HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE

MINUTES

7 FEBRUARY 2017

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

* Denotes Member present
† Denotes apologies received

82. Attendance by Reserve Members

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

83. Declarations of Interest

RESOLVED: To note that the following interests were declared:

Agenda Item 7 – Harrow Safeguarding Adults Board (HSAB) Annual Report 2015/2016

Councillor Michael Borio declared a non-pecuniary interest in that he was a trustee member of the AGE UK Harrow Board. He would remain in the room whilst the matter was considered.

Agenda Item 8 – Annual Report of the Director of Public Health 2016

Councillor Niraj Dattani declared a non-pecuniary interest in that he was a Ward Councillor for Kenton East. He would remain in the room whilst the matter was considered.

Agenda Item 8 - Annual Report of the Director of Public Health 2016

Councillor 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.

All Agenda Items

Councillor Chris Mote declared a non-pecuniary interest in that his daughter was employed at Northwick Park Hospital. He would remain in the room whilst the matter was considered.

84. Minutes

RESOLVED: That the minutes of the meeting held on 27 June 2016 be taken as read and signed as a correct record.

85. Public Questions & Petitions

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

86. References from Council and Other Committees/Panels

RESOLVED: To note that none were received.

RESOLVED ITEMS

87. Harrow Safeguarding Adults Board (HSAB) Annual Report 2015/2016

The Sub-Committee considered a report of the Assistant Director, Adult Social Services, which provided an overview of the Harrow Safeguarding Adults Board (HSAB) Annual Report for 2015/16, a summary of safeguarding activity undertaken by the Council and its key partners.

Following a brief overview of the report, Members asked the following questions and made the following comments, and officers responded accordingly:

There had been a noticeable change in the nature of referrals made, for examples more referrals regarding FGM (female genital mutilation), gang activity and financial abuse - what were the underlying reasons for this change?

Officers responded that the nature of referrals remained broadly similar. However, there were some new areas of concern since the enactment of the Care Act. For example, there was now a requirement to report any grade 3 and grade 4 pressure sores experienced by service users. Some incidences of FGM, domestic violence and modern slavery had also been reported. The increase in reporting these may be due to increased awareness and understanding about these issues in the wider community and among staff as these had been incorporated into staff training programmes.

Was the Board meeting its statutory requirements e.g. full engagement of partner agencies?

An officer responded that the Police, GPs and Community & Voluntary Sector (CVS) and other health partners were represented on the Board, and a number of other initiatives had been implemented to improve partner engagement.

How had partner organisations been encouraged to engage in the work of the Board and how did Adults and Children's services work jointly?

An officer responded that:

- the Adults Section and the Children's Section had undertaken joint audits, family audits and were represented on the Boards and sub-groups of each other's service areas;

- a recent initiative to raise awareness among pub landlords regarding CSE (child sexual exploitation) and vulnerable adults had been undertaken;

- a joint Adults and Children's ("think whole family") conference on the topic of domestic violence had been convened;

How many cases of CSE had been reported?

Officers responded that this information would be included in the Children's safeguarding report and the current OFSTED inspection of Children's Services would scrutinise this issue . This issue had been prioritised and been given a high focus in recent years. On the whole, any CSE cases were led on by the Police in conjunction with Children's Services.

What was the recruitment and selection process for the internal and external auditors?

An officer advised that the previous independent auditor had been in place for five years and had provided extensive feedback about the service and had noted significant service improvements over the five year period. The current auditor had carried out one audit to date. Both Auditors had been known to the Council and were chosen on the basis of their knowledge and experience in this field and for their objectivity and independence. Their findings were reported both to the Director of Adult Social Services/Chair of the HSAB and

the HSAB. Any feedback and areas identified for improvement was fed back to front line staff and incorporated into staff training programmes.

She added that the multi-agency safeguarding trainers programme had been put out to tender and a review of the training programme would be undertaken. Best practice forums in Safeguarding would be influenced by the audit findings and that bespoke training had been developed for the safeguarding team.

What was being done to tackle wider community safety issues such as hate crime, doorstep crime, and distraction burglaries?

An officer advised that as a current example some service users had reported that they felt intimidated by school children on buses. As a result, disability awareness training had been offered to teachers and pupils at local schools and a best practice forum was being organised jointly with Trading Standards and the Police.

Were enough referrals being received from GPs?

An officer responded that there was usually a spike in the number of referrals from GPs following safeguarding briefings provided to GP practices and that some good joint work was done in partnership with a number of local GPs.

