

# Health and Social Care Scrutiny Sub-Committee

## Minutes

### 22 February 2022

**Present:**

**Chair:** Councillor Dr Lesline Lewinson

**Councillors:** Hitesh Karia Kairul Kareema Marikar  
Dan Anderson

**Advisers:** Julian Maw

**Apologies received:** Councillor Michael Borio Councillor Rekha Shah

**127. Attendance by Reserve Members**

**RESOLVED:** To note the attendance at this meeting of the following duly appointed Reserve Members:-

Ordinary Member

Reserve Member

Councillor Rekha Shah

Councillor Dan Anderson

**128. 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 Dan Anderson, a reserve member of the Sub-Committee, declared a nonpecuniary interest in that he is employed by the Royal National Institute for the Deaf. He would remain in the room whilst the items were considered.

- (2) Councillor Hitesh Karia, a member of the Sub-Committee, declared a nonpecuniary interest in that he was a director of a domiciliary care Company that no longer trades and is employed by a domiciliary care company. He would remain in the room whilst the items were considered.

**129. Minutes**

**RESOLVED:** That the minutes of the meeting held on 11 November 2021, be taken as read and signed as a correct record.

**130. Public Questions**

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

**131. Petitions**

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

**132. References from Council and Other Committees/Panels**

None received.

**Resolved Items**

**133. Covid-19 Response and Vaccination Programme - Update**

The Sub-Committee received a presentation from Harrow Council's Director of Public Health and NHS staff which outlined the current position with regards to Covid in the borough as well as updating the Sub-Committee on progress with the vaccination programme. The following key points were raised:

- The incidence rate was reported to be 416.9 in all ages and 346.5 in the over 60's, with circa 150 new cases per day. The number of people to have taken a PCR test had fallen as well as the positivity rate, however it was noted that these were the minimum rates.
- The characteristics of the data had shown that case numbers had reduced in all ages and that 19–24-year-olds had the highest number of cases.
- The most recent data had shown a drop in the number of deaths from covid, with the death rate similar to what would be expected for average pre-pandemic levels.
- Demand for vaccinations had dropped, which prompted for a more refined communication strategy and for the model of delivery of the vaccination to be changed accordingly. Work with GPs had been undertaken in recent weeks around community engagement and vaccine hesitancy.

- Harrow had the highest uptake of 3<sup>rd</sup> doses for the immunosuppressed 16-64 cohort in Northwest London.
- Northwick Park Hospital had 38 covid-19 cases which was a significant reduction compared to early January 2022.
- Across the Northwest London Hospital Trust, there had been 76 staff off with covid-19.

The Chair thanked officers and NHS representatives for their updates.

**RESOLVED:** That the report be noted.

### **134. Recovery and Management of Systems Pressures**

The Sub-Committee received a presentation from the Managing Director of the Northwest London ICS which gave an overview of the covid-19 recovery programme and management of system pressures in Harrow. The following points were raised:

- Until 31 March 2022 practices and primary care networks were asked to focus on the: continued delivery of general practice services; management of symptomatic covid-19 patients in the community and the ongoing delivery of the covid-19 vaccination programme.
- GP practices faced increased sickness rate during January but stabilised in February. GP Practices have been open for face to face, telephone and digital consultations all through this covid-19 wave. During winter months there was increased capacity in GP access through winter access funds.
- Health care outcomes for people with long term conditions needs to be improved back to pre-covid levels or better. It has been planned to focus Northwest London NHS Trust's priorities and recovery in the following areas: maternity care, early cancer diagnosis and long term condition management.
- A minimum standard for access for patients was to be established with work conducted alongside Health Watch so that that patient experience and accessibility could be improved.
- The clinic-based services were reinstated on 1 February 2022 following the redeployment of staff to integrated services.
- A review of the waiting times was undertaken, with a plan for services with long wait times in development.
- Core services had been maintained throughout the pandemic and the recovery plan would be monitored and shared with the Northwest London ICS.

