HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE

MINUTES

24 JUNE 2020

Chair:	* Councillor Rekha Shah	
Councillors:	* Michael Borio	* Vina Mithani
	* Dr Lesline Lewinson	* Natasha Proctor
Advisers:	* Julian Maw	- Healthwatch Harrow
	* Dr N Merali	- Harrow Local Medical Committee
In attendance: (Councillors)	Simon Brown	Minute 78

* Denotes Member present

69. A Welcome and Notification of a Replacement of a Councillor on the Sub-Committee

The Chair welcomed all those present to the first virtual meeting of the Overview and Scrutiny Committee and made some general announcements. Present at the meeting were Members and Advisers of the Sub-Committee, Council Officers, representatives from Partner Organisations – CCG, NWLH NHS Trust, MIND in Harrow, CNWL – and the Portfolio Holder for Adults and Public Health.

The Chair informed the Committee that the meeting would be audio and video recorded and would be available on the Council's website.

In accordance with Council Procedure Rule 1.5, the Sub-Committee noted the replacement of Councillor Chris Mote by Councillor Dr Lesline Lewinson as

the main Member of the Health and Social Care Scrutiny Sub-Committee and that Councillor Chris Mote would occupy the position of 2nd Reserve. The Chair welcomed Councillor Dr Lewinson and thanked Councillor Chris Mote for the contributions made to the work of the Sub-Committee.

70. Attendance by Reserve Members

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

71. Declarations of Interest

RESOLVED: To note that the following interests were declared:

Agenda Item 10 – Covid 19 - Recovery Plan for the Harrow, Health and Care Partnership

Councillor Dr Lesline Lewinson, a member of the Sub-Committee, declared a non-pecuniary interest in that her father was being cared for in a Care Home in Harrow. She would remain in the room whilst the matter was considered and voted upon.

Councillor Vina Mithani, a member of the Committee, declared a non-pecuniary interest in that, by virtue of her employment with Public Health England, she had been involved in the work relating to Covid-19. She would remain in the room whilst the matter was considered and voted upon.

72. Minutes

RESOLVED: That the minutes of the meeting held on 3 March 2020, be taken as read and signed as a correct record.

73. Appointment of Vice-Chair

RESOLVED: To appoint Councillor Vina Mithani as Vice-Chair of the Health and Social Care Scrutiny Sub-Committee for the 2020/2021 Municipal Year.

74. Appointment of (non-voting) Advisers to the Sub-Committee 2020/21

RESOLVED: That the following nominees be appointed as Advisers to the Sub-Committee for the 2020/21 Municipal Year:

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

75. Public Questions

RESOLVED: To note that no public questions were received.

76. Petitions

RESOLVED: To note that no petitions had been received.

77. References from Council and Other Committees/Panels

None received.

RESOLVED ITEMS

78. Covid 19 - Recovery Plan for the Harrow, Health and Care Partnership

Prior to the introduction of the report, a Member stated that a glossary to this document and all future documents be provided to identify the collection of specialist terms used. The Corporate Director of People undertook to provide a glossary.

The Sub-Committee received a report, which set out the North West London Out of Hospital Recovery Plan for Harrow setting out how the Plan had evolved, including the journey towards integrated, person and community-centred care.

The Harrow Out of Hospital Recovery Plan set out:

- shared principles of the Harrow Integrated Care Partnership;

- how the health of the population of the borough would be managed and inequalities tackled;

- learning experiences from the Covid-19 response and the plans in place for recovery and an expected second wave of infection, whilst managing safety and risk;

- proactive planned care where PCNs (Primary Care Networks) would continue to work to provide a co-ordinated and proactive approach to long term condition management;

- how implementation would be supported through an integrated community based urgent care model.

The Corporate Director of People introduced the report and stated that the Plan showed positive partnership working in the midst of the Covid-19 pandemic tragedy and he commended the work of the Partners present at the meeting. He added that, looking ahead, the Partnership would need to evolve to ensure the continued care and good health of the people of Harrow.

The Managing Director of Harrow CCG (Clinical Commissioning Group) added that the Harrow Health and Care Executive had become the epi-centre of the ICP (Integrated Care Partnership) and its work with local partners on supporting each other in responding to Covid-19. The Health and Care Executive had brought together a number of sectors in a single discussion forum on a weekly basis to drive improvements in health and wellbeing. She highlighted the key aspects of the Plan with collaboration and integrated care

work being fundamental to the work of all Partners. She outlined the key elements which were:

- understanding shared partnerships;

- learning from each other;

- building on and strengthening key areas;

- continuing to plan for the future.

She added that shared ownership and collective responsibility were important and outlined the six areas in the Plan, such as providing support to children and care homes, all of which would be underpinned by education and training.

