

# HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE MINUTES

## 4 SEPTEMBER 2014

**Chairman:** \* Councillor Mrs Rekha Shah

**Councillors:** \* Michael Borio \* Mrs Vina Mithani  
\* Niraj Dattani \* Chris Mote

**Advisers:** Rhona Denness Harrow Healthwatch

\* Denotes Member present

### 10. Attendance by Reserve Members

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

### 11. Declarations of Interest

#### All Agenda Items

Councillor Michael Borio declared a non-pecuniary interest in that he was employed by Independent Age. He would remain in the room whilst the matters were considered and voted upon.

Councillor Mrs Vina Mithani declared a non-pecuniary interest in that she was employed by Public Health England. She would remain in the room whilst the matters were considered and voted upon.

Councillor Chris Mote declared a non-pecuniary interest in that his daughter was employed by Northwick Park Hospital. He would remain in the room whilst the matters were considered and voted upon.

**12. Minutes**

**RESOLVED:** That the minutes of the meeting held on 7 July 2014 be taken as read and signed as a correct record.

**13. Public Questions & Petitions**

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

**14. References from Council and Other Committees/Panels**

**RESOLVED:** To note that none were received.

**RECOMMENDED ITEMS**

**15. Appointment of (non-voting) Advisers to the Sub-Committee 2014/15**

The Sub-committee received a report of the Director of Legal and Governance Services, which set out details of nominations for the position of non-voting adviser to the Sub-Committee 2014/15.

An officer advised that the nomination from HealthWatch Harrow had been withdrawn after the agenda had been published. HealthWatch Harrow would be contacted for a replacement nomination, which would be agreed at the next meeting.

The Sub-Committee agreed the nomination from the Local Medical Committee.

**Resolved to RECOMMEND:**

That Dr Nizar Merali, of the Local Medical Committee, be appointed as a non-voting adviser to the Sub-Committee for 2014/15.

**RESOLVED ITEMS**

**16. Public Health Integration**

The Sub-Committee received a report of the Director of Public Health which set out the work and experience of the Joint Public Health Service in its first year of operation from 1 April 2013 to 31 March 2014.

The Director stated that the Joint Public Health Service, which was in its first year of operation, worked for Barnet and Harrow Councils and had the following key areas of responsibility:

- leading health improvement and reducing health inequalities;

- health protection and ensuring appropriate plans are in place;
- public health support to health service commissioning and joint commissioning;
- providing public health knowledge and intelligence.

He added that the team worked with both councils and organisations within the NHS, eg, the Clinical Commissioning Groups, NHS England and Public Health England. It had formal links to all of these organisations in order to fulfil statutory requirements and to ensure effective health provision for both boroughs.

Members made the following comments and asked the following questions:

- What new services and initiatives had been funded with the new investment totalling £1.65m across the two councils?

The Director advised that the following initiatives had been funded with the investment:

- £350,000 of new investment was deployed to support work on childhood obesity, a review of the school nursing service in preparation for health visitors joining the Council in April 2015 (to ensure a joined up preventive health support for Children 0-19 is in place), warmer homes, work to improve the older peoples health and social care pathway (undertaken by Adults Services). Harrow Childhood obesity, Alcohol brief advice in pharmacies, and healthy eating in schools and Children's Centres.
- How would childhood obesity be tackled and healthy eating among school children be promoted? What could be done about the proliferation of fast food outlets in our local high streets and in the vicinity of schools?

The Director advised that schools in Barnet and Harrow had engaged well with the Healthy Schools programme, which was part of the Mayor of London's initiative. Healthy eating, emotional wellbeing, stopping smoking along with the sexual health programme, and services provided as part of the Early Years' services and Children's Centres were key elements of the programme.

He added that Tower Hamlets had looked at introducing new by-laws to regulate fast food outlets and there the government was considering a proposal to tax fizzy drinks. The Environmental Health team at Harrow was working with schools on healthy catering options.

- Why was the ring fenced grant a higher amount for Barnet than for Harrow?

The Director advised that PCTs in Barnet and Harrow and other outer London authorities had historically received low allocations. Furthermore, the population of Barnet was almost double that of Harrow and the two boroughs had one of the smallest allocations in England, per head of population. The grant amount was based on indices such as deprivation and age and though the two boroughs shared services, they did not share the funding. The residents of both boroughs were considered to be generally healthy and had low levels of deprivation. The allocation for 2015/16 would be announced in December 2014, and it was not clear whether this would continue to be ring fenced going forward.

- How did the procurement and commissioning process work under the new arrangements?

The Director stated that the Service was currently procuring School nursing with Hounslow as part of the West London Alliance consortium and expected this to be in place by September 2015. Drugs and Alcohol programmes were in the process of being procured and early discussions with providers had taken place. Sexual health, which was a more complex area, would need to be procured in due course.

- How would the problem of social isolation be tackled?

The Director stated that social isolation was often a key factor in an individual's health and this was part of the Mental Health Prevention Strategy and would be reported in detail to the Health and Wellbeing board.

