

HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE MINUTES

16 OCTOBER 2018

Chair:	* Councillor Mrs Rekha Shah	
Councillors:	* Michael Borio * Maxine Henson	* Vina Mithani * Chris Mote
Advisers:	* Julian Maw * Dr N Merali	- Healthwatch Harrow - Harrow Local Medical Committee
In attendance: (Councillors)	Graham Henson	Minute 20

* Denotes Member present

13. Attendance by Reserve Members

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

14. Declarations of Interest

RESOLVED: To note that the following interests were declared:

Agenda Items 6 and 7- Reference from Cabinet – Response to the Scrutiny Review on Dementia Friendly Housing and Draft Dementia Strategy 2018/2021

Councillor Chris Mote, a member of the Sub-Committee, declared a non-pecuniary interest in that a member of his family suffered from dementia. He would remain in the room whilst the matters were considered and voted upon.

Agenda Item 10 - London North West Healthcare NHS Trust and Care Quality Commission Inspection Report

During consideration of the item, Councillor Chris Mote, a member of the Sub-Committee, 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 and voted upon.

All Agenda Items

Councillor Maxine Henson, a member of the Sub-Committee, declared an interest in that she was a Portfolio Holder Assistant to the Portfolio Holder for Adults and Public Health. Her remit was Adult Social Vision. She would remain in the room whilst matters were considered and voted upon.

Agenda Item 8 - Changes to Walk-in Services at Alexandra Avenue Health and Social Centre

An attendee, Dr Genevieve Small, Chair of Harrow Clinical Commissioning Group (CCG), declared an interest in relation to the item. She participated in the discussion and responded to questions from Members of the Sub-Committee, including the Leader of the Council who was invited to speak on this item.

15. Minutes

RESOLVED: That the minutes of the meeting held on 2 July 2018, be taken as read and signed as a correct record.

16. Public Questions

RESOLVED: To note that no public questions were received.

17. Petitions

RESOLVED: To note that no petitions had been received.

RESOLVED ITEMS

18. Reference from Cabinet - Response to the Scrutiny Review on Dementia Friendly Housing

Members received a reference and report considered by Cabinet in relation to the responses to the recommendations made in the Dementia Friendly Housing Report from the Sub-Committee.

RESOLVED: That the reference and report be noted.

19. Draft Dementia Strategy 2018 - 2021

The Sub-Committee received the Draft Dementia Strategy 2018-2021, prepared jointly by Harrow Clinical Commissioning Group (CCG), Harrow Council and Public Health Harrow, which was committed to improving the patient's journeys in terms of living well with dementia. There had been an

increasing focus on the Dementia Diagnosis Rate, to enable easy access to care, support and advice following diagnosis. The intention of the Strategy was to increase the level of diagnosis to ensure appropriate post diagnostic support for patients and carers with a view to creating a more Dementia friendly borough.

A representative from Harrow CCG introduced the Draft Strategy and outlined, in brief, its key components. He explained that the original Strategy had been refreshed and invited questions and comments from Members of the Sub-Committee and other partners present at the meeting.

Members of the Sub-Committee asked questions relating to:

- the status of the Draft Strategy prior to its adoption and how it would be launched;
- the plans in place to help raise awareness about dementia, the support available locally and the cultural and stigma barriers associated with the illness;
- the support available to carers;
- the gap between the current position and one that the partners would want to be in with regard to the Strategy and local actions.

Representatives from the CCG responded as follows:

- the CCG would initiate meetings with the Council with a view to drilling down some 50 recommendations which needed addressing. Additional funding was required and needed to be approved, including the commissioning intentions of the partners. For example, a balance between the use of Admiral Nurses or Enhanced Practice Nurses would need to be considered;
- work to raise awareness in the community was underway and a launch was being planned;
- guidance from NHS England had been sought regarding the issues surrounding cultural and stigma barriers and boroughs with diverse populations, such as Newham, were cited and were being studied. Harrow too had a diverse population in that it had a large BAME group with 50% of the group being made up of people from South Asia. Some work had been done on how residents could be educated and these measures would be included as part of the recommendations and action plan;
- carers would be suitably supported and work with Age UK would continue in this regard.

