

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

26 October 2023

Members Present:-

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

Councillor Richard Barnes
Councillor Alison Cornelius
Councillor Ella Rose

Councillor Gill Sargeant
Councillor Lucy Wakeley
Councillor Woodcock-Velleman
(Substitute for Councillor Rishikesh Chakraborty)

Apologies for Absence

Councillor
Rishikesh Chakraborty

1. MINUTES OF THE PREVIOUS MEETING

It was RESOLVED that the minutes of the meeting held on 28 June 2023 were approved as an accurate record.

2. ABSENCE OF MEMBERS

Apologies were received from Cllr Chakraborty, who was substituted by Cllr Woodcock-Velleman.

3. DECLARATION OF MEMBERS' PECUNIARY INTERESTS AND OTHER INTERESTS

Cllr Cornelius declared an interest in relation to Items 8 and 9 by virtue of the fact that she is Vice Chair of the Eleanor Palmer Trust (appointed by the Eleanor Palmer Trust Board).

Cllr Barnes declared an interest in relation to items 8 and 9 by virtue of the fact that he is a council-appointed Trustee of the Eleanor Palmer Trust.

Cllr Cohen declared an interest in relation to Items 8 and 9 by virtue of the fact that he is a Trustee of the Valentine Poole Charity.

Cllr Sargeant declared an interest in relation to Item 7 by virtue of the fact that she is a Trustee of the Colindale Community Trust in Grahame Park.

4. REPORT OF THE MONITORING OFFICER

None.

5. PUBLIC QUESTIONS AND COMMENTS (IF ANY)

None.

6. MEMBERS' ITEMS

None.

7. EMERGING MODEL FOR INTEGRATED HEALTH AND CARE

The Chair introduced Mr Dan Heller, Neighbourhood Programme Lead, North Central London Integrated Care Board (NCL ICB) to speak to his slides which were published with the agenda.

Mr Heller reported that the decision to develop a Neighbourhood Programme with dedicated resources was made by the Barnet Borough Partnership Executive Board in October 2022.

Mr Heller noted that he was appointed to his role in March 2023, and works in partnership with colleagues from Barnet Council, Barnet, Enfield and Haringey Mental Health Trust, Central London Community Healthcare NHS Trust, Primary Care colleagues, the voluntary sector and others. In February 2023 a neighbourhood workshop event had been held including 80 system leaders from settings across the Borough to hear about the excellent work going on at the local level.

It was agreed to use a pragmatic approach by following the infrastructure of the Primary Care Networks (PCN) for neighbourhood working, as well as a hyperlocal approach to developing initiatives to address health and wellbeing challenges in an area. In addition non-geographically bound projects were being undertaken to identify local health challenges and bring together colleagues to address these.

In October 2023 a second workshop was held with clinical directors from all seven PCNs to take the ideas further into the planning stage. A small funding pot has been made available from the ICB to use for pilots to test out initiatives within PCNs. One of the conditions of being granted funding is that the work is in partnership with another organisation. Several PCNs are currently putting pilots together in Barnet.

Mr Heller noted that Grahame Park is the test site for the hyperlocal approach, in partnership with the Grahame Park Strategic Group. He added that he is working with Rachel Wells (Barnet Public Health) and he is also Co-chair of Grahame Park Estate Adults, Health and Wellbeing Working Group to lead this initiative. The group will review what is already available for residents, consider the health challenges and possible solutions. Housing comes up as a big issue in the area and a meeting has been set up between housing and health colleagues to talk at a strategic level on this. Mental health is also a big theme, as is communication. There are many interventions available for Grahame Park residents but language barriers and digital exclusion often prevent residents from access. Effective communication can help to solve this.

The Chair asked what the main difference is with this approach, to other models of care and what the implications for Barnet council might be. Mr Heller responded that the joint working between Primary Care and the voluntary sector is largely new, as is the opportunity to receive funding, and the funding models that will make the work sustainable. The current work from NCL ICB around Long Term Conditions, which is locally commissioned, is the first time Primary Care has been required to provide funding initiatives in the voluntary sector and this is potentially transformative. The Executive Director, Communities, Adults and Health added that trials on bringing healthcare out of hospitals and into the community have had varying degrees of success – this has been driven by the Fuller Stocktake on Primary Care and some aspects of this are well embedded in Barnet for the first time, such as the Ageing Well Multidisciplinary Team across the Borough. Patients meet with Consultants in Geriatric Medicine, Specialist Frailty Nurses, Dementia Nurses, Social Prescribers and others to consider a resident with complex needs or their carer, and then put plans in place. The new structure also provides an opportunity to ensure that across the Borough different organisations receive a more rapid and community-specific response. For example this is happening with the Colindale Communities Trust in Grahame Park, with a weekly onsite service. It also provides an opportunity to address prevention earlier on and deal with issues such as social isolation, housing and finding work. The approach offers many opportunities across a range of council services.

