

HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE MINUTES

19 APRIL 2012

Chairman: * Councillor Ann Gate

Councillors: * Jerry Miles * Sachin Shah
* Mrs Vina Mithani * Simon Williams

Advisers: * Julian Maw – Harrow LINK
Dr Nicholas Robinson – Harrow Local Medical
Committee

* Denotes Member present

86. Welcome

The Chair welcomed Members, guests and the public to the last meeting of the municipal year. She thanked the adviser and colleagues for their contributions and work to support the residents of Harrow. She also thanked the representatives of the NHS for their regular attendance and contributions during the year.

With the agreement of the Sub-Committee, the Chair varied the order of business to take the agenda items as follows: 12, 10, 8, 9, 11 and 13.

87. Attendance by Reserve Members

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

88. Declarations of Interest

RESOLVED: To note that the following interests were declared:

Agenda Item: 8 – Full Business Case for Ealing Hospital Trust and North West London Hospitals Trust Merger; Agenda Item: 9 – Quality Account 2011-12; Agenda Item:10 - Review of Paediatric Contracts; Agenda Item: 11-Admiral Nurses Service Update; Agenda Item: 12 – Quality Account 2011-12

Councillor Ann Gate declared a personal interest in the above items in that she was employed by the Pinn Medical Centre. She would remain in the room whilst these matters were considered and voted upon.

Councillor Mrs Vina Mithani declared a personal interest in the above items in that she was employed by the Health Protection Agency. She would remain in the room whilst these matters were considered and voted upon.

Agenda Item 9 – Quality Account 2011-12

Councillor Sachin Shah declared a personal interest in that he was employed by Parkinsons UK. He would remain in the room whilst the matter was considered and voted upon.

89. Minutes

RESOLVED: That the minutes of the meeting held on 6 December 2011 and of the special meeting held on 7 February 2012 be taken as read and signed as correct records.

90. Public Questions

RESOLVED: To note that the following public question was received at the meeting under the provisions of Committee Procedure Rule 17:

1.

Questioner: Mrs Joan Penrose

Asked of: Chair of the Health and Social Care Scrutiny Sub-Committee

Question: ‘What steps will your Committee take to ensure that the provision of a mental health day service for Harrow is fully integrated with the CNWL service lines, and other provider services, in order to deliver a fully integrated programme for mental health service users and, as this will require ruthless top-down management, who will do this?’

Answer: On behalf of the Sub-Committee, we take health issues extremely seriously. It is still a little early, in terms of where we are in the consultation process, to provide a comprehensive response to this question. Given at this

stage a detailed service specification has yet to be drawn up and a suitable provider identified through the anticipated subsequent tendering process.

In general terms however in providing a day service, the local authority, or any commissioner, needs to be mindful of where this fits into the range of services available. We would not want it to overlap existing services, but to provide services that join up, particularly in the current financial environment. Any day service provider would need to ensure that eligible service users have a range of services available to them to meet agreed aims and goals that are consistent with their care plan. Providers would be expected to work together in adopting the principles of social inclusion, recovery and personalisation including the utilisation of personal budgets.

It is not clear what you mean by 'fully integrated' but if this means, that there is a single pathway, then we would expect providers to work together, within the rules of their organisation. So, where someone is, to use your example, a service user of CNWL and also accesses day services, then the person would have the support of both organisations. We would expect that the day service provider become works closely with CNWL and is clear about service lines in the borough and the way that they can work together to support individuals.

It is arguable that this would require 'ruthless top down management'. In many cases services can be seen to work most effectively from the bottom-up. Effective joint working can be achieved by having the whole pathway in one organisation, but can equally be achieved by different organisations working together. It is true to say that NHS and third sector organisations have different regulatory frameworks - and as above each must work to those rules. However, experience shows that this does not need to be a barrier to providing joined up care for the service user. A day service or hostel may be run by the third sector, but individuals receiving regular, even daily, support from a provider such as CNWL.

Supplemental Question: How are you or the agency that has the most clout going to make sure that we get what we ask for and that our feedback gets a response?

