HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE

MINUTES

16 JULY 2013

Chairman: * Councillor Mrs Vina Mithani

Councillors:
Husain Akhtar
* Kairul Kareema Marikar (2)
* Lynda Seymour
* Ben Wealthy

* Denotes Member present
(2) Denotes category of Reserve Member

151. Appointment of Member and Reserve Member

RESOLVED: To note the appointment of Councillor Ben Wealthy as a Member and Councillor Mrinal Choudhury as a Reserve Member of the Health and Social Care Scrutiny Sub-Committee in accordance with Council Procedure Rule 1.5 and following notification from the Labour Group.

152. Attendance by Reserve Members

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

Ordinary Member	Reserve Member
Councillor Victoria Silver	Councillor Kairul Kareema Marikar

153. Declarations of Interest

Agenda Items 11 – Ealing Hospital NHS Trust and the North West London Hospitals NHS Trust Merger Transaction, 12 – Shaping a Healthier Future Update, 13 – Performance of Hospital Accident and Emergency Waiting

Times, 14 – Harrow Local Safeguarding Adults Board (LSAB) Annual Report 2012/2013 and - Francis Report and Health Scrutiny Regulations

Councillor Kairul Kareema Marikar declared a non pecuniary interest in the above items in that she worked as a mental health support worker. She would remain in the room whilst the matters were considered and voted upon.

Councillor Mrs Vina Mithani declared a non pecuniary interest in the above items in that she was employed by Public Health England, previously known as the Health Protection Agency. She would remain in the room whilst the matters were considered and voted upon.

154. Appointment of Vice-Chairman

RESOLVED: That Councillor Victoria Silver be appointed as Vice-Chairman of the Sub-Committee for the Municipal Year 2013/14.

155. Appointment of Advisers

The Sub-Committee considered the report of the Director of Legal and Governance Services which advised Members on the appointment of a non-voting adviser to the Sub-Committee.

RESOLVED: That Dr Nicholas Robinson of the Local Medical Link and a representative from Healthwatch, who was not a Member of the Health and Wellbeing Board, be appointed as advisers for the Municipal Year 2013/14 to assist the work of the Sub-Committee.

156. Terms of Reference of the Health and Social Care Scrutiny Sub-Committee

RESOLVED: That the Sub-Committee's Terms of Reference be noted.

157. Minutes

RESOLVED: That the minutes of the meeting held on 16 April 2013 be taken as read and signed as a correct record.

158. Public Questions and Petitions

RESOLVED: To note that no public questions were put and no petitions were received.

159. References from Council and Other Committees/Panels

There were none.

RESOLVED ITEMS

160. Harrow Local Safeguarding Adults Board (LSAB) Annual Report 2012/2013

An officer introduced the report and made a presentation which provided Members of the Sub-Committee with an overview of the Local Safeguarding Adults Board (LSAB) Annual Report for 2012/13. The annual report summarised safeguarding activity undertaken in 2012/13 by the Council and its key partners by setting out the progress made against priorities, analysis of the referrals received and outlining priorities for the current year (2013/14). The report compared local performance with other Councils through the nationally produced Abuse of Vulnerable Adults (AVA) statistics.

The officer made comments including the following:

- there had been an increase in the number of alerts from 554 in 2011/12 to 657 in 2012/13 and this was positive as it showed that the campaigns were working well;

- there had been a slight increase in the percentage of referrals from black minority ethnic (BME) adults from 40% in 2011/12 to 41% in 2012/13. BME adults comprised approximately 42% of the population;

- the most likely group of adults to be abused in Harrow were elderly ladies living in their own homes and this was the same as the national situation;

- 18% of referrals in Harrow were for people with a learning difficulty and this figure was moving closer to the national figure of 21%;

- there had been an increase from 14% to 17% with regard to the number of referrals for people with mental health issues but this was still below the national figure of 24%;

- the most likely type of allegation was of physical abuse which comprised 29% of referrals, neglect was 19%, financial abuse 21% and emotional abuse 22%;

- the most commonly alleged perpetrators were social care staff with 19% being allegations against home care staff, 15% against other family members and 11% partners;

- the outcomes for victims varied but the most common were no further action at 45% of all outcomes and increased monitoring at 12%. Nationally no further action was 27% and increased monitoring was 31%. There had been issues engaging the police;

- there had been a number of outcomes against each objective for the four themes;

- with regard to Theme One – Prevention/Community Engagement there had been briefings in GP surgeries, a rise in alerts and a broadening of sources of referrals, such as from GPs. The issues associated with Winterbourne View had been considered and the NHS London tool for identifying when individual incidents represent an institutional problem had been adopted;