**RESOLVED:** That the report be noted.

#### **17. Care Quality Commission's Quality Report on the North West London Hospitals NHS Trust**

The Sub-Committee received a report of the Care Quality Commission (CQC) which set out its findings following its recent inspection of the North West London Hospitals NHS Trust (NWLHT).

Following a brief overview of the report by the Interim Medical Director at NWLHT, Members asked the following questions:

- What was the Trust's reaction to the report? Did the Trust agree with the report's conclusions? Did the report highlight areas that the Trust was already aware of or were they a surprise, if so, which ones had come as a surprise?
- Critical care at Northwick Park Hospital had been rated 'Inadequate'. What was being done to address this, when would detailed improvement plans be made available to the Sub-Committee? When was the service expected to improve and to which CQC standard?

The Interim Medical Director stated that in his view, the report was measured and appropriate. The Trust was obliged to submit a Compliance Action Plan in response to the CQC report. The Action Plan was almost complete and the Trust was in the process of producing a Quality Improvement Plan with its partners and the CQC. The report had highlighted the fact that National Audit requirements for critical care had not been taken into account by the Trust, and consequently, critical care units at Northwick Park Hospital had discharged patients too soon, which had led to an increase in re-admission rates for these patients.

A representative from Harrow's Clinical Commissioning Group (CCG) added that the Improvement Plan was owned by Barnet and Harrow CCGs, which had joint monitoring responsibility.

- Would the enhanced A&E services at Northwick Park have the capacity to deal with an increased and more complex workload as a result of the planned closures of the daytime A&E facility at Central Middlesex and Hammersmith being replaced by an urgent care facility? How would this work in practice and would Harrow residents experience increased delays in accessing A&E?
- Why were A&E services at Central Middlesex and Hammersmith being closed despite the anticipated delay in implementing the changes at Northwick Park? Why had the changes not been implemented in phases?
- What effect would the changeover have on staff management and morale?

The Interim Medical Director advised that the Shaping a Healthier Future report had made a number of recommendations regarding North West London hospitals, which had been taken on board by the Trust. A&E facilities at Hammersmith Hospital and Central Middlesex Hospital would be closing the following week. Modelling had suggested that significant numbers of patients would opt to go to access A&E services at either St Mary's or Charing Cross Hospitals following the closures. Furthermore, Central Middlesex already referred its patient overflow to Northwick Park Hospital. He anticipated that there would be an additional 9-12 patients visiting the re-vamped A&E unit at Northwick Park Hospital on weekdays and that this figure would be lower on weekends.

He added that the following measures were being implemented at Northwick Park. These would help mitigate against additional pressures due to the centralisation of A&E facilities :

- increased space, an additional 22 beds and additional trolleys;
- consolidation of staff meant that 30 nurses would be available during each shift;

- both Brent and Harrow CCGs had an assurance process and contingency plans in place;
- plans to strengthen GPs referral process;
- increased focus on ambulatory care;
- close working with the ambulance service;
- staff affected by the merger were not opposed to it and the existing team had been inducted into the new unit. The Trust had extensive organisational development plans which it was committed to;
- all the operations managers would be on call to monitor and manage the bedding-in process, and ensure clinical safety.

The representative from Harrow CCG stated that a phased changeover may have caused confusion among the public regarding which A&E units were open on any given date. The date chosen also took into consideration the rotation timetable for junior doctors and issues of clinical safety.

- Critical care at Northwick Park had been rated as 'Inadequate'. What was being done to address this service area; were there detailed plans regarding this and when and how would they be implemented? Was there capacity to do this? What impact would the Trust's financial position have on its ability to make the required improvements?
- Why had the inspectors interviewed only 3 women from the post-natal ward?
- What was the reason for the low response rate to the Friends and Family Test?

There continued to be cultural and leadership related issues with the maternity unit. The service had made improvements and it was deemed safe. However, it was not as responsive as it should be to the needs of mothers at the unit. Staff at the unit had undergone re-training, however, the impact of previous 'special measures' at the unit and the damage to the unit's reputation had affected staff morale.

Inspectors had surveyed those patients at the post-natal unit on the day. English was not the first language for many of the mothers in the unit. 70% of pregnancies at the unit were in the high risk category and these results were consistent with other London hospitals.

The Interim Director stated that the friends and family tests had seen a marked improvement recently. The representative from the CCG stated that it was difficult for staff to win the hearts and minds of patients and their families during busy shifts at A&E. The recent improved response rates had been largely due to more time being allowed to complete the surveys.

The Interim Director added that the Trust had been told to expect an un-announced re-inspection by the CQC in the next 3 months. He undertook to submit a report regarding the Improvement plan at a future meeting of the Sub-Committee.

**RESOLVED:** That the report be noted.

(Note: The meeting, having commenced at 7.30 pm, closed at 9.15 pm).

(Signed) COUNCILLOR MRS REKHA SHAH  
Chairman