

MINUTES OF THE MEETING OF THE HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL HELD ON TUESDAY, 8TH JUNE, 2021

MEMBERS: Councillors Chris Dey, Alessandro Georgiou, Christine Hamilton (Vice Chair) and Derek Levy (Chair)

Officers: Tony Theodoulou, Executive Director People, Bindi Nagra, Director of Health & Adult Social Care, Dudu Sher-Arami, Acting Director of Public Health

Also Attending: Councillor Alev Cazimoglu, Cabinet Member for Health & Social Care

1. WELCOME & APOLOGIES

The Chair, Councillor Derek Levy welcomed all attendees to the meeting, which was being broadcast live online.

Apologies had been received from Cllrs Birsen Demirel, Kate Anolue and Mahtab Uddin, Huseyin Akpinar, and Deborah McBeal and Laura Andrews from North Central London Clinical Commissioning Group (NCLCCG) and Olivia Clymer from Healthwatch Central West London.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. INTRODUCTIONS-PURPOSE OF THE MEETING

The Chair introduced the purpose of the meeting which was to agree and prioritise items for the Health and Adult Social Care Scrutiny Panel work programme for 2021/22. This is informed by item 5 on the agenda. The Chair advised that pre decision scrutiny was very important and would welcome opportunities for this.

4. MINUTES OF THE PREVIOUS MEETING

AGREED the minutes of the meeting held on 24 March 2021.

It was noted that the minutes mentioned an additional meeting to be organised to cover 2 items. Unfortunately, this had not been possible, this will be discussed further under agenda item 6.

5. LOCAL PRIORITIES FOR 2021-22

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The Chair invited the Cabinet Member for Health & Social Care, Cllr Alev Cazimoglu to outline her priorities for the coming year.

Cllr Cazimoglu highlighted the following:

- Scrutiny is a very effective way of highlighting issues. The Cabinet Member was very receptive to the idea of pre decision scrutiny.
- She reflected on the difficult year due to the pandemic and recorded her gratitude to the front line Adult Social Care staff who had carried on delivering services looking after vulnerable, elderly and disabled residents throughout the pandemic.
- The number one priority is Safeguarding, and this could be considered by scrutiny in a number of ways;
 - Safeguarding Adults Annual report,
 - There has been a significant increase in safeguarding alerts during 2020/21 the panel may wish to look at the circumstances around this
 - The use of DoLS (Deprivation of Liberty Safeguard)- the Council authorises in excess of 1k of these a year, members may wish to assure themselves that these powers are used appropriately or whether they are underused or overused
 - Modern Slavery Team- what outcomes are being achieved and what more needs to be done
- The second priority is the Health & Social Care White Paper, there are two areas within this that it was suggested that scrutiny may wish to focus on; the development of Integrated Care system, which will lead to another reconfiguration of the CCG. It is important that there is a local voice. The other area is the reintroduction of Social Care inspections. This inspection regime will be similar to the way Ofsted work in Children's services. Members may want to look at the outcome of inspections and the committee may wish to look at what officers are doing to become inspection ready over the next 18 months.
- Mental Health Service Review, the NCLCCG are leading on this review and this in addition to the national programme. There will be some new investment so it will be important to ensure that Enfield is part of this. It was suggested that members may wish to look at analysis from the wide scale review and ensure that all matters are fully considered, particularly the deficit in mental health services locally. Transformation provides opportunities but cannot solve underfunding. It is important that Enfield's voice is heard.
- There is also a review of Community services, there is a significant funding deficit in community services in Enfield. If Enfield received the average amount that other boroughs receive this would mean a substantial increase in funding. Enfield has the lowest spend on community services within the North Central London boroughs.

The NCLCCG representative had been unable to attend the meeting but had sent through their key 3 focus/ priority areas as follows:

- Delivering the Covid vaccination programme
- Recovering access to services post Covid
- Transition to Integrated Care Systems/ Integrated Care Partnership (ICS/ICP)

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Dudu Sher-Ami, Acting Director of Public Health then provided priorities on behalf of the Cabinet Member for Public Health as follows:

- Covid Vaccinations- the process the borough has undertaken, the outcomes achieved, this will be an ongoing process of vaccinations. The Panel were that this item would be appropriate for consideration at any point in the municipal year
- The priorities within the Joint Health & Wellbeing Strategy:
 - Having a healthy diet
 - Being active
 - Being smoke free
 - Being socially connected

All of these priorities are about how the council and the integrated care partnership support residents to achieve these things. Many of the long-term conditions that led to Covid related admissions and deaths are contributed and associated with these lifestyle issues.

