

MINUTES OF THE HEALTH SELECT COMMITTEE
Tuesday 9 June 2009 at 7.00 pm

PRESENT: Councillor Leaman (Chair), Councillor Crane (Vice Chair) and Councillors Baker, Jackson, R Moher and Moloney.

Apologies for absence were received from Councillors Clues and Mrs Fernandes.

1. Declaration of Personal and Prejudicial Interests

None declared.

2. Minutes of Previous Meeting

RESOLVED:

that the minutes of the meeting held on 31 March 2009 be received and approved as an accurate record.

3. Matters Arising

Item 11 – Parking Enforcement on District Nurses

The Chair reported that the Highways Committee, to which this issue had been referred, had not yet met since the last meeting of the Health Select Committee. He agreed to keep the Committee informed of developments.

4. Deputations

None.

5. North West London Hospitals Financial Update and Cost Improvement Programme

Fiona Wise (Chief Executive, North West London Hospitals NHS Trust) presented the report and answered questions from members on the Trust's financial position at the end of 2008/09 and the Cost Improvement Programme for 2009/10. Fiona Wise informed members that there was a surplus of around £100,000 from the 2008/09 budget, the auditors having confirmed the accounts. However, the surplus had been achieved owing to support from NHS Brent and various non-recurring measures, and the historic deficit of approximately £20m from around 2003 still existed. Asked about areas of over-performance, Fiona Wise reported that at the start of the year the contract with the PCTs was based on assumptions about the level of activity, and this had been greater than expected in the area of elective activity and emergency care, for example.

In answer to a question from the Chair, Fiona Wise informed the Committee that she and Mark Easton (Chief Executive, NHS Brent) had appeared before the Challenge Trust Board and had been required to demonstrate a balanced financial plan and the ability to achieve access

targets as part of the process for the hospital trust to receive funding to clear its historic debt. The feedback had been that the Board was content with governance arrangements, but had concerns over the three-year financial plan. Fiona Wise and Mark Easton would be appearing before the Board again in September. In the meantime they were working with the PCTs to reduce current year deficits. The acute services review would be one of the factors affecting this.

Asked about the number of redundancies planned, Fiona Wise reported that, while she did not have the details, the eventual number was quite small, and the process had not quite been completed. She agreed to provide details for the Committee.

Fiona Wise informed the Committee that the Cost Improvement Programme for 2009/10 consisted of around 300 individual schemes. She was mindful of the four major areas – closing a ward, reducing the level of delayed discharge, increasing operating theatre efficiency and reducing the use of agency staff. Agreement had been gained to close a ward early in July, and this was consistent with the acute services review. The level of delayed discharge was the lowest it had ever been, and consultants were carrying more operations in order to increase theatre efficiency. However, Fiona Wise reported that she was less confident of achieving a significant reduction in the use of agency staff. She pointed Committee members and the public to publicly available documents about the Cost Improvement Programme available on the Trust's website (www.nwlh.nhs.uk). Answering questions about the ward closure, Fiona Wise informed the Committee that no formal public consultation was required, although staff had been consulted. The ward was mainly a surgery ward. More patients were now receiving surgery that didn't require an overnight stay in hospital, and wards were being organised so that all surgical beds would be on one floor. This was an example of change driven by changes in clinical practice. No Brent resident would have to wait any longer as a result and the ward closure had no effect on the level of choice of hospital for patients.

RESOLVED:

that the report be noted.

6. **Swine Flu Update**

Dr Penelope Toff (Consultant in Public Health Medicine and Health Protection, NHS Brent) presented the report and answered questions from members on the work of NHS Brent and partners in response to the swine flu outbreak. Dr Toff reported that there were now 675 cases confirmed in the UK, with 125 in London. While no cases had been recorded in Brent, one had been confirmed in Harrow on the day of the meeting. A comprehensive multi-agency response had been organised, with meetings now having been reduced to once a month. An operational group was now meeting weekly, but was likely to be meeting twice weekly from the following week. NHS Brent was very well prepared and a walk through of the first antiviral distribution centre had

taken place on the day of the meeting. Inevitably, a certain amount of trial and error would be involved in dealing with a pandemic, but Dr Toff was proud of the way NHS Brent had responded to the situation.