What was the reason for the significant increase in requests for DOLS (Deprivation of Liberty Safeguards)?

This increase had largely been due to the Supreme Court ruling in 2014 which had significantly changed the criteria for assessment. The increased number of requests from hospitals was an encouraging sign that hospital staff were clearer about their responsibilities as managing authorities. This increase was also reflected in other local authorities and in other care sectors, such as care homes and hospices.

In the context of some recent documentaries, had any safeguarding referrals been received from care homes in Harrow and how had these been dealt with?

A number of referrals had been received from local care homes. The CQC, which was responsible for monitoring care homes, would ensure that all incidents were reported. A number of activities were in place to ensure quality of care at local homes including: Social workers reviewing the care of these patients; the Safeguarding Quality Assurance Team monitor; and DOLS also provided additional safeguards as the person's representative carried out monthly visits to the service user.

RESOLVED: That the report be noted.

88. Annual Report of the Director of Public Health 2016

The Sub-Committee received a report of the Director of Public Health, which focussed on the issue of child poverty in the borough.

Following a brief overview of the report, Members asked the following questions and made the following comments and officers responded accordingly:

Tackling mental health as opposed to child poverty was a stated priority of the Council's Health & Wellbeing strategy. Was there a correlation between mental health and child poverty?

An officer confirmed that there was often a close correlation between the two issues as those suffering from mental health issues were often also affected by poverty and vice versa. Her team had worked closely with the Council's Enterprise team to commission a programme to help those with mental health issues to return to work and as part of the London Healthy Workplace charter had worked closely with employers to help them appreciate the value of employing staff with mental health issues. Within the council, Public Health had rolled out a mental health first aid programme as part of the work to gain Healthy Workplace status for the council. This programme has been successful and would be modified to make it suitable to be rolled out to schools.

The Chair asked the following four questions on behalf of the Scrutiny Policy Lead Member for Health and who was also the Council's Mental Health Champion.

What support are managers being given to help promote mental wellbeing in the Council workplace?
What positive steps were being taken to tackle the stigma and discrimination around Mental Health problems in the workplace?
How was the Council reaching out to schools to help promote the mental wellbeing of children and young people?
What steps were being taken to provide Council staff with the tools to help them manage stress?

An officer advised that a number of mental health awareness workshops had been undertaken by staff and a mental health first aider had been trained in each department to help staff manage issues such as workplace stress.

In 2016 mental health resilience training had been delivered to local schools and there were plans to develop mental health first aiders and youth health champions in schools.

A member of Harrow CCG's governing body added that the loss of funding for a number of the Council's prevention programmes in the borough, such as drug and alcohol services, smoking cessation and the closure of children's centres would impact negatively on child poverty as well as physical and mental health. He added that the Council needed to implement a joined-up approach when tackling issues of child poverty or mental health.

What data was available with regard to food poverty in the borough and how could this problem be tackled? What was being done to reach out to non-English speakers and hard to reach communities with regard to child poverty?

Officers stated that they had received information from local food banks, however, this data had not yet been collated and assessed alongside other data on food poverty. The Council had bid unsuccessfully for a grant from the Mayor of London to develop a food poverty action plan. Officer added that there were strong links between food poverty, poor health and obesity and that some work to identify issues had been undertaken – such as looking at the number of fast food outlets close to schools. A Member offered support on this subject.

Officer stated that the child poverty strategy was to be a council-wide strategy and would have actions across teams and not just for public health. As such the different departments would be contributing towards the action plan and that this would be considered with other actions. The Council had received small grants to support its work in this area and would continue to work with the CVS, the DWP, Jobcentre Plus and the Adult Skills section to support those most in need.

A Member requested that the sub-committee be kept updated of progress in this area by officers.

Following a suggestion from an Adviser to the sub-committee, officers undertook to look into the feasibility of the Council organising a fundraising event to raise money to support the Council's work to alleviate child poverty in the borough.

RESOLVED: That the report be noted.

89. CQC inspection report for LNWHT and action plan & Update

The Sub-Committee received a report of the Chief Nurse of the London North West Healthcare NHS Trust which contained a summary of the CQC Action Plan Tracker, which provided an overview of the monthly progress of all the CQC Actions for the period June to November 2016.

