

MINUTES OF THE MEETING OF THE HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL HELD ON THURSDAY, 16TH SEPTEMBER, 2021

MEMBERS: Councillors Kate Anolue, Alessandro Georgiou, Christine Hamilton (Deputy Mayor), Derek Levy, Jim Steven and Hass Yusuf

Officers:

Clare Duignan (HOS Integrated Care Mental Health), Jon Newton (HOS Integrated Care OP&PD) and Tony Theodoulou (Executive Director People), Jane Creer (Secretary)

Also Attending: Olivia Clymer (Healthwatch Enfield), Dr Jo Sauvage (NCL CCG Chair), Jo Murfitt (Programme Director for NCL CCG Strategic Reviews of Community and Mental Health Services) and Alex Smith (NCL CCG Director of Transformation).

1. WELCOME AND APOLOGIES

Councillor Derek Levy, Chair, welcomed everyone to the meeting and made introductions.

Apologies for absence were received from Councillor Birsen Demirel (substituted by Councillor Hass Yusuf), Councillor Chris Dey (substituted by Councillor Jim Steven), and from Councillors Tolga Aramaz and Huseyin Akpinar. Councillor Alev Cazimoglu, Cabinet Member for Health and Social Care) sent apologies she was unable to attend this meeting.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting of 28 July were agreed with the following corrections:

- Olivia Clymer represented Healthwatch Enfield.
- Date of the next meeting should have read 16 September 2021.
- Noted that the Vice Chair nomination was subject to approval by Council.

4. NORTH CENTRAL LONDON CLINICAL COMMISSIONING GROUP COMMUNITY AND MENTAL HEALTH SERVICES REVIEWS

RECEIVED the report on the progress of two strategic service reviews, one for community services and one for mental health services, that the North Central London Clinical Commissioning Group (NCL CCG) was running.

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NOTED the presentation by Dr Jo Sauvage (NCL CCG Chair), Jo Murfitt (Programme Director for NCL CCG Strategic Reviews of Community and Mental Health Services) and Alex Smith (NCL CCG Director of Transformation).

Feedback, comments and questions were received from Members throughout.

1. A key priority was addressing historical complexities across the system and differential access to services. Through the Covid-19 pandemic some of the variations and the impact of inequality became even more stark. The need for a more integrated approach to address inequities in community services was clear.
2. Mental health issues had been more pronounced during the pandemic, and the terms of reference of the review had subsequently been amended. Work had started firstly on community services, but because of the impact on mental health, the reviews were being run in tandem.
3. It had been important to understand the baseline and system and core offer.
4. Work had progressed through August into September, with frontline staff, residents, and others involved in workshops regarding what people thought community and mental health services should be everywhere. The stage had been reached of a proposed core offer iteration, which would be submitted to the Programme Board for sign off at the end of this month. At the same time, each borough had been asked to map the situation in reality. There would be an impact assessment on what this meant for access, finance and resources to achieve greater consistency.
5. In response to Councillor Georgiou's queries, it was advised that there was necessarily engagement with professional clinicians, but there was an active process of listening to patients who would be affected, and looking at evidence. There was liaison with all stakeholders at multiple levels, across the boroughs, including a residents' panel. It was fundamental for the CCG to engage properly and to evidence this.
6. In response to Clare Duignan's further queries regarding specific attention for local BAME communities, assurance was given that the difficulties of particular groups accessing services was known and that those concerns would be addressed, especially in the implementation stage.
7. In response to the Chair's queries regarding the methodology of the reviews, it was confirmed there was a need to look at both reviews together. It was recognised that there were deficits and variations in both service lines and a need to look in a more confluent way. The financial methodology used was considered the most helpful.
8. In response to Councillor Hamilton's query in respect of exclusions in the scope of the review, it was confirmed that learning disabilities referred only to a cohort of funded patients from long stay assessment centres.
9. In response to Councillor Hamilton's query about the example quoted about variation in boroughs' times of acceptance of referrals, it was confirmed that the aim was to broadly have coverage that was consistent, while recognising that sometimes variations were justified. The current

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arrangements around borough borders were clarified, and there were mitigations, particularly for planned services.

10. Councillor Anolue raised the issue of care staff who were resistant to accepting mandatory Covid-19 vaccination and how this would be dealt with. It was advised there had been concerted effort and conversations to support members of staff, and planning around mitigating the risks. There were also issues around staff morale, stress, sickness and retirement in the care and health sectors. In respect of care homes staff, Jon Newton advised that there was an ability to self-certify if vaccination was not possible due to health reasons for example.
11. Councillor Anolue also raised the seriousness of mental health issues, brought to prominence by the pandemic. It was confirmed that mental health had already been a priority in the NHS long term plan, and more funding had been provided to North Central London for mental health care. The money had been used to start to tackle inequities. Also, shortages in specialist roles and workforce, delivery and implementation had to be considered even as funding was unlocked.
12. Olivia Clymer welcomed the comprehensive engagement programme, but questioned whether the level of patient response was considered satisfactory, the timescale of the consultation, appropriate communication, and appropriate complaints procedures. It was agreed that the number of responses to the patient survey had been disappointing, but that the comments submitted had been consistent and had matched what had been heard elsewhere. The Residents Reference Group had around 22 members, including people from all the boroughs, a diversity of age, and those who had community health and mental health experience. An equality impact assessment had also been taken through the Residents Reference Group. Jo Sauvage would discuss issues around current patient experience further with Olivia Clymer following the meeting. Healthwatch had brought forward reports around access to GPs and patients' experience, and it was important to understand where there were gaps, and investigate poor experiences. The CCG sought to tackle unwarranted variation, and there were ways to complain which patients should be directed to use. The inequities had been recognised for a long time and it was now being identified how resources could be redistributed across the system to tackle them.
13. In response to Members' further queries, it was confirmed that the forthcoming integrated care system would mean working collectively towards solutions. The Covid-19 crisis had brought many organisations together and relationships across North London had improved as a result. There was a focus on support to care homes and a national Ageing Well programme.
14. In response to Councillor Hamilton's queries about allocation of funding across the five boroughs, it was advised that the relevant discussions across the system were just beginning, allocation should be needs-led, and decisions may be challenging regarding reallocation of existing spending. The importance of out of hospital services was highlighted and keeping people at home if safe. Resources could be released by bringing management of some long term conditions into the community. An update would be brought to a future meeting.

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15. Members were thanked for their scrutiny and constructive comments.

5. DATES OF FUTURE MEETINGS

The dates of future scheduled meetings were noted, and that the next meeting would be arranged for a suitable date in November.

The meeting ended at 8.30 pm.