THE LONDON BOROUGH OF CAMDEN

At a meeting of the **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** held on **FRIDAY, 25TH SEPTEMBER, 2020** at 10.00 am in Remote Meeting via Microsoft Teams. The meeting can be watched live via https://councilmeetings.camden.gov.uk.

MEMBERS OF THE COMMITTEE PRESENT

Councillors Pippa Connor (Chair), Tricia Clarke (Vice-Chair), Edward Smith (Vice-Chair), Alison Cornelius, Linda Freedman, Christine Hamilton, Larraine Revah and Jonathan Simpson

MEMBERS OF THE COMMITTEE ABSENT

Councillors Lucia das Neves, Osh Gantly and Paul Tomlinson

The minutes should be read in conjunction with the agenda for the meeting. They are subject to approval and signature at the next meeting of the North Central London Joint Health Overview and Scrutiny Committee and any corrections approved at that meeting will be recorded in those minutes.

MINUTES

1. ELECTION OF CHAIR

Councillor Pippa Connor was nominated as Chair. There were no other nominations.

RESOLVED –

THAT Councillor Pippa Connor be elected as Chair of the North Central London Joint Health Overview and Scrutiny Committee (NCL JHOSC) for the municipal year 2020 - 21.

2. ELECTION OF VICE-CHAIRS

Councillors Tricia Clarke and Edward Smith were nominated as Vice-Chairs of the Committee.

The Chair welcomed all newly appointed members to the Committee.

RESOLVED –

THAT Councillor Tricia Clarke and Councillor Edward Smith be elected as Vice-Chairs of JHOSC for the municipal year 2020-21.

3. GUIDANCE ON REMOTE MEETINGS HELD DURING THE CORONAVIRUS NATIONAL EMERGENCY

The Guidance was noted.

4. TERMS OF REFERENCE

The Terms of Reference were noted.

5. APOLOGIES

Apologies were received from Councillor Lucia das Neves (LB Haringey) and Councillor Paul Tomlinson (LB Camden). Councillor Tomlinson was substituted by Councillor Jonathan Simpson.

6. DECLARATIONS BY MEMBERS OF PECUNIARY, NON-PECUNIARY AND ANY OTHER INTERESTS IN RESPECT OF ITEMS ON THIS AGENDA

Councillor Cornelius declared a Non-Pecuniary interest in relation to item 11 (Update on the Impact of Covid-19 on Care Homes) that she was a Council appointed member of Eleanor Palmer Trust. It was a voluntary role, she was the Vice-Chair of the Trust which was located in High Barnet.

Councillor Connor declared that she was a member of the Royal College of Nursing (RCN) and that her sister worked as a GP in Tottenham.

7. ANNOUNCEMENTS

Webcasting

The Chair announced that the meeting was being broadcast live to the internet and would be capable of repeated viewing and copies of the recording could be made available to those that requested them. Those participating in the meeting were deemed to be consenting to being recorded and broadcast.

8. DEPUTATIONS

The Chair announced that she had accepted a deputation request from North Central London NHS Watch. The deputation related to changes made to NHS services under emergency powers due to the pandemic without consultation with

local authorities or residents. The deputation statement had been included in the supplementary agenda.

Andrew Morton and Brenda Allen presented the deputation to the Committee.

The main issues they highlighted were that

- Prior to Covid-19 the NHS was already struggling with waiting lists and reorganisation, during the pandemic they expected reorganisation to slow but this was not the case, rather, they were of the view that care to patients slowed and reorganisation gathered pace with less scrutiny and less consultation than before.

- The document entitled '*Journey to a New Health and Care System'* outlined a highly centralised, streamlined and virtual approach to health and care. This presented a major and rapid change to London's NHS indicating that it also set out the intention to keep many of the changes in place on a permanent basis with very little mention of consultation with local authorities.

- Practical examples of changes made on the ground without consultation included, Enfield Older Peoples Assessment Unit moved from Chase Farm Hospital Enfield to Barnet with access to Barnet being more difficult particularly for older people, the Electronic Consult Scheme and Primary Care accessing GP Services, this was a real problem for many patients. The changes nationally to accessing emergency care via the 111 service with 111 being the gateway to A&E, the Test Track and Trace System by passed many local public health services, Paediatric A&E being moved from UCLH, Royal Free to Whittington.

- Were aware that things had to change during the pandemic but they felt that there could have been more consultation as this would have led to better services for patients and residents.

They requested that JHOSC

- Require North London Partners to set out the changes that had been made in services under the emergency powers and state whether there were plans for keeping the changes into the future.

