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HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL

Wednesday, 9th September, 2020 at 7.00 pm
**Virtual Meeting/ Remote - Please use the links on the Agenda Front
Sheet to join the virtual meeting**

Membership:

Councillors: Kate Anolue, Christine Hamilton (Deputy Mayor), Huseyin Akpinar, Anne Brown, Saray Karakus, Doug Taylor, Edward Smith and Chris Dey (Vice Chair)

AGENDA – PART 1

- 1. WELCOME AND APOLOGIES**
- 2. DECLARATIONS OF INTEREST**

Members of the Council are invited to identify any disclosable pecuniary, other pecuniary or non-pecuniary interests relevant to the items on the agenda.

- 3. INTRODUCTIONS - PURPOSE OF THE MEETING**

The Chair to introduce the purpose of the meeting

4. MINUTES OF THE HEALTH SCRUTINY PANEL MEETING HELD ON 23 JANUARY 2020 (Pages 1 - 6)

To receive the minutes of the former Health Scrutiny Panel meeting held on 23 January 2020.

5. LOCAL PRIORITIES FOR 2020-21

The Scrutiny Panel will hear from the following, out-lining priorities and areas of challenge:

Cllr Alev Cazimoglu (Cabinet Member for Health)

Cllr Mahtab Uddin (Cabinet Member for Public health)

Tony Theodoulou, Executive Director People

Bindi Nagra, Director of Health and Adult Social Care

North Central London Clinical Commissioning Group Representatives

Cabinet Members and Officers will be asked to leave the meeting at this point.

6. PLANNING THE WORK PROGRAMME 2020-21 (Pages 7 - 10)

To agree and prioritise items for the new work programme (template attached)

7. TERMS OF REFERENCE

For information, the Terms of Reference of Health and Adult Social Care Scrutiny Panel are as follows:

- (i) Scrutinise the planning and provision of local health services and through this process contribute to the continuous improvement of health services and services that impact upon health.
- (ii) Respond to consultations by NHS bodies and provide dates and publish timeframes for its decision-making process on proposals for substantial developments.
- (iii) Comply with regulations formalising arrangements for health scrutiny.
- (iv) Consider matters referred to the Council by the local Healthwatch and respond within 20 days.
- (v) Scrutinise Public Health services commissioned by the Council / Health and Wellbeing Boards.

The following provisions are preserved:

- (i) Enable health scrutiny to review and scrutinise any matter relating to

- health services in its area;
- (ii) Require NHS bodies to provide information to and attend before meetings of the committee;
- (iii) Make reports and recommendations to relevant NHS bodies and to the Local Authority;
- (iv) Require health providers to respond within a fixed timescale; and
- (v) Require health providers to consult local authorities

8. DATES OF FUTURE MEETINGS

To note the dates of future meetings as follows:

Tuesday 3 November 2020

Thursday 21 January 2021

Wednesday 24 March 2021

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HEALTH SCRUTINY PANEL - 23.1.2020**MINUTES OF THE MEETING OF THE HEALTH SCRUTINY PANEL HELD ON THURSDAY, 23RD JANUARY, 2020**

MEMBERS: Councillor Sinan Boztas (Chair), Cllr Clare De Silva (Vice Chair), Cllr Yasmin Brett, Cllr Terry Neville OBE and Cllr Doug Taylor

Officers: Stuart Lines (Director of Public Health), Duduzile Sher- Arami (Consultant in Public Health), Sarah Woodhall (Speciality Registrar in Public Health), Gabriella Mitchell (Public Health Strategist), Dr Catherine Heffernan (Public Health England), Debbie Green (NHS England), Deborah McBeal (Deputy Chief Officer Enfield CCG), Laura Andrews (Senior Engagement Manager Enfield CCG), Dr Emma Whicher (Medical Director NMUH), Sarah Hayes (Chief Nurse NMUH)

Also Attending: Councillor Mahtab Uddin (Cabinet Member for Public Health), Councillor Alev Cazimoglu (Cabinet Member for Health and Social Care), Fazilla Amide (Acting CEO, Healthwatch Enfield)

223. WELCOME & APOLOGIES (7.30PM - 7.35PM)

The Chair welcomed everyone to the meeting. Apologies for absence were received from Cllr Vicki Pite, Cllr Huseyin Akpınar and Cllr Elif Erbil. Cllr Yasmin Brett advised the Panel that she would need to leave the meeting at 8.00pm.

