

# HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE MINUTES

## 3 JULY 2017

<b>Chair:</b>	* Councillor Michael Borio	
<b>Councillors:</b>	† Niraj Dattani	* Mrs Vina Mithani
	† Kairul Kareema Marikar	* Chris Mote
<b>Advisers:</b>	Julian Maw	- Healthwatch Harrow
	Dr N Merali	- Harrow Local Medical Committee

- \* Denotes Member present
- † Denotes apologies received

### 103. Attendance by Reserve Members

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

### 104. Declarations of Interest

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

Agenda Item 11 – Healthwatch Annual Report 2016/17 and the Priorities for 2017/18

Julian Maw declared a non-pecuniary interest in that he was a representative of Healthwatch Harrow. He would remain in the room whilst the matter was considered and voted upon.

All agenda items

Councillor Chris Mote declared a non-pecuniary interest in that his daughter was a staff nurse at Northwick Park Hospital. He would remain in the room whilst the matter was considered and voted upon.

Agenda Item 13 – HSAB Annual Report 2016/17

Councillor Michael Borio declared a non-pecuniary interest in that he was a trustee of Age UK Harrow. He would remain in the room whilst the matter was considered and voted upon.

**105. Minutes**

**RESOLVED:** That the minutes of the meeting held on 14 March 2017, be taken as read and signed as a correct record.

**106. Appointment of Vice-Chair**

**RESOLVED:** To appoint Councillor Mrs Vina Mithani as Vice-Chair of the Health and Social Care Scrutiny Sub-Committee for the 2017/2018 Municipal Year.

**107. Public Questions, Petitions and References**

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

**RESOLVED ITEMS**

**108. Appointment of Advisers**

**RESOLVED:** That the following nominees be appointed as Advisers to the Sub-Committee for the 2017/18 Municipal Year:

1. Mr Julian Maw (Healthwatch Harrow)
2. Dr Nizar Merali (Harrow Local Medical Committee)

**109. Presentation: Service users accessing health services in Harrow**

This item was withdrawn.

**110. Royal National Orthopaedic Hospital Quality Accounts 2016/17**

The Sub-Committee received a report of the Chief Executive, Royal National Orthopaedic Hospital (RNOH), which set out the Quality Accounts for 2016/17.

The Director of Nursing at RNOH introduced the report and informed the Sub-Committee that the accounts had been signed off by the Board the previous week. He advised that some data had not been available at the time he had presented the draft accounts.

The officer summarised the achievements and priorities of the Trust and drew particular attention to: the inpatient survey being recognised as the best for asking patients about their care, the strong volunteer commitment, the launch

of the RNOH VAL-YOU regarding enhancing the experience of staff and customer care training.

The Chair confirmed that the draft report on the Royal Orthopaedic Hospital Draft Quality Accounts had been considered by the Sub-Committee at its last meeting and had been reviewed by the Sub-Committee to its satisfaction.

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

#### **111. Healthwatch Harrow annual report 2016/17 and the priorities for the 2017/18**

The Healthwatch Harrow Annual Report 2016/17 and the priorities for 2017/18 were presented to the Sub-Committee. The Chair of Enterprise Wellness introduced the report and acknowledged the support of partners in the community sector, particularly volunteers.

Members were informed of the appointment of a new Manager from Autumn 2016. Following an overview of the report by the Chair of Enterprise Wellness, Members asked the following questions:

What assurances were there that Healthwatch Harrow delivered its functions effectively?

The two key drivers were continuing to build strategic alliances and the volunteer network, particularly pooling resources as partners had their own groups of volunteers.

What assurances could be given around the new structure and governance given the independent investigation last year?

The investigation had been welcomed and it was considered that the appropriate system to promote public forums had been implemented. Quarterly performance reports, bulletins and public forums were in place.

Healthwatch Harrow understood the wider financial background to the Council's budget reduction. It was keen to agree a two year plan with commissioners to enable the draft plan to be addressed.

Has the reintroduction of the 'traffic light system' to help patients identify whether attendance at A&E was the most suitable option been considered? This would be particularly useful for young people who did not know what action to take.

The Chair of Enterprise Wellness undertook to raise this with the CCG.

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

#### **112. Healthwatch report on GP accessibility**

The Sub-Committee considered a GP access report produced by Healthwatch Harrow. The Manager of Healthwatch Harrow introduced the report stating

that the rationale of the research was a result of concerns expressed by local people regarding GP accessibility. She outlined the methodology used to gain an understanding of patients and service users' experiences of GP services within Harrow based on desk and field research gathered over the last 12 months.

It was noted that the findings highlighted variations in accessibility between Harrow's GP practices and concluded that not all practices were in accordance with the Harrow CCG accessible information standard protocol. The Sub-Committee was advised that the recommendations contained in the report would be submitted to the CCG Board.

Members asked a number of questions regarding the report:

What progress had been made with delivering local STP plans for Harrow during 2016 – 2017?

A draft plan has been produced and was due to be published. The plan would be available to the public and would contain a glossary worded in simple terms. A Member stated that a glossary in plain English was important for the public's understanding of the document.

How can the Council help influence Harrow Clinical Commissioning Group (CCG) to ensure it is able to support Primary Care providers deliver a clear set of standards and accessible services?

