

Decisions of the Adults and Health Overview and Scrutiny Sub-Committee

24 January 2024

Members Present:-

Councillor Philip Cohen (Chair)
Councillor Caroline Stock (Vice-Chair)

Councillor Rishikesh Chakraborty	Councillor Gill Sargeant Ms Nila Patel
Councillor Richard Barnes	Ms Emma Omijie
Councillor Alison Cornelius	
Councillor Ella Rose	

Also in attendance
Councillor Alison Moore
Councillor Paul Edwards

Apologies for Absence

Councillor Lucy Wakeley

1. WELCOME AND INTRODUCTIONS

The Chair welcomed all. He introduced two advisors recently appointed to the committee following a recruitment campaign, Ms Emma Omijie and Ms Nila Patel who would bring the perspective of people who draw on health and social care services and their carers.

2. MINUTES OF THE PREVIOUS MEETING

Resolved that the minutes of the meeting held on 26th October 2023 were approved and that the Actions Log was noted.

The Principal Scrutiny officer reported that she had been contacted by Chase Farm Hospital and informed that NHS England (NHSE) funding had been provided to remove the RAAC concrete from the hospital building, and that it would be removed by the end of the year.

3. ABSENCE OF MEMBERS

Apologies received from Cllr Lucy Wakeley.

4. DECLARATION OF MEMBERS' PECUNIARY INTERESTS AND OTHER INTERESTS

Ms Omijie declared an interest under Item 10.

5. REPORT OF THE MONITORING OFFICER

None.

6. PUBLIC QUESTIONS AND COMMENTS (IF ANY)

None.

7. MEMBERS' ITEMS

None.

8. MINUTES OF THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

The minutes of the meeting held on 11 September 2023 were noted. Further to a question from a Member about representation from the different Boroughs on the JHOSC, the Chair agreed to circulate details following the meeting.

Action: Chair/Scrutiny Officer

9. BARNET VACCINATION PROGRAMMES UPDATE

The Chair introduced:

- Mr Nicholas Ince, Deputy Director of Vaccination Transformation, North Central London Integrated Care Board (NCL ICB)
- Dr Janet Djomba, Deputy Director, Public Health, LBB
- Ms Khalida Aziz, Immunisation Commissioning Manager (North Central London), NHS England.

The Chair noted that measles is a topical issue, with many London Boroughs having some of the lowest Measles, Mumps and Rubella (MMR) vaccine uptake in the country.

Dr Djomba spoke to the report which covers some of the roles and responsibilities for all immunisations across the lifespan of residents. She noted that the large migrant population and extensive areas of deprivation in London were some of the reasons for the lower take-up of vaccination compared to other parts of the country. Barnet's figures were slightly better than NCL and London overall, but vaccination take-up could be higher.

Dr Djomba reported that there had been an increase in the number of measles cases in London over the past few weeks, but none so far in Barnet. A dedicated team is working on uptake of vaccines overall in Barnet but there are challenges due to the diverse population. In particular during the pandemic some groups had been identified as having reduced uptake. For example there is lower uptake and higher vaccine hesitance amongst eastern European communities and Somali groups. The Eastern European population in Barnet has been very hesitant towards childhood and Covid vaccinations.

Some useful information had been obtained in relation to these groups through the Community Vaccine Champions' work which is presented in the report, for example that these groups would like to speak to health professionals with whom they can identify.

Work with community leaders had helped to build trust and improve relationships with different groups, but behaviour change would take some time as it could be difficult to dispel myths around vaccination.

In addition overall it had been found that the population is suffering from 'vaccine fatigue' due to repeated messaging around vaccination, since the pandemic, so it was important to work with communities to continue to encourage vaccination.

Dr Djomba noted that increasing childhood immunisation is an ongoing task, with improvements seen following the pandemic, during which uptake had dropped. Access had also more difficult during the pandemic. The current focus is immunisation in school-age children, which so far is not improving. In particular the HPV vaccine uptake in boys is low across both Barnet and NCL. Adding to the problem was access to detailed, up-to-date data, which is needed to inform targeted interventions. Covid, 'flu and childhood immunisation data were easy to access locally but school-age children's data was more difficult, and the council is working with NHS England (NHSE) colleagues on how to tackle this.

Mr Ince reported that total uptake of seasonal booster vaccinations is included on page 9 of the report, showing a much higher uptake in the older population.

