Harrow COUNCIL LONDON

HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE

MINUTES

7 OCTOBER 2013

Chairman:	* Councillor Mrs Vina Mithani		
Councillors:	Mano Dharmarajah	* Victoria Silver	
	* Lynda Seymour	* Ben Wealthy	
Advisers:	† Jaswant Gohil	- Healthwatch, Harrow	
	* Rhona Deness	- Healthwatch, Harrow	
	† Dr Nicholas Robinson	- Harrow Local Medical Committee	

* Denotes Member present
† Denotes apologies received

165. Attendance by Reserve Members

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

166. Declarations of Interest

RESOLVED: To note that the following interests were declared:

Agenda Item 7 – Mental Health: Payment By Results; Agenda Item 8 Proposal for Redistribution of Resources From Day Assessment Unit to Memory Services in Harrow; Agenda Item 9 - Project Plan for NHS Health Checks
Councillor Mrs Vina Mithani declared a non-pecuniary interest in that she was an employee of Public Health England, previously known as the Health Protection Agency. She would remain in the room whilst the matter was considered and voted upon.

Agenda Item 7 – Mental Health – Payment By Results & Agenda Item 9 - Project Plan for NHS Health Checks
Councillor Lynda Seymour declared a non-pecuniary interest in that she had been an employee of the London Borough of Barnet until 2012 and in that a member of her family was a user of mental health services in Harrow. She would remain in the room whilst the matter was considered and voted upon.

167. Minutes

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

168. Public Questions and Petitions

RESOLVED: To note that no public questions or petitions were received at this meeting.

169. References from Council and Other Committees/Panels

The Sub-Committee received the following Reference from the Corporate Parenting Panel: Report of Mental Health Care for Children Looked After.

The Sub-Committee agreed that the issues relating to the referral pathways between Harrow's Clinical Commissioning Group and the Child and Family Mental Health Services (CAMHS) raised at the meeting of the Corporate Parenting Panel on 8 July 2013 be further investigated and that relevant Scrutiny Members engage in dialogue with the CCG.

RESOLVED: That the Reference from the Corporate Parenting Panel be noted.

RESOLVED ITEMS

170. Mental Health - Payment by Results

Dr Mo Zoha, Consultant Psychiatrist, and Cathy Phippard, Care Pathways Project Manager, Central and North West London NHS Foundation Trust (CNWL) presented the report, on behalf of Sarah Khan, Programme Director at CNWL. They highlighted the following areas of the report:

- Payment by Results (PbR) had originally been introduced in the area of acute care in 2004. Under this system, a price was established against a procedure or set of procedures, with the aim of incentivising competition and choice, on the basis of quality rather than price alone;

- implementation of PbR would ensure greater standardisation of the process of assessing patients and the care they received;

- PbR was in its third year at CNWL, with some areas such as learning disability, substance misuse and children still to be developed nationally;

- under PbR, 21 needs-assessment groupings or clusters had been identified. Once a user was assigned to one of these clusters, it would trigger a package of care that would be routinely re-assessed;

- pricing would be local in the initial stages with the intention of a national pricing system in the future;

- in implementing PbR, CNWL had undertaken extensive staff training, engaged with frontline teams, implemented changes to its electronic records database, and undertaken dialogue with commissioners;

- CNWL's current priority was to ensure that the care packages provided under PbR were evidence-based.

A Member stated that she was disappointed by the content of the report as it did not address the needs of residents in Harrow which was a vital component of any scrutiny report for Councillors. Additionally, it did not address the implications of PbR in terms of outcomes for users and patients. It was also felt that the report could not be easily understood by a lay person.

She added that, in her view, the report focussed on processes and systems and did not sufficiently focus on outcomes for service users.

The Consultant Psychiatrist stated that the report had been approved by the Programme Director at CNWL and by the Director of Operations and Partnerships. It may be that there had been miscommunication regarding the Sub-Committee's request about the content of the report. He added that the report did focus on a range of outcomes and quality indicators, including patient outcomes. He added that under PbR, patients would be afforded the opportunity to provide feedback on the standard and quality of the treatment they were receiving, consultants' views would be sought. There were seven quality indicators being piloted by the Department for Health, which were being used to assess the efficacy of the programme.

A Member asked how the PbR agenda linked in with personalisation of care. A Doctor from CNWL advised that PbR was linked to social care and that CNWL:

- were evaluating the social care assessment process and ways of improving this to make it more transparent while focussing on the needs of the user;

- were assessing the care packages available, as these would be provided by a number of different providers such as third sector organisations and local authorities, and were integrating these to ensure a single combined social and health care assessment process and an integrated care plan for the user.

A Member stated that PbR was a key issue for users of mental health services and would have significant implications in Harrow, where there was a strong social care and health lobby, and asked about the risks associated with the programme.

The Head of Adult Social Care advised that payment would be made by the relevant CCG to CNWL so was an NHS system, but payments were already made to users under the personalisation of social care budgets. How this system would integrate with PbR would need to be monitored.

