

HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE MINUTES

2 JULY 2018

Chair: * Councillor Mrs Rekha Shah

Councillors: † Maxine Henson * Vina Mithani
* James Lee (3) * Chris Mote

Advisers: † Julian Maw - Healthwatch Harrow
* Dr N Merali - Harrow Local Medical Committee

* Denotes Member present
(3) Denote category of Reserve Members
† Denotes apologies received

1. Attendance by Reserve Members

RESOLVED: To note the attendance at this meeting of the following duly appointed Reserve Member:-

Ordinary Member

Councillor Michael Borio

Reserve Member

Councillor James Lee

2. Declarations of Interest

Agenda Items 9 to 13:

Councillor Chris Mote declared a non-pecuniary interest in that his daughter is employed at Northwick Park Hospital. He would remain in the room whilst the matters were considered and voted upon.

Councillor Vina Mithani declared a non-pecuniary interest in that she works at Public Health England. She would remain in the room whilst these matters were considered and voted upon.

3. Appointment of Vice-Chair

RESOLVED: To appoint Councillor Vina Mithani as Vice-Chair of the Health and Social Care Scrutiny Sub-Committee for the 2018/2019 Municipal Year.

4. Minutes

RESOLVED: That the minutes of the meeting held on 14 March 2018, be taken as read and signed as a correct record.

5. Public Questions and Petitions

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

6. References from Council and Other Committees/Panels

RESOLVED: To note that none were received.

7. Appointment of Advisers

RESOLVED: That the following nominees be appointed as Advisers to the Sub-Committee for the 2018/19 Municipal Year:

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

RESOLVED ITEMS

8. Scrutiny Review of Access to Primary Care in Harrow - follow up on implementation of recommendations

The Sub-Committee considered a report on the implementation of recommendations arising from a review of Access to Primary Care with a particular focus on those recommendations which involved the NHS Harrow CCG. Javina Seghal, Chief Operating Officer of the CCG, addressed each of the relevant recommendations of the scrutiny review as follows:

Recommendation 1: In total, there had been 1,455 visits to the Harrow CCG website and Health Help Now app in May 2018 by 739 users. Of the 739 users, 385 users were new to the app and website. Since its launch in December 2016, the app and website had been used almost 36,000 times by nearly 22,000 users. There had been 2,596 downloads of the Health Help Now app in that period. 70 users had come direct to the Harrow Health Help Now website and 106 had been referred by other websites. Ms Seghal asked councillors to help increase awareness of the website and app in local communities.

Recommendation 2: A data sharing agreement had been put in place in April 2017 for all three walk-in centres.

Recommendation 3: not for the CCG.

Recommendation 4: The reconfiguration of the first floor at Belmont Health Centre remained a priority scheme for the NHS. There had been some delay due to the funding route changing from NHS England to NHS Property Services. However, tenders had now been returned and adjudicated for the approved scheme, lease terms with the practices were being negotiated and, once these were agreed construction contract would be awarded. The work to reconfigure the first floor of the Belmont centre, estimated to take 5 months, would bring all of the void space back into use, creating additional clinical capacity for each of the GP practices and the Walk-in Centre.

Recommendation 5: There were a number of different engagement forums organised by the CCG; these included monthly peer group meetings where GP practices convened on a geographical basis to discuss topics such as patient experience, access and quality of services. There were also regular respective GP, Practice Manager and Practice Nurse forums which reinforced the collaborative environment. These offered an effective medium through which practices were able to share best practice with a particular focus on improving the patient experience.

Recommendation 6: All Harrow GP practice websites were being refreshed, and the new design of websites would not only contain a 'Self-Help' section, but also a signposting service for patients on conditions that they may have or services that they may require. The new websites would link to the Harrow Help Now website and app download pages. In addition, further designs were being explored, to be implemented within the Health Help Now app, to allow patients to self-refer to services. The CCG would centrally manage the information displayed on GP screens in Harrow and regularly populate it with information about services such as GP extended access, as well as local events in the community and information about public health campaigns. The Health Help Now app had been widely promoted on the CCG's social media channel, website and through local engagement events.

A Member commended the CCG on progress in these areas; in particular, he considered that the work at the Belmont Centre would take the burden off other services.

Another Member referred to some concerns among residents both about the signposting to the Belmont facility and the need for some cosmetic changes to the premises. Ms Seghal agreed to take these up with NHS Property Services and then update the Sub-Committee. Adam Macintosh, Programme Director, Integrated Urgent Care & Transformation at the CCG, added that the centre was well used with the highest proportion of Harrow residents of the three centres in the Borough. He reported that the common IT platform used across these facilities allowed for availability capacity to be checked online; this would assist in directing patients to the quickest option for an appointment.

