

MINUTES OF THE MEETING OF THE HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL HELD ON WEDNESDAY, 28TH JULY, 2021

MEMBERS: Councillors Huseyin Akpinar, Kate Anolue, Tolga Aramaz, Birsen Demirel, Chris Dey, Alessandro Georgiou, Christine Hamilton (Deputy Mayor) and Derek Levy

Officers: Bindi Nagra (Director of Health & Adult Social Care), Sharon Burgess (Head of Safeguarding Adults & Quality), Bharat Ayer (Safeguarding Service Manager (Adults & Children's Partnerships), Koulla Panaretou (Mayoral Services Manager)

Also Attending: Cllr Alev Cazimoglu (Cabinet Member for Health & Social Care), Laura Andrews (NHS NCL CCG), Stephen Wells (NHS NCL CCG), Olivia Clymer (Healthwatch UK), Deborah McBeal (NHS NCL CCG)

1. WELCOME & APOLOGIES

The Chair welcomed everyone to the meeting and asked everyone introduced themselves.

Apologies for lateness were received from Cllr Birsen Demirel.

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 meeting held on the 8th June 2021 were agreed apart from the following:

Cllr Christine Hamilton stepped down as Vice Chair of the Health & Wellbeing Scrutiny Panel. She nominated Cllr Tolga Aramaz to replace her. This was seconded by Cllr Alessandro Georgiou and agreed by Chair.

4. SAFEGUARDING ADULTS ANNUAL REPORT UPDATE

Cllr Alev Cazimoglu (Cabinet Member for Health & Social Care) introduced the Safeguarding Report. The Council is required by law to publish this report and is a partnership report with our service users, tackling safeguarding issues in the community, especially during this difficult year. The Chair thanked Sharon Burgess and her team personally for the exceptional work

HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL - 28.7.2021

they have undertaken to produce this document. The report is in draft form and comments are welcomed before being heard at Cabinet and then Council in November.

The following comments were received:

1. Sharon Burgess (Head of Safeguarding Adults & Quality) thanked everyone for their feedback, advising that scrutiny feedback was vital to the report and the safeguarding partnership is a strong group.

2. , The North Middlesex Hospital have secured a safeguarding team, which has ensured that safeguarding has had a high priority for our health colleagues throughout the pandemic.

The Modern Slavery Team have had y 120 referrals. There are no patterns emerging and there is a close working relationship between the police and emergency services, The Modern slavery team support the police in providing information on crimjnals and offer support to victims were required. All individual cases of Modern Slavery are referred into our MASH teams for children and adults. The Modern Slavery team has existed for 2 years now and improvements are being seen, the up to date report can be viewed on our website. Enfield are the first to have a Modern Slavery team in the Country. Sharon Burgess chairs the Pan London Modern Slavery team. It is an evolving area, but more understanding is needed.

3. Figures from the Care Quality Commission (CQC) showed an increase of registrations (without inspections) for 2020-2021 of 27% compared to 14% the year before. This was probably due to reduced inspections because of the pandemic but are now recommencing.

4. All care homes that have a listing of requires improvement are now being supported and preventative measures are being put in place to help those to put in place required improvements. There is list of providers that are high risk which is shared on a regular basis with the Cabinet Member, although CQC are currently changing the way they inspect care providers, which will focus more on having a quicker turnaround for reports and more engagement with residents, friends and family

5. The total number of safeguarding adult referrals in 2020-2021 for Enfield are high compared to our neighbouring Boroughs. The BEH MHT data is more focussed on forensic wards on their patch and the forensic unit is based in Enfield although many do not live in the borough.

6. Enfield now have an infection control worker for the last 8/9 months has responded to outbreaks of Covid in the care homes. She provides assessments and visits to control and support the care homes. The care homes also have robust controls of the management of infections. Infection control grants have helped to get situations under control and staff infected were not allowed back into the care homes in Enfield.

HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL - 28.7.2021

7. The government have introduced a requirement that all care home staff will need to be double vaccinated by the 11th November. This includes district nurses, social workers and technicians. The deadline for the first vaccine is the 16th September 2021. After this date they will not be legally allowed back into the care homes without being vaccinated. Disciplines, dismissals, evoked registrations and financial fines will commence.

There are many staff who are worried about the implications of the vaccine to future fertility issues etc. Staff have been spoken to and advice given but further guidance has been received in the last few days and letters will be going out to further advise on the process. GP's will also be going into the care homes to speak to staff. There will be the chance to apply for other jobs within the authority if they do not want to be vaccinated.

