

## **MINUTES OF THE MEETING OF THE HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL HELD ON TUESDAY, 28TH NOVEMBER, 2023**

**MEMBERS:** Councillors James Hockney, Andy Milne, Emma Supple, Kate Anolue, Nawshad Ali and Nia Stevens

**Officers:** Dudu Sher-Arami (Director of Public Health), Laura Martins and Will Wraxall (Complaints & Access to Information Services), Andrew Lawrence (Head of Commissioning – CYP & Public Health), Gabriella Sarpong (Public Health Strategist), Dr Chad Byworth (Public Health Registrar), Jon Newton (Service Director – Health & Adult Social Care), Victoria Adnan (Policy & Performance Manager), Mark Tickner (Senior Public Health Strategist), Jane Creer (Governance Officer)

**Also Attending:** Deborah McBeal (Director of Integration, NCL ICB), Stephen Wells (Head of the Enfield Borough Partnership Programme, NCL ICB), Dr Shakil Alam (Clinical Director for Place, Enfield), Markela Lleshaj and Mithraya Kajenthiran (Youth Council Members)

### **1. WELCOME & APOLOGIES**

Cllr James Hockney, Chair, welcomed all attendees.

Apologies for absence were received from Cllr Nicki Adeleke and Cllr Chris James, who were substituted by Cllr Nawshad Ali and Cllr Nia Stevens respectively. Apologies were also received from Cllr Doris Jiagge.

Cllr Alev Cazimoglu, Cabinet Member for Health and Social Care sent apologies as she was attending the NCAS Conference.

Apologies for absence had also been received from Doug Wilson, Director of Adult Social Care.

### **2. DECLARATIONS OF INTEREST**

There were no declarations of interest registered in respect of any items on the agenda.

### **3. MINUTES OF THE PREVIOUS MEETING**

The minutes of the previous meeting held on 20 September 2023 were **AGREED**.

### **4. ENFIELD BOROUGH PARTNERSHIP UPDATE**

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Deborah McBeal, Director of Integration, NHS North Central London Integrated Care Board (NCL ICB), introduced the presentation to provide an update to the Panel further to their attendance at the 8 March meeting. The Borough Partnership was of all organisations within Enfield which were part of health and social care provision, including the local authority, hospitals, mental health trust, and the voluntary and community sector.

Stephen Wells, head of the Enfield Borough Partnership Programme highlighted points from the slide presentation. The governance was set out, and the clinical leads, focussing on the Start Well, Live Well and Age Well areas.

There were a number of work streams. It was being ensured that they aligned with the Joint Local Health and Wellbeing Strategy. Work with Healthwatch ensured that focus was on what residents found the most useful. Making best use of resources collectively was key. Further updates on progress would be provided to the Panel.

The most recent area of work was development of a Healthy Community Zone with colleagues in Haringey. The work further to the Fuller report in respect of Practice Neighbourhood Development was also highlighted, for improving care and same day access.

Questions were invited from Members.

In response to queries regarding the data provided, this was put together with partners including Public Health Intelligence and GPs from detailed searching at neighbourhood level. It was confirmed the data is current and gave an accurate insight into needs.

In respect of measuring successful outcomes of projects, evaluation was carried out with all partners and information gathered to assess impacts and build learning. Information was also taken through the Inequalities Delivery Group. NCL ICB had a dedicated team to ensure sustainable funding streams going forward and identify additional monies.

In response to queries regarding GP access, it was confirmed that practices had put in additional actions. Work was ongoing with Healthwatch so residents could have increased understanding of how to access, types of appointments and types of healthcare professionals. The significant pressures and increasing demands on healthcare services were noted. Dr Shakil Alam also raised the estate expansion of GP services, and the primary care access hub put into North Middlesex Hospital, and recruitment and retention of staff. The topic could be brought back to the Panel next year to allow comparisons and contrast to be reported.

Further details were discussed in respect of the case studies quoted in the presentation, and appropriate activities to raise awareness and patient understanding where and when to attend, and how to achieve a reasonable outcome to a request.

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The Chair thanked NHS representatives for their attendance and he would make contact in respect of future topics for discussion with the Panel.

