

**Meeting**

**Adults AND HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE**

**Date and time**

**Wednesday 6TH MARCH, 2024**

**At 7.00 PM**

**Venue**

**Hendon TOWN HALL, THE BURROUGHS, LONDON NW4 4BQ**

**To: Members of Adults AND HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE  
(quorum 3)**

Chair: Councillor Philip Cohen  
Vice Chair: Councillor Caroline Stock

Cllr Rishikesh Chakraborty	Cllr Ella Rose	Ms Nila Patel
Cllr Richard Barnes	Cllr Gill Sargeant	Ms Emma Omijie
Cllr Alison Cornelius	Cllr Lucy Wakeley	

**Substitute Members**

Andrea Bilbow OBE Woodcock-Velleman	Sarah Wardle	Nick Mearing-Smith
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In line with the Constitution's Public Participation and Engagement Rules, requests to submit public questions or comments must be submitted by 10AM on the third working day before the date of the committee meeting. Therefore, the deadline for this meeting is 1<sup>st</sup> March at 10AM. Requests must be submitted to [tracy.scollin@barnet.gov.uk](mailto:tracy.scollin@barnet.gov.uk).

**You are requested to attend the above meeting for which an agenda is attached.**

**Andrew Charlwood – Head of Governance**

Governance Service contact:

Media Relations Contact: Tristan Garrick 020 8359 2454 [Tristan.Garrick@Barnet.gov.uk](mailto:Tristan.Garrick@Barnet.gov.uk)

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## Order of Business

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2.	Absence of Members	
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12.	Long Covid update To follow	
13.	Task and Finish Groups update Primary Care (GP) Access draft report – to follow	95 - 100
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# Decisions of the Adults and Health Overview and Scrutiny Sub-Committee

24 January 2024

Members Present:-

AGENDA ITEM 1

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 26<sup>th</sup> 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 6<sup>th</sup> 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

## Adults & Health Overview and Scrutiny Sub-Committee Actions Log

2023-24

Meeting Date/Reference	Action	Assigned to	Due Date/Completed	Response
28.06.23	Forward information to the committee on Barnet's 'Dementia Friendly' accreditation	Assistant Director Public Health	Completed	Senior Public Health Strategist emailed the committee on 03.07.2023.
28.06.23	Community equipment recycling (both adult social care and NHS) to be added to the A&HOSC Forward Plan	Principal Scrutiny Officer	Completed	Added to the 'to be allocated' section of the Forward Plan.
28.06.23	Add progress reports on Task and Finish Groups relating to A&H to the Forward Plan	Principal Scrutiny Officer	Completed	Added as a standing item to the Forward Plan for each meeting
28.06.23	Circulate Health and Wellbeing Board Forward Plan with each A&HOSC agenda	Principal Scrutiny Officer	Completed	Added as a standing item to the Forward Plan for each meeting
28.06.23	Add forecast of where people are due to be moving into Barnet/new major developments to the Primacy Care Access Task and Finish Group Scope	Principal Scrutiny Officer	Completed	Added to the scope ahead of T&F meeting 19.10.23.
28.06.23	Seek additional Conservative Group Member for Discharge to Assess Task and Finish Group	Principal Scrutiny Officer/ Conservative Political Assistant	Completed – none available	Ongoing due by Jan 2024 ahead of the Discharge to Assess Task and Finish Group
28.06.23	Initiative process to appoint an advisor with lived experienced to the Sub-Committee	Principal Scrutiny Officer/Executive Director, Communities, Adults and Health	Completed	Officers have carried out an open recruitment process including an engagement event. Two advisors (Health and Adult Social Care) have been appointed.

## Adults & Health Overview and Scrutiny Sub-Committee Actions Log

2023-24

26.10.23	Add Neighbourhood Model pilots to A&HOSC Forward Plan	Principal Scrutiny Officer	Completed	Added to the 'to be allocated' section of the Forward Plan.
26.10.23	Write to Barnet, Enfield and Haringey Mental Health Trust to thank them for the update on RAAC concrete at Chase Farm Hospital and ask for updates in the future if there are further news.	Principal Scrutiny Officer	Completed	Email sent to BEH Mental Health Trust on 15.01.24.
26.10.23	Commissioning for care homes to be added to the agenda of AHOSC, 6 <sup>th</sup> March 2024	Principal Scrutiny Officer	Completed	Added to the 'to be allocated' section of the Forward Plan.
26.10.23	Recycling rates for equipment to be included in future reports on adult social care performance	Head of Intelligence, Business and Systems	Completed	To be added to future Adult Social Care updates
24.01.24	Circulate JHOSC membership details to AHOSC.	Principal Scrutiny Officer	March 2024	
24.01.24	Add 'CQC inspection update' to AHOSC Forward Plan	Principal Scrutiny Officer	Completed	Added to the 'to be allocated' section of the Forward Plan.
24.01.24	The Chair/Scrutiny Officer to write to the Royal Free London (RFL) NHS Foundation Trust to request mid-year quality accounts comments.	Group Head of Clinical Governance and Performance, RFL NHS Foundation Trust	April 2024	The Scrutiny Officer has emailed and spoken to the Group Head of Clinical Governance and Performance and notes that she had previously agreed to delay the mid-year QAs with the RFL, (ie after January 2024) who will now be providing this following the meeting on 6 <sup>th</sup> March due to delays caused by the junior doctors' strike and other staff absence. In particular the Group head needs time to get in contact with the Clinical Leads for responses. This will be sent by email to the committee.



**Adults & Health Overview and Scrutiny Sub-Committee Actions Log**

**2023-24**

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# Minutes of meeting of the North Central London Joint Health Overview and Scrutiny Committee held on Thursday 30th November 2023, 10.00 am - 12.45 pm

AGENDA ITEM 7

## PRESENT:

**Councillors: Pippa Connor (Chair), Tricia Clarke (Vice-Chair), Jilani Chowdhury, Philip Cohen, Tom O'Halloran and Matt White**

### 29. FILMING AT MEETINGS

The Chair referred Members present to agenda Item 1 as shown on the agenda in respect of filming at this meeting, and Members noted the information contained therein'.

### 30. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Lorraine Revah (Camden), Cllr Kemi Atolagbe (Camden), Cllr Chris James (Enfield), Cllr Andy Milne (Enfield) and Cllr Rishikesh Chakraborty (Barnet).

Cllr Tom O'Halloran (Enfield) joined the meeting in place of Cllr Andy Milne (Enfield).

### 31. URGENT BUSINESS

None.

### 32. DECLARATIONS OF INTEREST

Cllr Pippa Connor declared an interest by virtue of her membership of the Royal College of Nursing.

Cllr Pippa Connor declared an interest by virtue of her sister working as a GP in Tottenham.

### 33. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

None.

### 34. MINUTES

The minutes from the previous meeting were approved by the Committee.

**RESOLVED – That the minutes of the meeting held on 11<sup>th</sup> September 2023 be approved as an accurate record.**

### **35. START WELL PROGRAMME**

Cllr Connor noted that, although the report covered the consultation approach, the papers did not include the consultation itself as this was not due to be launched until 11<sup>th</sup> December.

Sarah Mansuralli, Chief Strategy & Population Health Officer at North Central London Integrated Care Board (NCL ICB), introduced the report, explaining that this built on previous briefings and provided the Committee with the opportunity to comment on the approach to consultation. As an Integrated Care System, there was an overall focus on inequalities, value for money and social/economic development. The Integrated Care Strategy identified Start Well as a priority with a focus on service improvement and pregnant women's experience of care and the role of the workforce as being critical for population health.

Sarah Mansuralli explained that the Case for Change had been published in June 2022 with a strong evidence base for improving care at an early age having an impact on population health outcomes. The Start Well programme had commenced in November 2021 and had benefitted from extensive clinical and service user input with the development of best practice care models and understanding the case the changing the way that services were organised. In NCL the birth rate was declining but the complexities of births was increasing. There were high vacancy rates in birthing centres which could compromise the choice of services while there was imbalance of demand across services leading to an over/underutilisation of particular units. The number of deliveries at the Edgware Birth Centre was declining each year with just 34 deliveries in the previous financial year. In addition, the fabric of estates in NCL was not up to the standards required by best practice models.

The new models of care were designed to address these issues, making each unit clinically viable, maintaining choice and improving the patient experience. The documents provided to the Committee demonstrated that doing nothing was not an option as the existing model was no longer sustainable. The following changes were therefore proposed:

- To move to a model with four units providing maternity and neonatal care instead of five units.
- This would mean having three Level 2 units and one specialist Level 3 neonatal intensive care unit at University College London Hospital (UCLH).
- There would no longer be a Level 1 unit or a stand-alone birthing centre.
- Pathways for paediatric surgical care would be streamlined.

Anna Stewart, Programme Director for Start Well, set out details of the options being included in the public consultation:

- Option A involved the UCLH as the specialist Level 3 neonatal unit, with Barnet Hospital, North Mid Hospital and the Whittington Hospital as the three Level 2 units. Maternity and neonatal services at the Royal Free Hospital would be closed.
- Option B also involved the UCLH as the specialist Level 3 neonatal unit, with Barnet Hospital, North Mid Hospital and the Royal Free Hospital as the three Level 2 units. Maternity and neonatal services at the Whittington Hospital would be closed.
- Option A had been identified as the ICB's preferred option. The reasons for this were set out in the report, but were mainly because this would mean fewer staff needing to move to a new location and because Option A would mean some patients going to hospitals in North West London where there was capacity for this, while Option B involved some patients going to hospitals in North East London where capacity was more limited.

Anna Stewart also outlined details of a second issue in the public consultation which concerned the proposed closure of Edgware Birth Centre due to low levels of demand.

The third main issue in the public consultation related to proposals on paediatric services which would involve:

- Local units (at Barnet, North Mid, Royal Free and Whittington Hospitals) continuing to provide most emergency surgery for children aged 3 or older, general/urology surgery for children aged 5 or older and ear/nose/throat/dentistry day surgery for children aged 3 or older.
- A centre of expertise at Great Ormond Street Hospital including a surgical assessment unit for emergencies for babies and young children and emergency surgery for children younger than 3 years old or for general/urology surgery for children younger than 5 years old.

Sarah Mansuralli and Anna Stewart then responded to questions from the Committee about the options and general approach to the consultation:

- Cllr Clarke welcomed the preferred option being the one that retained services at the Whittington Hospital due to the large catchment area that could be affected. However, she asked how concerns identified with the Whittington unit on page 12 of the report would be addressed including the unit not meeting with modern best practice building standards and risks around infection control. Sarah Mansuralli responded that this part of the report set out the clinical drivers for the proposed changes but that the changes would also involve capital investment to improve facilities on one of the two sites (Whittington or Royal Free depending on the option selected). Clare Dollery, Medical Director at Whittington Health NHS Trust, added that the unit had very caring, well-trained staff who worked to ensure that the deficiencies of the old Victorian estate did not impact on outcomes for patients. However, she acknowledged that the lack of en-suite facilities was an issue for patients and that investment

- was required to bring the estate up to the standard required. Mike Greenberg, Medical Director for Barnet Hospital (which managed the unit at the Royal Free), added that, as stated in the report, the Level 1 unit at the Royal Free was only 37% occupied in 2021/22. This impacted on the experience of the doctors and nurses in looking after sick babies, representing a clinical risk that was mitigated by the use of fixed term consultants but was not sustainable in the longer-term. He also reiterated the considerations about the additional staff disruption and patient flows associated with Option B. Clare Dollery and Mike Greenberg also highlighted the involvement of their staff in the stakeholder consultation group. Cllr Clarke welcomed these points but expressed the view that more information about the capital investment should be available and made clearer in documents relating to the consultation. **(ACTION)** Anna Stewart responded that the public consultation documents had not yet been approved by the ICB Board but, in their current form, explained that approximately £40m of capital investment would be provided for either option.
- Cllr Chowdhury expressed concern about the additional demand pressure on the Whittington unit and about potential difficulties with transport issues for patients going to the Whittington unit instead of the Royal Free unit. Michelle Johnson, Clinical Lead for the Start Well programme, said that not all patients from the catchment area would be going to the Whittington unit as a significant proportion would be going to hospitals in North West London (should Option A be chosen) and that the overall impact of the proposals would be to increase capacity and improve all maternity units.
  - Asked by Cllr Connor about the monitoring of data on patient flows, Anna Stewart said that complex modelling had been carried out and that this was based on predictions about where patients would go. In most cases this would be their nearest unit, but patient choice was also considered. The model would need to be rerun as more information became available.
  - Asked by Cllr Cohen for further details on the capital investment, Sarah Mansuralli explained that there was a technical document underpinning the pre-consultation business case that was linked to from the main report. Option A involved around £42m being provided to improve the Whittington unit while Option B involved around £39m being provided to improve the Royal Free unit. She added that the decision was clinically driven rather than financially driven, noting that the preferred option involved slightly more funding and that the proposed closure of the Edgware Birth Centre would not result in savings as the services would be offered elsewhere.

Chloe Morales Oyarce, Acting Assistant Director for Communications & Engagement at NCL ICB, then set out details of the public consultation itself which was proposed to launch from 11<sup>th</sup> December 2023 and remain open for 14 weeks. She explained that there had already been extensive engagement through the Start Well programme and that the new public consultation would involve working with partners including local authorities, NHS Trusts, voluntary sector organisations and others. Clear information would be provided on how people could participate in the consultation with various formats available online and via printed documents to enable a high level of

accessibility. There would also be some targeted engagement for certain groups including more deprived areas, BAME groups and geographical areas close to the units affected. Engagement with staff groups would also continue. More details about the consultation questionnaire and engagement techniques were included in the report to the Committee.

The Committee then asked further questions about the public consultation:

- Cllr Connor asked how realistically the direction of policy would be impacted if the feedback favoured Option B (or neither option) rather than the preferred Option A. Sarah Mansuralli said that both options were deliverable and that the proposals had been thoroughly tested by the London Clinical Senate in terms of clinical outcomes. Anna Stewart concurred with this and added that the consultation was not a referendum or vote but a more nuanced process where everything that was said and where these views were coming from would need to be carefully analysed with the detailed impact assessment updated as part of the process to reaching a decision.
- Asked by Cllr Connor how concerns about transport issues would be addressed through the consultation process, Sarah Mansuralli said that the ICB recognised that further mitigations may be needed but that these would need to be informed by the consultation.
- Cllr Connor commented that, as part of the consultation process, the public would need to be made aware of the context that the Royal Free NHS Trust was in favour of Option A (which involved the closure of the existing unit at the Royal Free Hospital) as there was otherwise a risk of only the negative aspects of a unit closure being understood. Anna Stewart said that the consultation document would explain how the ICB conclusions had been reached and set out which organisations had been involved in that process. Sarah Mansuralli acknowledged that this might not necessarily be overtly clear to the public and so they would give this some further thought. **(ACTION)**
- Asked by Cllr O'Halloran about the potential pressure on hospitals in North East London under Option B, Anna Stewart said that, while both options were deliverable, the proposals under Option A were considered to be less disruptive both in terms of outflows and the expansion of the current neonatal unit.
- Cllr Clarke suggested that the graphic on page 16 of the agenda pack required further information about how units were being upgraded if it was to be included in the consultation. Anna Stewart responded that this illustrated what the outcome of either option would look like but reiterated that details of the capital investment would be included in the public consultation document and agreed to recheck how this would be framed. **(ACTION)**
- Cllr Connor queried whether details of any additional services that would be provided at the Royal Free or Whittington in the space vacated by a unit closure would be included in the consultation. Sarah Mansuralli said that it would be difficult to include this in the consultation as the Trusts had not yet reached decisions on this but acknowledged that there would be opportunities provided by the availability of new space. Mike Greenberg added that there

- was huge demand on space at the Royal Free Hospital, including the possibility for a number of specialist services to expand.
- Asked by Cllr Chowdhury about engagement with BAME and more deprived communities, Chloe Morales Oyarce reiterated the engagement with partners, that the ICB had good relationships with community groups who could help to facilitate engagement and that there would also be targeted engagement based on where people could be reached such as Childrens Centres. She added that any suggestions for community contacts from Committee Members would also be welcomed.
  - Cllr Cohen suggested that the mitigations around travel times and costs may need to be strengthened, particularly in relation to more disadvantaged communities. Anna Stewart responded that work with partners had been carried out on mitigating the disbenefits, including potential eligibility for reimbursement for travel costs in some circumstances. She added that the current service model already involved long journeys in some circumstances, for example when more complex care was required than could be offered at the local unit. These issues would be tested and analysed further as part of the public consultation.

Cllr Connor then summarised the main recommendations of the Committee on the public consultation as follows:

- The need for the public to be made aware of the underlying support of NHS Trusts for the proposals, including Trusts directly affected by the potential closure of a unit as this was particularly relevant to any local debate on this issue.
- The importance of clarity over the capital funding being provided under either of the main two options and the need to address any potential risks over the longer-term of insufficient capital funding to support the ongoing cost of Start Well programme, including any possible hidden costs.
- To engage with residents over the development of mitigations for people who may be affected by additional transport costs.
- To closely monitor and report back to the JHOSC on the ongoing modelling of patient flows as current predictions may not necessarily match the choices that patients subsequently make in future years.
- That any 'before/after' graphics illustrating the two options in the consultations documents should make clear how units are being upgraded as part of that reconfiguration.

## **36. ESTATES STRATEGY**

Nicola Theron, Director of Estates for the NCL ICB, introduced this item noting that a number of specific questions asked by the Committee were addressed in the report. She highlighted the recent progress of the Estates Strategy including investment in the Primary and Community estate, with a number of new build and refurbishment projects set out in the report. An update was provided on the St Pancras



Transformation Programme and asset disposals were also described in the report with an uptick in 2027/28. The graphs on page 18 of the agenda pack illustrated the critical backlog maintenance of around £121m with the effective maintenance of estates essential to deliver good quality patient care.

Nicola Theron explained that there were corporate expenditure limits on the overall capital and leasing spend for NCL which was £178m this year. It was necessary to work carefully and creatively to use not just national capital but also other sources of funding. NCL was one of the few ICS areas to set aside 5% of the capital budget for primary/community services. The Community Investment Fund/Section 106 (CIL/S106) funding was a significant source of funding as illustrated in the report.

With regards to Local Estates Forums (LEFs), the list of local authority representatives was provided in the report and this included a good range of senior officers and policy leads but more limited representation from Councillors.

Nicola Theron then responded to questions from the Committee:

- With regard to the St Pancras Transformation Programme, Cllr Connor asked about risk and financial stability for the second site. Nicola Theron said that the Moorfields site was being delivered separately from the second site where there were a series of other transactions, including a partnership with the private sector that was adding skills and expertise to the project. The programme was operating in difficult market conditions in terms of disposals and construction. The objective was to align the whole long-term programme and various sources of funding with the objectives of optimising health outcomes and ensuring minimal disruption. Sarah Mansuralli added that the programme involved a sequence of planned transactions so there was always a risk concerning the transactions being completed within the planned timescales. There was therefore a lot of focus on risks and mitigations throughout the programme. Cllr Connor requested that progress with the project and the associated risks be included in the next update report to the Committee in 12 months' time. **(ACTION)**
- Asked by Cllr Connor about the 28% of NCL patients who access primary care from inadequate 'tail' estate, as illustrated on page 18 of the agenda pack, Nicola Theron said that the principle worked to was that health outcomes were better achieved in larger, better quality estates and the national policy was that commissioners should promote the delivery of services from 'tail' estate to 'core' assets.
- Asked by Cllr Cohen whether the Edgware disposal was linked to the overall major planning changes for Edgware town, Nicola Theron confirmed that this was dealt with as a separate issue.
- Cllr Cohen queried why 60% of the £9m allocated to NCL health from the planning system so far was from Barnet. Nicola Theron explained that this indicated the current degree of involvement between Barnet Council and the NHS in supporting development, including through S106 agreements such as a

long-lease on two units for primary care services in Colindale. Cllr White questioned whether other NCL boroughs were expected to contribute more in future. Nicola Theron said that there were a lot of asks for CIL/S106 funding so the aim was to work in a more integrated way across NCL. Barnet had contributed a high proportion recently due to the large amount of recent development in that Borough.

- Asked by Cllr Cohen how often the LEFs met, Nicola Theron said that this was typically once every two months.
- Cllr Clarke requested further explanation of the proportion of capital funding provided by the government and whether this was sufficient. Nicola Theron clarified that the Department of Health and Social Care provided the £178m referred to earlier but that the capital ask in NCL was around 5-7 times that amount to bring the whole NHS estate up to modern fit-for-purpose standards. This was why it was necessary to recycle and find other sources for capital investment.
- Asked by Cllr Clarke about the limited amount of affordable and key worker housing involved in the development resulting from the Edgware disposal and asked why the NHS did not make this a condition of the sale of the land. Nicola Theron responded that NHS Trusts were sovereign organisations and that 50% of the capital from the disposal would be reinvested back into the Edgware Hospital estate with the other 50% going to NHS PS (Property Services) to be reinvested elsewhere. She added that there was work ongoing throughout NCL to maximise the number of key worker units and that there was a balance to be struck between developing affordable housing and securing capital receipts to be recycled into new projects.
- Cllr Connor noted the high level of critical backlog maintenance for NCL ICS provided and requested further explanation on how this could impact on frontline services. Nicola Theron said that hospital Trusts had a lot of capacity to plan how to manage a backlog and that, while they were sovereign organisations, the ICB had a role in working with providers to ensure that there was a consistency of approach on risk registers, the management of critical items and ensuring that the system as a whole was not exposed to unmitigated risk. She also noted that around 70% of the £178m capital spend in NCL was allocated for maintenance issues. She acknowledged that the critical backlog maintenance figures had risen in recent years with various contributory factors including aging assets, greater mechanical/ventilation requirements resulting from Covid and two hospitals with RAAC concrete issues. Sarah Mansuralli added that there was a huge evidence base on the importance of delivering care in a fit for purpose environment and the ICB was constantly seeking to attract capital from a range of sources. Nicola Theron commented that all Integrated Care Systems across the country were facing similar issues and that it was necessary to make the case nationally to the Treasury that more capital resources were required to bring the NHS estate up to the required standard.

Cllr Connor proposed that the next update report in 12 months' time should include:

- A progress update on the St Pancras Transformation Programme, particularly the various transactions relating to the second site and the associated risks.
  - A breakdown of the critical backlog maintenance by provider, including details of the year-on-year changes and any identified potential risks to patients.
- (ACTION)**

It was also suggested by the Committee that there should be a clearer understanding of how the planning departments of local authorities could work with health partners on CIL contributions. **(ACTION)**

### **37. FERTILITY POLICY - IMPLEMENTATION**

Penny Mitchell, Director of Population Health Commissioning for NCL ICB, introduced this item, reporting that the implementation of new NCL Fertility Policy, which had begun almost 18 months previously, had gone well with strong communications activities and a number of benefits demonstrated. There was now greater collaborative working with primary care and specialist providers and the policy was embedded as standard commissioning activity. She emphasised the gratitude of the ICB to the residents who had been involved in the development of the policy and also thanked the Committee for their previous input.

Cllr Connor concurred regarding the effective communication and engagement process, added that this had supported by financial backing for the services and expressed her hope that good communications with clinical colleagues and GP practices would continue following the implementation of the policy.

Sarah Mansuralli added that the policy had been part of the broader approach of the ICB in addressing inequity of provision and variation in outcomes for residents which was also a theme of other programmes including Start Well and the Community Health/Mental Health review.

### **38. WORK PROGRAMME**

The updated Work Programme was noted by the Committee and Members were reminded to provide any suggestions for future agenda items to the Chair and the scrutiny officer.

### **39. DATES OF FUTURE MEETINGS**

- 29<sup>th</sup> January 2024
- 18<sup>th</sup> March 2024

CHAIR: Councillor Pippa Connor

Signed by Chair .....

Date .....