Answering questions from members, Dr Toff informed the committee that the number of swine flu cases was increasing were rising because the test for swine flu was becoming easier to carry out, and surveillance was becoming more comprehensive. The virus was infectious, although not virulent at present, and it was entirely possible that the World Health Organisation (WHO) would declare a pandemic. The virus was likely to develop and mutate in the southern hemisphere winter, and it was understood to be gathering pace there. By the time of winter in the northern hemisphere, the virus was likely to be worse. Martin Cheeseman (Director of Housing and Community Care) informed the Committee that the Council had been looking at emergency planning and contingency planning assuming, for example, that 25% of staff might be affected. Priorities were being set and the Council was taking advantage of the current lull to do this.

Asked about the possibility of complacency in view of the current lack of coverage of the outbreak, Dr Toff agreed that this could be a problem. She was also concerned that, if and when a pandemic were to be declared, unnecessary panic and alarm might be caused if the media suddenly started covering the issue again. NHS Brent had its own communications strategy to deal with such eventualities. Dr Toff added that a database of categories of vulnerable people and the care packages they would need was being compiled. She reported that there was no likelihood of preparations for a pandemic being phased down, as it would be some time before it was known at what stage the outbreak was.

Members agreed to keep the issue of swine flu on the work programme as long as necessary and to keep it under review.

RESOLVED:

- (i) that the report be noted;
- (ii) that the issue of swine flu remain on the work programme and be brought back to the Committee for future consideration if necessary.

7. Improving Access to GPs in Brent

Mark Easton (Chief Executive, NHS Brent) presented the report and answered questions from members on the work that NHS Brent had done to improve access to GP services in the borough. Mark Easton reported that there had been three important initiatives to improve access – funding for extended hours, the establishment of a GP-led health centre in Wembley and work with GP practices on development and efficiency with a view to ensuring that booking processes were transparent. A total of 77% of GP practices - a higher level than in other PCTs locally - were offering extended hours under what was a

voluntary scheme. The GP-led health centre, with both walk-in and bookable services, was due to open on 1 July 2009 – a very positive development. Asked whether the changes had had an impact on patient satisfaction, Mark Easton informed the Committee that the results of the patient satisfaction survey had not yet been released. Thirza Sawtell (Director of Strategic Commissioning, NHS Brent) informed the Committee that the results of the survey had been embargoed until July, and would be available for the Committee to consider, together with plans for improvements, at its meeting in October. Responding to a comment from a member that, while the extension of hours was a great improvement, it was still difficult to get appointments, Mark Easton reported that this aspect would be covered by the third piece of work, on the transparency of booking processes.

Responding to a member's comment on the relatively small proportion of extra appointments made as a result of extended hours, Mark Easton explained that, while the proportion was indeed small, the introduction of extended hours had improved access and moved things forward, and patients had a choice of GP practices with which to register. He believed that the introduction of the GP-led health centre was likely to be an incentive for practices to implement extended hours.

Asked whether GPs in Brent carried out triage – a process of prioritising patients based on the severity of their condition – over the telephone, Mark Easton reported that this was not done as a matter of course, although doctors could be consulted by phone if necessary. Dr Toff (Consultant in Public Health Medicine and Health Protection, NHS Brent) added that the GPs' out of hours service did carry out triage by phone.

RESOLVED:

that the report be noted.

