

HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE MINUTES

3 MARCH 2020

Chair:	* Councillor Mrs Rekha Shah	
Councillors:	* Michael Borio	* Chris Mote
	* Vina Mithani	* Natasha Proctor
Advisers:	† Julian Maw	- Healthwatch Harrow
	* Dr N Merali	- Harrow Local Medical Committee
In attendance: (Councillors)	Richard Almond	Minute 65
	Dr Lesline Lewinson	Minute 65
	Kairul Kareema Marikar	Minute 65
	Janet Mote	Minute 65
	Christine Robson	Minute 65

* Denotes Member present

† Denotes apologies received

59. Attendance by Reserve Members

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

60. Declarations of Interest

RESOLVED: To note that the following interests were declared:

Agenda Item 7 – Update on GP Access Centres in the Borough

During consideration of this item, the following Councillors declared interests:

Councillor Vina Mithani, a member of the Sub-Committee, declared a non-pecuniary interest in that she was a patient at the Belmont Health Centre. She would remain in the room whilst the matter was considered and voted upon.

Councillor Chris Mote, a member of the Sub-Committee, declared a non-pecuniary interest in that he was a patient at the Pinn Medical Centre. He would remain in the room whilst the matter was considered and voted upon.

Councillor John Hinkley, who was not a member of the Sub-Committee, declared a non pecuniary interest in that he was a patient at the Pinn Medical Centre. He would remain in the room to listen to the discussion on this item.

Councillor Jean Lammiman, who was not a member of the Sub-Committee, declared a non pecuniary interest in that she was a patient at the Pinn Medical Centre. She would remain in the room to listen to the discussion on this item.

Councillor Kairul Karima Marikar, who was not a member of the Sub-Committee, declared a non pecuniary interest in that she worked for the Hertfordshire Partnership University NHS Foundation Trust. She would remain in the room to ask question(s) and listen to the discussion on this item.

Councillor Janet Mote, who was not a member of the Sub-Committee, declared a non pecuniary interest in that she was a patient at the Pinn Medical Centre. She would remain in the room to ask questions(s) and listen to the discussion on this item.

Agenda Item 8 – Consultation on Draft Harrow Health and Wellbeing Strategy

Councillor Vina Mithani, a member of the Sub-Committee, declared a non-pecuniary interest in that in that she worked for Public Health England. She would remain in the room whilst the matter was considered and voted upon.

61. Minutes

RESOLVED: That the minutes of the meeting held on 21 January 2020 be taken as read and signed as a correct record.

62. Public Questions

RESOLVED: To note that no public questions were received.

63. Petitions

RESOLVED: To note that no petitions had been received.

64. References from Council and Other Committees/Panels

None received.

RESOLVED ITEMS

65. Update on GP Access Centres in the Borough

The Sub-Committee received a verbal report on the Pinn Medical Centre from representatives of Harrow CCG (Clinical Commissioning Group) present at the meeting. Members were informed that:

- the direction of travel for all health services was set by NHS England and in order to adhere to the guidance, the CCG had changed two of the three Walk-In Centres in Harrow to GP Access Centres. The Alexandra Avenue Health and Social Care Centre had changed in November 2018 and the Belmont Health Centre in November 2019;
- the CCG had recently decided to retain the Walk-In Services at the Pinn Medical Centre. The decision had been based on the volume of representations received.

Prior to the consideration of the report, in accordance with Committee Procedure Rule 4.1 of the Council's Constitution, Members had agreed that Councillors who were not members of the Sub-Committee be allowed to address the meeting in respect of this item. A number of Councillors had indicated their wish to speak on this item. The Chair initially invited Members of the Sub-Committee to ask questions.

Q1 – How would the Pinn Medical Centre be funded? Would the money that would have been saved as a result of changing the Centre to a GP Access Centre be distributed amongst Harrow GP Practices?

A representative of the CCG stated that there were two elements to the funding. Funding was available for patients registered with the Pinn Medical Centre and a separate element available for those not registered with this Centre. The Walk-In services would be available to all, including non-Harrow residents. Central to the proposals for change to GP Access Centres was to give local residents better access to services and provide continuity of care. It was not intended to be a money saving exercise.

Q2 - Would the Walk-In Service at the Pinn Medical Centre remain open indefinitely or for a fixed period?

A representative of the CCG replied that discussions between the CCG and the Pinn Medical Centre had not yet concluded, including how the services would be reviewed. To ensure flexibility, the CCG was working to a 5-year plan but it was recognised that the situation might alter due to changes in legislation and government plans.