Apologies for absence were also received from Maria Kane, Chief Executive Officer of North Middlesex Hospital. Dr Emma Whicher was attending in Maria Kane's absence.

The Chair announced that John Wardell, Chief Operating Officer for Enfield Clinical Commissioning Group had sadly passed away following a long illness. On behalf of the Health Scrutiny Panel, Cllr Boztas wished to send condolences to John's family, friends and colleagues.

224. DECLARATIONS OF INTEREST

No declarations of interest were received.

225. NORTH MIDDLESEX HOSPITAL- CQC INSPECTION UPDATE (7.35PM - 8.25PM)

RECEIVED a presentation from North Middlesex University Hospital Trust

NOTED that:

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1. Dr Emma Whicher, Medical Director and Sarah Hayes, Chief Nurse summarised the findings of the Care Quality Commission (CQC) inspection, carried out in 2019.
2. The overall rating for the hospital remains as 'requires improvement.' This was also the overall rating following inspections in 2016 and 2018. An improvement on previous inspections has seen the 'Well-led' category move from 'requires improvement' to 'good.'
3. The CQC inspected 3 core services; Urgent and Emergency Services; Medical Care (including older people's care) and Services for Children and Young People. Both Medical Care and Services for Children and Young People remained as 'requires improvement.' However, the rating for Urgent and Emergency Services moved from 'requires improvement' to 'good.'
4. The presentation highlighted some areas of outstanding practice, identified by the CQC, including the outreach programme to address gun and knife crime and the emergency kits provided to children who are taken in to care in an emergency.
5. The CQC noted that the improvements in the 'Well-led' domain were supported by a strong culture of collaboration and team working.
6. The inspection identified a number of areas for improvement: Strengthening nurse leadership within the divisions; Improving patient experience; Medicine management; Mental Capacity Act, Deprivation of Liberty Standards and restraint; Mandatory and statutory training and Clinical Strategy.
7. To address some of these issues a new Chief Nurse has been appointed, along with a Head of Patient Experience. An improvement programme has been instigated to address medicine management procedures. A range of mandatory and statutory training courses have been developed for all staff to reflect the CQC findings. The clinical strategy is under development with the aim of developing programme boards which align to the NHS long term plan.
8. It is likely that the CQC will carry out a further inspection during 2020, concentrating on the other core-service areas. A preparation plan has been produced which focuses on particular CQC domains on a monthly basis.
9. The presentation concluded by highlighting the success of in-house flu-vaccination rates, health service awards and new Trust Board appointments.

The following issues and questions were raised:-

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The Panel noted their disappointment that Maria Kane, CEO was unable to attend the meeting.

In response to a question, the Trust identified medicines management as an area of particular focus since the inspection along with nursing leadership.

The knife crime outreach programme was raised. The Trust were mirroring the approach taken in Glasgow, where knife crime is treated as a public health issue rather than just a crime intervention. The results show a reduction in knife crime in Glasgow and it is hoped that similar successes will be noted locally.

It was asked whether complementary work such as the knife crime programme takes focus away from the basic work of the hospital. It was explained that this is actually an integral activity and such intervention work can reduce the strain on the limited capacity of the hospital.

The 'safe' domain does not appear to be very reassuring following the inspection. Out of 9 areas inspected, only one, surgery, is rated as safe with all other areas requiring improvement. It was asked whether not reporting or not checking issues is a failure of staff. In response, it was noted that a culture change is underway and a range of interventions will be put in-place across the 'safe' domain. It is hoped that with a great deal of work, each of the areas within the 'safe' domain will eventually be rated as good.

