

MINUTES OF THE MEETING OF THE HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL HELD ON THURSDAY, 19TH JANUARY, 2023

MEMBERS: Councillors James Hockney (Chair), Andy Milne (Vice-Chair), Nicki Adeleke, Ahmet Hasan, Mustafa Cetinkaya, Nia Stevens, Emma Supple and Eylem Yuruk.

Officers: Doug Wilson (Director of Health & Social Care), Glenn Stewart (Assistant Director, Public Health), Sharon Burgess (Head of Safeguarding Adults), Louisa Bourlet (Community Health Development Officer), Fulya Yahioğlu (Senior Public Health Service Development Manager, Adult Substance Misuse & Sexual Health), Mark Tickner (Senior Public Health Strategist), Andrew Lawrence (Service Manager, Children & Public Health Commissioning), Stacey Gilmour (Governance Officer)

Also Attending: Councillor Alev Cazimoglu (Cabinet Member for Health & Social Care)

1. WELCOME & APOLOGIES

The Chair Cllr James Hockney welcomed everyone to the meeting.

Apologies for absence were received from Cllr Kate Anolue who was substituted by Cllr Mustafa Cetinkaya.

Apologies for lateness were received from Councillors Adeleke, Hasan, Milne and Stevens.

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

AGREED the minutes of the meeting held on 6 December 2022.

4. REGULATION OF ADULT SOCIAL CARE, CQC REPORTS

RECEIVED the report of Sharon Burgess, Head of Safeguarding Adults.

Cllr Alev Cazimoglu, Cabinet Member for Health & Social Care introduced the report and extended thanks to the panel for the invitation to attend. The report provides an update on the implementation of the Quality Assurance Framework action plan which is expected to be implemented in October 2023.

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Aspects of the act are welcomed, in terms of the integration work, but it is very ambitious and does not really tackle the immediate pressures faced in the Health & Social Care system. It is a challenging time for Local Authorities on the back of ten years of austerity, the pandemic and now the cost-of-living crisis. However, despite all this Cllr Cazimoglu said she was confident that Enfield Council will be prepared come October 2023. It is a very important piece of work, and she welcomed the interest that the committee is showing.

Sharon Burgess, Head of Safeguarding Adults highlighted the key messages and explained that the work is in preparation for the new duty for the Care Quality Commission to assess how Local Authorities are meeting their Adult Social care duties and how Enfield Adult Social Care are preparing for these inspections. CQC's new responsibilities under the Health and Care Act are twofold. Firstly, there will be a role in reviewing Integrated Care Systems (ICS) and secondly a new duty is placed on the CQC to assess how Local Authorities are meeting their social care duties under part 1 of the Care Act. Emerging CQC scope for reviews of Adult Social Care has started to be shared. The assessment framework has been grouped into four key themes, each with several quality statements mapped to them and these are set out in the report. A self -assessment tool developed by ADASS (the Association of Directors of Adult Social Services) is being used to ensure that the desired processes are in place, or being worked towards, and that evidence is being regularly collated. CQC will speak to staff at all levels of the organisation as well as partners and those who use the services, their families, and partners.

Questions and comments were invited from Panel members.

The Chair, Cllr Hockney asked what the drive behind this change of process had been. Officers were not sure but said that there is an expectation from the Government for some sort of regulation for all large health bodies so this could be seen as an additional statutory layer. It is also about assuring that Local Authorities are carrying out their duties under the care act, as well as gaining an understanding of the system and how it works.

In response to a further question from Cllr Hockney as to what benefits will come from this process Sharon said that she always welcomes inspections as it is an opportunity to reflect on what's been done, is being done and what could be done better, and that is what is happening now; by looking at the strengths of the service, strengthening these if necessary and identifying what needs to be put in place to make improvements if required. There is fundamentally going to be risks for any Local Authority, but the important thing is knowing in which areas to focus attention and that there is a plan in place.

Cllr Stevens asked what the key risks were and what was being done to mitigate these. It was confirmed that some risks have been identified and work is taking place in various areas to address these, including more emphasis being placed around the Mental Capacity Act and focusing on audits within this area. There is also a need to be mindful about pathways into other services to ensure that the transition is as smooth as possible at the time it is needed. Work is ongoing with partners and safeguarding adult

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reviews are being used to explore what can be done differently. Enfield already have a good relationship with the Care Quality Commission (CQC) as they regulate the care homes and nursing homes in the borough (which Enfield have a lot of). The CQC have been really clear that they are not expecting perfection but are expecting Local Authorities to know where the problems are.

Cllr Supple sought clarification with regard to supervision having not been written and asked officers to elaborate on this point. Sharon advised that although there had not been an actual Supervision Policy, supervision was happening and recorded in the appropriate notes. One of the things that the CQC will be looking at is where is your policy, what are your procedures and do all staff know about it and work towards it. Some of the risks for not having a policy is that supervision may not be the same across the board, so it is always good to have a policy as this provides a baseline. Sharon confirmed however that a Supervision Policy is now in place along with an audit programme plan that will partly look at supervision to ensure that there is quality of support throughout the workforce.