8. **Local Area Agreement Target Update**

Cathy Tyson (Assistant Directory, Policy and Regeneration) introduced the report and answered questions from members on achievement against the health-related targets in the Local Area Agreement (LAA) 2006/09. She reported that the stretch targets on healthy schools and participation by children and young people's participation in sports had been achieved in full. However, the stretch targets relating to smoking cessation and adults' participation in sport had either not been achieved or were at risk of not being achieved. She drew members' attention to the details of how Brent was currently placed to receive Performance Reward Grant in relation to the current LAA, 2006/09.

Cathy Tyson informed the Committee that the allocation of Performance Reward Grant in the 2008/11 LAA was based on a collegiate approach, in which all indicators would need to reach at least 60% of the target. Health priorities currently not on target were those relating to reducing substance misuse, the tuberculosis treatment rate and the number of carers receiving needs assessment or review.

Priorities which had achieved or exceeded targets included increasing the level of self-directed care support and reducing delayed discharges from hospital. The current agreement was still in its early days, and partners needed to ensure a collegiate approach to achieve targets.

Answering questions from members, Cathy Tyson reported that a large project had been carried out in relation to smoking cessation. Dr Penelope Toff (Consultant in Public Health Medicine and Health Protection, NHS Brent) confirmed that there had been a massive investment in smoking cessation and the service had been relaunched with incentive payments for GPs and pharmacists.

Asked whether the Planning Committee considered the impact on child obesity of granting permission for increasing numbers of fast food outlets, Cathy Tyson reported that the issue placing such outlets near schools had been raised. However, the focus was more on positive behaviour and giving people positive healthy choices.

Answering a member's question about improving sexual health, Thirza Sawtell (Director of Strategic Commissioning, NHS Brent) reported that, while there had been a gap in the service, NHS Brent was commissioning a new provider.

Asked what steps were being taken to encourage adults' participation in sport, Cathy Tyson reported that the Council and partners were trying to make it clear to adults that, for example, walking was exercise, and that exercise did not necessarily consist of going to a gym.

Members were concerned about child obesity and saw this, together with smoking cessation, as a major challenge for the health service for the future. Dr Toff informed the Committee that the child obesity programme had been in place for less than a year and that childhood measurement statistics took some time to collect and distribute. However, from the information available so far it was understood that a slight reduction had occurred in child obesity. Thirza Sawtell added that commissioning managers would be happy to come and talk to the Committee about the child obesity programme. Cathy Tyson reported that everything suggested that if young people were given the opportunity to take part in sport, for example, through Brent's free swimming scheme, they would take part.

Asked about the fact that Brent Council's Housing and Community Care Drug and Alcohol Drug Team had achieved only 75% of their target on the number of drug users in effective treatment, Martin Cheeseman (Director of Housing and Community Care) informed the Committee that, while this was 75% of a small number, this target was being monitored closely. Changes had been agreed to improve the service, and if improvements didn't follow, then the service could be re-commissioned.

Members agreed to consider progress against health-related LAA targets on a six-monthly basis, and to place the issue of smoking cessation on the work programme. Members also asked to be kept up to date on child obesity.

RESOLVED:

- (i) that the report be noted;
- (ii) to place the issue of smoking cessation on the work programme;
- (iii) that the Committee be kept up to date on measures on and progress toward reducing the level of child obesity.

9. **Improving Surgical Services for Children in North West London**

Andrew Davies (Policy and Performance Officer) introduced the report and informed the Committee that the chairs of health scrutiny committees in North West London had been consulted informally on whether there needed to be formal consultation on proposals for changes to complex surgical services for children and young people in the area. On the basis that the proposals did not constitute a substantive change, the Chair of Brent's Health Select Committee, together with the other chairs of health scrutiny committees in North West London, was satisfied that there did not need to be formal consultation on this issue. However, this needed to be confirmed by the Committee itself. The number of children affected was relatively small, and the Chelsea and Westminster Hospital, which had been nominated as the preferred option, had scored significantly higher than St Mary's, the other bidder for the service, when the bids were evaluated. The health scrutiny chairs believed that surgical services for children in the area would therefore be improved.

