

## Health and Adult Social Services Standing Scrutiny Panel Year End Report 2022-23

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Chair of the Health and Adult Social Services Standing Scrutiny Panel



I am pleased to present this year's report from Ealing Council's Health, Adult and Social Standing Scrutiny Panel. I would like to begin by thanking the Panel's Scrutiny Officer, Anna-Marie Rattray, our Vice-Chair Councillor Andrew Steed and all our members – especially those who have been co-opted – who have offered their invaluable insights throughout the year. On behalf of the Panel and the residents of Ealing, I send our immense gratitude to everyone working in the NHS, health care and social services during another tough year.

The Panel's work programme was upended by the cancellation of meetings due to the sad passing of Her Majesty Queen Elizabeth II but thanks to the determination of our members and the innovation of the Council's officers – and the cooperation of the NHS, voluntary sector and other local authorities – we have been able to carry out important scrutinising local health services and making clear recommendations about where things can be improved after benchmarking both local and nationally.

The Council and the NHS have ambitious objectives to end health inequality across Ealing and north west London as a whole. It is clear that this will be a goal that can only be achieved through a collaborative approach that designs services and solutions differently and I was delighted to be able to visit so many public health projects across Ealing over the course of the municipal year. The Panel has historically recognised the vital role of the voluntary sector, especially Ealing Community Transport and AGE UK, and only by building closer partnerships will we truly tackle loneliness, isolation and, ultimately, eradicate inequality.

One of the most important aspects of scrutiny is adding value through the policy process. I would like to commend the commitment of Kerry Stevens and his team in bringing important items to the Panel and allowing us to identify ways in which the Council can provide social care fit for the challenge in the years ahead. The Panel will continue this work in the coming years, analysing the Council's progress in fixing social care, as well as examining the key decisions taken by the NHS – as we have this year, particularly in respect of local mental health bed provision.

Scrutiny has a strong history in Ealing and it has never been more crucial in supporting the day-to-day lives of the borough's residents as we look to learn the lessons after the Covid-19 pandemic.

**APRIL 2023**

## 1. OVERVIEW OF THE PANEL'S ACTIVITIES IN 2022/23

A brief overview of the Panel's activities follows below. This year the Panel's report for 2022/23, rather than setting out what has been considered on a meeting by meeting basis presents the work of the Panel under the headings of adult social care, public health, health services in Ealing, and North West London Joint Health Overview and Scrutiny.

Further details can be found in the agendas and minutes for the Panel meetings which are available on the Ealing Council website at [Committee details - Health and Adult Social Services Standing Scrutiny Panel \(moderngov.co.uk\)](https://moderngov.co.uk/Committee%20details%20-%20Health%20and%20Adult%20Social%20Services%20Standing%20Scrutiny%20Panel)

The Panel's recommendations are presented at the end of this overview. Where requests for further information have been made this information has been provided, and areas for further scrutiny have been suggested for the Panel's work programme for 2023/24.

### 1.1 The Panel's Work Programme

The Health and Adult Social Services Scrutiny Review Panel –

- Met 4 times through the year. The Panel was scheduled to meet 5 times; however the September meeting was cancelled following the death of Queen Elizabeth II.
- The Chair and Vice Chair of the Panel visited Ealing Hospital, took a tour of the site, and thanked the hospital's staff and senior leadership for their unstinting hard work whilst discussing how the Council can provide support.
- Members of the Panel joined the Mayor of Ealing, Cllr. Mrs. Mohinder Midha, at a mayoral reception to honour the selfless service of Ealing's NHS workers during the Covid-19 pandemic.
- Visited adult social care services in neighbouring boroughs, public health and hospital services in Ealing, and community and voluntary services supporting older people in the borough.
- Made recommendations and undertook dialogue with Adult Services, Public Health, NHS North West London, London North West University Healthcare NHS Trust, and West London Health Trust.
- The Chair of the Panel has attended the 4 meetings of the North West London Joint Health Overview and Scrutiny Committee, as Vice-Chair, and hosted one of those meetings in Ealing.

The following officers and external witnesses attended the panel's meetings:

- Kerry Stevens, Interim Strategic Director, Adult Social Care and Public Health
- Anna Bryden, Director Public Health
- Neha Unadkat, Borough Director, Ealing Integrated Care Service
- Dr Vijay Tailor, Borough Medical Director, Ealing, Integrated Care Service
- Roy Willis, Ealing Reclaim Social Care Action Group

- Simon Crawford, Director of Strategy and Deputy CEO, London North West University Healthcare NHS Trust
- Mark Titcomb, Managing Director, Elective Orthopaedic Centre, Ealing Hospital and Central Middlesex Hospital,
- Dr Christopher Hilton, Chief Operating Officer, Local and Specialist Services, West London NHS Trust
- Richard Mountford, Deputy Director of Communications and Engagement, West London NHS Trust
- Sonya Clinch, Clinical Director for Acute Mental Health Services, West London NHS Trust
- Alican Reilly, Power Group Chair Person
- Avtar Mann, Head of Integrated Commissioning
- Alex Cowan, Older Adults, Disabilities and Long Term Conditions Partnership Board

## **2. SCRUTINY OF ADULT SOCIAL CARE**

### **2.1 Quality of Adult Social Care in Ealing**

The Panel considered the provision of adult social care in Ealing at two of its meetings 29 June 2022 and 1 February 2023.

