

# Health and Social Care Scrutiny Sub-Committee

## Minutes

### 23 February 2021

**Present:**

**Chair:** Councillor Rekha Shah

**Councillors:** Michael Borio  
Dr Lesline Lewinson

Vina Mithani  
Natasha Proctor

**Advisers:** Julian Maw  
Dr N Merali

**In attendance  
(Councillors):** Simon Brown  
Chris Mote  
Janet Mote  
Christine Robson

**In attendance  
(Guests):** Lisa Henschen  
Dr Genevieve Small

**In attendance  
(Officers):** Carole Furlong  
Paul Hewitt

**92. Attendance by Reserve Members**

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

**93. Declarations of Interest**

**RESOLVED:** To note that the declaration of interests, which had been published on the Council website, be taken as read and that during the course of the meeting:

- (1) Councillor Janet Mote, a member of the Sub-Committee, declared a nonpecuniary interest in relation to Item 7: Mount Vernon Cancer Services Review Update in that she received treatment at Mount Vernon. She would remain in the room whilst the matter was considered.
- (2) Councillor Natasha Proctor, a member of the Sub-Committee, declared a nonpecuniary interest in relation to item 7: Mount Vernon Cancer Services Review Update in that her Mother received treatment at Mount Vernon. She would remain in the room whilst the was considered.

#### **94. Minutes**

**RESOLVED:** That the minutes of the meeting held on 19 November 2020, be taken as read and signed as a correct record.

#### **95. Public Questions**

**RESOLVED:** To note that no public questions had been received.

#### **96. Petitions**

**RESOLVED:** To note that no petitions had been received.

#### **97. References from Council and Other Committees/Panels**

None received.

### **Resolved Items**

#### **98. Mount Vernon Cancer Services Review - Update**

The Sub-Committee received a presentation from NHS England and NHS Improvement representatives which provided an update on the Mount Vernon Cancer Centre Review.

Officers outlined the presentation, focusing on the following key points:

- Of the number of patients the hospital received over the past three years, Harrow CCG made up 9% of patients received, with 1,080 individual patients in 2019/20.
- Independent advice was received on what could be improved at the site, they had found that there was a lack of intensive care, a lack of co-located acute support, an increased number of co-morbidities and that there were complex arrangements with many other trusts.
- The programme board considered feedback from independent reviews as well as patient and staff feedback and ultimately supported the recommendation from the Independent Clinical Group for a new single

site cancer centre on an acute site alongside access to chemotherapy as well as consideration of radiotherapy.

- It was noted that only one acute site fully met the essential criteria for a new site.
- Harrow represented 22% of the feedback received from the patient and public engagement that had taken place.

The representative concluded by outlining ongoing work and what had been planned for the next steps, this included:

- That the development of options for the Watford General Hospital site was to be continued, improved access to chemotherapy with a possible location being Hillingdon Hospital as well as networked radiotherapy.
- The transfer of the management of services to University College Hospital London was a recommendation as it was noted that this should be overseen by a specialist cancer hospital.
- That improvements were to continue to be carried out at Mount Vernon.
- Capital funding discussions are to be continued and that public consultation would not take place until funding had been secured.
- Patient and public engagement to be continued.

Members raised a number of questions which were responded to by the representatives as follows:

- The staff engagement had taken place throughout the process alongside the patient and public engagement. This was done through a number of ways such as meetings, surveys as well as organised sessions.
- Redundancies were unlikely due to current vacancies and moving the service could aid in staff retention. Moving the clinical team as a whole was the goal.
- There was a requirement to study data gathered on the low uptake of radiotherapy by Harrow residents to allow for a greater understanding as to why this was the case. This would help further improve cancer outcomes for Harrow residents.
- The benefits and disadvantages of this move were being explored in an inequalities impact assessment had been planned to be carried out by Public Health England for the move to the Watford site. This had allowed an opportunity to mitigate those changes.

- There would be enough space for equipment to be transferred to the new site, communication had been ongoing regarding the build and ultimately subjected to consultations and funding.
- Networked radiotherapy was at a stage where location, sizing and functionality of a satellite radiotherapy service would need to be assessed.
- The Paul Strickland scanner centre and the Linda Jackson centre were critical services and were included in future plans.
- The future of Mount Vernon site was being discussed with Hillingdon Hospital, who own the land for the site.
- The Harrow specific events uncovered a positive response but there was concern over how far away the new site might be from Harrow residents. Harrow participants were generally in favour of the Watford option and understood the need for the move.

