

HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE MINUTES

16 APRIL 2013

- Chairman:** * Councillor Krishna James
- Councillors:** * Barry Macleod-Cullinane (1) * Victoria Silver
* Mrs Vina Mithani * Ben Wealthy
- Advisers:** * Julian Maw - Harrow LINK
* Dr Nicholas Robinson - Harrow Local Medical Committee

* Denotes Member present
(1) Denotes category of Reserve Member

140. Attendance by Reserve Members

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

Ordinary Member

Reserve Member

Councillor Simon Williams

Councillor Barry Macleod-Cullinane

141. Declarations of Interest

Agenda Items: 7 – Draft Quality Accounts 2012-13 – CNWL, 8 – Draft Quality Accounts 2012-13 – NWLH, 9 – Draft Quality Accounts 2012-13 – RNOH, 10 Harrow Adult Mental Health Services and 11 – Shaping a Healthier Future

Councillor Krishna James declared a non pecuniary interest in the above items in that she was a Registered Nurse and had relatives who were in the

medical profession and employed by the NHS. She also had recent experience of mental health services. She would remain in the room whilst the matters were considered and voted upon.

Councillor Vina Mithani declared a non pecuniary interest in the above items in that she was employed by Public Health England, previously known as the Health Protection Agency. She would remain in the room whilst the matters were considered and voted upon.

142. Minutes

RESOLVED: That the minutes of the meeting held on 25 February 2013 be taken as read and signed as a correct record.

143. Public Questions and Petitions

RESOLVED: To note that no public questions were put and no petitions were received.

144. References from Council and Other Committees/Panels

There were none.

RESOLVED ITEMS

145. Shaping a Healthier Future Update

An officer introduced the report which provided an update on progress of Shaping a Healthier Future for NW London following the outcome of the Joint Primary Care Trust (JCPCT) meeting on 19 February 2013 where all recommendations were agreed. The appendix to the report was the NHS North West London, Shaping a Healthier Future Newsletter (4 March 2013) which provided an overview of what the decision of the JCPCT meant for the impacted Boroughs.

Andrew Howe, the Director of Public Health, updated the Sub-Committee on the transfer of public health responsibilities to the local authority. The following comments were made:

- 40 staff had undergone a TUPE transfer;
- the contracts for public health had been included on the Council's contract register;
- the ring fenced grant for public health was £8.8 million;
- consideration was being given as to the next steps for public health and the development of a detailed work plan;

- initially there were 5 statutory public health responsibilities but this had been increased and the public health functions now also included pharmaceutical needs assessment and some aspects of dental care.

A Member of the Sub-Committee asked about the level of immunisation against measles in the borough and what the risks were following the measles outbreak in Swansea. In response, it was explained that there was a high level of immunisation within the borough and that it was one of the highest in London. The key demographic group for vaccinations was those aged 10-15 years old.

A Member questioned the Shaping a Healthier Future newsletter and requested additional information regarding the outcomes and when they would be achieved. The Member also sought clarification on what the impacts of Shaping a Healthier Future would be and what the effects would be on Harrow residents. It was suggested that Shaping a Healthier Future be included on the agenda for the next meeting.

A Member asked about the role of the community in the prevention agenda for illnesses such as cancer and renal failure. In response, the Director of Public Health advised that chronic diseases were a challenge and matters such as this were being considered at the Health and Wellbeing Board and would be included in the Health and Wellbeing Strategy. There would be more of a focus on prevention but the funding position had been inherited.

A Member questioned the demographic and health differences between Brent and Harrow. The Sub-Committee were advised that both boroughs faced similar health problems but there were differences between the vulnerable groups.

Clarification was sought regarding the needs assessment and the funding allocation for Harrow. The Director of Public Health explained that the allocation had been made based on a historic basis but a formulaic allocation was now in place. The needs assessment was a reasonable summary of the needs of the borough and there was sufficient funding to meet all statutory responsibilities.

RESOLVED: That the progress and update be noted.

146. Harrow Adult Mental Health Services and Draft Quality Accounts 2012-13 - CNWL

Thom Wilson, Head of Service Commissioning Adults, Dr Dilip Patel Clinical Director of Harrow Clinical Commissioning Group (CCG), Sue Whiting, Head of Mental Health NHS Harrow CCG, Ela Pathak-Sen, Associate Director for Quality and Service Improvement Central North West London NHS Foundation Trust (CNWL), Kim Cox, Service Director CNWL and Robyn Doran, Director of Operations and Partnerships, CNWL delivered a presentation on Harrow Adult Mental Health Services to the Sub-Committee. The presentation also introduced the Draft Quality Account 2012-13 for CNWL. The presentation included the following information:

- the national drivers as context;
- payment by results for mental health;
- the 11 service lines;
- an increasing focus on a recovery approach;
- the Harrow joint strategic needs assessment;
- the principles of the NWL NHS mental health strategy;
- the partnership approach;
- the expenditure on adult mental health;
- quality and performance including the CNWL Quality Account;
- service developments for 2013/14.