Cllr Rose enquired what plans are in place given that the funding is non-recurrent and given the pressure on the council's budget. Mr Heller responded that one of the questions asked when expressions of interest are invited, is around other pots of funding that the proposed work will be linked to, as part of trying to ensure sustainability. The Executive Director, Communities, Adults and Health noted that there is no dedicated funding through NHS commissioning and no additional funding for services at a neighbourhood level, but the initiatives detailed on the slides continue to be funded. She added that there is a potential for this work to identify more need for social care and increase demand, but also it could prevent more complex conditions developing due to earlier intervention.

Cllr Sargeant asked whether some of the co-located services will be in the new health centre on Aerodrome Road. Mr Heller responded that some of them will be there (the Integrated Hub). There will also be services in the community such as health and wellbeing drop-in for parents in a school, and other places where a relationship of trust has already been built with residents.

Mr Heller noted that the pilots will start in early 2024, with up to one year to carry them out. The learning from the Grahame Park pilot would help to inform the next projects in other wards where needed. He noted that the Grahame Park Adults Health and Wellbeing Group and the Strategic Group will take some time to undertake the project – at their meeting the following week they will discuss housing and health and support for tenants, as well as information sharing with health providers.

Cllr Stock enquired about isolated residents and how these would be reached, particularly some who may not speak English and that services may not be aware of. Mr Heller responded that the several PCNs have highlighted housebound and frail residents who live alone as a priority. Pilots may be proposed around these, and the Neighbourhoods Programme works alongside other council programmes such as Ageing Well. The Executive Director, Communities, Adults and Health noted that GPs usually know which patients are housebound and the council is aware of many from the childhood vaccination programme. This could be an opportunity to connect people with

others. Mr Heller added that the social prescribers in Barnet have an excellent data capture system to record the learning from their interventions to feed back to GPs. Also he noted that there are organisations in Grahame Park that do lot of translation already and one of the benefits of connecting those organisations with Primary Care is that you enhance the opportunity to include those residents who may be isolated.

The Chair asked how housing-related health problems were being tackled. Mr Heller noted that this is at an early stage with getting to know new tenants through visits, with health colleagues involved in the process. Also one of the suggestions for a co-location project for Grahame Park is a space where the housing team and the Mental Health Trust can come together for a drop-in session. Also social prescribers are speaking to residents and sharing information about damp and mould.

The Director for Public Health noted that one of the challenges is getting engagement from residents who are suffering mental ill health and for example substance abuse, but it is positive to have involvement from Primary Care. The Integrated Hub in Colindale will be a positive step.

Mr Heller agreed to report back to the Committee when some of the pilots have been up and running.

Action: Scrutiny Officer

RESOLVED that the Committee noted the Neighbourhood Model Programme in Barnet.

8. ADULT SOCIAL CARE ANNUAL COMPLAINTS REPORT 2022-23

The Executive Director, Communities, Adults and Health reported that councils have a statutory requirement to operate an adult social care complaints procedure and to produce an annual report on that procedure. The Head of intelligence, Business and Systems, LBB joined the meeting via the Teams link.

Cllr Cornelius enquired how the complaints about staff employed by care providers and the council and their communication would be rectified, and which department in the council the complaints are about. The Executive Director, Communities, Adults and Health responded that the staff are within the adult social care part of the Communities, Adults and Health Directorate, and could be occupational therapists, social workers, or financial assessment officers. Where a complaint about a provider is sent to the council the provider is asked to investigate, and the council will take further action if the outcome isn't satisfactory. It is expected that the care provider carries out any additional training required.

The complaint could be about a care provider going to someone's home or in a care home. One of the themes of complaints for home care is people not arriving on time and not following the agreed care plan. These don't include safeguarding concerns, which may be received as a complaint but are dealt with under a safeguarding process which is separate to the complaints process.

Cllr Cornelius enquired why more cases were upheld this year and what is being done to change this. The Executive Director, Communities, Adults and Health responded that there have been some changes to the team, to funding for care for people leaving

hospital, and there have been concerns about difficulties in getting continuing healthcare funding. The national funding regime for social care has changed and there is no longer a free year of care as there was previously. She added that every complaint is investigated thoroughly and carefully and there is no single trend in the type of complaints received. The team is committed to learning from complaints.