- Podiatry services were highlighted to have longer than desired waiting times, this was due to the need for face-to-face consultations which were not possible during the pandemic. However, now that face to face meetings were reinstated it was aimed for these waiting times to be reduced.
- An increased number of children accessed mental health services and waiting time targets were met despite the increased demand. In addition, an additional Mental Health Support Team supporting schools was scheduled to go live in February 2022.
- A new 0-5 service which would focus on early identification and prevention of children with potential mental health issues would be launched in February 2022.
- There had been a significant increase in referrals to the older adults community mental health team, 50% above pre-covid-19 levels and also referrals in the adult community hub increased by 30%.
- Single point of Access saw an 8% increase in calls in January from December, with winter monies used during this period to increase this service's capacity.
- Demand remained high for social care services with 60 new requests per week reported, a 24% increase when compared to pre-pandemic levels.
- The higher demand had meant that more than 200 people were in the community waiting to start a conversation and there were more than 3 months' worth of work queued. This higher demand had also resulted in increased costs supporting those with learning difficulties as well as an increase in safeguarding enquiries when compared to the previous two years.
- Outpatient recovery was reported to be recovered 95% compared to a 2019/20 pre-pandemic baseline and elective recovery had recovered by 85% compared to a 2019/20 pre-pandemic baseline.
- It was reported in April 2021 that there were 1609 long waiting patients (patients waiting over 52 weeks for first definitive treatment) and for January 2022 this had reduced to 499.
- For diagnostics, Northwest London was in the top quartile for 18 weeks from referral to treatment and ranked 7<sup>th</sup> out of 122 ranked trusts for the 6 weeks diagnostic standard.

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

- A Member of the sub-committee asked if there was a pilot scheme to divert resources to allow GPs to improve their capacity and wanted to know if this had been made into a general policy or was it still under review. The Deputy Chief Executive of the London North West University Healthcare NHS Trust (LNWH) explained that this initiative had made a big difference by diverting patients and was keen for this scheme to be maintained.
- A Member of the Sub-Committee asked if there was a youth mental health unit in Harrow. To which the Managing Director for the ICS explained that there had been a greater focus on youth mental health.
- The Chair of the Sub-Committee asked if the diverting of patients initiative would be used by other Trusts, to which the Deputy Chief Executive of LNWH explained that their experience with the initiative had been shared but was not aware other Trusts using this initiative.

**RESOLVED:** That the report be noted.

### **135. Progress of Integrated Care System - Harrow Borough Based Partnership**

The Sub-Committee received a presentation from the Managing Director of the Northwest London ICS which gave an update on the progress of the Harrow Borough Based Partnership in the context of the wider development of the Integrated System developments. The following points were raised:

- The health and care act legislation had been delayed and the integrated care partnership and integrated care board were now expected to be established as legal entities on 1 July 2022, with new processes to be developed.
- The ICS had commenced work to develop its strategy for the next three years and an action plan for the forthcoming year. It was mentioned that critical to this work was the role of the borough-based partnerships in these new arrangements and Harrow would be involved in the development process.
- The statutory ICS would be made up of two key bodies: the first would be the Integrated Care Board (ICBs) which would oversee the NHS planning functions previously held by clinical commissioning groups (CCGs) and the planning roles from NHS England would likely be absorbed. The ICB would have their own leadership team, with a chair and chief executive included.

Secondly the Integrated Care Partnerships (ICPs) would operate as a statutory committee, with NHS and local authorities bought together as equal partners to focus more widely on health, public health and social care. This committee would be responsible for the development of an

integrated care strategy, which would set out how the wider health needs of the local population would be met.

- Priorities for change to be enabled for the ICP transformational workstreams included population health management and how health inequalities were tackled remained a top priority. Other priorities included: long-term conditions, mental health, Learning disability and autism, frailty and care settings, children and young people and finally, carers.
- The response to the pandemic from the ICS included business continuity plans enacted which revolved around three key areas, which were: vaccinations where GP Practices and pharmacies played a key role in the delivery of vaccinations, with vaccine hesitancy and engagement were also a key focus in this area.

Secondly, the management of urgent care demand was a key area in relation to the pandemic. Primary care services remained open and responsive during the Omicron wave. The NHS winter access fund was implemented in Harrow so that access was increased to urgent care services and for acute admissions to be prevented.

Finally, supporting discharge from hospital. Action had been taken across the partnership to support the hospital discharge process. A home and settle service was established to support individuals to return home in order to prevent readmissions.

