

Health and Social Care Scrutiny Sub-Committee

Minutes

22 June 2021

Present:

Chair: Councillor Rekha Shah

Councillors: Michael Borio
Dr Lesline Lewinson

Kairul Kareema Marikar
Vina Mithani

Advisers: Julian Maw
Dr N Merali

**In attendance
(Councillors):** Simon Brown
Christine Robson

101. Notification of a replacement of a Councillor on the Sub-Committee

The Chair welcomed all those present to the virtual meeting of the Health and Social Care Scrutiny Sub-committee and made some general announcements. Present at the meeting were Members and Advisers of the Sub-Committee, Council Officers, representatives from Partner Organisations – CCG, NWLH NHS Trust, Healthwatch Harrow, CNWL – and the Portfolio Holders for Adults and Social Care and Education and Social Services for Children and Young People.

The Chair informed the Committee that the meeting would be audio and video recorded and would be available on the Council's website.

In accordance with Council Procedure Rule 1.5, the Sub-Committee noted the replacement of Councillor Natasha Proctor by Councillor Kairul Kareema Marikar as the main Member of the Health and Social Care Scrutiny Sub-Committee. The Chair welcomed Councillor Marikar and thanked Councillor Proctor for the contributions made to the work of the Sub-Committee.

102. Attendance by Reserve Members

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

103. Declarations of Interest

RESOLVED: To note that the declaration of interests, which had been published on the Council website, be taken as read and that during the course of the meeting:

- (1) Councillor Kairul Marikar, a member of the Sub-Committee, declared a nonpecuniary interest in that she worked for Hertfordshire NHS Trust and CNWL NHS Trust. She would remain in the room whilst the items were considered.
- (2) Councillor Michael Borio, a member of the Sub-Committee, declared a nonpecuniary interest in relation to item 10: Covid and Vaccinations Update for Harrow in that he worked for the Department for Education. He would remain in the room whilst the item was considered.
- (3) Councillor Dr Lewinson, a member of the Sub-Committee, declared a nonpecuniary interest in relation to item 12: System response to the Healthwatch reports on GP and Primary Care Access in that she had had recent contact with Healthwatch. As the matter relating to was on not on the agenda for this meeting, she would remain in the room whilst the item was considered.

104. Minutes

RESOLVED: That the minutes of the meeting held on 23 February 2021, be taken as read and signed as a correct record.

105. Appointment of Vice-Chair

RESOLVED: To appoint Councillor Vina Mithani as Vice-Chair of the Health and Social Care Scrutiny Sub-Committee for the 2021/2022 Municipal Year.

106. Appointment of (Non-Voting) Advisers to the Sub-Committee

RESOLVED: That the following nominees be appointed as Advisers to the Sub-Committee for the 2021/22 Municipal Year:

Mr Julian Maw (Healthwatch Harrow)
Dr Nizar Merali (Harrow Local Medical Committee).

107. Public Questions

RESOLVED: To note that no public questions had been received.

108. Petitions

RESOLVED: To note that no petitions had been received.

109. References from Council and Other Committees/Panels

None received.

Resolved Items

110. Covid and Vaccinations Update for Harrow

The Committee received a presentation from Harrow Council's Director of Public Health outlining the current position with regards to Covid in the borough as well as updating the committee on progress with the vaccination programme. The following key points were raised:

- Having multiple layers of protection such as social distancing, self-isolating, enhanced hygiene and vaccination, continued to play a crucial part in reducing transmission of Covid-19;
- Latest figures for Harrow showed 52.6 cases per 100 000 of population, with an increase of 65% in the 7 days up to 17th June 2021, which was a cause for concern. In line with the current national epidemiological trend, majority of the cases recorded in Harrow were of the Delta variant.
- The number of cases per ward fluctuated on a weekly basis and whilst no specific pattern was being observed a significant number of cases reported originated within family groups.
- Community Covid-19 testing continued, with highest rates observed in care homes, health services and schools. Although testing rates were generally lower in the eastern parts of Harrow than compared to the west, there was no specific correlation with positive rates. In addition, plans were under way to target disproportionately impacted groups by increasing availability of testing within those communities.
- Government funding had changed with the Department for Health and Social Care introducing a cap on the levels of funding available, which has meant that local authorities have had to review their testing provision and from end of June close a number of static sites, switching instead to a more targeted community model.
- Although 52.6% of adults in Harrow had had at least one dose of the Covid-19 vaccine, significant variances in the uptake between the different ethnic and minority groups remained, with people living in the most affluent parts more likely to get vaccinated compared to those living in the most deprived parts of the borough (79.5 % v 37% respectively).
- Byron Hall Mass Vaccination Site had been operational since 8th June 2021 offering both Pfizer and Astra Zeneca doses. The primary care site at Byron Hall was due to close allowing GPs to return to business as usual and respond to pressures in their practices.