Members were also briefed on the next steps, the '100 day' priority, as follows:

- communicating and sharing the Plan with stakeholders and the voluntary sector;

- producing a video on actions taken and to explain the new normal;

- how patients could get engaged;

- embedding governance and leadership;

- organise and develop the Plan further and support its delivery.

The same representative invited views from the Sub-Committee to help enrich the Plan which had been brought about by exemplary partnership working.

The Chair of the CCG explained that, in her capacity as co-Chair of the Joint Management Board, she had been inspired by the coming together of all Partners during the Covid-19 pandemic and the best legacy that it could leave was to ensure that effective care was provided to all for the future.

The Vice-Chair of the Sub-Committee welcomed the Plan and recognised the amount of work that had taken place in its production. The Chair invited Members of the Sub-Committee to ask questions.

Integrated Care Partnership:

Question 1:

The decision around a single CCG for NW London was imminent and this would see the senior management capacity for the region shrink from 8 managing directors to 3, with changes planned from September 2020 for a 'go-live' in March 2021. How would the perspectives and priorities for Harrow be met through this new structure?

The Chair of CCG reported that the governing body had not taken a decision yet but had set out its aspirations. The CCG would follow the same footprint as that followed by the Integrated Care Partnership/System. This had been working well and was good for patients being cared for in the ICU (Intensive Care Unit).

She added that the plan was to focus on the Harrow Partnership with the CCG setting an example of how to facilitate change and how best to deliver care. A local voice for Harrow was required. An excellent system was in place led by the Managing Director of the CCG and supported by other Partners but providing best value was fundamental.

There were three potential future groupings but a decision had not yet been made and were subject to staff consultation. However, it was essential that systems and structures were fit for purpose and in place. It was too early to say how the changes proposed would work in practice.

Question 2:

How was the ICP (Integrated Care Partnership) different to what had existed before? What difference, if any, would it make to the patient's journey through Harrow's healthcare systems?

The Chief Operating Officer of CLCH was of the view that all out of hospital services needed to be brought together in order to ensure a 'proper' community for Harrow. In NWL it was only the Harrow system that had a level of co-ordination and engagement of all Partners and the creating of a single leadership that was working together in a way that would help improve health care for residents.

The Managing Director of Harrow CCG stated that it was pertinent to eradicate silo working and she was proud to report that the ICP (Integrated Care Partnership) was an aggregation of all Partnerships working together. It had been recognised that the work carried out needed to be done differently and at a faster pace and local partnerships had been galvanised as a collective during this period to do so thereby providing better needs led outcomes for local residents in a timely way.

Impact of Covid-19 on Harrow's Communities

Question 3:

More information on what was currently happening in Harrow was required to better understand the picture in Harrow.

With reference to the PHE (Public Health England) report on the disproportionate adverse impact of Covid-19 on BAME communities – what was the picture in Harrow? What can explain the disproportionate impact in Harrow – long-term conditions, 'lifestyle' factors, socio-economic factors e.g. lower paid jobs being those more likely to be exposed to the general public and/or the vulnerable.

The Director of Public Health reported as follows:

- a number of changes were taking place in Harrow and, in relation to Shielding, the Partners had had to react to the changes proposed by the government. It was important to ensure that Harrow did not experience a resurgence in infections and the Track and Trace system was a vital tool;

- the cases of infection in Harrow were very low and the highest number of infections in a day in the last two weeks was three people;

- the pandemic had shown a light on disparities which were due to a number of reasons. Harrow suffered from an ageing population with a large number being based in residential Care Homes;

- the BAME communities had been impacted upon but no data was presently available for Harrow. The inequalities highlighted by Covid-19 were not unfamiliar. The BAME communities suffered from long term health issues, lived in poor quality housing, suffered from overcrowding, education attainment levels and employment issues. These issues had been brought to the fore by Covid-19. The Council and its Partners would be addressing the issues around inequalities. A further report would be submitted to the Sub-Committee when relevant data was available.

Question 4:

What were the key public health messages that Councillors could reinforce with residents?

The Director of Public Health reported on the key messages: showing people how to wash their hands – handwashing/cleansing techniques with soap and water – and the proper wearing of appropriate PPE (Personal Protective Equipment). It was important for people to act responsibly and to wear face masks in order to protect others from the infection. Additionally, when wearing gloves it was important that people did not touch their faces in order to help reduce contamination.

She added that living a healthier life style was important to reduce long term medical conditions such as diabetes. A Health and Wellbeing Strategy would be launched at the July 2020 meeting of the Health and Wellbeing Board which would include plans to reduce obesity and provide support to those suffering from mental health issues.

Impact of Covid-19 on Health and Social Care Services

Question 5:

Track and Trace in Harrow, Testing in Harrow – Did this provide a positive picture and was additional tracking in place?