A Member enquired what actions are being taken in relation to measles and what improvements are expected in a year's time. Dr Djomba responded that there is a focus on measles across London, including measles outbreak preparations. The council has ensured that access to the MMR vaccination is not an issue, with all Primary Care Networks (PCN) having availability and additional out-of-hours clinics having been held over autumn and winter 2023. There is also the possibility of deploying a mobile unit depending on numbers in given populations being willing to take up the vaccine. Numbers being vaccinated had started to increase for the first time around a year ago, but it would take a year or two to see an increase across Barnet.

Mr Ince reported that it is difficult to quantify the scale of the impact of the measures being taken at this stage but incremental changes were being made. Currently the ICB is focusing on access to vaccination appointments, and work is ongoing with PCNs and the school-age immunisation provider. Over the next 3-6 months this would be closely tracked by the ICB, and updates would be provided to the borough partnerships.

Ms Omijie asked what is being done to employ people with similar backgrounds to the populations mentioned, into posts to try to encourage vaccination. Dr Djomba responded that the council is not able to directly employ into the posts but the council is working with ICB colleagues to build a pool of people. For example during the pandemic people were invited from specific backgrounds to a question and answer session on the Covid vaccine and for this health professionals from a Romanian background were sought to speak to people of Romanian origin.

A Member asked what actions were being taken to meet the challenge of reaching out to the under-served communities as this poses a real problem in relation to the quality of the data being collected. Also what is being done to improve the governance and quality of the data being collected and linking the different systems that exist?

Dr Djomba responded that work is ongoing via the Community Vaccine Champions Programme and with voluntary, community and faith sector (VCFS) organisations covering the groups who are under-represented. This is not limited to ethnic or religious

groups but also to asylum seekers, migrants, and the homeless population. For example a Health Ambassador for the migrant population had been employed and is visiting asylum seeker hotels and working with relevant organisations, and organising vaccine clinics for asylum seekers. Similar work is being undertaken for homeless people. This involves identifying people who can act as 'broker' between residents and the council, since it was identified during the pandemic that establishing communication with the council directly is less likely to be effective. This concept was also being used in other areas than health as it had been shown to be successful.

Ms Aziz reported that work was ongoing to try to improve the connection between the different computer systems, and this should be rectified within a few months. Mr Ince added that the errors were due to the coding system but tools had been added locally to help Practices to identify erroneous codes. The ICB is working with the digital platform and database HealthIntent, which allows the ICB to see uptake in given areas, by ethnic subcategories and by language spoken and to respond in an agile way to trends.

A Member enquired about the figure in the report of the 95% of population vaccination target being missed, and how this compares to similar countries. Mr Ince responded that the team is currently carrying out international benchmarking, and England outperforms many countries in Europe but there are countries with similar healthcare economies where the uptake is higher.

A Member asked how value for money is monitored when grants are awarded to the voluntary sector for Community Vaccine Champions. Dr Djomba responded that a project management team monitors the activities of participating organisations, and end-of-project reports were provided by the organisations, outlining how they had spent the money, and the most successful projects were presented at an event. There is ongoing partnership with the Centre of Excellence to support MMR uptake improvements even though funding is no longer being provided. In addition the principles established through the programme are being used for screening programmes and health checks, where ambassadors are working to promote these programmes. Mr Ince added that the VCFS provides a trusted voice for residents and is also a tool for the ICB to gather insight from populations to inform its actions.

Cllr Chakraborty asked whether the vaccination uptake/ could be broken down by Ward. Dr Djomba responded that this can be done but the report would be lengthy, and advised that Cllr Chakraborty contact her following the meeting.

Action: Cllr Chakraborty

The Chair thanked Dr Djomba and NHS colleagues for the report.

RESOLVED that the committee noted the report.

10. BARNET MULTI-AGENCY SAFEGUARDING ADULTS BOARD ANNUAL REPORT

Ms Fiona Bateman, Chair, Barnet Safeguarding Adults Board (BSAB) spoke to the 2022-23 annual report. She noted that she would return in a few months' time with the report for 2023-24.

Ms Bateman noted that the increase in the number of safeguarding issues being reported partly reflects changes in reporting. There had been a push to engage

productively with Black, Asian and Minority Ethnic (BAME) communities and VCFS colleagues to reach marginalised groups.