# NCL Start Well Programme

AGENDA ITEM 8

# Context and objectives

- Today's session is an opportunity to brief you on the proposals that have been developed as part of the Start Well Programme. This Programme of work was initiated in 2021 to ensure maternity, neonatal, children and young people's services are set up to meet population needs and improve outcomes. The drivers for starting the work demonstrate that the programme is key to delivering against our duties around population health improvement and tackling inequalities.
- This is a long programme of work, and no decision has been made on the changes. The ICB Board agreed at its meeting on Tuesday 5 December 2023 to initiate a 14-week consultation period, from 11 December 2023 until 17 March 2024. A decision on the proposals is not expected to be made until Autumn/Winter 2024/25.
- The programme has developed a set of proposals to improve maternity and neonatal and children's surgical services in NCL. The purpose of the briefing today is to:
  - Provide some context on the programme, outline the rationale for change and how the options have been developed
  - Describe the options being put forward for public consultation
  - Outline the potential impact these proposals may have on different populations, including Barnet
  - Capture your views and feedback on the approach to consultation and how best to engage with the populations in Barnet who may be potentially impacted
- The link to the consultation website where you can find more information and details about the programme is: [nclhealthandcare.org.uk/start-well](https://nclhealthandcare.org.uk/start-well)

# Background and context

# The drivers for this programme and the need for change are rooted in our relentless focus on improving outcomes and reducing inequalities within our population

North Central London ICS has an ambition to provide services that support the best start in life, both for our residents and for people from neighbouring boroughs and beyond who choose to use our services.

We know that care received at the beginning of life is a powerful force against health inequalities and a catalyst for improved life chances which is why Start Well is a key priority in our Population Health and Integrated Care Strategy.

Central to the Start Well programme are the needs of pregnant women and people and their babies. We want to ensure our services are in the best position to support families through the life changing journey of pregnancy and birth.

## We have ten principles which will guide our new ways of working

To make our transition to a population health and integrated care system that is needs-driven, holistic and integrated, we have identified 10 principles to guide us and given examples of what that looks like in terms of changed ways of working.

 <p><b>Trust the strengths of individuals and our communities</b> <i>We listen to our communities and develop care models that are strengths-based and focussed on what communities need, not just what services have always delivered</i></p>	 <p><b>Break down barriers and make brave decisions that demonstrate our collective accountability for population health</b> <i>We understand each other's viewpoints and take shared responsibility for achieving our ICS outcomes and our role as anchor institutions</i></p>	 <p><b>Build from insights</b> <i>We create digital partnerships and use integrated qualitative and quantitative data to understand need</i></p>	 <p><b>Strengthen our Borough Partnerships</b> <i>We build a system approach for local decision making and accountability to support local action on physical and mental health inequalities and wider determinants</i></p>	 <p><b>Mobilise our system's world class improvement and academic expertise for innovation and learning</b> <i>We build the evidence base for population health improvement and innovative approaches to improve integrated working</i></p>
 <p><b>Break new ground in system finance for population health and inequalities</b> <i>We shift our investment toward prevention and proactive care models and create payment models based on outcomes.</i></p>	 <p><b>Build 'one workforce' to deliver sustainable, integrated health and care services</b> <i>We maximise our workforce skills, efficiencies and capabilities across the system</i></p>	 <p><b>Support hyper-local delivery to tackle health inequalities and address wider determinants</b> <i>We make care more sustainable by creating local integrated teams that coordinate care around the communities they serve</i></p>	 <p><b>Relentlessly focus on communities with the greatest needs</b> <i>We embed Core20PLUS5 in all our programmes with a particular focus on inclusion health to make sure no-one is left behind</i></p>	 <p><b>Deliver more environmentally sustainable health and care services</b> <i>We prioritise activity which impacts our communities' health and environment, such as transport</i></p>

Source: North Central London ICS Population Health and Integrated Care Strategy



# The Start Well programme will support us to tackle inequalities and improve population health outcomes

**The Start Well programme was initiated to ensure services are set up to meet population needs and improve outcomes. The drivers for starting the work demonstrate that the programme is key to delivering against our duties around population health improvement and tackling inequalities**



**Improving care at the start of life has the potential to have far reaching impacts on overall population health and life outcomes**



**There is longstanding inequity in service provision across maternity, neonatal and paediatric services – with not everyone having access to the same care as others**



**The quality of services could be improved, and some service users face differential outcomes and experience**



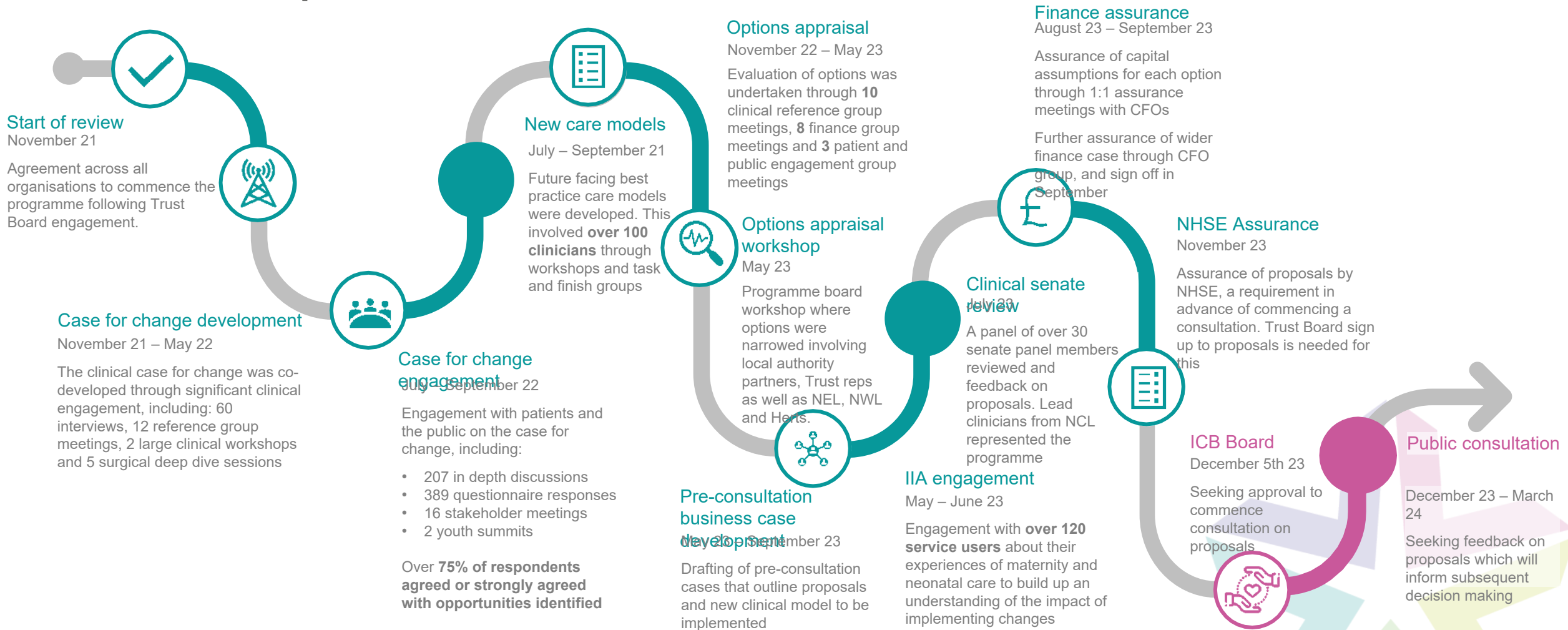
**Our workforce is constrained and, in some instances, our people are working in environments that are not set up for them to provide the best possible patient care**



**Ensuring we are in a position to respond to national reviews and best practice guidance such as the Three Year Delivery Plan for Maternity and Neonatal Care**

The ICS also has a number of other programmes which are aiming to achieve population health improvements and integration of care such as a review into community services, mental health services and the implementation of a Long Term Conditions Locally Commissioned Service for Primary Care.

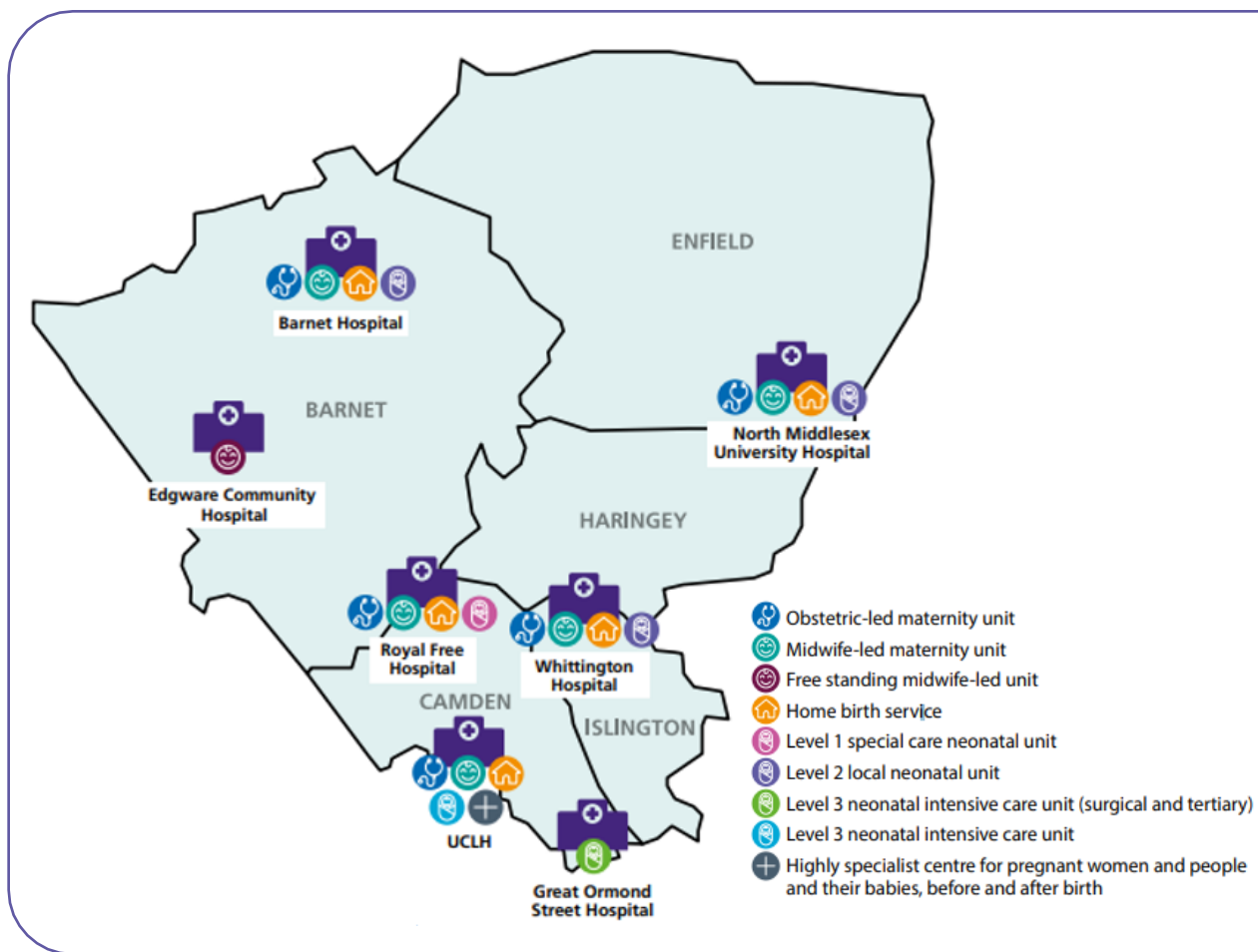
# Start Well is a collaborative programme involving a wide range of patients, carers, community representatives, clinical leaders and ICS partners



The programme, which began in November 2021, has benefited from extensive clinical and service user input.

# Maternity and neonatal services proposals

# How maternity and neonatal care is currently organised in North Central London



In our five boroughs we have **five maternity and neonatal units** and a **standalone midwifery led birth centre**:

- Five obstetric units
- Five alongside midwifery-led units
- One standalone midwifery-led unit at Edgware Community Hospital
- One special care neonatal unit (level 1)
- Three local neonatal units (level 2)
- Two NICUs (level 3 – one of which is at GOSH and out of scope of the proposals)

Pregnant women and people can access maternity care at their unit of choice. This means people who live within Barnet, Camden, Haringey, Enfield or Islington may choose a hospital outside of these area and those who live outside the NCL boroughs can access maternity care at a hospital within NCL

# There are important clinical drivers for change in our maternity and neonatal services



**NCL has a declining birth rate, with increasing complexity of service users.** There is insufficient activity and staff to sustain five maternity and neonatal units in the long term



**Staffing levels do not always meet best practice guidance** and there are high vacancy rates which frequently compromise service provision. This often leads to the inability to staff birth centres – meaning the choice of midwifery-led care is often compromised



**The level 1 unit at the Royal Free Hospital was only 37% occupied in 2021/22.** The number of admissions to the unit have been falling and there are expensive and complex mitigations in place to maintain its safety. This unit does not provide equitable care to service users and it represents a clinical risk, which requires a long-term solution as identified by the London Neonatal Operational Delivery Network and the Trust



**The maternity and neonatal estate at the Whittington Hospital does not meet with modern best practice building standards.** It has no ensuite bathrooms in its labour ward, its neonatal unit is cramped with risks around infection control. These risks are actively mitigated by excellent staff and clinical processes; however, this does create increased pressure on staff to safely deliver the service



**Maternity CQC re-inspections has identified challenges with maternity services in NCL** and there are opportunities to improve their quality

**Edgware Birth Centre supports an ever-decreasing number of women to give birth – in 22/23 only 34 women gave birth there.** Given the declining birth rate and increasing complexity of births it is unlikely this will increase in the future

# Our vision for maternity and neonatal care is delivered through our new care model

## The new care model proposes:

- **Bringing together maternity and neonatal care into four units as opposed to our current five**
- **Three level 2 neonatal units as well as the specialist NICU at UCLH**
- **No longer having a level 1 neonatal unit**
- **No longer having a standalone midwifery-led birth centre**

## Our vision for maternity and neonatal services



**Provision of high-quality equitable care:** all units being able to provide the same level of neonatal care will address the current inequity of having a level 1 neonatal unit as local provision for those closest to that level 1 unit is less comprehensive than the local provision for those closer to any of the level 2 centres



**Units that provide sustainable activity numbers:** through consolidation, we will have larger units which are more clinically sustainable in the long term given the declining NCL birth rate and the need to make best use of our scarce workforce



**Workforce resilience:** units staffed in line with best practice, supporting our teams to deliver high quality care. Delivering this over four units as opposed to five means increased workforce resilience and units will be less vulnerable to short term closures – ensuring that choice of birth setting can be facilitated in a more consistent way. This may also help deliver greater continuity of care to parents, which is currently a challenge to deliver as our workforce are spread thinly



**The right capacity to meet demand:** ensuring that NCL has access to the right level of capacity to meet changing needs of our population – including access to specialist care where it may be needed



**Environment that provides a positive patient experience:** investing in our estate and making improvements that will address current issues. We will invest in making sure we have optimally sized units, meaning better value for money and wider benefits of adopting the new care model

# Options for consultation – maternity and neonates

## Our preferred option

### Option A: UCLH, North Mid, Barnet, Whittington

UCLH	Consultant-led obstetric unit with co-located NICU (level 3) neonatal intensive care unit, alongside midwife-led unit and a home birth service
North Mid	Consultant-led obstetric unit with co-located LNU (level 2), alongside midwife-led unit and a home birth service
Barnet	Consultant-led obstetric unit with co-located LNU (level 2), alongside midwife-led unit and a home birth service
Whittington Hospital	Consultant-led obstetric unit with co-located LNU (level 2), alongside midwife-led unit and a home birth service
Royal Free Hospital	Maternity and neonatal services would cease to be provided

### Option B: UCLH, North Mid, Barnet, Royal Free

UCLH	Consultant-led obstetric unit with co-located NICU (level 3) neonatal intensive care unit, alongside midwife-led unit and a home birth service
North Mid	Consultant-led obstetric unit with co-located LNU (level 2), alongside midwife-led unit and a home birth service
Barnet	Consultant-led obstetric unit with co-located LNU (level 2), alongside midwife-led unit and a home birth service
Royal Free Hospital	Consultant-led obstetric unit with co-located LNU (level 2), alongside midwife-led unit and a home birth service
Whittington Hospital	Maternity and neonatal services would cease to be provided

## Closure of the birthing suites at Edgware Birth Centre

# Both options being put forward for consultation are deemed to be implementable

## The status quo is not an option for consultation because:

- The way services are currently set up won't meet the long-term needs of our population and doesn't resolve the challenges identified in our case for change
- Staffing services across five sites as opposed to four would continue to be a challenge and not make best use of our skilled workforce
- The neonatal unit at the Royal Free Hospital would continue to need support to maintain the skills of staff and this does not represent a long term, sustainable solution

**Both proposed options being put forward for consultation have been deemed to be implementable and we are consulting on both options.**

## Option A has been identified as the preferred option for consultation because:

- it would mean fewer staff needing to move to a new location
- option B would mean some people would need to go to hospitals in North East London that would struggle to have capacity for this because of rising birth rates in some parts of North East London
- while option A would mean some people would need to go to hospitals in North West London, those hospitals have confirmed they have capacity for this as the number of births in North West London is falling



# Future flows have been projected for each option, using an approach which considers choice

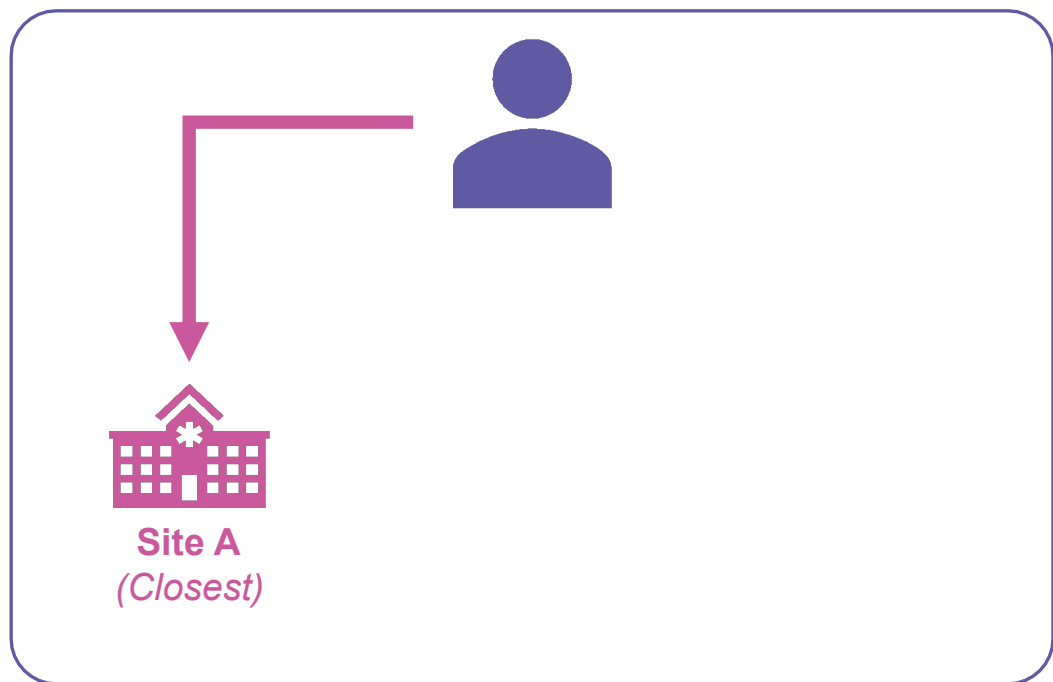
**Note:** LSOA is a Lower Super Output Area and is the smallest granularity of geography that is used for travel time analysis. Typically, there are 1,000-2,000 residents within an LSOA.

Approach	Description
<p>1</p> <p>For each LSOA identify the closest hospital for the catchment population</p>	<ul style="list-style-type: none"> <li>• The catchment population for the patient flow analysis has been defined as all LSOAs in NCL where there was activity in the 2021/22 baseline year and any LSOAs for whom an NCL site is the closest hospital, this includes any populations living in neighbouring boroughs.</li> <li>• The neighbouring ICSs have been defined as all London ICSs plus Hertfordshire and West Essex ICS</li> <li>• The closest hospital is found using the Travel Time API (Google), calculating the travel time in minutes at peak time</li> </ul>
<p>2</p> <p>Calculate the number of deliveries at each in scope hospital in 21/22 by LSOA</p>	<ul style="list-style-type: none"> <li>• The volume of activity at each of the in-scope hospitals has been calculated for each of the LSOAs in the catchment population</li> <li>• The hospitals that are in scope of this work are all acute NCL hospitals and the following neighbouring units: St Mary's, Chelsea and Westminster, Northwick Park, Homerton, Whipps Cross, Royal London, Princess Alexandra, Watford General, Newham, Luton and Lister Hospitals</li> </ul>
<p>3</p> <p>Understand in each LSOA the number of people giving birth at their closest unit or choosing to give birth elsewhere</p>	<ul style="list-style-type: none"> <li>• It is modelled that <b>everyone in an LSOA flows to their nearest unit by travel time (car/driving at peak times)</b>. If this unit is modelled as closed, then the population will be modelled as flowing to the next nearest.</li> <li>• However, if over 80% of people in any LSOA are currently choosing to go to a unit further away than their nearest by travel time, then everyone in that LSOA is modelled to travel further to the unit of choice.</li> <li>• In each option, when a unit closes, everyone who was modelled to go to that unit is then modelled to <b>go to their nearest hospital instead</b></li> </ul>

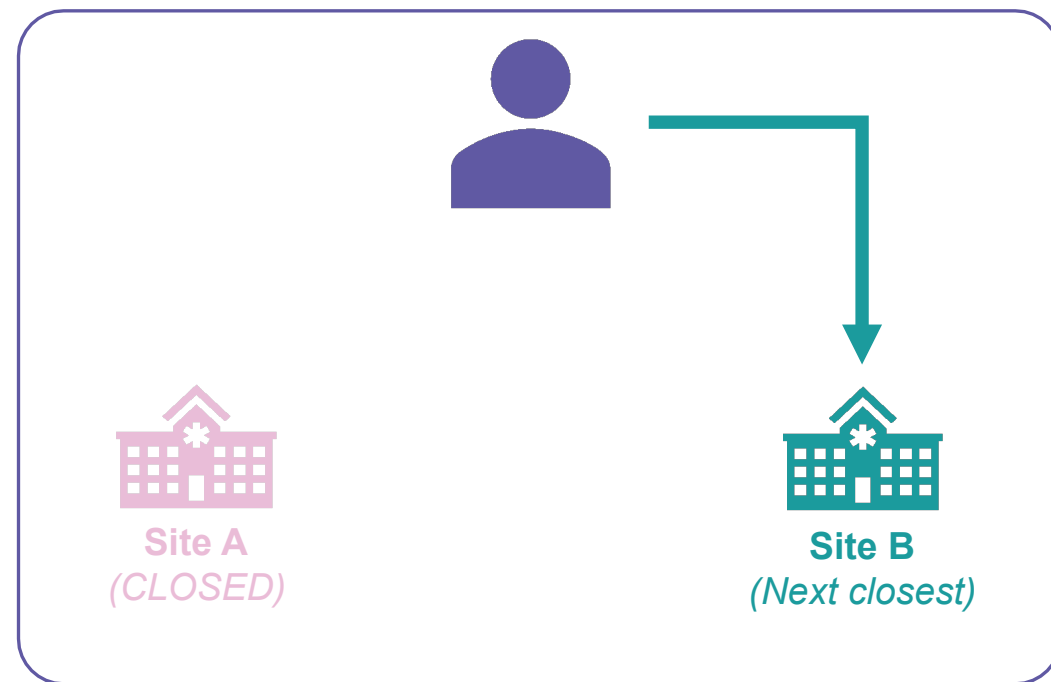
# We identified the people who may be impacted by the proposals

- We looked at where people currently live and identified geographies whose closest hospital is Royal Free (option A) or Whittington (option B)
- For the impacted populations we looked at what the next closest hospital would be and projected the activity to the next nearest unit. All activity in that LSOA is flowed to this hospital.
- This modelling is based on historic activity and a set of assumptions and therefore is indicative. Whilst the modelling approach has factored in choice there may be individuals within the impacted LSOAs who choose a hospital that is further away than the closest.

