

# **Health and Social Care Scrutiny Sub-Committee Agenda**

**Date:** **Tuesday 22 June 2021**

**Time:** **6.30 pm**

**Venue:** **Virtual Meeting - Online**

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## **Membership (Quorum 3)**

**Chair:** **Councillor Rekha Shah**

**Labour Councillors:** **Michael Borio**  
**Kairul Kareema Marikar**

**Conservative Councillors:** **Dr Lesline Lewinson**  
**Vina Mithani (VC)**

**Labour Reserve Members:**

1. Niraj Dattani
2. Dan Anderson
3. Chloe Smith

**Conservative Reserve Members:**

1. Chetna Halai
2. Chris Mote

**Advisers:** Julian Maw  
Dr N Merali 

- Healthwatch Harrow
- Harrow Local Medical Committee

**Contact:** Andrew Seaman, Senior Democratic & Electoral Services Officer  
E-mail: andrew.seaman@harrow.gov.uk

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## **Useful Information**

### **Meeting details**

This meeting is open to the press and public and can be viewed on  
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### **Filming / recording of meetings**

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The recording will be made available on the Council website following the meeting.

**Agenda publication date: Monday 14 June 2021**

# **Agenda - Part I**

1. **Notification of a replacement of a Councillor on the Sub-Committee**  
In accordance with Council Procedure Rule 1.5, the Sub-Committee is required to note the replacement of Councillor Natasha Proctor by Councillor Kairul Kareema Marikar as the main Member of the Health and Social Care Scrutiny Sub-Committee.
2. **Attendance by Reserve Members**  
To note the attendance at this meeting of any duly appointed Reserve Members.  
  
Reserve Members may attend meetings:-
  - (i) to take the place of an ordinary Member for whom they are a reserve;
  - (ii) where the ordinary Member will be absent for the whole of the meeting; and
  - (iii) the meeting notes at the start of the meeting at the item 'Reserves' that the Reserve Member is or will be attending as a reserve;
  - (iv) if a Reserve Member whose intention to attend has been noted arrives after the commencement of the meeting, then that Reserve Member can only act as a Member from the start of the next item of business on the agenda after his/her arrival.
3. **Declarations of Interest**  
To receive declarations of disclosable pecuniary or non pecuniary interests, arising from business to be transacted at this meeting, from:
  - (a) all Members of the Sub-Committee;
  - (b) all other Members present.
4. **Minutes (Pages 5 - 12)**  
That the minutes of the meeting held on 23 February 2021 be taken as read and signed as a correct record.
5. **Appointment of Vice-Chair**  
To appoint a Vice-Chair of the Sub-Committee for the 2021/2022 Municipal Year.
6. **Appointment of (Non-Voting) Advisers to the Sub-Committee (To Follow)**  
Report of the Director of Legal and Governance.
7. **Public Questions \***  
To receive any public questions received in accordance with Committee Procedure Rule 17 (Part 4B of the Constitution).  
  
Questions will be asked in the order in which they were received. There will be a time limit of 15 minutes for the asking and answering of public questions.  
  
[The deadline for receipt of public questions is 3.00 pm, 17 June 2021. Questions should be sent to [publicquestions@harrow.gov.uk](mailto:publicquestions@harrow.gov.uk)  
No person may submit more than one question].
8. **Petitions**  
To receive petitions (if any) submitted by members of the public/Councillors under the provisions of Committee Procedure Rule 15 (Part 4B of the Constitution).

9. **References from Council and Other Committees/Panels**  
To receive any references from Council and/or other Committees or Panels.
10. **Covid and Vaccinations Update for Harrow** (To Follow)  
Presentation from the Director of Public Health.
11. **Progress of the Integrated Care Partnership in Harrow** (To Follow)  
Presentation from the National Healthcare Service (NHS)/ Local Authority.
12. **System response to the Healthwatch reports on GP and Primary Care Access** (To Follow)  
Presentation from Healthwatch/National Health Service (NHS).
13. **Mount Vernon Cancer Centre Review update** (To Follow)  
Verbal update from NHS England and Improvement – East of England
14. **Update from NW London Joint Health Overview & Scrutiny Committee** (Pages 13 - 18)
15. **Any Other Business**  
Which cannot otherwise be dealt with.

