

**MINUTES OF A MEETING OF THE  
INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE  
Town Hall, Main Road, Romford  
13 July 2021 (7.00 - 8.02 pm)**

**Present:**

Councillors Ciaran White, Linda Van den Hende, Michael White (Vice-Chair),  
Jan Sargent and Ray Best

**1 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS**

Apologies were received from Councillor Christine Smith (Councillor Ray Best substituting). The meeting was therefore chaired by Councillor Michael White.

Apologies were also received from Councillors Nic Dodin and David Durant

**2 DISCLOSURE OF INTERESTS**

There were no disclosures of interest.

**3 MINUTES**

The minutes of the meetings of the Sub-Committee held on 9 March 2021 and 13 April 2021 were agreed as a correct record and signed by the Chairman.

**4 HEALTH AND SOCIAL CARE BILL WHITE PAPER UPDATE**

Officers explained that the Health and Social Care Bill was expected to receive Royal Assent in January 2022 and be implemented by April 2022. The Bill would lead to the biggest changes to the NHS since the creation of CCGs in 2013.

Key changes included Integrated Care Systems being given statutory responsibility to deliver health care. The Secretary of State would be given further powers to intervene in the NHS although this had not been fully detailed as yet. The White Paper did not mention the planned longer term reforms of social care and it was unclear when this legislation would be published.

Other proposals in the Bill included the reintroduction of OFSTED-style inspections of adult social care departments and arrangements for patients to have care assessments in care homes etc rather than in hospitals. A pilot of this model was already running in Havering with two care homes

providing rehabilitation. It was hoped to extend this to cover all discharge to assess cases in Havering. This was the same process with private care homes as seen in Havering. The Bill also contained commitments on obesity strategies and safety & quality measures in NHS settings.

It was emphasised that local government would be a key partner in many of these changes as would the borough partnership. It was important to consider the wide determinants of health including housing, education and people feeling safe in their communities.

Healthy lifestyles from an early age would be emphasised with the aim of keeping people out of hospital. The Cabinet Member for health would retain strategic leadership over the borough partnership which would have funding and decision-making devolved from the Integrated Care System. Services from Acute Trusts would continue to be commissioned at Integrated Care System level.

Details could be circulated of the governance arrangements for the new systems. Health and Wellbeing Boards would continue and an Integrated Care Partnership Board would be established for Havering. A single Clinical Commissioning Group for North East London had started in April and the governance of this was being revisited to ensure a strong local voice.

Social care performance information would continue to be inspected and feed into the forthcoming inspection process. It was unclear at this stage exactly what the inspections would focus on although this was expected to prioritise outcomes for residents. Once this had been clarified, recommended performance indicators could be suggested to the Sub-Committee.

Peer reviews of social services in London were in the process of being re-established following the pandemic.

It was clarified that the Sub-Committee would be used as a governance forum for the changes. It was important that the views of patients were taken into account and engagement with residents would be planned. It was hoped funding support for this work would be provided by the Integrated Care System. Details of what areas the Integrated Care System would be responsible for were still to be confirmed. A roadmap on progress towards the White Paper could be brought to a joint meeting of the Health and Individuals Overview and Scrutiny Committees or to the Joint Health Overview and Scrutiny Committee for Outer North East London.

The NHS had seen a lot of restructures in recent years including the establishment of a single Clinical Commissioning Group for North East London. The Bill moved this onto a statutory footing with the establishment of Integrated Care Systems. This would mean the potential loss of some local presence but would give a bigger voice for the NHS across North East London. The new system would not be more bureaucratic. CCGs would be abolished from April 2022 but the new Borough Partnerships would allow

joint working across local government, the NHS, social care and the voluntary sector. Borough level work would allow more integration in adults and children's social care.

It was agreed that an update report on progress towards the White Paper should be a standing item on future agendas of the Sub-Committee.

The update was noted by the Sub-Committee.

## **5 QUARTER 4 PERFORMANCE REPORT**

Officers advised that targets for the proportion of service users receiving direct payments was running just below its target level. The rate of permanent admissions to nursing homes was on target.

More direct payments were being made overall and Havering figures for this were above the London average. There were now fewer service users in residential homes although there had been some rise in numbers due to the pandemic. The average age of people admitted was 84 years. Some 56% of admissions required physical support. 94% of admissions were white-British which was in line with the over-65 population of Havering.

The Sub-Committee agreed that it should scrutinise and indicator on the proportion of people who complete the reablement service with no further care required. It was noted however that a different local reablement indicator would have to be developed. Other Performance Indicators could details of the new inspection system were known.

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**Chairman**