Currently: where people go now (the closest)



Future: Predicted flow if maternity unit at Site A closed

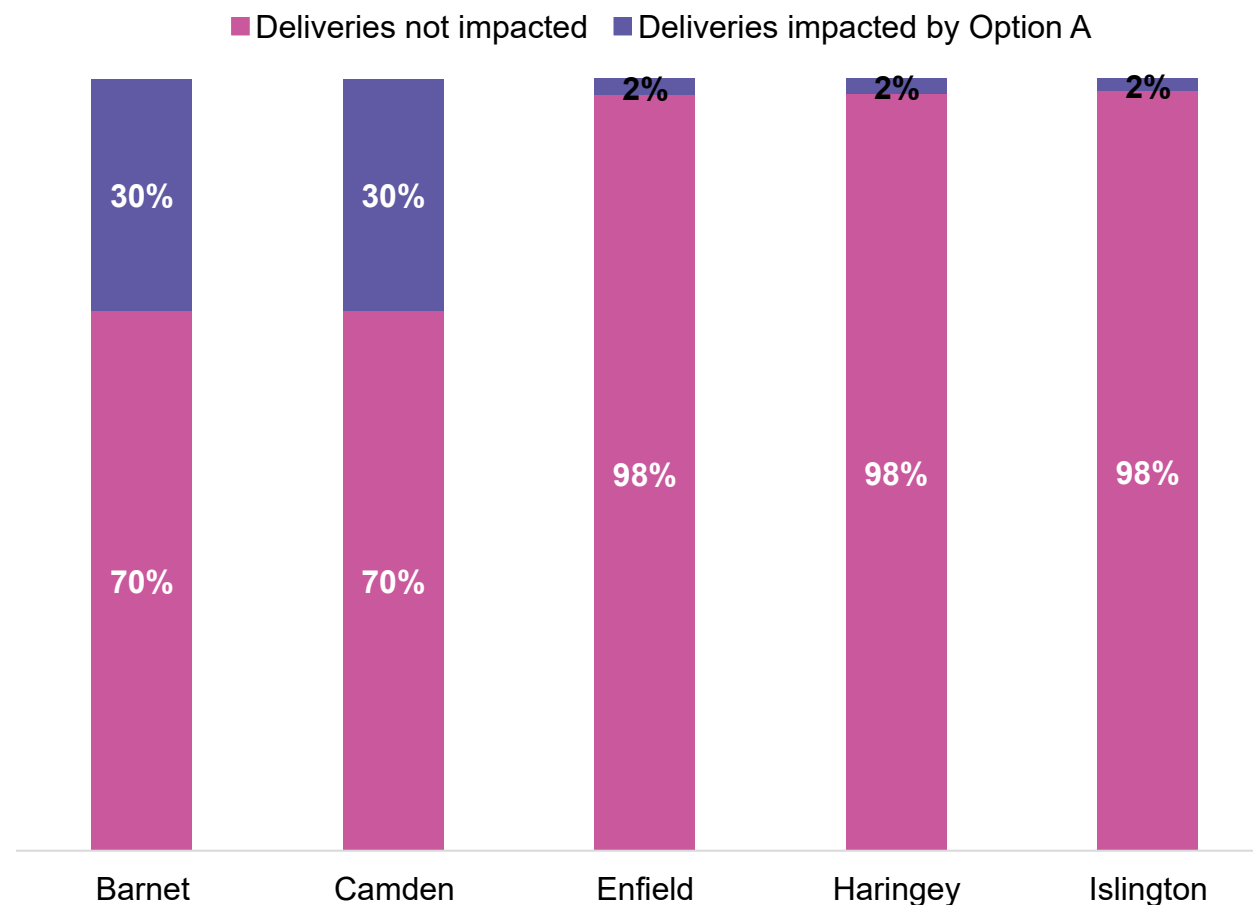




## The proposals in option A would result in 2,560 deliveries being being moved to another unit

- Based on future activity modelling, in option A, 2,560 deliveries are would be moved from the Royal Free Hospital to another unit. This includes units that may be outside of NCL.
- Of the 2,560, 73% (1,860) are NCL residents and the remaining 27% (700) are non-NCL residents.
- Of the NCL residents impacted:
  - 1,211 live in Barnet
  - 475 live in Camden
  - 77 live in Enfield
  - 61 live in Haringey
  - 36 live in Islington
- The proportion of total deliveries impacted by NCL borough is set out in the graph to the right

Proportion of activity which may being impacted by borough

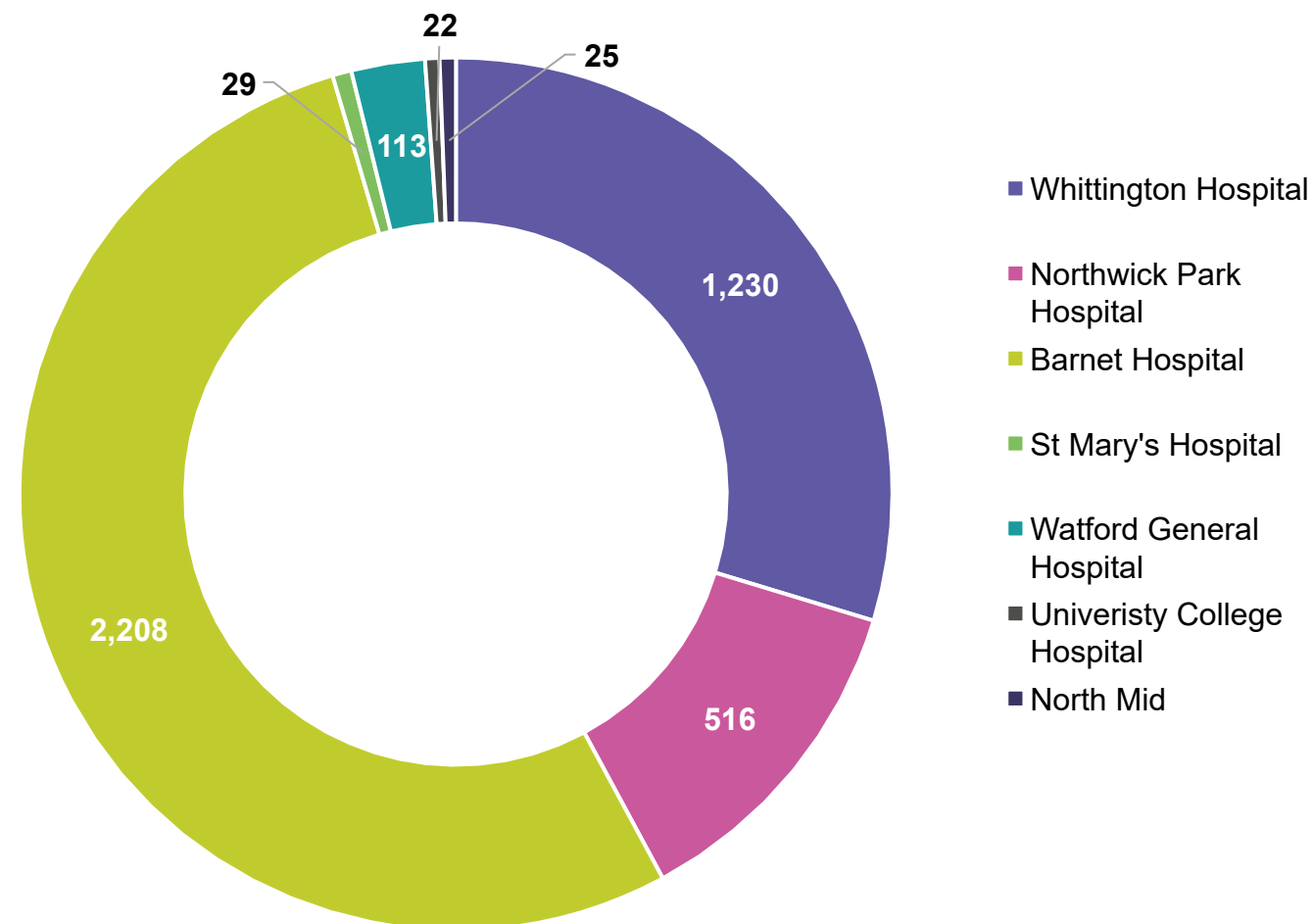




# In Option A 70% of activity for Barnet residents would remain at the same hospital

- Based on future activity modelling, in option A, 70% of deliveries for individuals who live Barnet, would remain at the same unit. This includes individuals who live in Barnet but are actively choosing to deliver at a unit further away than the closest.
- 30% of individuals would be required access maternity care at a different unit if the Royal Free Hospital was modelled as closed (1,211 deliveries in total).
- The impacted individuals have been projected to flow to the closest hospital by car/driving which would be either:
  - Whittington Hospital (+ 618 deliveries)
  - Barnet Hospital (+243 deliveries)
  - Northwick Park Hospital (+267 deliveries)
  - Watford General Hospital (+56 deliveries)
  - St Mary's Hospital (+22 deliveries)
  - University College Hospital (+ 5 deliveries)
- The graph to the right highlights in option A where all deliveries for individuals who live in Barnet would be. This includes deliveries where the unit would not change.

Option A: Projected deliveries by site for all Barnet borough residents

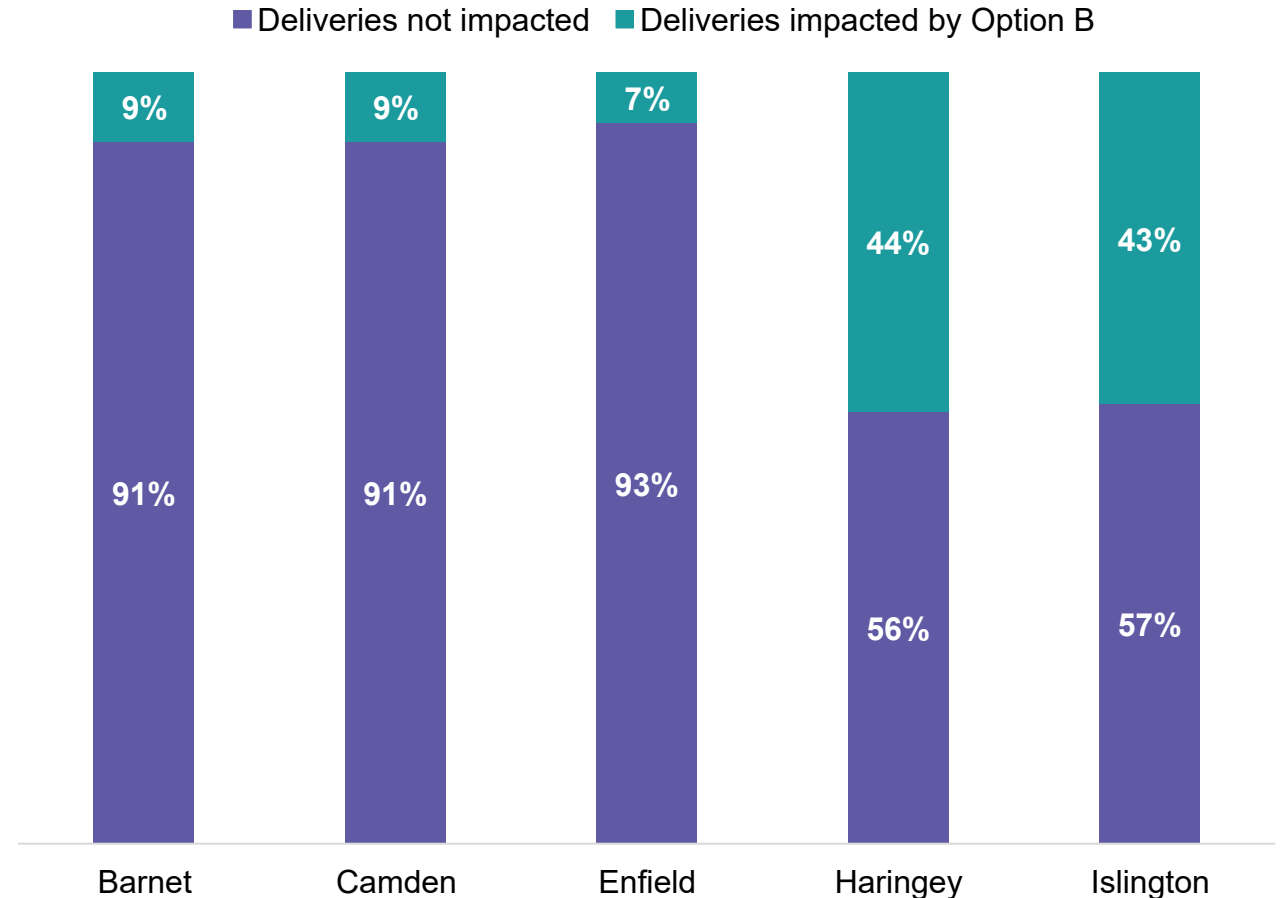




## The proposals in option B would result in 3,391 deliveries being moved to another unit

- Based on future activity modelling, in option B, 3,391 deliveries are would be moved from the Whittington Hospital to another unit. This includes units that may be outside of NCL.
- Of the 3,391, 88% (2,978) are NCL residents and the remaining 11% (413) are non-NCL residents.
- Of the NCL residents impacted:
  - 360 live in Barnet
  - 151 live in Camden
  - 230 live in Enfield
  - 1,294 live in Haringey
  - 943 live in Islington
- The proportion of total deliveries impacted by borough is set out in the graph to the right

Proportion of activity which may being impacted by borough

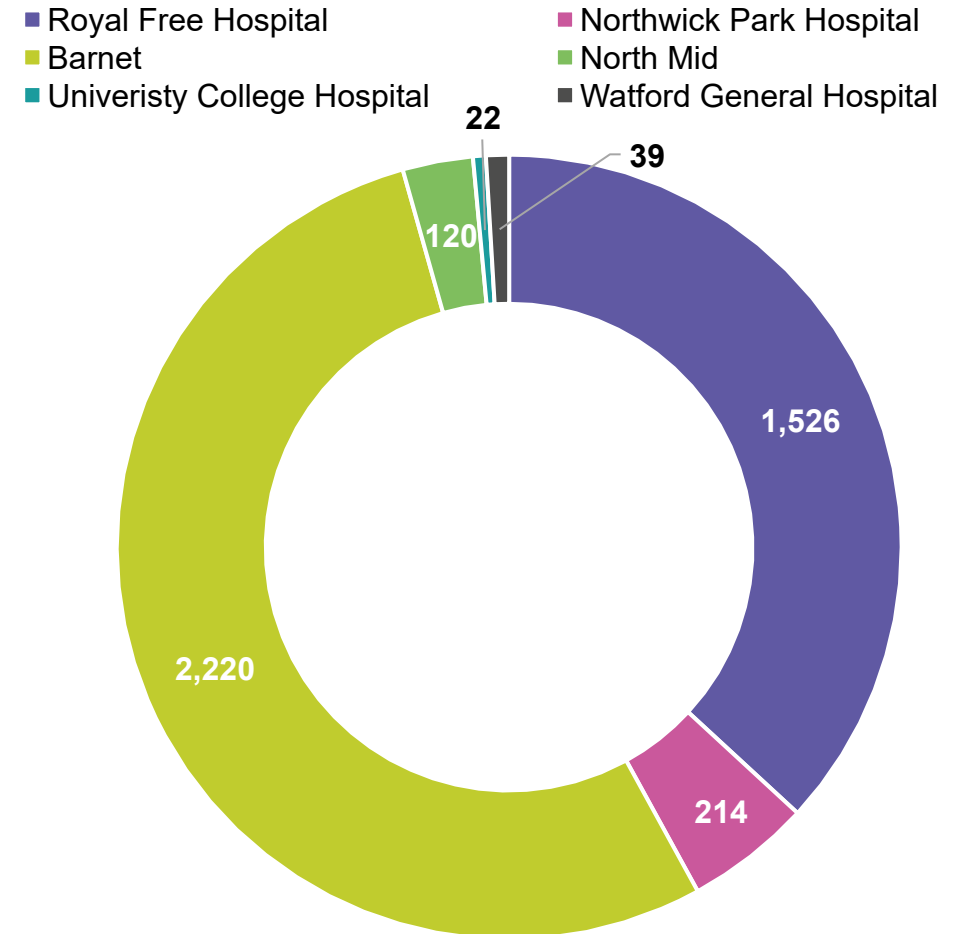




## In Option B 91% of activity for Barnet would remain at the same hospital

- Based on future activity modelling, in option B, 91% of deliveries for individuals who live Barnet, would remain at the same unit. This includes individuals who live in Barnet but are actively choosing to deliver at a unit further away than the closest.
- 9% of individual would be required to deliver at a different unit if the Whittington Hospital was modelled as closed (360 deliveries in total).
- The impacted individuals have been projected to flow to the closest hospital by car/driving which would be either:
  - Barnet (+133 deliveries)
  - Northwick Park Hospital (+3 deliveries)
  - North Mid (+50 deliveries)
  - Royal Free Hospital (+171 deliveries)
  - University College Hospital (+3 deliveries)
- The graph to the right highlights in option B where **all deliveries** for individuals who live in Barnet would be. This includes deliveries where the unit would not change.

Option B: Projected deliveries by site for all Barnet borough residents



# We have built up an understanding of the impact of our proposals through our Interim Integrated Impact Assessment

Our IIA draws on multiple strands of work which has supported us to build a picture of what the impact of our proposals could be, and who may be impacted:

1. Our case for change took a population health approach and identified service users with characteristics who may be at risk of health inequalities
2. We undertook a supplementary literature Review to identify inequalities in maternal and neonatal outcomes undertaken by public health professionals
3. We engaged with potentially impacted groups to understand their views on the possible impact of proposals
4. We have undertaken extensive analysis on:
  - Accessibility (travel time, cost, parking, public transport access, car ownership)
  - Population demographics
  - Sustainability impact by looking at carbon emissions

We have identified the following impacts of our proposals:

- **Accessibility:** relatively small average increases in travel time across both options (both by public transport and car)
- **Cost of travel:** additional expenses when travelling by taxi on average of £4, but close to the closing sites up to £11
- **Accessing an unfamiliar hospital site:** changes may mean people having to travel to and navigate around a hospital site which they are unfamiliar with
- **Understanding changes:** service users need to be able to understand their choices of maternity care and what change could mean for them



- 1. Understand proposed service changes**
  - Understand current services and where they are delivered
  - Review the proposed changes to the model of care
  - Understand where services will be delivered for each potential option
- 2. Identify potentially impacted populations**
  - Assess which local people may be impacted by the proposals
- 3. Understand the potentially impacted groups**
  - Understand the demographics and location of the population
  - Understand populations who might be disproportionately impacted by the proposals or who are vulnerable
- 4. Assess impact of proposals on populations**
  - Understand the overall potential impact on moving services on quality, outcomes, patient experience, access, sustainability and geographical areas
  - Assess this impact for those populations who may be disproportionately impacted or who are vulnerable
- 5. Agree mitigations**
  - Agree steps to mitigate against any negative impacts and enhance any benefits

**IIA engagement reach**

-  38 engagement meetings facilitated
-  124 patients, residents and staff have been involved
-  9 sessions with parents who have recent experience of neonatal care
-  5 meetings with specialist midwives supporting women with complex needs

**Start Well**

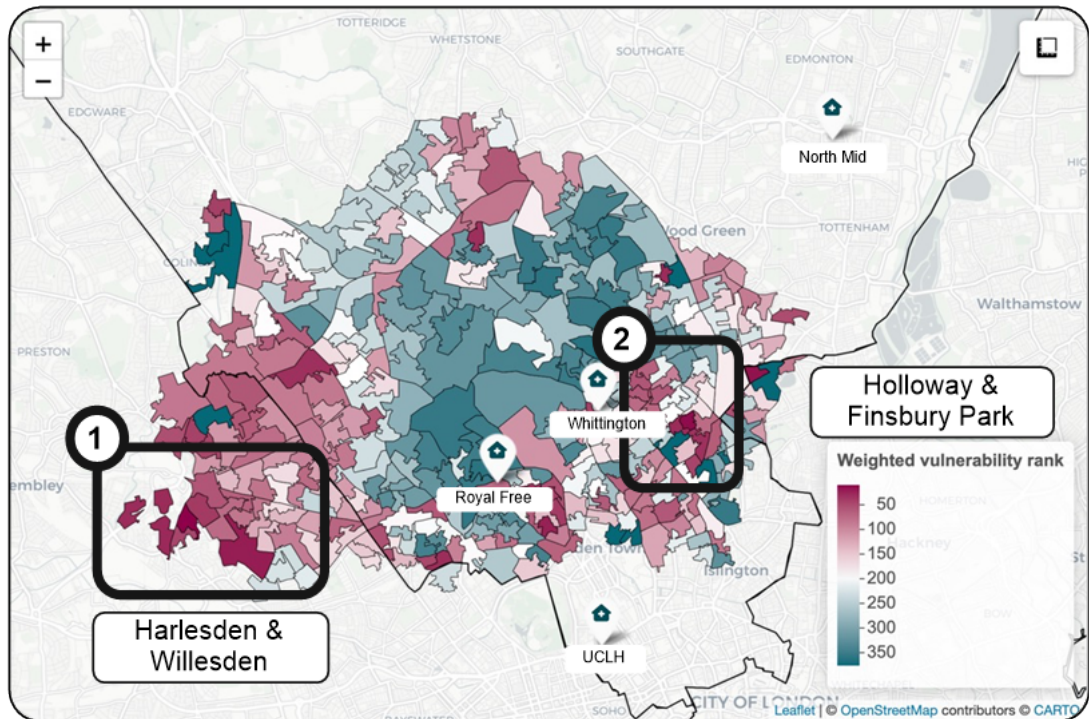
*Literature Review to identify inequalities in maternal and neonatal outcomes to support the NCL Integrated Impact Assessment (IIA)*

**Executive Summary**

This work involved a review of the literature to identify studies that reported on maternal and neonatal outcomes across several population groups known to experience inequalities. It found the following:

- **Deprivation:** Women living in deprived areas were up to 50% more likely than those in less deprived areas, to experience a stillbirth or neonatal death
- **Protected Characteristics:**
  - o **Age:** Advanced maternal age is associated with a range of adverse pregnancy outcomes including low birth weight, pre-term birth, and stillbirth
  - o **Ethnicity:** Pregnant women in the UK from mixed or multiple ethnic backgrounds experience a mortality rate 1.9 times higher than White women; with Black women having 4.1 times higher mortality rate. Babies that are Black, or Black British Asian or Asian British have a more than 50% higher risk of perinatal mortality compared to White
  - o **Single parent:** For unmarried women there are increased chances of preterm birth, low birth weight and small for gestational age births
  - o **Religion:** Limited evidence is available, but studies available suggest Islamic women report worse maternal care while Jewish women make late antenatal bookings which itself is associated with poor pregnancy outcomes and poor infant health

## Two specific geographical areas were identified as being more vulnerable to the impact of our proposals



Weightings were used to rank all LSOAs from highest to lowest against a range of metrics including ethnic minorities, deprivation and poor health outcomes where 1 = worst, 400 = best. A weighted average was then developed for each LSOA and used to identify populations who may be more vulnerable to the impact of our proposals

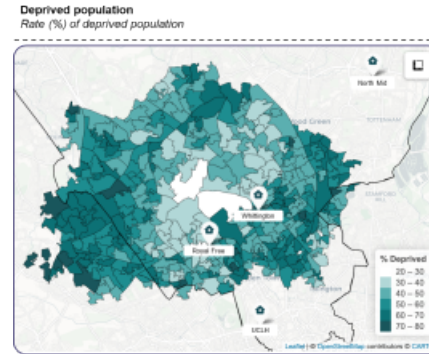
- **Two geographical areas** were identified as having residents who may be more vulnerable to the impact of our proposals because they face barriers to accessing services due to living in areas of deprivation and having high levels of poor general health
- As a result of the proposals, people in **Harlesden and Willesden** (option A), and **Holloway and Finsbury Park** (option B) may need additional support to:
  - **Access the hospital site** if they are disabled/in poor health or are not proficient in English
  - **Travel to hospital by taxi**, if required, as it will cost an additional £4-£5 per journey
  - **Access services online** as they may have lower digital proficiency
  - **Care for other family members** as they may be a lone parent
- **Black African and Black Caribbean** populations are concentrated in these geographies and have poorer maternity outcomes
- Harlesden has a large proportion of **Bangladeshi and Pakistani** populations, who are more likely to have worse maternal health outcomes



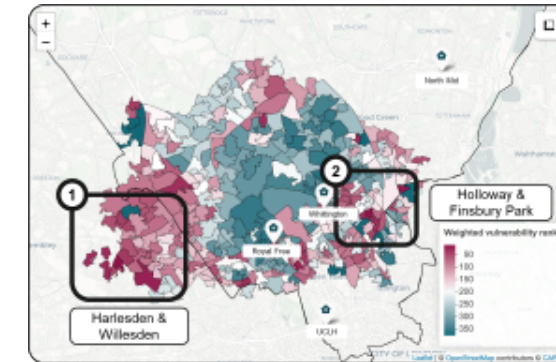
# There are a range of population groups who may be impacted if we were to implement either option A or B



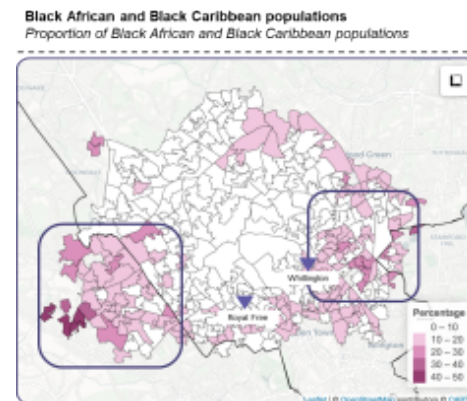
**Women and people who live in deprived areas:** there is a link between people living in deprivation and adverse outcomes from maternity and neonatal care. People living in these areas may be particularly impacted by increased taxi costs if either option A or B were to be implemented.