8. There is an increase of alerts coming from hospitals and professional referrals through the Adults MASH.

9. The Deprivation of Liberty Safeguards are working well in Enfield. There are no waiting lists in care homes and all staff are aware of these safeguards. We are preparing the introduction of Liberty Protection Safeguards which will replace the Deprivation of Liberty Safeguards in 2022.

In conclusion it was noted that the work completed so far in the report written by Bharat Ayer was commended and the reassurances given welcomed. There is significant progress made this year with increased resilience built into the service. The report was agreed.

5. ENFIELD INTEGRATED CARE PARTNERSHIP

Received a report from Deborah McBeal, Director of Integration, Enfield Borough Directorate, NCL CCG and Stephen Wells, head of Enfield Integrated Care partnership Programme, Enfield Borough Directorate, NCL CCG on the Enfield Integrated Care Partnership.

It was noted that:

1. There are local relationships and collaborative working in place to develop a plan for Enfield. During the pandemic, the organisations came together remotely to develop a plan to move us forward into joint working.

2. Although joint working exists, Enfield do have a degree of independence and flexibility and there is an integrated care system including all the 5 neighbouring boroughs. The Integrated Care System places a duty on all organisations to collaborate and there is a need to work with all our communities to respond to what the residents tell us they want.

3. Enfield have developed a robust plan over the pandemic period. Responses to flu vaccine improved and this model has been used to help improve take up of covid vaccinations.

HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL - 28.7.2021

4. Within NCL there are national timelines for recruitment and the Chair is currently Mike Cooke who used to be the CEX at Camden Council so much experience is already there. The ultimate goal is to deliver a successful plan.
5. The CCG have a £2m investment fund to maximise inequalities issues and 8 proposals have been put forward and funded. Challenges need to be understood and communicated with our residents.
6. The ICP Plan in Enfield started off small and continues to grow and will eventually deliver all requirements.
7. Enfield CCG merged with Barnet, Camden, Haringey and Islington CCGs on 1st April 2020 to form North Central London (NCL) CCG. The Health and Care Act 2021 means that transactional work is now underway to develop NCL CCG into an Integrated Care System to include the Local Authority, Acute Trusts, and wider health & wellbeing/resident groups. At borough level, there will be Integrated Care Partnerships (ICPs) with similar membership.
8. This large organisational change to the NHS will not affect the way scrutiny is undertaken. The only change will be that local partnerships will work closer together, which will make a difference to local residents.
9. With regard to the transactional changes, there is concern that there is a democratic deficit. The appropriate level of governance is needed at NCL ICS and local ICP level, but positive improvements have been seen.
10. It was confirmed that further work is going ahead independently to develop the Enfield ICP with a number of workshops planned to include stakeholders at the end of September/beginning of October.
11. A difference can be made by continuing to work in partnership. Enfield has received more than a 5th share of the £2.5m from the NCL inequalities levy, which is focused on tackling inequalities.
12. There is a challenge in the Health and Care Act in respect of procurement rules - the NHS will have an exemption, but Enfield Council will not.
12. By working as an Enfield ICP we can continue and expand all the joint working across the Council, providers and voluntary sector that we have built up during the pandemic. We can also work together on issues that have a huge impact on health such as homelessness and housing issues so that we can help our residents live healthier and happier lives.
13. Electronic integrated systems are already in place to enable clinicians to look at a clinical record easily and make informed decision/actions immediately at a glance to avoid delays to care.
14. The ICP will have financial responsibilities but this is still to be determined and guidance is not available yet. Presently the duty would be to work

HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL - 28.7.2021

collaboratively, and partnership input is important prior to legislation being agreed. The leadership for the ICS and the ICP will be made up of a wide range of professionals from across the NHS and local authorities. Other stakeholders such as the voluntary sector and patient representatives will also be key to how the new system decides how to best use resources and what issues to prioritise. There will be a strong resident voice in the new system.

15. Under ICS/ICP working there is a legal obligation to help the whole population. There will be a standard pot of money across NCL making it easier to move money around when required and to focus on need, offering more benefit for Enfield financially for years to come.

In conclusion the Chair agreed the report and welcomed further information being shared with the HASC as it becomes available. The Chair advised that an additional meeting can be arranged later on in the year when there is more information available on the ICS and ICP system and to hear feedback from the stakeholder events.

6. DATES OF FUTURE MEETINGS

The date of the next Overview & Scrutiny Panel was confirmed as the 8th September 2021.