

MINUTES OF THE MEETING OF THE HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL HELD ON TUESDAY, 3RD NOVEMBER, 2020

MEMBERS: Councillors Kate Anolue, Dinah Barry, Chris Dey (Vice-Chair), Christine Hamilton (Deputy Mayor), Saray Karakus, Edward Smith (Chair) and Doug Taylor

Officers: Tony Theodoulou, Executive Director People, Bindi Nagra, Director of Health and Adult Social Care, Joanne Drew, Director of Housing and Regeneration, Doug Wilson, Head of Strategy and Service Development, Lia Marwick, Service Development Manager, Clare Bryant, Senior Governance Officer, Andy Ellis, Governance and Scrutiny Officer.

Also Attending: Alan McGlennan, Medical Director, Chase Farm Hospital, Sally Dootson, Director of Operations, Barnet Hospital, Katrina Davies and Sarah D'Souza, North Central London Clinical Commissioning Group (NCL CCG)

Cabinet Member: Cllr Alev Cazimoglu, Cabinet Member for Health and Social Care

9. WELCOME AND APOLOGIES

The Chair, Cllr Edward Smith welcomed everyone to the meeting. Apologies were received from Cllr Huseyin Akpinar. Cllr Kate Anolue and Cllr Doug Taylor were required to attend the Planning Committee and left this meeting at 7.30pm.

10. DECLARATIONS OF INTEREST

No declarations of interest were received.

11. MINUTES OF THE MEETING HELD ON 9 SEPTEMBER 2020

The minutes of the meeting held on 9 September 2020 were agreed.

12. OLDER PEOPLE'S ASSESSMENT UNIT

Alan McGlennan highlighted the following from the report:

- 1) The Older People's Assessment Unit (OPAU) is a GP referral service which cares for patients aged 65 and over. The OPAU was part of the service provision at Chase Farm Hospital but as a result of the Covid-19 pandemic, the unit was temporarily re-located to Barnet Hospital in June 2020.
- 2) The change was made in line with NHS England pan-London infection prevention and control guidance.

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- 3) During the initial stages of the pandemic, the OPAU remained operational but all elective surgery at Chase Farm was cancelled. As elective surgery was re-introduced on the site, a decision was taken that it was not possible to continue with the OPAU provision at Chase Farm, with elderly patients being required to move across various departments. Unlike the majority of other patients who attended for planned care, it was not possible to screen them for Covid-19 in advance, due to the nature of their need to be seen quickly.
- 4) Service provision for the OPAU has remained the same following the re-location to Barnet. Referrals are accepted from North Central London and Hertfordshire.
- 5) Before the temporary move was undertaken, staff, GPs and commissioners were notified but The Royal Free Trust were not required to consult local overview and scrutiny committees prior to taking the decision.
- 6) The current arrangements for the OPAU location are being reviewed in line with recent changes in infection and prevention guidance. The Scrutiny Panel will be updated with any further developments.

The Chair opened the discussion for comments and questions;

- 7) In response to a question as to why Barnet Hospital was considered a safer location than Chase Farm Hospital, it was noted that it was a service related decision to minimise the possibility of transmission of the virus in healthcare. Chase Farm Hospital carries out elective surgery and outpatient clinics and can remain a 'clean' or covid protected site. At Barnet, admissions are via the A&E Department, directly on to wards and has the necessary infection control measures in place. With OPAU patients potentially having Covid-19 symptoms, Barnet is the site best suited to accept them.
- 8) Following a comment relating to the difficulties for residents from eastern Enfield travelling to Barnet, it was confirmed that the temporary re-location of the OPAU would be reviewed by the North Central London Clinical Commissioning Group.
- 9) Barnet Hospital has a full service for admission avoidance, including for the elderly.
- 10) It was re-iterated that even for patients in the west of Enfield, access to Barnet Hospital via public transport is problematic and time consuming.
- 11) In noting the times of service provision, it was confirmed that the OPAU was not a 24 hour service. However, elderly patients would be admitted for care, irrespective of opening hours, just like any other out-patient service.
- 12) With more testing becoming available, tests would be prioritised for patients with a priority need, including the elderly.

In summary, The Chair confirmed that The OPAU should be repatriated to the Chase Farm site as soon as the pandemic allows. Members of the Scrutiny Panel would be concerned if the unit was to remain in Barnet, following the end of the pandemic.

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Alan McGlennan and Sally Dootson were thanked for their presentation.