**People living in geographic areas who may have vulnerabilities:** we identified two neighbouring areas with a higher concentration of people who may be vulnerable to service changes. **Harlesden and Willesden** would be more impacted by option A and **Holloway and Finsbury Park** would be more impacted by option B. The reason that these areas have been identified is due to their higher concentration of people who belong to an ethnic minority, people with poorer English proficiency and areas of higher deprivation. Mitigations for these populations include a focus on continuity of care and ensuring there is integration with other local services

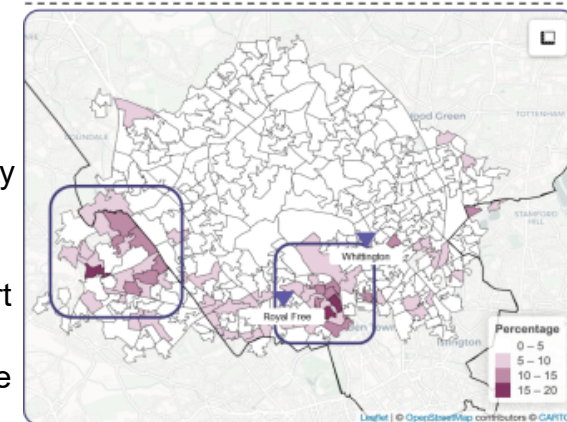


**Black African (including Somali) and Black Caribbean women and people of childbearing age:** there is evidence that Black African and Black Caribbean women and people may experience poorer maternity outcomes. The impact on Black African and Black Caribbean women of proposed changes may be around navigating to a potentially unfamiliar hospital site, language, additional transport costs and consideration of their wider health needs during pregnancy.



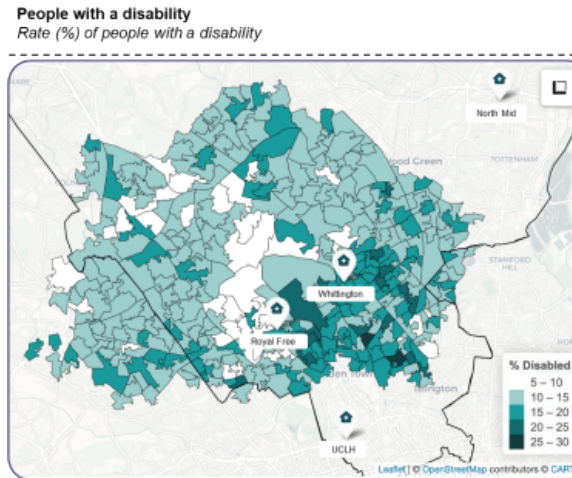
**Asian women and people of childbearing age:** there is evidence that Asian (particularly Bangladeshi and Pakistani) women and people may experience worse outcomes from maternity care. The impact for them may be around navigating to a potentially unfamiliar hospital site, language, additional transport costs and consideration of wider health needs given evidence of higher prevalence of conditions such as diabetes.

Asian (Bangladeshi and Pakistani) populations  
Proportion of Bangladeshi and Pakistani populations



# There are a range of population groups who may be impacted if we were to implement either option A or B

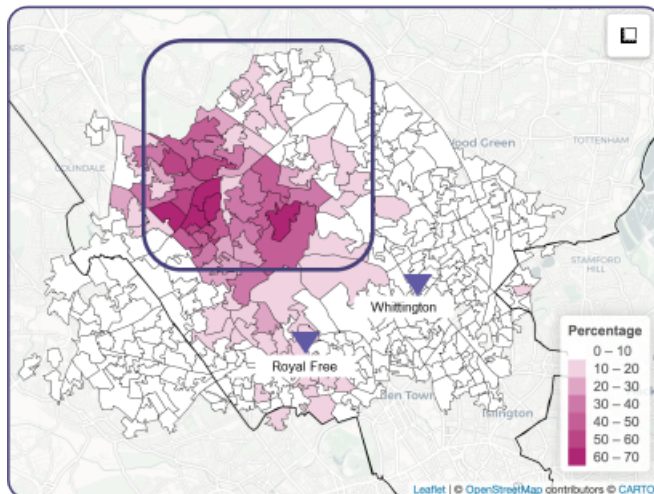
**Women and people of childbearing age with disabilities (including learning disabilities):** people with disabilities may be more impacted by proposed changes due to challenges navigating to an unfamiliar hospital site, taxi costs due to lower car ownership and the physical accessibility of hospital sites.



Through engagement with service users to date, we have developed mitigations that may need to be put in place to support service users with a range of different needs should a decision be taken to implement proposals. This covers areas such as:

- Communication and information sharing
- Travel and transport
- Ongoing engagement with communities

**Jewish Population**  
Proportion of Jewish populations



**Women and people from the orthodox Jewish community:** Orthodox Jewish people may be impacted by the proposed changes, particularly around Option A. Consideration may need to be given for the specific needs of this group around maternity care. This includes requirements around Kosher food, observance of Shabbat and the impact on travel and ability to access online or digital materials.

There are a number of other service users who have characteristics that make them potentially more impacted should we implement option A or B which our IIA identifies. This includes older and younger pregnant women and people, people with poor literacy and women and people in inclusion health groups.

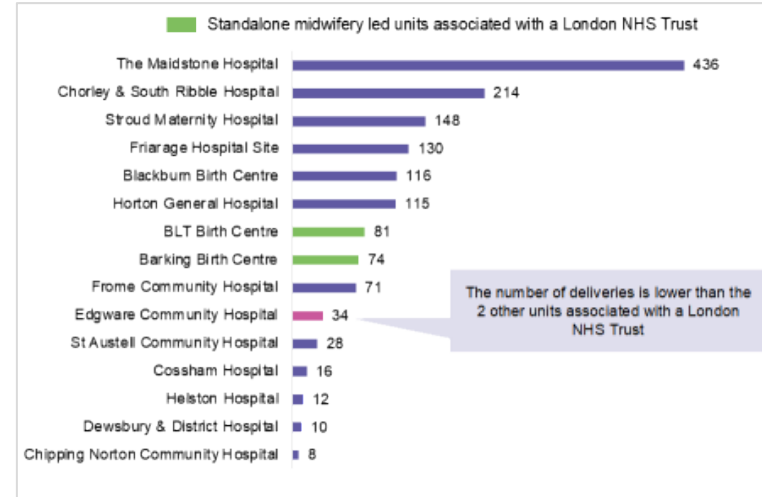
We would seek as a priority to engage with all of these groups during the consultation period.

# The birthing suites at Edgware Birth Centre

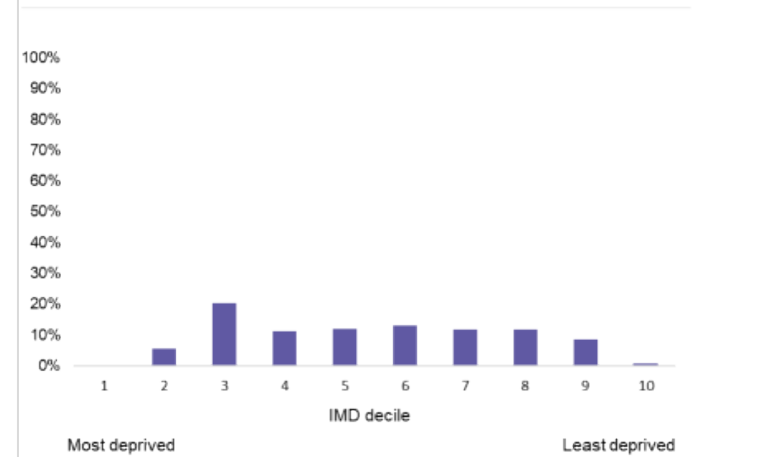
# We are also proposing closing the birthing suites at Edgware Birth Centre

## Case for change for Edgware Birth Centre

- Edgware Birth Centre does not provide the right type of capacity for our population, with analysis suggesting only 30% of women across NCL would be clinically appropriate to give birth there and an even smaller number of this 30% would be within close travelling distance of the unit
- Births are becoming more complex and anticipated to decline over the next 10 years, meaning it would be very difficult to increase activity numbers at the unit
- The number of births at the unit has been declining every year since 2017 and it is one of units with the smallest number of births in the country, with only 34 births in the last financial year
- We do not have the workforce to support the unit as well as our other alongside midwifery-led units which leads to short term closures of the service
- There are opportunities to use the space at the site in a more efficient way and provide antenatal and post natal services for our local population there that are more in line with their needs



Percentage of deliveries at Edgware in each IMD decile %, 2017/18 – 2021/22 combined



We are consulting on this as a separate proposal alongside the maternity and neonatal proposals. They are not dependent on one another.

# Surgery for babies and children

# There are several important clinical drivers for change in our paediatric surgical services



**There is currently a lack of defined emergency surgical pathways for young children** meaning that clinicians in emergency departments make multiple enquires to secure the right pathway for individual children.



**Some children are transferred up to three times before receiving emergency surgical treatment in the right setting.** From April 2020 to March 2021, 144 children and young people were transferred from an NCL provider to other hospitals for an emergency surgical procedure



**Access to surgical and anaesthetic workforce to deliver care for young children is limited at local sites and scarce nationally**, with the ability to undertake an operation often dependent on the skills of the individual staff on duty that day



**There are some operations being undertaken in very low volumes at local sites** which raises questions about the ability of staff to maintain their skills



**There is lack of clarity on the role of Great Ormond Street Hospital in caring for local NCL children and young people requiring surgery**, alongside its tertiary and quaternary work



**Children are not always looked after in age-appropriate environments, or on child-only lists** which does not represent a high-quality patient experience

**There are long waits for planned operations, particularly in ENT and Dentistry**, and there are opportunities to consider how these high-volume specialties better manage demand and capacity

There were broader opportunities to improve identified through the case for change which are being addressed through other programmes of work.

# Our proposals will improve quality outcomes and patient experience for paediatric surgical care

## Paediatric surgery care model benefits



### Access

Paediatric surgical care will be delivered in the appropriate setting to ensure that all patients receive the care they require as quickly as possible



### Workforce

Make best use of paediatric surgeons and consultant paediatric anaesthetists to deliver planned and emergency surgical care to children at a fewer number of sites



### Sustainable services

Consolidating low volume specialties and ensuring staff maintain competencies will ensure that surgical services remain sustainable



### Environment

Ensure all children receive care in a child friendly environment where possible, on dedicated children's surgical lists



### Surgical pathways

Providing clarity on surgical pathways reduces time taken to find a bed at local units or transfer children

# Option for consultation – paediatric surgery

- We developed and appraised options for the location of planned and emergency surgical services for children and young people in NCL
- Following our options appraisal, there is one option for consultation for the location of the ‘Centre of expertise: day case’ and ‘Centre of expertise: emergency and planned inpatient’

## Option for consultation

### Centre of Expertise: emergency & planned inpatient

**GOSH**

Would deliver majority of surgical care for children under 3 years and under 5 years (general surgery and urology).  
Would provide planned inpatient surgery for children age 1 years and over for low volume specialties.

### Centre of Expertise: day case

**UCLH**

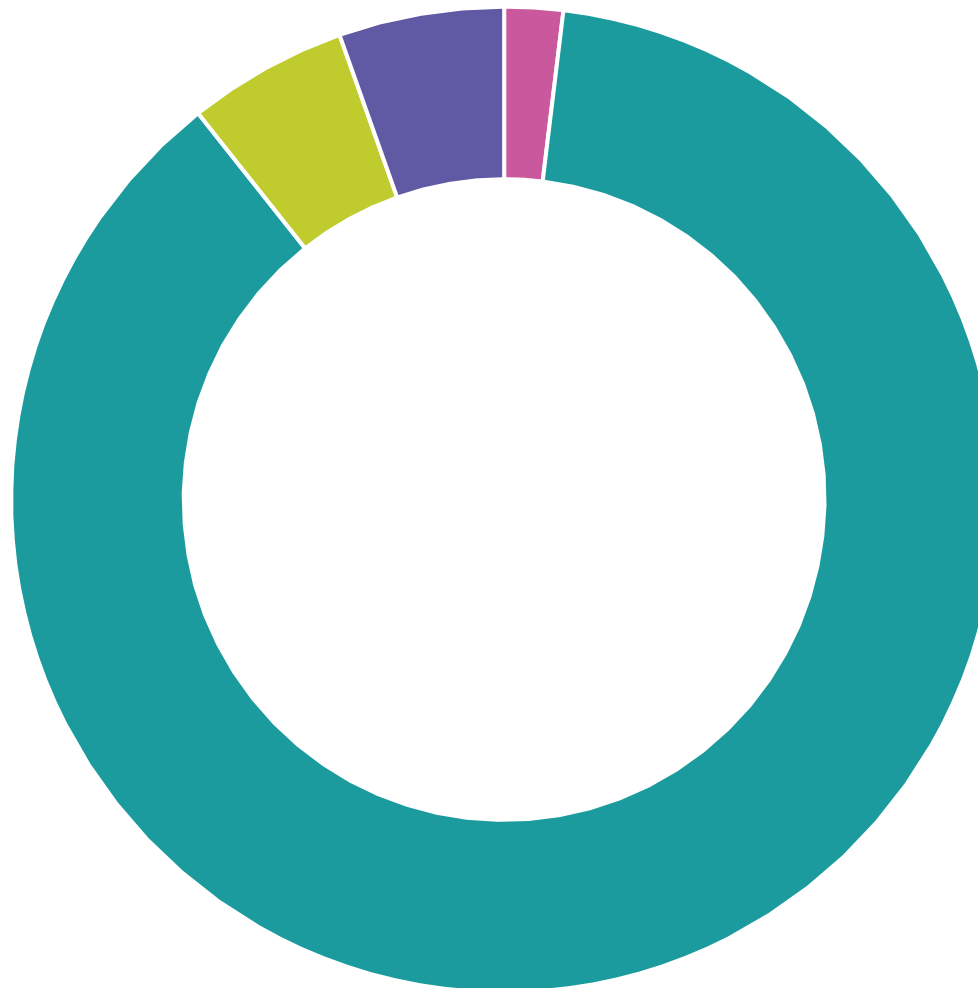
Would deliver all day case surgery for children age 1 and 2 years. Would provide day case activity for all children age 3 years and over for low volume specialties.



# The proposed care model would move less than 10% of paediatric surgical care in NCL

**Centre of Expertise:  
Daycase – c.300 children**  
Bringing together  
planned daycase activity

**Centre of Expertise:  
Emergency & planned  
inpatient – c. 300  
children for surgical  
care and c.1,000  
children for surgical  
assessment**  
Bringing together  
emergency for very young  
children and planned  
inpatient care

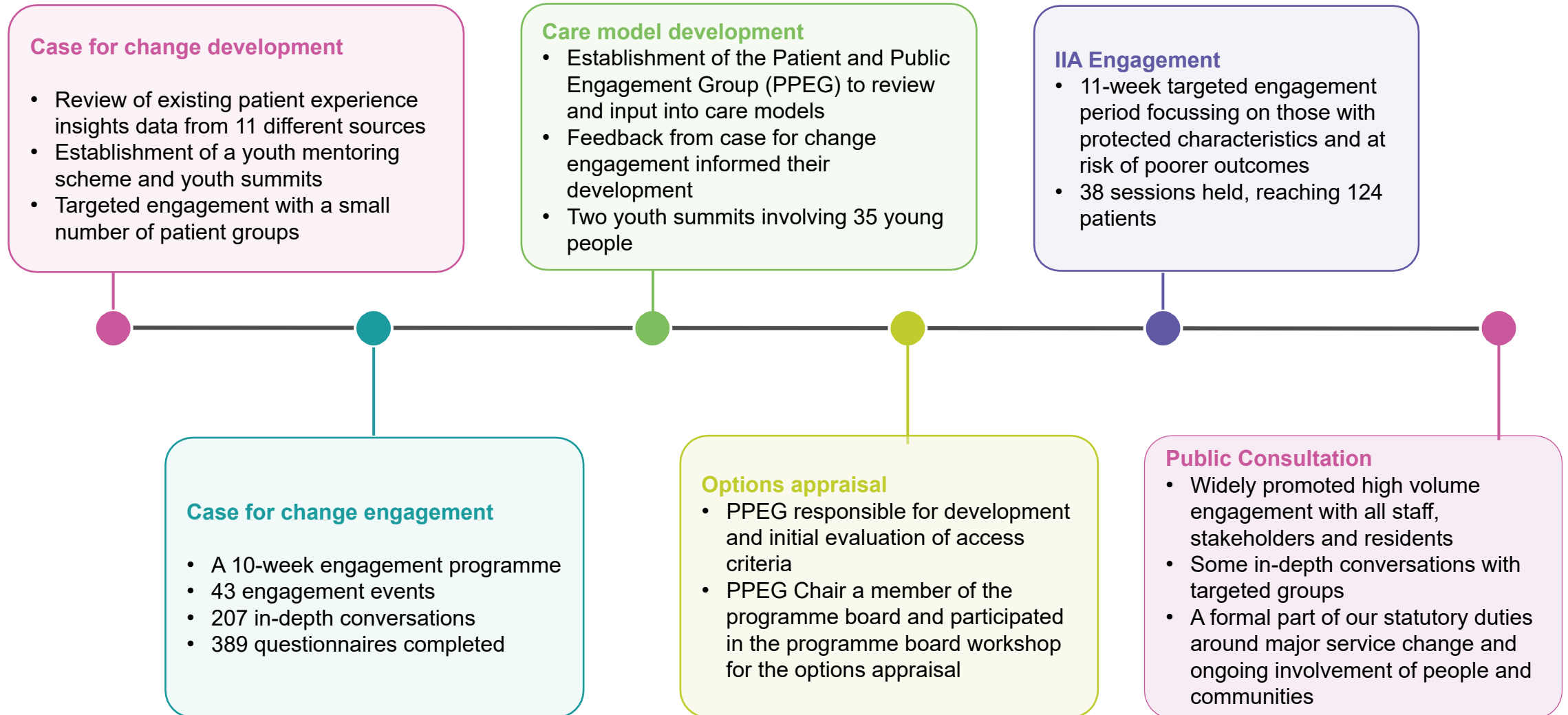


**Out of area**  
Emergency paediatric  
surgical activity that  
would continue to be  
delivered outside NCL  
(e.g., major trauma)

**Local and specialist  
units**  
Most of the emergency  
and planned activity  
would remain at local  
units or at specialist  
units. This means that  
children and young  
people are seen at the  
place best suited to their  
needs.

# The consultation

# The programme has benefited from substantial input from service users and local communities and public consultation will expand the reach of the engagement to date



# 14-week public consultation from mid-December 2023

**Approval given to commence a 14-week consultation** to gather views from service users, stakeholders, residents and staff, running from **11 December – 17 March 2024**.

## Development of the consultation plan

The Consultation Plan is a working document which details the purpose, scope and plan of how we will deliver this public consultation.

The consultation is being jointly run by NCL Integrated Care Board, on behalf of the Integrated Care System and its partner organisations, and NHS England as the commissioner of some specialised neonatal and surgical services.

The plan has been reviewed by our Programme Board, NHSE at a formal assurance meeting, and Healthwatch representatives. The plan will be iterative, and we will monitor progress throughout the consultation to ensure we are meeting our objectives.

The consultation will be overseen by the Start Well Programme Board, and we will provide regular updates on planning and delivery. Responses will be independently collected and analysed by an external organisation in line with best practice.

At the end of the consultation period, we will have an independently drafted report detailing the feedback received during the 14-week period.

## Key Legal Duties

This consultation will fulfil our duty under the

- **NHS Act 2006** (as amended by the Health and Social Care Act 2012 and the Health and Care Act 2022)
  - to ensure that people who use NHS services are involved in the development and consideration of proposals for change in the way services are provided and decisions about how they operate
  - to consult local authorities
  - To regard the need to reduce health inequalities in access and outcomes
  - consider the 'triple aim' with regard to the health and wellbeing of people, quality of services and efficient and sustainable use of resources
- **Equality Act 2010** (Public Sector Equality Duty) to demonstrate how we have taken account of the nine protected characteristics and given regard to:
  - Eliminate discrimination, harassment and victimisation
  - Advance equality of opportunity
  - Foster good relations
- **The Gunning Principles for a fair consultation**

# Through consultation we are seeking to gather views from a diverse range of voices

We will deliver a 14-week formal public consultation, in line with best practice that complies with our legal requirements and duties. Our aims are:

- To inform stakeholders about how proposals have been developed in a clear, simple and accessible way that allows for 'intelligent consideration'
- Provide adequate time and opportunities for staff, residents and stakeholders to give their views on proposals, and the potential impacts
- Ensure a diverse range of voices are heard
- Seek alternative proposals or evidence not yet considered
- Understand the advantages and disadvantages of the proposed change and any unintended consequences
- Explore what mitigations might be used to reduce the impact of disadvantages
- Find out what matters most to patients and how this might affect implementation
- Provide analysis of responses to enable conscientious consideration before a decision is made

## Consultation aims



Raise awareness of consultation with staff, patients, service users and residents and encourage to participate



Remind people that their views matter and encourage them to share feedback through direct engagement



Encourage participation from a diverse range of voices by providing adequate time and opportunities for people to respond



Focus resources on hearing from people with protected characteristics and more impacted groups



Provide staff engagement mechanisms all for health and care staff in NCL during the consultation period.