In response to Cllr Supple's query regarding incorporating the good plans that are already written so that new ones are not created it was confirmed that officers are looking at everything on the internet and intranet and duplications are being found. Work is taking place to ensure that information is up to date and accessible to all staff and partners. A lot of the review forms and mental capacity forms have now been integrated into the system and sharing with partners what is being done. It is important that things are not over complicated therefore if something works well in another borough, then it is replicated in another.

The Chair thanked officers for the detailed report and for responding to Members' questions.

5. COVID RECOVERY - VACCINATIONS, INEQUALITIES

RECEIVED the report of Louisa Bourlet, Community Health Development Officer.

Cllr Alev Cazimoglu, Cabinet Member for Health & Social Care introduced the report and said that she was very excited to receive the funding of £485k through Public Health to the London Borough of Enfield (LBE) from the Department for Levelling Up, Housing and Communities (DLUHC). It goes to the core of what the service does which is around tackling inequalities which is one of the main objectives and provides an opportunity to address this.

Dudu Sher-Arami, Public Health Director and Louisa Bourlet highlighted the main parts of the report which informed the panel of the vaccination uptake across Enfield, focusing on the disparities in uptake. Information was also provided on the development of an immunisation action plan, which will cover primary care, early years, schools, care homes and many other aspects of the system in its entirety. It is envisaged that this will be a living document with

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adaptations and development as a continued process. The work of the Vaccine Champions has been a fantastic opportunity and there has been a range of really innovative projects that local voluntary sector organisations have conducted on behalf of Enfield Council. Vaccine is one of the most effective products of health intervention in terms of outcomes and also the cost effectiveness so there is a very good evidence base for promoting this strongly to everybody who is eligible for vaccination.

Questions and comments were invited from Panel members.

The Chair asked how the £485k grant would be used and deployed. Officers advised that a small amount had been used to fund the coordination of the programme from within the team, but the vast majority has been allocated to local voluntary sector organisations to fund work to promote vaccinations and other health issues. There has been a stringent process with the Department for Levelling Up in terms of the proposals and processes established to distribute the money to the local voluntary sector organisations. Further detailed information was also provided on the types of projects that have been funded. Monthly reports are provided to the Department of Levelling Up on how and where the funding is being spent which provides an added level of scrutiny.

Cllr Milne said that he hopes this is creating a base of contacts and a baseline with hard-to-reach groups for early health intervention going forward. Officers agreed and said that moving forward it is about building on the relationships and the work that has already taken place to address the other types of health challenges that exist in the borough.

Cllr Yuruk asked for clarification on the vaccine update figures in her ward. Dud advised that she did not have this information to hand but would forward this to Cllr Yuruk following the meeting. **Action: Dudu Sher-Arami**

Cllr Yuruk asked which groups of people are generally more resilient to receiving vaccinations in Enfield. Officers advised that the groups with a particularly low uptake in the borough are Black African, Black Caribbean, Gypsy Roma Traveller (GRT) and some Eastern European communities. All the work that has taken place around vaccines has been informed by a very close following of the intelligence available, which has tracked the process of the uptake, and this looks at ethnicity, age, language spoken and other demographic factors.

Cllrs Stevens acknowledged the great work that has taken place on a really important topic which is laying the groundwork for other Public Health measures. She went on to ask for clarification on the data provided on page 45 of the report and officers provided a detailed explanation.

In regard to childhood immunisations Cllr Supple referred to the data detailed in section 13, page 42 of the report and asked whether in a years' time, and with the impact of the work taking place, would these figures improve. Officers said it is difficult to predict as it is a complex issue with a lot of challenges

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around mistrust and misinformation which take time to overcome. However, it was hoped that with the work taking place and the development of the immunisation action plan, an increase in uptake will be seen in the most deprived groups, but this would continue to be closely monitored and if the work taking place is not having an impact, then this will need to be addressed.

In response to a question raised by Cllr Supple regarding childhood immunisations and how much interface work is taking place with health visitors, school nurses, home schooled children and children missing from the register, officers advised that the Immunisation Screening Group, that oversees the work taking place in decreasing the inequality in vaccine uptake, includes representatives from midwifery, 0-19 service, school nurses, and the school age vaccine provider (BEH) and therefore there is confidence that this group has the right people feeding into it and active to inform the Immunisation Plan and each organisation will be held to account for the actions identified in the plan. With regards to children missing from the register, there is a process within the council working with Children's Social Care to communicate and offer vaccines to those children that are home schooled as well as others that are not attending mainstream schools.

In response to a question from Cllr Adeleke regarding sharing good practice across boroughs in terms of the vaccine uptake, it was advised that there is a PAN London group looking at this, but it is a complex area as there are various projects taking place with small communities which are often difficult to replicate in other areas.