- the outcomes for Theme 2 – Training and Workforce Development included an additional 220 people receiving some training and the introduction of new briefing sessions;

- in relation to Theme 3 – Quality and Performance Review a well established quality assurance framework was in place and audits had been undertaken by independent persons. In addition, Age UK Harrow were conducting surveys and an independent social worker was interviewing individuals who had completed the safeguarding adults process;

- Theme 4 focused on policies, procedures and governance and the pan London ones had been adopted and used throughout 2012/13. The Quality Assurance Team within the Council produced weekly timescale compliance reports;

- the objectives for 2013/14 were more strategic and high level. They included ensuring effective communication by the LSAB with its target audiences, referencing safeguarding adults priorities in wider strategies and the continuation of an effective quality assurance framework. In addition, a sub-group had been established to work with the Local Safeguarding Children's Board.

A Member of the Sub-Committee asked what was being done to address the percentage of home care workers who were the alleged perpetrators of abuse. The officer advised that a multifaceted approach was being adopted which included effective recruitment by working closely with contractors and offering training courses to home care workers. Officers were increasingly working with various agencies and there was an in-house Council commissioning and contracts team which carried out spot checks and promoted personalisation. An officer explained that safeguarding adults was a new ideology which had developed over the last ten years and therefore it should be expected that there would be an increase in the number of alerts which indicated that people were becoming increasingly aware of the process. The results of the Age UK Harrow survey showed that 98.7% people felt safe and there was always follow up with the 1.3% who did not feel safe.

A Member asked questions about how feedback was obtained and how survey evidence was used. The officer stated that officers attended the board meetings of other partners, an independent social worker interviewed individuals who had completed the safeguarding process and that complaints information was monitored. It had been suggested by MIND in Harrow that there could be more engagement with service users with mental health problems.

A Sub-Committee Member questioned how the LSAB was working with the 25,000 carers in Harrow and the officer responded that work was undertaken with carer organisations and it was noted that carer 'burn out' could result in abuse. Officers had been involved in the recent Carers Week and there was a dedicated carers team of social workers within the Council who provided a service to carers and were able to signpost to other sources of support. The Member suggested that consideration should be given to how the budget allocated for carers in community was used to ensure that suitable support mechanisms were developed.

An officer stated that grade 3 and 4 pressure sores should now be reported as safeguarding alerts and there were issues managing the large number of alerts. The focus was moving to preventing alerts as it was concerning that pressure sores were becoming a national issue.

In response to a Member questioning about the Care Quality Commission (CQC) the officer commented that the CQC's priorities were changing as there was a shift from inspections to regulation. The CQC would continue to inspect homes but not council services and officers were developing working relationships with local inspectors.

RESOLVED: That the report and the action plan for 2013/14 be noted.

161. Ealing Hospital NHS Trust and The North West London Hospitals NHS Trust Merger Transaction

Simon Crawford, the Senior Responsible Officer, Ealing Hospital NHS Trust introduced the report on the merger transaction between the Ealing Hospital NHS Trust and the North West London Hospitals Trust and made points including the following:

- the third iteration of the Full Business Case (FBC) had not been considered because there were concerns regarding the scale of the financial implications, the potential implications of Shaping a Healthier Future (SAHF) and the organisational appetite for risk within the NHS;

- both Trust boards had reviewed the rationale for the merger and were still committed to the merger transaction;

- a revised business case would be submitted to the NHS Trust Development Authority (TDA) in the autumn of 2013 which would include up to date financial modelling and the implications of Shaping a Healthier Future;

- a Merger Transactions Board had been established which was a sub-committee of both Boards and included voting members representing key stakeholders responsible for agreeing and authorising the merger;

- the successor to NHS London was the TDA and there was a different approval process so the FBC was being reviewed to meet any new requirements;

- it was anticipated that the FBC would be submitted in October 2013 and it was planned that the merger would be operational from 1 April 2014;

- during the redevelopment of the FBC there would be ongoing engagement with Healthwatch and with a stakeholder reference group.

A Member asked about the implications of the judicial review of the decisions regarding SAHF and Rob Larkman, the Chief Officer, Brent, Ealing, Harrow and Hillingdon Clinical Commissioning Groups explained that the merger of the two Trusts was separate to SAHF. The principles for the merger transaction would remain the same regardless of the outcome of the judicial review.

The Senior Responsible Officer made the following comments in response to Members questions regarding the Francis Report, the engagement of Healthwatch, patient representation on the Merger Transactions Board and how the change would be managed.

