

Meeting

Adults and Health Overview and Scrutiny Sub-Committee

Date and time

Wednesday 28th June, 2023

At 7.00 pm

Venue

Hendon Town Hall, The Burroughs, London NW4 4BQ

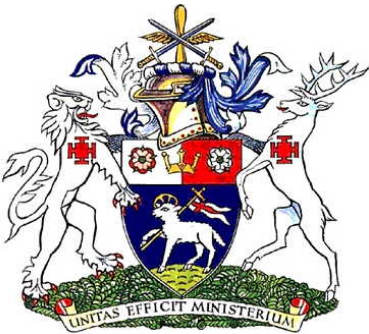
Dear Councillors,

Please find enclosed additional papers relating to the following items for the above mentioned meeting which were not available at the time of collation of the agenda.

Item No	Title of Report	Pages
10	Proposed Task and Finish Groups - Scoped Items for Committee Approval	3 - 16

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	<h2>Adults and Health Overview and Scrutiny Sub-Committee</h2>
Title	Proposed Task and Finish - Scoped Items
Date of meeting	28 June 2023
Report of	Overview and Scrutiny Manger
Wards	All
Status	Public
Urgent	No
Appendices	Appendix A – Primary Care (GP) Access Appendix B – The Discharge to Assess Model.
Officer Contact Details	Faith Mwende, Overview and Scrutiny Manger, faith.mwende@barnet.gov.uk
Summary	
The report sets out scoped Task and Finish Group review items for the Adults and Health Overview and Scrutiny Sub-Committee to consider and include in their work programme.	
Recommendations	
<p>That the Sub-Committee receives and inputs into the proposed Task and Finish - Scoped items at Appendix A and B and determines which (if any) of scoped items the Sub-Committee wishes to</p> <ul style="list-style-type: none"> a) proceed to a Task and Finish group; and b) where possible, agree the make-up/membership of the agreed task and finish group 	
1. Reasons for the Recommendations	
<p>1.1 Before a subject is chosen for review, at least one of the following criteria should be met to establish whether the proposed topic should be selected:</p> <ul style="list-style-type: none"> • Can Scrutiny add value? • Does it reflect public interest? What are the likely benefits to the Council and our customers? • Is the issue a priority? How does it link in with the Council’s priorities? • Will it duplicate? 	

- What are the potential risks? Is there capacity and available resources to consider this issue?
- Can impact be measured?

1.2 The Overview and Scrutiny Committee will not deal with a topic if:

- The topic is already being addressed;
- The matter is prejudicial to the Council's interests;
- The topic involves an individual disciplinary or grievance matter;
- Scrutiny Review of the proposed topic is unlikely to result in improvements for local people.

1.3 The attached topics have been assessed against these criteria.

2. Alternative Options Considered and Not Recommended

2.1 There is no alternative in the context of this report.

3. Post Decision Implementation

3.1 Once agreed the task and finish group will be commissioned to under the scoped review.

4. Corporate Priorities, Performance and Other Considerations

Corporate Plan

4.1 This report is aligned with the key priorities in the new corporate plan. Built on the pillars of "caring for people, our places and the planet" and underpinned by a foundation of being Engaged and Effective. The work of Overview and Scrutiny will support the Council in becoming a 'listening council' collaborating and building a continuous dialogue with residents and communities. In doing so, residents are involved in decision-making and Scrutiny acts to amplify the voice of the public, on issue of concern.

Corporate Performance / Outcome Measures

4.2 This item measure how "We act on concerns of local residents and involve them in decision making".

Sustainability

4.3 None in the context of this report.

Corporate Parenting

4.4 In line with Children and Social Work Act 2017, the council has a duty to consider Corporate Parenting Principles in decision-making across the council. This duty will be considered when including items to the work programme.