Answer: A written response will be provided.

91. Petitions

RESOLVED: To note that no petitions had been received.

92. Deputations

RESOLVED: To note that no deputations were received at the meeting under the provisions of Committee Procedure Rule 16.

93. References from Council and Other Committees/Panels

RESOLVED: To note that no references had been received.

RESOLVED ITEMS

94. Full Business Case for Ealing Hospital Trust and North West London Hospitals Trust Merger

The Sub-Committee received a letter from Ealing Hospital NHS Trust and the North West London Hospitals Trust (NWLHT) which provided an update on the next steps in relation to the publication of the Full Business Case (FBC) for the proposed merger of the Trusts. The letter also provided a general update on the merger programme.

The Chair welcomed Peter Coles, Chief Executive NWLHT, David Cheesman, Director of Strategy NWLHT, and Catherine Thorne, Director of Governance NWLHT, to the meeting. Mr Cheesman reported that NHS London had requested that the Trusts refine the financial elements of the FBC. The FBC would now be submitted to NHS London on 28 June 2012 which would subsequently put the merger date back to 1 October 2012. It was hoped that the FBC could be considered by the Health and Social Care Scrutiny Sub-Committee in July.

The Director of Strategy advised that a Transaction Director, David McVittie, had been appointed by NHS London to lead on the merger process. In terms of the name for the new organisation, he advised that the Department of Health would need to give their final agreement and that the name would need to be relevant locally. Following consultation with staff, the preferred name was London North West Healthcare NHS Trust.

RESOLVED: That the position be noted.

95. Quality Account 2011-12

The Sub-Committee received the Quality Account 2011-12 from the North West London Hospitals NHS Trust which outlined key priorities for quality improvement in the organisation.

The Director of Governance NWLHT introduced the report, advising that data was currently the subject of validation. The report provided an update on the previous year's priorities of 1, improving overall patient satisfaction, 2, reducing the number of falls amongst patients whilst they are in hospital and 3, increasing the number of patients discharged on a Chronic Obstructive Pulmonary Disease following an admission with acute exacerbation of their COPD. In terms of priority 1, the patient survey had not been received as yet

but there had only been 5 breaches on mixed sex accommodation. She reported that reducing the number of patient falls was a challenge for the Trust as the number was already below the national average but that the harm arising from such falls had reduced. In terms of priority 3, she reported that the unvalidated results for February showed a figure of in the mid 80s.

The Director of Governance reported that the 2012/13 priorities took account of the feedback received and the following were being considered:

1. continued development and improvement of the patient journey and experience through accident and emergency (patient pathway);
2. further improve the quality of care for our vulnerable residents with dementia;
3. improve access to emergency theatres for all specialities.

She reported that there had been 7 unannounced inspections by the Care Quality Commission and the Trust had met their requirements. The CQC had also identified areas where improvements could be made.

The Chief Executive of NWLHT advised that the document was not yet finalised and therefore any feedback or areas that Members wished to be included should be forwarded to the Trust. The Director of Governance added that it was necessary to be mindful that the merger with Ealing Hospital Trust may take place during the year and that this may then lead to amendments to priorities. It should also be noted that there were draft objectives for the new organisation.

Following the presentation, Members made comments and asked questions as follows:

- There had been a problem with providing responses to complaints within 25 working days as many complaints referred to a number of different departments/consultants and staff preparing the responses also had to deal with their normal workload. It had been agreed that the backlog of complaints would be dealt with by bringing in an additional resource. It was noted that patient expectations were being raised by setting a target of complaints being acknowledged within 3 days of receipt. The Member also commented that complaints could be viewed as helpful.
- Referring to a Member's comment that some targets appeared to be omitted from the patient experience indicators (page 38 on the agenda), the Director of Governance undertook to include some narrative.
- A Member expressed concern at the green indicators in relation to CQUINN performance (Patient experience questions). The Director of Governance advised that it was not clear whether these were

percentage figures and that she would look into this and advise the Member accordingly.