13. COVID-19 AND CARE HOMES

- 1) Cllr Alev Cazimoglu, Cabinet Member for Health and Social Care introduced this item and noted the progress made, especially relating to systematic testing and the provision of PPE. The rate of new cases of covid-19 has reduced with no covid-19 related deaths in care homes within the last 2 months.
- 2) It was noted that the Council must support family members, where appropriate, to maintain safe and regular contact with their loved ones. Care home staff should receive their pay when required to self-isolate during these challenging times. Cllr Cazimoglu thanked all front-line staff for continuing to care for our family and friends.
- 3) Enfield has 82 care homes, providing 1800 beds. As the pandemic developed, Enfield Council mobilised quickly in partnership with health service colleagues and service providers. Enfield acquired good levels of PPE and continued to push for mass testing for residents and staff in the care homes.
- 4) Care home staff were praised for the way they have adapted and carried out their work in very trying circumstances.
- 5) The physical impact of the pandemic is clear but the mental toll upon residents and family members can't be underestimated. Care homes must be kept safe by keeping infection out, balanced with allowing appropriate access visits. This has been achieved in a number of ways, via skype calls or garden visits. With end of life care, the appropriate precautions are taken to allow family members to be with their loved ones.
- 6) Although the Council will not be complacent, in April there were infections in over 50 care homes, that figure is now less than 10.
- 7) The Council provide care homes with the latest Government guidance as we work to ensure that staff, residents and residents families are safe.

The Chair thanked Cllr Cazimoglu and Doug Wilson for their input and asked members for any questions and comments.

- 8) In response to a question relating to visits, it was noted that guidance is provided to care homes by the Director of Public Health, advising of benefits and the risks of enabling personal visits to care homes. However, a capacity issue can arise when staff in care homes are in self-isolation as a number of staff members may be required to facilitate a personal visit from a family member.
- 9) The current guidance requires all care home staff to be tested in the past 7 days and residents to be tested in the past 28 days. It was confirmed that this has been achieved in 79 care homes in the borough, with the remaining 3 to receive support in reaching this target.

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- 10) Mass testing is being developed to provide results within 30 minutes. Enfield Council, via Public Health England have applied to be a test site for this trial.
- 11) It was noted that the issue of visits is very difficult for residents, families and staff. Current Government guidance is not to allow visits to care homes, however, the council are being humane in interpreting the guidance and working with service providers to ensure all concerned are kept safe, with appropriate risk assessments being undertaken.
- 12) Issues relating to statistics available from Public Health England were highlighted. Previously, information on numbers of tests in homes was provided to the Council but since this has stopped, Officers are required to contact each home individually to ask for the information. Representations have been made with Public Health England as to why this information is no longer provided but a response has yet to be received. This will be followed up and the scrutiny panel advised accordingly.

ACTION : Bindi Nagra/Stuart Lines

- 13) The number of vacant beds in care homes had increased from 62 in March to 270 in October. It was confirmed that this was mainly as a result of the number of deaths and the reduction in new placements.
- 14) The issue of low pay for care workers was commented upon. The additional monies received from Government was to be used to fight the infection levels and was not intended for front-line staff. To address this issue of low pay, there needs to be a reform of Social Care. It was recognised that the workers the community relies upon the most receive the lowest salary.
- 15) The importance of containing any infection and not working in more than one site was noted. It was confirmed that part of additional government funding was provided to care homes to pay staff, in full, if they needed to self-isolate or they were required to give up part of their employment at another site.
- 16) The Council are instructing care homes not to allow staff to work in other care settings as this is recognised as one of the main ways that infection is spread.
- 17) A comment was received in relation to the National Living Wage and the Chair reminded all members to remain non-partisan during scrutiny meetings.
- 18) It was highlighted that in preparation for the 2nd wave of the pandemic, 85 step-down, additional capacity beds will be available in North Central London. These beds will be used by patients leaving hospital care, who test positive for covid-19, rather than returning to a care home. The beds in Enfield are located at the St.Micheal's site and Chase Farm Hospital. Currently, only a very small number of these beds are occupied across the North Central London area. If the NHS were to become over-whelmed, the use of these beds would need to be reconsidered. Enfield Council will resist, for as long as possible, hospital discharges in to care homes as it was apparent that this resulted in the great number of deaths witnessed during the first wave of the pandemic.

