

HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE MINUTES

14 MARCH 2018

Chair:	* Councillor Michael Borio	
Councillors:	* Niraj Dattani	* Vina Mithani
	* Kairul Kareema Marikar	* Chris Mote
Advisers:	* Julian Maw	- Healthwatch Harrow
	* Dr N Merali	- Harrow Local Medical Committee

* Denotes Member present

116. Attendance by Reserve Members

RESOLVED: To note that no Reserve Members had been nominated to attend the meeting.

117. Declarations of Interest

In connection with Agenda Item 7 (Public Health Annual report 2018), Councillor Mrs Vina Mithani declared a non-pecuniary interest in that she is an employee of the Health Protection Agency. She would remain in the room whilst the matter was considered and voted upon.

In connection with all the substantive agenda items, Julian Maw declared a non-pecuniary interest in that he is Trustee of Age UK Harrow. He would remain in the room whilst the matter was considered and voted upon.

In connection with Agenda Item 9 (Dementia Friendly Housing Review), Councillor Chris Mote declared a non-pecuniary interest in that his father is a resident of a care home in the Borough (not one of the sites which had been

visited as part of the review). In connection with the other agenda items, he declared a non-pecuniary interest in that his daughter works at Northwick Park Hospital. He would remain in the room whilst the matters were considered and voted upon.

In connection with Agenda Item 9 (Dementia Friendly Housing Review), Councillor Kareema Marikar declared a non-pecuniary interest in that she works for Oxfordshire Mental Health Trust. She would remain in the room whilst the matter was considered and voted upon.

118. Minutes

RESOLVED: That the minutes of the meeting held on 3 July 2017, be taken as read and signed as a correct record.

119. Public Questions and Petitions

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

120. References from Council and Other Committees/Panels

There were none.

RESOLVED ITEMS

121. Public Health Annual Report 2018

The Sub-Committee received a report on public health issues and activities in 2017-18 from the new Director of Public Health, Carole Furlong, who was welcomed and congratulated on her appointment. She underlined some of the key points arising, including the following:

- a) The report sought to use more accessible ways of imparting information, in particular through the use of “infographics”, charts and diagrams.
- b) The report included ward health profiles showing the characteristics of each area in terms of geography, essential services and the people who live there.
- c) The profiles also mirrored the health and well being strategy themes of Start Well, Live Well, Work Well and Age Well, and they illustrated the inequalities in health the Borough and some of the issues that contribute to them.
- d) There were some areas of concern identified in the report and these included health problems affecting elderly people and disadvantaged communities.

In discussion of the report, questions from the members of the Sub-Committee and Advisers were answered as follows:

- i. *What was the direction of travel in terms of health inequality?* There was variation year on year, but the overall health inequality gap appeared not to be closing. In particular, there was concern on the impact of poverty on health and the difficulties in accessing services.
- ii. *Had there been any unusual results in particular areas?* There were a number of interesting variations such as the impact of deprivation as between the north and south of the Borough. Other differences included those related to housing cost and conditions, and also the levels of alcohol consumption in relatively affluent areas.
- iii. *What were the key messages for commissioners of services?* The results provided useful data for commissioners in terms of prioritising and targeting particular areas; it was hoped that this would make it easier to lever in more finding, say, in such areas as mental health and learning disabilities. The data came from a range of sources, and therefore some was more recent than others; it included some which was modelled from 2011 Census results.
- iv. *The position in respect of dental health.* It was important to avoid the sense that this was simply an area for specialists and rather emphasise that all involved in children's care could play a part. An information pack had been produced with NHS England, funded from Health Education in England, and the impact would be evaluated by the health education unit at Queen Mary's Hospital. Work would be done with new dentists practising in the area so that messages were reinforced.
- v. *Would the implications of the prevalence of diabetes be addressed in future given that Harrow had a high proportion of residents suffering from Type 2 Diabetes?* A report would be brought forward on diabetes and this would include data from GPs and would address the communities most at risk of harm from the condition.
- vi. *Were some of the trends and results related to housing tenure?* The increase in the number of children presenting at A&E could be related to housing circumstances, for example, homes where space to cook and heat food was very limited and the risk of accidents was higher. The data available suggested that temporary accommodation could be a factor. The reasons for presenting at A&E suggested self-harm was not a significant factor. Councillor Dattani suggested that the Corporate Director, Community be asked to consider the issues of the relationship between housing conditions and public health.
- vii. *How did the report's data link to information available from GP practices and the CCG, and given that it provided only "raw" data, how did the findings compare with "statistical neighbour" boroughs?* At present, there was no access to GP data and the principal source was the household survey conducted as part of the Health Survey for England. It was accepted that the data at a very local, ward level was

not based on large samples and there were therefore limits to its value in informing local changes. Instead, it pointed to broader public health issues and had been designed in such a way as to make it easier for the public to understand the data; for this reason, comparisons with statistical neighbours had been avoided since they would complicate the message. Nevertheless, it was intended to do more work on the implications of some of findings, eg. encouraging licensing officers to use the data on gambling.