In response to a Member's query about public transport access to the Alexandra Avenue Centre, Ms Seghal replied that the CCG would fully support the Council's representations to TfL. Another Member suggested Mr Anthony Wood, Chairman of the Harrow Public Transport Users Association, would also be a useful contact.

Dr Merali asked about the cost-benefit assessment of the walk-in centres in terms of the lowering of pressures on Accident and Emergency units and any financial savings. Ms Seghal advised that this was a very complex assessment given the number of variables involved. It was clear that the centres were helping to manage care outside the hospital environment, with an estimated 7% transfer of cases from A&E. Dr Dilip Patel, Clinical Director, Mental Health at the CCG, underlined that the original objective of establishing the centres was about improved patient access rather than financial savings, because waiting lists for GP appointments were getting longer. The data and patient experience was being assessed, and it was hoped that the centres could, in future, see patients by appointment. In effect, they could develop into local "hubs" for primary care in addition to GP practices.

Ash Verma, Chair of Healthwatch Harrow (Enterprise Wellness Ltd.) confirmed that his organisation supported the hub concept and looked forward to research into how it could work to meet patients' needs more effectively.

Dr Merali asked whether the GP practices nearest the walk-in centres were being disadvantaged and also whether the location of those centres were a matter of pragmatic opportunism rather than planning. Ms Seghal agreed that there may have been some element of practicality, for example, by linking to PFI bids. Dr Patel reminded the Sub-Committee of the Darzai review and the introduction of the "polyclinics" concept. This had not been particularly relevant to Harrow Borough which already had the Pinn and Alexandra Avenue centres; also the concept had its limitations in the sense that a very elderly patient should continue to have access to a GP close by rather than being expected to travel further to receive treatment. Adam Macintosh added that the Pinn and Alexandra Avenue centres had developed more as part of an estate-based initiative, but in the case of Belmont, there had been relevant research and examination of the case for its location. He reported that the Alexandra Avenue centre received more than 30,000 visits per year and that there was now an opportunity to direct patients more effectively to appropriate facilities, eg. through triaging patients from A&E into Urgent Treatment Centres and walk-in centres.

Dr Merali pointed to the impact on GP practices of the development of these new options for care. He considered that this was promoting the trend towards mergers of practices such that he envisaged two large groupings providing primary care services in the Borough within a year or two. Dr Patel referred to the fact that up to 70% of GPs were salaried NHS staff rather than practice partners and that there was no equity of resources across practices. He agreed that groupings were emerging, one as a result of formal mergers and the other developing out of collaborative working between the other services. There was already a formal federation of services in the Harrow Health CIC and there were a number of federations across the country delivering primary care services.

Ms Seghal made it clear that the CCG did not propose mergers to GP practices and there were at present no formal proposals to restructure primary care; if any were forthcoming, there would be a number of steps before they could be implemented. However, practices were perfectly entitled to consider and pursue mergers if they wished. While contracts for walk-in centres were being extended, there was no certainty as to how they would develop in future, and she anticipated that it would take a year or so for plans to take shape.

In response to a Member's question about the governance arrangements in the Federation, Ms Seghal explained that the CCG was solely a commissioning body, not a provider; it was therefore not part of the Harrow Health CIC which was owned by all 33 GP practices in the Borough with each having an equal share. She confirmed that it had a board of management. Dr Patel added that Harrow Health CIC had some 7 years experience of delivering services; he referred to the need for the federation to address the issues of patient access and capacity in the discussions on the future configuration of primary care services in the Borough.

The Chair thanked the CCG representatives and Members for their contributions to this item.

RESOLVED: That the report and the contributions from Members and the representatives of the NHS Harrow CCG be noted.

9. Dementia Friendly Housing Scrutiny Review - discussion with Harrow CCG on the Review's findings and recommendations

The Chair invited Councillors Vina Mithani and Chris Mote, who had both served on the scrutiny review panel, to introduce the item.

Councillor Mithani outlined the findings of the review and the recommendations arising, one of which concerned refreshing the joint dementia strategy between the Council and the CCG. She explained the examples of good practice from other boroughs which had been observed by the review panel. Councillor Chris Mote spoke of his personal experiences recently of a family member with dementia receiving treatment at Northwick Park Hospital. There had been gaps in the information provided and a lack of coordination between agencies; he also considered that the whole "journey" of the person with dementia was not addressed well enough and opportunities were thereby missed, for example, by not coordinating hospital discharges and care at home. He had also encountered a reluctance among some medical professionals to share information with family members even in a case where a Power of Attorney was in place.

