MINUTES OF THE HEALTH SELECT COMMITTEE
Wednesday, 4th June 2008 at 7.00 pm

PRESENT: Councillor Leaman (Chair) and Councillors Mrs Fernandes, Jackson, R Moher (part) and Moloney (part).

Apologies for absence were received from Councillor Baker.

1. **Declaration of Personal and Prejudicial Interests**

There were none.

2. **Minutes of Previous Meeting**

RESOLVED:-

that the minutes of the meeting held on 10th April 2008 be received and approved as an accurate record, subject to the inclusion of Cllr R Moher's apologies for absence in the record.

3. **Matters Arising**

The Chair welcomed Andrew Davies (Policy and Performance officer), who had recently joined the Council, and who would be working closely with the Health Select Committee.

4. **Deputations**

There were none.

5. **Key Health Trends in Brent**

Joanna Mercer (Policy & Performance officer) and Simon Bowen (Assistant Director of Public Health, Brent tPCT) provided a presentation on the main elements contained in the Brent Joint Strategic Needs Assessment, including information on key health trends in the borough, and on the outcomes and implications for the borough's population. The Committee was invited to consider information contained within the Indices of Multiple Deprivation, including rates of diabetes, tuberculosis (TB) and cardiovascular disease, and differential life expectancies. Following the presentation, the Chair thanked the presenters, noted that a strategy to tackle a number of these challenges would be proposed at the next meeting in July, and invited members to raise questions.

Following an enquiry as to why the breakdown of the mental health statistics had been presented in terms of the ward boundaries from 2004, Mr Bowen explained that whilst this data did not include statistics

from the immediate past, it remained some of the most reliable mental health data that could be obtained.

In response to questions from Committee members as to why such a high proportion of HIV cases remained undiagnosed, Mr Brown advised that the estimate of 27% of undiagnosed cases was London-wide, rather than specific to Brent, and added that a variety of reasons could be responsible, including feelings of fear or shame on the part of individuals with the virus, or a belief on the part of some individuals that they were not at risk and did not require testing. Attention was drawn to the outreach work whereby community-based testing was carried out in order to target at-risk communities, and members were also informed that HIV testing was carried out as a more routine test for all individuals than in previous years.

Commenting on the statistics provided which explored levels of relative deprivation, members asked why certain areas of the borough, such as Stonebridge, were more socially deprived in 2005 than in 2003. Ms Mercer explained that the data had been interpreted in terms of comparative analysis across the country, and not specific to Brent, and that whilst levels of deprivation in Stonebridge had in fact improved since 2003, they had done so at a slower rate than other areas. Additionally, some aspects of the data required updating with new information obtained since 2005, but these figures were not yet available for analysis. Following further questions, Ms Mercer emphasised that service planning was based on a host of data sets and not only on the indices of multiple deprivation, which alone could have the effect of skewing certain figures, and that consequently the data could be treated as reliably accurate.

Mansukh Raichuria (Chair, Brent tPCT PPIF) raised a question as to why the HIV infection rates had risen in a similar timeframe as the TB figures, and Mr Bowen, in response, commented that whilst some individuals did present with both diseases, in the majority of instances this was not the case. The rise in the infection rates of both HIV and TB did however underscore the need to improve services, which was the primary aim of the Health and Well-Being Strategy, the final version of which would be presented to the Committee in July.

Further information was sought in relation to the Local Area Agreement (LAA) targets which had been agreed and specifically what reference there had been to this data. In response, Ms Mercer and Mr Bowen outlined the targets connected to adult and child obesity, mental health, TB, smoking cessation and access to leisure facilities.

The Chair thanked the presenters for the information that had been provided.

6. **Access to GP Services**

Members had before them a report which presented revised and updated information in relation to the Brent tPCT's Patients' Access survey. The report was compiled in response to the Committee's previous concerns, expressed in relation to the inflexible approach taken by some GP's to opening hours, and the difficulties that some patients experienced when making appointments. Jo Ohlson (Director of Primary Care, Brent tPCT), introduced this item by explaining that the results remained in keeping with other national surveys, which had demonstrated that there tended to be increased levels of dissatisfaction about being able to access GP services wherever there were higher levels of population. Tessa Sandall (Assistant Director, Brent tPCT), provided a presentation on the main elements contained in the survey, including the way in which patient access had been measured. The results of the 2006/07 survey indicated that the outcomes in Brent had been reasonably positive in comparison with the rest of London. The Committee was advised that there remained work to be carried out on the availability of advanced booking, as well as the need to tackle dissatisfaction with GP opening hours. Any GP practice with indicators below 80% had been required to produce an action plan to demonstrate how they would tackle the challenge, with the results of the 2007/08 survey expected in July. Helen McGovern and Andie Michaels, representatives of GP colleagues in Brent, were also present to answer members' questions.

In response to questions regarding the methodology used during the survey, it was explained that the practices had utilised patient observation at the surgeries themselves, as well as the completion of questionnaires, but that the direction of the work had been overseen by MORI separately to the practices. Representative from the tPCT had worked with practices who had fallen below the threshold targets to determine why the targets had been missed and what support would need to be put in place.