With regards to the uptake of childhood immunisations the Chair commented on the disparity between the uptake of the various immunisations and sought clarification as to why this was the case. Officers advised that the target set nationally for all childhood vaccination uptake to achieve herd immunity is 95%. It was recognised that Enfield's vaccination uptake is below what it should be and when compared to other NCL boroughs Enfield is on the lower end for all vaccination uptakes and this partly reflects the demographics of the borough as well as high levels of deprivation which tends to impact on vaccination uptake. Childhood vaccine uptake levels in Enfield have traditionally been low and this is something that needs to improve, and work is taking place with voluntary sector organisations, the NHS, schools, and other partners to achieve this. Officers acknowledged that this is a very serious issue but said that there are lots of different organisations working within the vaccine field to address this. Public Health have a role in terms of strategic leadership, provision of intelligence to inform action and the coordination of what is happening.

In relation to the wards in the borough where there has been a low vaccine uptake the Chair asked if Councillors have been utilised as they are embedded in communities, with good links and could be a useful resource in raising awareness. Officers responded by saying that possibly Councillors had not been used enough but this was a great suggestion and something that could be given some more thought. **Action: Dudu Sher-Arami**

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The Chair said that he had seen a lot of communication (Comms) around the COVID vaccine/uptake and the flu vaccine but was concerned at the lack of communication around childhood immunisations. Officers advised that through some other funding an additional staff member had been employed in the Comms team and they had been very active in providing the COVID and Flu communications work. A range of engagement activities had also taken place around childhood immunisations including writing directly to parents via schools to encourage vaccine uptake, as well as webinars and engagement with parent forums. It was acknowledged however that more communication work could be done, particularly around social media, and it was agreed that this was something that could be looked at as part of the council's Communication Strategy. **Action: Dudu Sher-Arami**

Cllr Adeleke asked how much interlinking is there between the Public Health team and other departments across the council that have any sort of impact on health e.g., housing, environment etc. Officers said that whilst Public Health sits in the People Department it pretty much works across all departments in the council and has links everywhere. Cllr Cazimoglu, Cabinet Member for Health & Social care added that none of the work within the Public Health team is done in isolation and all partners across the organisation are involved to ensure a really good public health outcome.

AGREED that:

1. Where there are wards in the borough with low vaccine uptake, officers will reach out to Councillors to assist with improving links and interaction with communities. **ACTION**
2. Develop and implement a Childhood Immunisation Social Media Strategy. **ACTION**

The Chair thanked officers for their detailed report and said that although it was recognised that there are challenges their efforts to move forward with this are appreciated.

6. **WORK PROGRAMME 2022/23**

NOTED the Health & Adult Social Care Scrutiny Panel work programme for the remainder of the municipal year.

7. **DATE OF NEXT MEETING**

NOTED the date of the next meeting as follows:

Wednesday 8 March 2023.

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

8. **FUTURE COMMISSIONING OF ENFIELD SEXUAL HEALTH COMMUNITY SERVICES**

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The Panel **AGREED** that the Part 1 and Part 2 reports be taken together as there were no press or public present at the meeting.

Councillor Alev Cazimoglu, Cabinet Member for Health & Social Care introduced the report and said that this had come to the Scrutiny Panel prior to going to Cabinet on 8 February 2023 and would reflect the comments and contributions made by the panel at tonight's meeting.

Dudu Sher-Arami, Director of Public Health and Fulya Yahioğlu, Senior Service Development Manager, Adult Substance Misuse & Sexual Health highlighted the key points of the report which was to seek approval from Cabinet to enter into a partnership agreement between Enfield Council and North Middlesex University Hospital NHS Trust (NNUH) for the delivery of the Enfield Integrated Sexual Health Community Services in accordance with Section 75 of the National Health Service Act (2006) consisting of Family Planning & Contraception, STI testing and treatment, sexual health outreach and services to support young people.

Information was provided on the current contract for delivery of sexual health services in Enfield which is due to end on the 31 March 2023 when the final 2-year extension of this contract comes to an end. Uptake in sexual health service provision in Enfield is good and has steadily increased with performance being sustained throughout the term of the contract. This has been complemented by a reduction in Enfield residents attending clinics out of borough with the implementation of the Hub and spoke mode of delivery in 2018. Placing sexual health provision under a Section 75 agreement between Enfield Council and NNUH will better enhance partnership working allowing for service development and redesign as well as innovation in delivery with the use of digital technology as presented during the Covid-19 pandemic. It will allow for better integration with community services, a key objective for the Council and NNUH, to support the sexual health and reproductive needs of the most vulnerable and marginalised, improve the local service offer to residents, deliver value for money and improve performance and quality.

Further information was provided on the national policy, local context, current service provision as well as the proposed model of service delivery in Enfield.

Following the update from Officers, in depth discussions took place which included reference to the information included in the Part 2 report and Officers responded to questions and comments raised.

The Panel noted the report and welcomed the proposals.

The meeting ended at 9.20 pm.