- the management structures and governance arrangements would be more descriptive and explain how the arrangements would function when operational. In addition, a new culture of openness, transparency and reporting of incidents would be created;

- the Merger Transactions Board membership comprised of those parties who would be responsible for agreeing the merger prior approval being granted by the Secretary of State. There was an agreed engagement process with Healthwatch and existing networks were being utilised to engage with stakeholders;

- the Chairs of the Healthwatch were supportive of the proposed methods and manner of engagement;

- patient representation in the Merger Transactions Board could be raised for consideration at the first meeting;

- previously there had been some staff mistrust regarding the proposed merger of the Trusts but at present there was strong support from staff at both organisations. It was important that the benefits of the merger were explained to the public and patients by using organisations such as Healthwatch

A Member questioned what the financial challenges associated with the third iteration of the FBC not being considered were and the Senior Responsible Officer explained that it was because recent developments, such as SAHF, had not been modelled for inclusion in the FBC. There were implementation costs which would be re-quantified for the FBC.

RESOLVED: That the update be noted.

162. Shaping a Healthier Future Update

Dr Mark Spencer, the Medical Director for Shaping a Healthier Future, introduced the report and made comments including the following:

- Ealing Council had begun the process of requesting a judicial review of SAHF and had also referred the decision of the Joint Primary Care Trust (JCPCT) to the Secretary of State. A request for an investigation by the Independent Reconfiguration Panel had been made. The judicial review was to consider the process rather than the reasons for the decision and the timescale was unclear at present;

- Harrow Council had recently agreed to write to the Secretary of State outlining concerns about the sustainability of Northwick Park Hospital;

- a potential merger of West Middlesex University Hospital NHS Trust (WMUH) and Chelsea and Westminster Hospital NHS Foundation Trust was being considered;

- the 8 CCGs in North West London had formed a Collaboration Board to monitor and oversee the implementation of SAHF by using a number of groups and committees. The Patient and Public Oversight Group membership included patients, Healthwatch and lay members;

- improvements in out of hospital services would be crucial as changes were required prior to the full implementation of SAHF;

- there would be a system and team in place to ensure that services were fit for purpose at certain sites prior to changes being made to services and facilities at other sites;

- there would be a shift from staff being based in hospitals to staff working in the community;

- a 'Whole Systems' Integration Programme was being designed to develop ways of working that will provide integrated services for people with the greatest need.

A Member of the Committee expressed concerns about patient waiting times in accident and emergency (A&E) and the inability of people to access services in a reasonable timescale. The Medical Director responded that waiting times were being monitored and improvements were being made at Northwick Park Hospital. It was anticipated that concentrating services on fewer sites would reduce waiting times as at present there were too few personnel for all the A&E sites. The A&E waiting times showed that there were problems with the system generally which included how wards operated and the patient discharge process.

The Chief Officer stated that the required capacity at hospitals would be in place before any changes were made to where patient services were offered. There would be improvements to out of hospital care to offer better services in the community.

The Deputy Chair of the Harrow CCG commented that patient education was important to ensure that people were aware of the facilities available in community.

The Sub-Committee Members then questioned the accessibility of the Walk-In Centres and the current opening hours. In addition, Members expressed concerns about the opening hours of the clinic at Alexandra Avenue and the centre in Pinner. The health representatives made the following comments in response;

- the Walk-In Centres in Pinner and South Harrow were open from 8.00 am to 8.00 pm every day;

- the CCG was giving consideration to opening another centre in either central or east Harrow;

- the CCG was not aware of the differing information patients calling the Pinner Walk-In Centre around 7.30 pm were receiving and that in some cases they were being advised to attend hospital. This matter would be investigated;

- there was a walk-in service at the Alexandra Avenue Centre but the service was limited at weekends. There would be strategic consideration of the Urgent Care system and this would include any extension in opening hours for centres and clinics.

A Member requested additional information as to how the £190 million investment in out of hospital care to support the transfer of services would be spent. The Medical Director explained that each CCG would develop a spending plan and the information would be provided to Members

A Sub-Committee Member drew attention to the specific concerns of new parents and queried how better patient education would affect this group. The health representatives responded that most children attended Urgent Care Centres rather than A&E and that new parents were a suitable group for patient education as ideally children should not attend A&E due to the associated health risks. The A&E department at Northwick Park Hospital had a separate paediatrics section and therefore the waiting times were shorter.

The Chief Officer commented that there was constant engagement regarding changes to urgent care and out of hospital services. Plans and ideas would be shared as they were developed.

A Member raised concerns about the difficulties some patients faced when trying to make a same day GP appointment. The Deputy Chair of the Harrow CCG responded that there were a finite number of appointments for each GP

practice and that most surgeries offered two types of appointment, one which could be booked in advance and one which was for emergencies or on the day appointments. There were cases were patients presented at a GP surgery, then an Urgent Care Centre and then A&E on the same day which was not desirable.