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- 19) In response to a question, it was confirmed that NHS workers are taken from other parts of the service to staff these step-down beds.
- 20) A question was asked as to whether local hospitals were able to provide covid-free areas within their premises, to safeguard covid-negative patients. In response, it was noted that hospitals could be classed as 'hot or 'cold' sites. Hot sites would take covid-positive patients, however, cold sites would not. Within Enfield, Chase Farm is a cold site, with much elective surgery taking place here, but North Middlesex hospital is a hot site, with covid positive patients being admitted via GP referral or A&E.

In closing this item, The Chair commented that Members would feel assured by the work being undertaken and thanked Cllr Cazimoglu and Officers for their contributions.

14. REARDON COURT EXTRA CARE HOUSING (TO FOLLOW)

The Chair introduced this item and summarized the grant funding received to date. The GLA grant allocation requires a start on site by March 2021.

- 1) The Cabinet Member gave an overview of the extra care housing service which will enable independence, choice and control. This will, in turn, reduce demand on adult social care services and provide good quality housing in the borough.
- 2) The presentation given highlighted that Enfield has a growing population, people are living longer but not always in the best of health.
- 3) Prior to the pandemic, the numbers of people going into residential care had risen considerably in the past year. It is projected that 1780 older people will be living in residential care by 2025.
- 4) Extra care housing is an enhanced form of sheltered housing which offers accessible, flexibly designed self-contained accommodation with tenancy rights and 24-hour care.
- 5) This form of housing provision can prevent support and care needs escalating. It maximises the emotional, physical and mental wellbeing of residents, who are able to maintain social and support networks.
- 6) Good design is very important to enable the benefits of the service to be maximised. Reardon Court will be a development of 91 accessible homes (81 x 1 bed flats, 10 x 2 bed flats) with the design being considerate of the support and care requirements of individuals.
- 7) The emphasis of the scheme will be to promote social interaction, involvement and healthy, active aging.
- 8) The facilities will include a communal lounge, allotment space, hairdressing salon, laundry room, a library and IT suite acting as a cinema and a roof garden.
- 9) Demolition will commence at the end of 2020, construction will begin in March 2021, with completion targeted for 2023/24, however this will be dependent on any future lockdown periods.

Following the presentation, the Chair asked members for any questions or comments.

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- 10) In response to a question, it was confirmed that Adult Social Care officers are consulted when new housing schemes are being developed to ensure need is addressed.
- 11) When a large house is under-occupied, the most appropriate alternative accommodation must be available to offer, to allow the best use of properties, especially for family use.
- 12) A comment was made relating to the development of the Skinners Court in Palmers Green. Although this was funded externally, the scheme has been a great success and an excellent example of extra care housing.
- 13) The Chair noted that It will be important for the Scrutiny Panel to monitor the delivery of the Reardon Court scheme and reiterated that the GLA funding would be withdrawn if work doesn't commence on site in March next year.
- 14) Following a question relating to increased costs of the scheme of approximately 16%, it was confirmed that this was reported to Full Council. As a result of fly-tipping and arson on site, security costs have increased.
- 15) A comment was noted that management costs within extra care housing can be problematic as they are highly expensive schemes. Queries were raised in relation to operational and revenue costs and it was agreed that the Chair would write to the Director of Health and Adult Social Care for further clarification.

ACTION: Cllr Smith/Bindi Nagra

15. HEALTHWATCH TENDERING PROCESS

The Chair introduced this item and confirmed that although not originally on the Work Programme for the Scrutiny Panel, the Director of Health and Adult Social Care had requested that Scrutiny consider the tendering process for a local Healthwatch function.

- 1) The Cabinet Member and Officers outlined the report and highlighted that the reason for bringing the report to Scrutiny was not because the Council were unhappy with the current service provision, however, the market has matured and far more organisations now exist.
- 2) This is an opportunity to test the market and the tendering process is underway.
- 3) The Chair commented that the report was very clear and useful. In response to a question relating to retaining valued expertise, should the existing contractor not be successful in a bid, it was confirmed that TUPE would apply and staff would have the option to join the in-coming company.
- 4) With the approval of the Chair, future contracts will come before the Scrutiny Panel, at the commencement of the tendering process.
- 5) The Chair and the Cabinet Member agreed that this would be critically important and the new scrutiny structure would support this.

16. WORK PROGRAMME 2020/21

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The Work Programme for 2020/21 was agreed.

17. DATES OF FUTURE MEETINGS

The dates of future meetings were noted as:

Thursday 21 January 2021

Wednesday 24 March 2021

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