

Health and Social Care Scrutiny Sub-Committee

Minutes

5 March 2024

Present:

Chair: Councillor Chetna Halai

Councillors: Govind Bharadia Vipin Mithani
Maxine Henson

Advisers: Julian Maw

Absent: Rekha Shah

51. Attendance by Reserve Members

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

52. Declarations of Interest

RESOLVED: To note that there were none.

53. Minutes

RESOLVED: That the minutes of the meeting held on 12 December 2023, be taken as read and signed as a correct record.

54. Public Questions

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

55. Petitions

RESOLVED: To note that no petitions had been received.

56. References from Council and Other Committees/Panels

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

57. Winter Pressures

The Sub-Committee received the Harrow Health and Care System Pressures report from the Managing Director Harrow Borough Based Partnership. Which provided an update on demand and activity in the Harrow Health and Care system during the winter period and progress on the measures planned by the Harrow Partnership to meet them.

The following key points were reported on during the presentation:

- Pressure on the health and care system had peaked during the first week of January, when the post-Christmas surge in presentations and the Junior Doctors' strike impacted simultaneously.
- A&E attendances now averaged 2,170 per week, an increase on last winter's average attendance and a level that, pre-Covid would have been an unusually high peak in demand.
- Non-elective admissions to Northwick Park Hospital averaged 600 per week, as high as during the previous winter. Admissions peaked in the week before Christmas at 718.
- London Ambulance Service handover delays had reduced following stricter limits being placed on the time that ambulance crews would support patients at the hospital before handing over to A&E staff. One consequence of this had been an increase in long waits in A&E: the number of 12 hour waits in A&E had averaged 395 per week since October, compared to 313 during the previous winter.
- During November and December an average of 97% of beds were occupied; in addition, patients were routinely being 'boarded' i.e., managed on wards before beds became available for them.
- The number of people on social care caseloads post-discharge from hospital was now three times that in the pre-Covid period.
- Although health and care staff in the hospital and community, including primary care, had coped during this period it was necessary to acknowledge and address the impact on patients, staff and services working under this level of pressure.

Following the presentation, the Sub-Committee made comments and asked questions.

- Concerns were raised about the impact of the junior doctors strike on elective care and the stress experienced by staff. It had affected elective care and planned procedures, but emergency and cancer care were not significantly impacted.
- Clarification was sought on what was meant by boarding. – and it was explained that Patients were offloaded from ambulances into corridors with clinical oversight until officially admitted, it was not ideal but allowed the ambulances to respond to other emergency calls.
- The 12-hour waiting time in A&E had not reduced since the last report and Members questioned why this was and commented that in neighbouring boroughs, the wait time was considerably less. – Northwick Park Hospital was the busiest hospital in the country and people from other different boroughs used this hospital. 48% of people who used the hospital were from within Harrow Borough and the remainder from neighbouring areas.
- The community services staff sickness rates had increased, and members questioned the reason for this and was there support in place if the absences was off due to stress. – The Sub-Committee was advised the sickness was averaging 3.9% and this period it had reduced to 1.1% which was over the winter period. The previous period was due to flu, colds, sickness bugs the usual trend and not stress related.
- Members questioned what measures had been put into place for long-term planning and increased demands. – It was reported that there was ongoing evaluation on additional discharge funding and work on a long-term strategy to meet demand sustainably. There were a number of new schemes like the bridging care service and the up take on these had increased significantly.
- In response to a question as to whether GP access and walk-in centres would help take the pressure off A&E, primary care access was important but walk-in centres haven't shown a clear correlation with reducing A&E attendance.

RESOLVED: That the presentation be noted.

58. Harrow Mental Health - CNWL

The Sub-Committee received the CNWL Mental Health – update from Dr Deepti Shah-Armon, Harrow, and Trust-wide Clinical Perinatal Director which summarised mental health services available in Harrow to explain the pathway for service users.

The following keys points were reported on:

- Harrow Talking Therapies
- Community Mental Health offer

- Perinatal Mental Health Services
- Crisis Care
- Inpatient Services
- Older Adult Mental Health Services
- Community learning disability services (LD)

Officers outlined the content of the report.

Following the presentation Members asked the following questions.

