

HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE MINUTES

11 FEBRUARY 2014

Chairman: * Councillor Mrs Vina Mithani

Councillors: * Krishna James (1) * Victoria Silver
* Lynda Seymour * Ben Wealthy

Advisers: * Rhona Denness - Harrow Healthwatch

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

184. Attendance by Reserve Members

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

Ordinary Member

Reserve Member

Councillor Mano Dharmarajah

Councillor Krishna James

185. Declarations of Interest

RESOLVED: To note that the following interests were declared:

All Agenda Items

Councillor Mrs Vina Mithani declared a non-pecuniary interest in that she was employed by Public Health England. She would remain in the room whilst all matters were considered and voted upon.

Agenda Item 7 - Central North West London Hospitals Trust: Mental Health Services in Harrow

Councillor Lynda Seymour declared a non-pecuniary interest in that her sister-in-law accessed services from mental health services in Harrow. She would remain in the room whilst the matter was considered and voted upon.

Councillor Krishna James declared a non-pecuniary interest in that she had accessed mental health services in Harrow, she was a former employee of MIND in Harrow and RETHINK and her sister worked for the NHS. She would remain in the room whilst the matter was considered and voted upon.

186. Minutes

RESOLVED: That the minutes of the meeting held on 16 December 2013 be taken as read and signed as a correct record.

187. Public Questions, Petitions & References from other Committees/Panels

RESOLVED: To note that none were received.

RECOMMENDED ITEMS

188. NHS Health Checks

The Sub-Committee received a report of the Divisional Director of Strategic Commissioning which set out the key findings and recommendations of the Joint NHS Health Checks Scrutiny Review.

The Chair advised that:

- NHS Health Checks were a mandatory service which local authority public health functions have been required to deliver since 1 April 2013;
- last year the Centre for Public Scrutiny (CfPS) had launched a programme of support for local authority scrutiny functions to review their local approach to NHS Health Checks and improve take up rates;
- the boroughs of Barnet and Harrow, which shared Public Health functions had made a successful funding bid to the CfPS to carry out the review;
- the review had shown that uptake of Health Checks in both boroughs had been lower than expected. The findings and recommendations of the review, which were made to Public Health England, were intended to inform the future commissioning and management of the NHS Health Check Programmes in Barnet and Harrow.

The Programme Director of HealthWatch Harrow stated that a 'Healthy Harrow Day' was planned for 2 April 2014 and this would be an ideal opportunity to further promote NHS Health Checks to residents.

A Member stated that she was disappointed by the lack of GPs engagement with Health Checks particularly since GPs were usually the first port of call for most people when accessing healthcare. The Chair added that there should be some incentivisation of GPs in Harrow to undertake Health Checks.

The Director of Public Health stated that Health Checks were an evolving area of health provision and there was an ongoing national debate regarding the value and cost-effectiveness of these. Although Health Checks were a statutory requirement, no targets had been set for them and no additional funding had been identified to implement any necessary medical interventions arising out of these. Harrow had set its own target in that every individual between the ages of 18-44 should undergo a health check every 5 years. However, this would require a targeted programme in order to be effective. He added that, the Council had recently undertaken an open procurement exercise and a provider had been awarded the contract to carry out Health Checks.

Resolved to RECOMMEND: (to Cabinet)

That officers be instructed to secure updates from the Centre for Public Scrutiny with regard to recommendations in the report made directed to Public Health England.

RESOLVED ITEMS

189. Central North West London Hospitals Trust - Mental Health Services in Harrow

The Sub-Committee received a joint report of the Chief Operating Officer and the Service Director at the Central and North West London Mental Health NHS Trust (CNWL).

The Chief Operating Officer and the Service Director highlighted following aspects of the report:

- CNWL provided services across a number of local authorities and worked with 8 Clinical Commissioning Groups (CCGs) across London;
- Payment by Results (PbR) was funded through block contracts, however, this was evolving into a tariff based system which would be implemented over the next two years;
- health and care packages provided under PbR were evidence-based. It would ensure a holistic, combined social and health care assessment process and an integrated care plan for the user, which was in line with best practice guidelines;
- CNWL's had a budget of £20m and just over £3.5m of this had been designated for mental health services;