- Compared to national and London average, vaccination uptake in Harrow was progressing well, with Harrow having the highest overall rates in north west London. Vaccination was open to all adults over 18 but some variance in uptake across the different age groups was observed. People were encouraged to come forward and the council alongside community and health partners was exploring a range of options including flexible appointments, pop-up clinics and expansion of the pharmacy provision, in order to maximise uptake across all age groups.

Member thanked officers and NHS representatives for their updates and asked a number of questions, which were responded to as follows:

- Covid-19 vaccination boosters during the autumn period were being considered and were likely to be prioritised for people in cohorts 1 to 4. Although the exact details around the administration of the autumn booster programme could not yet be confirmed, it was anticipated to include a hybrid approach between a large- and small-scale bespoke delivery. An announcement from the government was expected within the next few weeks and the general expectation was that the booster programme would coincide with the annual flu vaccination.
- Approximately 98% of the all Covid cases in Harrow were of the Delta variant and the remaining 2% of the Alpha variant - a similar trend to the rest of London. Despite a number of school outbreaks having been reported in recent weeks, the vast majority of cases developed in households. No consistent patterns had been noted but it was likely that the rise in cases was to an extent a result of easing of restrictions and increased social mixing amongst the younger population.
- Community engagement played a key role in the vaccination programme and the council was using an innovative and multifaceted approach to ensure all groups were adequately approached. A team of community champions, who worked closely with the council brought in valuable local intelligence and were pivotal in getting the overall communication strategy, alongside more traditional methods including videos in different languages and tailored digital radio adverts.
- Vaccination rates in care homes was being closely monitored and reported to the NHS on a regular basis. Government plans about making vaccination mandatory for all care home staff and visitors was an area of growing concern due to the significant impact on businesses and their workforce. The proposals were currently being presented to Parliament and if passed would be implemented from October 2021.
- Vaccination for children in the UK against Covid-19 was being considered but had not been approved for use by the MHRA. However, plans for vaccinating children against Covid-19 were seen by many as controversial given global disparities and shortages.

- The full long-term financial impact on health and social care providers by Covid-19 was yet to be seen and whilst on a local level there were no reported service failures in Harrow, a number of voids had already started to emerge, causing providers in other parts of the country to close. Post-pandemic situation was constantly evolving with the health sector having to deal with multiple covid-related conditions as well as complex mental health needs. Contractual arrangements which had been protecting providers from loss of income since the start of the pandemic had also changed and the sector was seeing an increase in urgent care activity.

RESOLVED: That the verbal update be noted.

111. Progress of the Integrated Care Partnership in Harrow

Members received a progress update from the Acting Borough Lead Director for Harrow, NWL CCG on progress of Integrated Care Partnerships (ICP), who provided a high-level overview on the background and development of ICPs, raising the following key points:

- ICP was a collection of organisations which were coming together and were at the heart of the NHS long term health and care system change plan but were relatively undefined and varied significantly nationwide. ICP sat at a borough level and played an important role in serving the local population and bringing together local partnerships.
- Set up originally as a “100-day” programme of joint working across Harrow by the Harrow Health and Care Executive, ICP had become the central vehicle for coordinating Harrow’s Covid-19 pandemic response.
- Strong agreement across partnership that Health and Care Executive has been central in improving joint working across organisations over last 12 months.
- The aim of ICP was to integrate design, planning and delivery of health services and bring real change by moving towards a shared leadership, governance, financial understanding and common values.
- ICP was working on multiple joint priority areas, addressing issues such as frailty and care settings, mental health, learning difficulties, inequalities and digital transformation amongst many. A series of ICP conversations would be taking place throughout the months of June and July 2021 in order to review progress to date and build a plan for the future.

The Committee thanked offices for their presentation and asked a series of questions which were responded to as follows:

- From March 2022, the Clinical Commissioning Group (CCG) would be dissolved as a statutory body and would be replaced with a single NW London CCG, with borough directors overseeing each area.

- No changes were expected to the main GPs funding as this was based on a national contract with a clearly set cost per patient. However, ICP would retain responsibility for managing specific budgets delegated to each borough team such as primary care and joint commissioning funding.
- Importance of making sure that patient voices in Harrow were heard at a NW London level was noted.
- The move from transactional to a more collaborative interactions between organisations and growing focus on meeting the needs of local populations was noted and confidence was expressed that the ICP foundations being set now would represent and serve Harrow well into the future.
- The limited number of face to face appointments at GPs practices was a known issue, which was largely due to the fact that many practices were still working work under operational procedures aimed at preventing Covid-19 transmission and protecting workforce, thus requiring GPs to apply a triage model when determining which cases required face to face consultation and restrict the number of people visiting the surgery. Increased demand, particularly in urgent care treatments, and significant backlog of pre-existing cases meant that a balanced and flexible approach to managing appointments, making the most of the existing digital offer and resources was needed. Representatives also acknowledged there were common misconceptions about what the return to “normal” looked like and that better communication was needed in managing patients’ expectations.

RESOLVED: That the update be noted.

112. System response to the Healthwatch reports on GP and Primary Care Access

Members received presentation from Healthwatch Harrow on GP and Dental Access in Harrow and mental wellbeing, covering a number of issues and outlining recommendations for improvement.