A Member stated that scrutiny was a 'critical friend' and that, in that capacity, he was concerned that the Council's website did not make reference to the work being undertaken in relation to dementia. It was important that both the

CCG and the Council sign posted this key document on their respective websites. Another Member asked if any gaps had been identified. Officers took note of the importance of using the website as a vehicle to ensure public awareness. It was noted that joint working amongst partners was helping to identify gaps and work with the providers was underway.

Another representative of the CCG reported that the information and services available to people with dementia would be promoted through the Harrow Health App but due to some technical difficulties this would not be achieved until December 2018. It would also be promoted through other mediums. The representative identified two areas of importance in relation to dementia – a formal diagnosis and the support provided thereafter. She highlighted the importance of integrated care and the work being undertaken in this area, such as the partnership working to develop and deliver integrated care initially for a subset of older adults, one group being the 65 plus with dementia. Various work programmes had had different timelines but it was expected that they would all come together and ensure that all services were fully supported.

In response to a question from a representative from the LNWUHT regarding care homes and the Red Bag scheme, the CCG agreed to share information in relation to the engagement with the 13 care homes which were part of the scheme, how often the scheme had been used when patients were admitted from those care homes and what the training needs were for those care homes that needed to be provided, such as dementia awareness training.

RESOLVED: That

- (1) the Draft Dementia Strategy 2018 – 2021 and the contributions from Members and Partners be noted;
- (2) it be noted that the CCG would share information within care homes for dementia awareness training as set out in the preamble above.

20. Changes to Walk-in Services at Alexandra Avenue Health and Social Care Centre

The Chair reported that the Council had recently learnt that:

- from 1 November 2018, the Alexandra Health and Social Care Centre would become a GP Access Centre dedicated to treating patients registered with a Harrow GP practice only;
- the new service would require patients to have booked an appointment before arriving at the Centre and this would ensure that patients would not need to spend time in the waiting area in order to be seen by a GP. Appointments would be available from 8.00 am – 8.00 pm on all days of the week and could be made by patients by either contacting their GP surgery or calling 111 for an appointment;

- patients who had used the Centre but were registered with a GP in other boroughs such as Ealing or Hillingdon would be able to book a same day appointment in a GP Access Centre located in their respective boroughs on all days of the week, including weekends and evenings, by calling their own GP or 111.

The Chair stated that the Council was extremely disappointed that it had not been consulted and asked representatives of the NHS Harrow CCG about the consultation exercise. It was unfortunate that the implementation dates were close and that the Council had not been given any opportunity to voice its concerns on behalf of its residents.

Having been invited to speak, the Leader of the Council cited examples of how the new service would impact adversely on the residents of Harrow and was concerned that the appointment process would reduce the number of available appointments drastically. He added that the Centre was situated in one of the most deprived areas of the borough and the new service would have an adverse impact on the disadvantaged.

The Leader stated that there had been a form of an engagement exercise with the Council's Health and Wellbeing Board but that the CCG was not able to share some of the information at that time due to commercial sensitivity. It was essential that the CCG consulted in a meaningful way with the appropriate bodies of the Council on such important issues and that the relationship between the Council and the CCG needed to improve. There were a number of opportunities for partnership working and these ought to be explored. The CCG ought to have engaged fully with the Council in this regard as free and easy access to health was important.

