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HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL

Wednesday, 27th July, 2022 at 7.00 pm in the Conference Room, Civic Centre, Silver Street, Enfield, EN1 3XA

Membership:

Councillors: James Hockney (Chair), Andy Milne (Vice Chair), Nicki Adeleke, Kate Anolue, Ahmet Hasan (Associate Cabinet Member (Enfield North)), Nia Stevens, Emma Supple and Eylem Yuruk

AGENDA – PART 1

1. WELCOME & APOLOGIES

2. DECLARATIONS OF INTEREST

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

3. INTRODUCTION - PURPOSE OF MEETING

The Chair to introduce the purpose of the meeting.

4. MINUTES OF THE PREVIOUS MEETING (Pages 1 - 6)

To approve the minutes of the meeting held on 16 March 2022.

5. TERMS OF REFERENCE (Pages 7 - 8)

To note, for information, the attached Terms of Reference for the Health & Adult Social Care Scrutiny Panel.

6. LOCAL PRIORITIES FOR 2022/23

The Scrutiny Panel will hear from the Cabinet Member and Officers outlining priorities and areas of challenge.

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

7. PLANNING THE WORK PROGRAMME FOR 2022/23

To agree and prioritise items for the Work Programme 2022/23.

8. DATES OF FUTURE MEETINGS

To note the dates of future meetings as follows:

Thursday 15 September 2022
Tuesday 6 December 2022
Wednesday 8 March 2023

These meetings will commence at 7:00pm and will be held in the Conference Room at the Civic Centre.

MINUTES OF THE MEETING OF THE HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL HELD ON WEDNESDAY, 16TH MARCH, 2022

MEMBERS: Councillors Derek Levy, Christine Hamilton (Deputy Mayor), Kate Anolue, Birsen Demirel, Alessandro Georgiou and Terence Neville OBE JP

Officers:

Dudu Sher-Arami (Director of Public Health), Doug Wilson (Head of Strategy, Service Development and Resources) and Sharon Burgess (Head of Service - Safeguarding Adults, Complaints and Quality Assurance) and Jane Creer (Secretary)

Also Attending: Dr Fahim Chowdhury (GP and CCG Board Member)

1. WELCOME & APOLOGIES

Councillor Levy (Chair) welcomed all attendees to the meeting. It would be the last meeting he would chair, and he thanked the Members present for their support to the scrutiny panel and commitment to the scrutiny process.

Apologies for absence were received from Councillor Dey, who was substituted by Councillor Neville.

Apologies for slight lateness were received from Councillors Demirel and Neville.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 17 February 2022 were agreed with the following amendment:

- Post meeting action point to be added to Minute 4 : additional information to be provided as requested by Councillor Hamilton; the response to the concerns raised by the JHOSC; and the outcome of the judicial review.

The information to be added to the 16 March minutes as a follow-up note.

ACTION: NCL CCG / Governance Secretary

4. ROLLOUT OF THE VACCINATION PROGRAMME

RECEIVED the report of the Director of Public Health.

- Introduction by Dudu Sher-Arami (Director of Public Health) and Dr Fahim Chowdhury (GP and CCG Board Member).
- The vaccination programme was not finished: there would be a roll out of the booster dose for vulnerable adults in the Spring, and roll out of vaccination to 5 – 11 year-olds via primary care. Planning had already begun for Winter 2022/3.
- Tackling health inequality was a major focus. The Borough Partnership Immunisation and Screening Workstream Group would continue to work on vaccine inequality. Closer work would continue with local communities.
- The high level of collaboration between organisations across Enfield, including the NHS, voluntary sector and the Council, was highlighted. A lot had been learned from the vaccination work so far.

In response the following comments and questions were received and responded to.