- For those changes that were proposed as permanent, request they were halted until local councils had been consulted.
- Set out how they would meet their statutory obligations for public consultation on Primary Care
- Since many of the current changes would have serious implications for health inequalities (e.g. digital by default), ask to see a detailed health inequality impact assessment of their proposals
- Require full public consultation on any plans to take over any aspect of social care from Local Authorities
- Ask the ICS to set out the steps it would take to ensure that the Government's privatised Test, Track and Isolate system could be better integrated with both local NHS testing arrangements and local public and environmental health services' expertise and capacity for track and trace.

In response to the deputation and members questions, Rob Hurd (System Lead, North Central London Integrated Care Systems) made the following comments:

- It was acknowledged that the unprecedented impact of Covid-19 had additional pressures put on the health services.
- Frontline staff were doing an enormous amount of work to keep things on track throughout this period.
- All changes were temporary as the NHS was responding to a national major incident, unknown disease pandemic and responding as a health care system as the situation unfolded on a daily, weekly basis.
- As indicated all changes were made on a temporary basis there was an acknowledgement of the legal obligation to consult before permanent change occurred, however under the emergency powers put in place to address the pandemic, clinical led advice was what was leading the response on a day to day and week to week basis in the best interest of residents and the best way the service could respond under the circumstances.
- There were a number of changes that had been made, NHS Partners were happy to share these changes with the Committee. However because of the wide nature of the changes the NHS Partners would have to provide a follow up of this further information of these changes in writing.

ACTION BY: System Lead NCL Integrated Care Systems

- The document shared with the Committee on 31st July 2020 highlighted the various temporary changes brought in from March 2020 to July 2020 at that point in time.
- Since July, Barnet emergency Paediatric Department had re-opened. Planning has been ongoing for the second surge – this included access to emergency services in the southern part of the North London Boroughs, providing access for children at Royal Free UCLH and Whittington by

consolidating staffing throughout winter as it was anticipated that this would be an extremely pressurised period.

- Nobody could tell when this would be over as the NHS was having to plan for a range of scenerios, which in addition to the already challenging usual previous winter pressures, the addition of the Covid -19 surges involved having to plan for temporary changes to ensure the service was as resilient and open for business as much as possible.
- The concerns were rightly raised given the impact of both Covid-19 and the knock on impact of other services restructured to cope with that.
- In relation to paediatric issue of children's A&E the likely process was that emergency access ambulances were likely to be diverted there from next week for children requiring emergency services over the winter.
- There would be more resilience over the winter for Adult Services. The Older People's Assessment unit at Chase Farm was an example of changes that had to be made temporarily. This was under review to bring back in the weeks ahead. There was the need for clinical advise to work out the balance of risks as set up and would be considered on a case by case basis.
- In terms of planned elective urgent care, there had been extreme pressures on the waiting list because the NHS was unable to keep the service running in May. There was the intention to keep those services going throughout the winter so that this would not lead to levels of cancellation that the service experienced during the first phase of the pandemic
- Prevent mechanisms were in place to ensure safe care of patients.
- Best efforts had been made to communicate with stakeholders about the temporary changes, NHS Partners would need to continue to work with JHOSC and local communities to keep them informed of the changes.
- A formal commitment was made to commission an Equality Impact Assessment around access via digital mechanism into GPs and other health care settings. NHS partners would be looking to learn and reach out how to mitigate the risk.

ACTION BY: System Lead NCL Integrated Care Systems

- Test and Trace had been set up nationally. A lot of work had been done locally to enhance local arrangements led by borough Directors of Public Health (DPH) and Council Health Protection Teams and linking in with the national testing systems. The DPH was involved and looking at what this meant for each borough.
- There had been work on-going to support testing since April. This included LA's providing support for testing in Care Homes and other care settings considered to be at risk and not eligible to access the national testing portal.
- There were over 150 Care Homes and Supported Living Schemes in the 5 NCL boroughs. Pillar 1 capacity tests had been set up for patients and health and care workers with over 6,000 swab tests being done in care homes. This was supplementary to the national testing regime.

- In terms of digital appointments the GP services should be open for the delivery of face to face care. Also there was the need to develop a range of tools for GP's so that they were able to provide face to face care for patients.
- In terms of A&E access. Patients contacting NHS 111 already were able to be booked in for appointments with GP local treatment centres and could be advised where they would need to go for appointments.
- If patients continued to make their way to urgent or emergency care units they would be treated or directed to an appropriate service.
- There was not a closure of walk-in services. In terms of the 111 service more health professionals had been employed by NHS 111 and there was an attempt to promote the benefits of using the 111 service.