To assist with this, 90 nurses from the Philippines have been recruited. The turn-over of medical staff has improved, with many trainees now staying with the Trust in consultant roles within A&E. There has been an increased demand in A&E but good leadership and training and support for trainees has ensured an improved rating in this area. The on-going resilience of A&E could be a subject for further scrutiny.

The Panel identified that the issue of 'safe' would appear to be a recurring theme, looking at the inspections from 2016, 2018 and 2019. In response, it was stated when 'well-lead' is improved, 'safe' follows the same path. This has been noted in a number of other CQC inspections so it is envisaged that the same improvements will be attained at the North Middlesex Hospital.

The Trust wished to reiterate that the hospital is safe, the CQC did not find the hospital to be unsafe.

The panel noted the improvements needed following a period of poor performance but recognised the right direction of travel.

AGREED to note the presentation and the comments above. Members requested that a visit to view maternity and A&E services at the Trust is arranged.

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ACTION: Andy Ellis

226. IMMUNISATION IN ENFIELD (8.25PM - 9.15PM)

RECEIVED a presentation from Enfield Council Public Health Team, NHS England and Enfield Clinical Commissioning Group

NOTED that:

1. Cllr Uddin (Cabinet Member for Public Health) gave an overview and highlighted the importance of immunisation for children and adults. Enfield Council is currently below the 95% target for immunisations, a position mirrored across London
2. Stuart Lines (Director of Public Health) explained that the process of immunisation was complex in respect of who is responsible for commissioning, delivery and scrutiny. In addition to Enfield Council, NHS England and Enfield CCG both have a role to play in the provision of immunisations.
3. Dr Catherine Heffernan, (Public Health England) advises NHS London on immunisation programmes and works closely with national and regional colleagues.
4. Sarah Woodhall (Speciality Registrar in Public Health - LBE) summarised the joint immunisation plan for Enfield and the key actions and successes, including the positive feedback from school nurses as consent rates increased.
5. Deborah McBeal (Deputy Chief Officer – Enfield CCG) informed the Panel that the CCG don't commission this service but act as a support to the GP Member practices.
6. The CCG have recently recruited to the post of Immunisation Lead, who will analyse why take up is low and will work with vaccine hesitancy groups. In addition, Practice Nurses have recently had a training session on how to improve take-up by those who are reticent to have the treatment.
7. A dedicated page on the CCG intranet provided practices and primary care networks with information on immunisations.
8. CCG IT systems are being used to generate reminders and this was supported by NHS England who commented that when invited, most people would respond positively.
9. Debbie Green (NHS England) commented that access to mobile telephone numbers is vital as a means of providing reminders, rather than by letter. In addition, the power of a recommendation from a GP or Health Visitor is very useful. Ease of access to the immunisation service was also noted as being very important to encourage increased take-up.

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Cllr Boztas thanked everyone for the comprehensive presentation and the following issues and comments were raised: -

Gabriella Mitchell (Public Health Strategist – LBE) informed the panel of the work being undertaken in nurseries and schools to encourage parents of young children. Schools (especially faith schools) had shown an increase in immunisations.

In response to a question relating to why children had only one opportunity to have the flu-jab in schools, it was confirmed that ‘catch-up’ sessions were offered.

Views were sought on making MMR immunisation compulsory as in other countries, for example, Germany. The panel were informed that there were arguments for and against and it would be necessary to be all inclusive without any groups being excluded.

A statement was made about difficulties gaining access to a GP, with the shortage of GP numbers currently in Enfield. In addition, health related poverty was highlighted as an issue and the important role of the Health Visitor was acknowledged.

NHS England confirmed that work is being carried out within extended hubs to improve access.

