Health and Social Care Scrutiny Sub-Committee

Minutes

27 June 2022

Present:

Chair:	Councillor Chetna Halai	
Councillors:	Govind Bharadia	Vipin Mithani
	Maxine Henson	Rekha Shah
Advisers:	Julian Maw	
In attendance (Councillors):	Hitesh Karia Pritesh Patel	

1. Attendance by Reserve Members

RESOLVED: To note that there were no Reserve Members in attendance.

2. Declarations of Interest

RESOLVED: To note that the declaration of interests, which had been published on the Council website, be taken as read and that during the course of the meeting:

1. Councillor Maxine Henson, a member of the Sub-Committee, declared a non-pecuniary interest in that she works in health and social care in Ealing and that her husband was the lead member on the ICS Board from 2018 to 2022.

2. Councillor Hitesh Karia, an invited cabinet member, declared a non-pecuniary interest in that he was a director of a domiciliary care company.

3. Minutes

RESOLVED: That the minutes of the meeting held on 22 February 2022, be taken as read and signed as a correct record.

4. Appointment of Vice-Chair

RESOLVED: To appoint Councillor Rekha Shah as Vice-Chair of the Health and Social Care Scrutiny Sub-Committee for the 2022/2023 Municipal Year.

5. Appointment of (non-voting) Adviser to the Sub-Committee 2022/23

RESOLVED: To appoint Julian Maw as a non-voting adviser to the Health and Social Care Scrutiny Sub-Committee for the 2022/2023 Municipal Year.

6. Public Questions

RESOLVED: To note that no public questions had been received.

7. Petitions

RESOLVED: To note that no petitions had been received.

8. References from Council and Other Committees/Panels

None received.

Resolved Items

9. Progress update on Health and Care Integration

The Sub-Committee received a presentation from the Managing Director Harrow Integrated Care Partnership, which gave a progress update on health and care integration. The following points were raised:

- Through the Health Care Bill, two key bodies would be established, the Integrated Care Board (ICB) and the Integrated Care Partnership (ICP).

- The ICB would begin on 1 July 2022 and the NW London CCG would continue its duties until 30 June 2022. CCGs would be disestablished under the new act and their functions would be mostly moved to the ICS bodies.

- The NW London ICS vision was to improve people's life expectancy and quality of life, for inequalities to be reduced and for health outcomes to be achieved on par with the best global cities.

- Both the ICB and ICP will be chaired by Penny Dash. ICP had representatives from all local authorities in NW London and would set

the strategy ICS. The ICB developed the plan for the strategy outlined by the ICP.

- Borough based partnerships were critical drivers for change in the new system and the Harrow Borough Based Partnership bought together multiple organisations which would focus on better health and wellbeing for all.

- Their three main objectives included: for health inequalities to be reduced; for out of hospital integrated teams to be developed and for transformational changed to be delivered in care pathways.

The Chair thanked officers and NHS representatives for their updates. The Sub-Committee asked questions as followed:

- An Adviser wanted clarification regarding the position of primary care governance under the new arrangement, to which the Borough Director for Harrow within the NW London CCG explained that at local level there was a primary care executive group which would look at resources, investments and other primary care matters. For NW London there was the Primary Care Executive Committee which was the decision-making committee for NW London.

- A Member of the Sub-Committee asked of the key milestones ahead as well as for the progress on the establishment of the Borough Based Partnership. It was explained that the Harrow Based Partnership was formed just prior to the pandemic and a borough was plan was being planned, derived from the health and wellbeing strategy.

- A Member asked what the key messages Councillors should be communicating to residents were, to which it was explained that better integration of services was what the ICS wanted to achieve. Feedback from residents would be welcomed on the integration of services, particularly when patients had complex needs that required multiple services.

- The Chair asked how the priorities were developed and how might progress be measured and targeted in the areas that need it most. The Managing Director Harrow Integrated Care Partnership explained that the priorities of each organisation that made up the partnership needed to be understood and the leadership team from across the organisations came together to develop these priorities and the key performance indicators were under development.

  The Chair then asked if reports on progress meeting the priorities would be presented to the sub-committee, to which the Managing Director Harrow Integrated Care Partnership raised that reporting would take place at the joint management board but would be happy to present reporting against the key indicators.

In addition, the Chair asked what key messages councillors should be sending to residents, to which it was raised that awareness of which services would be the most appropriate. For example, the use of 111 services. Also, feedback would be welcomed on how information could be better signposted and how processes could be improved.

- A Member of the Sub-Committee asked what measures had been taken for information sharing to be improved. The Managing Director Harrow Integrated Care Partnership explained that a lot of work had been done to improve appropriate information sharing but noted that that some services had differing systems and agreed that information sharing needed to be improved.

RESOLVED: That the report be noted and that a report on the progress of health and care integration against their key indicators be presented to the Sub-Committee.

10. Health & Wellbeing Strategy

The Sub-Committee received a presentation from Harrow Council's Director of Public Health, which gave an update on the draft Joint Health and Wellbeing Strategy. The following points were raised:

- A refreshed joint health and wellbeing strategy had been developed in order to account for the impact the pandemic had over the last two years. It would enable a collaborative approach that addressed the needs of the population and tackled health inequalities.

