



LONDON BOROUGH OF
HARROW

Health and Social Care Scrutiny Sub-Committee Supplemental Agenda

Date: Tuesday 20 June 2023

Agenda - Part I

3. **Minutes** (Pages 3 - 10)
That the minutes of the meeting held on 21 February 2023 be taken as read and signed as a correct record.

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Health and Social Care Scrutiny Sub-Committee

Minutes

21 February 2023

Present:

Chair: Councillor Chetna Halai

Councillors: Govind Bharadia Maxine Henson

Advisers: Julian Maw

Apologies received: Councillor Vipin Mithani Councillor Rekha Shah

22. 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

Simon Brown

23. 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.

24. Minutes

RESOLVED: That the minutes of the meeting held on 29 November 2022, be taken as read and signed as a correct record.

25. Public Questions

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

26. Petitions

RESOLVED: To note that no petitions had been received.

27. References from Council and Other Committees/Panels

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

28. Review of Current Community Outpatient Services

Members received a presentation on the report from Isha Coombs, Harrow Borough Director, North West London Integrated Care Board, which described the purpose and the approach to the North West London Integrated Care Board's review of community outpatient services within the context of all outpatient services in Harrow with the following highlights:

- A key priority for the review and provision of future services was to ensure that all patients/residents in Harrow had access to an equitable provision of service, no matter where they lived in the borough, or which GP practice they were registered with.
- Harrow CCG had become part of NHS North West London during the duration of a 10 year contract with Harrow Health Community Interest Company (HHCIC) for the provision of outpatient services. As part of the forward planning for these services, some were being reviewed and would be procured across North West London while others would be reviewed locally. The services being reviewed were detailed in the report.
- NHS NW London was committed to ensuring that the quality and waiting times for all services, in hospitals and the community, were equally scrutinised and inequitable waiting times were addressed. This review was to ensure that access to services was simplified for GPs to use and provides the same level of access and provision for all patients in Harrow and NW London.
- A public survey was open until 25 February (four weeks) for feedback on ENT, gastroenterology, paediatrics and neurology services and as at 9 February, approximately 182 survey responses/comments had been received
- The survey was to ensure people had an opportunity to share their views on the current services and to gather their feedback on future service

provision. The feedback would be used to inform the service reviews and would form part of the recommendations.

- For each community outpatient service, the review would assess several options for the future provision of services to patients and a final decision on the preferred option would be made by the NWL ICB Executive by the 31 March 2023.

Members asked the following questions:

- A member asked if the on the response to the consultation was specific to Harrow residents, if it showed if they were services users and the success (or lack) of the various engagement channels used. The Borough Director, NWL ICB explained, that it was agreed that the consultation and methodology used, should not be analysed until after the closing date 25 February 2023 so as not to unduly influence the outcome of the consultation.
- A Member asked why the consultation response (182 responses) was low given the size of the borough. The officer explained that the services being reviewed had only 2000 appointments in the last year and the response was considered one of the highest received on surveys undertaken across North West London.
- A Member asked if the results of the two reviews would be merged and brought to the committee and given that the contract for the provision of outpatient services would be expiring in the next six months if there was time to draft a new contract before it went to the providers. The Director confirmed that, the consultation results where services were unique to Harrow would be brought back to the committee and that as the NWL ICB Executive's decision was expected by 31 March 2023, there was enough time to ensure the recommendations and the preferred options were brought back to the committee as appropriate.
- The Chair asked about patients and public engagement, if focus groups with service users had been conducted by HealthWatch or the current service providers. The Director explained that the current service providers had been instrumental in supporting the public engagement and had proactively contacted service users to provide feedback. The Council's team had been conducting focus groups, but it was not certain that Healthwatch had been invited to do more than share information in that bulletin. The Chair suggested that officers should ensure that this had been actioned by Healthwatch.
- A Member asked about what actions would be taken to reduce waiting times in the new contracts. The Director explained that in all contracts ideal waiting times would normally be stipulated and monitored thereafter. She explained that despite this, waiting times may still increase if demand exceeded capacity.

- A Member asked about the duration of the review. The Director explained that the review would be completed within the next 4 weeks. She also explained that new contracts would be for a duration of three years with an option of extension for a further two years.
- A Member asked if the expressions of interest had been invited from service providers. The Director explained that no expressions of interests were invited as the results expected by 31 March would determine the service needed.
- The chair suggested and the Director agreed that the results of contract reviews be circulated to Members and further future reviews be presented formally to the sub-committee.

RESOLVED: That the purpose and approach of the North West London Integrated Care Board's review of community outpatient services be noted.

29. CQC Inspection of Community Nursing Services in Harrow

Members received a report from Jackie Allain, the Acting Director of Operations NHS CLC and Samantha Howard, Divisional Director of Nursing and Therapies which provided an overview of the CQC's findings following their inspection of the Community Nursing service in Harrow in October 2022, report of their findings published in December 2022 and the Trust's planned action to meet the required areas for improvement. The report had the following highlights:

Positive Findings

- Statutory and mandatory training uptake was high
- Staff were trained how to protect patients from abuse
- Infection risk was well managed and appropriate controls were in place
- Clinical waste was managed well by staff
- Staff took precautions and actions to protect themselves and patients
- Medicine storage and prescription systems/processes were in place
- Staff knew how and when to report patient safety incidents
- Managers investigated incidents and shared lessons learned
- When things went wrong staff apologised and gave suitable support
- Actions from patient safety alerts were implemented and monitored

Areas for Improvement

- The service did not have enough nursing staff
- All locality teams had high vacancies which put staff under pressure [CQC noted that staffing levels had recently been increased and that there was an active recruitment campaign]
- Records not always completed with enough detail
- Some handover meetings were brief and lacking in detail.
- Lack of leadership oversight on a case of neglect [which should have been reported to the local authority]