Q3 – What had changed between the decisions made in 2018/19 and the recent decision in respect of the Pinn Medical Centre?

A representative of the CCG explained that representations received from and in relation to the Pinn Medical Centre, by way of patient engagement, had

resulted in the decision to retain the premises as a Walk-In Centre. The changes to Alexandra and Belmont had been achieved through collaboration.

Q3 – Did the maintaining of Walk-In services in one part of the borough yet removing them from other parts mean a postcode lottery in local healthcare?

A representative of the CCG stated that it was too early to provide a response to this question. It was important to recognise that all patients in Harrow and elsewhere would have access to the various Walk-In Centres such as the Pinn, one at Edgware and the Urgent Care Centre at Northwick Park Hospital. Anyone from Harrow - whether or not they were registered with a GP - could access all three Centres.

Q4 – How easy was it to register with a Harrow GP or change to another?

A representative of the CCG replied that all GP practices were open to see new patients. Patients could complete their applications online. They could also switch to another GP and the facility was available online. Online applications provided a quicker way of achieving a change.

Q5 - It was not always possible to book an appointment at Walk-In Centres. As a result, patients attended the Urgent Care Centre at Northwick Park Hospital. What impact was this having on patients who then resorted to the A&E?

In response, representatives of the CCG stated that:

- when feeling unwell, patients should always contact their GP as this was considered to be a 'gold standard' service. Some 40,000 appointments were available at the two GP Access Centres in Harrow. Flexibility was built-in at Walk-In Centres, which provided a mixture of appointments;
- patients should always try their GP first prior to resorting to the Urgent Care Centre or the A&E;
- the GP Practices worked as a team and there was a skill mix available at most Practices, such as a doctor, pharmacist and nurse. The diversity within the team allowed patients to access various services within a single unit.

Q6 – Equalities Impact Assessments (EqIAs) had been completed for Alexandra Avenue and Belmont – was an EQIA completed for the Pinn Medical Centre to help inform decisions?

In response to the Chair's question, a representative of the CCG informed Members that an EqIA in respect of the Pinn Medical Centre had been initiated but was not completed due to the recent decision to retain the Centre as a Walk-In facility.

Q7 – How could Councillors help to explain messages to residents about the changes, especially regarding better access and improved outcomes?

A representative of the CCG explained that where patients were not sure how to access medical services, they could telephone the NHS 111 Service who would guide them and provide advice on how to navigate the various services. The NHS 111 Service would support decision-making and help redirect patients to the most appropriate service.

Additionally, the representative explained the role of patient ‘champions’ who would help with various questions such as registering with a GP.

The Chair then invited Councillors who were not members of the Sub-Committee to ask questions of the representatives of Harrow CCG. During questioning, some Councillors also related personal experiences when accessing GPs.

In response to the questions about funding, charging, GP catchment areas, making appointments through the NHS 111 Service, representatives of the CCG stated that:

- all CCGs charged for the services provided to patients from different areas. The CCGs would prefer patients to access their own GPs but would not stop them from accessing Walk-In Centres. In respect of the Pinn Medical Centre, it had become apparent that, in order to maintain the dynamics, it was essential to retain it as a Walk-In Centre instead of a GP Access Centre;
- patients could change their GP if they were not satisfied with the service provided. It would not always be possible to make a same day appointment due to pressures and booking in advance might not help as it would not necessarily allow you to see a GP on the day your require their service;
- patients who lived in Harrow and were registered with a Harrow GP could make an appointment at the two GP Access Centres based in Harrow. These Access Centres would have access to the patients’ medical records. However, if patients from another borough wanted to access the Walk-In facility at the Pinn Medical Centre, their medical records would not be accessible by the staff at the Pinn;
- the NHS 111 Service would help direct patients to the correct surgery or medical facility. The NHS 111 Service could also book appointments for a patient;
- in relation to the personal experience and the difficulties experienced by a Councillor when trying to book an appointment through the NHS 111 Service, the representative undertook to investigate why it had not been possible for the Service to book the appointment at her own GP Practice when one was available.

In response to additional questions about the difference in the representations received in respect of the Centres at Alexandra Avenue and Belmont when compared to the Pinn Medical Centre, representatives of the CCG reported that:

- the volume of representations in respect of the Pinn Medical Centre had made it challenging to change it from a Walk-In Centre to a GP Access Centre. A large petition had been received against the change. In respect of the Centres at Alexandra Avenue and Belmont, the CCG had worked with the providers to move from existing models of Walk-In Centres to GP Access Centres. Patients at both these Centres had also supported the change;
- the CCG was in discussions with the Pinn Medical Centre and that until these discussions had been concluded, it was not able to answer some of the questions, including those relating to the financing arrangements. Option appraisals had been undertaken and were under discussion between the two parties. Once the discussion had concluded, the CCG would publicise the outcome and present these to the Sub-Committee and the Council's Health and Wellbeing Board.