The Sub-Committee thanked the NHS England and NHS Improvement representatives for their presentation.

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

## **99. Update on Health and Social Care Response to Covid-19**

The Sub-Committee received a presentation from the Directors of Public Health and Adult Social Care which provided an update on the latest Covid-19 figures in Harrow as well as the borough's response to the pandemic. This also included information on local infection rates, the vaccination program and testing, access to primary care and staff resilience and well-being.

The Director of Public Health outlined the presentation, focusing on a number of key points:

- Rate of infections in Harrow, at the time of the reporting stood at 118.6 per 100 000 of population, which had decreased by nearly 85% since January. With the highest infection rates seen in 25- to 59-year-olds. Those over 80 had also proved to be significant demographic when it came to infection rates.
- Testing had softened recently as expected with the reduction in the rate of infection reported in the community. Actions to increase testing rates continued with promotions, public engagement, improved access to a new site at Kenton Rec and additional testing days at the Civic Centre.
- It was highlighted that those who were identified as 'clinically vulnerable' in Harrow increased to 21,400 as at 17 February 2021.

- Vaccination centres had been opened across three sites within Harrow and three smaller, pharmacy sites had also been opened. A location for a mass vaccination site had been identified but was yet to be operational. Roving teams had been working within Harrow to allow for mobile vaccinations for those who were house-bound or in care homes. Recently, same day access clinics had been tested in low uptake areas
- Uptake of the vaccine had continued to be encouraged, especially with BAME groups as well as certain frontline council staff eligible for the vaccine.
- General Practice remained to be focused on the delivery of essential services, to ensure there was capacity for the delivery of the vaccination programme as well as provision for urgent and emergency care for patients.
- The eConsultation model was a key component to streamlining services such as receiving advice, booking/cancelling appointments and having a consultation with a healthcare professional. These services allowed for patients to contact their GP from home without having to wait or take time out to travel to the practice. Harrow CCG had committed funding through the Primary Care Networks (PCNs) for continued development of this strategy to take place.
- Surveys and continued meetings had taken place in Adult Services in order for staff resilience to be monitored. This resulted in actions plans drawn up for issues to be addressed. Wellbeing resources had been promoted with wellbeing having been a focus in daily/weekly meetings.

Members welcomed the update and in the followed discussion, asked a series of questions which were responded to as follows:

- A lot of engagement opportunities had been implemented with communities in Harrow. The Community Champion Fund received £500,000 which was being used for community engagement. This led to discussion on the role Councillors had when it came to engagement in their wards and for the measures to be continually adhered to especially when the end of lockdown was approaching.
- Listening to concerns from those who are hesitant, making sure information had been provided and for time to be allowed for those who might have been hesitant, was critical.
- Data in vaccination uptake was planned to be analysed.
- The vaccine had been offered to all frontline staff, The Joint Committee on Vaccination and Immunisation (JCVI) had taken the approach of prioritising age when it came to the vaccination programme. The move into cohort 6 had allowed for a greater flexibility when it came to providing the vaccine to those with non-physical conditions.

- Digital exclusion was an important issue that needed to be monitored, it was noted that telephone consultation would be the primary non face to face method with face-to-face appointments arranged if needed. There should be a variety of methods in place to accommodate all users.
- It was agreed that outreach programmes to encourage vaccination uptake within the younger population would need to be discussed.
- Uptake from care home workers was not as high as it could be, at 64% but engagement would be continued.
- There was not a cut-off point once an invitation for vaccination was sent, it was also noted that phone calls were encouraged to give people an opportunity to speak to a clinician.
- Though the supply chain process had improved over time it had not yet met its full potential, with scope to plan limited.

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

#### **100. Update from NW London Joint Health Overview & Scrutiny Committee**

The Sub-Committee received a report, which set out the discussions held at the meeting of the North West London Joint Health Overview and Scrutiny Committee (JHOSC) on 14 January 2021.

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

(Note: The meeting, having commenced at 6.30 pm, closed at 9.07 pm).

(Signed) Councillor Rekha Shah  
Chair