Capture stakeholder attitudes of key groups and influencers on the proposals and the consultation process

# Consultation materials and promotion

## Consultation materials

We have developed materials that explain the proposals and rationale in a clear and accessible way.

Information is available on our website and in hard copy, with an easy read, different formats and translated versions

In line with best practice, we have commissioned an experienced independent organisation to collate and analyse responses to the consultation.

This includes a questionnaire that will cover the three components of our proposals:

- Maternity and neonatal services proposals
- Edgware birthing suites proposals
- Surgery for babies and children

We are asking for each of these elements:

- To what extent do you agree/disagree with our proposals
- What are the main disadvantages and how could we address these?
- Are there any other solutions or information we should consider?

**We will promote and encourage participation in the consultation in several ways:**



**Displays:** in key locations we will promote the opportunity to respond to the consultation such as in NCL hospitals and clinics and other healthcare settings such as GP surgeries and pharmacies



**Online promotion:** social media channels, such as Facebook, Instagram, X and LinkedIn, will be used to reach out to potential participants in the consultation. Branded graphics will be produced that are aligned with the look and feel of printed materials



**Partner channels:** all providers and partners such as councils will be asked to profile the consultation on their websites and through newsletters and other public facing channels and drive traffic to the NCL ICB website.



**VCSE networks:** we will provide content including information and visual materials and ask colleagues in voluntary and community sector organisations to use their channels to promote the consultation.



**Media:** We will seek to promote the consultation through earned (free) or paid-for content in local newspapers, newsletters and local radio.

## Our consultation approach includes a focus on the groups identified through our IIA

Our approach does the following:

- Builds on previous engagement contacts, over 300 VCSE organisations will be contacted to take part in the consultation
- Work with partners, including councils and VCSE organisations, ICBs in neighbouring areas
- Prioritising groups identified by the interim IIA or with protected characteristics or at greater risk of health inequality
- Targeted engagement in geographical areas where there may be particular impact drawn out in the interim IIA, including areas outside of North Central London
- Identify the best ways of reaching and engaging priority groups i.e. through third parties and trusted partners
- Ensure we develop a range of opportunities for stakeholders to respond to the consultation
- Arrange any events and meetings in accessible venues and offer interpreters, translators and hearing loops where required
- Make sure there is equality monitoring of participants to ensure the views received reflect the local population

### Resident groups we will be targeting through the consultation

- Black African (including Somali) and Black Caribbean women
- Asian women and people of childbearing age who (with a particular focus on Pakistani and Bangladeshi women)
- People living in areas of deprivation
- Orthodox Jewish women
- People with disabilities
- People living in Harlesden and Willesden
- People living in Holloway and Finsbury Park
- Older women of childbearing age (40+)
- Younger women of childbearing age (under 20)
- Women with mental health problems
- People from LGBTQ+ communities
- People who are carers
- People with poor English proficiency
- People with poor literacy
- People belonging to inclusion health groups such as people who are homeless, dependent on drugs and alcohol, asylum seekers and Gypsy, Roma and Traveller

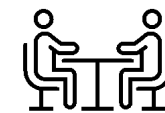
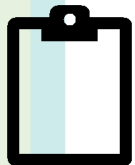
# We will tailor our engagement techniques during the consultation period

- Broad range of techniques will be used, tailored to each audience and their level of interest.
- Opportunities online and face to face
- Working with third-party advocates (VCSE) to reach communities who may not engage directly
- Materials in accessible formats including Easy Read and translations
- Mechanisms in place to capture and analyse outputs.

## Light engagement

## Deeper engagement

Survey distributed on email	Drop in event/stall: face to face	Attendance at meeting: short agenda slot	Presentation and feedback: Start Well Team	Presentation and feedback: commissioned	Small group discussion online	Small group discussion: face to face	Interactive workshop: Start Well Team	Interactive workshop: commissioned	Telephone / online interviews
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This type of engagement will be **promoted widely** to allow a **range of people to participate** in the consultation and give their views

This type of engagement will **focus on groups with protected characteristics and those identified by the IIA as potentially being more impacted** to understand their views and impact of the options in a meaningful way



# Next steps

# Next Steps

## Consultation input

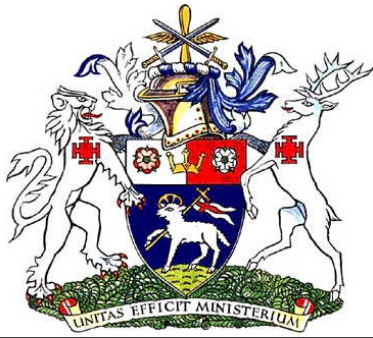
- We would welcome your support and suggestions in terms of who we should reach out to and are very happy to come along to meetings and events
- Please share the opportunity to take part in the consultation with your networks

## Evaluating responses to the consultation

- We are working with an independent partner to evaluate consultation responses.
- At our mid-way review we will assess our approach and review demographic information on responses to date.
- Following the consultation period, we will publish an evaluation of the responses, in a report produced by this independent organisation, this will include who we reached during the consultation.

## After consultation

- Feedback will inform future decision-making, the next steps and how plans would be implemented.
- Following consultation, we expect NCL ICB Board, on behalf of NCL Integrated Care System and alongside NHS England who commission neonatal and specialist surgical services for children, after consideration of the consultation outcome, to make a decision by the end of 2024 or early 2025.



**AGENDA ITEM 9**  
**Adults and Health Overview and  
Scrutiny Committee**

**Title**    **Adult Social Care Performance Report**

**Date of meeting**    6 March 2024

**Report of**    Dawn Wakeling - Executive Director – Communities, Adults and Health

**Wards**    All

**Status**    Public

**Urgent**    No

**Appendices**    Age Friendly Barnet Action Plan

**Officer Contact Details**    Paul Kennedy, Head of Business Intelligence, Performance & Systems [paul.kennedy@barnet.gov.uk](mailto:paul.kennedy@barnet.gov.uk)

**Summary**

This report provides a summary of performance for 2023/24 to date, focussing on activities to deliver the council’s priorities in the areas of adult social care. The report also includes the draft Age Friendly Barnet action plan for Committee’s comment.

**Recommendations**

1. Adults and Health Overview and Scrutiny sub-committee is asked to review the progress, performance, and risk information in the report.
2. Adults and Health Overview and Scrutiny sub-committee is asked to scrutinise the draft age friendly Barnet action plan and consider how Barnet and its partners can champion being an age friendly borough.

**1. Reasons for the Recommendations**

- 1.1 The Adults and Health Overview and Scrutiny Committee is responsible for scrutiny of health and adult social care, including the council’s statutory health scrutiny functions. This report provides an overview of adult social care activity and performance for 2023/24 to date.
- 1.2 Our plan for Barnet 2023-26 sets out the vision that puts Caring for People, our Places and the Planet at the heart of everything the council does.

Within the plan, the theme of living well sets out the council’s mission for the delivery of high-quality adult social care:

“Focus on all residents having the best opportunities to live well and feel part of the community. This will mean increasing the inclusion of older and disabled residents and celebrating their contributions. We will recognise people’s goals and support them to build on their existing abilities and strengths. We will work with residents, communities and our partners to support residents to stay well and free from abuse.”

We will work towards this ambition through the implementation of Our Plan for Adult Social Care 2024 – 2029 which will focus on 5 key priorities:

- We will support people to live well and be part of communities.
- We will be ambitious about what people can achieve and get the right support for each individual.
- We will work with people to shape and develop care and support.
- We will work towards more equal access and more inclusive services.
- We will be realistic in how we use resources, keeping up with changes and ways of working, and being creative in finding solutions.

The plan has been shaped through engagement with residents and staff. It is linked to our developing self-assessment, evidence and areas of focus as part of our preparation for the new Care Quality Commission (CQC) assurance framework. The plan is being presented to Cabinet for approval in March 2024 following a review at Adults and Health Overview and Scrutiny. The remainder of this report will provide updates on key topics and activities from the plan as well as regular updates on performance and risk. Updates on resident engagement and co-production have not been included as they have been included in the annual co-production and engagement report also on the agenda for the same meeting.

### **1.3 Community Equipment**

The integrated community equipment contract is a joint service which provides equipment for both the council and the NHS. It provides on average 1,570 deliveries to individuals each month (each delivery may include 1 or more items). The spend against the joint community equipment contract from April 23 to Jan 24 was £3,627,922.44. This value includes service credits which are received against the value of recycled and reused equipment which were £1,332,558.92 for this period. Table 1 below shows the numbers and rates of recycled items that are able to be reused. This information is only currently available from April to July 23 from performance under the old contract, reporting arrangements under the new contract that started in August 2023 are still being finalised.

The types of equipment that are provided under the contract include:

- Hand Rails
- Toilet frames
- Adjustable chairs and stools
- Commodes
- Walking sticks

- Key safes

The Community equipment contract does not include the provision of wheelchairs which are provided separately by the NHS.

Table 1 – Community equipment recycling rate from April 23 to July 23

Collections	Items Collected	Items Returned to Shelf	Items Scrapped	% Recycled
Apr-23	1140	896	244	78.6%
May-23	1383	1057	326	76.4%
Jun-23	1238	979	259	79.1%
Jul-23	929	667	262	71.8%

#### 1.4 Borough-wide Dementia Strategy

The Dementia Strategy for Barnet was published in 2023 is a collaboration between a wide range of partners across residents, adult social care, health services and the community. 140 people living with dementia and their carers were part of the co-design process to develop the strategy.

The dementia strategy is now published on the Council website:

<https://www.barnet.gov.uk/sites/default/files/2023-08/Dementia%20Strategy%202023-2028.pdf>

The Dementia Strategy action plan has been codesigned with partners and residents, with progress already being made and reported to the Aging Well workstream of the Barnet Borough Partnership. This action plan sits alongside the dementia-friendly and age-friendly Barnet work programmes.

Some recent achievements have included:

- Improved communication, information and advice on dementia – including 4000 ‘Living well with dementia’ leaflets distributed.
- 20 venues have signed up to the Dementia Friendly Venues scheme.
- 1350 people have received ‘understanding dementia’ training.
- Rollout of training for professionals run by Admiral nurses.

#### 1.5 Barnet Carers and Young Carers Strategy

The Barnet Carers and Young Peoples Strategy published on the Council website:

[Carers and Young Carers 2023-2028.pdf \(barnet.gov.uk\)](#)

The newly established multi-agency Carers and Young Carers Partnership Board, chaired by the Chief Executive of Barnet Carers Centre and including carers, has commenced work on the implementation of the Carers Strategy Action Plan. Progress so far includes:

- Meeting with Barnet GPs and other health professionals to discuss the support available via Barnet Carers Centre and improvements around the referral process. We are exploring both the opportunities for direct referrals and for self-referrals with support from GP practices / social prescribers via a QR code / leaflet.
- Submitted a bid for additional funding to develop a support tool for carers around hospital discharges. This will be across the whole of North Central London and led by Barnet Carers Centre.
- Developed a proposal around a new Think Carer campaign to promote support for carers, particularly within underrepresented communities in Barnet.
- Met with Barnet organisations working with carers supporting people with mental health needs to review existing offer and new developments especially around suicide prevention and peer support. Organisations included Mind in Barnet, JAMI, Barnet Enfield and Haringey Mental Health Trust and Public Health, who lead on the suicide prevention partnership. The group agreed to share tools and signposting material for carers in Barnet struggling with mental health.

The board is meeting again on 21 February to focus on the second priority which is *Individualised support so that carers and young carers can get the support they need and are entitled to.*

## **1.6 Age Friendly Barnet Action Plan**

Last year, Council agreed a motion to become an Age Friendly borough. The council then joined the Centre for ageing better and created a partnership with Age UK Barnet to develop our approach.

The first stage of the process has been to conduct engagement and research into what matters to people about being an Age Friendly place. A public survey took place and 1037 people responded and many more were engaged through a series of focus groups and engagement events. An Age Friendly steering group involving Age UK, the council, other VCS groups, residents and partner organisations has been meeting to develop an action plan, which is being launched on 6<sup>th</sup> March as a 'call to action'. The plan will continue to iterate and we expect that further actions will be added as the work develops.

To create this action plan, we have used the World Health Organisation's eight domains of an Age-friendly environment to form our Age-friendly Barnet Baseline Assessment. This document forms the foundation of our action plan and is referred to throughout to ensure that the voices of older adults are kept at the heart of everything we do as Age-friendly Barnet.

We want Age-friendly Barnet to become a movement; to create a social impact, and change the way people feel, think and act about ageing in Barnet. This action plan belongs to everyone in the borough and is a living document, one that can be adapted to meet the developing aspirations and needs of our older population.

This plan should be read in conjunction with both Public Health's forthcoming Ageing Well Health Needs Assessment (2024) as well as the Dementia-friendly Barnet Action Plan (2024).

## **1.7 Performance - Adult Social Care Outcomes Framework**

The Adult Social Care Outcomes Framework (ASCOF), measures how well care and support services achieve the outcomes that matter most to people. The ASCOF is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability. More information and definitions can be found using the link below to the NHS Digital website.

[Measures from the Adult Social Care Outcomes Framework - NHS Digital](#)

The ASCOF indicator measures in table 2 are collected from local data submitted as part of our annual Short and Long Term (SALT) and user survey statutory returns in 2022/23 as well as data from health systems outside of the council's control. Comparisons to our outcomes in 2021/22 has been included to show changes in performance over the past 12 months. 2022/23 data was published by NHS digital in November 2023 and our performance can be compared with other local authorities as well as national and regional benchmarks and quartile performances.

**Annual performance 2022/23:**

There have been no changes to the annual performance since the last report provided to Committee in January 2024. There were 21 ASCOF indicators reported in 2022-23, of which 11 measures are extracted from the SALT return, 2 came from Health (1F, 1H), and 8 from the Adult Social Care Survey conducted in January 2023. The health measures are yet to be published so performance is still provisional.

Our overall performance improved from last year with two thirds (63.2%) of the indicators in the top two quartiles nationally in 2022/23 compared to 40% in 2021/22. 8 Indicators improved, 5 stayed the same, 6 declined by less than 10% and 2 declined by more than 10%. Reasons for this are given below. -

- 2A Part 2 (65+ Admissions) – This is a measure of the number of permanent admissions to residential and nursing homes. An improvement from 316 new permanent placements in 2021/22 to 215 in 2022/23 resulted in there being 101 fewer permanent residential/ nursing home admissions made. Barnet ranked 32nd when compared to 152 Local Authorities in the country.
- 2D (Short term services/ no ongoing service) an increase in performance from 54.5% in 2021-22 up to 76.4% in 2022-23 highlights an increase in the effectiveness of short-term services such as support for residents enabling them to remain at home and preventing the need for further ongoing longer-term services. The London average was 73.8% and England average was 74.2% for this measure.
- 2B part 1 (residents who received a reablement service who were still at home 91 days later). An improvement from 77.4% in 2021-22 up to 88.3% in 2022-23 indicates that more individuals were still living independently in their own homes 91 days after being discharged from hospital. Access to the shared health and care record, HIE, has also helped with data collection for this indicator.
- 1C Part 1A Proportion of people using social care who receive self-directed support. Barnet achieved 100% and was one of the joint top performing authorities for this indicator in England and joint 1st best performing authority for this indicator within our Peer group Comparators.
- 2B Part 2 - Proportion of all older people (65+) who were offered reablement services following discharge from hospital. Our performance was previously in the 3rd quartile for 2020-21 and has increased to top quartile performance in 2022/23. This indicator uses information on the number of older people (aged 65 and over) discharged from hospitals in England between 1 October 2022 and 31 December 2022. This includes all specialities and zero-length stays. Data for geographical areas is based on usual residence of patient and went up significantly this year compared to 2021-

22 when there were 7,290 discharges between 1st Oct 2021 and 31st Dec 2021 but went up to 7,800 discharges in 2022-23. This was an increase of 7%.

The two indicators that declined by more than 10% were as follows:

- Proportion of adults in contact with secondary mental health services living independently, with or without support. This indicator is a health indicator and not within the control of the local authority and relates to all people who use NHS mental health trust service, a much larger group than those supported by the council.
- Proportion of older people (65+) offered reablement services following discharge from hospital. the council's performance in this indicator is still a quartile 1 performance and higher than local, regional and national averages when compared to 21/22 benchmarks. The decline in the proportion of people performance is due to significant increase in the total number of people leaving hospital, which increased by 7% in 2022/23. Regular checks of this data in line with our performance framework will continue to be undertaken to track performance.

### 2023/24 in year performance

11 of the indicators can be tracked for performance within year, the remaining indicators are only collected annually either via results of surveys or by combining data with other sources such as health data. Of the 11 collected in year 2 are expected to improve in performance, 5 have remained the same and 4 decreased in performance. It should be noted that performance may change over the year and these are only predictions.

Table 2 – ASCOF provisional indicators for 22/23

Measure	Measure Description	2023/24 Forecast based on Q3 performance	2021-22 score	2022-23 score	% Change from 21-22 to 22-23
1C(1A)	Proportion of people using social care who receive self-directed support: (Adults, older people receiving self-directed support in the year)	100.0%	100.0%	<b>100%</b>	0.0%
1C(1B)	Proportion of people using social care who receive self-directed support: (carers receiving self-directed support in the year)	100.0%	100%	<b>100%</b>	0.0%
1C(2A)	Proportion of people using social care who receive direct payments as part of self-directed support (Adults receiving direct payments)	27.2%	29.6%	<b>28.3%</b>	-4.3%
1C(2B)	Proportion of people using social care who receive direct payments as part of self-directed support (Carers)	100.0%	100%	<b>100%</b>	0.0%
1E	Proportion of adults with a learning disability in paid employment	8.2%	8.9%	<b>8.2%</b>	-7.7%
1F	Proportion of adults in contact with secondary mental health services in paid employment*	5.0%	5.0%	<b>5.1%</b>	2.0%
1G	Proportion of adults with a learning disability who live in their own home or with their family	85.8%	82.4%	<b>84.9%</b>	3.0%
1H	Proportion of adults in contact with secondary mental health services living independently, with or without support*	11.1%	19.0%	<b>16.2%</b>	-14.9%
2A(1)	Permanent admissions to residential and nursing care homes (18-64) per 100,000 population	12.1	11.0	<b>11.5</b>	5.1%



2A(2)	Permanent admissions to residential and nursing care homes (65+) per 100,000 population	316	543.2	<b>380.2</b>	-30%
2D	Outcome of short-term services: sequel to service	76.4%	54.5%	<b>76.4%</b>	40.3%

\*Data from Health systems, and yet to be confirmed and published for 2022/23

## 2. Alternative Options Considered and Not Recommended

2.1 None

## 3. Post Decision Implementation

3.1 None

## 4. Corporate Priorities, Performance and Other Considerations

### Corporate Plan

4.1 The priorities in this report align with the corporate plan theme of “living well”.

4.2 Relevant Council strategies and policies include the following:

- Our Plan for Barnet – caring for people, places and planet.
- Barnet Health and Wellbeing Strategy
- Medium Term Financial Strategy
- Performance and Risk Management Frameworks

### Corporate Performance / Outcome Measures

4.3 Key performance indicators relevant have been included above.

### Sustainability

4.4 There are no direct environmental implications from noting the recommendations.

### Corporate Parenting

4.5 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. There are no implications for Corporate Parenting in relation to the recommendations in this report.

4.6 Care experienced adults may go on to develop care and support needs and draw on council adult social care support. The services and initiatives described in this report are relevant and accessible to care experienced adults.

### Risk Management

4.7 The Council has an established approach to risk management, which is set out in the Risk Management Framework. Risks are reviewed quarterly (as a minimum) with risks rated 15+ reported to Adults and Health Overview and Scrutiny.

Table 3 – Risk position as at the end of Q3 2022/23

Risk description	Risk Mitigations Update
<b>AD001 Increased overspend to meet statutory duties:</b> Uncertainty about future demand for services, increasing complexity and cost of care packages, the availability of	<b>Mitigations:</b> The council's budget management process (MTFS) forecasts demographic growth and pressures over a multi-year period. Budget and

<p>hospital discharge funding streams and support, and legislative changes could lead to a worsening budget overspend for the service resulting in insufficient resources to meet statutory obligations and a deterioration in the council's overall financial position. <b>Risk Rating: 20</b></p>	<p>performance monitoring and management controls are used throughout the year.</p> <p>The MTFS to 2024 is set and adult social care will continue to undertake initiatives focused on reducing and managing future demand. The council is delivering an in year financial recovery plan overseen by a dedicated programme board. The council is developing it's MTFS to 2030 and through this is working on plans to reduce pressures in Adult Social Care.</p> <p><b>Q3 Update:</b> The service continues to do all it can to manage the budget whilst meeting statutory duties. There is an increasingly pressured health and social care system and social care market. The forecast is projecting greater pressures than were modelling for 2023/24. In-year financial recovery plans are being implemented and this alongside MTFS plans for 24/25 - 25/26 have identified just under £10m of savings. In-year recovery actions include benchmarking analysis on demand, spend and income, senior sign-off of all high-cost packages, quick reviews of people following discharge from hospital to ensure a proportionate level of care as people recover, the use of equipment and technology wherever suitable and maximising the benefits of enablement services and income opportunities.</p>
<p><b>AD017 Shortage of community equipment:</b> Stock and capacity challenges with our community equipment provider, which supplies equipment to multiple London Boroughs as part of a pan-London Consortium, could cause delays in discharging people from hospital or people receiving prescribed equipment resulting in negative impacts to their health and wellbeing and financial implications to the council. <b>Risk Rating 16</b></p>	<p><b>Mitigations:</b> The council is working very closely with the contractor to monitor and mitigate risk, including:</p> <ul style="list-style-type: none"> <li>- Increased focus on collections where appropriate to recycle/reuse equipment which is unused.</li> <li>- Prescribers are advised to inform contractor if they are aware of any unused items in the community.</li> <li>- Contractor is driving a collection campaign via social media posters and focus phone calls to existing customers.</li> <li>- Additional driver allocation to increase collections of Out of Stock (OOS) items.</li> <li>- Reviewing and triangulating data on number of people, length of time waiting and assessing risk.</li> </ul> <p>The OOS list is shared with prescribers to explore suitable alternatives and to encourage prescribers and authorizers to not place/ authorize orders for products that are out of stock:</p> <ul style="list-style-type: none"> <li>- OOS list updated daily on Online ordering system.</li> <li>- OOS list shared with prescribers via regular emails, prescriber meetings and newsletters.</li> </ul> <p>Contractor/council contract officer review OOS list 2x weekly; council officer challenge and encourage provider securer products asap:</p> <ul style="list-style-type: none"> <li>- Close Technical Equivalentents (CTEs) are explored and authorised in the interim without delay.</li> <li>- Contractor continue to explore alternative suppliers, explore stock availability in their other depots.</li> <li>- Contractor/council officer in regular contact with neighbouring LA/health authorities to ascertain supply issues/explore opportunities for joint working to resolve stock issues e.g. NCL CCG/LAs.</li> </ul> <p>The Occupational Therapy (OT) lead (Equipment) is working with prescribers to risk assess and consider any of the available standard stock products (as an alternative) as a temporary solution to safely meet people's needs. OT managers are advised to explore same approach in the interim when discussing cases with OT teams.</p>

	<p>Increased communication to CAH team leads, SMT to brief OOS issues; to manage expectation on both prescriber/ end user; and to encourage joint working to use available equipment efficiently.</p> <p><b>Q3 Update:</b> Q3 has seen continued improvement to the community equipment service delivered by NRS with established weekly meetings between LBB and the Greenford depot management team ensuring oversight and completion of improvement actions. The backlog inherited during service transition continues to reduce on a week-by-week basis thanks in part to the recruitment of additional drivers and technicians, but there is more to be done to reduce this further, with a particular focus on closing cases that no longer require fulfilment. NRS are now sharing a weekly out-of-stock list that includes close technical equivalents to ensure prescribers can order items without delay. The depot team plan ahead to ensure Barnet's top 20 products are always in stock, chasing their suppliers and communicating when items are unavailable. Specials continue to be scrutinised by LBB's OT Lead to reduce the risk to the budget. Communication has been improved between NRS and LBB's contract manager/OT Lead. At our request, the depot team developed an information leaflet for Barnet residents that is provided upon delivery of each order. Overall service delivery has improved over the quarter and risks continue to be managed.</p>
<p><b>AD027 Triage and allocation:</b> Demand exceeding capacity within social work and occupational teams could lead to increased time between initial triage (contact) and assessments, for reviews and Deprivation of Liberty Safeguards (DoLS) work resulting in poorer outcomes for residents and an increased need for urgent work. <b>Risk Rating 16</b></p>	<p><b>Mitigations:</b> Regular monitoring of new contacts and of service demand for assessment, Deprivation of Liberty Safeguards (DoLS) and reviews. Regular performance reports and management action. Allocations standard operating procedure. Management oversight. Contact with triaged residents at an agreed frequency.</p> <p><b>Q3 Update:</b> The service is monitoring numbers of triaged residents and developing new approaches to decrease time between triage and allocation. This includes a plan to bring in an external agency to provide a block of additional capacity.</p>

**Insight**

4.8 There are no insight implications in relation to the recommendations of this report.

**Social Value**

4.9 The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. There are no social value implications in relation to the recommendations in this report.

