

HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE MINUTES

26 OCTOBER 2015

Chair: * Councillor Mrs Rekha Shah

Councillors: * Michael Borio * Jean Lammiman (2)
* Margaret Davine * Mrs Vina Mithani

Advisers: * Julian Maw - Harrow Healthwatch
† Dr N Merali - Harrow Local Medical Committee

* Denotes Member present
(2) Denotes category of Reserve Member
† Denotes apologies received

51. Attendance by Reserve Members

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

Ordinary Member

Reserve Member

Councillor Chris Mote

Councillor Jean Lammiman

52. Declarations of Interest

RESOLVED: To note that the following interests were declared:

Agenda Items 8 & 10 – Denham Intermediate Care Unit – Transfer of Service to Central Middlesex Hospital Site; Annual Report of the Director of Public Health

Councillor Michael Borio declared a non-pecuniary interest in that a family member had received treatment at the Denham Unit in 2011 and in that he was previously employed by Independent Age. He would remain in the room whilst the matters were considered and voted upon.

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 the matter was considered and voted upon.

53. Minutes

RESOLVED: That the minutes of the meeting held on 8 June 2015 be taken as read and signed as a correct record.

54. Public Questions, Petitions and References from Council and Other Committees/Panels

RESOLVED: To note that none were received.

RESOLVED ITEMS

55. London North West Healthcare NHS Trust update report

The Sub-Committee received a report of the Director of Strategy at the London North West Healthcare Trust (LNWHT) which set out the priorities and challenges faced by LNWHT during its first year as a new Trust.

Following a brief overview of the report, the Trust's Director of Strategy responded to questions and comments as follows:

- staff perception of the merger between Ealing Hospital and North West Hospitals varied across the organisation. On the whole, most now saw the merger as a beneficial and positive move and morale had improved across the trust. There had been a few redundancies in managerial and clinical services. In terms of staffing, the introduction of key specialties meant that some roles had been enhanced and consequently were easier to recruit to;
- A&E services at Northwick Park continued to be an area of challenge. Significant support for frontline staff and close working with the CCG (Clinical Commissioning Group) in relation to out-of-hospital care, delayed transfer, and looking at how other wards and services could further support the A&E function had led to improvements;
- the Executive Board, six main sub-committees and other sub-committees had responsibility for identifying and reporting risk and ensuring follow-up learning was fed back and governance actions implemented – all of which would contribute to improved board-to-ward visibility and responsiveness;

- he did not have to hand data relating to the reasons for the delays in the impact of the CG and Social Care Better Care Fund Plans and how this would be resolved. He undertook to circulate this information to Members after the meeting;
- Northwick Park Hospital had been operating at maximum bed occupancy levels for the past two years, often with medical patients occupying surgical beds and vice versa. Additional bed capacity in wards and in A&E would relieve existing pressures and measures to ensure patients were allocated the right beds would lead to better patient care and patient experience and would enable staff to deliver the appropriate care;
- patient care was tailored to individual needs and there was a dedicated staff member to deal with patients with learning disabilities, although this post may be currently vacant. He undertook to confirm this to Members after the meeting. On the whole, the Trust had received positive feedback from patients with learning disabilities, their carers and families regarding their experiences at the hospital;
- provision of care for the elderly would be offered at each of the three hospital sites so that patients would be able to access care at their nearest hospital. However, patients may on occasion be required to visit different sites in order to access specific types of treatment. For example, Ealing hospital was a focus for wellbeing and diagnostics;
- the reduction in the birth rate in the north west London had allowed the closure of maternity services at Ealing and moving these to Northwick Park. Currently the workloads in Maternity services at Northwick Park were manageable. Any issues relating to maternity services arising from the previous Care Quality Commission (CQC) inspection had since been addressed;
- with regard to partnership working – the creation of the new Director of Strategy post and wide-ranging discussions to build effective relationships and collaborative working with partners, stakeholders and the local authority were being undertaken;
- informal verbal feedback received from the CQC regarding the latest inspection would be communicated to Members after the meeting. The Trust was considered to be good in the following areas:
 - caring and dedicated staff, acute medical provision at Ealing, research and development programme, the quality of patient care, local management and frontline services. Areas requiring improvement included:
 - strategy and vision, non-delivery of recent services changes following the merger, staff not fully integrated, workforce planning, A&E waiting times, inappropriate surgical referrals.