Following a brief overview of the report, Members asked the following questions and made the following comments and received the responses below:

Given that a stated priority of the JHOSC SHF (Joint Health Overview Scrutiny Committee's Shaping a Healthier Future) was to improve access to primary care, A&E and urgent care centres, what, if any actions had been implemented to remedy those areas which were listed as off track in the report?

The Chief Nurse from the LNWHT advised that urgent care centres were inspected by the CQC as part of a separate process. With regard to issues and delays in A&E identified by the inspection, these had mainly related to patient privacy and dignity upon arrival at A&E and improvements in surgical pathways to surgical bed bays.

Following the merger of the three hospitals which now formed the LNWHT, what was being done to better integrate practices at the three sites and how had the merger impacted on staff?

The integration had taken longer than anticipated, and there had been a subsequent leadership re-structure across all three sites. New systems and processes had been embedded across all three sites on the basis of lessons learnt. There were also positive outcomes, for example, the Community Division was now fully integrated into a single Acute and Community Service. Governance and reporting pathways had been improved, and a system of joint appointments, joint rotas, out-of-hours rotas, cross site cover, and an integrated emergency pathway had been implemented.

A Member stated that the tracker also highlighted the need for improved provision of surgical equipment. How was the servicing and updating of this equipment being managed?

Another Member stated that the report showed that the provision of surgical equipment had been off track for 6 months, why had this not been prioritised?

The Chief Nurse stated that the report submitted to the Sub-Committee was simply the tracker and not the full CQC report and therefore the current tracker related to the period June to November 2016 and a number of improvements had been achieved since November 2016. She added that existing surgical equipment was risk-assessed on a regular basis to ensure that it was fit for purpose and staff were encouraged to report any broken equipment. Regular equipment meetings took place which enabled oversight of this issue.

The Chief Operating Officer from the LNWHT stated that there had been significant investment in maternity services. Equipment such as X'Ray machines, MRI scanners and ultrasound machines were procured and maintained on a rolling basis through the Capital Programme. Each division was responsible for prioritising its equipment spend. The Trust had a maintenance contract with an external agency, which categorised, assessed equipment and decided whether it should be maintained or replaced.

A Member stated that recently some of her residents had complained that they had not been provided with any food or drink while waiting in A&E at Northwick Park Hospital.

The Chief Nurse stated that she visited A&E at Northwick Park Hospital on a regular basis. A new catering contract was in place under which the nutrition and range of meals available had been greatly improved. She undertook to give a guided tour of A&E to members of the Sub-Committee on a date to be decided.

A Member stated that accessibility and signage from A&E to the main block at Northwick Park was inadequate and asked what was being done to improve this.

The Chief Nurse advised that a link corridor between the two areas and new, improved signage was now in place.

RESOLVED: That the report be noted.

90. Information Report: North West London (NWL) Sustainability & Transformation Plan (STP)

The Sub-Committee considered a report of the Chief Operating Officer of Harrow CCG which accompanied the final North West London (NWL) Sustainability and Transformation Plan (STP) which had been submitted to NHSE (NHS England) on 21 October 2016.

Following a brief overview of the report, Members asked the following questions and received the responses below:

What investments had been made for the provision of intermediate care at local service hubs in Harrow?

A member of Harrow CCG's governing body stated that the CCG had received commitment from 34 GP practices and significant capital investment in 2016 to implement changes to service delivery at the Pinn Medical Centre and the Alexandra Avenue clinic. Any further development of the hub at Belmont was under review and a number of other sites were being considered for the location of the third hub in the east of the Borough. The CCG wanted to ensure that each hub had the appropriate skill mix and staff numbers. Currently, the CCG employed 30 healthcare assistants and 24 specialist nurses across the borough. Provision of a single, unified IT system and moving some services such as dermatology and cardiology out of the hospital setting.

Whereas the Pinn and the Alexandra Avenue centres were well established, the one at Belmont had been under-used for some time. It had been suggested that it may be more appropriate for the Belmont site to be included in the Council's Regeneration Programme and re-developed for housing. The CCG's was looking for a site that was fit for purpose. The freehold of the Belmont site was held by the Council and the leasehold was held by NHS properties. The CCG had bid for funding for the third hub and was in discussions with the Council regarding a possible new site for it.

Why hadn't each of the hubs signed up to data sharing and why did the NHS 111 service fail to sometimes forward patients' records to the local hubs?

A member of Harrow CCG's governing body stated that each time a patient's records were shared with a new party, this required the patient to agree to a new data sharing agreement.