- Audits and supervised visits were not occurring regularly
- Capacity decisions were not consistently documented
- Referrals for potential neglect not always made to the local authority

Inspection Outcome

- The rating in the 'Safe' domain for Community health services for adults had changed from 'Good' to 'Required Improvement'
- The overall rating for the core service remained 'Good'
- The overall rating for the Trust remained 'Good'
- The full report can be viewed at:
<https://www.cqc.org.uk/provider/RYX/inspection-summary#chsadults>

CQC Recommendation Plans

Must Do

- ensure that clinical documentation was completed in sufficient detail in the Harrow community nursing teams
- ensure that clinical documentation was completed in sufficient detail in the Harrow community nursing teams

Should Do

- ensure that all handovers include all necessary key information to keep patients safe.
- ensure that formal assessments of patients' capacity were appropriately recorded.
- ensure staff report safeguarding concerns to the local authority when they were required to do so.

Members asked the following questions:

- A Member asked about the challenge with "handovers" and why comprehensive information was not being handed at the end of a shift.
- The director explained that it was due to staff shortages. A Member advised that in addition to a verbal handover, staff could check the notes to ensure that vital information was not missed out during the handover process. The director explained that a template had now been given to staff to ensure that the information needed is captured and handed over at the end of a shift.
- A Member asked about current vacancies and staff shortages. The director explained that some teams had up to 40% vacancy on training nurses. There was a huge shortage of qualified district nurses across all organisations. CLCH had removed a specific nursing qualification as essential recruitment criteria. This had helped fill five out of six vacancies. Also, the international recruitment had helped alleviate the shortage and fill vacancies. A grant from Aging Well had helped finance more agency nurses.

- A Member asked how to be certain that what was listed in the Must Do criteria of the report had been done. The Director explained that an action plan had been submitted to the CDC to address the issues raised in the report. The action plan had measurable actions that would be internally monitored through a quality action team and discussed at monthly meetings with the CDC.
- A Member asked why the inspection outcome was designated as “good” with the number of highlighted needed improvements. The director explained that the inspection in October was around “Safe Domain” but a LED inspection which was different from CQC’s perspective was expected for the whole organisation.
- A Member asked for further explanations about the lack of leadership oversight. The comment was clarified by officers, the observation referred to senior management and how that cascaded through the organisation, and it noted that the report had acknowledged that staff morale was not low. Another Member suggested that an updated report on the progress made on the issues highlighted especially around leadership and staff shortages be presented to the committee after the June deadline (for addressing issues raised in the report) in November.
- The Chair commended the positive sections of the report and asked if the identified areas for improvement such as handover, had any impact on patient safety. It was explained that patient safety was heavily monitored through patient safety and risk groups, a quality forum and a 48-hour meeting. The 48-hour meeting was called immediately after an incident to establish facts and get to the root cause of the issue, what went wrong and could have done better with action plans and any future action taken was monitored and measured against action plans and closure dates.
- A Member expressed concerns that the issues highlighted in the report were already identified before the inspection, but no action was undertaken to address them until the inspection, and they wondered if there were other sections of the service where this was currently happening.
- A Member asked if there were any safeguards in place for nurses visiting the communities alone. It was explained that all nurses had an alarm that when activated goes to the control centre at Epsom where the Police is alerted. A red card system was also in place for patients who were continually being abusive or were continually doing things that were not acceptable. They would be informed that services would no longer be provided until set conditions put into place to help support staff were met. Additionally, there was a set process for safeguarding supervision.

RESOLVED: That the report be noted.

30. Childhood Immunisations Review - Initial Headlines (Verbal Update)

Members received a verbal update on Child Immunisations Review with the following highlights:

- The role of the public health department and the DPH was to provide scrutiny on the process around childhood immunisation particularly the zero to five vaccination schedule. The officer informed Members that there was a downward trajectory on child immunisation in Harrow compared to other boroughs in North West London.
- At an informal review, effect of demographic factors on the uptake of immunisation was considered and it was concluded that work should be done on engagement with identified communities to communicate the effectiveness of vaccinations. This was huge area of work and officers had met with challenges such as behavioural factors were often difficult to influence.
- Another factor considered at the review, in addition to promotion, was the existing mechanisms to invite children informally and their parents for immunisation. It was the responsibility of NHS England to provide the assurance that these existing mechanisms were of good quality. The responsibility was soon passed to the ICS. A review was held on 2 February 2023, but this area could not really be explored very thoroughly and the officer recommended that NHS England be invited to attend a future meeting of the sub-committee to address the existence and quality of these systematic measures and procedures and to assist primary care officers in improving the uptake of childhood immunisations within Harrow.

Members asked the following questions

- A Member asked if any efforts were being made to benefit and build on the work done with communities and community leaders during COVID vaccination. What challenges or barriers had been encountered and if they were specific to Harrow. An officer explained that there were partners involved in the demographic and behavioural aspects to vaccination, ICS had made available a grant and had also involved with their engagement team.
- A Member suggested that engagement of the identified communities could be done through partnership with the embassies of their respective countries. An officer agreed with the suggestion.
- Members asked if the downward trajectory was specific to any immunisation or vaccine. The officer responded that it had affected all vaccines but specially the MMR because of its history.

RESOLVED: That the report be noted.

31. Any Other Business

There was none.

Vote of Thanks

As this was the last meeting of the sub-committee in the 2022-23 municipal year, the Chair thanked Members, partners and officers for all their hard work.

(Note: The meeting, having commenced at 6.30 pm, closed at 8.00 pm).

(Signed) Councillor Chetna Halai
Chair