Ms Bateman reported that the rise in cases of abuse and neglect at home from 45-57% was a challenge and required a multi-agency response. The decrease in concerns from the care sectors signified that processes are robust and teams are working well with providers to minimise the risks of harm.

Ms Bateman reported that the Home Office had cited Barnet's work recently in its 'Safe at Home' review, as a case study on financial abuse. She continued that Barnet's 'experts by experience' had been invited to respond to government consultations, providing a solid voice on human rights reforms in the context of safeguarding adults.

A Member asked how challenging it is to uncover cases in residents' own homes. Ms Bateman noted that the council has no additional powers to enter private homes so works in partnership with the police and health partners to gather information. She added that colleagues are being 'professionally curious' and reporting concerns, and Barnet is one of the few places with an adult MASH. In addition MASH is engaging directly with the VCFS Safeguarding Leads who meet regularly with the adult MASH.

Ms Omijie declared an interest by virtue of the fact that she is employed by BOOST as a disability employment coordinator, that she has made safeguarding reports and works with vulnerable adults, and has a care package herself. Ms Omijie asked whether data sharing is being reviewed, as she finds that sometimes there is no way of sharing information between organisations on a resident being reported by social services as a potential safeguarding concern. Mr Mass, Operations Director, Adult Social Care, stated that there are agreements between partners on the Barnet Adults Safeguarding Board (BASB). If there are issues around a partner not having access to necessary information a meeting can be held to discuss the options for getting the right data sharing agreements in place.

The Executive Director, Communities, Adults and Health added that the BSAB has been working on how it feeds back to referrers. There are limits due to confidentiality but efforts are made to ensure referrers know that appropriate action is being taken. It is the individual's decision whether information is shared proactively, so consent is needed and other agencies would not routinely be informed. Ms Bateman noted that there should be parity across all practitioners working with an individual, including The Barnet Group, and this can be discussed at the quarterly meetings of the safeguarding leads.

A Member requested clarification on the criteria for the different safeguarding concerns. Ms Bateman noted that of the 1395 concerns some may be the same individual with different concerns. These have met the criteria to be a 'concern'. 'Other' enquiries under the Care Act can be looked into without fully meeting the criteria for Section 42 as there is discretion to carry out other activities to be sure the individual is not experiencing abuse or neglect.

A Member asked whether financial abuse has been more prevalent due to the cost of living crisis. Ms Bateman responded that it had and that this had been anticipated, as well as an increase in domestic violence.

Ms Omijie asked how the staff training for care companies is monitored. Ms Bateman noted that it is part of mandatory training if the council is commissioning a partner, but the partnership does not monitor every care company. Monthly 'lunch and learn'

sessions are offered to all providers and the voluntary sector partners, and the Health Trust and ICB provide reports on training undertaken by their employees.

A Member asked how the data is collected in relation to domestic abuse and safeguarding issues in residents' own homes. For example would the incidence of domestic abuse appear to be lower if cases were recorded as safeguarding issues? Ms Bateman responded that safeguarding adults reporting in residents' own homes is fairly new. People record the nature of harm first, and this can be a disadvantage as there are greater legal powers to deal with domestic abuse. The location of the abuse alone (the home) does not necessarily mean that the person is being abused by a member of their household. The reason the location of the abuse is needed is to give a fuller picture of what is needed, and as an evidence-base to report to the police.

Ms Bateman noted that at the last meeting she was asked why online abuse, including scamming, is not being recorded by the service. She took this back to NHS Digital asking for this important measure to be included. NHS Digital has agreed and hopefully this will be taken forward.

The Chair thanked officers for presenting the report.

RESOLVED that the committee noted the report.

11. QUARTER 2 (Q2) 2023/24 ADULT SOCIAL CARE REPORT AND OUR PLAN FOR ADULT SOCIAL CARE 2024-29

The Executive Director, Communities, Adults and Health noted that report covers progress on implementation of the Dementia Strategy and Carers' Strategy, and an update on new Care Quality Commission Assurance Process for councils, and the published 2022-23 data from National Adult Social Care Outcomes Framework.

Cllr Paul Edwards, Cabinet Member for Adult Social Care spoke to the report. He thanked officers for their work in providing adult social care services. He noted that it needs to be recognised that there is a funding crisis in social care and officers are working in difficult circumstances to maintain the council's statutory responsibilities.