## **Agenda - Part II - Nil**

### **\* Data Protection Act Notice**

The Council will audio record item 4 (Public Questions) and will place the audio recording on the Council's website, which will be accessible to all.

**[Note:** The questions and answers will not be reproduced in the minutes.]



# **Health and Social Care Scrutiny Sub-Committee**

## **Minutes**

**23 February 2021**

**Present:**

**Chair:** Councillor Rekha Shah

**Councillors:** Michael Borio Vina Mithani  
Dr Lesline Lewinson 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



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**Report for:** **Health and Social Care Scrutiny Sub-Committee**

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<b>Date of Meeting:</b>	22 June 2021
<b>Subject:</b>	Update from NW London Joint Health Overview and Scrutiny Committee
<b>Responsible Officer:</b>	Alex Dewsnap, Director of Strategy & Partnerships
<b>Scrutiny Lead</b> <b>Member area:</b>	Health: Policy Lead – Councillor Michael Borio Performance Lead – Councillor Vina Mithani
<b>Exempt:</b>	No
<b>Wards affected:</b>	All
<b>Enclosures:</b>	None

## **Section 1 – Summary and Recommendations**

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This report provides an update on discussions held at the meeting of the NW London Joint Health Overview and Scrutiny Committee (JHOSC) on 18 March 2021.

**Recommendations:**

The Sub Committee is asked to:

1. Consider the update and provide any comments / issues that are to be raised through the JHOSC by Harrow's representatives.
2. Consider the issues raised at the last JHOSC meeting to inform its own consideration of the impact of Covid-19, the roll-out of the vaccination programme at a local level, and local service recovery.

## **Section 2 – Report**

### **Background**

The North West London Joint Health Overview and Scrutiny Committee (JHOSC) comprises elected members drawn from the boroughs geographically covered by the NHS NW London Shaping a Healthier Future (SaHF) programme and was set up to consider the proposals and consultation process formally between the period of 2 July and 8 October 2012. The proposals set out the reconfiguration of the accident and emergency provision in North West London. This included changes to emergency maternity and paediatric care with clear implications for out-of-hospital care.

The JHOSC published its final report in October 2012, making recommendations on how the SaHF proposals could be developed and implemented, including the risks that needed to be explored. The JHOSC also recommended that the committee continue to meet beyond the original consultation period to provide ongoing strategic scrutiny of the development and implementation of Shaping a Healthier Future.

Harrow's ongoing participation in the JHOSC examining the implementation of the SaHF ensures that scrutiny of the issues is maintained at a regional level and that Harrow residents' perspectives are put forward to the NHS as it implements the SaHF programme. The Health and Social Care Scrutiny Sub Committee receives regular update reports on the JHOSC so that it can pick up any local issues in its own work programme as well as feed into the JHOSC's agenda planning and deliberations. Harrow's member representatives on the JHOSC for 2019/20 are Councillors Rekha Shah and Vina Mithani.

On 26 March 2019, the Secretary of State for Health announced the closing down of the Shaping a Healthier Future programme. In a letter dated 26 March 2019, the NW London Collaboration of CCGs confirmed the decision and stated:

*“All parts of the NHS are now in agreement to draw the SaHF programme to a conclusion and bring our on-going efforts to improve health and care together in a new programme as part of our NHS Long Term Plan response. We will not be taking forward the plans as set out in SaHF for changes to Ealing and Charing Cross hospitals, but this does not mean that services across NW London will not change...We want to work with local people, communities and organisations to develop this new plan for NW London, which ensures high quality care for all our residents. We think it should include continuing our expansion of primary and community services and the development of more integrated care. We are also clear that services will need to be configured in such a way as to build a health system that is both clinically and financially sustainable. If we are to improve care and outcomes for local residents, we know that the status quo is not an option. This new plan for health and care in NW London will therefore still need to include changes, involving some difficult decisions and trade-offs, if we are to offer high quality, person-centred care sustainably. By*

*realigning under the NHS Long Term Plan, updating our planning assumptions and enabling all of our staff, patients, partners and stakeholders to be involved in its development and delivery over time, we will have the best possible chance of success."*

The terms of reference for the JHOSC were revised to reflect the closure of the Shaping a Healthier Future programme.

