MINUTES OF THE HEALTH SELECT COMMITTEE
Tuesday 31 March 2009 at 7.00 pm

PRESENT: Councillor Leaman (Chair), Councillor Crane (Vice Chair) and Councillors Crane, Clues, Mrs Fernandes, Jackson and Moloney.

Apologies for absence were received from Councillor R Moher.

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

None declared.

2. **Minutes of Previous Meeting**

RESOLVED:

that the minutes of the meeting held on 25 February 2009 be received and approved as an accurate record.

3. **Matters Arising**

None.

4. **Deputations**

There were none.

5. **Healthcare Commission Annual Health Check Submissions**

The committee had before them a report outlining the Healthcare Commission's Annual Health Check process for 2008/09, and the self declarations made by each of the local NHS trusts – NHS Brent, the North West London Hospitals NHS Trust, and the Central and North West London NHS Foundation Trust. Andrew Davies (Policy and Performance Officer) introduced the report, and representatives of each of the three trusts briefed the committee and answered questions from members.

Mark Easton (Chief Executive, NHS Brent) reported that 2008/09 had been a year of recovery, and that the Healthcare Commission report was only part of this picture. In the previous year the trust had declared non-compliance in relation to 14 of the 24 core standards set out by the Healthcare Commission, and the objective for the current year had been to achieve full compliance by the end of the year. The trust was on target to achieve this, although only partial compliance had been recorded on six of the standards for the trust's provider arm.

On behalf of the North West London Hospitals NHS Trust, Catherine Thorne (Assistant Director of Integrated Governance) informed the committee that the trust intended to declare compliance on all core standards. Processes had also been monitored by internal auditors, and the Healthcare Commission had carried out a spot check during the summer, as a result of which no qualification had been placed on the compliance declaration of the previous year. Catherine Thorne

added that, while there was no reason to believe that the recent fire at Northwick Park Hospital might affect the trust's core compliance declaration, this would be discussed by the trust's overseeing committee. Asked how the trust's financial situation might affect its ability to become a foundation trust, Daniel Elkeles (Deputy Chief Executive, North West London Hospitals NHS Trust) informed the committee that if the trust managed to break even in 2008/09, it would receive an assessment of 'fair' for use of resources, even with an historic deficit. Answering a question on the monitoring of patients' food, Catherine Thorne reported that food and cleanliness were monitored by patient surveys throughout the year, and a system had been establish to identify patients who cannot feed themselves. A contract had also been signed with a new provider with a view to further improvements.

Claire Murdoch (Chief Executive, Central and North West London NHS Foundation Trust) informed the committee that the trust had a rigorous internal mechanism for monitoring compliance with standards, with large amounts of evidence to back this up and would be declaring compliance against all core standards. However, the trust was conscious that compliance didn't mean complacence. She thanked members for visiting the unit at Park Royal, and was grateful for their positive comments. The trust was keen to redevelop the unit and, while currently compliant with core standards, it wanted to improve. Claire Murdoch also reported that the issue of partnership was nowhere more important than in mental health, and she thanked the local authority, in particular, the Director of Housing and Community Care, for its partnership role.

Answering a question from a member of the public on the provision of chaplaincy services, Claire Murdoch reported that the trust believed it was compliant in this area. David Dunkley (Brent Mental Health Service) informed the committee that, while the trust did not follow the traditional definition of chaplaincy, it provided a wide range of services, and a new post of faith co-ordinator had been created. Feedback had been very positive.

With a view to drafting a response to the trusts' declarations, the committee agreed to delegate this to the Chair, with advice from Andrew Davies, using the draft comments set out in appendix 8 to the report as a basis.

RESOLVED:

(i) that the report be noted;

(ii) that the committee's response, to be based on the draft comments set out in appendix 8 to the report, be delegated to the Chair, with advice from Andrew Davies.

6. **Consultation on Major Trauma and Stroke Services**

The Committee had before them a report on the London-wide consultation on proposals to deliver new specialist major trauma and stroke services at specific hospitals across London. Thirza Sawtell (Director of Strategic Commissioning, NHS Brent) thanked the committee for allowing the trust to bring the consultation to them, the aim being to provide assurance of the actions that NHS Brent had taken to obtain the views of stakeholders. So far over 1,000 stakeholders had been written to and two public events were being planned. NHS Brent's view was that the interests of Brent residents would best be served by implementation of the consultation option which included St Mary's Hospital as the proposed site for a major trauma centre and Northwick Park (Barnet as a second option) as the proposed site for a hyper-acute stroke unit. The period of formal consultation, overseen by the London PCTs, had started at the end of January and would run until the first week of May, and views were being sought from individuals and groups, with three options for responses – via the website, by post and at public meetings.