It was likely that the CQC would make a number of unannounced visits over coming weeks. Its findings would be available in January 2016. The Trust would ensure compliance actions and issues were dealt with. A number of improvements and compliance actions had been implemented following the previous inspection and he cited improvements to the children's unit, Jack's Place, improved staffing levels in the maternity unit and a new post created of Quality & Patient Experience Manager and other measures to deal with issues raised at during the last inspection of the maternity unit. Monthly performance review meetings would ensure that the maternity unit was compliant with the complaints process;

- seasonal pressures last winter had been unprecedented in both London and nationally. With regard to anticipated winter pressures on the service in 2015, this was an area of challenge and there were resource issues. However, timely winter planning, good engagement with partners, discharge planning and dialogue with the LAS (London Ambulance Service), learning from the experience from last winter would help to mitigate against this. Good working relationships with Brent primary care, social care providers, acute services, the LAS, the CCG to help increase capacity;
- the levels of parking charges and the availability of disabled parking spaces at Northwick Park Hospital would be reviewed shortly.

RESOLVED: That the report be noted.

56. Denham Intermediate Care Unit -Transfer of Service to Central Middlesex Hospital Site

The Sub-Committee received a report of the Director of Community Services for Brent and Harrow, LNWHT which set out the Trust's plans for re-location of the Denham Intermediate Care Unit on medium-term basis to Central Middlesex Hospital (CMH). Following a brief overview of the report by the Director of Community Services at LNWHT and the Community Services Director at Harrow and Brent, both responded to Members questions and comments as follows:

- the average length of stay at the Denham Unit was between 20-21 days. A full review of the unit had been carried out in 2014 which showed that there was 1 registered nurse to 15 patients. This figure was 1-10 currently and that this figure should be 1 to 8. An integrated business case regarding the relocation had been presented to Harrow Clinical Commissioning Group and this had been agreed by the CCG;
- the review had concluded that the ratio of physiotherapists and OTs (occupational therapists) was good, however, there was a need to increase the levels of therapy offered to patients. Treatment at the unit was focussed on rehabilitation, was offered a minimum of four times per week. Following the relocation of the unit, staff, patients and their families/carers would be consulted;

- the project group, which had been set up to lead on the relocation of the unit consisted of the Trust's management, the CCG, and commissioners amongst others;
- further discussions with the CCG were planned regarding the longer-term location of the unit. All options would be explored and the project group would need to allow at least 18-24 months for this as it would require extensive planning and preparation.

RESOLVED: That the report be noted.

57. Harrow Local Safeguarding Adults Board Annual Report 2014/15

The Sub-Committee received a report of the Director of Adult Services which provided an overview of the Local Safeguarding Adults Board (LSAB) Annual Report 2014/15. Officers responded to Members questions and comments as follows:

- an officer had given a presentation to the Board regarding the Prevent counter-terrorism strategy and the Board were engaging with this on a strategic level;
- there was a transition protocol for young people leaving care which focused particularly on those young people where there were existing safeguarding concerns;
- human trafficking was a new area of focus, with Children's Services taking the lead. Officers from the Metropolitan Police had provided training to the LSAB on human trafficking;
- in relation to sexual exploitation - recently officers from the Local Safeguarding Children's and Safeguarding Adults Boards had jointly met with local publicans to alert them to issues faced by vulnerable young people, for example, the use of unlicensed mini cabs by vulnerable adults;
- "hard to reach" local communities were being targeted through local faith and community organisations. Two outreach workers commissioned by the LSCB were working with at risk groups and schools to raise awareness of issues around sexual exploitation;
- although the council was facing financial challenges, the council had prioritised sufficient finance for the work of the Safeguarding Adults and Deprivation of Liberty Safeguards Service;
- in cases where a family member was found to be causing harm to another, it was often an indication of carer breakdown. Officers worked closely with family members to ensure they were supported, so the vulnerable person was safeguarded;

The Sub-Committee recognised the strength of partnership work of the Safeguarding Adults services in Harrow.

