL comes near to the block rates used by other LAs, given the CoL's dependence on spot rates (see action point 1).

Members noted that the CoL is doing well thanks to an adequately-funded service, stable political leadership, and good staff retention levels, and that it was important to continuously improve, avoid complacency, and ensure that the CoL remains open to new ideas and challenges, the latter point being clearly articulated in the document in particular. It was noted that the CoL has made a conscious decision as an LA to spend more per head than do other LAs, and that that decision would benefit from being recognised in future documentation.

On references to deprivation variation within the CoL, a Member asked for more information on the outcomes of that variation and how that was being considered. The Committee noted that services may not change though the emphasis differed between different areas within the CoL, noting also that early intervention projects were used to a greater extent in areas of greater deprivation (see action point 2).

9. **DRAFT NEL FORWARD PLAN**

Members noted the Joint Forward Plan 2024/25.

A Member asked whether the CoL should be considered as an area of lesser need in the light of the inequality within the CoL, and the Committee noted that such a consideration would be strengthened in future reports.

A Member commented that the report would benefit from coherence among different areas, and that some of the report appeared to be formulaic and lacking measurable targets. The Committee noted that the same observation was made by the Health and Wellbeing Board of the CoLC and noted that there may be some constraints related to the report template (see action point 3).

A Member commented that forward plans of this kind were not always viable, helpful or realistic and that 5-year plans needed to be rewritten every couple of years.

10. **PATIENT CHOICE IN SECONDARY CARE**

Members noted that though the eRS system (available as a web-based system) is linked to GP and hospital systems it is not linked to the NHS app, and that it is cumbersome to check waiting times and success rates between different providers and that there is no comparison tool for that purpose. The Committee noted the wider IT problems around NHS services that precluded the provision of any kind of integrated coherent services, noting also the initiatives being rolled out for patients that are unaware of how to access services, as well as those that are digitally excluded.

A Member asked for further information on the success of the patient choice promotion initiatives and how complaints were managed. The meeting heard that an independent sector provider would be sought for treatment where appropriate and that patients would be informed of their right to choose as part of a national information roll-out expected shortly.

In response to a question on the extent of the confidence that patients were aware of their rights and the complaints process and whether GPs were encouraged to make that information available, the meeting heard that complaints information was available on all websites, and that complaints were received and responded to as required by NHS England and that GPs were encouraged to offer patient choice.

In response to a question on whether there were any cost implications to GPs around making a request to direct patients to specific hospitals. The meeting noted that a set of national prices was implemented for services, with an additional premium for a more costly area (that includes central London) that was not incurred by the GP. In response to whether a patient could choose a specific provider for a particular procedure, the meeting heard that provided any Integrated Care Board had a contract with that provider at the relevant site for that service, then the patient could exercise that right with the assistance of the

GP, the Committee also noting that most patients were unlikely to be aware of that right.

In response to a question on patient choice around scans and diagnostics, the Committee noted that such procedures are not covered by any legal right to patient choice and are generally not covered by primary care provisions.

11. PATIENT CHOICE IN PRIMARY CARE

Members viewed a presentation on patient choice in primary care, noting that all GP practices in England are free to register new patients who live outside their boundary area since January 2015 on a voluntary basis. The Committee also noted that patients are able to access GP appointments remotely thanks to the improved availability of telephone and online consultations and booking, as well as the Pharmacy First process whereby patients can be referred to community pharmacies for specific minor conditions.

Noting the importance of placing the patient at the centre of every system, a Member commented on the concerns raised around situations whereby, for example, workers at the CoL might wish to register with a CoL-based GP which might place residents at a disadvantage and asked whether such a situation had arisen. The meeting noted that the Neaman practice would probably refuse a request for registration to someone whose residence was not in the CoL partly to do with capacity issues.

A Member commented that GPs appeared to be acting as gatekeepers to pharmacists and asked whether that was the case. The meeting heard that pharmacies were available to handle a wide range of issues.

Noting that practices were entitled to refuse patients outside their catchment area, a Member asked what would happen if an already-registered patient then moved outside the catchment area. The meeting heard that a separate organisation managed the patient index and checked patient addresses, and in some circumstances a GP could agree to continue managing a patient who had moved outside the practice's boundaries.

On whether a patient could undergo a specific procedure outside the boundaries of their own GP (noting the many workers travelling into the CoL who may prefer to undergo a specific procedure within the CoL), the meeting heard that local diagnostic pathways were usually followed and that alternative options may be available, though there would need to be an agreement with the relevant ICB (see action point 4).

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

There were no questions.

13. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT

There was no other business.

14. 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.

The meeting ended at 12.50 pm

Chairman

Contact Officer: Jayne Moore