The Director of Public Health reported that there were very few cases of infection in Harrow and whilst the situation in Harrow's Care Homes had been escalated to a Tier 1 Category, the situation in the borough was not

approaching a community outbreak. She cited an example of the issues surrounding a homeless person who had been tracked and housed and the learning experiences that the situation had provided.

Question 6:

What Business Continuity Plans had been in place for a pandemic like Covid-19, for each individual trust and across partnership organisations?

The Deputy Chief Executive of North West London Hospitals NHS Trust reported that, due to the recent reduction in the presentation of Covid-19 in hospitals, the plan was for acute sites to bring back the elective services that had been stopped to deal with the pandemic. For example, the Trust had put in place arrangements for the Royal Marsden Hospital to provide access to patients needing urgent cancer care, other arrangements were in place for urgent non-cancer care at Clementine Churchill Hospital in Harrow. Within the Trusts own acute hospital sites, Covid clean protected pathways had to be created to separate potentially Covid positive and non-Covid patients and hand gels, face masks and other PPE were being provided. At Central Middlesex Hospital, the Trust had recommenced some elective surgery and endoscopy from 15 June 2020. Ealing Hospital and Northwick Park Hospital were having their Covid-protected pathways Peer Reviewed and were expected to recommence elective and diagnostic procedures during July 2020.

The Deputy Chief Executive added that the Trust had undertaken a review of its response to the Covid-19 outbreak and the lessons learnt were being incorporated into its Business Continuity Plan which would include the actions that would be required should a second wave present itself whilst protecting some of the existing elective and diagnostic pathways.

The Deputy Chief Executive responded to an additional question relating to staffing levels and capacity, including the availability of nurses should a second wave present itself. He explained that staffing challenges in key specialties within the hospital had been exacerbated by Covid-19. Northwick Park Hospital had trebled the number of critical care beds during the pandemic and the provision of care provided to those suffering from under Covid-19 was dependent on highly skilled staff working to intensive staffing rotas. The Trust was fortunate that its staff from across its Hospitals responded flexibly and with great courage to move from their existing areas of work to support critical care.. He added that 85% of those who had died from Covid-19 had been over the age of 60 years and that over 68% of all the Covid related deaths had 3 or more pre-existing conditions. Historically within the local population there was a bigger prevalence of conditions such as diabetes within the BAME communities.

Question 7:

As a result of Covd-19, patients were seeing changes in the way they contacted their GPs. A great deal of face-to-face communication had disappeared and had been replaced with virtual consultations. Was this

expected to be the new norm and were the e-consultation systems in place adequate?

The Chair of the CCG reported that due to e-consultations, the response rates from GPs were swifter than before. In Harrow, a 24-hour online service was provided by GPs and, whilst some practices were trialling this approach, this was not the general plan for Harrow as a whole. There was a need to be responsive to patients.

An adviser reported that the majority of patients seeking appointments were given one for the same or next day. Those without the necessary IT skills could telephone their GP and make appointments in the traditional manner. He clarified that patients who were able to book appointments on line continued to do so but the traditional telephone call to the receptionist continued with the same outcome in terms of swiftness of appointment. A national directive had been issued to GPs to offer electronic access and this had led to the introduction of two popular tools in Harrow - e Consult and Klinik.

The adviser who had asked the question stated that he was not overly concerned and had recognised that digital services were the way forward and would allow for a more efficient service. The change in interface with patients was happening and needed to be recognised.

Question 8:

What plans had been put in place to provide mental health support for staff?

The Partners reported that support was being provided in a number of ways such as:

- provision of adequate PPE in accordance with changing rules and guidance provided by the government since mid-April 2020. The PPE was now in better supply than before. Elective surgery would also require additional PPE. The surge in infections expected during the winter would also mean that the supply chain of PPE would need to continue. Hospitals in London were helping each other out to ensure that they all had adequate PPE;

- risks to staff were being assessed and the work was ongoing. Good thinking, London's digital mental well-being service had been an excellent support with the provision of trusted apps, NHS approved mental and wellbeing information and digital tools to support staff with stress, anxiety, low mood, sleep difficulties and bereavement. The resource was excellent and could be accessed by staff on line at a time that was convenient for them. Support was also available through Thrive London resources. Various organisations had put forward plans to support their staff who had also suffered personal losses with colleagues dying due to the pandemic;

- the Chief Executive of CNWL had set up a workforce taskforce to look at the different roles within the Health Service. It would look at the training required, provision of apprenticeships and support for BAME candidates.

Question 9:

A number of former NHS staff had come out of retirement to help. How had Covid-19 impacted on the recruitment of staff?

The Partners reported that hospitals had been blessed by the return of former colleagues to help with the pandemic and were pleased with the flexibility it had provided. It was now possible to support more women to work flexible hours, provide additional support in clinics and to allow staff to work around the needs of their families. This had helped to build trust.