At the June meeting, members were informed that the Corporate Plan would set out how the administration planned to meet its ambition to improve adult social care over the next four years. Some of the ambition was around returning to pre-Covid work such as Better Lives, preventing people from needing care homes, preventing delayed transfers of care, and getting people out of hospital and re-abled as quickly as possible. Some of it was a new focus, for example on direct payment users, social isolation, mental health support, and looking at what the care market was and what it should be. Cabinet had recently agreed a £2 million investment in additional funding for care workers to be paid the living wage, but that was only the start, the estimate for domiciliary care workers alone was £4.5 million. The Panel received a presentation outlining the social care reforms, which were due to be introduced in October 2023 and subsequently delayed by the Government.

At the February meeting, members received an overview on the 'state of quality' in Ealing's Adults' Services. Members were informed of the number of contacts and referrals to the Social Care Advice and Referral Centre (ARC), the waiting times for assessments, admissions to care homes, Care Quality Commission (CQC) rating trends for care providers in Ealing, case audit findings, and survey results.

#### **Key Issues Considered**

- The challenging recruitment and retention environment in the social care workforce. The importance of a sustainable workforce and staff retention. The Panel heard that as people were being moved from institutional care into

community services more staff were needed because of the time it took to travel around and support people in their own homes. The domiciliary care market in Ealing was very dynamic. There were a lot of registered providers, and the council was very clear in terms of its quality expectations that providers had to be good or outstanding for the council to procure services from them. The council was working closely with providers to improve the quality of services and to implement the real living wage. Social care reform had set out a programme of investment to support the social care workforce.

- The quality of care homes and domiciliary care in Ealing. Some care providers were continually being assessed by the Care Quality Commission as requiring improvement. The Panel heard that Ealing Council was the largest commissioner of services of domiciliary care in the borough and a very clear and definitive step had been taken to only procure new services from home care providers that were rated good or outstanding. The care home market was more complex in terms of how that could be achieved. A care home summit was recently carried out with providers and NHS partners to consider the issues in the sector and how a difference could be made. Being well-led was key to quality, however the average length of stay of a registered manager in a care home was only 18 months, which was inordinately short to change and maintain a culture shift. Strategies were being developed through the commissioning arrangements with the NHS and providers across North West London to target some of the providers that were having difficulties.
- Waiting times for assessments and overdue reviews. In February, the Panel noted that thirty five percent of reviews were overdue by at least 18 months and in June the waiting time for an assessment was on average 35 days. The Panel heard that this was a significant area of focus. Additional resources had been going into the service. Over the last two years it had been difficult to carry out reviews of people in receipt of services, especially people with learning disabilities where it was important to engage people in the review process and their reassessment. The variations in assessment waiting times were due to limited staffing resources and competing demand. However the service was committed to improving this, as people waiting for assessment presented a risk as prior to an assessment the service did not know enough about them.
- Care Quality Commission Local Authority Assessments. The Panel heard that the CQC assessment would drive performance across the sector in terms of quality. Ealing had been developing an internal quality assurance framework prior to the announcement about the inspection programme for local council services. An external review had been commissioned to do a light touch trial inspection and the action plan arising from that could be presented to the Panel.
- Learning from complaints data. An analysis of the trends in complaints about the services that the Council commissioned, and the actions taken would be useful for the Panel. Members heard that internal complaints data was

produced which would be included in the quality dashboard and would be part of the quality assurance framework going forward.

- Learning from benchmarking. Information which provided comparative data regionally and nationally to geographically co-located boroughs and those with similar population distributions as in Ealing would be useful for the Panel. Members heard that this data was gathered through several formats for national reporting, the Adult Social Care Outcomes Framework (ASCOF) and the Short and Long Term Support (SALT).
- Impact of the cost of living crisis. The Panel heard that the council had been providing a range of support to people experiencing difficulties because of the cost of living crisis. Some of this was targeted support to people with disabilities. If people were having specific challenges meeting the costs, the council offered a disability related expenditure reduction on the cost for services which could be reviewed and expanded upon if costs had increased significantly. People were encouraged to contact the financial assessment team to support that.

## **2.2 Panel Visits to AGE UK Ealing 16 March 2023 and United Anglo Caribbean Society 23 March 2023**

The Chair, Vice-chair and members of the Panel visited the day centre run by Age UK Ealing at Greenford Community Centre and the lunch club run by United Anglo Caribbean Society at Acton Gardens Community Centre.

Members were impressed by what was being provided to support the health, wellbeing, and independence of older residents in the borough. Both groups were warm and welcoming providing service users with both practical assistance and a chance to socialise and take part in a variety of activities promoting health and wellbeing. By bringing people together for social activities the centres were enhancing service users' confidence and helping combat loneliness and isolation.