**5. Resource Implications (Finance and Value for Money, Procurement, Staffing, IT and Property)**

5.1 None

**6. Legal Implications and Constitution References**

6.1 The terms of reference for Adults and Health Overview and Scrutiny Sub-Committee include that the Sub-Committee shall perform the overview and scrutiny role and function in relation to, inter alia, all

matters as they relate to Adult Social Care, and also of policy proposals which may have an impact on health, public health, social care and wellbeing London Borough of Barnet.

## **7. Consultation**

7.1 There are no consultation and engagement implications in relation to the recommendations in this report.

## **8. Equalities and Diversity**

8.1 Section 149 of the Equality Act 2010 sets out the Public-Sector Equality Duty which requires a public authority (or those exercising public functions) to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not.
- Fostering of good relations between persons who share a relevant protected characteristic and persons who do not.

8.2 The broad purpose of this duty is to integrate considerations of equality into everyday business and keep them under review in decision making, the design of policies and the delivery of services. The protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex and sexual orientation.

8.3 In order to assist in meeting the duty the Council will:

- Try to understand the diversity of our customers to improve our services.
- Consider the impact of our decisions on different groups to ensure they are fair.
- Mainstream equalities into business and financial planning and integrating equalities into everything we do.
- Learn more about Barnet's diverse communities by engaging with them.

This is also what we expect of our partners.

8.4 This is set out in the Council's Equalities Policy, which can be found on the website at:

<https://www.barnet.gov.uk/your-Council/policies-plans-and-performance/equality-and-diversity>

## **9. Background Papers**

None



## What is the current picture in Barnet?

### Age-friendly Barnet Survey 2023

- 54% of respondents over the age of 55 agreed with the statement “people treat me with less respect as I age more.
- Agreement with this statement remains prevalent throughout age-groups.

### Age-friendly Focus Groups

- Intergenerational connections were a common topic in the focus groups, with a number expressing feelings of disconnect from younger generations, particularly around subjects of technology and climate change.
- Ageist attitudes were commonly spoken of both directed from younger generations and towards younger generations.
- Self-directed ageism was prevalent across all focus groups.
- Concern that there is a lack of dementia awareness across the borough, especially what living with dementia can look like.

## How can we work together to make it better?

### Existing Assets

Age UK Barnet’s digital inclusion programme with Schools - BarNET Zero - Ageing Better’s Ageism Campaign

### Partners & Stakeholders

Barnet Schools - Barnet & Southgate College - Middlesex University - Public Health: Dementia-friendly Barnet - Centre for Ageing Better - Local Press.

### Project “longlist” from focus groups.

- Create a campaign with Middlesex University which documents intergenerational discussions that challenge stereotypes.
  - Encourage Barnet’s schools to challenge ageism and have an allocated time in the school syllabus for this aim.
  - Create a campaign which addresses ageism and encourages people to take action against it.
- Do more to help residents to understand the early symptoms of dementia.

## Our Commitments

### Vision

- Barnet should be a borough where its Council, its businesses and its residents should be able to identify and challenge all forms of ageism.
- There should be an intergenerational range of voices in all areas of decision making across the borough.
- Intergenerational activities and projects should be commonplace in the borough.

### Projects

*Anti-ageism Campaign (see p.9) including:  
Age-friendly Champions*

### Wider Asks

- Barnet schools to address ageism in their curriculum to raise awareness amongst younger generations of the harms of ageist attitudes and beliefs.
- Ageism should be mentioned and targeted in the Council’s Equalities strategies and policies.
- Barnet Council as well as all public facing organisations and press should consider the language and imagery that they use concerning older adults.



## What is the current picture in Barnet?

### Age-friendly Barnet Survey 2023

- 78% of all over 55s can access a greenspace or park at least once a day.
- 62% of all over 55s agreed that they felt safe when out and about alone (69% of men agreed compared to 55% of women).
- 55% of all over 55s agreed that there are enough places (warm venues and benches) to rest while out and about (66% of 56–65-year-olds agreeing compared to 10% of over 85s).
- 61% of men agree that there are enough public toilets in Barnet compared to 29% of women.

### Age-friendly Focus Groups

- Public spaces such as parks and shopping centres are really important to older residents as places to socialise, relax and run errands.
- Consensus that there is not enough public street furniture such as benches and public toilets in parks, high streets and shopping centres. Common issue of having to purchase an expensive drink to use a toilet or sit down.
- Want for more socialisation in public spaces such as on park benches or in cafes.
- CCTV and streetlighting are seen as very important for safety, but there remains a general consensus that it is not safe to go outside alone when it is dark.

## How can we work together to make it better?

### Existing Assets

Barnet Council's Healthy High Streets project - CCTV investment from Barnet Council - Community Safety Hub scheme - Newly refurbished space for older adults in Chipping Barnet Library.

### Partners & Stakeholders

Age UK London Toilet Campaign - Barnet Council: Healthy High Streets - Barnet Fire Service - Shopping Centres (Brent Cross, Broadwalk, The Spires).

Police

### Project "longlist" from focus groups.

- Support Age UK London's toilet campaign in Barnet.
- "Buddy Benches" - mark benches which encourage people to sit and chat.
- 'Age-friendly' ward walks with Councillors/ AF Champion.
- Look into if there are areas within Barnet which are perceived as less safe than others and work with stakeholders to address this.

## Our Commitments

### Vision

- Accessible public toilets, public seating and warm spaces should be available across the borough and clearly mapped and signed for all residents, including older and less mobile adults.
- Residents should feel safe to complete their day-to-day tasks in their communities and feel confident to report any concerns they may have.

### Projects

*Healthy High Streets (See p.9)*

*Barnet Loo Campaign (See p.9)*

*Age-friendly Ward Walks (See p.9)*

### Wider Asks

- Barnet Council should introduce seating into their Healthy High Street project.
- Further research into the inequalities the data showed such as age category, gender, ethnicity and postcode.
- Infrastructure Delivery Plan



## What is the current picture in Barnet?

### Age-friendly Barnet Survey 2023

- 71% of all over 55s agree that it is easy for them to access and navigate public transport.
- 62% of respondents over 55s agreed that they are reliant on public transport for their day-to-day lives.

### Age-friendly Focus Groups

- Barnet has great public transport links, especially to central London – many residents enjoy the easy access to the cultural hub of Central London.
- Common feeling that bus drivers do not consider the needs of those who are less mobile and may need more time/ assistance to get onto the bus and sit down. Frequently, participants told stories of injuries that occurred as a result of these behaviours.
- This particularly applies to those with hidden disabilities such as sight loss and dementia.
- This applies not only to drivers, but to other passengers who often do not offer priority seats which they are occupying.
- Uneven pavements are common around the borough and prevent a lot of people from leaving their house and using more active forms of transportation such as walking and cycling.
- Lack of cycle paths and accessible footpaths across the borough.

## How can we work together to make it better?

### Existing Assets

TfL busses, Tubes, Dial-a-Ride - Funded dementia training provided to key service providers by Barnet Council - Walking routes such as Dollis Valley Greenwalk - Walking Groups across borough.

### Partners & Stakeholders

Barnet Council - TfL - Dementia-friendly Barnet.

### Project “longlist” from focus groups.

- Train TfL staff to become more age and dementia friendly.
- Deliver walking audits to identify the most hazardous pavements around the borough and encourage the Council to act in these areas.
- Create a social campaign which encourages other passengers to be more age-aware.

## Our Commitments

### Vision

- Age will not be a barrier for residents who choose to use public transport.
- Public transport should be accessible for those who have disabilities, including hidden disabilities such as dementia and sight loss.
- Active travel should be an option for all residents and promoted by the council.

### Projects

*Awareness Campaigns (p.9)*  
*Age-friendly Ward Walks (p.9)*

### Wider Asks

- Transport for London and other providers of public transport should ensure that all drivers are sufficiently trained to provide a quality service to all passengers, particularly those with additional needs.
- We ask Barnet Council to address the issue of inaccessible pavements, footpaths and cycle paths to encourage residents to stay active in later life.



## What is the current picture in Barnet?

### Age-friendly Barnet Survey 2023

- 64% of all over 55s agreed with the statement that they are an active member within groups such as political parties, trade unions, environmental groups, residents' groups, religious groups, hobby and social interest groups.
- Only 26% of over 85-year-olds agreed with the statement above.
- 60% of all over 55s agreed with the statement that 'there are enough activities in the borough that are affordable and enjoyable'.
- 68% of all over 55s felt confident that they could get in touch with others when they needed to.

### Age-friendly Focus Groups

- Imbalance of activities across borough – particularly with affordable exercise classes.
- The value of taking part in activities is extremely valuable and has immeasurable impacts on mental health.
- Hard for grassroot clubs to spread information about their groups to the public.

## How can we work together to make it better?

### Existing Assets

Existing activity groups across the borough led by various organisations - Age UK Barnet's Pigeon Post and 'What's On' Guide - Better Barnet Senior Programme - Fit and Active Barnet passes for over 55s/ 60s - Creative Communities project led by Barnet Libraries - annual Silver Sunday event - Social Prescribers.

### Partners & Stakeholders

FAB - Better Barnet - Activity Providers such as AUKB, Colindale Communities Trust, Jewish Care, One Stonegrove - Barnet Libraries - Barnet FC - ArtsDepot North Finchley - Social Prescribers & GPs.

### Project "longlist" from focus groups.

- Create a resource which lists all activities delivered by various organisations across the borough.
- Encourage socially isolated people to take part in existing activities.
- Look into the distribution of activities across the borough and try to close any gaps.

## Our Commitments

### Vision

- Older adults across the borough will be aware of a variety of affordable activities accessible to them to participate in.
- 

### Projects

*Silver Sunday: Celebration of active ageing in the borough (p.9)*

*Awareness Campaigns (p.9)*

*Anti-ageism campaign (p.9)*

### Wider Asks

- Local organisations and groups to contribute to the guides.





## What is the current picture in Barnet?

### Age-friendly Barnet Survey 2023

- 71% of all over 55s agree that they are happy with their current living arrangements.
- 53% of respondents over 55 agreed that it is easy for them to access support to improve their housing (only 16% of over 85s agree).
- 63% of respondents over 55 agreed that it is easy for them to access services (such as their GP, dentist, supermarkets and hairdressers) from their home.

### Age-friendly Focus Groups

- Difficult to access housing adaptation support – particularly for those who rent.
- Common concern about regeneration and redevelopment – particularly in relation to The Spires shopping centre and the Broadwalk. Feeling that these developments potentially threaten access to key services such as GPs, dentists, and pharmacies, as well as social hot spots such as accessible cafes.

## How can we work together to make it better?

### Existing Assets

Sheltered housing across the borough - Age-friendly Developments Framework Document - Age UK Barnet Handyperson Service - Household Support Fund -

### Partners & Stakeholders

Age UK Barnet - Barnet Homes - UK Network of Age-friendly Communities - Barnet Council Planning Department

### Project “longlist” from focus groups.

- Work with stakeholders such as Barnet Council and developers to make sure Age-friendly considerations are taken into account in new developments.
- Work with stakeholders to make sure all residents are aware of and can access the available housing adaptation support in the borough.
- Advertise and expand AUKB’s Handyperson service .

## Our Commitments

### Vision

- Residents should be aware of the housing adaptation support available to them if or when they need it.
- New developments should take into consideration the diverse needs of the population, including those who may become less mobile in later life.

### Projects

- *Awareness Campaigns (p.9)*

### Wider Asks

- Local plan
- Age-friendly Developments framework considered by construction companies.
- Landlords/ Barnet Homes??

## What is the current picture in Barnet?

### Age-friendly Barnet Survey 2023

- 52% of all over 55s who completed the survey said they were currently in paid employment.
- 58% of all over 55s who completed the survey said they were currently in unpaid work (including voluntary work and childcare support).
- Of those not in paid employment, 34% agreed that they felt confident that they could get a job if they wanted.
- Of those not engaged in unpaid work, 54% agreed that they felt confident that they could find voluntary work if they wanted.

### Age-friendly Focus Groups

- Volunteering has a very positive impact on mental health and sense of belonging in the community.
- It is often hard to find purpose after retiring, volunteering is great for this.
- Most participants echoed the survey's finding that age is a barrier to finding work, this was also the case for volunteering, but to a far less extent.

## How can we work together to make it better?

### Existing Assets

Age-friendly employment pledge (Centre for Ageing Better) - Volunteer Barnet -

### Partners & Stakeholders

Age UK Barnet - Centre for Ageing Better - Barnet Council - Boost - Job Centre Plus

### Project "longlist" from focus groups.

- Encourage Barnet Council and other organisations to become age-friendly employers.
- Support charities to recruit more older volunteers by creating more age-friendly positions.
- Raise awareness of ageism in the workplace.

## Our Commitments

### Vision

- Barnet should be a place in which people feel that age is not a barrier from finding meaningful work (both voluntary and paid).
- The voices of older adults should be considered by organisations when creating and advertising paid and voluntary employment opportunities in Barnet.
- Residents and those who work in Barnet should feel confident to call out any ageist attitudes or actions in the workplace.

### Projects

- *Age-friendly Champions (see p.9).*
- *Anti-ageism Campaign (see p.9.)*

### Wider Asks

- Barnet Council should become an age-friendly employer and encourage other organisations to do the same.



## What is the current picture in Barnet?

### Age-friendly Barnet Survey 2023

- 62% of respondents over the age of 55 agreed that they feel confident with using digital technology such as phones, tablets, laptops and the internet.
- Of those who agreed that they would be confident to independently plan a journey to a new place, 74% also agreed that they were confident with using digital technology such as phones, tablets, laptops and the internet

### Age-friendly Focus Groups

- Community groups are relied on to distribute information about community events and signposting to organisations – especially to those who are less digitally confident.
- Common feeling that it is impossible to keep up with technology, as soon as you feel confident with it, it develops.
- Trouble with using apps that are often essential/unavoidable for day-to-day life – specifically NHS app, TfL app and parking apps.

## How can we work together to make it better?

### Existing Assets

Existing digital workshops across the borough (AUKB, Barnet Libraries, Jewish Care) - Community noticeboards - Pigeon Post for those who are digitally excluded.

### Partners & Stakeholders

Age UK Barnet - Barnet Council - Jewish Care - Groundwork London -

### Project “longlist” from focus groups.

- Make digital workshops ‘mobile’ - making effort to have them at Sheltered Housing rather than just at existing social groups.
- App-specific workshops for commonly used apps such as the NHS app, TfL app and other apps for parking or booking gym sessions.
- Campaign to make more organisations aware of the benefit of providing paper copies of information to community centres and noticeboards.

## Our Commitments

### Vision

- Older adults should be supported to develop digital skills across the borough.
- Organisations such as charities, local businesses and Barnet council should be encouraged to offer simplified digital resources or paper alternatives to apps/ online information to meet the needs of those who cannot use or do not wish to use the internet.

### Projects

- *An Age-friendly Digital Taskforce (see p.9).*

### Wider Asks

- Barnet Council should ensure that their websites are user-friendly and simple to use.
- In Controlled Parking Zones, Barnet Council should ensure that there is an alternative method of payment than e-payment via a smartphone.
- Similarly, organisations should ensure that access to information about events or services should not just be found online.

# Age-friendly Projects 2024-2026



*This part of the document will be reviewed annually (Next review March 2025).*

Project	Description	Timeline	Stakeholders
Age-friendly Digital Taskforce	<ul style="list-style-type: none"> <li><i>An Age-friendly Digital Taskforce should be instated to offer digital support to organisations across the borough and provide advice and expertise to organisations.</i></li> </ul>	2024–2026	
Age-friendly Champions			
Anti-ageism Campaign			

	<p>AGENDA ITEM 10</p> <p><b>Adults &amp; Health Overview and Scrutiny Sub-Committee</b></p>
<b>Title</b>	<b>Commissioning approach for care homes in Barnet</b>
<b>Date of meeting</b>	6 <sup>th</sup> March 2024
<b>Report of</b>	Executive Director, Communities, Adults and Health
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Appendices</b>	None
<b>Officer Contact Details</b>	<p>Sam Jacobson, Head of Care Quality and Customer Finance</p> <p>Muyi Adekoya, Head of Commissioning for Older Adults</p>
<b>Summary</b>	
<p>Barnet has a large and diverse care home market. This report summarises how the Council commissions care placements within care homes, and how across health and social care we support our local care homes to deliver high quality, sustainable care services.</p> <p>The report covers:</p> <ul style="list-style-type: none"> <li>- An overview of our care home market</li> <li>- Our approach to commissioning sustainably</li> <li>- Support available to providers through our Care Quality function</li> <li>- An overview of our local workforce and how locally and regionally we seek to support providers</li> <li>- An overview of our North Central London (NCL) Market Management programme and relevant initiatives for care homes</li> <li>- Our enhanced health in care homes programme and clinical support available to care homes locally.</li> </ul>	
<b>Recommendations</b>	

1. Committee is asked to note our approach to care home commissioning and support available to providers.

## **1. Commissioning approach for care homes in Barnet**

### **1.1 Overview of the market**

Barnet has one of the largest care home markets in London. There are 80 care homes in Barnet, with 2939 beds. This is the largest care home market in North Central London (NCL).

Compared to the England average Barnet's care home market has higher than average CQC ratings. 85% of registered care homes in Barnet are rated 'Good' or 'Outstanding' (1 care home rated outstanding); compared to 81% in England (as of 1 February 2024).

Given the size and variety of operators within our local care home market, the number of general residential and general nursing beds is broadly sufficient in line with local need and demand; however, there is a relative under-provision of more specialist older adults' care home services for people with dementia and / or mental health conditions.

Largely as a result of the size of our care market, most of our residential and nursing placements are made in Barnet. 76.9% of older adult residents who are placed in a care home by Barnet council are living in a care home within the borough. 68.9% of all care home residents placed in a care home by Barnet are living in a care home within the borough. Barnet is the 6<sup>th</sup> highest of the 31 London boroughs for the largest proportion of placements made in borough (there is no available benchmarking specifically looking at the proportion of older adults placements made in-borough).

### **1.2 Transparent approach to setting prices**

With a view to maintaining the financial viability of the sector, the Council's commissioning approach to care home placements is predicated on calculating a 'minimum sustainable price' for placements in borough, which the council will not go below, but will commission above. This is an ethical, evidence-based approach which ensures that the Council does not commission placements at rates that are unsustainable.

For the last 5 financial years, the Council has worked with Care Analytics to calculate a minimum sustainable price for providers to deliver care home services, based on industry standards around capital costs, staff costs and staffing and management structures in the area, and using the assumption that all residents in a given home are placed at the council's rates. The model also includes a small percentage of surplus/operating return for the provider. The council does this work in partnership with the other 4 north central London boroughs which regularly make placements in Barnet. In addition, we also use information from London wide analysis and modelling of care home prices and costs, carried out through the London Association of Directors of Adult Social Services (ADASS). Our minimum sustainable prices for 2023/24 are as below (these will be updated in line with inflation for 24/25 in due course). The cost per week of nursing placements is provided net of Funded

Nursing Care (FNC), a flat rate the NHS pays towards the nursing care component of nursing home fees.

Category of placement	£ Cost per week (excluding FNC)
Residential	£693
Residential EMI	£735
Nursing + Nursing EMI	£753.81

This price point does not represent a single set fee for all placements. The Council determines fees with providers on a home-by-home basis either via individual spot contracts or block arrangements, in order to reflect the fact that provider costs will vary in line with their operating model. The fees paid are quoted by providers and based on a mutually agreed negotiated fee. Our minimum sustainable price reflects the lowest point we consider it reasonable to pay for placements in the context of these provider-by-provider negotiations to maintain the integrity of the market.

The Council block purchases 164 beds across 10 homes (9 of which are in Barnet, one is in Brent). 89 of these beds are nursing or nursing dementia, 55 are residential or residential dementia. Our average rates are as below. The Council is in the process of reviewing its block arrangements, with a view to increase general residential, residential dementia and nursing dementia capacity.

Category of placement	Average Block Bed £ Cost per week (excluding FNC)
Residential	£775
Residential (dementia)	£820
Nursing	£802
Nursing (dementia)	£820

### 1.3 Support to the market

Beyond our approach to price, the Council provides a significant amount of support to our providers which we consider a core component of our commissioning approach.

Barnet has a Care Quality function which manages our operational relationship with providers. This is a unique service which is not replicated elsewhere in London. Every care home (and contracted CQC registered homecare, extra care + supported living provider) has a linked Care Quality Advisor who:

- Visit homes at least once a year (more frequently as required) to undertake quality assurance checks in line with CQC standards
- Ensures care providers receive relevant information and advice in a timely manner
- Coordinate the process through which we manage quality concerns and safeguarding risks within a care home and associated improvement planning work with providers, this includes working closely with CQC and other professional agencies, and following best practice and embedded policy and procedures to manage risk and maintain a safe environment for residents, with key triggers points for action and escalation

- Supports the coordination of wider health and care in-reach and support to the sector, including on outbreak management, vaccination programmes and wider public health interventions
- Runs and / or coordinates targeted training and support initiatives (e.g. mental capacity act awareness, person centred support planning etc)

In addition, the Care Quality function also:

- Manages our planned care and support plan reviews for care home providers. The location of the service within Care Quality ensures that:
  - o Decisions on prioritising annual reviews of residents in care homes can be made proportionate to risk, based on feedback from Care Quality Advisors, and;
  - o Feedback from reviews can be used to triangulate intelligence on the quality of care provided in Barnet
- Arranges a series of provider engagement and networking events throughout the year to support sector development and build communities of practice.
- Works in partnership with the Provider Safeguarding Team who oversee the operational management of resident safeguarding.

#### 1.4 Care Home Workforce

Barnet's care home providers are significant contributors to the local economy. Based on latest NHSE Capacity Tracker data (February 2024) there are 827 care staff employed across homes in Barnet, 256 non-care staff and 83 registered nurses.

As is the case nationally, in Barnet and across North Central London as a whole, vacancy rates within the sector are high, with 11.7% vacancy rates across the care sector on average in North Central London. In addition, Barnet and North Central London have an ageing care workforce, with 29% of care staff over 55.

To address some of these challenges there is a significant amount of support available for care homes and all care providers across North Central London and provided locally by the Council.