- viii. *Could all the relevant data be drawn into one publicly-available resource?* While there were other datasets available, the Council did not operate a full public health information service. There was also a risk of users being overwhelmed with the enormous amount of data involved in public health. The Chair considered that the ward-level information would be very useful and he suggested that there would be some merit in a facility to interrogate the data online using post codes.

It was pointed out that the maps for the Headstone North and Pinner South wards had been switched in the draft report.

RESOLVED: That the report be noted.

122. Pharmaceutical Needs Assessment

The Director of Public Health introduced the report, underlining the joint work with partner agencies and the finding that there was a good level of provision in the Borough. The Sub-Committee welcomed Mike Leviton, Chief Executive of the Local Pharmaceutical Committee, who gave a presentation on pharmacy services in the area. He had been impressed by the Pharmaceutical Needs Assessment (PNA) for the Borough which compared well with other areas he covered; this regulatory document was important in facilitating NHS England carrying out its functions. Mr Levington acknowledged the impact of budget cuts on Council services and confirmed that, ideally, he would wish to see links between the PNA and the Public Health Report. Traditionally, there had been a good supply of pharmacies in Harrow (and in nearby Brent), but there were certain parts of the Borough where demand was higher. Mr Levington underlined the value of this clinical service in a “normal” environment and the fact that a pharmacy provided this service on an “open-door” basis over long hours and in convenient locations; a pharmacy could also make a referral to other health services if a condition was deemed serious enough.

Mr Levington referred to a pilot project across 30 pharmacies in Harrow, Hillingdon and Brent providing support for infants and early years children; it had links to Imperial College London and to Professor Blair at Northwick Park Hospital. The project sought to improve the health and care of families in antenatal and postnatal periods and in a child’s early years and it benefited from good support from public health staff in the three borough councils. Its impact would be evaluated over the next year.

Mr Levington spoke about the challenges presented by the reduction of remuneration to pharmacies and the shortage of certain medicines. He went

on to explain the “Prescribing Wisely” initiative by the North West London CCG which sought to discover more about medicines purchased over the counter at pharmacies and elsewhere, and the prices charged. There was also interest in addressing the issues of the over-ordering of medicines and patient confidentiality in the arrangements for the delivery of medicines.

Mr Levington concluded by referring to the surprising exclusion of pharmacies from the STP review in North West London, particularly given the level of NHS spend on medicines.

In discussion of the report and presentation, the following principal points were made:

- a) In terms of addressing gaps in services, it was anticipated that NHS commissioning would reflect the expected increase in housing developments over the next three years and this would form part of the next PNA. The current trend was towards combined GP and pharmacy services on the same site. It was not expected that significant pharmacy service gaps would develop.
- b) There was potential for greater use of pharmacies to take the pressure off A&E and primary care services. Traditionally, CCGs would not commission services to deal with “minor ailments” and there were issues around the limitations on prescriptions. A study by Professor Blair had revealed thousands of attendances by children under four years of age at GP services and A&E which had led to no requirement for treatment and medication. These cases could have been satisfactorily dealt with in community pharmacy services where the option of referral to other services existed. Mr Levington agreed that the support of the Council and the Joint Health Overview and Scrutiny Committee for North West London (JOSC) would be welcomed in recommending the NHS to promote the use of pharmacies more assertively. The Chair suggested that this be raised in the JOSC after the local elections.
- c) It was considered that the number of pharmacies in the Wealdstone area was sufficient at present, although the impact of the regeneration schemes would be assessed. The NHS was carrying out pharmacy quality checks and it was understood almost all Harrow pharmacies were involved. Mr Levington offered to circulate relevant data; he also referred to initiatives on dementia support and sepsis.
- d) In response to a questions, Mr Levington reported that the service for pregnant women involved “health champions” offering support and advice and that the areas his responsibilities covered were Harrow, Brent, Hillingdon, Ealing, Hounslow, Barnet, Enfield, Haringey and Hammersmith & Fulham.
- e) It was acknowledged that the Health Help app was very useful, but other options had to be provided for those who did not use online data.

- f) Dr Merali underlined the immensely-underused professional resource of pharmacies and the views of GPs that it would be much more effective if pharmacists managed minor ailments. He regretted that the funding streams did not facilitate this. Mr Levington advised that even the most conservative estimates were that 16% of GP attendances could be handled effectively by pharmacies, and that the boroughs with a minor ailments service included Enfield, Ealing, Haringey and Hillingdon.