## **2.3 Learning Disability Commissioning Strategy**

At the 1 February 2023 Panel meeting, members were informed of the priorities for people with learning disabilities identified from the extensive consultation carried out for the Learning Disability Commissioning strategy. These were meaningful lives, feeling and keeping safe, transport, lifelong learning, improving health and lives, the transition from children to adults' services, and good networks, information, and communications. The Panel was also informed of the outcomes aimed to be achieved against each of the priorities.

### **Key Issues Considered**

- Housing. There needed to be a clear plan set out within the strategy to support more people to live independently within the community where they

had grown up and had strong networks. There was an opportunity for the authority through its Local Plan to be cognisant of the changing housing needs of the population as they became less physically able. The Panel heard that this was going to be an area of focus and was in line with the Council's plan to support more people in their own home.

- The quality of health checks, continuity of care for people with learning disabilities, and experiences of contacting NHS services. The Panel heard that there would be some detailed work on health checks, the first step of which would be to hear from local people with learning disabilities on their experience, as well as ensuring that everyone with a learning disability had an opportunity to have a health check and health action plan. The Panel suggested that if an audit was to be done that there might be a role for Healthwatch and the Power Group in designing the questions.
- Funding. Panel members asked if there was funding to support the ambitious strategy and were informed that no additional money had been allocated. The Strategy was the first stage of the work, action plans would be developed through the Learning Disability Partnership Board and the Power Group. The plans would be costed as they were developed and considered within the wider funding requirements.
- Transport. Ealing Community Transport offered to discuss with the Power Group how to make their access to transport better and possibly provide travel training.

## **2.4 Review of Ealing Adult Partnership Boards**

At its meeting on 12 April 2023, members were updated on the progress of a review of the Adult Social Care Partnership Boards, which were viewed as vital in ensuring service users and the wider community were able to influence how health and social care services were provided across the borough.

Members of partnership board shared their experience with the Panel, who heard that the boards were an important conduit for the voices of people with lived experience. It was important that the voice of the service user as well as being heard was taken forward. Service users wanted to be part of the decision making process through co-production rather than be asked to comment on options presented. They wanted to know why choices had been made, which might not have been what they were asking for, so that they could understand why decisions had been reached. It was not enough to be represented by organisations such as Healthwatch, the people with the lived experience needed to be involved as decisions taken directly affected their lives.

The first phase of the review identified how the boards were supported, how strong the governance was and whether there were any gaps. Feedback highlighted the importance of co-chairs, which two of the boards had. Some of the partnership boards did not have very good service user or carer representation and that was a

known gap. In terms of governance there was no formal connection between partnership boards which was also seen as a gap and could lead to duplication. The review had found that the boards were producing some good outcomes in terms of prioritisation, action plans and strategic developments.

The next phase of the review would continue the consultation and engagement in developing a future model, if that was what was required. The service was currently working on an options appraisal with options ranging from merging the boards to creating more boards for example a carers' partnership board or splitting older adults from long term conditions and disabilities. There was also an option to adopt the seven towns approach which would mean having a partnership board based on service delivery in a geographical location.

### **Key Issues Considered**

- Having sub-groups of partnership boards. For example when there were certain health issues that were only applicable to particular groups such as people with sickle cell anaemia.
- The number of groups represented in a partnership board. Members commented that it did not feel as if all the issues that arose within that cohort of the Older Adults, Disabilities and Long Term Conditions Partnership Board could be addressed within that structure and suggested that there should be a separate board for older adults. Consideration should also be given to having a Carers Board.
- The naming of the boards. The term partnership could be viewed as active or passive. Other local authorities referred to co-production boards and this might be a term for Ealing to think about.
- The importance of being able to demonstrate effective working and evidence of success. Partnership boards should result in a tangible change for people with lived experience.
- Diversity of membership. That the review should consider how representative the Boards are in terms of diversity and geographical spread of the participants.
- The importance of having a Chair or Co-chair with lived experience on all the partnership boards.
- Funding. Members asked if there was a budget to support the outcome of the review as presumably additional boards with increased support would increase costs. The Strategic Director said that they would be looking at costed models for the proposals, however there was not a huge amount of money within the service to support this.
- 7 towns partnership boards model. Members were supportive of moving to a

position where there was a 7 towns model, however as many of the service users went outside of their towns to receive services this might not yet be appropriate.

- Access to meetings. Transport was an important factor in enabling service users to attend meetings in person and meetings should be geographically accessible. Members suggested that consideration should be given to providing transportation to Board meetings and an approach made to organisation such as Ealing Community Transport to see what they could offer.

## **2.5 Panel Visit to Project Search, Hounslow 9 February 2023**

The Chair and Vice-chair visited Hounslow Council to hear about Project Search, a work-based programme for young people with learning disabilities, which supported their move from education to employment. The project was run in partnership with Hounslow Council, West Thames College and the supported employment service Kaleidoscope Sabre.