The Panel **AGREED**

1. To note the Enfield Borough Partnership update.
2. That further updates would be provided to the Panel in the 2024/25 municipal year.

### **5. ADULTS SOCIAL CARE ANNUAL STATUTORY COMPLAINTS REPORT**

Laura Martins, Head of Transformation and Complaints & Access to Information Services (Acting), introduced the report of the Executive Director – People and the annual report on Adult Social Care Statutory Complaints for 2022-23.

Key points were highlighted, including the decrease in volume of complaints, (noting that complaints regarding financial assessments were no longer processed through the statutory process); the statistics in respect of complaints upheld and partially upheld; timescale requirement results; complaints investigated by the Local Government & Social Care Ombudsman; and key learning themes. There had been an increase in compliments recorded, often in respect of individual staff members.

Questions were invited from Members.

In respect of the largest proportion of complaints by service area relating to 'Older People and Physical Disabilities', this is the biggest spending part of Adult Social Care, with the most staff and looking after the most people. It was noted that demand had risen and staff consequently had less time to build up relationships.

The single point access was explained in more detail.

It was confirmed that the department ran apprenticeships, including for occupational therapy. Work experience and talks to students were also offered to raise recruitment interest. Some OT roles had been converted to OT assistants.

The one stage complaints process was clarified, and that conversations to try to understand and resolve issues amicably were encouraged before making of official complaints.

In respect of Ombudsman complaints, Enfield Council compared well against other boroughs for adult social care. Officers would look at other borough reports and circulate comparative figures to Members.

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Members welcomed the reduced level of complaints, and noted that issues related to delays and communication of timeframes rather than to the care provided.

The Panel **AGREED** to note the annual Adult Social Care Statutory Complaints Report for 2022-23.

### 6. **HEALTH VISITING, BREASTFEEDING AND WOMEN'S HEALTH (SCREENING)**

Dudu Sher-Arami introduced the report of the Executive Director – People, which combined various topics at the request of the Panel for an overview of these services which were important for the future wellbeing of young people in the borough.

Since the last update to the Panel, the ICS had produced a strategy in respect of screening and early intervention for cancer.

Andrew Lawrence, Head of Commissioning – CYP & Public Health, summarised key points regarding Health Visiting, including a significant improvement in performance. Enfield tended to be better than or equal to the London average.

Gabriella Sarpong, Public Health Strategist and lead on infant feeding, summarised key points regarding Breastfeeding. Receipt and use of government grant funding in Enfield was highlighted. The NCL gap analysis had revealed areas for focus, and significant work was being done.

Dr Chad Byworth, Public Health Registrar, summarised key points regarding Women's Health (Screening), noting though this was not directly commissioned by the local authority, it had an important role working with ICB colleagues. Important work was ongoing to improve uptake, with a strategy developed by the NCL Cancer Alliance.

Questions were invited from Members.

Cllr Anolue had an interest in promoting breastfeeding, and was a peer supporter, and had concerns about hard-to-reach women. The importance of developing a pathway and a more proactive approach, particularly before parents and babies left hospital, was stressed by officers. The new Infant Feeding Strategic and Training Lead post would oversee development of more long term plans and services.

Clarification was provided in respect to Health Visiting data, which was based on accurate monthly new birth data.

In respect of promotion of cancer screening, it was advised that the wide network of community and faith groups built up during the Covid-19 vaccination work had been extended to other health topics and there had been a lot of activity. In respect of access, the three breast screening sites

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had not changed pre and post the pandemic, but cervical screening was easier to access as it was able to be provided at GP surgeries. It was felt the balance was right. There had been a communications and social media campaign to promote screening but it was too early to tell the impact.

In response to the Chair raising the 'excess weight' data set out in the documents, the Director of Public Health suggested a more detailed paper could be brought to a meeting of the Panel.

The Panel **AGREED**:

1. To note the current arrangements for health visiting, the impact of COVID-19 and actions leading to recovery of service performance, and the financial context for future service provision.
2. To note the up-and-coming development regarding provision to support breastfeeding through the Children and Family Hubs.
3. To note that Enfield is, broadly, the best performing of the North Central London (NCL) boroughs with regards to cervical and breast screening uptake and the forthcoming programme of work by the NCL Cancer Alliance that aims to (1) reduce inequalities in uptake and (2) improve overall performance which currently lags the England average.