- The 100-day plan managed to progress a number of key priorities which included the establishment of the population health management intelligence group. Also, a lot of staff engagement and feedback had taken place over this period which had fed into the integration operational leads' group action plan.
- The better care fund approach and schedule for 2022/23 had been agreed locally and submitted to NWL.
- There had been a focus on the frailty pathway, which allowed for health and care services to better support individuals to stay within their community and for emergency hospitals admissions to be avoided where possible.
- It was highlighted as part of the transformation programme that a new model for frailty would be developed, the integration of training and education in Harrow amongst agencies which would allow for training opportunities to be made more accessible across the partnership.

In addition, stronger partnerships between primary and secondary care were to be created in order for communication to be improved, work streamlined, with duplications reduced.

Finally, for action to be taken on health inequalities with work continued with Voluntary Action Harrow in response to the work carried out by Harrow Council with the black community leaders. There had been an active focus particularly around diabetes and mental health care, with significant engagement undertaken by six community-based organisations for experience accessing mainstream services to be better understood.

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

- It was raised by a representative from Health Watch that there was concern that confusion could be caused with the number of bodies and change of names. Clearer communications and definitions would be welcomed. The Managing Director of the ICS welcomed these comments and noted that complications surrounding what was statutory and not statutory meant that the name Borough Based Partnerships needed to be introduced. Communications would be delivered once changes had been settled.

**RESOLVED:** That the report be noted.

### **136. Implementation of Maternity Services Action Plan - Update**

The Sub-Committee received a presentation from the Deputy Chief Executive of the LNWH which gave an update on the progress made in the delivery of the CQC Improvement Plan for Maternity Services at Northwick Park Hospital following the inspection in April 2021. The following points were raised:

- Though improvement had been made since the inspection in April 2021 there were improvement that could still be made. A lot of work that had been carried out needed to be embedded and noted that a change in culture took time. Continued support had been given by the LMNS and the national maternity improvement programme which was triggered when Maternity Services at Northwick Park Hospital became inadequate.
- Though progress had been made, band 6 level vacancies in Midwifery remained to be a risk, with 40 vacancies reported.
- Substantive leadership appointments had been made within their team, a divisional clinical director for women and children had been made as well as an appointment of a director of midwifery. A new director of operation had also been reported to start in February 2022.
- Health Watch had supported the team with the development of diversity of the maternity voices partnership.

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

- A Member of the Sub-Committee raised that more needed to be done with Northwick Park Hospital's communication to recruit midwives to work at the hospital, to which the Deputy Chief Nurse at LNWH agreed and noted as the reputation of the service continued to be improved would attract new staff.
- A Member of the Sub-Committee asked if deadlines for future improvement had been set, to which the Deputy Chief Nurse at LNWH reiterated that changes in culture were long-term objectives.

The Deputy Chief Executive of the LNWH added that response to the audits had been conducted in a timely fashion and noted that evidence of these changes had shown that timely changes had been made. In addition, they noted that it would likely be 12-24 months until the next audit where sustainable change could be presented to the CQC.

- A Member of the Sub-Committee wanted to know if interim positions within the directorate had been made permanent in order to support the changes that had been made. To which the Deputy Chief Nurse of the LNWH noted that the substantive leadership appointments filled these posts.

**RESOLVED:** That the report be noted.

### **137. NW London Joint Health Overview and Scrutiny Committee - Update**

The Committee received a report from Harrow Council's Director of Strategy & Partnerships which provided an update on discussions held at the meeting of the NW London Joint Health Overview and Scrutiny Committee (JHOSC) on 14 December 2021.

Main items that were discussed at the latest JHOSC meeting were: changes surrounding the London Ambulance Service; an ICS update that surrounded regional issues such as financial position, acute pressures and the Mount Vernon cancer care review and lastly a palliative care consultation was discussed.

The Chair thanked the officer for their updated and asked the Sub-Committee if they had any questions, which were as followed:

- The Chair asked if there was a verbal update available with regards to St Mark's Hospital, to which the Deputy Chief Executive noted that a vast majority of the services had been moved from St Mark's to Central Middlesex in response to Covid-19 which made circa 50 beds available at the Northwick Park site. This move had been beneficial in terms of capacity and patient experience and a review of this had been planned to take place.

The Director of Public Health asked if the move of St Mark's had impacted their reputation, to which the Deputy Chief Executive recognised St Mark's as a centre of excellence and complex cases and specialised procedures continued to take place at Northwick Park.



**RESOLVED:** That the report be noted.

(Note: The meeting, having commenced at 6.30 pm, closed at 8.15 pm).

(Signed) Councillor Dr Lesline Lewinson  
Chair