1. In response to the Chair's queries about potential concerns further to recent relaxation of restrictions, it was confirmed that nationally there had been a slight rise in the number of Covid cases and the pandemic was not over. No-one could accurately predict the future, but the vaccination was very effective at preventing death and hospitalisation, and vaccinated people who did become infected experienced much lower severity of disease. Concerns focused on groups with lower vaccine uptake as the unvaccinated would experience higher rates of hospitalisation and death. This was still work in progress. Vaccine manufacture would respond to future Covid variants in a speedy manner and the vaccination programme would continue, along with work to raise vaccine confidence and respond to community needs. Assurance was given that relaxation of restrictions was now appropriate. There were multiple lines of treatment even for the very vulnerable. North Middlesex University Hospital ITU had returned to normal patient numbers.
2. In response to the Chair's query about the scaling down of vaccine infrastructure locally, assurance was given that the borough had greater vaccine provision and slots than there was currently demand for. There was extra provision in the borough via additional pharmacies and an additional primary care location, and provision was 7 days a week.
3. In response to Councillor Georgiou's queries about difference in vaccine uptake rate by gender, it was advised that women were generally more likely than men to present for health care and to follow health seeking behaviours.
4. In response to Councillor Georgiou's further queries, it was confirmed that low vaccine uptake was seen in various geographical, socio-economic, ethnic, and cultural groups. Risks had been highlighted early to Black communities which were known to be more badly affected by Covid. It was confirmed that all patients had continued to be contacted to receive vaccinations. Vaccine uptake inequality did not seem to be related to availability or accessibility but rather to misinformation. An appointment system had been necessary early on to prevent overwhelming the system and to prioritise the most vulnerable. After that point, a walk-in system was

better. Pop-up vaccination facilities were provided in support and had been very successful at the beginning of the rollout, but less so recently despite provision in good community venues. Approval had just been received to begin a pilot door-to-door vaccination scheme. More innovative and creative solutions were being sought.

5. Councillor Hamilton asked how misinformation could be stopped. It was advised that the amount of misinformation shared was huge, but there had been a programme of communication work, including by the Council's communications team, to attempt to tackle the issue within their finite resources. This included posts and short films on social media, messages in a variety of languages, and engagement with faith leaders so that people could hear from trusted sources. There had also been use of people trained to have vaccination conversations on the streets in the east of the borough.
6. In response to Councillor Hamilton's query regarding the current situation in the borough's care homes, Doug Wilson confirmed that vaccination had made a huge difference and care homes were now seeing hardly any deaths due to Covid. The Council had been clear from the outset that people would not be admitted into its care homes without negative Covid test results: locations had been established for people to go who tested positive and co-operation had been good.
7. In response to Councillor Neville's queries, it was confirmed that Figure 7 in the report showed the latest data used by the Public Health Intelligence team to inform action. There was a trend of lower vaccine update in Eastern European groups and engagement work continued with those groups; in particular to assist with registration with local GPs.
8. Councillor Demirel asked about the low booster rate for care home staff shown in Figure 10. It was clarified that as many care home staff received first and second doses at the end of the period, when the vaccination mandate was brought in: they were only just becoming eligible for the booster. Doug Wilson added that the booster was not part of the mandate, and that concerns of staff reflected concerns among the general population, but there had been engagement and face to face conversations.
9. In response to Councillor Demirel's further queries regarding vaccination of children, it was confirmed there had been relatively low uptake for 12 – 15 year olds despite opportunities to be vaccinated at school. For 5 – 11 year olds, parents would be required to take them to primary care centres for vaccination, which may also lead to lower uptake. Grant funding had been applied for through NHS England to expand communications.
10. Councillor Anolue asked about numbers presenting with Long Covid. Dr Chowdhury advised that there were around 30 people presenting to his practice, but it was likely there were a lot more people with symptoms. There was research taking place, and a special clinic at UCLH, but it was early days and little was known at this point. There was evidence that vaccinated people were less likely to be affected by Long Covid.
11. The Chair asked about the role of the Council, and it was advised that though the vaccine programme was delivered by the NHS, the Council had worked in partnership, as had the voluntary sector, to support in any way it

could. Coordination, leadership and communication routes had been provided and many staff across Council services had become involved.

12. The Chair recorded thanks for a very good paper, and that he was encouraged by the work taking place and the creative approaches.

5. INTRODUCTION OF SOCIAL CARE INSPECTIONS

RECEIVED the report of the Head of Safeguarding Adults.

