

**MINUTES OF THE JOINT MEETING OF
THE OVERVIEW & SCRUTINY MEETING AND HEALTH SCRUTINY
MEETING HELD ON
WEDNESDAY 8 NOVEMBER 2017**

COUNCILLORS:

PRESENT Derek Levy (Chair), Abdul Abdullahi, Guney Dogan, Nneka
OSC Keazor, Michael Rye, Edward Smith.

STATUTORY 1 vacancy (*Church of England diocese representative*), Mr
CO-OPTES Simon Goulden (*other faiths/denominations*
representative), Mr Tony Murphy (*Catholic diocese*
representative), Alicia Meniru & 1 vacancy (*Parent*
Governor representative) – *Italics Denotes absence*

HEALTH Abdul Abdullahi (Chair), Vicki Pite, Patricia Ekechi, Anne-
SCRUTINY Marie Pearce and Terence Neville

OFFICERS: Bindi Nagra (AD Adult Social Services), Ned Johnson
(Principal Officer Pollution), Doug Wilson (Head of
Strategy & Service Development), Jon Newton (Head of
Service Older People & Physical Disabilities), (Susan
O'Connell (Scrutiny Officer), Elaine Huckell (Committee
Secretary)

Also attending: Councillor Alev Cazimoglu (Cabinet Member Health &
Social Care), Dr Kevin Cleary (NMUH), Richard Gourlay
(NMUH), Andy Graham (Chief Operating Officer &
Executive Lead BEHMHT), Andrew Wright (BEH Mental
Health NHS Trust), Jennie Bostock (ECCG) and 10
members of the public.

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WELCOME AND INTRODUCTIONS

The Chair welcomed attendees to the meeting. Apologies for absence had been received from Councillor Elif Erbil and Tony Murphy and for lateness from Councillor Abdullahi.

Councillor Levy explained that this Joint meeting between the Overview and Scrutiny and Health Scrutiny Committees had been arranged to primarily look at the issue of 'Delayed Transfer of Care' and colleagues from the Health Service have been invited to attend to look at this issue. A report on the Air Quality Action Plan would also be discussed.

A Call-In had been received on a Cabinet decision regarding 'Prevention and Early Intervention Contract Awards'. The Call-In has subsequently been withdrawn - further details are shown under agenda item 3.

For the interests of clarity the minutes are shown in the agenda order.

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DECLARATIONS OF INTEREST

There were no declarations of interest.

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CALL-IN-PREVENTION AND EARLY INTERVENTION CONTRACT AWARDS

The Chair explained that it had been decided to withdraw the Call- In regarding the Prevention and Early Intervention Contract Awards on the understanding that:

- a) The decision to award the contract to Community Barnet is referred back to Cabinet for further consideration and
- b) Officers agree to produce a report to Overview and Scrutiny Committee in due course, summarising the success measures and performance expectations that are built into the more detailed agreements with each consortia.

Councillor Levy went on to say that the Committee would not enter into any further discussion on this item, for now, as there were no outstanding issues of contention for the Overview and Scrutiny Committee to consider.

Bindi Nagra stated that this matter would therefore be brought back to Cabinet. He emphasised the need for promptness as a number of funding for organisations would come to an end in November. It was pointed out however, that it was necessary for sufficient notice to be given before the item could be considered by Cabinet.

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DELAYED TRANSFER OF CARE

Councillor Abdullahi, as Chair of the Health Scrutiny Panel welcomed colleagues from Enfield CCG, North Middlesex University Hospital (NMUH) and Barnet, Enfield & Haringey Mental Health NHS Trust (BEHMHT) to discuss this issue.

Bindi Nagra (AD Health Housing and Adult Social Care) introduced the report which gave a summary of the current performance and reasons for delayed transfers of care, it also provided a summary of schemes which are part of the Integrated and Better Care Fund, that is being used to reduce delays in hospital.