Cllr Wakeley asked whether there are reasons why complaints are withdrawn, and whether the investigation stops in if a complaint is withdrawn. The Head of Intelligence noted that sometimes complaints are quickly resolved and so are withdrawn.

Cllr Sargeant asked whether there is general awareness that people have to fund their own social care. The Executive Director reported that information is provided at first contact with residents, verbally and with leaflets. She agreed that the general public think that social care is free like the NHS.

The Chair noted that some of the complaints are following discharge from hospital. He asked whether the post-discharge reviews should improve this, how would they work and whether this is a long-term plan. The Executive Director responded that she hoped it would help. Barnet has had the highest level of social care hospital discharges and the highest level of discharges into rehabilitation beds in London, consistently since 2019. It is important to ensure patients go home with support and have a review of their needs so that they don't lose functioning.

A Member noted that there is an overrepresentation of complaints from white people and enquired whether enough is being done to show how people can make compliments and complaints particularly in underrepresented groups. The Executive Director noted that the complaints procedure is promoted to residents but more can be done. Recently the team has begun real-time feedback surveys as people go through care and support planning, which provides another opportunity for complaints and compliments.

RESOLVED that the Committee noted and approved the Annual Complaints Report 2022-2023.

9. QUARTER 1 2023/24 ADULT SOCIAL CARE REPORT

The Executive Director, Communities, Adults and Health presented the performance report.

The Chair asked what key issues the new contract will deal with. The Executive Director reported that Medi quip, NRS and Millbrook are the equipment providers. Barnet had a contract with Millbrook which signalled its intention to move out of London. Barnet plans to transition to the London Consortium Contract which has recently been taken over by NRS and provides health and social care equipment to over 20 London Boroughs and is funded by the ICB.

Cllr Stock asked whether families are contacted about deceased relatives' equipment so that this can be recycled, as there is a need for equipment. Beds in particular are sought after. The Executive Director reported that efficiency of recycling equipment is one of the contract performance measures but currently it doesn't always work well. The council is keen to recycle equipment as much as possible whilst remaining aware of the sensitivities involved. A Member asked whether providers are required to report on

recycling rates. The Head of Intelligence, Business and Systems noted that this could be included with future reports.

Action: Head of Intelligence, Business and Systems

Cllr Woodcock-Velleman noted the positive direction and asked what is being sought in the tendering process to continue to see improvements. The Executive Director responded that they look for good value for money and ongoing improvements, that all staff are properly trained in enablement and can work with occupational therapists. The team also looks for areas of innovation that are introduced via the tendering process and is looking for quality, innovation and value for money.

The Chair thanked the Head of Intelligence for the engagement with residents and feedback that he has managed to receive from them.

RESOLVED that the Committee noted and reviewed the progress, performance and risk information 2022/23.

10. TASK AND FINISH GROUPS UPDATE

The Chair invited Cllr Stock to provide an update on the Primary Care (GP) Access Task and Finish Group. Cllr Stock thanked the Scrutiny Officer for the written summary provided to her including notes from several GP Practice site visits. She invited Cllrs Sargeant and Barnes, Members of the Group, to contribute.

Cllr Stock noted that the ICB is aware of the difficulties residents are experiencing in accessing GPs and are introducing initiatives that will improve access in the future. Evidence the group has gathered has shown that the public needs to be made more aware that there is a much larger demand now on GPs and appointments than historically and given that the population is getting older and many have complex medical conditions this is adding to the pressure on Primary Care. In addition GPs are getting older and many are retiring early, partly due to the heavy workload.

One of the Group's recommendations will be that the ICB and council communicate with patients on the above, and inform them that there are Allied Health Professionals available, where it is not essential that they see a GP, such as musculoskeletal practitioners, nurse consultants and social prescribers who can offer longer appointments and often more appropriate treatment. Cllr Stock added that the Group wants to learn from best practice and also to improve communication on modern Primary Care and the best way for residents to access it, which in current situation and into the future will not include as many face-to-face GP appointments. One of the most frustrating issues for residents is the phone system but this should be improved by the ICB by early 2024 in all 48 Barnet GP Practices as part of the National Access Improvement Plan. As part of this residents need to be reminded of the enhanced appointments at the weekend and evenings and how to access these.

Another recommendation by the Group is likely to be around ensuring fair funding for Barnet compared to other NCL Boroughs. Given the large number of care homes in Barnet, far greater than many other Boroughs, the Group has discussed the potential to appoint geriatricians to help support Primary Care.