- A Member commented that page 40 indicated that the 62 day referral target should be green rather than red.
- In response to a Member's concerns about instances of cross infection shown as red on page 36, the Chief Executive advised that there had been improvements across the NHS. This meant that targets were low and therefore one instance of cross infection had a big impact.
- Referring to the finding of the CQC inspection in relation to the storage of medicines, Members were advised that Matrons were monitoring this to ensure that patients were not put at risk.

The Chair thanked the representatives of NWLHT for their attendance and responses.

RESOLVED: That the report be noted.

96. Review of Paediatric Contracts

The Sub-Committee received a report on the review of paediatric contracts which covered the services of health visiting, school nursing, paediatric community nursing, paediatric therapies and community child health consultant clinics.

Javina Seghal, Borough Director, introduced the report and outlined the financial context. Rebecca Wellburn, Deputy Borough Director NHS Harrow, reported that the review had considered contract specifications so that it was clear as to what was being provided. Many of the contracts in the review did not have robust specifications. The first task had been to identify what each service was delivering. She undertook to provide the appendices that were missing but referred to in her report.

In terms of health visiting, the Deputy Borough Director advised that NHS London were impressed with this service and from the benchmarking done across London, Harrow already met the Government's targets. There was, however, a need to better integrate health visiting.

The Deputy Borough Director reported that the school nursing service was not as progressed as health visiting and that there was a tri-borough core service specification for the service. A re-design of the service had been started but there were some concerns in relation to special schools.

Members were advised that the remaining three services; paediatric community nursing, paediatric therapies and child health consultants were provided by NWLHT. In terms of paediatric therapies, demand had risen significantly largely due to educational needs. In relation to child health consultants, much could be achieved in efficiencies and productivity.

A Member sought the views of the Deputy Director on those functions that the local authority should be mindful of when it takes on public health and was advised that work with Children's Services was already underway. The Chair of the CCB added a note of caution in that many GPs and health visitors wished to retain their strong relationship as that was how a lot of safeguarding work took place. The Member stated that it would be helpful if the Council were kept informed of any concerns that arose.

In response to a question in relation to Academies and contracts with school nurses, the Deputy Borough Director advised that these would remain unchanged. However, school support staff might be able to provide assistance instead of the school nurse in some instances. The Borough Director added that it had been agreed that where there was a transfer of service, the NHS would not make any decision without discussing it with the local authority.

A Member queried the workload for nurses and health visitors and was advised that according to NHS figures, there was currently the right number of health visitors and making use of administration staff and consideration of skill mix would assist with workloads. The Deputy Director advised that flexible working did have an effect and there could be issues in matching the needs of the team with the needs of the service. The Borough Director added that a review carried out the previous year had showed that the patient facing time was 3 hours. The Member requested that an update be provided later in the year so that it could be seen if there had been any improvement.

The Director of Strategy NWLHT stated that from the provider point of view there was room for improvement in terms of health visitors and that he had an issue with the use of the term 'productivity'. It was possible to be more efficient but with a 10% cut in budget, the service would be affected.

The Chair thanked the representatives for their attendance and responses.

RESOLVED: That the report be noted.

97. Admiral Nurses Service Update

The Sub-Committee received a report from NHS Harrow which provided a service update on Admiral Nurses. The Borough Director introduced the report and provided some context and background to the service.

The Borough Director advised that there had been dialogue between the Chief Executives, CNWL and NHS Harrow and the work on Admiral Nurses would be included as part of the modernisation board. Having met with resident leading the lobbying for the re-establishment of the service and others, she now had a clearer understanding as to what had happened in the past. However, to fund a service in an ad hoc way when it was not clear where any future funding would come from would not be helpful.

The Borough Director reported that considerable work had been done on the dementia pathway. In addition, NHS Harrow had received £42,000 funding and there were discussions underway with CNWL to establish what resources

were available in block contracts. The current view was that the service could be delivered in an integrated way.