Cllr Edwards continued that the council has been working to refresh the council's resident-facing policies and plans for adult social care over the past year, in co-production with 300 residents who draw on care, and their carers. 'Our Plan for Adult Social Care' is a statement of the council's policy and ambition, embracing its core focus on improving the lives of thousands of Barnet residents every year, and has been co-produced with residents who have shared what works well and what needs to be improved. The Plan will be presented to Cabinet for approval in March – Cllr Edwards welcomed any suggestions from the committee.

Cllr Edwards added that he wanted to recognise the role of the fantastic voluntary sector in Barnet to support its vulnerable residents.

A Member noted that there is a reduction in admissions to care homes and that there are short-term services to help people stay in their own homes. He asked what impact the funding crisis has on what social care can achieve. Cllr Edwards responded that demand is outstretching supply and funding, so this is a challenge, but every local authority is

facing this. There is a £1.5billion funding gap for the 2023-24 financial year which would increase annually unless additional resources are provided.

A Member asked about the £500million announced by the government today for all local authorities and the likely allocations of this. The Executive Director, Communities, Adults and Health responded that the Department for Levelling Up, Housing and Communities has not yet announced details but allocations will be made based on the Relative Needs Formula, via Social Care Grants. Officers would share this information as soon as they have been informed of the amount to be received for Barnet.

A Member asked what could be learnt from the people who use adult social care services, about improvements needed. The Executive Director, Communities, Adults and Health reported that Natalie Soffer, Engagement and Co-production Lead, had spoken to a lot of people who are being supported by adult social care staff and the document provides a snapshot of some of the feedback, particularly regarding consistent points being raised. This includes communication, being able to make contact by telephone, accessibility of communications including for residents with autism and sensory impairment, the need for interpreters, and the need to ensure contacts are timely and clear explanations are provided. Equality of access has been raised as well as the need for more staff and better training. It has also been fed back that residents want preventative care, independence and wellbeing.

A Member enquired what can be done to ensure equity of access given that the data from the Adult Social Care Plan shows that disabled ethnic minority residents are less satisfied with access to services. The Executive Director, Communities, Adults and Health responded that this had also come to light in the residents' perception survey so was not just the case with adult social care. The council commissioned a report by Habitus who reported that intersectionality did not seem to be recognised, given that residents are part of multiple communities. They also noted that there were physical barriers to access for some disabled people. An Action Plan was developed from the research by the Corporate Strategy Team on how to improve access to council services, which will be reported to Cabinet.

The Assistant Director, Adult Social Care added that a big part of the adult social care service's workforce plan for staff includes cultural competence to help staff to understand the wide variety of backgrounds, and how services need to meet their cultural needs. In addition the Oliver McGowan Mandatory Training on Learning Disability and Autism has been rolled out to all Barnet staff.

The Chair asked the advisors whether they felt that resident engagement is helping to inform what is needed. Ms Patel responded that it does help, but encouragement is needed to obtain feedback from a larger number of residents.

Ms Patel asked what is being done to improve on the two mental health indicators that have shown more than a 10% decline. The Assistant Director, Adult Social Care responded that adult social care has to report the mental health indicators although they concern a much wider group than adult social care services. The council works with hundreds of people every year with mental health conditions to help with their social care needs, and carries out a lot of joint working with the mental health trust, housing colleagues and others around how social workers and other professionals can work together.

Ms Omijie noted that she has a mental health care package and emphasised the importance of keeping those staff that some residents are cited as saying they are happy to reduce. It is important to recognise the high quality of the staff and work out what the cost of not having them might be.

A Member asked, given the LGA noting a £4billion funding gap for the next two years, and £15billion by 2024-25, as well as the over 75s being the fastest growing age group, whether sufficient staff are being provided to cover services, or whether there will be an increase in others, for example GPs, having to deal with housing and other issues when they see patients.

The Executive Director, Communities, Adults and Health responded that Barnet's staff recruitment and retention of social workers and occupational therapists is good compared to other London Boroughs. The staffing budget for Barnet is £21million, with a current overspend of around £15million and care and support overall costing £110million a year in Barnet. She had not seen any evidence that the council is passing social care responsibilities onto Primary Care and she noted that the council works closely with the ICB and the Chief Executive of the group of Primary Care Network Clinical Directors who would highlight this if it is an issue.