Jon Newton (Head of Service Older People & Physical Disabilities) presented the report which highlighted the following

- Data shows generally good performance for Enfield.
- There is an inbuilt two month delay in NHS England providing performance data. Information for September would be available shortly.
- The Enfield Health and Wellbeing Area had been set a target, by NHS England, of no more than 20.6 DTOC (Delayed Transfers of Care) per day from July 2017. Data is for people who have not moved on from hospital 24 hours after the notice to discharge is issued.
- There are many reasons for delay which can be Social Care delays Health delays or Joint delays. It was noted that a situation where a delay occurs due to family choice, would be categorised as a health delay.
- Health and social care partners work together to implement the High Impact Change model (HICM) to manage transfers of care.
- From April 2017, more funds had been provided through the Improved Better Care Fund (iBCF)– for meeting adult social care needs, to reduce pressures on the NHS.
- The iBCF has supported schemes to reduce delayed transfer of care - which includes 'Discharge to Assess'. This means people can go home and be assessed from there, rather than in hospital. An assessment agreement is needed with the CCG, and the person would continue obtain help/ support at home .
- Data shows both LBE and ECCG met their target for Quarter 1 and are also on target for Quarter 2.
- The good joint working with the BEHMHMT has helped to enable adults with mental health needs to have appropriate support to enable people to move out of an acute setting into the community.
- The Mental Health trust had estimated that approximately 1:20 patients with mental health issues in hospital did not need to be in an acute setting.

The following issues/ questions were raised

- When asked about specific targets for each element of DTOC it was pointed out that not all areas have specific targets – there are challenges for example in some cases there is a need for helpers who may not be available at weekends.
- The report had stated that one of the three main causes for delay in mental health is 'access to housing'. It was stressed that the close working we have with other organisations is important in this area – in particular, for those people who have 'no access to public funds'.
- Councillor Neville said it appears from the table that performance for DTOC is going in the right direction although it is still too high. Although it was not possible to say how much additional money had been spent on this problem it was stated that £1.2 m in the Better Care Fund had been allocated for 'high impact changes' e.g for assessment at home.
- A question was raised regarding DTOC - one of the reasons given for this in the summary at Appendix A is 'delay awaiting public funding'

what is this? Bindi Nagra pointed out that the reasons for delay are complex, people would not be delayed because of a lack of money, this category is often used as an 'umbrella' and may be because someone is waiting for a nursing home.

- One of the categories refers to 'further non-acute NHS care'. It was explained that this may be where a person who may have been in an accident with an acute injury, may have recovered to the point that still requires further NHS treatment such as rehabilitation and needs to move to another hospital for specialist treatment where a bed may not currently be available. It was stated that 5 extra 'rehab' beds were now available at the Magnolia Unit.
- 'Patient or family choice' stated as a reason for DTOC – This may be where a clinician has stated that a person is ready to go home but the patient or carer either do not agree they are fit or do not agree with care choice the person is assessed as needing.
- It was asked if it is expected that the situation would improve when the Strategic Transformation Plan comes into effect? It was thought that this should be beneficial as it should enable people to work together more effectively, hopefully breaking down organisational boundaries.
- It was confirmed that some people with mental health problems are being looked after outside the borough (11 people at present).
- It was welcomed that the Enfield CHAT (Care Home Assessment Team) had been working in partnership with Haringey to assist in enhancing health in care homes.
- Councillor Cazimoglu referred to the DTOC delays for both Health and Social Services and said that these are often interconnected, with one impacting on the other. She said the A & E service at NMUH is under a lot of pressure, with many challenges. In respect of GP's, Enfield is under resourced and this leads to extra pressure on services. She referred to her concerns regarding demands for the forthcoming winter.
- When asked if any additional plans had been made to meet the winter demands, it was stated that plans are underway, and are further ahead than this time last year.
- It was noted that future proposals re Care Closer to Home Integrated Networks (CHINS) would facilitate health and social care professionals working as a team for individuals. Councillor Levy said it would be useful to see what is being proposed for this for the future. It was confirmed that members of CCG, council officers and mental health care professionals meet to discuss and progress issues/cases weekly .
- It was pointed out that a person may be admitted with a physical problem but this may also lead to mental health issues emerging that need to be addressed. This is often the case for elderly patients who become disorientated. It was agreed that this was a complex issue and it is necessary to remember that a person may be 'in crises'. We must not lose sight of the human cost and the need for good communications between services is essential.
- Apart from targets/ performance figures given, it was asked if there was any 'soft data' and/ or any further issues members should be aware of? Doug Wilson referred to the necessity for us to be able to look at early

