

# **Health and Social Care Scrutiny Sub-Committee**

## **Minutes**

### **12 December 2023**

**Present:**

**Chair:** Councillor Chetna Halai

**Councillors:** Govind Bharadia                      Rekha Shah  
Vipin Mithani

**Apologies received:** Councillor Maxine Henson

**42. Attendance by Reserve Members**

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

**43. 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 no further declarations were made during the course of the meeting.

**44. Minutes**

**RESOLVED:** That the minutes of the meeting held on 20 June 2023, be taken as read and signed as a correct record.

**45. Public Questions**

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

#### **46. Petitions**

**RESOLVED:** To note that no petitions had been received.

#### **47. References from Council and Other Committees/Panels**

**RESOLVED:** To note that no references from Council or other committees/Panels had been received.

#### **48. Harrow Health and Care System Pressures**

The Sub-Committee received the Harrow Health and Care System Pressures report from Hugh Caslake on behalf of Lisa Henschen, Managing Director Harrow Borough Based Partnership.

The report contained a schedule of metrics that was used by the local health and care system to monitor pressure within the system and to plan remedial action. The Partnership's 2023/24 winter planning had included the development of an expanded list of metrics that would inform the system's response to increased demand during the winter period. The second part of the report focused on 'The Place' plan for Harrow during the winter of 2023/24.

The report also highlighted that average Covid cases remained below 20 at Northwick Park Hospital, while A&E attendances and non-elective admissions were currently above the average for last winter. While London Ambulance Service handover delays over 60mins had reduced to zero following a change in approach from June 2023, there had been a sharp increase in 12 hour waits in A&E. Hospital discharges in the most recent weeks from Northwick Park Hospital were 655 against an average over the last year of 503, while the number of patients leaving hospital requiring social care support in October (147) was lower than last year's winter average (178). Although the number of patients discharged from hospital requiring social care support had not increased since 2019/20, the number continuing to receive support in 2022/23 and 2023/24 had increased from fewer than 100 to approximately 300.

The second part of the report focused on Harrow's Winter Plans which included the prevention and community winter wellness stream that covers warm hubs, flu and Covid vaccination and engaging local communities. Care Home Support had been seen as a key focus of preventing winter admissions through community-based support, alongside improved asthma reviews, screening of asylum seekers, increasing pharmacy capacity with regards to consultation and prescription for minor ailments, as well as proactive frailty management. Other aspects explored included in-hospital care, discharge pathways as well as an associated winter action plan.

Mitigations to system risks to the winter plan included ensuring CLCH was commissioned to provide discharge to assess community rehabilitation provision, addressing under-utilisation of beds and delayed discharges, managing cross NWL and NCL arrangements for discharge support, and securing a stoma care pathway for Harrow.

Members asked the following questions:

Members wanted more clarification as to why the number was so high for unscheduled care in Northwick Park A&E. The officer explained that the A&E department at Northwick Park is one of the busiest and largest in London. In addition, it had a stroke unit within the hospital.

A Member also sought clarification on the number of discharges compared to the previous year, discharges in the most recent week from Northwick Park Hospital (NPH) were 655 against an average over the last year of 503. Officers advised that the hospital staff were working faster with the number of patients coming in and the fixed number of beds.

Members also wanted to know what percentage of those patients discharged had to be readmitted. Officer did not have the report to hand but would provide that information to the Members in time for the next committee.

Members also wanted to clarify if the patients were discharged before they were ready, given the shortage of beds.

Officer advised that patients were discharged only when they were fit to be discharged according to four pathways:

- Pathway 0 - would be those who could go home without a package of care,
- Pathway 1 – those needing low-level community nursing support in their own home,
- Pathway 2 - typically those needing more -complex packages of care involving social services.
- Pathway 3 – this was much more complex cases and requiring 24-7 support outside of hospital. There were discharge meetings with the local authority, with community providers as well as the patient and families to discuss the appropriate package of care needed, so there was a robust process in terms of engagement, assessments, chasing up care homes to assess a patient in terms of whether they could take them, given their clinical care criteria.

Members asked why the number needing social care support for people discharged from hospital was so high year on year. Officers advised that the high number of people coming into hospital during 20/21 was due to Covid and people were only coming in for emergencies or Covid and that ongoing cases involved much older people with multiple health conditions. Hence, they were stabilised by the hospital, and the hospitals treat their immediate problem, but they still have many ongoing health issues, and many patients were unable to cope on their own at home. Therefore, there was a need for Social Services to support a large number of people. The hospital was there to support their acute needs, but it was noted that there was also a need for support in their normal life. Many were coming out of hospital with multiple conditions. To which it was explained that patients would not be completely well ever again because of existing long-term conditions. Patients would

need support from the community or at home and the demand for this was inexorably rising.

Members also asked about the impact of the improvement in handover time by London Ambulance Service on hospital waiting times. Officers advised that a change in policy had resulted in faster handover times from the London Ambulance Service to A&E departments had resulted in longer waiting times for A&E departments.

The Chair asked about the number of Covid patients and how that compared with other London hospitals. Officers advised that they were not certain that the numbers were low compared to other hospitals, but they were low compared to past years. Most of the other hospitals had similar Covid levels.

The Chair also asked what the plans were to mitigate the increase going forward to prevent additional pressure on the council's adult social care services. Officers advised the Local Authority had implemented a bridging service and this would be put into action on 16 December, which meant that there would be a service available which would allow patients leaving hospital to go home and be immediately assessed and provided with support in the short term while longer-term support needs could be assessed. However, overall demand in social care had increased which was a constant issue. The Officer highlighted that the long-term solution was a complex issue to do with funding and how care was provided by local authorities. The Chair advised that this issue of demand for social care should be looked at a future Committee meeting. Officers advised that this was a constant issue, and this was being worked on by the NHS and local authorities.

Officers advised that a lot of work had been done as to what the drivers were, the high usage of the A&E and the correct pathways. A lot of work had been done especially with kidney failures, diabetes, the demographic of the Borough and lifestyle choices of residents.

### **Harrow Borough Partnership Winter Plan – Risks**

The Chair wanted clarification in terms of the prevention and community winter wellness, and where Harrow stands compared to the rest of London with regards to Flu and Covid vaccination, particularly amongst groups experiencing the highest levels of health inequalities. Officers advised that there have been quite distinct differences between the take-up in different communities.

Officers explained that the British Indian community had the highest take-up of COVID vaccinations, the British Pakistani community had one of the lowest. Afro-Caribbean communities had low uptake, the white communities had relatively high take up, which highlighted that a lot of work had been undertaken. Examples included: 'people's champions' who were worked in the community to make links with places of worship and community groups to try and emphasise the need to get vaccinations. Officers also advised that there were quite a lot of young people who were reluctant to receive a vaccination due to misinformation they had read on the internet. Officers continued to explain that it was a continuing challenge to identify groups that

were not getting vaccinated. Work had continued to find trusted figures within communities that could speak to and encourage people to get vaccinations.

Members also asked about what VAH stood for. Officers advised that it was Voluntary Action Harrow.

**RESOLVED:** The Committee agreed to the content of the report and identified any additional requirements for data about demand and performance in the health and care system. The Chair also wanted to bring back to a future meeting about social care demand and how to mitigate the increase in numbers.

**49. Harrow Mental Health - CNWL**

This item was deferred until the next meeting.

**50. Any Other Business**

**RESOLVED:** That there was none.

(Note: The meeting, having commenced at 6.42 pm, closed at 7.52 pm).

(Signed) Councillor Chetna Halai  
Chair