The internship offered young people, aged 17-24, with real-world work experience and a comprehensive support package as they transitioned from education into employment. The interns worked in an array of roles at the Council – ranging from ‘hands on’ jobs with the Park Rangers Team to supporting Public Health’s ‘Winter Ready’ campaign. Along with practical work experience, the interns benefitted from a tutor at West Thames College and were mentored by a dedicated careers coach at Kaleidoscope Sabre.

### **Key Issues Considered**

- Project Search provided invaluable experience of the world of the work for young people with learning disabilities.
- The Chair and Vice Chair were impressed with how the young people were engaged in making their own placements work and the overall success of the scheme.
- The multi-agency approach with Hounslow Council, West Thames College and a multitude of local businesses delivered life-changing opportunities for many students.
- Ealing’s Project Search programme could work closer with Hounslow Council and the West London Alliance in order to expand its operation and adopt best practice.



## **2.6 Panel Visit to Brent Council 11 April 2023**

The Chair and Vice-Chair, along with the Strategic Director of Adult Social, visited Brent Council and met with Andrew Davies, Head of Commissioning, Contracting and Market Manager, and Edwin Mensah, Market Oversight Manager who shared the good practice that Brent Council had undertaken to increase the take up of Direct Payments.

The members heard how empowering direct payments could be for local residents, giving them more flexibility over how their care and support was arranged and provided. Ealing was intending to expand its Direct Payments offer to improve the independence and the health and wellbeing of Ealing residents and would be piloting an initiative around improving take up, which if successful would be applied across the borough.

## **2.7 Panel's Conclusions**

### **2.7.1 Items for the Work Programme 2023/24**

- The Care Quality Commission to be invited to a Panel meeting to discuss the actions taken to improve those care services continually being assessed as requiring improvement.
- The Panel highlighted the importance of learning from complaints and requested that an analysis of complaints data be included in future quality assurance reports.
- The Panel highlighted the importance of benchmarking data in terms of giving an accurate position of where the service was in comparison to neighbouring authorities and asked that this information be included in future quality assurance reports.
- The Panel to receive an update in six months' time on the progress of the action plans for each of the priorities arising from the Learning Disability Commissioning Strategy including clarity on the cost implications and funding available, the outcome of the work with the Power Group and Healthwatch Ealing to understand better the experiences of people with learning disabilities of accessing NHS services and Health Checks, and the outcome of the work with the Power Group and Ealing Community Transport to explore better access to transport. Delivering the outcomes of the Strategy should be led by Adult Social Care but the responsibility should be council wide.
- The Panel should scrutinise the provision and success of Direct Payments going forward and examine the performance of the Council's planned Direct Payments pilot.
- The Panel to receive an update report on the Ealing Adults Partnership

Boards Review, this should also set out how immersed the boards are in the decision making process, what best practice looks like, and includes measures for monitoring progress.

## 2.7.2 Panel Recommendations

1	The Council should reappraise and continue to improve its social care offer, despite the delay in the Government's plans to reform adult social care.
2	The Council should ensure and demonstrate its planning for increasing demand on adult social care services in the future, given the ageing population
3	The Council should prioritise putting the voice of social care users at the heart of any reform programme to ensure that their experience informs future policy. Further consideration should be given into how social care users interact with the local authority, actively listening to what that experience is like for the social care user and ensuring that nobody is discriminated against through the rush to digitalisation.
4	The Council should look at how to incentivise the building of more sheltered accommodation and prioritise the accessibility of our town centres through the local plan. There should be closer collaboration with the NHS on the co-commissioning of services to deliver this
5	The Council should adopt the Social Model of Disability as other councils such as Croydon, Hammersmith and Fulham, Wolverhampton and Manchester City Council have done successfully, to achieve equality for disabled people.
6	That regular best practice reviews of the adult social care referral and assessment process should be carried out and Ealing should benchmark its performance against comparative local authorities.
7	That all of Ealing's residents are assisted in accessing support that helps prevent their loss of independence and well-being.
8	The Council should fund as ambitious a programme as possible to support the work plans for delivering the priorities of the Learning Disability Commissioning Strategy.
9	The Panel recognises the social value of the services provided at both Age UK and UACS and commends the work that is being done for the residents attending.
10	To encourage Ealing Council to expand its Direct Payments offer to improve independence and the health and wellbeing of Ealing residents where appropriate.

## 3. SCRUTINY OF PUBLIC HEALTH AND WELLBEING

### 3.1 Public Health in Ealing

At its 29 June 2022 meeting, the Panel with an overview of the work of public health in Ealing, health inequalities in the borough, and the key strategic priorities for the service. Partnership working for public health was key. To create a healthy society all the right building blocks needed to be place – stable jobs, good pay, quality housing

and education. Ealing's life expectancy gap between those living in the most and least affluent areas was 2.5 years for women and 3.5 years for men. Two thirds of Ealing's life expectancy gap was due to circulatory disease, lung cancer, and chronic lower respiratory disease. People living in areas of multiple deprivation were more likely to have poorer health outcomes.