Commenting on the flexible hours contract referred to in the report, the Chair asked if this had been well-received by the practices, many of whom were smaller practices with limited resources. Ms Ohlson explained that the flexible hours target was not a contractual obligation: rather a tPCT target aimed at securing 50% of practices who were able to offer flexible hours. It was acknowledged that the financial implications of having to hire additional staff or security, could adversely impact upon smaller practices, but Ms Ohlson stressed that the flexible nature of the proposals would allow smaller practices to consider grouping together in order to be able to meet these targets. On a wider note, members heard that at this stage it was unknown whether the target of 50% would be achieved by April 2009, although the initial response from GPs had been mixed, with 25% of practices indicating an interest. Further to a query raised, it was explained that whilst there was financial reimbursement for making provision for face-to-face

contact with patients for 45 hours per week, this was not substantial enough to be an incentive for some of the smaller practices. The idea of contract management and financial reimbursement was further discussed, with the aim of achieving a greater availability both in terms of extended hours and face-to-face contact.

The Chair thanked tPCT colleagues for their presentation and asked that this item be added to the work programme for further consideration later in the year, when updated data had been made available.

RESOLVED:

that the report be noted.

7. **Development of Primary Care Urgent Care Services at the Central Middlesex Hospital**

The Committee received a presentation from Thirza Sawtell (Director of Strategic Commissioning, Brent tPCT) on the programme to develop an Urgent Care centre at Middlesex Central hospital. Ms Sawtell explained the national policy context behind the programme, which was aimed at redefining the present system of urgent and emergency care to avoid delays and duplication in order to concentrate on best value for NHS resources and which would ensure consistency and quality in service delivery.

It was noted that of the 3 million people who presented at a London Accident and Emergency facility in 2005/06, 40% could have been treated in the community. It was further explained that the benefits of the establishment of an urgent care service would include the establishment of an appropriate primary care response to the clinical needs of patients with minor illness or injury, as well as providing the opportunity for information to be disseminated about how to access and register with a GP. In relation to this point, members raised questions regarding the clarity of the process for individuals whose first language was not English and it was acknowledged that for some people, in part due to a language barrier, registration with a GP was not perceived as a priority until the symptoms of an illness presented themselves. There followed further discussion of this point, and some concern was expressed that an urgent care centre would remove the incentive to register with a GP. Ms Sawtell agreed that the development programme would need to be progressed with this in mind; however she emphasised that a majority of patients treated would still require follow-up action with their GP, and that consequently advice on GP registration would form an integral part of the proposed service.

In response to a question raised, it was agreed that any publicity associated with the development would be subject to careful planning.

The Chair thanked Ms Sawtell for her informative presentation and asked that further information on the plans for an Urgent Care at Central Middlesex hospital be presented to the Committee once they had been developed.

8. **Health Select Committee Work Programme**

Andrew Davies (Policy and Performance officer) introduced the item and drew members' attention to the issues which had been suggested for the Committee's consideration. Mark Easton (Chief Executive, Brent tPCT) advised that there were a number of strategic issues for the tPCT which would benefit from monitoring by the Committee, and agreed to liaise with Policy and Performance officers outside of the meeting to prepare a more detailed suggestion for consideration at the next meeting.

Proposals by members for issues to be considered by the Committee included the effectiveness of strategies which managed hospital discharge in connection with occupational therapy provision, including equipment, and a detailed consideration of the paediatric service in Brent. Martin Cheeseman (Director of Housing and Community Care, Brent), noted that a written agreement on the ongoing negotiations to establish a financial settlement with the PCT was close at hand, and proposed that this be brought to a future meeting for the purposes of considering how best to move forward in a constructive manner. It was noted that this would also provide a timely opportunity to discuss future joint working arrangements and shared services.

Following a question by the Chair, Mr Davies confirmed that nominations for members to sit on the proposed task group to examine bus routes leading to local hospitals would be sought in the near future and agreed to liaise with the political group offices for this purpose.

RESOLVED:

that the issues proposed for inclusion in the Health Select Committee Work Programme 2008/09 be included as part of the proposed work programme at the next meeting.

9. **Update on Local Involvement Networks (LINks)**

Owen Thomson (Head of Consultation) provided an update on the forthcoming introduction of Local Involvement Networks (LINks). He outlined the timetable involved, which had recently been reviewed, and explained the reasons for the delay, including the need for consultation with colleagues in Legal services. There had also been some debate with regard to I.T service provision.

It was agreed that a further update on progress would be presented to the Committee at the next meeting. In response to questions, Mr

Thomson reiterated that he anticipated the Local Involvement Networks being in a solid position to move forward by the autumn.

The Chair thanked Mr Thomson for the information update.

10. **Joint Overview and Scrutiny Committee Review of 'Healthcare for London' – Final Report**

The Chair, as the Brent representative on the Pan-London Joint Overview and Scrutiny Committee (JOSC), presented the report before the Committee, which reported JOSC's view on Sir Professor Ara Darzi's report 'Healthcare for London: A Framework for Action'. The Chair advised that the findings of the report had implications for the workload of the Committee in future years, and that the Council's main Overview and Scrutiny Committee was scheduled to meet in the near future to discuss implications arising for the Council and its partners.

Mark Easton (Chief Executive, Brent tPCT) welcomed the findings of the report from JOSC. Stressing the tPCT's broad support for the proposals the report contained, he advised that implementation would form a major part of the tPCT's work in future years. He also advised that the tPCT had posted a statement in response to the report on its website. JOSC would receive a response from the tPCT in October, at which time further details on the Committee's role in moving forward would be subject to consideration.

RESOLVED:

that the report be noted.

11. **Date of Next Meeting**

It was noted that the date of the next meeting of the Health Select Committee was scheduled to take place on Wednesday, 9th July 2008. The Chair advised members would be updated as to the venue for this meeting, provisionally scheduled as Northwick Park hospital but still subject to confirmation, at a later date.

12. **Any Other Urgent Business**

There was none.

The meeting ended at 8.50 pm.

C LEAMAN
Chair