Answering further questions from members, Rob Hurd (Systems Lead NCL Integrated Care Systems) Richard Dale, (Director of Strategic Programmes NCL Integrated Care System) and Richard Elphick (Programme Lead STP Camden) commented

- Initially during the first pandemic surge there had been issues with the NHS 111 service, there had however been massive investment with an aim to improving the service to deliver the intended result of a safer and better service.
- Clinical prioritisation applied to whoever turned up at A&E, patients would still be seen, it was still open to ambulances, priority would however be given to more urgent cases.
- In terms of track and trace in Islington there was work on going between NHS Partners and DPH Islington to establish a mobile testing unit in addition to a walk up unit. The details of this would be provided to Committee members.

ACTION BY: Director of Strategic Programmes NCL Integrated Care System

- In terms of GPs providing face to face appointments, there was the need to provide communication to confirm routes patients need to use to get face to face appointments.
- In terms of the abolition of Public Health England and replaced by the National institute for Health Protection and the lack of consultation this would be taken away and comments would be provided to members at a later date.

ACTION BY: System Lead NCL Integrated Care Systems

- If there was an intention to turn the temporary changes into permanent changes any consultation would have to make due reference to local authorities.

The deputees asked to comment on the responses from NHS partners, noted that they were heartened that the Committee had taken their deputation seriously, shared their concerns and would take the issues up with Pan London JHOSC. They also noted however that though the changes were temporary they could only be changed

back if NHS England agreed. Although temporary changes had been focussed on there were some permanent changes which had taken place.

The Chair commented that the NHS Partners had agreed to provide a list of all the temporary service changes made in response to the national emergency. She also noted that a lot of the changes were national and might be more appropriate to be considered in the PAN London JHOSC arena.

Further proposed changes related to GPs and digital access and how residents had access to hospitals and GPs' services, there was the need for consultation further down the line to see how those services would be adapted. These issues were also of significance to NCL. There was a need to revisit these issues to see how services had changed and scrutinise these changes to ensure residents' needs were being met. The Committee would look at this with a view to how these issues could be taken forward. There had been a huge amount of service change locally, this would be discussed in the work programme to determine how best to take this forward.

RESOLVED –

THAT the Committee

(i) Discuss in the Work Programme how these issues would be taken forward.

9. NOTIFICATION OF ANY ITEMS OF BUSINESS THAT THE CHAIR CONSIDERS URGENT

There were no notifications of urgent business.

10. MINUTES

RESOLVED –

THAT the minutes of the meeting held on 31st July 2020 be approved as an accurate record.

11. NORTH CENTRAL LONDON UPDATE ON THE IMPACT OF COVID-19 ON CARE HOMES

Consideration was given to a report from North London Partners in Health and Care.

Responding to questions from members Dawn Wakeling (Executive Director Adults and Health Barnet), Ruth Donaldson (Lead Director on Care Homes CCG), Richard Dale, (Director of Strategic Programmes NCL Strategic Care Systems), Richard Elphick (Programme Lead (STP) Camden) and Kay Matthews (Executive Director of Quality NCL CCG) gave the following responses:

In relation to the recent Government Winter Plan document it:

- Was welcomed because it gave additional funding to Care Homes with an increase in the Infection Control Fund by half a billion pounds, made provision for the role of Chief Nursing Officer for Social Care (which had been challenging long term to recruit qualified nursing officers nationally in Nursing Homes). Asked each local authority to prepare their own Winter Plan for Adult social Care and signalled that work would be done on the sustainability of the care market.
- Offered free Personal Protective Equipment (PPE) till the end of March 2021for all registered care providers.
- Reinforced the importance of the infection control measures as a system used to support care providers and Care Homes.
- Also talked about the continuing support in place and the excellent system working. NCL was the only part of London that had carried out a thorough after action review with Care providers which had been picked up as an example of good practice. Officers were really keen for the next wave to have this strong partnership working as a core part of the system and important part of the ICS system.

In relation to the testing of staff and patients for Covid-19 and discharge from hospitals to care homes:

- In a care home the national testing regime was really important and required that care workers in care homes were tested weekly particularly in Care Homes for people aged over 65.
- It was also important that there was effective prevention and infection control at all times which included following correct procedures, adhering to social distancing, availability of PPE and proper training in these procedures, ensuring all those engaged in the care home sector followed the very best practice in infection and prevention control.
- In the first wave of the pandemic there would have been some discharge of patients who had been in hospital for Covid-19 to Care Homes in accordance with the national guidance. This was because it was important to keep hospital capacity for people who were critically ill.
- NCL care providers and Councils adopted a range of arrangements to keep this to an absolute minimum, an example being Barnet whose policy was that patients would not be discharged from hospital to care homes unless 8 days

had elapsed from the first day the patient had experienced symptoms and no further evidence of symptoms of the virus occurred.