Councillor Mithani argued for better integration of services across different agencies to meet the needs of patients more effectively and to make better use of resources. She suggested that more could be done to spread awareness in certain communities, including by visits to places of worship and faith groups; these could complement initiatives undertaken by Public Health England. She referred to the plight of very elderly carers who were faced with difficult, highly emotional situations of their loved-ones' dementia. Councillor

Chris Mote added that, with so many different languages spoken in the Borough, more needed to be done to get messages across to all communities.

Javina Seghal, Chief Operating Officer of the NHS Harrow CCG, thanked the councillors for their rich narrative of issues arising from the scrutiny review, including the important reflection of personal experiences. She referred to the positive atmosphere for and attitude to partnership working in the Borough, and to the active engagement of Members and officers of the Council with the CCG to develop better coordination and integration of services. The intention was to report to the Health and Wellbeing Board on plans and specific proposals, and these would include provision for dementia sufferers and their families. The CCG's performance framework included targets on this area of work.

Lennie Dick, Head of Mental Health Services at the CCG, addressed the meeting, having tabled a document summarising key information and issues. He referred to the national target of maintaining a diagnosis of at least two-thirds as part of the Prime Minister's dementia challenge 2020. The rate in Harrow had been doubled in recent years to reach 64% though there had been some modest slippage in the last year; performance was monitored by an inter-agency group of stakeholders. Mr Dick confirmed that the refresh of the dementia strategy would be brought to the Sub-Committee's next meeting. This would address the challenge of improving awareness of and access to services. In the interim, some new resources had been applied to improve the diagnosis rate and a further increase was anticipated before the end of the year. He outlined the principal challenges in the improvement of services and the key risks, along with possible mitigation measures. also listed a range of initiatives which had already been introduced. Mr Dick concluded by assuring the Sub-Committee that the points raised in this meeting would be addressed in the revised strategy.

Javina Seghal added that some 500 additional referrals per year were required to bring the dementia diagnosis rate in the Borough up to the national target.

A Member asked about the 10-week waiting list for memory assessment and queried how this related to performance elsewhere. Mr Dick said he could provide this information separately. He confirmed that the relevant staff team numbers had been increased and home visits prioritised.

In response to the Member's question about visits to assisted housing accommodation, Dr Dilip Patel, Clinical Director, Mental Health at the CCG, advised that funding had been made available for advanced nurse practitioners to visit vulnerable patients, particularly those who had been discharged from hospital, and their care plan template included dementia checks. GP training also addressed these issues. Dr Patel felt it was important that relevant professionals regarded the challenge of dementia more broadly, as being about the overall well-being and life experience of those with the condition, rather than purely about clinical diagnosis and medical treatment alone. He appreciated the points made about increasing awareness and understanding in certain communities where there was a reluctance to be open about dementia as it was wrongly associated with madness. Dr Patel hoped that

referrals would become easier and quicker following a decision not to require MRI scans at that stage. He referred to positive partnership meetings to improve coordination and some new initiatives such as the dementia café which made services more accessible for many sufferers.

In response to a Member's question about the difficulty in accessing relevant advice and information via the Council website, it was confirmed that this was being addressed.

A Member referred to the fact that there was only one Milmans facility near the Borough border; he had discussed the provision of "Admiral Nurses" with the Council's social care managers in the context of developing a dementia "hub" in the Borough. He also underlined the importance of the housing element of the scrutiny review panel's work.

In response to another Member's question about the NHS health check, it was confirmed that this now included dementia risk assessment for those in the 45-65 age range.

Lennie Dick confirmed that the CCG would take on board all the points raised by councillors, including the accounts of personal experiences of relevant services. The revised strategy for the period to 2021 would be reported to the Sub-Committee at its next meeting.

The Chair thanked the CCG representatives for their contributions to this item.

RESOLVED: That the report and the contributions from Members and the representatives of the NHS Harrow CCG be noted.

10. Home First and Hospital Transfer Red Bag Schemes

On behalf of the CCG, Adam Macintosh outlined the operation of the Hospital Transfer Red Bag scheme. He advised there were currently 13 Harrow care homes which had gone "live" with the scheme and there were plans for a further 3 homes to join the scheme within the next few months. The scheme was working well, though he considered there was room for some improvement, particularly in the consistency of the use of the bags. It was hoped it could be extended to frail elderly people living alone at home. It had been claimed in Sutton that the scheme was reducing hospital stays by up to three days, though the position in Harrow was not clear as yet. However, it was reducing readmission rates and admissions for non-elective treatment. While funding was due to end shortly, the CCG was addressing how to continue the scheme. In response to a Member's question about tackling isolation of elderly people, Mr Macintosh agreed that this was a central issue to health and well-being, and that the scheme was part of a package to reduce this factor. Ms Seghal added that the Council and the CCG was funding and organisation called Lateral to work on community resilience and cohesion in health and social care.