The Healthwatch Harrow Chair stated that it was critical that the commissioners and Council were engaging in the process and collaboration such as in identifying a small pot of money particularly with regard to hard to reach groups, would be useful. Healthwatch Harrow was in dialogue with the CCG, and was considering a meeting to develop the engagement including discussion on GP accessibility. The ability to investigate issues raised with Healthwatch Harrow depended on Investment levels.

Is there sufficient awareness of the Health app and could it be synchronised with the Council's youth app?

It was recognised that awareness of the app needed to be raised. Synchronisation with the youth app had been suggested. The app was informing the good practice guide on engagement for sector providers of good engagement.

Analysis was taking place on whether there was a direct correlation between surgeries that text reminders and the number of patients who miss appointments.

What led to the survey, how were the interviewees selected and how representative was the demographic seeing as the total number was a small percentage of the population?

It was a public online survey, mailshots and through community groups with hard to reach representatives being recruited via local partners. The work

undertaken to date was a beginning and an important way forward. To do justice to the subject matter it needed to be embedded in the 5 year plan. However further analysis would require budgetary provision.

An adviser offered clinical support to the project, noting that as independent contractors GPs were able to decide on the allocation of resources.

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

### **113. HSAB Annual Report 2016 2017**

The Sub-Committee received a report of the Director of Adult Social Services which summarised safeguarding adults activity by the Council and its key partners.

Following a brief officer presentation highlighting key aspects of the report, Members made the following comments and asked the following questions:

How will HSAB continue to deliver its functions effectively given Council budget cuts?

Despite the budgetary challenges, safeguarding work had been prioritised and there had to date been no budget reductions in that area. The service tried to work as cost effectively as possible.

When will the Action Plan from the joint HSAB and HSCB ('think whole family') case audit be ready and how is it expected to deliver on the recommendations?

The Action Plan had been completed and would be circulated to relevant managers and both Boards imminently. The HSCB's Quality Assurance Sub group would monitor the recommendations and joint learning would be undertaken to continue the future joint audit. The Business Manager of the Local Safeguarding Children Board had made a personal pledge to the HSAB for support to the whole family approach.

What specific steps were being taken to address the growing number of older people who were at risk of safeguarding issues and which partners had been identified to tackle this?

Age UK undertook valuable work during World Elder Abuse Awareness Day events, for example talking to members of the public. Trading Standards and the police were key partners in preventative work.

Are any staffing reductions proposed and will the current level of training continue?

No staffing reductions were currently proposed for the safeguarding service. Training was undertaken in conjunction with the HSCB wherever possible, in order to work efficiently. Staff from the safeguarding adults team provide bespoke awareness sessions or training events for groups of 30 or 40 as very

small groups were not effective to visit and staff can attend the formal training programme run by the HSAB.

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

#### **114. Update from NW London Joint Health Overview and Scrutiny Committee**

The Sub-Committee received an update on the discussions at the latest meeting of the NW London Joint Health Overview and Scrutiny Committee (JHOSC).

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

#### **115. Choosing Wisely: Improving the way we prescribe**

In accordance with Committee Procedural Rule 8.2, the Sub-Committee agreed to the inclusion of the item on the agenda as the proposals were due to be considered by the CCG Governing Body in July 2017 and the next meeting of the Sub-Committee was not scheduled until November.

The views of the Sub-Committee were sought by the North West London Collaboration of Clinical Commissioning Groups on three proposals to change the way that medicines were prescribed across the eight boroughs of North West London. The Sub-Committee was informed that the designated person from the CCG was unable to attend due to a family emergency and expressed its best wishes to the officer. Members were disappointed that the CCG had been unable to arrange for someone to attend the meeting to respond to questions in their place. It was therefore agreed that a letter be sent on behalf of the Sub-Committee with its comments.

A Member suggested that information on the proposal should be made more publicly available to enable residents and patients to be better engaged with the consultation.

The Sub-Committee understood the budgetary reasons behind the proposals but noted that the government had announced additional funding for the NHS.

Members expressed the following views on the proposals:

There would be a likelihood that some population groups would be disadvantaged by a universally applied policy change which promoted or directed self-payment of previously prescribed medicines. The groups that could be most affected were: low income families and individuals, children and young people, pregnant mothers and new mothers, older age people, long term condition patients groups, especially those with high use of medications listed.

With regard to asking patients to order their own repeat prescriptions, it was acknowledged that pharmacies could be renewing prescriptions whether or not patients required it. A prescription should only be available for a certain number of repeats before review by the surgery. Concern was expressed on possible safeguarding risks of a change in policy such as a patient not

receiving the required medicines, getting the incorrect medication or forgetting to reorder their prescription and running out of medication.

The GP should not be expected to be aware of a patient's financial position. There could be situations where a patient may be pressurised to agree to purchase medicines or products that they cannot afford. There is insufficient time during an appointment for a GP to explain a new system and to deal with any anxiety that may arise.

An Adviser informed the Sub-Committee that, as the CCG did not have the power to tell GPs what to prescribe, any decision on the proposals would be a recommendation. He further advised that an equality impact assessment was in progress and was due for completion prior to submission to the CCG. The Sub-Committee requested that it be provided with a copy of the equality impact assessment to enable it to comment

**RESOLVED:** That a letter outlining its views be submitted on behalf of the Sub-Committee.

(Note: The meeting, having commenced at 7.30 pm, closed at 9.05 pm).

(Signed) COUNCILLOR MICHAEL BORIO  
Chair