Risk Management

4.5 None in the context of this report.

Insight

4.6 Insight data and evidence will be used to support scrutiny reviews on the work programme.

Social Value

4.7 None in the context of this report.

5. Resource Implications (Finance and Value for Money, Procurement, Staffing, IT and Property)
5.1 As part of the Governance review a dedicated team has been created to support the Overview and Scrutiny function and this will be delivered within the existing Governance service budget.
6. Legal Implications and Constitution References
6.1 The Council’s Constitution Part 2B – Terms of Reference and Delegation of Duties to Committees and Sub-Committees of the Council, para 10.1.1 states that the Adults and Health Overview and Scrutiny Sub-Committee will oversee an agreed work programme that can help secure service improvement through in-depth investigation of performance issues and the development of an effective strategy/policy framework for the council and partners.
6.2 The Council’s Constitution Part 3C - Committee Procedure Rules, para 35.2 - In setting the outline work programme for the Adults and Health Overview and Scrutiny Sub-Committee, account will be taken of the need to scrutinise forthcoming policy, for example, the budget and other major policies or strategies in development, whilst leaving flexibility to allow additional items to be added to the agendas for committees and sub-committees and to commission task and finish group reviews during the year in response to new requests for scrutiny.
6.3 This report complies with the requirements of the constitution.
7. Consultation
7.1 Consultation and engagement of Councillors, Officers, members of the public, community groups and the voluntary sector was undertaken to provide input into the work programme and will be ongoing as the work programme is implemented.
7.2 The Scrutiny team has engaged with Councillors through the political assistants and Officers. The team also undertook a public consultation exercise on engage Barnet and in the Barnet First eNews letter. The results of the consultation have been included in appendix Bi for consideration by the committee and inclusion into the work programme for the committee and the sub-committee.
8. Equalities and Diversity
8.1 Pursuant to the Equality Act 2010, the Council and all other organisations exercising public functions on its behalf must have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act; advance equality of opportunity between those with a protected characteristic and those without; promote good relations between those with a protected characteristic and those without. The relevant protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. It also covers marriage and civil partnership with regard to eliminating discrimination. The work of overview and scrutiny will be transparent and accessible to all sectors of the community.
9. Background Papers
9.1 None

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London Borough of Barnet

SCRUTINY TASK AND FINISH GROUP -

Primary Care (GP) Access

1. Purpose/Objectives of the Review

Improving GP access has been identified as a top concern for Barnet residents. Anecdotal information implies that residents are finding it increasingly difficult to see their GPs both in Barnet and in many other parts of the country, particularly since the pandemic, as demand has grown. NHS England has recently published the GP Access Recovery Plan ¹ in response to some of these concerns. This includes improving digital access and tools to support citizens' remote care, and building capacity, including the use of community pharmacies.

This review will aim to highlight the voice of residents and provide a link between residents and the relevant individuals who coordinate digital and face-to-face GP services in the Borough to respond to the issues and make access to GPs as smooth and straightforward as possible. The review will reach out to communities that are found to not be accessing GPs by reviewing demographic data and will make efforts to include such groups in providing feedback on their experiences.

Amanda Pritchard, NHS chief executive said: "The care and support people receive from their local GP is rightly highly valued by patients and so it is essential that we make it as easy as possible for people to get the help they need."

The aim of the GP Access Recovery Plan is to make it easier for people to get GP appointments and will include upgrading to digital telephone systems and the latest online tools as well as expanding community pharmacies.

The review will hear directly from residents to find out the extent/areas where problems in accessing GPs exist in Barnet and will investigate the reasons for this. The review will invite providers to present on their current and future plans on improving access, and towards addressing health inequalities around access to GPs. The review will make suggestions to improve GP access in the areas of greatest need, feeding back the voice of residents to service providers, and will make recommendations for further action and reporting.

Key lines of Inquiry:

¹ [NHS England » Patients to benefit from faster, more convenient care, under major new GP access recovery plan](#)

- Receive information on the national, system-level and local context and performance in relation to access to GP appointments
- Listening to local residents to get a picture of the main obstacles to GP access
- Understand what action is being taken by primary care commissioners in relation to access in Barnet, including extended hours access and addressing inequalities in access
- Review different contracting, commissioning and operational models in other parts of North Central London/other systems and understand what is most effective for residents
- Review funding arrangements and per head expenditure against local, regional and national benchmarks to understand equity of current and proposed models.