Strategic priorities for 2022-23 included the new 'Health of the Borough' report, developing the Health and Wellbeing Board Strategy, public health input into the Ealing Council Air Quality Action Plan and into school super zones which would involve looking at the different factors around a school that the council might be able to influence such as healthy options at local shops and takeaways, and air quality.

### **Key Issues Considered**

- Response to Covid 19. Thirty percent of people in Ealing still had not taken up the offer of a covid vaccination. Members heard that Government funding had been provided for community vaccine champions which had now broadened out into health and wellbeing champions. The Health and Wellbeing Board was leading on a review of 'lessons learnt' from the Covid 19 response, particularly on how the Council worked together with partners. The focus of the vaccine work now was around engaging with the homeless population. It was also easier to access the vaccine as it was now available in pharmacies and GP practices.
- Meeting the target zero to reduce new HIV transmissions by 80% by 2025. Members heard that there was local and London work that the Council was partially funding. There was a local charity that the Council worked with in terms of HIV awareness testing. The work of the Sexual Health Service also helped to reduce HIV transmission. In Accident and Emergency Services, people now needed to opt out of HIV testing when having a blood test.
- The promotion and take up of sexual health testing through the post. Members were informed that the London e-service was going well, the take up of the service had been good and the feedback was positive. The service had been expanded and there was now some low level contraception available on it. A lot of work had been put in to ensure that there were good safeguarding measures in place.
- Childhood vaccination. The work that was being done to encourage vaccine take up was shared with the Panel.
- Air Quality in respect of Public Health. Some local authorities had looked to enhance their planning guidance over and above the provisions set out in legislation around measures to improve air quality. Members heard that there was a lot of work currently around the Local Plan, which was essentially the policy document for the Council about its planning policy for the next few years.

### 3.2 Annual Health of the Borough

At its meeting on 12 April 2023, the Panel consider the new annual Health of the Borough report, which was focussing on how all the directorates were contributing to the overarching strategic objective around fighting inequality. The final report was due to be considered by Cabinet in May.

#### Key Issues Considered

- Context, metrics, and trend data. Members stated that the report should outline what the schemes that were up and running were achieving, the trend directions and the key metrics to be measured annually. It was hard to put context to the report when it did not set out what direction the trend was going in. The Director of Public Health replied that the seven towns profile, which was due to be published shortly, was almost a mini Joint Strategic Needs Assessment (JSNA) of each town which would show some of the geographic inequalities and expand the data.
- Celebrating success. Members noted that the case studies included in the report were very informative providing assurance about the services and asked how that success was celebrated within the council. The Director of Public Health agreed that reporting on success was important and that the administration and the senior leadership team were focussed on recognising achievement. The Chair suggested that awards for programmes which successfully helped to tackle health inequalities might be of value.
- Information on how to support vulnerable residents, sexual reproduction health, cancer screening and how to take up screening was missing from the report. Neha Unadkat, Borough Director, Ealing NHS North West London said that there was an issue around where all of that information was held. Some of that information was in the JSNA's which were available on the website and in the Health and Wellbeing Strategy.
- Inclusion of Performance Indicators. Members thought that this was important as performance indicators showed whether the direction of travel was right, whether things were working and where the investment should go. The Director of Public Health agreed that tracking data through time was important, however a lot of the issues were long term and complex and individual projects might not change them. There had to be care taken not to oversimplify the issues with performance indicators as this would be misleading.
- The Annual Health of the Borough report should set out the administration's priorities for tackling health inequalities, what had been done so far, and data to support that. It should be a living document supplemented by census and JSNA data. There should be a snapshot of the current situation so that people could understand the breadth of the challenge. There should also be a mechanism for councillors and residents to feed in to the report either by nominating a scheme worthy of inclusion or by highlighting issues in their

local community. The voluntary sector and health partners should be involved in co-production and the work of the health partners in tackling health inequalities included.

### **3.3 Panel Visits to Public Health Services TB Outreach Service 24 February 2023 and Ealing RISE 2 March 2023**

Panel members attended a Tuberculosis (TB) Awareness Outreach session at the West London Islamic Centre. The aim of the session was to increase awareness of TB in Ealing and reduce the associated stigma with early intervention being key to tackling the infectious disease. Members heard that Ealing had the second highest prevalence for tuberculosis in the whole of London and in Southall, issues like diabetes and homelessness mean residents were more vulnerable to the spread of TB.

#### **Key Issues Considered**

- Raising Awareness. Linking the service in with Ealing's Community Champions, the Community Hubs, the Let's go Southall project, Ealing's Community Engagement Team and providing links from the council's website to West London Health Trust's healthier lifestyle and TB awareness pages to promote awareness. For the TB Outreach Service to do a briefing for all councillors, who would then be encouraged to support the work by having leaflets available in their council surgeries.

Panel members visited Ealing Rise, a free and confidential service which helped people to cut down or stop their use of drugs and alcohol. Members heard about the work and met the staff of the Rough Sleeping Team, the Build on Belief Service, and the Criminal Justice Team.