Bindi Nagra, Director of Health & Social Care and Tony Theodoulou, Executive Director People highlighted the following:

- All areas mentioned by the Cabinet Member are supported
- Normally items would have been suggested around the operation of Adult Social Care Services. However, this has been a very unusual last year and priority from the CCG on recovering access to services will encompass some Adult social care issues.
- Safeguarding is the number one priority and would suggest that the panel look at the annual report and this could encompass a number of safeguarding areas as suggested by the Cabinet Member. Sufficient time should be allocated for this item for thorough debate
- The Health & Social Care white paper and the reintroduction of the regulation of Adult Social Care. It was felt important that scrutiny provide challenge on what is happening to ensure that the Council is inspection ready.
- Recommendations that have previously come from scrutiny panels or the former workstreams have been very helpful to officers and had a positive impact.
- It was suggested that the panel may wish to look at a smaller number of items and undertake deep dives into these issues. Members were invited and encouraged to visit any of the services provided either by the council or by health services
- The committee may be able to play a role on recommendations on the role of ward councillors can play in promoting vaccinations, particularly with the hard to reach groups.

Committee Members provided the following comments and questions:

- The Cabinet Member and officers had provided a good set of priorities and it was suggested that the panel should focus on things that it has the ability to change and that each topic must have outcomes.
- Welcomed the idea of prioritising a smaller number of items but in a greater level of detail. A comment was made that the two that seemed

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to stand out where safeguarding alerts and Covid vaccination rollouts. Felt that these are two areas that scrutiny could make a difference on.

- It was commented that the Health & Social Care Paper and the Public Health annual report were key areas.
- The topics will need to be discussed meaningfully and feed into outcomes
- Following a query, it was confirmed that the white paper is now on a statutory footing and some work has already occurred. This item should be taken early on
- In response to a question to the Cabinet Member on how scrutiny could assist. Members were advised that the reconfigurations and the role of Local trusts ensuring that NCUH remains a fully functional hospital are critical to the local population and local representation is key.
- A suggestion was made to focus on the pandemic and the response to the pandemic, with one or two other subjects in detail.
- Officers were asked are there certain times of the year when items are more appropriate to be taken? Officers confirmed that they would like to bring the Annual Safeguarding draft report and use scrutiny as part of the consultation process. This report is due to go to Council in September so would need to come before then. The two reviews of mental health and community services could be undertaken towards the autumn. It was felt that ICS should be taken at an early stage. The White Paper leaves open quite a lot of flexibility as to how ICS's are configured. However, it would appear that nationally, regionally and to some extent locally, the NHS appear to be interpreting this in a narrow fashion. ICS's could include a wide range of stakeholders with delegated powers. It is thought that the NHS are viewing ICS as a NHS organisation that will be controlled and run by the NHS. The white paper says there is scope for local determination so would suggest early involvement in this, focussing on the flexibility. The Cabinet Member raised the issue around governance and who sits on the boards. No elected members currently sit on the CCG Board.

6. PLANNING THE WORK PROGRAMME 2021-22

The Chair introduced this item, the aim is to plan the work programme and prioritise items for the business meetings for the year. It was highlighted that as stated in the minutes of the 24 March there were two items outstanding from the last year and that the previous panel felt that they should be discussed as soon as possible. These items were:

- Reconfiguration of the NHS
- NCLCCG GP contract Changes

Regarding the two outstanding items the concern was on the GP contracts changes and the impact that this was having. It was suggested that the reconfiguration maybe picked up at the JHOSC.

The North Middlesex Hospital Trust follow up report awaited on the Care Quality commission (CQC) inspection at some point in the year was also mentioned as a future item in these minutes

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The Chair suggested that there is a need to hold an extra meeting in July, which will need to be confirmed with the Monitoring Officer, to pick up on one- or two-time sensitive issues. Members in attendance supported this suggestion

Most of the attending members supported taking less items but in greater depth on the agenda. The panel members also supported the idea of visiting services and are open to a flexible way of working.

For each item there should be consideration of what can be achieved and what are the outcomes, what could be done better. There needs to be laser focus for each topic.

The Chair was surprised that the issue of mental health was not raised following the pandemic, other than in the context of structural reconfiguration and possible amalgamation.

If there was to be a meeting in July it was suggested in addition to the safeguarding annual report, the GP contract changes, and the ICS may be appropriate notwithstanding that the actual content and what the Panel is seeking to achieve will still need to be finalised.

In summary the subjects in addition to those suggested for a possible July meeting agreed for consideration whilst still to be finalised are:

- Safeguarding including the Annual report, alerts and DoLS
- The rollout of the vaccination programme
- The priorities on lifestyle choices within the Joint Health & Wellbeing Strategy. What can be done regarding this to bring focus? The wider issues of public health must not be lost. Has there been suppression of service delivery due to the pandemic, what are the trends?
- Mental Health
- Reconfiguration of the NHS and the impact on local services. Public health could have a clear view on this and what changes may be needed. Timings would need to be explored for this issue.
- Community Services, its very important that the voice of Enfield does not get lost
- Healthwatch was a suggestion. They were invited to this meeting and will be invited to future meetings.

7. TERMS OF REFERENCE

The terms of reference were noted.

8. DATE OF NEXT MEETING

The date of the next meeting and that the Chair will be seeking an additional meeting in July was noted.

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The meeting ended at Time Not Specified.