In response to questions, Thirza Sawtell reported that the criteria for the location of the major trauma and stroke units had been robust, and all the proposed options matched the criteria of ensuring complete coverage. Asked how the 30-minute ambulance ride had been measured, she reported that the London Ambulance Service had been key in testing and implementing this. Asked about rehabilitation after acute treatment, Thirza Sawtell informed the committee that a complete pathway from prevention through to rehabilitation was envisaged. She recognised that rehabilitation was not adequate and the aim was to improve it. In answer to a question about the implications for staff and training, Thirza Sawtell reported that any accredited centre would have to demonstrate that this was in place. There was a workforce development plan aimed at taking staff through the necessary training, but skills were scarce and the market was competitive. In response to a comment on the number of trained nurses leaving the profession, Thirza Sawtell agreed that workforce strategies needed to improve. Daniel Elkeles (Deputy Chief Executive, North West London Hospitals NHS Trust) told the committee that an additional 30 staff would be needed to deliver the hyper-acute stroke unit, but that one reason the bid had been accepted as a reasonable one was the evidence provided of good recruitment and retention. He added that, while it would be a big challenge to get the staff in place, he was confident it would be possible.

Asked why the Central Middlesex Hospital had not bid to host a hyper-acute stroke unit, Mark Easton (Chief Executive, NHS Brent) informed the committee that this had been because Northwick Park was a large hospital delivering acute services, while Central Middlesex was a smaller, community hospital.

After discussion, the committee agreed to support the siting of a hyper-acute stroke unit at Northwick Park and a major trauma centre at

St Mary's. The committee delegated to the Chair the drafting of a response in these terms to Healthcare for London, together with completion of the questionnaire provided.

RESOLVED:

(i) that the report be noted;

(ii) that the committee's response, based on support for siting a hyper-acute stroke unit at Northwick Park and a major trauma centre at St Mary's, together with completion of the relevant questionnaire, be delegated to the Chair.

7. North West London Hospitals Financial Issues

The Committee had before them a report setting out the background to the financial situation of the North West London Hospitals NHS Trust. Daniel Elkeles (Deputy Chief Executive, North West London Hospitals NHS Trust) introduced the report and answered questions from members and the public. He reported that identified savings of £16m – 4.5% of the total budget – for 2009/10 were a significant achievement, but that there was very limited scope for further savings without compromising patient care, and a further £20m needed to be found in order to break even in 2009/10. The main answer to the need to make savings would be the reorganisation of services, for which the outcome of the review of acute services was awaited. There was an opportunity to have the trust's historic deficit of £20m written off if it managed to break even in 2008/09, as currently predicted. The trust was working closely and in a constructive dialogue with NHS Brent which, as was known, had provided the trust with a grant of £6m with a view to buying time to solve longer-term issues. Asked about the interest being paid on the £20m historic deficit, Daniel Elkeles replied that he did not know the exact rate, but could provide this information.

RESOLVED:

(i) that the report and verbal update be noted;

(ii) that the committee continue to monitor the financial situation of the North West London Hospitals NHS Trust.

8. Intermediate Care Strategy

The Committee had before them a report on plans by Brent Council and NHS Brent for a new integrated intermediate care service in Brent, aimed at providing a seamless health and social care service which will prevent unnecessary hospital admission and/or enable recovery after a hospital stay. Thirza Sawtell (Director of Strategic Commissioning, NHS Brent) reported that this was a key initiative and a key priority for the Council in particular in relation to delayed transfers of care. The new model was entitled STARRS – Short-Term Assessment, Rehabilitation and Reablement Services), and it included a stroke rehabilitation pathway, which was progressing quickly and should be in place by

autumn. NHS Brent would bring a report on this to a future meeting of the committee. Answering questions from members, Thirza Sawtell reported that the new service would build on the previous approach of the collaborative care team, but would do more. Asked about recommendations of a 2005 study, which advocated that health and social services do more to work together, Thirza Sawtell informed the committee that some of the work from that period had been placed on hold, and it was possible that time had been lost. However, she did not believe that this invalidated the current approach. She agreed that team work on home support would need to be tightened up, adding that both NHS Brent and the Council were working well together in a mature relationship.

In response to a comment from a member on the difficulties and delays in applying for grants, Martin Cheeseman (Director of Housing and Community Care) informed the committee that if the new strategy worked well, less assistance would be needed. He recognised that performance in the past had been variable, but drew members' attention to the increased level of investment in grants in the 2009/10 budget. Thirza Sawtell added that NHS Brent and the Council were looking as widely as possible at all the relevant issues as part of a joint commitment. The importance of carers was also recognised, with carers represented on the programme board.

RESOLVED:

(i) that the report be noted;

(ii) that the committee consider the intermediate care strategy implementation proposals when they were available.