Members of the Sub-Committee also expressed their disappointment about the lack of any meaningful consultation and made comments and asked questions as follows:

- the proposal went against the direction of travel;
- what was the rationale behind the reduction in walk-in centres, why and how had this Centre been selected as it was in a deprived area and whether other options had been explored;
- was the lack of funding a major driver;
- who had the CCG consulted;
- would the CCG be proposing other changes and when would these be rolled out;
- the borough had a high number of transient residents and how would the proposal impact upon them;
- there were a number of residents who lived in South Harrow who were registered with doctors just over the border in Hillingdon or Ealing and who had previously used this walk-in Centre. Many of these residents

had been allocated these practices as the surgeries in the locality within Harrow were to capacity. How would these Harrow residents continue to access the service at the Centre in the future;

- at the last meeting of the Sub-Committee, the CCG had noted that walk-in centres helped manage care outside of the hospital environment, with an estimated 7% transfer of cases from the Accident and Emergency (A&E) Services. What would be the impact of the proposed changes at Alexandra Avenue at Northwick Park Hospital.

Representatives of the CCG acknowledged the different points made by Members and apologised on the lack of information made available. A representative added that she had attended a meeting in July 2018 with a colleague to explain the rationale behind the change and stated that there had previously been discussions, albeit brief, at meetings of the HOSC and the Health and Wellbeing Board. The EIA and the EqIA processes carried out to assess the proposed changes confirmed that the CCG was not required to carry out a formal consultation. However, as with any change, the CCG had tried to engage with various bodies/communities and had continued to do so widely since the proposals to go ahead had been approved.

The same representative added that:

- that the driver behind the change was not linked to withdrawal of funding. Currently, there were three walk-in centres in Harrow which did not meet the core criteria required by the Minor Injury Unit or Urgent Treatment Centre. NHS England required all CCGs to develop a GP Extended Access Model of care. NHS England required every CCG to every improve access to primary care, seven days a week until 8.00 pm, and this was one of the drivers behind the change;
- the change would ensure timely access and make better use of the available facilities in Harrow;
- the CCG was a public body that was accountable and as such it was required to make effective use of the available finances;
- a meeting had been held with the Leader of the Council and two local MPs to explain the proposals in detail;
- the CCG had received communication from the GLA London Assembly Member for Brent and Harrow and had offered a meeting to discuss the local changes should this be helpful. She explained that the Assembly Member had asked why these changes had not been discussed at the Assembly and the CCG had clarified that it was not required to consult the London Assembly on local changes;
- she would welcome the opportunity for her team to attend meetings should Members feel that this would be helpful in order to explain the rationale behind the change but emphasised that the changes were planned to proceed on 1 November 2018;

- the usage of the Centre had been a consideration. Patients used the Centre at certain times of the day only. The configuration of the building had also been a factor. An option appraisal had been undertaken to determine the most appropriate location and, as part of the appraisal, all three local Hubs has been considered. The service at Belmont Walk-in Centre had only recently been opened and needed embedding. Any other plans that would involve the rolling out of any further changes would be reported back;
- the impact of the change would be monitored and reported to the next meeting of the Sub-Committee. The impact of the change on transient patients had been considered. Non-Harrow patients would need to de-register and register again in a Harrow Practice should they want to continue to use Alexandra Avenue for GP appointments or they could use one of the two alternative Walk-in Centres in Harrow. The options appraisal, EIA and EqlA were intended to minimise and mitigate the impact.

The Leader of the Council was concerned about the post code lottery in healthcare and that he had previously been informed that anyone registered in Harrow would also be able to access the appointment system and even if they were registered in another borough.

Another representative of the CCG reported that it was important that the GPs in walk-in centres were able to access medical records of patients but that they could only access these if the patient was registered with a GP in the borough. This pathway was the preferred option and followed the national directive. For example, the medical records of those registered with a GP in Ealing or Hillingdon would not be available to the GPs at Alexandra Avenue Health and Social Care Centre. Patient care and the quality and safety of care provided were important. Continuity of care was crucial, especially for patients with long term or terminal conditions.