RESOLVED: That the report be noted.

58. Annual report of the Director of Public Health

The Sub-committee received the annual report of the Director of Public Health. Following a brief overview of the report, an officer responded to Members questions and comments as follows:

- the Public Health team would look at mapping loneliness and take a targeted approach to tackling it. It would work closely with other providers such as Age UK and participate in its initiatives such as the 'befriending programme';
- it was important to focus on prevention as well as treatment and to empower residents to seek appropriate help and implement changes in their lives which would contribute to improved mental health and a reduction in feelings of loneliness and isolation. The initiative would encourage community cohesion and increase dialogue between neighbours. The establishment of local Health Champions, whose role it would be to raise awareness and disseminate information regarding health & wellbeing;
- there had been a significant reduction in waiting times for counselling therapies due to increased capacity, additional investment by the CCG and encouraging GPs to refer patients to IAPTs (improving access to physical therapies programme). Additionally, the CCG would rely on district nurses, health visitors, social care professionals and carers and focus on those who were housebound or did not often leave their homes. Officers had visited 300 homes in the borough as part of the 'warmer homes, healthier people' initiative.

RESOLVED: That the report be noted.

59. Health and Wellbeing Strategy

The sub-committee received a report of the Consultant in Public Health which set out the Council's Health and Wellbeing Strategy's vision for the Health and Wellbeing Board for the next five years.

Following a brief introduction, the Consultant responded to Members queries and comments as follows:

- it was true that Harrow had an increasingly ageing population as well as an increase in the number of primary school aged children. The strategy would seek to join up health, education, social care and CAMHS (child and adolescent mental health service) provision in the borough. Responsibility for school nurses had passed to the local authority and school nursing had recently been re-commissioned. The

new providers would be co-located at children's centres and their remit would be expanded and enhanced;

- the protocol setting out the relationship between the scrutiny committees, Health Watch and the Health and Wellbeing Board would focus on how to deliver the best outcomes for Harrow residents, however, officers would welcome additional input from Health Scrutiny Members regarding this;
- 60% of the Council's employees were local residents and there were plans to evaluate workplace health, mobile and flexible working, training for managers regarding health and wellbeing; staff workloads were manageable, etc. The Council would be signing up to the Healthy Workplace Charter. Additionally the HWB Strategy Board would work with the CCG and all HWB providers, CNWL, LNWHT and third sector providers to commit to health and wellbeing in contracts;
- A number of engagement events and focus groups were initiated during the summer of 2015 and three main themes emerged from these discussions and these would be fed back to the Board. Further data regarding this would be made available to the Sub-Committee in January 2016;
- a domestic and sexual violence strategy and an engagement event with stakeholders to help them identify needs, referral pathways and a targeted awareness campaign had been undertaken.

RESOLVED: That the report be noted.

60. Joint Health Overview Scrutiny Committee Update

The Sub-Committee received a report of the Divisional Director of Strategic Commissioning which provided an update on the outcomes of the Joint Health Overview and Scrutiny Committee meeting held on 16 June 2015.

The Accountable Officer for Harrow Clinical Commissioning Group responded to Members questions as follows:

- he did not have to hand any data regarding the waiting times at the Alexandra Avenue clinic and would circulate this to Members after the meeting. The clinic was well-equipped and well-resourced however, it continued to be under-used. The CCG may encourage residents out-of-borough to use it. The fact that the clinic provided a 7-day service may have alleviated pressures at Northwick Park. A&E admissions at Northwick Park had increased. It would be necessary to carry out a full assessment of the clinic at Alexandra Avenue and implement longer term plans. New contracts for services would be implemented in 2016.

RESOLVED: That the report be noted.

61. Extension of Guillotine

In accordance with the provisions of Committee Procedure Rule 14.2 (Part 4B) of the Constitution:

RESOLVED: At 9.59 pm to continue until 10.15 pm.

(Note: The meeting, having commenced at 7.30 pm, closed at 10.12 pm).

(Signed) COUNCILLOR MRS REKHA SHAH
Chair