- There was a new Covid discharge pathways and Community Bed Surge Plan- which was a staged plan where if demand increased and the virus started to rise again, there was a plan to bring 85 community health beds across NCL. These were system beds were anybody admitted across NCL could go too.
- The protocol was nobody would be admitted to care homes direct from hospital, rather patients would go to the community health beds and tested to ensure they were non- infectious before they were moved into care homes, which was one of the recommendations from the After Action Review.
- The learning from the After Action Review was that it was the combination of testing and infection control which had made the difference and the outbreaks had been controlled to a much better extent than the situation in March and April earlier in the year.
- The national offer was rolling out with weekly symptomatic testing for care homes this had been slightly delayed over the summer because of national procurement issues but was now happening.
- There was an additional offer provided through the NHS laboratories locally which was a separate location from the care homes where symptomatic staff could get tested.
- Alongside that, NHS capacity was also being used to test care settings which were not eligible for the national offer, which included Supported Living, Extra Care and Learning Disability which related to the 6,000 tests referred to earlier during the discussion on the deputation.
- The press had recently reported on issues with accessing the national drive-through, there was active work on-going with the Directors of Public Health (DPH) to determine how these issues could be resolved.
- The turn-around time in getting results of the testing was being actively monitored with issues escalated repeatedly. Assurances had been provided that this would improve. There were fortnightly meetings with Directors of Public Health (DPH) to check the amount of capacity required and limited support could be provided by the NHS.
- This would be monitored and the fortnightly meetings with DPH would change if numbers and delays continued to rise. The NHS would step in if required.
- In relation to test results for Care Home staff not being returned in one batch at the same time, this was useful information which would be fedback to the test centres as it was important that they were fit for purpose.
- The NHS core step down beds were 200 across the 5 boroughs. The 85 Community Health Beds were located at Chase Farm, St Pancras and Edgware and were additional to support to assist with winter pressures. The

details of these could be circulated to the Committee when they become available.

ACTION BY: Programme Lead STP Camden

- Funding for the beds was provided by the NHS.
- A purpose of the Infection Control Fund was to use to pay wages of staff that were self isolating. In Barnet the majority of the money had been used for this purpose.
- A view on how this was working in individual boroughs could be obtained through the capacity data tracker.
- The Infection Control Fund was continuing, it had not stopped although funding was not as much as it had been before.

In relation to responsibility for monitoring Care Homes and Supported Living Accommodation in terms of quality, funding and safeguarding:

- In terms of the difference between and monitoring of care homes, the Care Quality Commission (CQC) was the regulator.
- 80% of care Homes in NCL were rated as good, 16% required further improvement.
- Local Authorities in general had a policy of placing residents in homes only rated either as good or outstanding.
- The CQC framework in relation to care homes focussed on criteria which were important to those areas where care homes were situated such as staffing, leadership, safeguarding, and experiences of people who lived in the homes so there would be diversity.
- In terms of money each local authority was the ultimate decision maker on how it funded social care and commissioned approach to care homes as was the CCG within the legal framework of the Care Act.
- The 5 Councils in NCL had worked together for a number of years to develop a consistent approach that involved an evidenced based and ethical approach to commissioning. This also included a shared approach to understanding quality.
- All Councils had some kind of function that supported and promoted quality in care settings. Barnet for example had a Care Quality Team with 14 permanent members of staff which supported this function. The CCG also does the same in relation to supporting quality in care settings including providing training.
- Supported Living does have CQC registration but this depended on whether they provided personal care or not.

- Supported Living was about a home and independent living for people with the ethos being for it to be as much like a home but when it gets into CQC registration it would turn into a different thing.
- From a local authority perspective when quality work was carried out this was done with Supported Living providers as well as Care Home providers.
- In terms of the track and trace application all Councils were promoting this as a policy and there was also a national campaign but nothing specifically was targeted relating to care homes.
- A data analysis of the deaths in care homes across London was contained in the After Action Review which had been included in the agenda.
- There was no statistical difference in the level of deaths due to Covid-19 across the 5 NCL boroughs or across London.
- An analysis was also carried out on whether the CQC rating made a difference to the level of deaths, this was found not to be a strong factor.
- In terms of whether Covid positive people accepted into care homes from hospitals bumped up the death rates, there was a range of factors that could cause Covid to come into Care homes and hospitals and there was not a consistent method at that particular time of testing across all care homes and hospitals so it would be difficult to tell.
- The use of step down beds was the one additional thing introduced to reduce the risk of the infection rate getting into care homes.
- The excess deaths referred to in the papers may have been Covid-related but there was not that ability at the time to determine definitely that the corona virus was the main cause of death.