A Member raised the issue of patients being discharged without a letter being sent to the patient or their GP. In response, Members were advised that this should not be the case and that every patient, along with their GP, should receive a letter confirming they had been discharged. In addition, the matter had been considered at the Harrow User Group and service users had been involved.

A Member suggested that it would be useful to understand the service from the user/carer perspective and this could include information on what patients could expect and what improvements to the service were planned. It would be beneficial to have information on the anticipated outcomes. The representatives in attendance noted this request and advised it would be considered for future documents.

The Sub-Committee then considered how mental health services linked with public health. The Head of Mental Health NHS Harrow CCG, agreed to share the draft work plan with the Sub-Committee Members.

A Member referenced access to psychological services and asked what improvements were being made to dementia services. The representatives explained the improvements made to make the service more robust and to develop clear pathways for patients. Innovations and new methods were being introduced to help GPs with diagnoses and referrals back. The GPs were not screening for dementia and therefore it would not result in an increase in the number of consultations.

A Member asked what research was being undertaken to understand the experience of the service user. It was explained that a piece of work had been commissioned and was about to be awarded by the Council which would focus on understanding the experience of the service user. The work would take between 3 to 6 months to complete and the results would be

submitted to a future meeting. Additional work was required on the joint strategic needs assessment to identify particular issues but the timing of this work was dependent on Public Health officers.

A Member raised a number of concerns regarding mental health services including the opinions of the mental health lobby in Harrow. The Member commented that there was a difference between what was being reported at the meeting and the views expressed by service users and carers. Additionally, there were concerns about how information was communicated. The Director of Operations and Partnerships, CNWL explained that CNWL listened to all concerns raised by users and carers. The lobby had wanted the day service to be a priority and CNWL had withdrawn from the tendering process because of the views/feedback of some users and carers. The day service would be handed over to alternative provider in June and Carer Voice had assisted in shaping the specification. The Head of Service Commissioning Adults advised that bimonthly forums had been established involving CNWL, the Council and the CCG to listen to concerns from users and carers.

The Member also expressed concerns about the introduction of payment by results and the possibility of unintended outcomes. The Director of Operations and Partnerships, CNWL responded that this item could be submitted as a future agenda item with detailed information on the outcomes.

In response to the Sub-Committee's comments on personalisation and whether it was a long term issue, it was explained that CNWL was a national leader on personalisation in mental health and that work was being commissioned to understand the carers experience across all 5 boroughs that the CNWL provided services for.

A Member welcomed that a 24/7 Crisis Support Line had been introduced however sought assurance that there were enough resources in place to manage the number of calls. The Member also asked how the insight gained from the crisis line was being used. It was explained that evaluation of the service was underway and that the outcomes would be shared with the Sub-Committee. It was accepted that some service users would relapse and that was why the crisis support line would be busy.

In relation to personalisation, a Member sought clarification on how the service users allocated personal budget was being monitored against their individual care plans. It was explained that CNWL monitored the plans and that work was currently being done to identify how the personal budgets were administered and what items were purchased.

A Member sought clarification on the discharge of patients and their social care arrangements. The Director of Operations and Partnerships, CNWL explained that work was being done on care pathways and that there was a 7 day follow up discharge target. There had been 25 admissions to Northwick Park Hospital with a delayed transfer but none were due to reasons of social care.

A Member questioned the possible causes for service users not wanting to transfer to the care of GPs. It was explained that the main cause of reluctance was fear of social isolation.

A Member commented that there was a need to fund measures such as prevention and screening to help improve the quality of life of residents and to save money in the long term. The Member sought clarification on how savings for one partner created by expenditure by another partner were recorded. The Head of Mental Health NHS Harrow CCG agreed to circulate some information regarding this to Members.

The Member then questioned the 10% overspend of the budget last year compared to the £100,000 savings achieved. It was suggested by the Member that consideration should be given to ways to reduce the demand, such as early identification and community models. The officer and representatives responded that in the previous year a £250,000 saving had been achieved and the overspend of £340,000 was due to a rising demand for complex placements, such as autism. There were joint commissioning intentions which included children's social care.

A Member sought further information on Crisis Cards and asked how many had been distributed. It was explained that each service user was given a personalised card after their interaction with a care worker. To date, thousands had been produced and consideration was being given to having the cards available in libraries, at GP surgeries and in the shopping centres in Harrow.

RESOVLED: That the report be noted.