- Apart from pregnant women and new mothers with mental health issues, clarification was sought as to the other kinds of mental health conditions addressed and their causes – The Sub-Committee was advised that a variety of mental health services were addressed such as anxiety, depression, and reactions to major life events. These conditions were quite common, and many people experienced periods of feeling low or anxious in their lives. Generally, these issues improved either on their own or with support from friends and families, and the voluntary sector. The service also offered Talking Therapies, including behavioural therapy for anxiety and depression. Additional support for more severe conditions such as psychosis, schizophrenia, and entrenched depression was advised. As for the causes, whilst there was a psychosocial and biological aspect, there was an increased understanding of the role of adverse events in peoples' lives. These events, whether extreme abuse or traumatic experiences like migration or isolation, could have an impact on and a person's ability to cope. Economic crises also played a big role in mental health and, as such, suicide rates tended to increase during such periods, affecting both individuals with and without prior mental health histories.
- Information about the support offered to older people and their families was sought and Members were advised that in addition to the services for the older people, the service offered support for their families and carers. There was collaboration with voluntary partners to provide the support. However, the memory services faced challenges as they had limited staff and were primarily commissioned for the diagnosis of dementia. While advice was offered to diagnosed individuals and families, the service lacked the resources to provide further assistance. Admiral Nursing funding had been sought, but unfortunately recruiting Admiral Nurses proved difficult, although this had improved in Harrow in the last couple of months. The service identified that a crucial need for support for the funding of Admiral Nurses.
- In response to a question in relation to the approach of the pilot high integration service – The Members were advised that the mental health service operated as one system, whether its acute services or community care. Meetings were held on a weekly basis where they discussed complex cases with GP's, police, and non-state agencies, ensuring a collaborative approach. The service aimed to minimise hospital admissions and put on emphasis on community support, following a recovery model to enhance individual lives. Although

hospitalisation was necessary, the services focus was on developing robust community support. The service had observed that long term hospitalisation was generally not beneficial, so effective community programmes had been established, particularly for individuals with complex emotional needs, achieving successful discharges. This integrated approach marked a positive direction for the service.

- In terms of statistics regarding self-referral to mental health services and current waiting times, it was explained that self-referral was possible for Talking Therapies and perinatal services with a 28-day target for comprehensive assessment and support in secondary mental health services, which was consistently met.
- In response to a question it was explained, the Single Point of Access (SPA) service assessed urgent cases and directed them to appropriate services, including home treatments teams or inpatient admission if necessary. Non-urgent cases were referred to community mental health team or Talking Therapies. A triage team within community mental health teams reviewed referrals to determine the best support or intervention.
- In terms of where were specific pathways for people with language or cultural barriers, Talking Therapies service was multicultural and diverse. There were translators and staff proficient in various languages to ensure everyone had access to the service. Additionally, the service were addressing disparities in access, particularly for young black men. Despite being aware of the need for improvement, the service was actively working to enhance access to Talking Therapies for this demographic.
- In response to a question as to how mental health issues were addressed in schools –Talking Therapies had expanded their age range and were now accepting clients as young as 16. While CAMHS primarily served those under 16, this adjustment allowed for earlier intervention and support for adolescents experiencing mental health challenges.
- An update on the recent transition of the Mind contract to CNW was sought including, how would its success be monitored and what are the expectations moving forward. The transition of the Mind contract to CNW was a recent development at the beginning of the year, there was a mutual agreement between CNW and Mind. While it was still in its early stages, the service anticipated that this transition will ultimately prove beneficial. The service maintained close collaboration with Mind and would monitor the situation closely to ensure its success.
- The Officers confirmed that the partnership with Hestia had been successful in Harrow. They operated the Curves crisis drop-in centre, offering various support services. It had been effective in managing cases and reducing A&E visits. The service was hopeful for continued funding and expected to receive updates on funding status in a couple

of weeks' time. The exact patient numbers and impact were not available, but they had served roughly around 100 patients in a year. Hestia had been established for 1 year and their extended hours, including weekend, aimed to support A&E services. The service had also established a mental health emergency centre at Northwick Park to further support patients needing assessments with admission, thereby easing pressure on A&E services.

- Members requested that the Childrens Mental Health Service, the number of operations cancelled due to junior doctor's strike, and the impact on cancer and maternity patients due to the junior doctors strike be discussed at a future meeting.

RESOLVED: That the report be noted.

(Note: The meeting, having commenced at 6.30 pm, closed at 7.41 pm).

(Signed) Councillor Chetna Halai
Chair