The Service Manager for Commissioning added that, CNWL was leading in London in the implementation of linking PbR and personal budgets for social care. This area was evolving and there were a number of unknown factors. CNWL was focussing on setting best practice nationally, while focussing on patient recovery. PbR would enable data gathering which would flag up any population prevalences and outcomes and make the process and delivery of care more transparent for the user. He added that, PbR may be a misnomer, as the programme aimed to ensure payment by need or activity and there were moves to rename the programme to 'Payment Pricing System'. PbR was a user-driven purchasing mechanism that had a number of checks and balances built into it to mitigate against any risks, which were, on the whole, low for the local authority.

The Vice-Chairman of the Sub-Committee requested a meeting with the Consultant Psychiatrist and the Chief Operating Officer at CNWL to further discuss the implications of PbR.

RESOLVED: That the report be noted.

171. Proposal for Redistribution of Resources from Day Assessment Unit to Memory Services in Harrow

Ms Parmjit Rai, Deputy Service Director, Central and North West London NHS Foundation Trust (CNWL) Dr Shirlony Morgan, Lead Clinician, CNWL and Dr Pramod Prabhakaran, Lead Clinician, CNWL took turns in presenting the report and highlighted the following areas:

- the proposals under consultation related to the redistribution of resources from the Day Assessment Unit (DAU) in Harrow to Memory Services in Harrow. This was a joint initiative between CNWL and the Harrow Clinical Commissioning Group (CCG) to support the delivery and evaluation of integrated, needs-driven, evidence-based care packages. Brent and Hillingdon had already moved to this model;

- over 35% of the UK's population was over 65 years of age. North West London had one of the highest concentrations of those over 65 years of age and current provision for this group was stretched;

- identifying dementia pathways was a key priority for the NHS and there was increasing pressure to develop and implement a local strategy to

meet the needs of older people, other users of the service and their carers;

- the Day Assessment Unit offered services to functional patients two days a week and to organic patients e.g., those suffering from dementia, two days a week, seeing an average of twenty patients over the four days;

- the DAU operated along the lines of a day hospital and was deemed to be an outmoded method of delivering services, was not cost-effective and did not cater for the needs of the population. This was the reason for the shift to Memory Services which would work in partnership with older peoples' services and carry out outreach work**;**

- patients attended the DAU for a time-limited period, usually for between 3-4 months. Patients attended therapy groups, drop-in sessions or cognitive stimulation sessions at the DAU. These were evidence-based therapeutic groups that should continue to be available to users;

- the diagnosis rate for dementia in Harrow was one of the lowest in the country and was at 32% in the borough. This meant that approximately 70% of those suffering from dementia did not get diagnosed, which led to additional complications later on. Early intervention could prevent entry or delay entry into long-term care for these patients and could enhance their quality of life;

- it was intended that the consultation would take on board the views of a wide cross-section of opinion and relevant stakeholders;

- it was proposed that Memory Services would focus on recovery-based models and was seeking support from the Health and Wellbeing Board and Harrow CCG to ensure that dementia care in Harrow was sustainable, accessible and effective.

A Member asked why the DAU only saw approximately 20 patients per week and why the dementia diagnosis rate in Harrow was so low. The Consultant Psychiatrist advised that the DAU was not considered to be integral to care and was under-used as demonstrated by the low referral rate to the DA. This was because most GPs considered it to be an outmoded method of delivering dementia care. If the service were available five days a week rather than four, then more patients could be accommodated. Harrow had an estimated prevalence of dementia and although it would not be possible to achieve a 100% diagnosis rate, a diagnosis rate of between 70-80% was a desirable target. He added that some hard-to-reach groups and Black and Minority Ethnic communities may choose not to access dementia services for a number of different reasons.

The Member asked whether there was evidence of the new model being successfully used by other authorities. The representative advised that there were a number of well-established models in use nationally, and that the

proposed model for Harrow was part of the National Dementia Strategy. He added that both the London Boroughs of Brent and Hillingdon had established similar services.

A Member asked how the proposed model differed from others. The Consultant Psychiatrist stated that GPs referred patients to the DAU for which there was a 31 week waiting list, following which a patient may be referred for an MRI scan, which could take a further 6 weeks, which meant that it could take up to a total of 40 weeks to complete the diagnosis process. It was proposed under the new model that MRI scans, blood tests etc would be carried out at the GP level and resources would be re-distributed to speed up the overall process. Additionally, patients would be assessed by a multi-disciplinary team operating 5 days a week, which would reduce the waiting time from 31 to 4 weeks. He added that, progressive conditions could lead to other crises which could be avoided through early planned intervention. The intention was to implement the following measures:

- early intervention;
- increased capacity of the service and reduced waiting list times for users;
- support for carers;
- educating the user about how to plan for the future;
- use of medication;
- home visits by specialist memory services nurses and the possible use of other local venues would be discussed with the CCG.