Amongst the key points raised were:

- Overall satisfaction with customer service but access to GP and dental services remained a problem for many people, with a number of complaints about availability of appointments and long waiting times.
- More clarity, consistency and awareness required around what services were available to residents and how they can be accessed.
- Increasing concern about commissioning of dental care and how to meet demand, not just in Harrow but on a national level.

- Focus on working with Black, Asian and minority ethnic communities as well as patients with language, mental and learning difficulties which were more likely to be disproportionately affected when trying to access different services.
- The impact of the Covid-19 pandemic on health services had been significant, providing a unique snapshot of society's needs. Key issues highlighted by the pandemic included accessing out of hours services, digital exclusion as well as ways of managing stress and anxiety, which were further exacerbated by poverty and job insecurity.
- Although easing of the lockdown restrictions was expected to have a positive impact on society in general, reliance on support services was expected to continue. While steps were already being undertaken to address this problem through additional funding from NHS England, increase in staffing levels within the community and acute services, investment in third sector organisations, and mental health work streams, further communication around the support available as well as commissioning of new services to meet the increased demand was expected to play crucial role in the post pandemic period.

Members thanked officers for their presentations and raised a number of questions which were responded to as follows:

- Although the presentation focused primarily on adult mental health services, NHS also recognised that children were equally affected and required mental health services support. A £90m in additional funding had been released by the NHS to target this problem and was seen as a step in the right direction. A transformation project for young people in Harrow was also under way.
- Although the survey, which underpinned the report, was done primarily online, face to face interactions with some local community groups were also undertaken to ensure fairness and inclusivity and these responses were fed into the report. However, it was acknowledged that community engagement and outreach remained a challenge and required further support and resources.
- Whilst the pandemic had led to a number of changes to the way services were being accessed and delivered and had allowed for complex multi-disciplinary discussions to take place, ensuring better patients access to care remained of primary importance. Therefore, it was important to learn from the pandemic and find a balanced approach which allowed further opening up to the community and the effective provision of help to those who needed it the most.
- Tooth decay in Harrow was an issue which was being addressed through a number of pathways including raising awareness around toothbrushing from a young age as well as initiatives at schools such as water fountains and focus on preventative dental care.

- Local system leaders played a crucial role in planning local support in the post pandemic period through effective communication, outreach and use of local networks.

Having noted the growing importance of mental health wellbeing and the essential role health services played, the Committee

RESOLVED: That the update be noted.

113. Mount Vernon Cancer Centre Review update

The Sub-Committee received a presentation from a NHS England and NHS Improvement representative which provided an update on the Mount Vernon Cancer Centre Review.

Officers outlined the presentation, focusing on the following key points:

- Progress on plans for relocating Mount Vernon Cancer Centre were progressing well and Watford General Hospital had been selected as the preferred site selected for the relocation.
- Options for expanding the chemotherapy unit at Northwick Park Hospital, which was expected to improve access to cancer services for people living in north west London including Harrow, were being explored.
- Positive feedback had been received following an initial assurance meeting with NHS England on the direction of the process and business case prior to moving to a public consultation.
- Good engagement with Harrow Healthwatch representatives continued with a number of patient streams set up aimed at ensuring that topics of importance were covered.
- Joint collaboration between Harrow and Hillingdon Hospital NHS Trusts on developing a case for the expansion of the chemotherapy unit at Northwick Park Hospital site, which would affect nearly 1000 Harrow patients at any given time. The expansion would see an increase from 8 to 11 chemotherapy chairs as well as greater staffing and pharmacy capacity.

Members welcomed the update and raised a number of questions which were responded to by the representatives as follows:

- Significant piece work was under way as part of the Mount Vernon Cancer Centre to review to better understand the reasons for the low radiotherapy uptake in some areas. Whilst no specific reasons or numbers could be given at this stage, representatives stated that not all cancer patients used Mount Vernon for radiotherapy, with some option for Imperial College, therefore leading to disproportionate results.

- Extension of chemotherapy services was dependent on the success of the broader case of Mount Vernon service changes. There was no intention of changing the referral lines until capital investment for the Watford site had been agreed and public consultation on the proposals had been completed, which was not expected to take place until October 2021 at the earliest.
- Chemotherapy services at Northwick Park Hospital would be held at the Drake ward, alongside the chemotherapy day unit, with some minor capital works required to expand the footprint of the area.
- Services provided by the Lynda Jackson Macmillan Centre were within the scope of the Mount Vernon review. A designated work stream supported by Macmillan Cancer Support had been set up as part of the process to ensure these services and the value they offered to patients were appropriately captured as part of the move.

RESOLVED: That the verbal update be noted.

114. Update from NW London Joint Health Overview & 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 18 March 2021.

RESOLVED: That the report be noted.

(Note: The meeting, having commenced at 6.30 pm, closed at 9.05 pm).

(Signed) Councillor Rekha Shah
Chair