As part of our a collaborative NCL ASC Programme which Barnet Council is a member, a key strand of work is a programme of initiatives to support provider sustainability through supporting recruitment and retention. These initiatives are for the benefit of the care sector in NCL as a whole, but of particular relevance to care homes are the following projects:

- Student placement pathways - work with local colleges and providers to develop good placements to design placements to incorporate true understanding of roles in Social Care
- Staff recruitment - continue to resource Proud to Care North London (our regional recruitment platform for Adult Social Care) and work with London ADASS on a London wide site and listen to Providers around workforce issues and collaborate to resolve as far as possible.
- Princes Trust project – work with the Princes Trust to recruit a target of 75 young people (60 sustained outcomes over 3 months) into health and social care roles
- Development of the NCL health and social care academy, which will deliver progression opportunities for staff already in the sector, bring new entrants into the sector and increase the number of people training in social care. Approximately £600,000 has been awarded to the health and care academy programme, with half supporting the social care workforce. The



programme has a target of 491 people into roles across Health and Social Care so far NCL have placed 165 people and with funding through May 2025 the hope is the target will be exceeded.

Locally, to supplement the NCL Workforce Programme and the support already provided to the sector through our Care Quality function, the Council have recently appointed x2 officers with dedicated responsibility for supporting the care sector workforce – a ‘workforce development lead’, focused on managing a programme of activities to support recruitment into ASC jobs in Barnet and supporting our care providers as employers, and a ‘provider support lead’, focused on working with providers to better understand and support their training and development needs. These roles have been in place since July 2023, and their achievements in that time include:

- Running a successful job fair at Colindale’s Royal Air Force Museum
- Establishing a rolling programme of individual recruitment and profile-raising events for individual providers, in partnership with BOOST, DWP and Ingeus (‘CAIR’ (Career, Information, Advice and Recruitment Events)).
- Establishing a programme of training and support for nominated individuals of CQC regulated services (e.g. owners / board chairs with overarching compliance responsibilities for their services) on CQC expectations

#### 1.5 NCL Care Market Programme

As part of a collaborative North Central London Adult Social Care programme which Barnet Council is a member, there is a joint programme between the five NCL councils and the NCL ICB, focused on supporting a sustainable care market at a sub-regional level, which can meet current and future demand for care home placements. This includes the following priorities:

- Exploring how to stimulate development of additional care home capacity in NCL, with a particular focus on increasing nursing capacity.
- Paying a consistent rate to care providers based on host borough rates.
- Aligning approaches to inflationary uplift processes to promote sustainability.
- Collaborating on quality assurance offers to provider to raise quality levels.

Barnet Council are committed to working with care home providers to develop shared solutions to meeting future demand for care home placements, building on our current approach to paying a sustainable cost of care. To support this the NCL ASC Programme have established a co-production forum for care home managers, in partnership with NCL ICB, that meets monthly and includes representation from Barnet Council. This forum gives care home managers an opportunity to shape our priorities and the strategic direction we take in NCL. The group is currently focusing on how to increase capacity to meet the needs of residents with complex physical and mental health needs at present.

#### 1.6 Enhanced Health in Care homes / Digital Programme

The Enhanced health in care homes (EHCH) model is a framework for improving the health and wellbeing of people living in care homes. It was introduced by NHS England in 2019 as part of the NHS

Long Term Plan. The model aims to provide proactive and personalised care for care home residents, their families and staff, through collaborative working between health, social care and voluntary sectors.

Barnet care homes can access clinical in-reach support from the One Care home team (part of Central London Community Healthcare Trust (CLCH) which currently supports 68 care homes with 2499 beds across Barnet. This multidisciplinary team includes community matrons, geriatricians, psychiatrists, occupational therapist, a rehab support worker, technical instructor and trusted assessors work alongside 2 Primary Care Network (PCN) pharmacists and the wider Central London Community Healthcare Trust (CLCH) workforce to undertake holistic geriatric assessments, sign post or deliver the identified support to care home residents.

The ICB and North London Councils have also developed a joint digital social care programme over recent years that has embedded evidence based digital innovations in partnership with care providers. The programme is an enabler to support the care sector to meet new national expectations around digital maturity, including using digital care records. The digital care home programme aims to work with care homes to increase their access to digital tools which can improve care, whilst also working alongside care home staff to provide training. The support provided will enable care home staff to:

- Meet key data security standards and improve information governance standards
- Support the delivery of quality care through the use of digital tools and increase connectivity

Barnet care homes have access to remote monitoring, digital social care records and acoustic monitoring (falls prevention tool), with each of the schemes evidencing positive outcomes for residents and care providers. NCL’s work has been recognised in a UN report on healthy ageing as a model of best practice (<https://www.decadeofhealthyageing.org/find-knowledge/innovation/reports-from-the-field/detail/technology-improve-care-home-covid19-uk>)

Other schemes supporting residents in bedded settings in Barnet include:

Programmes	Homes engaged
Neuro response: digital system to support the detection of UTI and correct treatment	Sydmar Lodge, Appletree and Cantalowes
111 path way via Whzan, 15 min call back from clinical if NEWS score 4 or above.	Sydmar, Appletree and Cantalowes
Care home champions, supporting the digital programmes	Deputy Appletree Manager for extra care retirement Jewish care
Bite size training high number of home care (DOM care) providers from Barnet attending	

## 2. Alternative Options Considered and Not Recommended

2.1	N/A
<b>3. Post Decision Implementation</b>	
3.1	N/A
<b>4. Corporate Priorities, Performance and Other Considerations</b>	
<b>Corporate Plan</b>	
4.1	The priorities in this report align with the corporate plan theme ‘live well’
<b>Corporate Performance / Outcome Measures</b>	
4.2	Other relevant strategies include: <ul style="list-style-type: none"> <li>- Barnet’s market position statement</li> <li>- Barnet’s market sustainability plan</li> </ul>
<b>Sustainability</b>	
4.3	There are no direct environmental implications from these recommendations
<b>Corporate Parenting</b>	
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. There are no implications for Corporate Parenting in relation to the recommendations in this report.
4.5	Care experienced adults may go on to develop care and support needs and draw on council adult social care support. The services and initiatives described in this report are relevant and accessible to care experienced adults.
4.6	<b>Risk Management</b>
	There are no direct implications arising from this report. Quality of provider services, risks relating to provider failure, and financial risks relating to adult social care demand, are
4.7	<b>Insight</b>
4.8	There are no insight recommendations stemming from this report
<b>Social Value</b>	
4.9	There are no social value recommendations stemming from this report.
<b>5. Resource Implications (Finance and Value for Money, Procurement, Staffing, IT and Property)</b>	
5.1	Care Home placements financed by LBB are funded from within the overall placements budget – £112.4m (net) in 2023/24. The placements’ budget is forecasting an overspend of £16.686m for Q3 as reported to Cabinet on 6 February 2024.
<b>6. Legal Implications and Constitution References</b>	
6.1	The terms of reference (ToR) for Adults and Health Overview and Scrutiny Sub-Committee are set out under Section 13 (2B) of the Barnet Constitution: <a href="https://www.moderngov.co.uk/committees">COMMITTEES (moderngov.co.uk)</a>

- 6.2 The committee's ToR includes that the Sub-Committee shall perform the overview and scrutiny role and function in relation to, inter alia, all matters as they relate to Adult Social Care, and also of policy proposals which may have an impact on health, public health, social care and wellbeing in the London Borough of Barnet.
- 6.3 The Care Act places duties on local authorities to facilitate a diverse, sustainable high quality market for their whole local population, including those who pay for their own care; promote an efficient and effective operation of adult social care; and to support the care market as a whole. There are also duties in the Act in respect of continuity of care.

## **7. Consultation**

7.1 N/A

## **8. Equalities and Diversity**

8.1 Decision makers should have due regard to the public sector equality duty in making their decisions. The equalities duties are continuing duties they are not duties to secure a particular outcome. The equalities impact will be revisited on each of the proposals as they are developed. Consideration of the duties should precede the decision. It is important that Cabinet has regard to the statutory grounds in the light of all available material such as consultation responses. The statutory grounds of the public sector equality duty are found at section 149 of the Equality Act 2010 and are as follows:

A public authority must, in the exercise of its functions, have due regard to the need to:

- a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

- a) Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
- b) Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
- c) Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

- a) Tackle prejudice, and
- b) Promote understanding.

Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act. The relevant protected characteristics are:

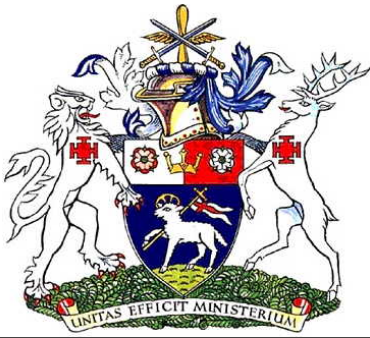
- a) Age
- b) Disability
- c) Gender reassignment
- d) Pregnancy and maternity
- e) Race
- f) Religion or belief
- g) Sex
- h) Sexual orientation
- i) Marriage and civil partnership

Advice on completing Equality Impact Assessments (EIAs) can be found [here](#).

## **9. Background Papers**

9.1 None





## Adults & Health Overview and Scrutiny Sub Committee

<b>Title</b>	Task and Finish Group Updates
<b>Date of meeting</b>	6 <sup>th</sup> March 2024
<b>Report of</b>	Overview and Scrutiny Manager
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Appendices</b>	Appendix A –Task and Finish Group Updates
<b>Officer Contact Details</b>	Tracy Scollin, Principal Overview and Scrutiny Officer <a href="mailto:Tracy.scollin@barnet.gov.uk">Tracy.scollin@barnet.gov.uk</a>
<b>Summary</b>	
This report provides an update on Task and Finish Groups which were commissioned by this Sub-Committee.	
<b>Recommendations</b>	
1. That the Overview and Scrutiny Committee notes and comments on the progress of the Task and Finish Groups.	
<b>1. Reasons for the Recommendations</b>	
1.1 Part 3C (52) of the council’s Committee Procedure Rules outlines the options for Overview and Scrutiny Committees and Sub-Committees to appoint Task and Finish Groups:	

“Overview and Scrutiny Committees may conduct reviews via informal Task and Finish Groups but the findings must be reported back to the relevant Committee or Sub-Committee. In conducting Task and Finish Groups they may also ask people to attend to give evidence at their meetings.

Task and Finish Groups will be carried out in accordance with the principles set out in the Protocol for Member/Officer Relations in Part 5 of the Constitution.

Following any Task and Finish Group review, a report will be submitted to the relevant Committee or sub-committees for onward submission to the Executive.”

- 1.2 The progress of current Task and Finish Group is outlined in Appendix A.

## **2. Alternative Options Considered and Not Recommended**

- 2.1 None in the context of this report.

## **3. Post Decision Implementation**

- 3.1 The 2023-2024 scrutiny topics for review were decided at meetings of the Overview and Scrutiny Committee and Sub-Committees in June/July 2023
- 3.2 Part 3C (52) of the council’s Committee Procedure Rules states that following any Task and Finish Group review, a report will be submitted to the relevant Committee or sub-committees for onward submission to the Executive.

## **4. Corporate Priorities, Performance and Other Considerations**

### **Corporate Plan**

- 4.1 The Overview and Scrutiny Committee work programmes and proposed Task and Finish Group topics include suggestions and input from Councillors, officers, members of the public, community groups and the voluntary sector.

*The input of executive members, senior officers, and external partners will all assist scrutiny Members to effectively fulfil their role as critical friends constructively challenging decision makers. [Centre for Governance and Scrutiny 2022]*

- 4.2 The work programme should reflect the Council’s priorities and should be targeted on issues where scrutiny can add real value. Good practice guidelines for setting overview and scrutiny work programmes state that if scrutiny is to be effective in driving service improvement and making a real difference to outcomes for local people, its work programme must be:
- Informed by the priorities and concerns of local people.
  - Led by scrutiny members.
  - Manageable and realistic
  - Integrated effectively with corporate budget-making and strategic planning and policy setting processes and add value in contributing to the achievement of the Council’s corporate objectives.



- Reflect a proactive approach to driving service improvement, rather than being simply reactive in response to decisions of the Executive.

4.3 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 issues of concern.

#### **Corporate Performance / Outcome Measures**

4.4 This item measure how “We act on concerns of local residents and involve them in decision making.”

#### **Sustainability**

4.5 None in the context of this report.

#### **Corporate Parenting**

4.6 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**

4.7 None in the context of this report.

#### **Insight**

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

#### **Social Value**

4.9 None in the context of this report.

### **5. Resource Implications (Finance and Value for Money, Procurement, Staffing, IT and Property)**

5.1 A dedicated team supports the Overview and Scrutiny function, and the Task and Finish Groups will be delivered within the existing Governance service budget.

### **6. Legal Implications and Constitution References**

6.1 The terms of reference of the Overview & Scrutiny Committees and Sub-Committees are set out in Part 2B and 2C of the Constitution. Procedure rules relating to Overview & Scrutiny are set out in Part 3C of the Constitution. Further rules relating to Overview & Scrutiny are set out in Part 3D (Budget and Policy Procedure Rules) and Part 3E (Access to Information Procedure Rules).

6.2 The Council’s Constitution Part 2B – Terms of Reference and Delegation of Duties to Committees and Sub-Committees of the Council,

10.1.1 states that the 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.

6.3 Part 3C (52) of the Committee Procedure Rules [here](#) outlines the authority given to Overview and Scrutiny Committees and Sub-Committees to appoint Task and Finish Groups:

Overview and Scrutiny Committee may conduct reviews via informal Task and Finish Groups but the findings must be reported back to the relevant Committee or Sub-Committee.

Task and Finish Groups will be carried out in accordance with the principles set out in the Protocol for Member/Officer Relations in Part 5 of the Constitution.

Following any Task and Finish Group review, a report will be submitted to the relevant Committee or sub-committees for onward submission to the Executive.

6.4 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 list of topics for scrutiny 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.

7.3 The Overview and Scrutiny Committee and Sub-Committees agreed their programme of Task and Finish Groups for 2023/24 at their first meetings (see Background Papers).

## **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 Item 25: Work Programmes for Overview and Scrutiny 2023/24 - [Agenda for Council on Tuesday 11th July, 2023, 7.00 pm \(moderngov.co.uk\)](#)

## 1. Primary Care (GP) Access Task and Finish Group

Membership: Cllr Caroline Stock (Chair), Cllr Matthew Perlberg, Cllr Richard Barnes, Cllr Gill Sargeant, Cllr Nick Mearing-Smith

The Task and Finish Group has held five meetings between July 2023 and February 2024, gathering evidence from the ICB, Barnet Healthwatch, the Barnet Patient Participation Network, GP Practices in Barnet, PCN clinical directors, community groups and the voluntary and faith sector.

Clarification has been provided on the structures and pressures on the system and detailed question and answer sessions held at GP site visits. The recommendations are:

- Improving communication for all residents on the changes in Primary Care, bearing in mind particular problems of groups who may be digitally excluded
- Learning from the best Practices in Barnet and following up on progress of the ICB which will be working to meet the requirements of the NHS National Access Improvement Plan<sup>i</sup> (triage, cloud-based telephony, enhanced appointments and more).
- A commitment to closer examination of the funding for Barnet given its older population relative to other Boroughs, and its large number of care homes and importer of residents to care homes from other boroughs. There was an acknowledgement from the ICB that an outdated funding formula is used and that levelling up across NCL may be needed.
- A recommendation that dates for different improvements and final implementation will be requested the ICB and that the Group is kept updated if deadlines are not met. The ICB noted that access is the single most important thing the Primary Care Team is focused on at present, with a view to all Barnet Practices having a full telephony service by March 2024. The Group should follow up to check the upgrading to iCloud telephony is completed within the deadline.

The report will be shared with the Adults & Health OSC at its meeting on 6<sup>th</sup> March 2024.

## 2. Discharge to Assess Task and Finish Group

**Members:** Cllr Phillip Cohen, Cllr Tony Vourou, Cllr Gill Sargeant.

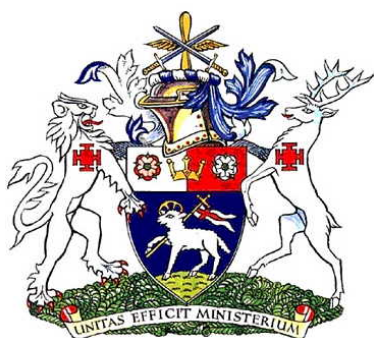
The first meeting was held on 1<sup>st</sup> February with NHS and LBB senior system leaders, and a second meeting was held on 8<sup>th</sup> February with presentations from the British Red Cross and Barnet Healthwatch.

Further meetings are being planned with Barnet Hospital to discuss hospital discharge coordination, and the Group plans to also speak to patients/carers on their experiences during March and April 2024.

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<sup>i</sup> [Delivery plan for recovering access to primary care \(england.nhs.uk\)](https://www.england.nhs.uk/primary-care-recovery-plan/)

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## Adults and Health Overview and Scrutiny Sub-Committee

<b>Title</b>	<b>Cabinet Forward Plan</b>
<b>Date of meeting</b>	6 <sup>th</sup> March 2024
<b>Report of</b>	Head of Governance
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Appendices</b>	Appendix A – Cabinet Forward Plan (Key Decision Schedule)
<b>Officer Contact Details</b>	Andrew Charlwood, Head of Governance Andrew.Charlwood@barnet.gov.uk

### Summary

The report details the Cabinet Forward Plan for 2023/24. The Sub-Committee is requested to consider any items they may wish to request for pre-decision scrutiny during 2023-2024. Items that the Committee may wish to request for pre-decision scrutiny during 2023/24 will be include in the Sub-Committee’s work programme for 2023/24.

### Recommendations

**The Adults & Health Overview and Scrutiny Sub-Committee considers the Cabinet Forward Plan and any items the Committee may wish to request for pre-decision scrutiny during 2023/24.**

#### 1. Reasons for the Recommendations

- 1.1 The Council’s Constitution (Committee Procedure Rules, Part 3C, Section 38) states: Overview and Scrutiny Committee and Sub-Committees have the power and responsibility to review or scrutinise decisions made, or other action taken, in connection with the discharge of any functions which are the responsibility of the executive.
- 1.2 The attached Appendix A sets out the upcoming Key Decisions which the Authority proposes to take at forthcoming Cabinet meetings. The committee is requested to review the plan and

	determine if there are any items that the committee may wish to request for pre-decision scrutiny during 2023/24.
<b>2.</b>	<b>Alternative Options Considered and Not Recommended</b>
2.1	The sub-committee could decide to not review the Cabinet Forward Plan. However, this is not recommended as non-Executive Members should have the opportunity to have an input in major policies and strategies as they are in development.
<b>3.</b>	<b>Post Decision Implementation</b>
3.1	Any item that is subject to pre-decision scrutiny will be included in the sub-committee's work programme for 2023/24.
<b>4.</b>	<b>Corporate Priorities, Performance and Other Considerations</b>
	<p><b>Corporate Plan</b></p> <p>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.</p> <p><b>Corporate Performance / Outcome Measures</b></p> <p>4.2 This item will support delivery of the measure how "We act on concerns of local residents and involve them in decision making".</p> <p><b>Sustainability</b></p> <p>4.3 None in the context of this report.</p> <p><b>Corporate Parenting</b></p> <p>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.</p> <p><b>Risk Management</b></p> <p>4.5 None in the context of this report.</p> <p><b>Insight</b></p> <p>4.6 Insight data and evidence will be used to support scrutiny reviews on the work programme.</p> <p><b>Social Value</b></p> <p>4.7 None in the context of this report.</p>
<b>5.</b>	<b>Resource Implications (Finance and Value for Money, Procurement, Staffing, IT and Property)</b>
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.
<b>6.</b>	<b>Legal Implications and Constitution References</b>

- 6.1 The terms of reference of the Overview & Scrutiny Committees and Sub-Committees are set out in Part 2B and 2C of the Constitution. Procedure rules relating to Overview & Scrutiny are set out in Part 3C of the Constitution. Further rules relating to Overview & Scrutiny are set out in Part 3D (Budget and Policy Procedure Rules) and Part 3E (Access to Information Procedure Rules).
- 6.2 The terms of reference of the Adults & Health Overview & Scrutiny Sub-Committee are set out in section 9 and 10 of Part 2B and include:
- All matters as they relate to Adult Social Care;
  - Reviewing and scrutinising matters relating to the planning, provision and operation of health services in Barnet including inviting the relevant Chief Executive(s) of NHS organisations to account for the work of their organisation (s) as set out and required by the Health and Social Care Act 2001 and related primary and secondary legislation.
  - Referring contested major service reconfigurations to the Secretary of State in accordance with the Health and Social Care Act 2001
  - Receiving and commenting upon any external inspections and reviews
  - To be responsible in accordance with Regulation 28 of the Local Authority (Public Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 for scrutiny of the Council's health functions other than the power under Regulation 23(9) to make referrals to the Secretary of State.
  - To recommend to Council that a referral be made to the Secretary of State under Regulation 23(9) of the Local Authority (Public Health, Health and Wellbeing and Health Scrutiny) Regulations 2013.
- 6.3 To have specific responsibility for scrutiny of the following functions:
- Health and social care infrastructure and service
  - NHS England, Clinical Commissioning Groups (CCGs) and the Health and Wellbeing Board
  - Public Health
  - Other policy proposals which may have an impact on health, public health, social care and wellbeing.
  - Collaborative working with health agencies.
  - Commissioning and contracting health services.
  - To review the planning, provision and operation of Health services in Barnet and ensure compliance with Regulation 21(1) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 by inviting and taking account of information and reports from local health providers and other interested parties including the local HealthWatch.
  - Where a referral is made through the local HealthWatch arrangements, to comply with Regulation 21(3) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 by ensuring that the referral is acknowledged within 20 days and that the referrer is informed of any action taken.
  - Where appropriate, to consider and make recommendations for response to NHS consultations on proposed substantial developments/variations in health services that would affect the people of London Borough of Barnet.
  - Where appropriate, to consider and make recommendations for response to consultations from local health trusts, Department of Health and Social Care.

- Care Quality Commission and any organisation which provides health services outside the local authority's area to inhabitants within it.
- To discharge the functions conferred by Section 244 (2ZE) of the National Health Service Act 2006 as amended and Regulation 21 of the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny Regulations 2013) of reviewing and scrutinising, matters relating to the planning, provision and operation of health services in Barnet.
- To respond to consultations from local health trusts, Department of Health and Social Care and any organisation which provides health services outside the local authority's area to inhabitants within it.

## **7. Consultation**

7.1 None in the context of this report.

## **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





## London Borough of Barnet

### Cabinet Forward Plan (Key Decision Schedule) 2024

The Cabinet currently consists of the following members of the London Borough of Barnet:

Councillor Barry Rawlings	Leader of the Council and Cabinet Member – Resources and Effective Council
Councillor Ross Houston	Deputy Leader and Cabinet Member – Homes and Regeneration
Councillor Paul Edwards	Cabinet Member – Adult Social Care
Councillor Ammar Naqvi	Cabinet Member – Culture, Leisure, Arts and Sports
Councillor Anne Clarke	Cabinet Member – Community Wealth Building
Councillor Sara Conway	Cabinet Member – Community Safety and Participation
Councillor Pauline Coakley Webb	Cabinet Member – Family Friendly Barnet
Councillor Alison Moore	Cabinet Member – Health and Wellbeing
Councillor Alan Schneiderman	Cabinet Member – Environment and Climate Change
Councillor Zahra Beg	Cabinet Member – Equalities, Voluntary and Community Sector

This is a list of Key Decisions which the Authority proposes to take at forthcoming Cabinet meetings. The Cabinet agenda containing all the reports being considered will be published 5 clear days before the meeting.

#### **Advanced Notice of Executive Decisions**

The Council is required to publish notice of all key decisions at least 28 days before they are taken by Cabinet. Details of the decisions to be taken at forthcoming meetings of the Cabinet are detailed in the table below.