Mark Easton (Chief Executive, NHS Brent) informed the Committee that the proposals had been initiated at the suggestion of surgeons, who had pointed out that children had to be moved between hospitals for their surgery and intensive care treatment. Although the number of children was small, their safety and quality of care would improve as a result of the proposals.

RESOLVED:

that the Committee agree that no formal consultation was required on the proposed changes to complex surgical services for children and young people in North West London.

10. **Health Select Committee Work Programme**

Andrew Davies (Policy and Performance Officer) briefed the Committee on its work programme, which members had before them. The work programme had been consulted on widely, and it much of the work had arisen out of the previous year's work programme. While the programme for the year was already quite busy, he encouraged members to contact him if they wished to make further suggestions.

In response to a member's interest in issues around the teenage conception rate, it was agreed that the relevant Children and Families Overview and Scrutiny task group report would be circulated to members.

RESOLVED:

that the work programme be noted.

11. Joint Overview and Scrutiny Committee Update

Andrew Davies (Policy and Performance Officer) provided the Committee with a verbal update on the work of the Joint Health Overview and Scrutiny Committee (JOSC), formed to consider proposals for stroke and major trauma services in London. Andrew Davies informed the Committee that the JOSC had completed its work. The final report had been received and would be circulated to members. The Health Select Committee had submitted a separate response to the consultation, and it would now be for the Joint Committee of PCTs (JCPCT) to make decisions on the future of stroke and trauma services when they met in July 2009. Further information would be available by October, and included in the agenda. In the meantime, Andrew Davies agreed to send to members the outcome of the JCPCT in late July 2009.

RESOLVED:

that the verbal update be noted.

12. Date of Next Meeting

The next meeting of the Health Select Committee was due to be held on Wednesday 15 July 2009.

13. Other Urgent Business

North West London Hospitals Acute Services Review

The Committee agreed to discuss this item as urgent business so that the Committee could be involved in consultation on next steps at the request of NHS Brent.

Mark Easton (Chief Executive, NHS Brent) presented the report and answered questions from members on the strategic review of acute services commissioned by the PCTs and provided by the North West London Hospitals NHS Trust. He reported that the project had four phases – strategic planning, drivers for change, modelling the impact of commissioning intentions and scenario planning. Four options, or scenarios, had emerged as follows:

- option one – minimum change, but reflecting the implementation of the Healthcare for London stroke and trauma proposals, maximising the use of Central Middlesex Hospital as the main elective surgical centre;
- as option one, plus the centralisation of inpatient paediatrics and emergency surgery at Northwick Park Hospital and the establishment of a Paediatric Assessment Unit, open 12 hours a day, at Central Middlesex Hospital;

- as option one, plus a strengthening of emergency paediatrics on both sites – this would be a significant investment;
- Central Middlesex Hospital to become an elective only centre – while this did not appear to be a viable option in view of the need to make maximum use of the Private Finance Initiative (PFI) funded site, it still needed to be tested as a scenario.

Detailed activity and financial modelling would be carried out over the next few weeks to identify the best option. If a suitable option did not emerge, the issue would need to be reconsidered. Mark Easton informed members that the urgency for the Trust lay in the financial implications, and the Trust wanted the Committee to be as involved as early as possible. Fiona Wise (Chief Executive, North West London Hospitals NHS Trust) reported that work had been commissioned to look at the implications of the scenarios for social services.

Mark Easton asked the Committee to consider meeting with representatives of the Trust to consult on this issue outside the regular cycle of meetings.

Members agreed to discuss this item at the next meeting, when more information would be available. They also agreed to the setting up of a Challenge Panel session to consider the results of the review.

RESOLVED:

- (i) that the results of the review of North West London Hospitals Trust acute services be considered at the next meeting of the Health Select Committee;
- (ii) that a Challenge Panel session also be established to consider the results of the review and outline what information would be needed at the main meeting of the Committee in July 2009.

The meeting ended at 8.50 pm.

C LEAMAN
Chair