RESOLVED: That the report be noted.

123. Update from North West London Joint Health Overview and Scrutiny Committee

The Chair updated the Sub-Committee on the work of the North West London Joint Overview and Scrutiny Committee (JOSC) , focussing on the meeting which had taken place on the previous day. The JOSC had received Accident and Emergency performance data which revealed that the target of 95% of patients being seen within 4 hours had not been met, but that performance in North West London had been better than the average for the country and for London as a whole. There was an issue related to the increase number of walk-in centres but this would probably improved the Borough's overall performance figures. The JOSC had received an update report from Healthwatch Central West London which was available via the online JOSC documents.

The Chair reported on the JOSC's consideration of the "Home First" initiative supporting timely discharge from hospital through assessment in the home environment. It had already been designed and tested, with some 1500 patients successfully discharged. Hillingdon Hospital had found that the average stay in hospital had reduced by 2.2 days as result, and in Medway, there had been a 25% reduction in transfers of care. The Chair also reported on the Hospital Transfer Red Bag initiative for care home patients as a result of which Sutton had experienced hospital stays lasting 3 to 4 days less on average. It was planned to extend the scheme to Hillingdon and Hounslow. It was agreed that Harrow CCG be asked to report to the Sub-Committee on the Home First and Hospital Transfer Red Bag schemes.

Councillor Chris Mote reported on the triage system at the Northwick Park Hospital A&E Department which meant that patients with conditions which were not life-threatening or serious otherwise, would sometimes have to wait for hours for treatment.

RESOLVED: That the report be noted and that Harrow CCG be asked to report to the Sub-Committee on the Home First and Hospital Transfer Red Bag schemes.

RECOMMENDED ITEMS

124. Dementia Friendly Housing Review

Farah Ikram, Policy Officer, introduced the report explaining the background to the research and the methodology of the review. A number of site visits had taken place to provide Members with direct experience of dementia-friendly accommodation and services. It was hoped that the findings would assist in the planning of relevant Council services and housing developments in future.

The Chair thanked all those involved in the review. He highlighted the visits to Annie's Place, which had provided powerful contributions from carers, residents and their families, and to Teo Situ House in Southwark where the use of innovative diagrammatic signage and photos assisted residents with dementia.

Councillor Chris Mote referred to the difficulty of finding information on dementia on the Council's website. He suggested that the availability to dementia sufferers of a zero rating for Council Tax purposes should be more publicised more widely and that processes should be simplified to assist those with dementia and their families and carers, for example, providing alternatives to online information and transactions. Dr Merali proposed that a letter be sent to all dementia sufferers and their carers in the Borough about the Council Tax exemption and this was supported by the Sub-Committee.

Councillor Mithani confirmed that relevant recommendations had been made as part of the review such as improvements to the Council's website.

Councillor Marikar referred to her experience working in the care sector and underlined the importance of families and carers being informed about services and facilities available, including addressing any language barriers.

Councillor Dattani highlighted Recommendation 5 concerning work with Harrow CCG to ensure better integration of health and adult social care services, improved awareness of and signposting to other services in the Borough, and identify gaps in service provision. As Portfolio Holder Assistant for Innovation, he would raise relevant issues with the IT Department and Customer Services managers.

Ms Ikram referred to the information from Barnet Council about the integration of adult care services across the local authority, voluntary and health sectors. She suggested that the Council enter a dialogue with the CCG on these issues and the broader recommendations arising from the review.

Councillor Mithani suggested that the Council's Housing Department be encouraged to consider Barnet's approach to dementia-friendly housing. She had heard radio coverage of dementia-friendly "villages" and communities which appeared to provide excellent models for future developments. Councillor Chris Mote advised that Adult Services had acquired 10 housing units to develop as transitional accommodation between hospital and home;

he considered that, should these prove successful, the provision should be expanded.

RESOLVED: That

- (1) the review report and its recommendations be endorsed;
- (2) the Sub-Committee revisit the implementation of recommendations in its work programme for 2018/2019; and
- (3) the Harrow CCG be invited to attend a future meeting of the Sub-Committee to discuss the report's implications.

Resolved to RECOMMEND: (to Cabinet)

That the review report and its recommendations be forwarded to Cabinet and to relevant agencies, as identified in the recommendations, for consideration and response.

125. Any Other Business

As this was the final meeting of the Sub-Committee in this Council Administration, the Chair wished to thank all Members and Advisers for their excellent contributions to its work. In particular, he thanked Councillor Mithani for her work as Vice-Chair. He said it had been his honour and privilege to serve as the Sub-Committee's Chair in recent years.

(Note: The meeting, having commenced at 7.35 pm, closed at 9.33 pm).

(Signed) COUNCILLOR MICHAEL BORIO
Chair