- there was an emphasis on moving from in-patient services to a community-based model of recovery, which would allow service-users greater involvement in their care plans;
- a number of measures, such as the 7-day, 24-hour, urgent out of hours advice line which was staffed by senior nurses, and was available to users, carers, GPs and the police, had been implemented recently;
- reconfiguration of Day Services and a review of rehabilitation services a recent review of urgent care pathways, had been co-designed with stakeholders;
- community buildings used for day services were no longer fit for purpose and there were plans to develop a community hub on a hub and spoke model;
- CNWL's Recovery College initiative offered a wide range of courses and workshops which were co-designed and co-delivered by peer recovery trainers (people with lived experience of mental health issues) and mental health practitioners;
- the transit lounge initiative was aimed at those users identified as requiring out of hours care, had been developed in partnership with the University of Westminster and would be launched in April 2014. The transit lounge would be staffed by a doctor and a nurse and would help reduce the number of A&E admissions;
- the repatriation initiative, whereby Harrow patients in out-of-borough care units were returned to Harrow, close to their family and friendship networks;
- the challenge of managing fewer resources while improving joint working with partners and other relevant stakeholders, was a national issue;
- approximately £34m of an overall budget of £420m had been allocated to Personal Budgets;
- CNWL funded quarterly forums led by service users and undertook quarterly telephone surveys of service users. These surveys were supported by staff and reviewed by a team manager. There was also an annual patients' survey, carers' forums, carers' surgeries, a carer governor and close working with HealthWatch Harrow, statutory partners and CNWL's Transformation Board, which liaised with Harrow's CCG;
- CNWL had set up training for GPs to improve GP engagement, integration of community teams, sector-wide engagement events, joint-working with neighbouring trusts. A recent CCG survey had identified training needs and outcomes, which had prompted improvements to the crisis line service;

- CNWL had a shared learning environment, where training was attended by service-users, carers, staff and peer support.

A Member asked about the robustness of services provided by Third Sector partners and the likely effectiveness of the hub and spoke model. The Chief Operating officer advised that, for example, the Recovery College and other core services had been co-designed in consultation with relevant stakeholders. With regard to the hub and spoke model, it was too early in the process to provide an assessment of its likely success. CNWL had taken into account service users' post codes, the locations of GPs surgeries and transport links in trying to identify a suitable location for the hub. It was anticipated that the hub would deliver economies of scale in areas such as Child and Adolescent Mental Health Services and older people's services.

A Member asked the following questions:

- whether mental health was on a par with physical health;
- whether CNWL was represented on the Health and Wellbeing Board (HWB) at Harrow and whether it liaised with Children's Services there;
- whether performance indicators and benchmarking and whether there were any risks associated with PbR;
- how complaints and feedback from users was monitored and dealt with.

In response to the above questions, the Chief Operating officer advised that:

- mental health services were not, in his view, on a par with physical health services. Statistically, patients with mental health issues had less access to care, often had additional complex physical healthcare needs, and tended to die younger;
- data regarding performance indicators, benchmarking and best practice initiatives was available and would be provided to the Sub-Committee after the meeting;
- there was currently no mechanism for the CNWL to feed into the HWB;
- personal budgets would provide greater choice for users, shift the emphasis for provision to the market place and speed up the overall process;
- CNWL was reviewing its complaints process, particularly the timelines for dealing with complaints and was considering how to best disseminate information to users. 13 complaints had been received in 2012 and 48 had been received in 2013, ranging from minor to serious.

A Member asked about engagement with GPs. The Chief Operating Officer advised that three members of the CCG were GPs, and CNWL were evaluating how to train and support GPs in the area of mental health and how to re-design and improve urgent care pathways.

A Member asked about urgent care waiting times. The Chief Operating Officer stated that the waiting time was up to three weeks, however, there was a mechanism for prioritising very urgent cases and the issue of waiting lists was being re-assessed with a view to reducing waiting times.

Members requested that more detailed information regarding performance indicators and benchmarking be provided to the Sub-Committee. They also requested that the possibility of the complaints' Review being scheduled into the Sub-Committee's work programme for 2014/15, be looked into.

CNWL colleagues undertook to liaise with Harrow Council's Communications team, Healthwatch Harrow and the CCG to publicise the CNWL out of hours Urgent Advice line. This would be further publicised at the Healthy Harrow Day.

Members congratulated the Chief Operating Officer and the Service Director on an excellent and informative report.

RESOLVED: That the report be noted.

190. London Borough of Harrow - Local Account

The Sub-Committee received a report of the Corporate Director of Community, Health and Wellbeing which set out the main elements of the Harrow Local Account Report 2012-13.