In response to a Member's question, the Borough Director advised that Admiral Nurses could be funded from a range of sources and options were being explored. She stated that she had looked to the CNWL, ICO and the acute Trusts to see what could be provided although match funding may be required.

The Borough Director confirmed that whilst there would be a role for Admiral Nurses she was not able to make a commitment at this stage due to the process that had to be gone through. The Chair of the Harrow CCB added that dementia was a priority and there was a commitment to this from the CCG.

The Chair thanked the representatives for their presentation and responses.

RESOLVED: That the report be noted.

98. Quality Account 2011-12

The Sub-Committee received Central and North West London (CNWL) NHS Foundation Trust draft Quality Account 2011/12. The Chair welcomed Robyn Doran, Director of Operations and Partnership, Ela Pathak-Sen, Associate Director for Quality and Service Improvement and Matt Malherbe, Quality Assurance Manager, to the meeting.

The Sub-Committee received a detailed presentation on the Quality Account and were advised that there was little flexibility in the structure of the account but that it would include a statement from the Auditor. The presentation provided an overview of CNWL including Vital Signs MR, Monitor target performance, a look back at performance against last year's Quality Priorities and a look forward to Quality Priorities 2012-13 (including stakeholder involvement and principles). The presentation also highlighted the next steps. The presentation is available to view on the Council's website.

Following the presentation, Members made comments and asked a series of questions as follows:

- Referring to page 111 and the table detailing service user experience, a Member queried the copy of care plan target and was advised that it was measured if a care plan had been offered. It was clear, however, that staff had a different view to that of the service users. Users were asked if they understood the content of their care plan. Care plans were prepared by professionals and were now written so that service users could better understand them.
- A Member questioned what plans were in place to improve Harrow's performance in the percentage number of service users who called the crisis number getting the help they wanted. The Director of Operations and Partnership reported that work was being done with staff and

mystery shoppers were being used. She added that crisis cards for carers would also be provided and reported on.

- The Quality Assurance Manager confirmed that there were 38 questions in the 2011 national NHS staff survey. A Member expressed the view that 10% was an indication of nearly achieving a target as opposed to 20% and this was acknowledged as a fair point.
- A Member expressed concern that Harrow's performance was worse than the Trust's and was advised that 7 targets had been achieved and that performance related to resources. Harrow PCT had overspent by £1.1m and the other PCTs were picking up the cost. Overall, the Trust had not overspent. Work was being done with the Borough Director and the Chair of the CCB in order to improve performance.
- It did not matter where you lived, as an acute inpatient you would receive the same minimum standard of care. The Director of Operations and Partnership reported that patients in Harrow probably had the best environment. In addition, the surplus had been reinvested in Northwick Park Hospital.
- The majority of service users wanted to be involved in their care plan but some were more able than others. If a service user did not want to be involved this was reflected in the figures and was a negative for the Trust.
- The issue in relation to hand washing was the availability of materials and related to how the Trust monitored contracts with suppliers.
- The discrimination referred to in the report related to that from patients to staff and the Director of Operations and Partnership offered to forward some of the Trust's action plans in terms of the Black and Minority Ethnic Communities. In addition, work was being done with patients on this issue, whatever their mental state.

The Chair thanked the representatives of the Trust for their attendance and responses.

RESOLVED: That the report be noted.

99. Information Item - Joint Overview and Scrutiny Committee

The Sub-Committee received an information report which outlined the issues for consideration by the Overview and Scrutiny Committee at their meeting on 3 April 2012 and the recommendation to Council that Harrow participate in a Joint Overview and Scrutiny Committee (JOSC). The JOSC would be formed to consider 'Shaping a Healthier Future' NHS North West London's programme to improve care for North West London and the consultation process.

RESOLVED: That the report be noted.

100. Vote of Thanks

Members thanked the Chair of the Sub-Committee for her work during the 2011/12 municipal year.

(Note: The meeting, having commenced at 7.35 pm, closed at 9.43 pm).

(Signed) COUNCILLOR ANN GATE
Chairman