A Member asked whether Barnet could recoup the costs of residents moving from other boroughs and receiving Barnet care packages. The Assistant Director, Adult Social Care responded that officers take a robust approach to identifying residents who are the funding responsibility of another borough, and ensure the borough picks this up. Because Barnet has a large number of providers and there are pressures from people who are self-funded initially but subsequently run out of funds.

A Member enquired what officers need to do to prepare for the Care Quality Commission (CQC) inspections. The Executive Director, Communities, Adults and Health reported that officers are carrying out a thorough self-assessment against the CQC framework. Officers would bring the draft self-assessment to a meeting of the committee in the near future.

Action: Scrutiny Officer

The CQC will carry out 'case tracking' where they receive a list of 50 existing cases from officers and the CQC selects ten of these, and tracks six. The CQC also looks at the council's written records, and speaks to the person with lived experience and the practitioner. The service already has an ongoing quality assurance process, with independent practice audits, which will form part of the preparation. The council has not yet been notified of the timetable, but the inspection could happen at any point over the next two years.

The Chair thanked Cllr Edwards and officers.

RESOLVED that the Committee noted the report.

12. MID-YEAR QUALITY ACCOUNTS

The Chair presented a report with updates from the Central London Community Healthcare NHS Trust and North London Hospice at the mid-year point on the Quality Accounts 2021-22. The Chair would write to the Royal Free London NHS Foundation Trust to request their mid-year comments again.

Action: Scrutiny Officer

RESOLVED that the Committee noted the report.

13. TASK AND FINISH GROUPS UPDATE

The Head of Governance commented that if the recommendations of the Task and Finish Group are for Cabinet to accept or reject, they will be presented to the next meeting of Cabinet. They may also be for the ICB or a Trust, in which case it would be helpful if Cabinet endorses them first, but the recommendations would be sent to the relevant partners for their response.

Cllr Stock, Chair of the Task and Finish Group spoke to the report. She noted that a lot of work had gone into the project, and wanted to put on record Tracy Scollin's excellent support in helping move the project forward. The Group has looked into the issues deeply and has one more meeting prior to bringing the report to the committee and to Cabinet. Cllr Stock added that she hoped that change could be achieved as this issue is distressing for many residents. It is unfortunate that there is a shortage of GPs and one of the recommendations would be to inform residents about how Primary Care has set out to manage the health needs of the population in the face of this.

A Member asked whether the true extent of the challenge of reducing digital exclusion is understood. The type of residents likely to be digitally excluded, such as some elderly residents, was recognised by the Group but was the scale of the challenge understood, given the growing elderly population? The Member noted that many of the means of communication likely to be used to inform residents of the services were digital so how could the council reach out to this group? Cllr Stock responded that the Group has to work within a defined scope, but had visited GP Practices within different PCNs which varied in quality according to the GP Patient Survey and other data. The report would recommend that best practice is shared across the Borough, and one of the Practices visited offered in-person lessons to residents to help them to communicate better with their Practice. Ms Omijie noted that Age UK and Barnet council offer support in this area.

Ms Patel noted that a lot of older people cannot use or do not know how to use a smartphone or do not have home broadband, so although classes may help some, GPs should not be reliant on this.

RESOLVED that the committee noted the report.

14. CABINET FORWARD PLAN (KEY DECISION SCHEDULE)

The Head of Governance reported that the purpose of presenting the Cabinet Forward Plan is to enable Members to have sight of issues about health and social care if they wish to, before decisions are made at Cabinet. They could inform the Chair of any issues they wish to receive further information on.

A Member noted that 'Age Friendly Barnet' would be launched on 6th March at the Arts Depot.

RESOLVED that the Cabinet Forward Plan was noted.

15. COMMITTEE FORWARD WORK PROGRAMME

The Chair introduced the Committee's Forward Plan.

RESOLVED that the Forward Plan was noted.

16. TERMS OF REFERENCE OF THE ADULTS & HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE

The Chair noted that a change had been drafted for approval at Budget Council, on the Committee's Terms of Reference. From 31 January 2024, new rules will come into force in respect of the aspect of health scrutiny that relates to reconfigurations of local health services. From this date scrutiny committees will no longer be able to formally refer matters relating to these reconfigurations to the Secretary of State, though the Secretary of State will be able to intervene and discuss matters with local partners.

RESOLVED that the committee noted the report.

17. ANY ITEM(S) THAT THE CHAIR DECIDES ARE URGENT

None.

The meeting finished at 9.12 pm