9. **Brent Local Involvement Network (LINk)**

The committee had before them a report on the work of the Brent Local Involvement Network (LINk). Elvis Langley (Head of Community Engagement, Hestia Housing and Support) briefed the committee on the work and remit of the community-led network, which had been in place since the start of December 2008. He reported interest in the forthcoming election to the board, and good turnout at three recent public events. Work was being done with service providers and commissioners, as well as with the core group set up by the previous host. Governance of the LINk was being developed in partnership with the stakeholder group, and other issues, for example, proposed day care charge increases, had also been considered. Training had been provided for the stakeholder group, and Andrew Davies (Policy and Performance Officer, Brent Council) had attended to brief stakeholders on the role of overview and scrutiny. After the election, further co-options would be made, and the launch would be celebrated at the end of May 2009.

Answering questions from members, Elvis Langley informed the committee that Hestia had inherited a database of 50 individuals and 400 community groups. Lauretta Johnnie (Brent LINk Co-ordinator)

reported that the individuals and groups tended to be based around Wembley and Harlesden, but the work of the LINk had been publicised throughout the borough.

Asked about priorities, Elvis Langley informed the committee that these were the proposed changes in charges for day care, the extending of long-term advocacy services, information around sexual health for young people and disability adaptation. Andrew Davies briefed the committee on the statutory connection between the LINk and Overview & Scrutiny, whereby the LINk could refer issues to the relevant committee, which would then be required to respond. The committee approved the protocol on this (attached as Appendix 1 to the report), and agreed in future to look at other ways of working with the LINk once the LINk's management committee was in place.

RESOLVED:

(i) that the report be noted;

(ii) that the committee approve the protocol on this (attached as Appendix 1 to the report), and agree in future to look at other ways of working with the LINk.

10. **Urgent Care Centre**

The committee had before them a report on NHS Brent's move towards procuring an Urgent Care Centre at Central Middlesex Hospital. Thirza Sawtell (Director of Strategic Commissioning, NHS Brent) informed the committee that the business case would be considered by the board of NHS Brent in the next few days. She reported that, provided the board approved the business case, the trust would use April to achieve further stakeholder involvement and amend the specification as a result. The formal procurement process would then begin in May 2009. Answering questions from members, Thirza Sawtell reported that there were no ambitious deadlines for reducing the demand on urgent care. The main issue was that large numbers of people with primary care needs turned up for urgent care. For example, between 60–70% of people who turned up at Central Middlesex Hospital Accident & Emergency needed primary care. Such people were treated, but they needed encouraging to go to a GP, and attending hospital was not the best use of the hospital's acute skills. NHS Brent wanted to work with GP practices to improve this situation by, for example, making GP practices easier to register with and more customer-friendly.

Asked about the impact on hospital finance as a result of the anticipated reduction in use of urgent care services in hospitals, Thirza Sawtell reported that NHS Brent and the North West London Hospitals NHS Trust were engaged in a constructive dialogue about this. Answering a question on the effect on staff moving between the two trusts in order to provide the new centre, she replied that the plan was to organise this in line with TUPE (Transfer of Undertakings (Protection of Employment)) regulations.

Asked how patients would know where to go for urgent primary care, Thirza Sawtell informed the committee that, for example, at Central Middlesex Hospital, both urgent and acute services would be available, and it would be clear which one to use. The aim was to make this clear to patients in GP practices and the new GP-led health centre and to provide consistency of care without sending patients from one place to another.

RESOLVED:

(i) that the report be noted;

(ii) that at a future meeting the committee consider updates on the progress of introducing an Urgent Care Centre at Central Middlesex Hospital.

11. **Parking Enforcement on District Nurses**

Councillor Jackson briefed the committee on a parking problem faced by district nurses and health visitors. He reported that, while they had a special badge, exempting them from some car parking restrictions, they were not allowed to park within 500 metres of their base, and this caused problems, as they often carried heavy equipment. Councillor Jackson asked for the 500-metre rule to be reconsidered and called on the Council's parking enforcement services to apply common sense when dealing with staff providing health services.

RESOLVED:

(i) that the issue be referred to the next meeting of the Highways Committee for consideration;

(ii) that the outcome be reported to the Health Select Committee.

12. **Health Select Committee Work Programme**

Andrew Davies (Policy and Performance Officer) introduced the committee's work programme, which members had before them. He encouraged members to contact him if they wished to add anything to the programme for the following year.

The Chair thanked Andrew Davies and everyone who had contributed to the work of the committee throughout the year.

RESOLVED:

(i) that the issue of grants for disabled people be referred to the Overview and Scrutiny Committee for possible inclusion in its work programme;

(ii) that the work programme be noted.

13. **Date of Next Meeting**

It was noted that the date of the next meeting of the Health Select Committee would be confirmed at the annual meeting of Council in May 2009.

12. **Any Other Urgent Business**

None.

The meeting ended at 8.50 pm.

C LEAMAN
Chair