In response to questions about the payment systems, appointments and the number of patients including pro-rata payments from the same Councillor, representatives of the CCG stated that the CCG would like to retain the Pinn Medical Centre as a Walk-In facility and to increase the number of appointments. This would help ensure accessibility and equity of service. A representative reiterated that negotiations were underway and answers to some of the questions could only be provided once these had been completed.

Another Councillor referred to the 'repatriation' of patients by Hillingdon CCG and whether other CCGs would be following suit, particularly those neighbouring Hillingdon. In response, representatives of Harrow CCG informed the Sub-Committee that Watford and Hertfordshire were expected to follow. Each CCG was funding GP Access Centres with a view to 'bringing-in' patients to their own Centres. In respect of a further question about the future of the Pinn Medical Centre in such circumstances, a representative of the CCG explained that it was likely that the Pinn would only see Harrow patients if the services were not required by others currently using it. Access to medical notes might remain an issue.

Members of the Sub-Committee asked additional questions and representatives of Harrow CCG responded as follows:

- each GP Practice was run as an entity and was not required to provide information on appointments. The CCG did not monitor the appointments at GP surgeries. No such data was kept by the CCG but Practices were required to keep open some slots for the NHS 111 Service to book. More recently, the CCG was working with Practices to find out how patients were accessing services and the data was being presented back. For example, it had become evident that students from the Kenton area were using the A&E more which was due to the

hours of opening of the Practices in the area. In order to manage this situation, Practices in Kenton were now open longer during the evenings;

- the contract for GPs was a national one and set by the BMA (British Medical Association). The CCG did not have powers to gain access to appointments at GP Practices. However, scrutiny would increase and it was important to note that appointments were not 'wasted' as GPs spent their time in other ways but the CCG recognised the costs attached;
- the number of people who had signed the petition in relation to the Pinn Medical Centre was in the region of 21,000 compared to up to 15,000 each for Alexandra Avenue and Belmont Centres. However, exact figures would be provided after the meeting, including the number of people who had been surveyed and how these were conducted.

In conclusion, the Chair thanked representatives of the CCG for their attendance and she was pleased to learn that the Pinn Medical Centre would be retained as a Walk-In Centre.

66. Consultation on Draft Harrow Health and Wellbeing Strategy 2020-2025

The Sub-Committee noted that the Joint Health and Wellbeing Strategy was a statutory requirement, which set the strategic objectives and focus for the Joint Health and Wellbeing Board to address the health and wellbeing needs of the population of Harrow. The Strategy was for a five year period from 2020 – 2025 and would be signed off by the Board in March 2020.

The Director of Public Health introduced the report and reported that there was a statutory requirement for local partnerships to prepare a Strategy to help improve the health and wellbeing of the people of Harrow. The Strategy was jointly owned by the Council and Harrow CCG (Clinical Commissioning Group). She added that the issues were complex and explained how the environment contributed to the health and wellbeing of people.

The Director added that whilst Harrow was relatively affluent and healthy, inequalities existed between Wards where there was a need for more focus. As a result, broad areas with overarching concepts and themes, such as Start Well, Live Well, Work Well and Age Well had been worked up. The Strategy was aligned to the strategic direction set through other strategies, including the Borough Plan, to maximise opportunities and strengthen delivery plans. She added that:

- feedback had been received from various stakeholders, including the police, acute hospitals, primary care centres and the voluntary sector;
- through the workshops across partners, priorities and challenges for Harrow were discussed and these were reflected in the Strategy.

Members asked the following questions:

Q1 – How would the Council support children and young adults who were suffering from mental health problems?

In response, the Director of Public Health reported that, as part of wellbeing, mental health featured significantly. The Council and the CCG were working on a Mental Health Strategy to ensure that the tools available were suitable for teenagers, young people and children of pre-school age. Both organisations already worked in partnership to commission some mental health services. However, in addition, resilience was key and the Council was actively supporting schools to gain the London Healthy Schools Award, which recognised the achievements of schools in supporting the health and wellbeing of their pupils.

Q2 - How did the five-year Strategy fit with the 10-year Borough Plan? Both were multi-agency. Joint commissioning between the CCG and local authority was included as part of the Borough Plan – how did the partners determine what areas or services to focus upon?