#### **Key Issues Considered**

- Relocation of the service. Members were very concerned to hear that Ealing Rise were having to vacate the premises they were currently in and had less than a year to find somewhere else in the borough.
- Opportunities for providing peripatetic spaces in the borough for the rough sleeping team. Members heard that the rough sleeping had a hub at Gainsborough House for self-referrals but wanted to extend the service to other parts of the borough, possibly Acton.
- Raising awareness. Ealing Rise welcomed visits from councillors so that they could inform their residents of the services that were available.

### **3.4. Panel's Conclusions**

#### **3.4.1 Panel Recommendations**

11	During the adoption of the Local Plan, both Ealing Council’s planners and the Local Development Advisory Panel should give strong regard to air quality in respect of public health
12	The Council should assist Ealing Rise in locating suitable alternative location in the borough for its service.
13	That Ealing’s Community Champions, the Community Hubs, and Ealing’s Community Engagement Team should connect with the TB Outreach Service to promote awareness
14	That there should be links from the council’s website to West London NHS Trust’s healthier lifestyle and TB awareness pages
15	That there should be links made between the TB Outreach Service and the Let’s go Southall project.
16	That the TB Service provides a briefing for all councillors, who would then be encouraged to support the work in raising awareness by having leaflets available in their council surgeries

## 4. HEALTH SERVICES IN EALING

### 4.1 Ealing Hospital Update

At the 30 November 2022 Panel meeting, London North West University Healthcare NHS Trust (LNWHT) informed the Panel of the changes made to services at Ealing Hospital and the planned service changes and investments for the future. The Trust was considering how to recalibrate what was provided on the Ealing Hospital site, whether it was fit for purpose and opportunities to strengthen it further. Members also heard about the Trust’s plans to establish a Community Diagnostic Centre at Ealing Hospital, which would provide patients with a coordinated set of diagnostic tests in the community, supporting accurate and fast diagnosis.

#### Key Issues Considered

- Waiting lists. the Trust was now up to over 100% of the pre-Covid levels of activity. The national target was 107%, meeting that would enable the Trust to access elective recovery funds, which it had been doing since October. There were now no patients waiting over 104 weeks for an operation and the focus was on driving down waiting lists to below 78 weeks.
- Plans to reduce the waiting time for medical outpatient appointments. For certain services there were new initiatives around access, for example generating first appointments for those people who had been waiting a long time rather than focussing on follow ups.
- Lessons learned for implementing the Cerner electronic patient record platform at LNWHT. In North West London NHS there were several people who had been involved in the Cerner system implementation whose expertise would be used to help LNWHT. The system was not being integrated across Trusts, but each trust would be running the same system.

- Winter pressures. North West London like the UK was challenged on its emergency pathway, the demand on the front door, and the services that had been put in place to help patients avoid coming in via Urgent Treatment Centres. Given the scale of demand there were still long waits. There was a daily focus on the emergency pathway, the number of patients waiting for a bed and the need to drive discharges throughout the day. Currently no planned elective surgery was being cancelled. A lot of the planned care had been moved to the Central Middlesex Hospital site which did not have an A&E.
- Ambulance hospital hand over delays. Following on from Covid all health organisations were working more collaboratively and sharing intelligence on the pressure on A&E departments and bed pressures within hospitals. Ambulance diversions could be arranged if there were challenges to help with demand. There were times of the week when the whole system was swamped with demand for ambulances. Ealing Hospital was not of the same size or scale of Northwick Park Hospital so could get into difficulties if the arrival of ambulances was bunched up.
- Winter pressures as well as being on hospitals was also felt on General Practice. One of the issues being encountered increasingly was premature discharges from hospital and long waiting times for discharge prescriptions from the hospital pharmacy. Patients who had booked hospital transport were not able to wait for the prescription, which then put pressure on general practice. LWNHT was trying to make the decisions around discharging patients earlier in the day, what could delay the patient going home was confirming the package of care which then delayed the booking of transport and the production of the medication for them to go home with. Too often those decisions were not happening until early afternoon which delayed everything else. The Trust was also trying to improve the booking arrangements for transport and improving the resources in the pharmacy teams to make sure that they had more capacity.
- The importance of health partners, the local authority, and the campaigning groups working with those communities identified as living in areas of multiple deprivation so that their voice was also heard when addressing health inequalities and shaping the future of services.

## **4.2 Access to Primary Care in Ealing**

At its 30 November 2022 meeting, the Panel received an update on primary care in Ealing. Demand for primary care had increased post pandemic. Capacity had also increased but it was difficult for practices to stay on top of demand. Several initiatives had been launched nationally and locally to help practices to manage, including improvements in use of technology, workforce initiatives and support with recruitment and retention.

Ealing had less GPs than the North West London average. 55% of GPs worked on a sessional basis and quite a significant proportion of the workforce were over the age of 60, which meant that the workforce crisis would grow over the next 5 – 10 years unless something was done. There had been significant improvements in expanding the primary care workforce particularly adding roles such as pharmacists, paramedics, and social prescribers. There needed to be a cultural shift so that the GP was not viewed as the only person able to provide primary care.

