

HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE MINUTES

27 JUNE 2016

Chair:	* Councillor Michael Borio	
Councillors:	† Niraj Dattani * Margaret Davine	* Mrs Vina Mithani * Chris Mote
Advisers:	* Julian Maw Dr N Merali	- Harrow Healthwatch - Harrow Local Medical Committee

* Denotes Member present

70. Attendance by Reserve Members

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

71. Declarations of Interest

RESOLVED: To note that there were no declarations of interests made by Members.

72. Minutes

RESOLVED: That the minutes of the meeting held on 1 March 2016, be taken as read and signed as a correct record.

73. Appointment of Vice-Chair

RESOLVED: To appoint Councillor Mrs Vina Mithani as Vice-Chair of the Sub-Committee for the 2016/2017 Municipal Year.

74. Public Questions and Petitions

RESOLVED: To note that no public questions were put or petitions received at this meeting.

75. References from Council and Other Committees/Panels

There were none.

RESOLVED ITEMS

76. Appointment of Advisers

The Committee received a report which recommended the appointment of two non-voting advisers to the Sub-Committee for the 2016/17 Municipal Year.

RESOLVED: That Mr Julian Maw of HealthWatch Harrow and Dr Nizar Merali of the Local Medical Committee be appointed as advisers to the Sub-Committee for the 2016/17 municipal year.

77. Royal National Orthopaedic Hospital Draft Quality Accounts

The Committee received a report which contained the final draft of the 2015/16 Quality Account for the Royal National Orthopaedic Hospital (RNOH).

The representative from RNOH introduced the report and explained that the version provided to the Committee would be formatted into a professional format once finalised. The representative explained that the Quality Account reviewed the Trust's performance across a range of indicators as well as setting out quality improvement priorities for 2016/17.

The following questions were made by Members and responded to accordingly:

- How does the Trust expand on issues raised in patient experiences to ensure that it was responsive?

The Trust collected data from inpatient surveys to identify key issues identified. Friends and family were also asked for their views and patients were additionally asked if they would recommend the hospital to other patients. The Trust was fortunate that it had a good response rate to these surveys.

In terms of statistics, RNOH was ranked in the top 8 nationally for its response rates to the surveys. Additionally 96% of patients had responded that they would recommend RNOH and in terms of Health and Social Care were ranked in the top 10 nationally.

- Are there any plans to address the physical state of the buildings of RNOH?

The buildings did require some maintenance works but it had to be recognised that RNOH was one of the leading orthopaedic hospitals in the UK, had very high standards and had good infection control measures.

There were building works proposed which would improve its condition.

- How does the RNOH perceive it would develop its relationship with the Council?

It was important to consider that RNOH received referrals for care on a national basis. However RNOH wanted to have a greater presence in the borough and ensure that residents and the Council were involved in patient groups, audits and inspections to ensure continuous quality improvement.

- Are there any issues with staffing levels at RNOH?

Nursing staffing levels was a challenge. RNOH had 5 patients to every nursing staff which was a good ratio and were trying to recruit nurses locally. However RNOH had to compete with other London Trusts for nursing staff and it had to be appreciated that transport links were not as favourable as other locations.

In relation to medical staff, approximately 20% of orthopaedic surgeons went through RNOH so there was an excellent level of expertise.

The adviser representing HealthWatch Harrow commented that they had also been presented with the draft quality accounts and had endorsed them.

RESOLVED: That

- (1) the Royal National Orthopaedic Hospital Draft Quality Accounts be endorsed; and
- (2) a written statement of assurance be provided to the Trust for inclusion in the final published account.

78. Shaping a Healthier Future - Joint Overview and Health Scrutiny Committee Update Report

The Committee received a report which provided an update on the discussions at the last meeting of the North West London Joint Health Overview and Scrutiny Committee for the Shaping a Healthier future Programme.

An officer presented the report and explained that the key headlines from the last meeting revolved around NHS collaboration, the pressure on Accident and Emergency services, hospital based activities and local services.

An update was also provided on the Implementation Business Case and the Sustainability and Transformation Plan. Members of the Sub-Committee were asked to provide any subject areas which they believed required discussion at the next Joint Committee meeting.

Members of the Sub-Committee made the following comments:

- there needed to be more focus on the Harrow East drop in medical centre. This was essential for residents in the eastern parts of Harrow;
- there needed to be more thought given to combating the waiting time for those using the Accident and Emergency services at Northwick Park Hospital;
- the Urgent Care Contract was due to end on March 2017. More information was required on what plans would be put in place after this and its impact on residents in Harrow.

RESOLVED: That the report be noted.

79. HH Operational Plan 2016-17 April 2016 Final

The Committee received a report from HealthWatch Harrow which provided information about its work which had been commissioned by the Council and which was managed by Harrow in Business.

The Chair of Harrow in Business introduced the item and made the following points:

There were two key headlines and successes. Firstly HealthWatch Harrow had held five public engagement forums which were attended by increasing levels of community groups. This led to them contributing towards the whole system and providing valuable information. Secondly a clear programme of focusing on Care Homes had been established. Eight care homes had been visited and lessons were still being absorbed;

HealthWatch Harrow was now focusing on what they were delivering this year. Their priorities were contained in its operational plan and there would be a continued focus on engagement particularly in innovative ways and in raising its profile;

HealthWatch Harrow had adopted an objective to help people to work in organisations which support Health and Well-being. It would therefore be focusing on engaging with local businesses and had already commenced researching into the difficulties faced by them;

The following questions were made by Members and responded to accordingly:

There is a 43% reduction in HealthWatch Harrow's budget. How would its impact be mitigated to ensure sustainability?