In relation to visiting and extra enhanced care:

- Guidance came out over the summer giving responsibility to DPH to assess and make recommendations around visiting Care Homes. Each Council had an approach that advises and recommends what was safe for visiting, for example Visiting Policies which were communicated to providers regularly and anytime there was a recommendation for a change.
- The Winter Plan had indicated that during visits to care homes social distancing should be maintained which was a sensitive issue.
- Care providers had been innovative coming up with different ways they could keep in touch for example people had made use of devices for video calls.
- Providers had been advised to be proportionate, compassionate and sensible when it came to end of life situations. There needed to be a balance between the need to maintain friendships, family relationships, the need to connect and the need to keep people safe and reduce infection.

- Healthwatch had been doing some work around what the alternatives were for example video updates of members of their family's interactions even when they were not able to visit. Going forward more work would be done with Healthwatch.

Answering further questions from Committee members, it was noted that

- The bill for residents in care homes was covered by the Ordinary residents Bill which was part of the care Act.
- If a resident was placed in care by another local authority, the placing local authority would be responsible for funding for the duration of their time in the registered care home.
- If the placement was in Supported Living, the receiving borough would be responsible for taking on the care and support costs.
- If the individual placed themselves without interaction, the individual would be responsible for their own fees, if the person ran out of money, the borough wherever the person was would take on the responsibility.
- In terms of financial viability of care homes there was collaboration among Councils to take an evidence and ethical based approach to how fees were paid to care home fees. Councils shared the fees and worked with care providers around cost modelling taking into account differences and tried to agree a fair price that worked for both parties. Where savings had been made they had been about surplus and not related to staffing.
- There had also been work to understand the differences, specialities and styles of the different care homes. Making sure the right residents were allocated to the right homes that provided the best care possible.
- There was the need to support sustainability of care homes and work was on going with CCG to carry out cost modelling.
- A market modelling strategy was being developed to consider and look at the financial viability of care homes.
- Local authority responsibility was to make sure there was continuity of care for people affected, CQC responsibility was about overseeing care continuity but also about what happened to that home. There was going to be some work on this, required through the Winter Plan.
- In relation to safeguarding the statutory duty regarding safeguarding had not changed despite the pandemic.
- In carrying out business continuity plans, safeguarding leads were consulted to ensure risks were mitigated and the learning picked up from this was to ensure that going forward when considering any change to service, they were involved in the process from a very early stage.

- There was also a request that when Care Home Managers were being consulted on service issues chairs of Care Home Panels should be included in the consultation.
- At the beginning of the Covid outbreak PPE produced in the UK was 3% this had now increased to 70%

The Committee thanked all the officers for attending the meeting virtually and the information provided.

RESOLVED –

THAT the Committee note the report.

12. BARNET, ENFIELD, HARINGEY (BEH) SUB GROUP MINUTES

RESOLVED –

THAT the Sub Group minutes of the BEH meeting held on 25th June 2020 be ratified as an accurate record.

13. WORK PROGRAMME

Consideration was given to the work programme and action tracker.

Members discussed the Work Programme noting that the deputation raised a number of issues and whether these should be referred to Pan London JHOSC to address the wider issues. It was felt that the service changes had a huge impact on residents and NCL JHOSC should be provided with a further update. There should also be consideration on how these issues should be co-ordinated with Pan London JHOSC.

For the next NCL JHOSC meeting in November there should be 2 items on the agenda and agenda planning meeting would be arranged with the NHS Partners.

For future reports, Committee members requested that officers provide at the front of the report a summary, no more than one side of A4 of the main issues and outcomes noting that this would be very useful in assisting members.
ACTION BY: ALL REPORT AUTHORS

Members agreed that items they wanted to consider at the November meeting were:

- Overview of Service Changes (Paediatrics, A&E, NHS111, Enhanced Care) and what that means for residents – including the consultation and

communication aspect and how services were going to continue during Covid-19.

- Including the disproportionate impact of the pandemic on BAME communities

RESOLVED –

THAT

(i) the work programme be amended, as detailed above; and
(ii) Future reports for the Committee should include one page of A4 summary at the front of the report of the main issues and main outcomes.

14. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

None.

The meeting ended at 1.25 pm.

CHAIR

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MINUTES END