Findings from Healthwatch's two year comparative review between Ealing, Hounslow, and Hammersmith and Fulham found that Ealing GPs received the most negative feedback around staffing, customer service, and ease of booking appointments. NHS North West London was developing an access specification for every GP practice to provide consistency in how appointments were captured, to remove barriers to patient registration. Based on the patient feedback NHS North West London would be working with practices to improve access.

### **Key Issues Considered**

- The difficulty in accessing GP practices in Ealing was highlighted. The Panel heard that this stemmed back to the pandemic and general practice continued to deliver care with the default of same day access. The shift from that was taking longer than anticipated. Advances were being made in the ability for patients to pre-book appointments but that had to be balanced with ensuring that it did not lead to an increase in missed appointments.
- More information on the workforce was needed, such as where the GP vacancies were in the borough and the number of nursing associates in training. Members heard that NHS North West London needed to drill down further in relation to the workforce. It was quite difficult to get an accurate picture of the GP workforce. Practices would try and fill gaps by using sessional GPs on an ad-hoc basis which was not sustainable.
- The disparity in the number of patients registered with Primary Care Networks and the census data population for Ealing. The Panel heard that some of this was due to patients moving and not re-registering elsewhere and also patients living across borough boundaries. NHS North West London had not been able to get to the bottom of why there was such a discrepancy, however the funding received was based on GP registrations and the workforce and capacity was modelled on the larger number.

### **4.3 Ealing Adult Acute Mental Health Beds**

At the November meeting, West London NHS Trust (WLT) outlined the Trust's proposal and plans for enhanced public engagement regarding the long-term future of Ealing's acute mental health beds on the Ealing and St Bernard's site. West London NHS Trust provided inpatient mental health care to adult residents in Ealing, Hounslow, and Hammersmith and Fulham across a single cross borough inpatient service. Amongst all the sites, the Wolsey Wing was the most antiquated and had



regularly been identified as no longer being fit for the delivery of modern mental health care. During the Covid pandemic, the use of 31 beds in the Wolsey Wing was suspended due to staffing pressures, but also particularly due to the inability to provide safe care, related to infection prevention and control in that environment.

The funding from the suspended beds was diverted to reopen an 18 bedded ward on the Lakeside site next to West Middlesex Hospital. The net change in beds in total was 13 fewer beds. The current engagement process was being carried out to make permanent those arrangements, which was about the quality of care that the Trust was able to provide in the estate available and not about financial considerations. All the investment that would have been spent on inpatient services would be ringfenced for the delivery of acute mental health pathways.

### **Key Issues Considered**

- Adequacy and effectiveness of enhanced engagement. The Panel heard that the most important thing for the Trust was to make sure that it had spoken to the local individuals and communities that were affected in a way that was adequate. There was a degree of flexibility and openness to make sure that the Trust had done the best it could with the Panel's support. The Trust would be reviewing the engagement at its mid-point. There was a further period of engagement planned and it was possible to be flexible with the end date. The Panel requested that the Trust considered extending the engagement both in terms of the end date and the form in which it took place. Members were aware of the concern and disquiet of the neighbouring boroughs that they had not been adequately consulted about these proposals.
- With a service being provided across three boroughs understanding the impact of the proposals on the quality of the service and the money allocated for Ealing residents. The Panel heard that the Trust recognised that this was also a concern for the neighbouring boroughs, and it was committed to working with them to identify ways of measuring and benchmarking this.
- Travel arrangements for patients from Ealing and their family and friends. The Trust was seeking to mitigate the impact on Ealing residents by exploring options to support travel for relatives and patients, looking at how the quality of the environment would be improved, making sure that people with protected characteristics were not being disproportionately impacted, considering the impact on the workforce, and making sure that the facilities being provided in the alternative premises were superior. As part of the consultation suggestions were invited about how to best meet the transport requirements in a way that was fair, robust, and sustainable. There was ring fenced investment available to mitigate the impact of travel on patients and visitors.
- The future resilience of the proposal. Chris Hilton replied that the proposal was not the only work that was being done with inpatient beds. The priorities for the service included working on patient flows and the pathway approach to managing individuals in a mental health crisis that included alternatives to

admission, making sure that there were always available mental health beds within the three borough footprint, and that individuals were receiving therapeutic interventions at the right intensity within the wards. There was a huge amount of joint working, including with the Council, to make sure that when individuals were ready, they were not waiting in beds but could return home and receive support and care post discharge. The view was that the service would manage for a number of years.

- Concerns that this proposal was reducing the provision of mental health care for Ealing residents. The Panel heard that the Trust would continue to deliver a number of services from the Ealing Hospital site, most of which were specialist and for adults in mental health crisis. In addition to re-providing 18 adult inpatient beds in Lakeside, the Trust had enhanced and made permanent the staffing for the health based places of safety, augmented the single point of access, and set aside some investment for addressing additional transport costs that residents from Ealing might be concerned about. The Trust was also investing further in step down provision to support the flow of people through inpatient units. The proposal was about people requiring an inpatient crisis mental health bed, which remained a very small proportion of individuals. The experience was that Ealing residents had access to a sufficient number of inpatient beds in the configuration.