### **JHOSC meeting 18 March 2021**

The last JHOSC meeting held on 18 March 2021 was a virtual meeting hosted by the Royal Borough of Kensington and Chelsea. The meeting was attended by Councillor Rekha Shah. Discussion focused on:

NW London Health and Care Partnership financial strategy – the NHS was given an allocation of £3.5 billion in NWL, and it had managed to remain within that allocation. This covered routine healthcare and pressures that came with Covid-19. It had also invested around £350 million on capital, which included new buildings, maintaining assets, fire safety, IT, and medical equipment. In the second half of the year, funding will reduce and some previous pressures are anticipated to return.

On visions and priorities, a key aim is to look at addressing any inequalities surrounding funding and service provision. The aim is to try to create an overall strategy that would improve costs, give greater access to patients, and reduce areas where patients may have had different access across NWL.

White Paper on Integration and Innovation – this proposes that integrated care systems are placed on a statutory basis. This brings together the commissioning function with providers of NHS services and in partnership with local authorities. Together, they would have a duty to plan and improve health and care services for the local population. Following discussions with boroughs, place-based partnerships have been formed between local organisations, mental health colleagues including the local community, primary care, and local authorities. Partners are also working as provider collaboratives, which includes the 4 acute trusts across NWL. There is a need to build up Primary Care Networks and work in local neighbourhoods as well as joining up primary community care services.

Mental health services – there is an acceptance that there will be a greater need for mental health services after Covid-19, and there is a separate national fund of around £1.5 billion, of which NWL will have access to. In NWL, mental health services for patients who did not require acute responses have been largely conducted online because of lockdown measures. The best delivery of mental health provision happens at borough level and it is important to have mental health throughout integrated services.

NW London Covid vaccination programme – at the time of the meeting, 735,000 people had been vaccinated with their first dose in NWL, and over 80% in all age groups above 60 had been achieved. As all boroughs are very different, 8 individual borough plans have been devised to deliver vaccines to the different populations in a tailored way. Some vaccination methods were mobile, for example, pop up clinics for local communities. There were also

roaming models to go into communities that needed to be vaccinated. The whole of April would be focused on administering second doses of the vaccine.

The next meeting of the JHOSC is on 14 July 2021 and hosted (virtually) by Hounslow Council. The agenda will focus on the development of the Integrated Care System, NHS service recovery from Covid-19, and agree the JHOSC work programme for 2021/22. This meeting will also see the appointment of a new Chair as Councillor Collins (Hounslow) is stepping down from the JHOSC.

### **Ward Councillors' comments**

Not applicable as report relates to all wards.

### **Financial Implications**

There are no financial issues associated with this report.

### **Performance Issues**

There are no performance issues associated with this report.

### **Environmental Impact**

There is no environmental impact associated with this report.

### **Risk Management Implications**

There are no risk management implications associated with this report.

### **Equalities implications / Public Sector Equality Duty**

An Equalities Impact Assessment has not been undertaken for this report as it summarises the activities of the JHOSC and does not propose any changes to service delivery.

### **Council Priorities**

The work of the JHOSC relates most to the delivery of the council priority to:

- Addressing health and social care inequality

## **Section 3 - Statutory Officer Clearance**

Not required for this report.

### **Mandatory Checks**

**Ward Councillors notified: No, as it impacts on all wards**

## **Section 4 - Contact Details and Background Papers**

**Contact:** Nahreen Matlib, Senior Policy Officer,  
[nahreen.matlib@harrow.gov.uk](mailto:nahreen.matlib@harrow.gov.uk)

**Background Papers:** None

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