Mr Macintosh explained that Home First was not a separate service per se, but a number of different strands of work which served to create "wraparound" care for patients at home. The initiative was operating well and, as with the Red Bag scheme, it was hoped funding could be continued. It was part of the

frailty pathway which included a short-stay ward at Northwick Park Hospital which targeted returns home within five days. Ms Seghal underlined the importance of the Council's support in commissioning services in an integrated way. The challenge was to see the value of investment in a high level of care when patients first returned home as this was effective in reducing longer-term needs and costs. A Member referred to the Council's Infinity project as a possible means for more flexible purchasing of care in future.

The Chair thanked the CCG representatives for their report.

RESOLVED: That the report be noted.

11. Healthwatch Harrow Annual Report 2017-18

Ash Verma, Chair of Healthwatch Harrow (Enterprise Wellness Ltd.) introduced the report, outlining the key achievements of the organisation. He referred to the significant budget reductions which had meant that an original annual budget of £175,000 had now reduced to £75,000. As a result, the service was now essentially part-time with a heavier reliance of volunteers. He considered that, despite this, the levels of activity remained high even if the organisation was not in a position to pursue some issues in as much detail as they wished. Mr Verma pointed out that the budget reduction for Healthwatch Harrow was disproportionate when compared to other similar organisations. His Board had commissioned a 360 degree review of the service, as a result of which a merger with Harrow Mencap had been proposed. The Board had decided this would make sense given the value of polling resources and volunteers and given that the organisations were already co-located. He underlined that Healthwatch Harrow would still remain a separate legal entity.

Members commended the work of Healthwatch Harrow as set out in the report. In response to a Member's question about alternative funding options, Mr Verma advised that income generation options were being developed, including a link with Brunel University in delivering some of their courses.

Ms Seghal commended the work of Healthwatch Harrow and described the report as robust and rich in its narrative. The CCG very much valued the organisation's support in reflecting the views of patients and public and thereby playing a key part in shaping effective services.

While congratulating Healthwatch Harrow for its detailed and thorough report, a Member suggested that the organisation should examine the issues of access to GP services and the maternity services offered at Northwick Park Hospital, as these featured consistently in matters raised with her by the public. Mr Verma explained that it was only possible for Healthwatch Harrow to focus on two or three priority issues at a time, as it was otherwise impossible to maintain the quality of the work given current resources. Ms Seghal suggested that the Sub-Committee invite the Northwick Park Hospital Trust to attend one of its meetings to discuss maternity services there; the CCG could also attend to contribute to the discussions.

The Chair thanked Mr Verma for his report.

RESOLVED: That the report be noted.

12. Diabetes Care - Report by Healthwatch Harrow

Ash Verma, Chair of Healthwatch Harrow (Enterprise Wellness Ltd.) introduced the report, thanking the CCG for its support for the work involved. He reported that this was an important area of service as indicated in enquiries from the public and Healthwatch Harrow's own investigations. The research had been carried out between November 2017 and May 2018, and had included focus groups and online submissions; inevitably, it represented a snapshot of the position in this period, but was still helpful in identifying key issues and priorities. Diabetes was significant in Harrow, with the third highest diagnosis rate in the country; it was a particular issue among certain BME communities as had been reflected in the excellent turnout at the launch of the study. Mr Verma pointed to the report's recommendations and suggested that a Borough-wide campaign was needed to raise awareness of the condition and its impact, particularly as it was projected to increase over the coming years. He proposed a coordinated effort between local agencies to ensure the best outcome for such a campaign.

A Member suggested that the message about the condition should be put forward robustly, even to the extent of explaining that people could be faced with amputation of legs and loss of sight if they did not take steps to address their diets and lifestyles. Similar challenging messages had worked in the case of addiction to cigarettes, so he did not consider the approach to be inappropriate. He considered that many people realised the risks too late and there would be benefits in an early, robust message. As he had the condition himself, the Member had been interested in becoming a trainer in this area, but the course demanded three consecutive days' attendance which he could not manage.

Mr Verma reported that Healthwatch Harrow had organised a yoga session during which information on diabetes had been communicated. He commended such innovative ways of getting the message across.

Ms Seghal commended the report by Healthwatch Harrow which had been considered at the CCG Board. She underlined the importance of building on its findings and recommendations.

The Chair thanked Mr Verma for his report.

RESOLVED: That the report be noted.

(Note: The meeting, having commenced at 7.30 pm, closed at 9.48 pm).

(Signed) COUNCILLOR REKHA SHAH
Chair