A Member asked how successful the co-ordination of the 'Big White Wall', which had been piloted in Harrow and the use of new technologies had been.

The Chief Operating Officer for LNWHT stated that sixty thousand video linked assessments had been done in NW London and a digital roadmap for North West London was being compiled.

A member of Harrow CCG's governing body added that the CCG was committed to delivering new technologies, such as video conferencing and alternative means of communicating with patients, all of which would empower the patient and provide more choice, while ensuring these were safe and confidential data remained protected. The Harrow Patients' App checker, which had been launched in 2016, provided information about approximate waiting times and the nearest centres.

The NWL IT Group was working to ensure that information within the NHS domain was easily transferred and was a joined up system.

RESOLVED: That the report be noted.

91. Information Report: Diabetes update

The Sub-Committee considered a report which provided an update on the development of the Harrow Diabetes Strategy. A presentation was also tabled at the meeting.

Following a brief overview of the report, Members asked the following questions and received the following responses:

A Member asked how Harrow Councillors could help to promote diabetes awareness and education in the borough.

A member of Harrow CCG's governing body stated that at least twenty thousand individuals in Harrow were pre-diabetic, ie, at risk of developing diabetes in the near future. Exercise on prescription, dietetics, educating school children, reaching out to hard to reach communities and other preventive measures would help reduce the risks.

A Member stated that the 4-day training course for diabetics was too long and the course may achieve better attendance figures if it were to be spread over a period of several months.

A member of Harrow CCG's governing body undertook to look into this. He added that, there was greater compliance to guidance in cases where diabetic patients supported each other. There were plans to empower diabetics through a structured education programme, which could be web based or in person.

A Member asked what could be done to curtail the number of fast food outlets located in close proximity to schools.

An officer advised that she worked closely with some fast food outlets to encourage them to offer healthier options. A mapping project had revealed that there was a high number of these outlets in the vicinity of most schools in

Harrow. The Council had submitted a £13m Sports Partnership bid to enable it to roll out physical activities across the borough.

RESOLVED: That the report be noted.

92. Verbal update on the new walk in centre located at the Belmont Health Centre

The Sub-Committee received a verbal update from the Chief Operating Officer of Harrow CCG regarding the new walk-in centre at the Belmont Health Centre.

The Chair stated the new walk-in centre was a welcome addition to the hubs in Pinner and Rayners Lane. He asked why there was only one GP at the Belmont hub, whereas there were two GPs at the other two centres and asked what the long term plans were for the Belmont hub.

A member of Harrow CCG's governing body advised that the hubs had identical contracts to see twenty thousand patients. The Pinn was an established clinic which had seen patient numbers increase, therefore, there were two GPs assigned there. The Belmont hub was a new provider and data indicated that 1 GP would be sufficient until the practice became more established.

The Chief Operating Officer stated that 78% of friends and family members of those patients using the Belmont Centre had indicated that they were happy with service provision there.

The Chair asked about waiting times at the Belmont Centre and asked why some of its patients had been referred on to the other two hubs. In his view, this was an indication that a second GP would be required in there in the evenings.

He also asked why the refurbishment of Belmont Health Centre to open up access, including disabled access, to the 1st Floor, was missing from the Walk In Centre update section.

A member of Harrow CCG's governing body advised that the running of the Belmont centre was under continuous review and that there were plans to open up access to the 1st Floor, which was unused at present, was underway and they would be announcing further details, including a timeline, shortly.

He added that the three centres worked together to limit waiting times to a maximum of one hour, and may therefore refer telephone enquirers to one of the other centres. The purpose of the walk-in centres had been to reduce pressures on A&E at Northwick Park, however, this had not proved to be the case.

The Chief Operating Officer added that it was anticipated that there would be service provision from 8.00 am to 8.00 pm, 7 days a week by 2020.

RESOLVED: That the update be noted.

93. Shaping a Healthier Future - Update from NW London Joint Health Overview and Scrutiny Committee

The Sub-Committee received a report of the Divisional Director, Strategic Commissioning, which provided an update on the discussions at the latest meeting of the North West London Joint Health Overview and Scrutiny Committee for the Shaping a Healthier Future programme.

The Chair advised that the next meeting of JHOSC would be on 20 February 2017 and would be hosted by Ealing Council.

RESOLVED: That the report be noted.

(Note: The meeting, having commenced at 7.37 pm, closed at 9.56 pm).

(Signed) COUNCILLOR MICHAEL BORIO
Chair