intervention to identify tangible things the authority can do to prevent people having to go to hospital. As part of this we are working closely with the voluntary sector.

- It was asked what measures are used to ensure that patients are not being discharged too early from hospital in a drive to 'free up' beds? It was answered that there were assessment surveys carried out and figures would show numbers of people who are re-admitted. Also people who are re-admitted would return to the same consultant.
- Councillor Abdullahi referred to a 'dementia strategy' which had been developed when it had been realised that a lot of people were being discharged to social care. This included the development of 'pathways' and the setting up of a memory clinic. It was stated that there was a lead consultant for this area and a dementia nurse in position.
- A member of the public referred to older people being discharged from hospital, the need for carers to be able to spend a reasonable time with them and the advantages of siting care homes near parks where people would be able to be part of the community. Councillor Cazimoglu referred to the care home strategy and mentioned that Enfield has one of the highest number of care homes in London. She mentioned that carer's visits are for a minimum of 30 minutes and that LBE does not commission 15 minute visits.

NOTED

Members noted the report.

Councillor Levy thanked officers and representatives from ECCG, NMUH and BEHMHT for their attendance and input.

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AIR QUALITY ACTION PLAN

Ned Johnson, (Principal Officer Pollution), introduced the Air Quality report, together with the Air Quality Action Plan which provided information on the issues of air pollution faced in LB Enfield and how these problems are being addressed.

The following was highlighted:

- The introduction of air quality management transcends from European law and is a health based approach.
- First round of assessment of local air quality completed in 2001 demonstrated the objective levels for nitrogen dioxide and Particulates (PM₁₀) would be exceeded along major routes and a number of heavily trafficked roads, therefore the borough was declared an air quality management area (AQMA). The Air Quality Action Plan for Enfield was prepared following this.
- The Air Quality Standards Regulations (2010) has set objective levels for pollutants for target dates.

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- Data shows that nitrogen dioxide objective is being exceeded at roadside locations on busy roads. The data for (PM₁₀) shows that we have not exceeded objectives for this pollutant since 2008.
- Data is generated from four permanent monitoring sites in the borough. Information captured aims to show what is happening at the roadside and also from areas away from the road.
- The current Air Quality Action Plan is being reviewed. Actions are updated as a result of activities/ measures undertaken such as traffic and transportation schemes.

The following issues/questions were raised

- Councillor Levy mentioned that from looking at the report it would appear that some measures while seeking to improve air quality may seem counter to other aims. He referred to the need for correct placing of traffic signals so that traffic idling does not cause higher emissions. He also spoke of the need for encouraging greater cardiovascular exercise – cycling and walking to school.
- Attention was drawn to the pie- chart shown at p15 of the Air Quality Action Plan. This gave the indicative sources for apportionment of NO₂ in Enfield and showed that cars were the source of 9% for this type of pollution compared to 56% attributable to 'local background'. It was thought one of the contributors to the 'local background' category was the provision of central heating from gas fires. When asked if local or central government were able to influence this issue, it was answered that measures had been taken such as in the area of scrappage schemes for old boilers and improved home insulation schemes.
- The move to the use of new technologies as soon as practical was considered beneficial, such as the move to hybrid/ electrical cars. It was agreed that the move to electrical cars and installation of electrical charging points was the way forward.
- Councillor Rye referred to the Cycle Enfield initiative and thought heat maps of Enfield seem to show that an increase in the standing of vehicles at traffic lights appear to indicate an increase in pollutants. Reference was made to the implementation of Cycle Enfield as a measure to reduce car use by providing safe cycle routes.
- It was asked what measures had been introduced in association with recent legislation to pursue the 'reduction of cars idling'. Ned Johnson answered that we had not issued fixed notices for 'anti-idling' because legislation needed to be tighter, at present it would be possible to escape prosecution easily and the fixed notice at £20 was not considered a sufficient deterrent. It was hoped people would be most influenced through education with an awareness campaign taking place outside Enfield schools. It was suggested that it may be useful to lobby government to address this issue such as by increasing fines and making legislation more robust.
- Councillor Pearce emphasised the importance of children using their local schools with less reliance on cars taking children to schools. Members were in agreement with this and also spoke of the need for local bus routes to better reflect transport needs including the increased future use of Chase Farm hospital.