A Member asked how CNWL would ensure that the consultation included all relevant stakeholders and hard-to-reach groups. A Doctor from CNWL advised that a joint local authority and CCG-led event to look at all aspects of dementia care and a series of public consultation meetings were planned.

The Head of Commissioning for Mental Health and Learning Disabilities at NHS Harrow CCG advised that CNWL was committed to seeking the views of the widest group of carers and hard-to-reach groups, community providers, nurses and support workers in shaping this initiative. She added that a number of task and finish groups had been set up, and CNWL would consult the Dementia Alliance with regard to the ongoing management of the service.

A Member asked whether any support was available to those currently on the waiting list. The Head of Commissioning for Mental Health and Learning Disabilities stated they were evaluating how to better manage the waiting list process, which included educating GPs to progress the pathway and that commissioned services were set clearly defined targets.

Members requested that a further report be submitted at a future meeting of the Sub-committee once the results of the consultation had been completed and compiled.

RESOLVED: That the report be noted.

172. Project Plan for NHS Health Checks

The Sub-Committee received a report of the Divisional Director of Strategic Commissioning which set out the project plan for the Barnet and Harrow Scrutiny Review Group looking at NHS Health Checks, which had been included in the work programme agreed by the Overview and Scrutiny Committee (O&S).

An officer advised that the Review was time-limited and the Chair of the Health and Social Care Scrutiny Sub-Committee was the Chair of the Review Group, which was a cross-party group. She added that the take up of health checks in Harrow had been low compared to that in Barnet.

Members commented that there may a number of reasons for the low take-up in Harrow. The Chairman advised that a meeting of stakeholders was planned and data relating to the take-up of health checks would be collected from local GP surgeries. She added that the Centre for Public Scrutiny had agreed to provide officer time to Harrow in carrying out this Review.

RESOLVED: That the project plan be noted.

173. Harrow Community Nursing Service -Service Model Developments

The General Manager of Harrow Community Services at Ealing Hospital NHS Trust and Deputy Director of Nursing and Clinical Practice, Ealing Integrated Care Organisation presented the report and highlighted the following areas:

- District Nursing provision in Harrow had not been reviewed for approximately 10 years. The service's values, cultures and practices needed to be reviewed in or to be able to respond to the changing context of increasingly complex local needs and nursing needs;

- the District Nursing Service model introduced in January 2012 aimed to deliver service productivity efficiencies through a revised service skill mix which would be supported by a range of service quality improvements and innovations;

- the new model had been implemented following a service-demand, capacity and productivity review with the aim of:

    - supporting integrated care delivery by aligning District Nursing Teams to General Practice Peer Groups;

    - a revised skill mix to more effectively manage the needs of patients and improve patient outcomes;

- realising service productivity and savings efficiencies;

- extensive caseload analysis had been undertaken to identify the most complex cases, i.e. the 10% of clients who received the most visits and less complex clients were supported in self-care in order to target resources appropriately;

- service-users' feedback and complaints data had been evaluated. Service quality and improvement had been undertaken through focussing on Key Performance Indicators;

- End of Life Care (EOLC) pathways had been agreed with the CCG;

- there was collaborative working in a local, national and professional context;

- ensure that provision was clinically efficient, safe for nurses, caring and compassionate and meeting the patient's needs.

A Member stated that the patient feedback from the survey was very positive and asked which patients had been consulted. The General Manager advised that 100 surveys had been carried out in the first tranche, with a 42% response rate, which was low. Additional patient feedback would be sought and this would be triangulated against performance data and complaints data. The Deputy Director of Nursing added that GPs, those delivering acute care and carers would also be surveyed.

A Member stated that some local authorities were using Patient Opinion, an online patient feedback platform which was a good resource for health professionals in designing care.

The Chairman asked whether there was enough capacity within nursing teams. The Deputy Director of Nursing advised that there was a team of 36 nurses in total. She added that there was a high vacancy rate among District and Community nurses across a range of skill-sets and that it would be important to support nursing teams through this period of transition and strengthen their professional practice and leadership.

A Member asked who was eligible to receive this service and the difference between a District Nurse and a Community Nurse. The General Manager advised that adults who were house-bound were eligible and that there was a separate community paediatric service for those under 18 years of age.

The Deputy Director advised that District Nurses and Community Nurses had similar responsibilities, but different accountabilities, and that a Community Nurse would report to a District Nurse.

A Member asked about EOLC pathways and providers. The Deputy Director stated that there was a project with the CCG to look at collaborative working. Six different services, hospitals, third sector and community services had

taken part in designing the pathway, and care plans had been discussed with family members. A Macmillan GP had been appointed and discussions had taken place with St. Luke's Hospice to ensure the patient had a holistic experience.

RESOLVED: That the report be noted.

(Note: The meeting, having commenced at 7.30 pm, closed at 9.50 pm).

(Signed) COUNCILLOR MRS VINA MITHANI
Chairman