2. Outcomes Required

Be fully informed on areas where GP access remains problematic for residents and make recommendations to primary care clinicians, commissioners and the GP Federation on demographic and geographical areas where there is the greatest need for improvement and provide a link with residents to feed back to providers on what the problems are. Also share findings with the GP Federation, British Medical Association, Royal College of GPs, the voluntary sector and resident groups in the borough.

Carry out a communications campaign to provide residents across Barnet with the information and tools to improve their access to GPs and work with Primary Care Networks to provide any other assistance the council can to maintain and improve better and more equitable access to general practice for all Barnet residents.

3. Information Required

Background data, including:

- NHS England and GP Federation data on inequalities in GP access nationally and locally
- Barnet HealthWatch reports
- Evidence from residents/user groups
- Reports and papers developed by the Integrated Care Board (ICB) on GP access across NCL and specifically Barnet
- [Delivery plan for recovering access to primary care \(england.nhs.uk\)](https://www.england.nhs.uk/publication/delivery-plan-for-recovering-access-to-primary-care/)
- Relevant data:

- Best practice and successful initiatives
- Case studies
- Witness evidence: including key stakeholder:

Internal

- Adult Social Care
- Public Health
- Communications team
- All Ward Members

External

- Adult Social Care Involvement Board
- Residents
- North Central London Integrated Care Board
- Central London Community Healthcare NHS Foundation Trust
- Royal Free London NHS Foundation Trust
- Primary Care Network Clinical Directors
- Central London Community Healthcare NHS Trust
- Walk-in Centres
- Voluntary sector eg Age UK
- Primary Care Networks
- Patient Groups
- Patient Advice and Liaison Service (PALS)
- Health Champions

4. Format of Information

- Background reports and presentation
- Best practice data
- Desktop research
- Evidence from expert external witnesses
- Evidence from expert internal witnesses

5. Methods Used to Gather Information

- Minutes of meetings

- Desktop research
- Officer reports
- Statistical data
- Presentations
- Examples of best practice
- Witness Evidence: -

6. Co-Options to the Review

To be confirmed

7 Considerations for Community Impact, such as health, equalities and human rights

This Scrutiny Review will gather evidence with the aim of supplying Scrutiny input into improving residents' access to GPs. It will look to put forward informed recommendations to all relevant parties.

The Scrutiny Panel, in having regard to the general equality duty, will be mindful of the protected characteristics when undertaking this scrutiny activity; so that any recommendations that it made could identify disproportionate and unintended potential positive and negative impacts on any particular sector of the community, including any potential mitigation required. This will be borne in mind as the Scrutiny progresses with the review and evidence is gathered.

In order that the Scrutiny obtains a wide range of views, a number of key witnesses will provide evidence as detailed in section 3 of this report.

Any recommendations about access to GPs will consider impact and potential mitigation as appropriate and relevant across all protected characteristics. Impact assessments will be integral to any reports including actions plans.

8 Evidence gathering Timetable

Meetings to commence at xx

Dates from and to

Dates	Scoping meeting
	Evidence gathering
	Evidence gathering
	Evidence gathering
	Approve final report

- Site visits will be programmed during this period.

9. Responsible Officers

Integrated Care Board (ICB) - tbc

10. Resources and Budgets

To be agreed.

11. Final report presented by:

Completed by Chair of the Task and Finish Group. Presented by the Chair of the Adults & Health Overview and Scrutiny Sub-Committee to the Overview and Scrutiny Committee and then to Cabinet.

12. Monitoring procedure:

Review the impact of the report after approximately six months.