## Definition of a Key Decisions

A Key Decision relates to those executive decisions which are likely to:

- i) result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the local authority's budget for the service or function to which the decision relates; a decision is considered significant if it exceeds an expenditure or savings in revenue of £500,000 and capital of £1 million.
- ii) be significant in terms of its effects on communities living or working in an area comprising two or more wards in the Borough.

A decision is significant for the purposes of (i) above if it involves expenditure or the making of savings of an amount in excess of £1m for capital expenditure or £500,000 for revenue expenditure or, where expenditure or savings are less than the amounts specified above, they constitute more than 50% of the budget attributable to the service in question.

## Notice of Intention to Conduct Business in Private

The Council is required to give at least 28 clear days' notice if **Cabinet wishes to hold any of the meeting in private**. Any person can make representations to the Cabinet if they believe the decision should instead be made in the public Cabinet meeting by emailing [governanceservice@barnet.gov.uk](mailto:governanceservice@barnet.gov.uk)

## Urgency

If, due to reasons of urgency, a Key Decision must be taken where 28 days' notice have not been given a notice will be published (on the website) as early as possible and Urgency Procedures as set out in the Constitution must be followed.

Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
<b>12 March 2024</b>					
<u>Our Plan for Barnet – Delivery and Outcomes Framework, Q3 2023-24</u>	To note the Delivery and Outcomes Framework.	Councillor Barry Rawlings, Leader of the Council and Cabinet Member for Resources & Effective Council  Transformation Director  Head of Programmes, Performance and Risk	Public	No	
<u>Our Plan for Adult Social Care 2024-2029</u>	That Cabinet approve Our Plan for Adult Social Care 2024-2029	Councillor Paul Edwards, Cabinet Member for Adult Social Care  Executive Director for Communities, Adults and Health	Public	Yes	Our Plan for Adult Social Care 2024-2029
<u>Adult Social Care fees and charges consultation</u>	As part of the budget report, approved by Cabinet on 6 February 2024, it was set out that a report would be brought to	Councillor Paul Edwards, Cabinet Member for Adult Social Care	Public	Yes	

	<p>Cabinet ahead of a proposed consultation to update relevant policies and change some existing fees and charges for Adult Social Care.</p> <p>The report seeks a Cabinet decision to undertake a consultation on proposals which relate to: Reviewing options for the introduction of charging for assistive technology; Reviewing options to introduce an annual fee for acting as an appointee; and reviewing charges for respite care.</p> <p>The report also seeks a Cabinet decision to delegate authority to the Cabinet Member for Adult Social Care to implement the proposals, having taken into consideration to outcomes of the consultation.</p>	<p>Executive Director for Communities, Adults and Health</p>			
<p><u>Review of the Management Agreement with Barnet Homes</u></p>	<p>To agree the approach, timetable and scope of the review of the Barnet Homes Management Agreement</p>	<p>Councillor Ross Houston, Deputy Leader and Cabinet Member for Homes &amp; Regeneration</p> <p>Deputy Chief Executive Head of Strategic</p>	<p>Part-Exempt</p>	<p>Yes</p>	

		Housing			
<u>Fire Safety in Timber Framed Houses</u>	To agree a programme of work and budget in relation to fire safety works in timber framed houses.	Councillor Ross Houston, Deputy Leader and Cabinet Member for Homes & Regeneration  Director of Growth	Part-Exempt	Yes	
<u>Improving Barnet's Roads 2024/25</u>  <u>Presentation of the Highways Investment Strategy, associated funding proposal, and programme of schemes for 2024/25</u>	To note the outcome of Our plan for Barnet 2023-2026 Highways Investment Strategy setting out a sustainable asset-based funding strategy approach to improving the condition of the borough's highway network. To approve the additional funding identified in the Highways Investment Strategy, subject to Full Council approval of the Councils MTFS budget for 2024/25.  To note the additional funding allocated to the Council through the Department for Transport Local highways maintenance: additional funding from 2023 to 2034.  To approve the programme of Improving Barnet's Roads Carriageways and Footways	Councillor Alan Schneiderman, Cabinet Member for Environment & Climate Change  Director of Highways and Transportation	Public	Yes	Report plus appendix listing:  Proposed programme of carriageway and footway full and sectional resurfacing schemes targeting repairs to the highway network following the Councils adopted asset management approach.

	<p>schemes planned to be conducted in 2024/25.</p> <p>To confirm delegation of such operational adjustments as may be necessary to maximise delivery of the 2024/25 programmes to the Director of Highways and Transportation.</p>				
<u>Future Parking Service Provision</u>	The report will seek to obtain authorisation to proceed with the preferred model for Parking service delivery and consequent procurements.	<p>Councillor Alan Schneiderman, Cabinet Member for Environment &amp; Climate Change</p> <p>Director, Street Scene</p>	Public	Yes	Options appraisal
<u>Brent Cross</u>	Approvals relating to ongoing delivery of Brent Cross Cricklewood Regeneration	Councillor Ross Houston, Deputy Leader and Cabinet Member for Homes & Regeneration	Part-Exempt	Yes	
<u>The Barnet Group (TBG) Business Plan</u>	As required under the shareholder agreement between London Borough of Barnet and The Barnet Group, there is a requirement for the Barnet Group to submit a budget and 5-year Business Plan to the Council each year. This is	<p>Councillor Ross Houston, Deputy Leader and Cabinet Member for Homes &amp; Regeneration</p> <p>Group Chief</p>	Public	Yes	TBG Business Plan (as approved by TBG Board)

	because the revenues of much of the entities within the Barnet Group are costs within the council budgets. The report will seek approval of the Business Plan for 2024/25 to 2028/29.	Executive The Barnet Group			
<u>Main Modifications to Barnet's Local Plan</u>	<p>Approve the Main Modifications (necessary for soundness and legal compliance) to the Local Plan for public consultation.</p> <p>Approve Additional Modifications to the Local Plan. The Additional Modifications generally relate to points of clarification, factual updates and typographical or grammatical errors. They do not materially affect the substance of the Plan and are therefore not subject to public consultation</p>	<p>Councillor Ross Houston, Deputy Leader, Cabinet Member for Homes &amp; Regeneration</p> <p>Director of Growth</p>	Public	Yes	<p>Table of Main Modifications to the Local Plan</p> <p>Table of Additional Modifications to the Local Plan</p>
<u>Draft Supplementary Planning Document – Planning Contributions</u>	Approve the draft Supplementary Planning Document on Planning Contributions for Public Consultation	<p>Councillor Ross Houston, Deputy Leader, Cabinet Member for Homes &amp; Regeneration</p> <p>Director of Growth</p>	Public	Yes	Draft Supplementary Planning Document on Planning Contributions
<u>Approval to undertake renewable energy procurement,</u>	To source energy from renewable assets, by jointly procuring a PPA, starting as soon as possible, with other London Councils	Councillor Barry Rawlings, Leader of the Council and Cabinet Member for Resources &	Public	Yes	LBB has been working with a number of other London boroughs, advised by an independent renewable energy

<p><u>through a long-term Power Purchase Agreement (PPA), in partnership with a number of other, as yet unconfirmed, London Councils.</u></p>	<p>N.B. PPAs come in different forms and shapes. The purpose of green Power Purchase Agreements (PPA) is that energy consumers secure long-term renewable energy supply, from a new renewable power development, along with the green certificates verifying the supply as renewable. In most cases, volumes and price for the renewable energy delivered is agreed and structured individually. There are two types of PPAs:</p> <p>Physical PPAs represent a direct relationship between consumer and generator, and they imply that the latter will physically deliver the energy volume specified. A range of pricing mechanisms can be employed to optimize the value of the contract.</p> <p>Virtual PPAs offer options to consumers regardless of geographical distance. In these Virtual PPAs, no physical energy exchange is involved (although an additional renewable power installation is still built) and</p>	<p>Effective Council Director of Growth</p>			<p>services provider, as well as an external advisor that LBB is in a strategic sustainability partnership with.</p> <p>As a result, these councils have formed a group that will procure a single PPA and have agreed the proposed PPA contract duration, timing of PPA procurement, preferable volumes, contracting structures etc.</p> <p>Internally we are consulting with Energy Resource Manager, Assistant Director for Estates and Decarbonisation, Procurement Partner and Sustainability Team.</p> <p>Authorisation to proceed with procurement will enable communication with school, and Barnet Homes stakeholders who use existing energy arrangements through LBB and further engagement to promote</p>
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	<p>comprises a contract for difference between spot and PPA price.</p> <p>Both PPAs are a means of hedging against future spot price fluctuations. The procurement process will establish the most suitable for LBB at that time.</p> <p>The councils collaborating on the procurement are not yet confirmed, but they will be by the time the decision is presented to cabinet for approval.</p>				the opportunity of accessing a PPA to be established.
Chief Finance Officer Report – Capital Programme Changes and Write Offs	<p><b>Note</b> Changes to the Capital Programme and bad debt write offs</p> <p><b>Approve</b> Changes to the capital programme, bad debt write offs.</p>	<p>Councillor Barry Rawlings, Leader of the Council and Cabinet Member for Resources &amp; Effective Council</p> <p>Executive Director Strategy &amp; Resources</p>	Public	No	Chief Finance Officer Report – Changes to the Capital Programme and bad debt write offs
<b>16 April 2024</b>					
<u>Culture Strategy</u>	Approval of Strategy	Councillor Ammar Naqvi, Cabinet Member for Culture, Leisure, Arts & Sports		Yes	

<u>Library Strategy</u>	Approval of the process for a new strategy for the Library Service in Barnet	Councillor Ammar Naqvi - Cabinet Member - Culture, Leisure, Arts and Sports  Executive Director Children's Services  Head of Libraries	Public	Yes	Draft Library Strategy
<u>Brent Cross</u>	Approvals relating to ongoing delivery of Brent Cross Cricklewood Regeneration	Councillor Ross Houston, Deputy Leader and Cabinet Member for Homes & Regeneration		Yes	
<u>Education Standards Report</u>	Barnet is well known for the quality of its schools and the diversity of its educational offer. The quality of Barnet's schools is a significant contributory factor to making the borough a popular and desirable place to live and supports our strategic drive to be the most family friendly borough in London. This report will provide information on validated results for 2022/23 assessments and national examinations.	Councillor Pauline Coakley Webb – Cabinet Member Family Friendly Barnet  Chief Executive and Director of Education and Learning (BELS)		Yes	
<u>Barnet Homes Annual Delivery</u>	Approval of the Barnet Homes delivery plan for 24/25	Councillor Ross Houston, Deputy		Yes	

<u>Plan 2024/25</u>		Leader and Cabinet Member for Homes & Regeneration			
<b>14 May 2024</b>					
<u>Brent Cross</u>	Approvals relating to ongoing delivery of Brent Cross Cricklewood Regeneration	Councillor Ross Houston, Deputy Leader and Cabinet Member for Homes & Regeneration		Yes	
<u>Corporate Parenting Strategy</u>	In Barnet we want the same things for the children and young people in our care as any good parent would want for their child. Our vision is for all children and young people in Barnet to live their lives successfully with the right support. This Corporate Parenting Strategy supports this work, focusing on our responsibility for our children in care and care leavers.	Councillor Pauline Coakley Webb – Cabinet Member Family Friendly Barnet  Director Children’s Social care		Yes	
<b>24 June 2024</b>					
<u>Our Plan for Barnet – Delivery and Outcomes Framework, Q4 2023-24</u>	To note the Delivery and Outcomes Framework.	Councillor Barry Rawlings, Leader of the Council and Cabinet Member for Resources & Effective Council	Public	No	

		Transformation Director			
		Head of Programmes, Performance and Risk			
<u>Chief Finance Officer Report - Financial Outturn 2023/24 Q4</u>	Revenue and capital forecast outturn for the financial year 2023/24 as at Q4	Councillor Barry Rawlings, Leader of the Council and Cabinet Member for Resources & Effective Council		Yes	
<u>Brent Cross</u>	Approvals relating to ongoing delivery of Brent Cross Cricklewood Regeneration	Councillor Ross Houston, Deputy Leader and Cabinet Member for Homes & Regeneration		Yes	
<b>16 July 2024</b>					

Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
<b>Items to be allocated</b>					

Subject	Summary of Decision	Cabinet Member and Lead Officer	Public, Part Exempt or Private	Key – Yes / No	Additional documents to be submitted; and / or Any Consultation to be undertaken
<u>Arts Depot, 5 Nether Street, Tally Ho Corner, North Finchley, London N12 0GA – New Lease</u>	Approval for new lease.	Councillor Barry Rawlings, Leader of the Council and Cabinet Member for Resources & Effective Council  Head of Property and Portfolio Management	Part-Exempt	Yes	Heads of Terms pertaining to the grant of this lease.
<u>Whitings Road and Moxon Street Full Business Case (to Nov 2024)</u>	Approval of the Full Business Case	Councillor Ross Houston, Deputy Leader and Cabinet Member for Homes & Regeneration		Yes	
<u>Grahame Park North East Full Business Case (to Sep 2024)</u>	Approval of the Full Business Case	Councillor Ross Houston, Deputy Leader and Cabinet Member for Homes & Regeneration		Yes	
<u>A Fair Barnet Strategy</u>	To approve the A Fair Barnet Strategy 2024-2030	Councillor Zahra Beg, Cabinet Member for Equalities, Voluntary & Community Sector	Public	Yes	Report to Cabinet A Fair Barnet Strategy State of the Borough Report Report on Resident Engagement

<b>Subject</b>	<b>Summary of Decision</b>	<b>Cabinet Member and Lead Officer</b>	<b>Public, Part Exempt or Private</b>	<b>Key – Yes / No</b>	<b>Additional documents to be submitted; and / or Any Consultation to be undertaken</b>
		Executive Director Children and Families  Strategy Manager			

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**London Borough of Barnet**

**Adults & Health Overview and Scrutiny Sub-Committee  
2024-25  
Forward Work Programme**

Unless otherwise shown meetings take place at:

Hendon Town Hall  
The Burroughs  
London NW4 4BQ

Contact: [tracy.scollin@barnet.gov.uk](mailto:tracy.scollin@barnet.gov.uk)  
Principal Scrutiny Officer

AGENDA ITEM 15

Title of Report	Overview of decision	Report Of ( <i>officer</i> )
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6 March 2024

Cabinet Forward Plan (Key Decision Schedule)	To consider the Cabinet Forward Plan for any items the Committee may wish to request for pre-decision scrutiny during 1023/24	Head of Governance
Children and Maternity Services - NCL ICB Startwell Programme	Progress update. To be carried out with Children and Education Overview and Scrutiny Sub-Committee. To include residents who draw on the services.	NCL ICB
Scrutiny Work Programme	To agree the work programme for O&S and sub committees	Head of Governance
Post Covid Services	Update from Central London Community Healthcare NHS Trust	CLCH NHS Trust
Adult Social Care Engagement and Co-Production Annual Report	To note the Engagement and Co-Production Annual Report	Executive Director of Adults and Health
Commissioning approach for care homes in Barnet		Executive Director of Children's Services

Quarter 3 (Q3) 2023/24 Adult Social Care Report	To receive regular performance report	Executive Director of Adults and Health
Task and Finish Groups Recommendation Tracking		Overview and Scrutiny Manager
15 May 2024		
Cabinet Forward Plan (Key Decision Schedule)	To consider the Cabinet Forward Plan and any items the Committee may wish to request for pre-decision scrutiny during 2023/24	Head of Governance
Scrutiny Work Programme		Head of Governance
NHS Cancer Screening Programmes update		Director of Public Health
NHS Quality Accounts 2022/23	<ul style="list-style-type: none"> <li>• Royal Free London NHS Foundation Trust</li> <li>• Central London Community Healthcare NHS Trust</li> <li>• North London Hospice</li> </ul>	
Overview and Scrutiny Annual Report	Agree the Annual Report to Full Council	Head of Governance

Task and Finish Groups Recommendation Tracking		
5 September 2024		
Task and Finish Groups/ Scrutiny Panels - Recommendation Tracking	Report on progress made in implementing recommendations made by Task and Finish Groups and Scrutiny Panels (accepted by Cabinet only) at six-month intervals	Head of Governance
Quarter 4 (Q4) 2023/24 Performance Report	To note the Corporate Performance and Risk report	Executive Director of Adults and Health
NHS Sustainability Plan		
Barnet HealthWatch Annual Report		Head of Assessment and Children in Need
Cabinet Forward Plan		
Task and Finish Groups Recommendations Tracking		
13th January 2025		
Cabinet Forward Plan		

Task and Finish Groups Recommendations Tracking		
Performance Report	To note the corporate Performance and Risk Report	
Barnet Multi-agency Safeguarding Adults Board Report		
Barnet Vaccination Programmes update		
14th May 2025		
Cabinet Forward Plan		
Performance Report		
Winter pressures 2024/25	Looking at plans in place for winter 2024/25 and lessons learned from the previous winter	
To be allocated		
NHS Estates	Report on overall plan for Barnet's Estates including disposable assets	

Care Quality Commission (CQC) Inspection preparation		Executive Director of Adults and Health
Solutions4Health Update		Strategic HR Director
Mental Health Services update	To receive a performance update from mental health service providers on key developments, performance, the Mental Health Services Review (implementation of core offer) and the Community Transformation Programme. With input from people who draw on mental health services.	
Equipment Recycling - Barnet Social Care and NHS	Review of providers in Barnet and potential for increasing recycling of equipment eg walking aids when no longer needed	Executive Director of Adults and Health
Update on Neighbourhood Model		

**London Borough of Barnet  
Health and Wellbeing Board  
Forward Work Programme  
2024 / 2025**

Contact: Pakeezah Rahman (Governance) [pakeezah.rahman@barnet.gov.uk](mailto:pakeezah.rahman@barnet.gov.uk)

Subject	Decision requested	Report Of	Contributing Officer(s)
<b>09 MAY 2024</b>			
<b>Deep Dive</b>			
<p>Aging Well Needs Assessment and Annual Director of Public Health Report 2023/24</p> <p><i>Part of Key Area 2 – Starting, Living and Aging Well</i></p>	<p>The Board listens to the experience of residents, and the work currently underway to improve health and wellbeing in the area</p>	<p>Interim Director of Public Health, London Borough of Barnet</p> <p>Executive Director for Adults, Communities and Health, London Borough of Barnet</p>	
<b>DISCUSSION items</b>			
<p>Joint Strategic Needs Assessment</p>	<p>The Board to Approve – subject to comments – the final version of the Joint Strategic Needs Assessment 2023-24, and the plan for reviewing the Joint Health and Wellbeing Strategy</p>	<p>Interim Director of Public Health, London Borough of Barnet</p>	
<p>Health and Wellbeing Strategy: 6-month progress report and proposal for Strategy review process</p>	<p>The Board to Note and comment on progress and agrees on the HWBS review process</p>	<p>Interim Director of Public Health, London Borough of Barnet</p>	<p>Health and Wellbeing Policy Manager, London Borough of Barnet (Claire O’Callaghan)</p>
<b>NOTING items</b>			
<p>North Central London Population and Integrated Health Strategy: Year 1 Performance</p>	<p>The Board to Note and Comment on the performance of the first year of the strategy.</p>	<p>Director of Integration, North Central London Integrated Care Board</p>	

\*A **key decision is one which**: a key decision is one which will result in the council incurring expenditure or savings of £500,000 or more, or is significant in terms of its effects on communities living or working in an area comprising two or more Wards



<b>Subject</b>	<b>Decision requested</b>	<b>Report Of</b>	<b>Contributing Officer(s)</b>
North Central London Integrated Care Board Forward Plan Refresh	The Board to Note the Forward Plan.	Director of Integration, North Central London Integrated Care Board	
Communicable Diseases Update	The Board Note the verbal update	Interim Director of Public Health, London Borough of Barnet	<i>Interim Director of Public Health, London Borough of Barnet</i>
<b>04 JULY 2024</b>			
<b>Deep Dive</b>			
Improving children's life chances <i>Part of Key Area 2 – Starting, Living and Aging Well</i>	The Board listens to the experience of residents, and the work currently underway to improve health and wellbeing in the area	Executive Director, Children's & Family Services	
<b>DISCUSSION items</b>			
ICB Joint Capital Resource Strategy	The Board to Comment on and Note the annual update of the strategy.	Director of Integration, North Central London Integrated Care Board	Capital Programmes Team, ICB
<b>NOTING items</b>			
Communicable Diseases Update	The Board to Note the verbal update	Interim Director of Public Health, London Borough of Barnet	<i>Interim Director of Public Health, London Borough of Barnet (Janet Djomba)</i>
<b>19 SEPTEMBER 2024</b>			
<b>Deep Dive</b>			

<b>Subject</b>	<b>Decision requested</b>	<b>Report Of</b>	<b>Contributing Officer(s)</b>
Grahame Park and Burnt Oak  <i>Part of Key Area 3 – Ensuring delivery of coordinated and holistic care, when we need it</i>	The Board listens to the experience of residents, and the work currently underway to improve health and wellbeing in the area	Interim Director of Public Health, London Borough of Barnet	Public Health Consultant, (Neighbourhoods and Communities) London Borough of Barnet (Rachel Wells)  Muyi Adekoya?
<b>DISCUSSION items</b>			
<b>NOTING items</b>			
Health and Wellbeing Strategy – 6-month progress report and update on development of new Health and Wellbeing Strategy	The Board to Note and Comment on progress	Interim Director of Public Health, London Borough of Barnet	Health and Wellbeing Policy Manager, London Borough of Barnet (Claire O’Callaghan)
Pharmaceutical Needs Assessment Update	The Board to Approve – subject to comment – any updates to the assessment.	Interim Director of Public Health, London Borough of Barnet	Public Health Consultant (Live and Age Well), Public Health, London Borough of Barnet (Deborah Jenkins)  Head of Insight and Intelligence, London Borough of Barnet (James Rapkin)
<b>23 JANUARY 2025</b>			
<b>Deep Dive</b>			
Draft Health and Wellbeing Strategy	The Board to sign off the draft Health and Wellbeing Strategy for Barnet ahead of formal public consultation	Interim Director of Public Health, London Borough of Barnet	Health and Wellbeing Policy Manager, London Borough of Barnet (Claire O’Callaghan)
<b>DISCUSSION items</b>			

Subject	Decision requested	Report Of	Contributing Officer(s)
Better Care Fund Plan	The Board agrees the sign off process for the Better Care Fund Plan	Executive Director for Adults, Communities and Health, London Borough of Barnet	Head Of Commissioning Older Adults and Integrated Care, Adults & Health, London Borough of Barnet (Muyi Adekoya)  Royal Free London NHS Foundation Trust (Guari Mohan)
<b>NOTING items</b>			
<b>15 MAY 2025</b>			
<b>Deep Dive</b>			
Final Health and Wellbeing Strategy	The Board to sign off the draft Health and Wellbeing Strategy for Barnet ahead of formal public consultation	Interim Director of Public Health, London Borough of Barnet	Health and Wellbeing Policy Manager, London Borough of Barnet (Claire O'Callaghan)
<b>DISCUSSION items</b>			
Draft Pharmaceutical Needs Assessment	The Board approves the draft assessment ahead of formal public consultation.	Interim Director of Public Health, London Borough of Barnet	Public Health Consultant (Live and Age Well), Public Health, London Borough of Barnet (Deborah Jenkins)  Head of Insight and Intelligence, London Borough of Barnet (James Rapkin)
<b>NOTING items</b>			

<b>Subject</b>	<b>Decision requested</b>	<b>Report Of</b>	<b>Contributing Officer(s)</b>
North Central London Population and Integrated Health Strategy – Year 2 Performance	The Board to note and comment on the performance of the first year of the strategy.	Director of Integration, North Central London Integrated Care Board	
North Central London Integrated Care Board Forward Plan Refresh	The Board to note the Forward Plan.	Director of Integration, North Central London Integrated Care Board	