

# HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE MINUTES

## 14 MARCH 2017

<b>Chair:</b>	† Councillor Michael Borio	
<b>Councillors:</b>	Niraj Dattani	* Mrs Vina Mithani (Vice-Chair in the Chair)
	* Margaret Davine	
	* Ajay Maru (2)	* Chris Mote
<b>Advisers:</b>	† Julian Maw	- Healthwatch Harrow
	Dr N Merali	- Harrow Local Medical Committee

- \* Denotes Member present
- (2) Denotes category of Reserve Members
- † Denotes apologies received

### 94. Attendance by Reserve Members

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

Ordinary Member

Councillor Michael Borio

Reserve Member

Councillor Ajay Maru

### 95. Declarations of Interest

**RESOLVED:** To note that the following interests were declared:

## All Agenda Items

Councillor Chris Mote declared a non-pecuniary interest in that his daughter worked at Northwick Park Hospital and his mother-in-law was an outpatient at the Royal National Orthopaedic Hospital. He would remain in the room whilst the matters were considered and voted upon.

### **96. Minutes**

**RESOLVED:** That the minutes of the meeting held on 7 February 2017 be taken as read and signed as a correct record.

### **97. Public Questions, Petitions and References**

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

## **RECOMMENDED ITEMS**

### **98. Access to primary care in Harrow -findings of members' visits to WICs and Healthwatch survey of GP surgeries**

The Sub-Committee received a report of the Divisional Director, Strategic Commissioning, which set out health scrutiny Members' findings and recommendations from their work on access to primary care within the borough over the last 18 months.

Healthwatch Harrow had shared its research findings on GP accessibility, and this had been important in informing the observations and recommendations set out in the report.

Why did 29% of GP practices not use a text reminder service? Was this due to the costs involved and were these smaller practices?

The representative from Healthwatch Harrow advised that it was likely that the 29% consisted of smaller GP practices for whom cost may be an issue. She added there was evidence to show that sending text reminders of forthcoming GP appointments resulted in fewer DNAs (did not attend).

A Member stated that there was evidence to suggest that children whose parents who did not speak English could be disadvantaged in situations where a translator was not available or when those parents tried to access the NHS 111 non-emergency service. Often these parents could not easily communicate with medical staff or give consent for their child's medical records to be shared with relevant clinical staff which meant that their children were at risk of experiencing delays in receiving treatment.

The representative from Healthwatch Harrow advised that there had been significant cuts in ESOL (English as a Second Language) provision in the borough. She concurred that the Council and Health providers had a duty of care to all residents. She also pointed out that translation services could sometimes compromise patient confidentiality.

The representative from Healthwatch Harrow advised that Healthwatch Harrow would be publishing a further report about GP accessibility in July 2017, which would be shared with the sub-committee.

**Resolved to RECOMMEND:** (to the Overview and Scrutiny Committee)

That:

- (1) it consider and endorse the report from health scrutiny members;
- (2) it forward the Review's report and recommendations to the relevant agencies, as identified in the recommendations, for consideration and response;
- (3) it agree that the Health & Social Care Scrutiny Sub-Committee revisit primary care access and the implementation of the report's recommendations in its work programme for 2017/18.

## **RESOLVED ITEMS**

### **99. Age UK - Befriending service**

The Sub-Committee received a report of the Chief Executive of AGE UK Harrow, which set out information about the befriending service offered by the organisation to Harrow residents.

Following a brief overview of the report, Members asked the following questions:

How many staff did the service employ and how many service users were there? What were the average ages of the volunteers and service users?

The Chief Executive of AGE UK Harrow advised that currently the service, which had 50 clients signed up to the befriending service was supported by one part-time officer and 30 volunteers. AGE UK Harrow was seeking additional funding and looking to recruit additional volunteers. The service sometimes received referrals from GPs.

She added that all the volunteers were over 18 years of age. One of the oldest volunteers was 95 and a few others were in their nineties.

Members commented that the Council's social housing programme should follow examples of good practice implemented in other authorities where older and younger people and families were integrated within the same housing complexes.

The Chief Executive of AGE UK Harrow stated that the befriending service was not available to those living in care homes or those receiving 3 or more visitors per week. However, care homes and housing complexes for over 65's offered few, if any, activities for their residents.

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

**100. Shaping a Healthier Future - Update from NW London Joint Health Overview and Scrutiny Committee**

The Sub-Committee received a report of the Divisional Director, Strategic Commissioning, which provided an update on the discussions at the latest meeting of the NW London Joint Health Overview and Scrutiny Committee (JHOSC) for the Shaping a Healthier Future programme.

The Vice-Chair advised that unfortunately neither she nor the Chair had been free to attend the last meeting of JHOSC.

A Member asked whether the Patient Transport Services Review included Mental Health.

The Vice-Chair advised that the current Review did not include mental health, however, a future working group would be looking at Mental Health and Transport to Local Services.

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

**101. Exclusion of the Press Public**

**RESOLVED:** That the press and public be excluded from the meeting for the following item of business, on the grounds that it involves the likely disclosure of confidential information in breach of an obligation of confidence, or of exempt information as defined in Part I of Schedule 12A to the Local Government Act 1972:

<u>Agenda Item No</u>	<u>Title</u>	<u>Description of Exempt Information</u>
8.	Initial draft of RNOH quality account	Information relating to the financial or business affairs of any particular person (including the authority holding that information).

**102. Royal National Orthopaedic Hospital (RNOH) NHS Trust - Draft Quality Account 2016/17**

The Sub-Committee received an initial draft report of the Quality Manager, Royal National Orthopaedic Hospital (RNOH), which set out its quality account for 2016/17.

The Director of Nursing at RNOH stated that the final version of the report would be available at the end of June 2017 and would be shared with the Sub-Committee at its next meeting in July. He responded to Members questions as follows:

What action had been taken to improve the hospital environment for children following the CQC (Care Quality Commission) inspection of the Hospital in May 2014?

The Director of Nursing advised that a limited number of actions had been taken to increase the amount of space and improve the environment for children. Building works for new children's wing were on track and expected to be completed later in the year.

The Sub-Committee allowed the Manager of Healthwatch Harrow to pose the following question.

How were Patient surveys carried out and how big was the sample group?

The Director of Nursing stated that RNOH was obliged to use one of the recognised survey companies when it carried out the National In-patient Survey. The survey company used a statistically representative sample of patients, which amounted to 900 patients. The hospital also carried out its own internal survey, which was offered to all patients, and was carried out with the help of independent volunteers. He added that response rates from outpatients surveys was lower.

A Member asked how the hospital managed infections such as C. difficile and MRSA? What audit procedures were in place and who carried these out?

The Director of Nursing stated that incidences of hospital acquired infections such as MRSA and C. difficile were extremely low and significantly lower than the national average. A mandatory infection control programme included hand hygiene and there were awareness posters about hand hygiene displayed across the hospital site. The hospital's governance arrangements ensured that all data, outcomes, incidents and complaints were taken into consideration by the Clinical Quality Governance Committee. The Committee produced an integrated quality report, which included both quantitative and qualitative data, flagged up 'hot spots' and was widely shared both internally and externally.

He added that the hospital had a large programme of audits, which included an internal audit programme, patient observations, medicines, ward processes and environment. The internal clinical audit was undertaken by the hospital's audit lead and there was a programme of cross-departmental audits. External companies were commissioned to carry out independent audits, and there were regular CQC inspections.

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

(Note: The meeting, having commenced at 7.30 pm, closed at 8.50 pm).

(Signed) COUNCILLOR MRS VINA MITHANI  
Vice-Chair in the Chair