An officer made the following points regarding the report:

- local accounts were used by councils across the country to assess the performance of adult social care services and instead of reporting to central government, councils now reported directly to local residents via the Local Account;
- the local user group consisted of 18 individuals from different user groups, and included both users and carers;
- continuous evaluation of performance, community engagement events, case studies, clearly defined objectives and close working with the Care Quality Commission and other partners had led to improvements in outcomes for users.

The Chairman asked why the report stated that deprivation affecting older people in Harrow was higher than the national average. The officer advised that this information was based on analysis of the 2011 census data. He undertook to provide further qualitative information regarding this statistic to Members of the Sub-Committee.

A Member asked to know more about the complaints procedure, especially those complaints which cut across Directorates at the council and whether it was customary to implement any remedial action during the investigation period. The officer stated that it would be preferable if the Council had a Corporate complaints handling process. Any complaint that cut across directorates would trigger a strategy meeting between the directorates in the first instance and may result in the implementation of a 'crisis response'. He added that Harrow was a good learning organisation and any learning actions arising from complaints received were cascaded to all staff and service managers.

A Member queried why the dementia drop-in service at Annie's Place was only open on a limited basis and asked for further information regarding dementia provision in Harrow. The officer undertook to request the relevant service area to provide further information regarding dementia services to the Sub-Committee.

A Member asked how the Local Account groups would be developed, how complaints and feedback were dealt with.

The officer stated that a Quality Charter had been developed in collaboration with the group. The service evaluated how well it communicated with and disseminated information to service users and had recently appointed an information and advice officer. Data relating to complaints, Freedom of Information requests and feedback from users was published on the website.

RESOLVED: That the report be noted.

191. Care Quality Commission

The Sub-Committee received a report of the Compliance Manager at the Care Quality Commission (CQC) which provided a summary of the performance of health and social care providers in Harrow as measured by the CQC.

The Compliance Manager highlighted the following aspects of the report:

- the CQC inspection team for Harrow comprised a Compliance Manager and ten inspectors;
- the CQC had conducted 96 inspections in Harrow during the previous six months. In cases where the CQC issued a compliance action, the service provider in question was obliged to submit an action plan with timescales for becoming compliant;
- the CQC was keen to use any information available from Scrutiny Committees, especially feedback from local people, to support its inspections and had recently implemented an revised inspection methodology;

- the CQC liaised with both the Safeguarding and Contract Monitoring teams at Harrow Council and undertook regular monthly meetings and information sharing with them.

A Member asked whether the CQC had received any feedback regarding autism services provided in Harrow. The Compliance Manager stated that in cases where negative feedback regarding a service was received from service users, this was forwarded to the inspector and could be escalated if there was cause for concern. The Compliance Manager undertook to provide Members of the Sub-Committee with further information about autism services in Harrow.

The Chair asked whether inspections were announced and what action was taken against those services found to be non-compliant. The Compliance Manager advised that all inspections were un-announced and any organisation found to be non-compliant would be required to submit an action plan and timescales for becoming compliant. This would be followed up by a second inspection.

A Member asked whether public trust and confidence in the CQC had been diminished by the recent high profile cases reported in the Media, whether there had been any subsequent spikes in reporting to the CQC and what steps the organisation had taken to raise awareness of its role and work on a national scale. The Compliance Manager advised that the CQC was raising its public profile and wanted to convey to service users that it was listening. The CQC had carried out extensive work on developing and trialling its new inspection methodology, which would build public confidence in its work. It had a targeted inspection programme, based on information gathered, which prioritised inspections on those organisations identified as being high risk.

A Member asked whether in the post-Francis report climate, users were less likely to report poor or inadequate care as they might feel complaining might jeopardise the care they received and asked what was being done. The Compliance Manager stated that the CQC was trialling different methods of obtaining feedback from carers and service users. To this end, it had initiated focus groups outside the ward/hospital setting, town hall meetings with patients, distributed questionnaires and carried out telephone surveys of users.

RESOLVED: That the report be noted.

192. Scrutiny Annual Report

The Sub-Committee received a report of the Divisional Director, Strategic Commissioning, which set out the draft contribution to the Health and Social Care section of the annual report.

Members were in agreement that the closure and downgrading of Accident and Emergency (A&E) services at Central Middlesex Hospital should not happen before the proposed A&E services were up and running at Northwick Park Hospital.

RESOLVED: That the report be noted.

(Note: The meeting, having commenced at 7.30 pm, closed at 10.02 pm).

(Signed) COUNCILLOR MRS VINA MITHANI
Chairman