- Introduction by Doug Wilson, Head of Strategy and Service Development, Health, Housing and Adult Social Care.
- The legislation changes and the new duty for the Care Quality Commission (CQC) to assess how Local Authorities are meeting their adult social care duties were highlighted.
- Much of the detail was awaited at this point, but officers anticipated what the new regulatory framework may look like and the primary principles had been used to plan a programme of work to prepare. Extra members of staff had also been recruited to increase senior capacity and work towards a longer term strategy.

In response the following comments and questions were received and responded to:

1. In response to the Chair's queries in respect of the CQC assessments, it was advised that officers' experience was of fair mindedness from the CQC, and importance of evidence. The pressures on the NHS were a driver for integrated care systems; social care and local services were important as part of the solution.
2. In response to Councillor Demirel's queries, the key importance of partnerships was highlighted and working together for a common cause as had been successfully done during the Covid pandemic.
3. In response to Councillor Hamilton's query about funding, it was confirmed that over the last 10 years difficult decisions had to be made about spending, but it seemed that the corner was now being turned and that the importance of social care was now being better understood.
4. In response to Councillor Hamilton's further query about passage of the legislation through Parliament, it was advised that it was now well progressed and a lot more was known recently about the proposals.
5. In response to Councillor Anolue's queries regarding working together, the duty to be clear with the public was stressed, and partnership with Healthwatch. Intervention at an earlier stage was important, and not just responding to crises. There was openness to new ideas and a collaborative approach, giving people power to shape services and delivery. The CQC would be interested in people's experiences in getting what they need and being supported.
6. Councillor Neville commented on the Council's good record in adult social care, and asked about Council care home provision. It was confirmed that Enfield had a significant care market in services and care homes. As opposed to pre-pandemic there were more empty beds, but the

government had supported providers, and vacancy rates were improving. There was a need for short specialist care. Bonds with the NHS had been cemented over the last two years and discharge arrangements were working well. The pandemic had also made the Council's relationship with providers much stronger.

7. In response to Councillor Georgiou's queries, it was confirmed that the Council had a good relationship with the CQC and that the key lines of enquiry would be developed with local authorities, though officers were aware of what good and best practice looked like, and Enfield was considered to be in a strong position.
8. In response to Councillor Demirel's queries in respect of demographic changes and needs, it was confirmed that the department has a well established process for understanding and planning for increases in demand for services. This has been particularly noticeable amongst our learning disability population but there has been a lot of volatility in demand for services within our older people population as well over the last two years. Planning focuses not only on what the future demands are likely to be but also on what types of early intervention support would be beneficial to help people at an earlier stage and prevent crisis.
9. In response to the Chair, it was advised that the changes were making care workers feel empowered, and that inspectors were also passionate about making sure services were of a good quality for the people who used them.

6. DATE OF NEXT MEETING

The Chair expressed his thanks to Members and Officers for their participation and Governance team for their support. The Chair was thanked for his role and fairness shown to Members from all sides.

Meeting dates for 2022/23 would be approved by Annual Council Meeting following the election.

The meeting ended at 9.08 pm.

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HEALTH & ADULT SOCIAL CARE SCRUTINY COMMITTEE
Appointed by: Council
proportionality: Yes
Membership: 8
Chair and Vice Chair appointed by: The Chair of each Scrutiny Panel shall be a member of the OSC, as determined by the OSC at its first meeting
Public/Private meetings: Public
Quorum: 3
Frequency: minimum of 4 meetings per annum
The Overview and Scrutiny Committee and Health Scrutiny Panel will: 1. 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. 2. Respond to consultations by NHS bodies and provide dates and publish timeframes for its decision-making process on proposals for substantial developments. 3. Comply with regulations formalising arrangements for health scrutiny. 4. Consider matters referred to the Council by the local Healthwatch and respond within 20 days. 5. Scrutinise Public Health services commissioned by the Council / Health and Wellbeing Boards. The following provisions are preserved: 1. Enable health scrutiny to review and scrutinise any matter relating to health services in its area; 2. Require NHS bodies to provide information to and attend before meetings of the committee; 3. Make reports and recommendations to relevant NHS bodies and to the Local Authority; 4. Require health providers to respond within a fixed timescale; and 5. Require health providers to consult local authorities

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