### 7. CQC INSPECTIONS UPDATE

Jon Newton, Service Director – Health and Adult Social Care, introduced the report of the Executive Director – People.

The Care Quality Commission's (CQC) new responsibilities under the Health and Care Act 2022 were highlighted, particularly in relation to assessment of how local authorities were meeting their social care duties. Details were provided on Enfield Council's preparation, learning, and awareness raising in advance of CQC inspection.

Questions were invited from Members.

In response to the Chair's queries regarding the increase in numbers contacting Adult Social Care since 2020-21, it was advised that a dip in numbers had been linked to the Covid-19 pandemic period, but were now bouncing back up and demand for support and advice continued to increase.

In response to a request for clarification on process and marking, it was confirmed there was current work on areas of improvement such as a consistent approach in managing waiting lists.

In response to queries regarding feedback from staff around the inspection, it was advised that there had been extensive engagement including an ASC seminar in September in preparation. Staff were expected to be honest and to share good practice.

It was not known how often CQC would re-inspect, but they would have powers to return in the new regime. There had been information gained from

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the five pilot local authority inspections, and it was apparent that the initial focus would be on four key themes and that inspectors would want to speak to service users and agencies. It was noted that rather than big contracts, Enfield worked with 95 care homes and around 25 care providers. It was not known how many inspectors would be involved in an inspection or for how many days, but there would be approximately a week to ten days' notice of an inspection.

The Panel **AGREED** to note the progress of the development of the Self-Assessment document and supporting evidence for Adult Social Care. This work was in preparation for the new duty for the Care Quality Commission to assess how local authorities are meeting their Adult Social Care duties.

### 8. DRAFT JOINT LOCAL HEALTH AND WELLBEING STRATEGY

Dudu Sher-Arami, Director of Public Health, introduced the draft of Enfield's Joint Local Health and Wellbeing Strategy 2024-30.

It was noted that Health and Wellbeing Boards were required to have a health and wellbeing strategy jointly held between local authorities and NHS partners, as a way of identifying key priorities. The previous strategy was agreed in 2019. There had already been extensive engagement on the new strategy and the official 10 week public consultation began on 20 November. An email from Cllr Cazimoglu would be sent to Panel Members, who were asked to please share the link widely with their own networks.

The approach to developing the strategy was described by Victoria Adnan, Policy and Performance Manager, Dr Chad Byworth, Public Health Registrar, and Mark Tickner, Senior Public Health Strategist. The strategy was to be evidence-informed, have a clear and relatable structure, and have two-yearly action plans which could be updated regularly. Enfield Health and Wellbeing Board had endorsed the life course approach of 'Start Well', 'Live Well' and 'Age Well', the priority areas within each life stage, and the five principles to guide the work. The consultation period would end in January, and the strategy would be submitted to Cabinet in April for recommendation onto Council for final agreement.

Questions were invited from Members.

Members had concerns that the strategy did not specify what reductions were hoped to be achieved, or what good results would look like.

It was confirmed that the life course approach was also taken by the North Central London Population Health and Integrated Care Strategy.

In respect of the role of personal responsibility, it was advised that it was aimed to create an environment in Enfield that enabled people to make the healthy choice first. Health literacy was also raised and the need for challenging conversations in respect of individual responsibility. The impacts of wider determinants of health (Pillar 1) were noted as very significant.

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Further details were provided regarding funding for provision of family hubs, and the aim to ensure delivery of their work was embedded through the local authority and NHS.

The Panel **AGREED** the request to seek feedback on the draft Joint Local Health and Wellbeing Strategy 2024-30.

### 9. WORK PROGRAMME 2023/24

**NOTED** the Health and Adult Social Care Scrutiny Panel Work Programme for 2023/24.

The additional meeting for the Panel would be preferred in April 2024.

**ACTION:** Governance

### 10. DATES OF FUTURE MEETINGS

**NOTED** that the next meeting of the Health and Adult Social Care Scrutiny Panel would be on Wednesday 28 February 2024 at 7:00pm in the Conference Room, Civic Centre.

The meeting ended at 9.19 pm.