Cllr Stock noted that the Head of Governance had advised that the Group could spend a few weeks longer than the allocated time if essential to ensure that they have sufficient information to get a good result.

A Member noted that many residents mention new developments such as in Whetstone, and whether sufficient spaces to register for GPs will be available in the future given the increase in population. Cllr Stock responded that the Group is trying to learn from good practice and will mention concerns about new estates and regeneration in its report, as there are areas where people are very concerned that they cannot register with a GP. Given that some GPs are due to retire it is even harder to predict availability. Cllr Stock noted that the scope for the Group needs to be limited, but at the least it will be communicating with residents to ensure that they know how to access Primary Care.

A Member noted that Dr Nick Dattani had provided information on the number of full-time GPs but many Practices had part-time GPs, and many had almost no full-time GPs. This made continuity for patients even more difficult. The Member stated that a new development, Millbrook Park, would have no additional GPs as the advice from the health authority had been that there were sufficient in the surrounding area. It is often found that on the ground the experience for residents differed to the figures provided.

Cllr Sargeant added that the Group would not be able to revolutionise the system but could recommend practical, simple steps for improvement. She noted that the meetings had been very productive.

RESOLVED that the Committee noted the Task and Finish Group update.

11. NORTH CENTRAL LONDON JHOSC

The minutes of the meeting of the JHOSC held on 26th June were noted. The Chair asked the Committee to inform him or Cllr Stock of any topics they would like to be raised at the JHOSC.

Cllr Cornelius noted that the last meeting was not quorate as LB Camden and LB Barnet had had not representation. She asked whether Cllrs Cohen and Chakraborty would be at the next meeting. Cllr Cohen responded that he would attend the next meeting but there had been problems getting agreed dates for this. If Cllr Chakraborty cannot attend he will ask Cllr Stock whether she can attend. Cllr Cornelius noted that Cllr Stock would not be able to vote as she is not a member of the JHOSC but previously the Chair and Vice Chair had been members on JHOSC.

The Overview and Scrutiny Manager noted that any changes to the JHOSC membership would need to go to the Constitutional Working Group and be agreed by Council. The Chair noted that he and Cllr Chakraborty try to attend as often as possible but may occasionally miss a JHOSC meeting. He was keen to involve Cllr Stock as the discussions at the meetings are important.

RESOLVED that the Committee noted the minutes of the JHOSC.

12. FORWARD WORK PROGRAMMES: ADULTS & HEALTH OSC AND HEALTH AND WELLBEING BOARD

The Scrutiny Officer noted an amendment to the published Forward Work Programme: the Screening Programme update would be moved to May 2024 from January 2024.

Cllr Cornelius enquired about the increase in the London Living Wage to £13.15 which would affect care homes in Barnet. She requested a piece of work on rates paid by the council to care homes - whether this is a flat rate and whether care homes receive the same rate. Given that the council is a major part of adult social care funding provision how is it going to pay more to care homes.

The Executive Director, Communities Adults and Health responded that the team could report to the Committee on its approach to fees and care homes. Care homes are not paid the same rate by the council. A minimum sustainable price is offset and the council will not pay below this, but will go above it. Barnet was one of the first councils to have this policy. The price is set using data from care providers, and is set together with the four other north central London Boroughs. An independent analyst sets the minimum sustainable prices depending on the type of care. The analytical model assumes that everyone in the care home is funded by the local authority and includes a modest amount for profit (approximately 5%), and is based on costs evidence from providers. The Executive Director agreed to bring details about the commissioning approach to a future meeting. Cllr Sargeant requested that this includes the issue of difficulties finding placements for nursing care due to recruitment and retention problems in Barnet. The item would be added to the meeting on 6 March 2024.

Action: Scrutiny Officer/Executive Director, Communities, Adults and Health

RESOLVED that the Forward Plans and amendments were approved.

13. CABINET FORWARD PLAN (KEY DECISION SCHEDULE)

The Committee received the Cabinet Forward Plan.

RESOLVED that the Committee noted the Cabinet Forward Plan.

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

The Chair noted that a statement had been sent to the Committee from the Barnet, Enfield and Haringey (BEH) Mental Health Trust prior to the meeting on Chase Farm Hospital and a recent finding of RAAC concrete within one of its buildings. Reassurance had been given by the Trust that the building is safe. The Chair/Scrutiny Officer would write to thank the Trust for the statement and to request to be kept informed of any further news on the building.

Action: Scrutiny Officer

The meeting finished at 8.44 pm