In response to a Healthwatch Enfield question on gaining patients views and encouraging greater take-up, NHS England confirmed that they are working to address this. Locally, Enfield Public Health Team have worked with the Parent Engagement Panel and the Faith Forum.

It was identified that there has been a culture-shift in schools to provide the flu vaccine, making the process part of everyday school life. Parents would welcome the fact that the vaccine is administered without injection and in a familiar environment.

NHS England noted that when the flu-vaccine is offered in pharmacies, the take-up increases. This avoids any issue with GP access.

NHS England were able to confirm that there is no longer any perceived issue linking the MMR immunisation and autism.

The low take-up in London compared to the rest of the country was highlighted. It was felt important to approach families who have refused immunisation services, to gain their views, although it was appreciated that this would be a difficult task.

The consequences on non-vaccination should be promoted in the same way as programmes relating to polio and diphtheria were in the mid-20th Century.

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NHS England commented that when the effects of flu or measles are explained to parents, there is a positive response. These diseases are serious and can lead to fatalities.

AGREED to note the presentation and the comments above.

227. WORK PROGRAMME 2019/20 (9.15PM - 9.20PM)

The Work Programme for 2019/20 was noted.

Fazilla Amide, (Acting CEO of Enfield Healthwatch) offered to provide a presentation on continuing healthcare at the next meeting.

228. MINUTES OF THE PREVIOUS MEETING (9.20PM - 9.30PM)

The minutes from the meeting on 10th September 2019 were agreed.

229. DATES OF FUTURE MEETINGS

The next meeting of the Health Scrutiny Panel will be on Wednesday 25th March at 7.30pm.

The meeting ended at 9.30pm.

The Role of Scrutiny in Meeting the Public Sector Equality Duty

The Overview and Scrutiny Committee has a key role to play in ensuring that the Council meets all the statutory duties under the Public Sector Equality Duty of the Equality Act 2010, particularly in ensuring that the authority has due regard to the needs of diverse groups when designing, evaluating and delivering services in order to –

- eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act.
- advance equality of opportunity between people who share a protected characteristic and those who do not.
- foster good relations between people who share a protected characteristic and those who do not.

In order to do this, the Overview and Scrutiny Committee will scrutinise the Council's Equality and Diversity Action Plan and Annual Achievement Report each year to monitor the Authority's performance. The OS Committee will be flexible enough to pick up on issues of inequality, wherever they arise in the Council work programme, or to delegate to individual workstreams for investigation. OSC has a key role in providing a 'critical friend' challenge to the Council's strategic equality objectives and scrutinising performance in delivering those objectives.

In addition, as part of their normal work programme, each workstream will (where relevant and proportionate) -

- request information about the equality impact assessments/analyses that have been undertaken whenever discussing proposals for new policies or future plans, or for current services, to inform their comments on those proposals or services
- examine these assessments/analyses of impact in detail to check if they are robust and have been developed based on strong evidence and appropriate engagement
- question and consider whether appropriate people have been involved and engaged in developing equality objectives and plans, and when assessing the impact of policies and proposals.
- when procurement award criteria and contracts are determined, consider whether or not specific equality stipulations are required
- Scrutiny may also wish to investigate the accessibility of equality and other published documents, asking questions such as –
 - what is done to promote these documents?
 - what languages or formats is the information available in?
 - which documents are most regularly required?
 - how aware are the public of the Authority's equality plans and performance?

DRAFT HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL WORK PROGRAMME 2020-21

WORK	Lead Officer	9 September 2020- Planning Session	3 November 2020	21 January 2021	24 March 2021
Date papers to be with Governance and Scrutiny Team		n/a	23 October 2020	12 January 2021	15 March 2021
Specific Topics					
Local Priorities 2020-21	Tony Theodoulou/Bindi Nagra/Stuart Lines/CCG Reps	Verbal update			
Standing Items					
Monitoring/ update					
Work Programme					
Setting the Environment and Climate Action Scrutiny Work Programme 2020-21	Claire Johnson		Agree Work Programme		

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