#### **4.4 Panel’s Conclusions**

##### **4.4.1 Items for the Work Programme 2023/24**

- The Panel to receive a report on the outcome of the enhanced public engagement regarding the long-term future of Ealing’s acute mental health beds on the Ealing and St Bernard’s site. The report to include metrics for success, and ways of benchmarking and measuring the service provided to Ealing residents.

##### **4.4.2 Panel Recommendations**

17	That West London NHS Trust extends the enhanced public engagement regarding the long-term future of Ealing’s acute mental health beds both in terms of the end date and the form in which it took place
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## **5 NORTH WEST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (JHOSC)**

The North West London Joint Health Overview and Scrutiny Committee (JHOSC) was formed by the London Boroughs of North West London at the request of NHS North West London.

The stated purpose of the JHOSC is to scrutinise the plans for meeting the health needs of the population and arranging for the provision of health services in North West London; in particular the implementation plans and actions by the North West Integrated Care System and their Integrated Care Board, focusing on aspects affecting the whole of North West London. Taking a wider view than might normally be taken by individual local authorities.

Full agendas and minutes for the JHOSC are available on the Ealing Council website at [Committee details - North West London Joint Health Overview & Scrutiny Committee \(JHOSC\) \(moderngov.co.uk\)](https://www.ealing.gov.uk/committees/jhosc)

In 2022/23 the JHOSC scrutinised the:

- Plans to progress new Community Diagnostic Centres in North West London
- Proposal to develop an Elective Orthopaedic Centre for North West London
- NHS North West London Health Inequalities Framework
- Primary Care Strategy and Performance in North West London
- Emergency Department Pathways & Performance across North West London, with London Ambulance Service Performance
- Community-based Specialist Palliative Care Improvement Programme
- Enhanced Engagement for Ealing Adult Acute Mental Health Beds
- Plans for Elective Recovery in NW London, including Plans to Deal with the Treatment Backlog for Cancer Patients.
- North West London Integrated Care System Winter Planning Programme 2022/23
- NHS North West London Workforce Strategy
- Work of the NHS North West London Integrated Care Service

## **6 PANEL MEMBERS**

Councillor Daniel Crawford (Chair)

Councillor Andrew Steed (Vice-chair)

Councillor Varlene Alexander

Councillor Fabio Conti

Councillor Hodan Haili

Councillor Harbhajan Kaur Dheer

Councillor Faduma Mohamed

Councillor Ghulam Murtaza

Councillor Ben Wesson

Co-optee Alan Cook

Co-optee John Chesters (Ealing Community Network)

Co-optee Daniel Norman (Healthwatch Ealing)

## 7 RECOMMENDATIONS

<b>No.</b>	<b>Recommendation</b>
1	The Council should reappraise and continue to improve its social care offer, despite the delay in the Government's plans to reform adult social care.
2	The Council should ensure and demonstrate its planning for increasing demand on adult social care services in the future, given the ageing population.
3	The Council should prioritise putting the voice of social care users at the heart of any reform programme to ensure that their experience informs future policy. Further consideration should be given into how social care users interact with the local authority, actively listening to what that experience is like for the social care user and ensuring that nobody is discriminated against through the rush to digitalisation.
4	The Council should look at how to incentivise the building of more sheltered accommodation and prioritise the accessibility of our town centres through the local plan. There should be closer collaboration with the NHS on the co-commissioning of services to deliver this.
5	The Council should adopt the Social Model of Disability as other councils such as Croydon, Hammersmith and Fulham, Wolverhampton and Manchester City Council have done successfully, to achieve equality for disabled people.
6	That regular best practice reviews of the adult social care referral and assessment process should be carried out and Ealing should benchmark its performance against comparative local authorities.
7	That all of Ealing's residents are assisted in accessing support that helps prevent their loss of independence and well-being.
8	The Council should fund as ambitious a programme as possible to support the work plans for delivering the priorities of the Learning Disability Commissioning Strategy.
9	The Panel recognises the social value of the services provided at both Age UK and UACS and commends the work that is being done for the residents attending.

<b>No.</b>	<b>Recommendation</b>
10	To encourage Ealing Council to expand its Direct Payments offer to improve independence and the health and wellbeing of Ealing residents where appropriate.
11	During the adoption of the Local Plan, both Ealing Council's planners and the Local Development Advisory Panel should give strong regard to air quality in respect of public health.
12	The Council should assist Ealing Rise in locating suitable alternative location in the borough for its service.
13	That Ealing's Community Champions, the Community Hubs, and Ealing's Community Engagement Team should connect with the TB Outreach Service to promote awareness
14	That there should be links from the council's website to West London NHS Trust's healthier lifestyle and TB awareness pages
15	That there should be links made between the TB Outreach Service and the Let's go Southall project
16	That the TB Service provides a briefing for all councillors, who would then be encouraged to support the work in raising awareness by having leaflets available in their council surgeries
17	That West London NHS Trust extends the enhanced public engagement regarding the long-term future of Ealing's acute mental health beds both in terms of the end date and the form in which it took place.