

Health and Social Care Scrutiny Sub-Committee

Minutes

12 December 2023

Present:

Chair: Councillor Chetna Halai

Councillors: Govind Bharadia Rekha Shah
Vipin Mithani

Advisers: Hugh Caslake Assistant
Director ICB

Simon Crawford.
Deputy Chief Executive of
London North West
Healthcare NHS Trust.

**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 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 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 will inform the system's response to increased demand during the winter period. The second part of the report focuses on *The Place* plan for Harrow during the winter of 2023/24.

The report also highlighted that average Covid cases have remained below 20 at Northwick Park Hospital, while A&E attendances and non-elective admissions are currently above the average for last winter. While London Ambulance Service handover delays over 60mins has been reduced to zero following a change in approach from June 2023, there has 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 has not increased since 2019/20, the number continuing to receive support in 2022/23 and 2023/24 has increased from fewer than 100 to approximately 300.

The second part of the report focused on Harrow's Winter Plans including the prevention and community winter wellness stream that covers warm hubs, flu and Covid vaccination and engaging local communities. Care Home Support has 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 include in-hospital care, discharge pathways as well as an associated winter action plan.

Mitigations to system risks to the winter plan include ensuring CLCH is 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 ones in London and also it has a stroke unit within the hospital.

A Member also sought clarification on the number of discharges compared to the previous year, discharges in most recent week from NPH were 655 against an average over the last year of 503. Officers advised that the hospital staff were working faster and 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. Member also wanted to clarify if the patients were discharged before they were ready, given the shortage of beds.

Officer advised that patients are discharged only when they are 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 now the ongoing cases were of much older people with multiple health conditions. Hence, they are stabilised by the hospital, and the hospitals treat their immediate problem, but they still have many ongoing health issues and many of them are unable to cope on their own at home. So social care is having to

support a large number of people. The hospital is there to support their acute needs, but they will need support in their normal life. Many are coming out of hospital with multiple conditions, they're not going to be completely well ever again because they have long-term conditions. They will need support in the community or at home and the demand for that is 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 resulting in faster handover time from the London Ambulance Service to A&E departments has resulted in longer waiting times for A&E departments.

Chair asked about the number of Covid patients and how that compares 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. But most of the other hospitals were very similar.

Chair also asked what were the plans to mitigate the increase going forward to prevent additional pressure on the council's adult social care services? Officers advised the Local Authority has implemented a bridging service and this will be put into action on 16th December, which means they have set up a service so when people come out of hospital they can go home, and they are immediately assessed and provided with support in the short term while they look at what their longer-term support needs are. However, overall demand in social care has increased and this has been a constant issue. The Officer said the long-term solution is a complex issue to do with funding and how care is 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 is a constant issue, and this was being worked on by the NHS and local authorities.

Officers advised that a lot of work has been done as to what the drivers are the high usage of the A&E and the correct pathways. A lot of work has been done especially with kidney failures and diabetes and due to the demographic of the Borough that we live in and also their lifestyle.

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, so there's a lot of work going on like people's champions who are working in the community and making links with places of worship and community groups to try and emphasise the need to get these vaccinations done. Officers also advised that there are also quite a lot

of young people who read things on the internet that has made them reluctant to take vaccinations. It's a constant battle to try to identify groups that are not getting it and to try and find trusted figures in their communities that we can speak to and encourage people to get the vaccinations done.

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 till 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