In response to a Member's question regarding wider communication and the need to emphasise the role of urgent care, the Chief Officer stated that there needed to be joint work with the local authority and that it was a key theme for the Health and Wellbeing Board.

RESOLVED: That the update be noted.

163. Performance of Hospital Accident and Emergency Waiting Times

Chris Pocklington, the Chief Operating Officer, introduced the report which provided information regarding ways the North West London Hospitals NHS Trust (NWLHT) were improving the emergency care at Northwick Park Hospital and Central Middlesex Hospital. The Chief Operating Officer made comments including the following:

- the current performance level at Northwick Park Hospital was unacceptable and whilst there were signs of improvement the system was not operating or delivering outcomes as it should;

- in a single week 500 people who had attended Accident and Emergency (A&E) at Northwick Park Hospital had had to wait for over four hours. This number had then reduced to 150 but it was increasing again and was approximately 200;

- the problems in A&E were a symptom of the wider context but the performance was unacceptable for both patients and staff;

- there were concerns about how the system would function during winter and whether it was resilient enough;

- there were a number of challenges facing Northwick Park Hospital, including how patients were discharged and the need for the out of hours service. There were issues regarding bed capacity and a piece of work to consider demand and capacity had been commissioned.

A Member of the Sub-Committee expressed concerns about how the system at Northwick Park Hospital would manage during the winter. In response, it was explained that one of the immediate concerns was the physical capacity at the hospital as occupation levels at Northwick Park Hospital were high. Consideration was being given to local options and other hospitals' capacities, such as Central Middlesex Hospital, to improve the occupation rate. It was hoped that an outcome would be to normalise levels of pressure across all the Trusts hospitals.

The Chief Officer, Brent, Ealing, Harrow and Hillingdon Clinical Commissioning Groups stated that winter planning was undertaken each year and the aim was to produce a coherent, whole system plan.

The Deputy Chair of the Harrow Clinical Commissioning Group reported that a STARRS team member was present in A&E from 8am to 8pm whose role was to identify patients presenting at A&E who could receive care in an alternative location. In addition, meetings were being held to improve information sharing across GP practices.

A Member explored what was being done to improve recruitment to A&E posts and the Chief Operating Officer responded that there was a national problem with how careers in emergency medicine were perceived but it was noted that some hospitals did not face the recruitment issues that Northwick Park Hospital did. There was a need to make employment opportunities more enticing.

The Senior Responsible Officer reported that a consultant from Ealing Hospital was acting as an internal critical friend by spending time in A&E at Northwick Park Hospital.

A Member requested additional statistical information on the 23% of patients who had not been seen within 4 hours in April and May. The Chief Operating Officer agreed to provide this information to Members.

A Member asked about the timescale for the investment of £21 million in the Urgent Care Centre and it was explained that this was part of a single building project for A&E which was scheduled for completing on April/May 2014.

RESOLVED: That the update be noted.

164. Francis Report and Health Scrutiny Regulations

An officer introduced the report which provided information on the Francis Report and the Health Scrutiny Regulations. There had been 290 recommendations contained in the Francis Report and a number relate to scrutiny and how it could be strengthened. The Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 stated that all commissioners and providers of publicly funded healthcare and social care would be covered by scrutiny powers.

A Member stated that the Francis Report reflected that the relevant Scrutiny Committees had not properly fulfilled their roles with regard to the Mid Staffordshire NHS Foundation Trust. The Member sought clarification on how the Sub-Committee could work together with partners to fulfil its roles and responsibilities. The Interim Deputy Director of Quality and Safety, Brent, Ealing, Harrow and Hillingdon Clinical Commissioning Groups responded that one of the Government responses to the Francis Report was to develop a method of collating information by establishing Quality Survey Groups which would share both hard and soft data and general intelligence, comments and concerns. One of the roles of the Sub-Committee was to call and hold to

account providers to challenge them on a regular basis. The Sub-Committee should also request that the CCG explained its decisions.

A Sub-Committee Member suggested that patient concerns about the 'postcode lottery' and insufficient funds be considered at a future meeting.

The Interim Director of Quality and Safety commented that a future agenda item could consider how CCGs were established including the GP's contribution. Additionally, how joint working between health and social care plans were progressing as at present there was not an agreed dispute resolution procedure in place.

RESOLVED: That the report and the new Health Scrutiny Regulations be noted.

(Note: The meeting, having commenced at 7.30 pm, closed at 9.45 pm).

(Signed) COUNCILLOR MRS VINA MITHANI
Chairman