- Key areas of focus had been established in this draft strategy that all involved partners needed to consider and incorporate into their planning.

- Achievements were highlighted and this included that Harrow had one of the most successful vaccination rates in NW London during the Pandemic, the development of independent discharge hubs and the work done with communities to tackle health inequalities. However, health inequalities had continued to pose as a challenge, and it was highlighted that more work was needed for continued improvement. In addition, it had been found that young people had raised concerns on feeling anxious and unsafe in Harrow.

- A new approach had been suggested by the Health and Wellbeing Board which had four main objectives, these included: building on the previous strategy and focusing on findings form the Joint Strategic Needs Assessment; for the strategy to be prevention focused; the BBP is the delivery vehicle for the strategy and that it was ensured that partner's plans aligned with the principles outlined in the strategy.

- Feedback had been received and this covered a wide range of topics from the cost-of-living pressures, issues around housing, school readiness and emotional wellbeing, post dementia diagnosis support

services, loneliness, carers, air quality and active travel and access to junk food.

The Chair thanked officers and NHS representatives for their updates. The Sub-Committee asked questions as followed:

- A Member of the Sub-Committee wanted clarification over how support and services for those over 65 would be managed. The Director of Public Health explained that one way in which they were looking to support over 65s was how they could be engaged in community activities as loneliness and isolation had been identified as a big issue. There had been work done to tackle loneliness and this included the development of how younger people and older people could engage with each other so that an intergenerational mix could be established.

  The Member went onto ask where funding for these goals would come from, to which the Director of Public Health noted that though additional funding was always sought after it had been intended to make the best use of existing funding available. It was also noted that the use of integration between services was crucial in order for duplication and extra spending to be avoided. However, bids would be made for additional funding where possible. Charities would also be supported where possible; this was because the voluntary sector may have access to funding that where Council does not and this would enhance the voluntary sector.

- A Member of the Sub-Committee asked if being a good neighbour could be promoted, to which, the Director of Public Health agreed and explained the concept of micro volunteering which were small everyday tasks that supported one's local community.

- The Chair asked if budgets needed to be moved from one area to another for this strategy. The Director of Public Health explained that there were some section 75 funds that could be moved between health and social care. The Managing Director of the Harrow Integrated Care Partnership added that also pooled funds for multiple agencies would also support the reduction of administration, particularly if it was for a single piece of equipment. It was also mentioned, there was a need for Harrow to be levelled up.

  The Chair then asked for further information on more complex/long term care packages. The Interim Corporate Director of People Services explained the importance of preventative measures that would mitigate cases becoming complexed, but also the need to have good systems and good practice in place so that complex cases could be supported effectively.

  The Chair emphasised the importance of KPIs and reporting, to which the Interim Corporate Director People Services reassured that KPIs would be worked on within the Council but also across the partnership.

- A Member of the Sub-Committee raised the issue of tooth decay in children within Harrow and wanted to know what had been planned to remedy this issue. The Director of Public Health agreed there had been a longstanding problem with tooth decay, missing and filled teeth in children and Harrow's rate was one of the worst in the country. It was difficult to understand why this had been the case but an early years approach had been taken to help educate parents on tooth health. Supervised toothbrushing at nursery schools had also been carried out and campaigns for teeth health were carried out to young people and adults.

  It was also asked by the Member what the major long-term conditions that were most prevalent in Harrow. The Director of Public Health explained that diabetes was one of the biggest issues, Harrow had one of the highest rates of diabetes in the country, with this comes the issue of hypertension which had been noted as a prevalent issue. COPD and asthma were also other conditions which needed to be treated as chronic conditions would mean an improvement in quality of care.

- The Chair asked how communication might could be improved with residents, to which the Director of Public Health explained that communicating with residents was very important and mentioned that a multitude of platforms had been used when residents were engaged by the council. In addition, listening to feedback from residents in order for needs to be understood and that appropriate steps would be taken.

- A Member of the Sub-committee raised the issue of support to Harrow's unpaid carers, to which the Director of Finance noted that unpaid carers had feedback that they were not satisfied with the support received and that a carers strategy had been planned in order to improve the support unpaid carers received.

- A Member of the Sub-Committee asked of the provision for women with ongoing mental illness and raised concern over those who had never had a smear test or a mammogram. The Director of Public Health agreed that this was a very important topic and would inform the Sub-Committee of how they were supported and ensured that psycho-sexual services would be looked into.

  An NHS representative explained that procedures were in place to support women with mental health illnesses in regards to cervical screenings and noted that patients would be invited to in-person meetings with carers to either a GP practice or hospital. In addition, work had been done with charities to support this but explained that uptake had been low and was a challenge.

  The NHS representative went on to note the school vaccinations had reduced the incidence of cervical cancer and that regular smear tests might not be required in the future.

RESOLVED: That the report be noted.