147. Draft Quality Accounts 2012-13 - NWLH

Catherine Thorne, Director of Governance, North West London Hospitals NHS Trust (NWLHT) introduced the Draft Quality Account for 2012-13. Members were advised that:

- the NWLHT mortality rate was very good ranking fourth in the league table in London;
- the Trust was taking the Francis Report seriously and was ensuring that patients and staff were listened to. Engagement events had been held which Harrow LINK and service users were invited to;
- there were some areas of concern for NWLHT and examples of these were Accident and Emergency (A&E) waiting times and the emergency pathway. The concerns around A&E were not limited to Northwick Park but to all A&E departments. The Trust was working with partners, including GPs, to help address these concerns.

With reference to the proposed closure of other A&E departments a Member asked how this would affect the newly developed A&E department at

Northwick Park Hospital. It was explained that the new A&E department had been designed to be flexible and the Urgent Care Centre had built in capacity.

A Member questioned the priorities and suggested that the patient experience area and an open complaints system should be included as a priority. It was suggested that the Friends and Family test be expanded and that consideration be given to how engagement took place with partners. The Director of Governance NWLHT responded that the experience of patients was a priority and as a part of the response to complaints the individual was invited to meet with the clinician. An IT system was being developed to help obtain real time feedback from patients and volunteers would be used to assist patients. Work was ongoing regarding the NHS Constitution.

A Member drew attention to the need to disseminate information as there was a perception that there were still problems facing the maternity unit since the special measures were implemented in 2004. In response, it was commented that successes for the Trust should be promoted.

A Sub-Committee Member the questioned the A&E waiting times and it was explained that the target of 95% of patients being seen within 4 hours had not been met. The actual percentage was 94.7%.

A Member asked about the use of volunteers and whether they were involved with service delivery for illnesses such as strokes. In response, it was noted that further consideration could be given to the use of volunteers but that expert patients had been used with regard to service delivery and support some illnesses, such as cancer.

RESOLVED: That the report be noted.

148. Draft Quality Accounts 2012-13 - RNOH

Stuart Coalwood, the Assistant Director of External Compliance and Quality Assurance, Royal National Orthopaedic Hospital (RNOH) NHS Trust introduced the item and the Draft Quality Account. The following comments were made:

- it was challenging to meet the timetable to publish the Quality Account and therefore comments were welcomed throughout the year;
- it was difficult to carry out benchmarking against the relevant peer group but the Strategic Orthopaedic Alliance now carried out benchmarking on a monthly basis;
- the 'Friends and Family' test had been modified and in 2009 real time feedback had been introduced with questions which were varied each year. To date feedback had been collected from 15,000 people and a free text capacity for additional comments had been introduced;
- investment had been made in a clinical outcomes package;

- the Trust was currently undertaking the process to achieve foundation trust status.

A Member questioned how the RNOH benefited local people compared to people outside the borough. In response, it was explained that a presentation had recently been delivered which highlighted the benefits of the RNOH for the borough. The Member requested that this presentation and information about outcomes should be circulated to all Members.

A Sub-Committee Member asked about hospital expansion and in particular the spinal injuries unit. The Assistant Director of External Compliance and Quality Assurance advised that the spinal injuries unit had not expanded but was part of a feasibility study. Expressions of interest had been received from other areas in London to work with the RNOH.

Another Member raised the issue of cross infection and sought clarification on infection levels at the RNOH. In response, it was explained that the infection rates at the RNOH were some of the lowest in the country. There had not been any cases of MRSA for a long time but C difficile was more challenging. Measures being taken to address the C difficile concerns included improved monitoring, changes to practices regarding antibiotic, patient education and avoiding double counting of cases.

RESOLVED: That the report be noted.

149. Any Other Business

District Nursing

Members agree to allow Sharon Gregory, Community Services Director, Harrow (Ealing ICO) to speak in order to respond to concerns raised at the previous meeting.

The Community Services Director, Harrow (Ealing ICO) advised the Sub-Committee that she had attended the meeting to discuss any issues which the Members had regarding district nursing.

In response to a Member's comment that there was insufficient community nurses, it was explained that progress was being made to address the initial concerns and that improving the skill mix was a challenge. It was acknowledged that it would take time to adjust to the new service model and a Clinical Reference Group had been established. It was important that the service model was right and the priority of the service was to be as responsive to patients most in need and with the most serious illnesses.

In response to questions about the quantum shortfall the Community Services Director advised that a case mix analysis would take place. In addition, a new general manager had been appointed and a new local system was being put in place.

The Sub-Committee suggested that it would be useful to receive an update at the July meeting.

150. Termination of Meeting

In accordance with the provisions of Committee Procedure Rule 14 (Part 4B of the Constitution) it was

RESOLVED: At 9.50 pm to continue until 10.30 pm.

(Note: The meeting, having commenced at 7.40 pm, closed at 10.22 pm).

(Signed) COUNCILLOR KRISHNA JAMES
Chairman