More volunteers were being utilised and closer working relationships were being developed with the business community. One of its ambitions was to develop the Health and Wellbeing Investment Fund to see how these could best be utilised.

In addition to these expenditure had been reduced. HealthWatch Harrow had moved premises which had helped to save a significant amount of money.

How was HealthWatch Harrow working with the voluntary and community sector in signposting patients to involvement forms?

HealthWatch Harrow had been joining events arranged by the voluntary and community sector to raise awareness of this.

Type 2 diabetes could be better controlled if residents were engaged regarding diet and nutrition. This would then lead to significant financial savings for the NHS. What was being done to get the message through?

Prevention was a key message that HealthWatch Harrow tried to communicate. Some pilot work had taken place on this subject and a key point was to ensure that children were educated in schools to better control their diet and nutrition.

How would HealthWatch Harrow get the link between clinical and social care right?

There was no immediate solution and effective discharge policies and procedures were still being considered by the advisory board of HealthWatch. Specialist knowledge would be required to address this link.

Was there any information about the outcomes reached in visiting 8 care homes over 70 days?

There had been some delays in obtaining relevant information. The analysis from these visits had nearly been concluded and its findings would emerge accordingly. An action plan would then be developed accordingly.

RESOLVED: That the report be noted.

80. Integrated Urgent Care Programme

The Committee received a report which provided information on the progress and plans for the design and delivery of a functionally integrated Urgent Care System for Harrow residents.

The Chief Operating Officer of the Harrow Clinical Commissioning Group (CCG) introduced the report and made the following points:

- When representatives of the CCG had last attended the Sub-Committee's meeting, it had talked about plans in creating an urgent

care system to meet the needs to Harrow residents. The progress in relation to this was now being reported;

- The North West London Collaboration of CCGs were currently re-shaping their NHS 111, GP Out of Hours and wider urgent care services with the aim of an integrated urgent care service;
- The integrated urgent care service would be based on 4 elements: 111 services, GP out of hours service, wider urgent care services programme and urgent care and walk-in centres;
- Every CCG would have some form of urgent care system. Following an open and competitive procurement process, two walk in centres had been commissioned to deliver services from August 2016. These were the Pinn Medical Centre and the Ridgeway Surgery from Alexandra Avenue;
- The CCG were unsuccessful in selecting a preferred provider for a third new walk in centre in the East of the borough as the minimum criteria of the service specification had not been met;
- A further procurement to commission a walk in centre in the East of the borough was currently underway. This was planned to be delivered from the Belmont Health Centre and would replicate the service specification for The Pinn and Alexandra Avenue Walk in centres. The implementation date for this service would remain as November 2016;
- The CCG were confident that a preferred provider would be identified as part of the new procurement process for a Walk in centre from Belmont Health Centre;
- The North West London Collaboration for Clinical Commissioning Groups was leading on a central procurement process to re-commission NHS 111 services for the 8 CCGs across North West London. The original date for the new contract to take effect had been delayed until June 2017 due to a significant programme of patient, stakeholder and CCG engagement;
- Brent, Harrow and Hillingdon were scoping the benefits of what a single model for NHS 111 would look like for their residents if the majority of clinical telephone assessment and navigation to appropriate services was delivered by a local Clinical Hub called a Clinical Advice and Treatment Service (CATS).
- The current contract for Harrow CCG for the delivery of Urgent Care Services to be delivered at Northwick Park Hospital expired at the end of March 2017. The model would continue to be primary care led and would work to replicate the CATS model in a physical environment;

- A Sustainability and Transformation Plan was being developed. This would be a 5 year plan and would focus on three key areas: health and well-being, care & quality and finance & efficiency;
- The STP would be a place based plan and required a partnership approach to deliver better outcomes and a sustainable model of care. The CCG had received a clear commitment from all of its partners on this and would be leading on its development;
- There would be a lot of engagement on the STP including with the Council, the voluntary and community sector and HealthWatch Harrow. This would include events where ideas and feedback would be collated and reflected upon.

The following questions were made by Members and responded to accordingly:

- Could more detail be provided on the plans for a Hub at Belmont Medical Centre in addition to the Walk-in centre?

As part of the Shaping a Healthier Future Programme and the funding proposed, a hub identified for Harrow was located at the Belmont Medical Centre. The Hub was distinct from the Walk-in centre and would deliver wider services relating to out of hospital, diagnostics, MRIs and X-rays;

- What would a single model of the 111 service look like?

In the proposed single model for the 8 CCGs across North West London, this would drive efficiencies and how outcomes were delivered to patients. It essentially would act as a Triage service. Another model would be to shift clinical resources to CATS to care plan patients.

- When the urgent care contract ended in March 2017, what were the implications for Northwick Park Hospital and the Shaping a Healthier Future Programme more broadly?

There had always been an intention to revisit the specification and enhance it and the CCG were currently liaising with Northwick Park Hospital on developing this. It presented a good opportunity to have a good urgent care centre.

- Would the Belmont Medical Centre have enough space physically for a Walk-in centre and acting as a Hub for other services?

There would be some re-arrangement of the space used in Belmont Medical Centres. Some services would move out and there was a lot of space which was currently unused.

RESOLVED: That the report be noted and the CCG and Council's Policy Team liaise to arrange for members to visit the borough's walk in centres.

81. Royal National Orthopaedic Hospital Quality Account 2015-16

RESOLVED: That the exempt appendix be noted.

(Note: The meeting, having commenced at 7.35 pm, closed at 9.14 pm).

(Signed) COUNCILLOR MICHAEL BORIO
Chair