11. Health and social care system pressures

The Sub-Committee received a presentation from the Managing Director of the Harrow Integrated Care Partnership, which gave an update on the recovery and management of system pressures. The following points were raised:

- In regard to primary care, the Fuller report had been published in May 2022 which described a new vision for integrating primary care, improving access, experience and outcomes. The 3 priorities included: access to care and advice to be streamlined; more proactive and personalised care from a multidisciplinary team to be provided and to help people stay well for longer.

- Challenges within primary care had been highlighted which included: access and for it to be ensured that face to face meetings and digital appointments were balanced; workforce in both recruitment, training and retention; estates which included the availability and cost of premises; IT hardware and interoperability; funding and patient engagement.

- General Practice within NW London saw continued levels of demand increase. It was a priority that adequate provision of access was ensured and that face to face and digital appointments were balanced.

- The implementation of national Access DES posed to impact primary care in a number of ways which included possible fragmentation of services, destabilisation and readiness.

- In regard to adult social care the volume of work in early intervention had continued to increase and costs for new services had also increased. In addition, the use of 'three conversations' had appeared to reduce the number of new people who need long term services, despite the increased number of discharges into social care.

- Adult community health services had moved out of IPC restrictions and could offer group sessions which could support waiting list recovery. Services continued to offer a flexible offering of virtual support when appropriate. New ways to attract staff to work in harrow had been developed and waiting lists were to be monitored to avoid potential harm caused to patients.

- Children community health services transformation work was underway with support from CNWL who provided mental and physical health services. Safeguarding referrals had increased which had meant for a focus on high-risk areas at the expense of promotion and preventative work. Service demands had increased for those who required occupational therapy, demand had also increased in speech and

language therapy as well as this community paediatrics had experienced long waits of up to 6 months.

- Mental health services had seen much higher volume of referrals compared to other acute services, pre-pandemic ward referrals were on average at 100, whereas they had recently averaged 145. In order for mental health services to be improved: a housing pathway and accessibility for homeless people with mental health problems was to be reviewed; for creating more crisis beds was to be considered; for pathways to be improved for users with drug, alcohol and forensic needs and for better mental health reablement for to support service users in crisis.

- Within hospital service there was a need for the backlog of patients to be reduced and it was mentioned that 107% of elective activity needed to take place, with 120% for first outpatients and reduced to 75% for follow up outpatients. The outpatient position had broadly recovered to the 2019/20 baseline position. The availability of staffing continued to present itself as a challenge. Diagnostics standard had proved to be performing well and continued to remain in the top quartile nationally.

- A&E patient attendance had continued at winter trend level through spring and summer, arrivals via ambulance had also increased in May 2022 compared to May 2020. However, the number of covid-19 patients had reduced to an average of 30 inpatients at any time.

The Chair thanked officers and NHS representatives for their updates. The Sub-Committee agreed to have their questions on the presentation responded to in writing.

RESOLVED: That the report be noted and answers to the Sub-Committee's questions be responded to in writing.

12. CQC Inspection Report - May 2022

The Sub-Committee received a presentation which had set out the findings from the unannounced CQC inspection of medical care and surgery at Northwick Park and Ealing Hospitals between the 9th to 11th February 2022. This inspection was followed by a Well-Led inspection on 8th and 9th March 2022. An update about implementing the maternity improvement plan following the CQC inspection in October 2021 formed part of the presentation. The following points were highlighted:

- Key outcomes from the inspection were the LNWH overall rating remained as 'required improvement' but that the CQC recognised significant improvements with 8 ratings upgraded to good and with no ratings downgraded. The LNWH was no longer rated inadequate in any domain.

- It was noted that there was kindness and commitment in the treatment of patients and responded to individual needs. Other positive factors

included that there was dignity and respect for patients, reporting and investigating of incidents, that learning was being shared and that planning care met the needs of local people and that they had engaged well with local communities.

- Outstanding practices included the continued work of cancer services throughout the covid-19 pandemic; that allied health professionals had worked in a multidisciplinary and cross-site way and that there was an innovative 'prehabilitation' programme.

- Future improvements included the need to improve interaction with colleagues in mental health organisations to reduce delays; a need for a clear local cancer strategy to be developed; for recruitment to be improved; information to be stored more securely; for improved mandatory training rates in resuscitation; for equipment to be checked and removed if out of date and for all sharps bins to be properly maintained.

- Actions taken were noted to be that the report had been shared with staff and all must do actions were addressed and an action plan had been developed for remaining improvements to be addressed.

- The maternity strategy was in development and noted that that the number of stillbirths had improved during 2021/22. Senior leaders were due to start their role July/August, these roles included: head of midwifery and 3 consultant midwives who specialised in community and diversity. There was a capital programme for the environment to be improved and was agreed for the birth centre to be refurbished. Finally, it was noted that vacancies for band 6 midwives remained high.

The Chair thanked officers and NHS representatives for their updates. The Sub-Committee agreed that their questions be submitted to officers and NHS staff and for written answers to be received.

RESOLVED: That the report be noted and answers to the Sub-Committee's questions be responded to in writing.

(Note: The meeting, having commenced at 6.30 pm, closed at 8.59 pm).

(Signed) Councillor Chetna Halai
Chair