Members and advisers of the Sub-Committee, including the Leader of the Council, made the following comments and asked additional questions:

- patients were not always able to telephone during working hours. How would they be able to make appointments;
- would the change require additional GPs to be employed at the Centre;
- it was appreciated that the GPs needed to know a patient's background to make an informed diagnoses but this issue could have been resolved by the provision of printed notes until an all inclusive electronic access system was available;
- would the change result in increased costs;
- what would happen to those who would no longer be able to walk-in to the Centre to obtain medical care;

- how was the issue of provision of parking being addressed and had any representations been made to the Transport for London (TfL) for additional bus routes;
- the number of appointments at the Centre would drop from 40,000 to 20,000 which would result in a large number of patients being disadvantaged by the change.

A representative of the CCG explained that primary care services could be accessed in two ways – an online appointment system via the GP or by telephoning the 111 service which would prioritise sick or injured people according to the seriousness of the condition or injury (triage) and allocate an appointment. Overall, it was expected that this would result in better use of a patient's time. The number of appointments available was not expected to reduce but that the new system would mean that people could not walk-in for an appointment. It was essentially redirecting individuals to their own GP. The change would not result in increased costs. It would create extra capacity to support Primary Care for Harrow registered patients.

Members were informed that should individuals walk-in to the Centre from 1 November, their clinical needs would be assessed. If they were in need of immediate care, it would be provided. Any person attending with an immediate, urgent or life threatening condition would be treated immediately in any setting as part of the CCGs duty of care. Otherwise, they would be directed to their own GP or the 111 service. Members noted that the CCG would support any lobbying for additional bus routes.

An officer asked if an impact assessment had been carried out. A representative of the CCG replied that an Equality Impact Assessment (EqIA) and an EIA had been carried out and could be shared with the officer. She invited information on any communities impacted upon.

In concluding the discussion, a representative of the CCG stated that she understood the concerns expressed by Members and that her colleagues had had similar conversations prior to proposing the change. She assured Members that the impact of the provision would be monitored.

RESOLVED: That

- (1) the verbal report be noted;
- (2) the concerns expressed by the Sub-Committee and the assurances provided by Harrow CCG be noted.

21. Harrow Safeguarding Adults Board (HSAB) Annual Report 2017/2018

Members received a report of the Interim Director of Adult Social Services, which provided an overview of safeguarding adults activity undertaken in 2017/2018 by the Council and its key partners through the work of the Harrow Safeguarding Adults Board (HSAB). It set out the progress made against objectives, analyses the referrals received and outlined priorities for the

current year (2018/2019). The report also included the Harrow Safeguarding Adults Board (HSAB) Annual Report 2017-18.

An officer introduced the report and informed Members that, overall, Harrow was performing well against the national average. She invited questions from those present at the meeting.

Members of the Sub-Committee asked questions relating to:

- areas of safeguarding where reported incidences had noticeably increased or decreased over the last year and why this had been the case;
- the training provided to the professionals in identifying victims of modern slavery, sexual exploitation and domestic violence and mechanisms for referrals;
- how Councillors could support the safeguarding agenda. Were there any particular areas of concern that Councillors could assist with as part of their role as community leaders?

In response to the questions, the officer reported that there had been a year on year rise in referrals from 2009/2010 which indicated that more professionals were identifying abuse and/or neglect. There then followed a 38% rise in concerns for the financial year 2015/2016 due to the threshold being lowered and widened with Care Act 2014 implementation. There had been an increase in referrals when the Care Act 2014 was implemented but referrals had since levelled off.

The officer acknowledged that modern slavery was a new issue and therefore more awareness raising was needed but that there had been four concerns 2017/18 which suggested that staff were more confident in this area of work than previously. She cited an example of a case for 2018/19 which, unfortunately, the National Referral Mechanism had declined to pursue. The Council had picked up this case to ensure that the vulnerable person concerned was placed in a safe environment.