The Chair of the CCG reported that there were questions to be answered about the future of front line health care professionals who had risked their own lives to provide care and the impact this would have on the next generation of health care professionals. They had stepped up and this needed to be recognised. The respect for them had increased and was at an all time high and this had to be welcomed.

Harrow was a high producing area for health care workers and it was hoped that this would help with the recruitment challenges facing local hospitals.

Question 9:

What had been the impact on Harrow's Care Homes and the care sector? What support had been provided to staff in Care Homes and had the provision of PPE been adequate?

The Director of Public Health acknowledged that the pandemic had had a huge impact on Care Homes, many of which had been adversely affected by the spread of Covid-19 from one person to many others living in the same Care Home.

The Director added that the issues in Care Homes in Harrow mainly related to the availability of PPE but the Council had been working with the West London Alliance and the supply chain had been good. London as a whole had received a regular supply of PPE but not in the quantities required although some stock had always been available. It was essential that appropriate masks were available for front line staff such as the MP3 version as these were close fitting.

Partnership working had helped towards a continual review of Care Homes in order to ascertain which required additional support and testing. The North West London CCG had set up an infection control team which had ensured the wearing of PPEs as a must and that those carrying Covid-19 were separated from others in the Care Homes.

The Council had passed on the funding received from the government to the Care Homes in Harrow which had helped them to engage additional staff and

meet various costs. Weekly meetings had been held with Care Home managers to ensure that the guidelines issued were being met as these were changing continuously. People living in Care Homes suffering from dementia were tested for Covid-19 and those living in supported accommodation were also kept under review.

The Corporate Director of People paid tribute to staff working in social care and applauded them for their work during the pandemic. It was essential that their skills were recognised and that they received parity with other health workers. It was also important to maintain a training system for them. He added that the Council's Adult Social Care staff had excelled themselves during the pandemic and had worked with the Hospital Discharge team to ensure a smooth transition of patients from hospital into the community.

The Portfolio Holder for Adults and Public Health thanked the health care professionals for their hard work. He added that those living in mental health institutions had also been provided with support. He also welcomed the CCG's move into the Civic Centre which would allow for improved integrated working. It was essential that the Partners were prepared to deal with the second wave and to lock down smaller areas within Harrow in the event of a spread in the virus within communities.

The Portfolio Holder was of the view that it was essential that hard to reach communities were supported. Additionally, the impact of health inequalities on Harrow residents needed to be addressed and this matter would be the subject of further discussion as part of the Council's Borough Plan.

Question 10:

Partnership working - how had the voluntary sector helped around the response to Covid-19 in terms of supporting health services and promoting health messaging?

A Member thanked the support provided by the voluntary sector who had helped to deliver prescriptions and food to many households.

The Corporate Director of People stated that there was a strong voluntary sector presence in Harrow and that they had been the foundation of the Council's overall response to Covid-19. Members were informed that weekly meetings had taken place with the voluntary sector who had helped to deliver food and other essential supplies to those shielded often on a daily basis.

The 'Help Harrow' portal had been launched to allow residents to seek Council help. Funding of £600k had been made available to support the voluntary sector with an additional amount of £100k to provide support to those bereaved. The Council was currently in the process of implementing a Recovery Plan and consideration would need to be given to residents who might loose their jobs as a result of the pandemic's impact on the economy.

The Chief Executive of MIND in Harrow, speaking in his capacity as Chair of Community Action Harrow, outlined the services that the organisation had delivered to vulnerable residents. The organisation had worked closely with

the Council and the positive relationship between the two organisations had helped to ensure a smoother operation. The good working relationship had been aided by the transition to digital services to provide support to the needy, particularly those residents who were shielding. Other organisations, such as SWISS, had supported with the distribution of food, and medicine. They had also helped to provide support to those suffering from social isolation and emotional wellbeing.

Question 11:

What would be long term impact of Covid-19 on the Council's finances, including those of its Partners? How would this impact on Harrow residents?

The Managing Director of the CCG stated that, at present, she was not able to provide an answer to this pertinent question as the CCG and indeed other parts of the NWL system were in the process of collating information in relation to the Covid-19 related spend. However, she expected conversations to begin soon. As the number of infections dropped, certain facilities/services which had specifically been put in place to respond to Covid-19 would need to be assessed for consideration of reduced opening hours and or being withdrawn as these may not be required anymore.

The Corporate Director of People stated that a surplus in the Council's budget was highly unlikely. There had been some recognition from the government of the financial challenges facing local authorities but additional support would be required and there was some trepidation amongst Councils when looking ahead.

Members of the Sub-Committee applauded staff and health care workers for their work, including staff working in laboratories, during the pandemic. The Chair thanked all those present at the meeting for their hard work and their contributions to the meeting.

(Note: The meeting, having commenced at 6.00 pm, closed at 7.43 pm).

(Signed) COUNCILLOR REKHA SHAH
Chair