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London Borough of Barnet

SCRUTINY TASK AND FINISH GROUP -

The Discharge to Assess Model

1. Context

Thousands of Barnet residents are admitted to hospital every year with most (around 20,000) returning home without formal care and support from the council or community health. Of those that need further support:

- Around 600 will go on to NHS rehabilitation in a community hospital.
- Around 2,300 go home with short term social care support, community health services or, in most cases, both.
- A further 250 will be discharged to a residential or nursing care home.

The national policy directive encourages local health and care systems to follow a discharge to assess model and this has been in place across Barnet and the rest of North Central London since the start of the Covid-19 pandemic. In Barnet there is an integrated team, made up of council, Central London Community Healthcare (CLCH), Integrated Care Board (ICB) and Royal Free London (RFL) colleagues. Discharge to assess has been defined as:

“Where people who are clinically optimised and do not require an acute hospital bed, but may still require care services, are provided with short term, funded support to be discharged to their own home (where appropriate) or another community setting. Assessment for longer-term care and support needs is then undertaken in the most appropriate setting and at the right time for the person.”¹

2. Purpose/Objectives of the Review

To consider the impact of the discharge to assess model on the residents of Barnet and assess if there are any improvements that should be made.

The review will also consider the demand for services and the financial impact of support following hospital discharge for Barnet Council and the local NHS system.

Key lines of Inquiry:

¹ <https://www.nhs.uk/NHSEngland/keogh-review/Documents/quick-guides/Quick-Guide-discharge-to-access.pdf>

- Receive information on the national, NCL system-level and local context and performance in relation to the discharge to assess model, including staffing and capacity.
- Listening to the experiences of residents, including carers, of the transfer of their care from hospital to home or another 'step down' setting.
- Financial data - from the council and NHS partners involved in discharge to assess.
- Listen to the experiences of operational and leadership teams of adult social care and NHS system partners.
- Consider variations of the model implemented in other parts of London / England and understand the advantages and disadvantages of these.

3. Outcomes Required

A shared understanding of the effectiveness of the discharge to assess model, particularly with regard to resident experience.

The identification of areas for improvement and a plan as to how these can be realised.

4. Information Required

National policy documents and reviews of best.

Details of pathways open to Barnet residents.

Performance and finance data.

Case studies

Witness evidence: likely to include:

- Residents and carers with lived experience of the discharge to assess system.
- North Central London Integrated Care Board (ICB).
- Primary Care.
- Adult Social Care.
- Community Health services.
- Acute hospitals.
- Voluntary sector.
- Patient Advice and Liaison Service (PALS).

5. Methods Used to Gather Information

- Minutes of meetings
- Desktop research
- Officer reports

- Statistical data
- Presentations
- Examples of best practice
- Witness Evidence:

6. Co-Options to the Review

To be confirmed

7 Considerations for Community Impact, such as health, equalities and human rights

This Scrutiny Review will gather evidence with the aim of providing Scrutiny input into the Discharge to Assess model. It will look to put forward informed recommendations to all relevant parties.

The Scrutiny Panel, in having regard to the general equality duty, will be mindful of the protected characteristics when undertaking this scrutiny activity; so that any recommendations that it made could identify disproportionate and unintended potential positive and negative impacts on any particular sector of the community, including any potential mitigation required. This will be borne in mind as the Scrutiny progresses with the review and evidence is gathered.

In order that the Scrutiny obtains a wide range of views, a number of key witnesses will provide evidence as detailed in section 3 of this report.

Any recommendations about the discharge to assess model will consider impact and potential mitigation as appropriate and relevant across all protected characteristics. Impact assessments will be integral to any reports including actions plans.

8 Evidence gathering timetable

Meetings to commence in July 2023 with a view to a report returning to the Committee in January 2024.

9. Responsible Officers

To be confirmed.

10. Resources and Budgets

To be agreed.

11. Final report presented by:

Completed by Chair of the Task and Finish Group. Presented by the Chair of the Adults & Health Overview and Scrutiny Sub-Committee to the Overview and Scrutiny Committee and then to Cabinet and council.

12. Monitoring procedure:

Review the impact of the report after approximately six months.