Members were asked to support in their safeguarding role by bringing the booklet titled "The Little Book of Big Scams" to the attention of their constituents. The booklet had been produced by the Metropolitan Police and the Home Office and it covered such issues as distraction burglary/door step crime and scams. The officer undertook to provide the booklet to Members and to share these widely to help ensure community safety. A Member referred to the services provided by the Fire Brigade to sections of the community such as fitting smoke detectors and making available Smart Water kits. He acknowledged that raising public awareness was a challenge for public bodies.

RESOLVED: That the work undertaken by the Harrow Safeguarding Adults Board (HSAB) in 2017/18 and the action plan for 2018/19 be noted.

22. London North West Healthcare NHS Trust - CQC Inspection Report

The Sub-Committee received a report of the London North West University Healthcare NHS Trust in response to the Inspection Report of the Care Quality Commission (CQC). In addition, the Trust also tabled a document setting out the context, ratings, responses to warning notices, steps proposed and its Transformation Programme to help make improvements in the way care was provided. The Sub-Committee accepted the additional document as the slides provided context to the documents circulated with the agenda.

Representatives of the Trust introduced the report and informed Members that the CQC had undertaken an announced inspection of London North West University Healthcare NHS Trust for three days from 5 to 7 June 2018. Scheduled inspections took place across four sites: Northwick Park, Ealing, Community Inpatients-Willesden and Clayponds and Community Dental.

The CQC had also undertaken a 'Well-Led' specific inspection of the entire service from the 3 to 6 July 2018 through tours and scheduled interviews with senior managers, service leads and the Executive team. An unannounced inspection took place between 8 to 18 July 2018.

Members noted that, as part of the inspection, the CQC spoke to patients, visitors, carers and staff (in the hospitals, in focus groups and formal interviews) to gain a view of London North West University Healthcare NHS Trust's 8 core services; Surgery, Critical care, Maternity/Gynaecology, Services for Children and Young People, Medical care, Urgent & Emergency Care, Community and Community Dental Services.

A representative of the Trust stated that it was disappointed with the report of the CQC and identified the opportunities provided to put measures in place. The majority of the areas had had improved significantly since the last CQC Inspection in 2015. He drew attention to the overall ratings and outlined issues at Ealing Hospital's Emergency Department and Medical Services, and Critical Care at Northwick Park. He outlined the measures that had been put in place, details of which were included in the tabled document.

The representative identified the steps that the Trust would be taking forward to address the recommendations of the CQC and the following measures were planned:

- a Quality Summit would be held at Ealing Hospital on 6 November 2018. He alluded to the proposed programme and informed Members that key stakeholders had been invited to the Summit;
- work would continue with various sectors of the hospitals to develop and implement action plans, identify further improvements, design suitable solutions and carry out governance reviews;
- move forward with the Transformation Programme to embed quality improvement methodology across all services. The Transformation Programme would look at the following areas:

- (a) innovation and improvement: developing staff to lead on improvements which would include training to help develop long-term solutions to local issues as well as championing a culture of quality improvement across the Trust;
- (b) work on core safety issues to offer safe and a high quality of care;
- (c) a seamless care service for patients across acute and community services assisted by new technology;
- (d) ensure that the Trust was fit for the future and worked efficiently.

Members asked the following questions:

- were there any surprises in the CQC's report or were the judgement as expected;
- over the years, the Maternity Service had continued to concern the Sub-Committee and the CQC report had not alleviated these concerns. What measures would be put in place to address the CQC's concerns and were these different from previous action plans;
- would the Council and Councillors have an opportunity to input into the future direction of the Trust at the Quality Summit;
- post natal care was considered to be poor, especially for new mothers.