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- It was mentioned that the Mayor of London was looking to impose an Ultra Low Emission Zone (ULEZ) on all vehicles travelling in the Greater London Area and it was thought this would be from within the North Circular Road boundary. Ned Johnson stated that a disadvantage of this would be that the North Circular road would be a 'turning point' for vehicles and this may cause problems. It would also mean that while one area of the borough would be within the zone, the remainder would not.
- Concerns were raised that road testing of vehicles regarding European standards testing showed that many cars were not meeting emission standards
- It was thought priority should be given to the health of young people, and for parking attendants to focus on vehicles parked outside schools where cars were 'idling'.
- Ned Johnson confirmed that for NO₂ there are exceedances of the annual mean objective along main roads in the Borough. For particulates - PM₁₀ no exceedances of the daily mean objective shown for the A105 Green Lanes.
- There were concerns raised regarding road humps and other traffic diverters, the effect of which is the stop/start movement of traffic which may lead to more pollutants on roads. Ned Johnson stated that monitoring had taken place but not specific monitoring regarding road humps.
- Councillor Smith said he understood planters were to be introduced along some roads and some barking bays widened, he thought that a review may be useful of all traffic measures. He also spoke of buses which he said were a major contributor of air pollution. He said he understood the London Mayor was keen to replace buses for hydrogen buses although they are expensive.
- It was suggested that with regard to pollution perhaps we needed to look at whether our council vehicles and buildings were as good as they could be, and whether we were able to influence our contractors. It was confirmed that when any of our fleet vehicles are replaced, we ensure that the 'cleanest' vehicles are acquired, thus we are leading by example. It may be possible for a 'Euro standard' to be included in contracts, as a means of influencing our contractors.
- Research may provide further information on the benefits of reducing pollution and comparisons with the importance of exercise. Also whether driver behaviour can be changed by education e.g more careful driving over road humps. Ned Johnson said research shows that exercise is always most beneficial. He also referred to the Green Transport Plan which encourages cycling and walking and the Gold Silver and Bronze awards for schools to encourage culture change and hopefully for children to influence family members.
- Councillor Rye made the point that traffic management measures to reduce speed should also look to avoid an increase in particulates - PM₁₀. He also stated that the Council's vehicle fleet should be replaced with 'cleanest' vehicles at the earliest possible date and our contractors should be obliged to use 'green' vehicles.

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AGREED

Members noted the Air Quality Action Plan. They requested that if any changes result in the removal of 'Actions' from the Plan, following its review, then these should be reported back to Overview and Scrutiny Committee.

Ned Johnson was thanked for his report.

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MINUTES OF THE MEETING OF OVERVIEW AND SCRUTINY COMMITTEE

AGREED the minutes of the meeting held on 12 October 2017.

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DATE OF FUTURE OVERVIEW AND SCRUTINY COMMITTEE MEETINGS

The next OSC Business meeting (Budget) will be held on Thursday 18 January 2018.

Councillor Levy thanked everyone for attending the meeting.