The Director of Public Health reported that officers across Directorates had worked closely on both documents. She was pleased that the Borough Plan had a focus on addressing poverty, inequalities and health inequalities; all of which were factors identified in the Strategy. In terms of prioritising, the main categories of the Strategy could encompass many topics. Evidence had been presented at the workshops with stakeholders which had helped to highlight major issues and allowed them to identify the priorities for the initial action plan.

Q3 - A relatively high proportion of Harrow adults were physically inactive. At the Scrutiny Leadership Group in January, members raised feedback from local sports/wellbeing groups that a rise in community lettings rents had impacted upon the groups being run. Conversely, Corporate Estates had fed back that they had not received any comments on the increases in rents and any adverse impact on users. What conversations were taking place to address these issues?

The Director of Public Health reported that Active Health Strategy and the Obesity Action Plan looked at all aspects of physical activity. A number of activities such as regular walking had been set up by GP Surgeries. She provided an example of the Living Well Group set up by a GP who also served on the Sub-Committee as an adviser. The adviser stated that his surgery encouraged walking and promoted an active lifestyle.

The Director added that active travel and access to green spaces were key to an active lifestyle and there was already a separate report setting out how measures that would be implemented. In response to a further question about deprivation and how this hindered health and wellbeing, the Director explained that two areas in Harrow were being targeted in terms of promoting an active lifestyle in South Harrow and Harrow and Wealdstone. The Superzone around Whitefriars School was encouraging physical activity, looking at parking provision, air pollution and takeaway outlets within the

vicinity of the school. The Director explained that she was encouraging schools to promote drinking water in order to help build on the message that this would help prevent further deterioration of teeth which was an issue in Harrow and reduce plastic pollution.

The Director reported that she was also working with Council officers across Directorates to ensure that physical activity formed part of new housing developments and regeneration projects and that it was inclusive. Additionally, some community groups were promoting health events and she cited an example of a community group in Wealdstone which had recently held an event that was funded by the Public Health team. Work was also ongoing with the group and, separately, with communities around schools in Wealdstone.

Q4 – Stakeholder engagement appeared to be Council led. How was the Director engaging with other agencies?

The Director of Public Health explained that those who attended the workshops included the midwives, pediatricians, community staff, CCG, Police and voluntary sector. It had been helpful to engage with a range of people with various expertise. Additionally, the Strategy was included on the Council's website but the response had not been huge.

Q5 – How would social prescribing help the elderly and how would it strengthen communities?

In response, the Director of Public Health stated that social prescribing was a good example of integrated care where the Council, primary care services and the voluntary sector were operating as a single team. Social prescribing involved helping patients to improve their health, wellbeing and social welfare by connecting them to community services which might be run by the Council or a local charity. She added that the service in place was already receiving referrals. The role of the link worker was to meet with the patients to discuss their needs, support them to make a change and to signpost them to a huge range of opportunities across the borough. As a result of social prescribing, projects had been established to support socially isolated people. She gave an example of the new therapy garden on the Ridgeway and a new hub which was to be developed as for people with mental health problems and their carers to help address the issue of isolation.

Q6 – Barnet Council was developing housing for people with dementia. Would Harrow Council follow suit?

The Director of Public Health reported that plans for the provision of extra-care housing were underway. The Director of Adult Social Services reported that she was working with colleagues in housing to ensure that homes were provided for people with additional care needs, such as disability and dementia. There were plans on the Poets Corner site for some of these units.

The Chair reported that she would send her comments and questions separately to the Director for a response.

RESOLVED: That having reviewed and commented on the draft Harrow Health and Wellbeing Strategy 2020-2025, the comments and questions set out in the preamble above be noted and, where appropriate, included in the version submitted to the Health and Wellbeing Board.

67. Update from NW London Joint Health Overview and Scrutiny Committee

The Sub-Committee received a report, which set out the discussions held at the meeting of the North West London Joint Health Overview and Scrutiny Committee (JHOSC) on 27 January 2020 at the Royal Borough of Kensington and Chelsea.

Members noted that the next JHOSC meeting would be held on 9 March 2020 at Richmond Council and would include an item on patient transport.

RESOLVED: That the report be noted.

68. Dates of Future Meetings - Municipal Year 2020/21

RESOLVED: To note the dates of meetings for the Municipal Year 2020/21:

24 June 2020 at 7.30 pm
19 November 2020 at 7.30 pm
23 February 2021 at 7.30 pm.

(Note: The meeting, having commenced at 7.35 pm, closed at 9.15 pm).

(Signed) COUNCILLOR REKHA SHAH
Chair