In response, representatives of the Trust stated that:

- they were disappointed with the report of the CQC, particularly in relation to the ratings for Ealing Hospital. They had been surprised that basic issues had been identified;
- that the issues identified in relation to the Maternity Service were different and related to safety and security. Clinical performance at Northwick Park Hospital was good but that technical issues had been identified which had since been resolved;
- that some of the ratings in a number of areas had been classified as 'Good' and the Trust was proud of its achievements and that it was pleased that the rating 'Inadequate' in relation to safety at Ealing Hospital was not linked to its clinical services;
- the issues around the culture within the Trust were being addressed as part of its training programme and the CQC had acknowledged that the staff at the Trust were better a reporting incidents. It was important that staff were able to speak openly on issues. In relation to the Maternity Service, it was expected that an obstetrician would be trained to deliver training to other staff;

- significant changes had been put in place for post natal care but surveys had shown that more work was required. The results from the surveys would feed into the improvement plans and it was essential that correct staffing levels with appropriate skills were available. The Trust was also resolving issues at local level – local resolution. It was essential that the Trust worked with its Commissioners. The Maternity Voices Forum met on a monthly basis and regular meetings were held between midwives and users to allow issues to be captured early.

An adviser to the Sub-Committee pointed out that it was important to note that the CQC had not been critical of clinical care within the Maternity Service and it good to note that the outcomes were positive. The majority of users had had good experiences and further training would help. The collaborative work with the national regulator NHSI (Improvement) had shown that handovers had been seamless. It was important that staff were involved and empowered to make improvements in services. The high rate of miscarriages related to the deprivation and early interventions were required to improve the care.

Another representative of the Trust reported that the midwives were accessible in clinical areas and that they worked cohesively. A cultural shift in the way that staff worked was underway and the support of NHSI provided an opportunity to learn and share different ways of working. She was of the view that, overall, the services provided was good but the Trust was not complacent. The consolidation of the Maternity Service at Northwick Park Hospital had been successful and had helped to provide a greater resource base.

A Member asked how the key aspects of the action plan would be prioritised and whether these were achievable. She also enquired about the timelines set. A representative of the Trust stated that the Quality Summit would help answer these questions and that the outcomes would be shared with stakeholders. Some actions would require longer time frames and that the Trust would work with the CCG and NHSI to finalise timelines.

The same Member reported that her constituents had complained about the lack of responses from the Trust in relation to complaints about post natal care. Representatives of the Trust reported that it was important that the complaints system was used by users but that the Trust was working hard to ensure that responses were sent out in a timely fashion. He asked if the Member could ask her constituents who had complained about the lack of responses to send the complaints to him personally. They acknowledged that the Trust needed to explore different ways in which it could reach out to its services users.

Another Member asked if the Trust's satellite sites such as the outreach clinic at Hammersmith Hospital had been part of the inspection by the CQC. He was informed that the inspection of such sites would form part of the assessment of that hospital.

Members were informed that they should contact the Chief Nurse of their desire to attend the Quality Summit as places were limited.

Members complimented the Trust for the improvements made in Urgent Care which they felt was delivering a better service. They added that their constituents had also complimented on the improvements made to the Maternity Service.

RESOLVED: That the report of the Care Quality Commission (CQC) on the inspection of the London North West University Healthcare NHS Trust be noted, including the actions and next steps being taken by the Trust to address CQC's recommendations.

23. North West London Joint Health Overview and Scrutiny Committee - Update

The Chair reported that the North West London Joint Health Overview and Scrutiny Committee (JHOSC) had met on 19 September 2018 and that the meeting had been hosted by Brent Council. She reported that:

- JHOSC would be extending its terms of reference to include scrutiny of regional Sustainability and Transformation Plans;
- Councillor Mel Collins from Hounslow Council had been re-elected as Chair;
- Hillingdon Council would be invited to join JHOSC;
- the next meeting of the JHOSC would be hosted by Westminster Council on 4 December 2018;
- Harrow Council would be hosting the JHOSC on 12 March 2019.

RESOLVED: That the verbal report be noted.

24. Date of Next Meeting

RESOLVED: To note that the next meeting was scheduled to be held on Monday 4 February 2019 at 7.30 pm (Harrow Civic Centre).

(Note: The meeting, having commenced at 7.30 pm, closed at 9.40 pm).

(Signed) COUNCILLOR REKHA SHAH
Chair