



MINUTES OF THE HEALTH PARTNERSHIPS OVERVIEW AND SCRUTINY COMMITTEE

Thursday, 16 December 2010 at 6.00 pm

PRESENT: Councillor Ogunro (Chair), Councillor Hunter (Vice-Chair) and Councillors Adeyeye, Beck, Daly and Kabir

Also Present: Councillors John, Jones and R Moher

Apologies were received from: Councillor Colwill

1. Declarations of personal and prejudicial interests

None declared.

2. Deputations

None.

3. Minutes of the previous meeting

RESOLVED:-

that the minutes of the previous meeting held on 14 October 2010 be approved as an accurate record of the meeting.

4. Matters arising

Update on Burnley Road GP surgery

Andrew Davies (Policy and Performance Officer) reported that NHS Brent had given notice that it intended to undertake an open tender process for the provision of GP services at the Burnley Road practice, in line with the committee's recommendation on this issue. Appropriate consultation would be carried out with patients before the tender process began. The committee would be kept informed of progress on this matter. Councillor Jones (Lead Member for Human Resources and Diversity, Local Democracy and Consultation) added that she would be attending a patients meeting on 17 December 2010.

5. North West London Hospitals NHS Trust Patient Experience report and update on the We Care Patient Experience programme

Carole Flowers (Director of Nursing, North West London Hospitals Trust) introduced the report before the committee on the We Care Patient Experience Programme, and ongoing patient experience initiatives. She emphasised the commitment to

high standards of patient experience and outcomes. The We Care programme had arisen from the feedback received from patients and consisted of three themes – patients not feeling informed and wanting to be more involved in decisions taken about their care, food service and communication. Carole Flowers added that over one quarter of all staff had so far been trained in the programme. Food service was an issue high on patients concerns. An audit of patients had revealed a difference of opinion on what time of the day they would like their hot meal and so options were being considered for introducing some flexibility into the service. She was pleased to report that there had been a reduction in the number of complaints received concerning rudeness by staff but work was being done to further improve this because it was something taken very seriously by the Trust. Finally, Carole Flowers stated that a lot of the patient feedback came from Harrow residents and she would appreciate any help available for improving the feedback received from Brent residents.

In answer to questions put to Carole Flowers, she stated that very few agency staff were employed by the Trust but when they were they were expected to adhere to the nursing code of conduct and any breaches of this were reported back to the agency. Regarding the training of staff, it was hoped to reach a level of at least 75% of staff trained by mid 2011 and to assist this an e-learning package was being developed. The nutrient levels of meals were checked by the dieticians, with build-up drinks also being available and patients were encouraged to bring in their own favourite foods. She expressed regret that it was not possible to offer a greater choice for the second meal of the day even though the meals met the national nutritional standards. Councillor Daly felt that the national guidelines were not sufficient and that more needed to be done to increase the nutritional value of the meals provided.

With reference to real time patient feedback, Carole Flowers was asked what was being done to improve the response rates to some of the questions. She replied that a key aspect was for staff to walk round wards and pick up problems as they arose. The initiative needed to be better publicised and some of the documentation improved.

Carole Flowers was thanked for the report and her attendance at the Committee.

6. Brent GP commissioning pathfinder

Dr Jahan Mahmoodi was present to report that the application for pathfinder status had been submitted in November 2010 but had not been successful in the first wave of applications. More work was needed to show how flexibility was being maintained across the localities, to demonstrate more fully how the GP consortium worked with the Council and a fuller outline on how each practice was signed up to it. Everybody involved understood their responsibilities in putting together a re-submission which was planned to be presented the following week. In the meantime, the GPs were keen to be involved in developing the vision for commissioning services. They were represented on the Clinical Directorate Committee which sat high in the PCT hierarchy and wanted to be part of the Health and Well Being Board. In answer to a question from the Chair of the committee, Dr Mahmoodi explained the process behind the election of a clinical director to each of five localities who would lead them over the next two years.

Councillor John (Leader of the Council) reported that meetings had been held with the GPs and a scenario planning event looking at how GP commissioning might work in Brent held on Friday 10 December had proved to be very interesting and useful. She felt that positive relationships were being developed which would be needed to make the arrangements work for Brent. The establishment of a Health and Well Being Board would help cement these relationships. Councillor R Moher (Lead Member for Adults, Health and Social Care) added that the day had been very challenging and had emphasised to her the impact each side had on the other. Marcia Saunders (Chair, NHS Brent) thanked the Council for its contribution to the day.

Martin Cheeseman (Director of Housing and Social Care) explained that terms of reference for the Health and Well Being Board had been drafted and ideas shared with a view to establishing a shadow board in January 2011. The membership would comprise Executive members, GPs, officers from the PCT and Council officers. It was anticipated that the Government would set out their views more fully on where the board was expected to be placed but it was now unlikely to come under the overview and scrutiny regime.

RESOLVED:

that regular reports be made back to the Health Partnerships Overview and Scrutiny Committee on the establishment and operation of the Health and Well Being Board.

7. Update on Brent Community Services

Mark Easton, (Chief Executive, NHS Brent) introduced the report before the committee which provided an update on the creation of an Integrated Care Organisation (ICO) incorporating Ealing Hospital and community services in Brent, Ealing and Harrow. He said that the project was now in its final stages to make the ICO happen. In January 2011, NHS London would be considering the proposal. Mark Easton referred to the reservations about the proposed transfer of Brent Community Services put forward by the Council. He stated that these would be taken into account but he added that from feedback he had received it was likely that the application would be approved because it was presented as a robust business case and because of the timetabling implications. However, there was a desire to deal with the reservations expressed by the council and to this end three ideas had been proposed. One was to provide for a Brent councillor observer on the ICO Board, another was to provide a role for the Health and Well Being Board to review community services and the ICO's plans to improve them and the third was to provide reassurance that resources would not be transferred out of Brent.

Mark Easton referred to the information provided on children's health services and the approach taken to safeguarding that had been provided as requested by members at their October meeting. He acknowledged that budgetary information also requested had not been provided and undertook to forward this to the Council.

In answer to a question on why the proposed Council observer could not have voting status, Mark Easton explained that positions on the ICO Board were subject to a formal appointments process and so any such suggestion would need to be considered at that level. Members asked that this be pursued.

Some members of the committee were concerned at the consultation process carried out and the apparent lack of consultation with officers of the council. It seemed to them that the process had not been as transparent as it could have been. Having submitted its comments on the proposals it was felt that the Council should have received a response to these even if it was to explain that the options were not available. Mark Easton responded that there had in fact been discussions with council officers but he accepted that he may not have been as assiduous as he could have been in ensuring information was shared.

In summary, the committee was advised that the Brent and Harrow PCTs were merging. The budget for Brent Community Services would however still be held as a separate Brent budget and the ICO would appoint a director for community services so there would be a strong link between the two bodies. This arrangement would retain a borough focus and ensure quality of service with the NHS Chief Executive holding a statutory responsibility for the service.

It was accepted that the committee's work in this area was now complete and that members would be informed of the decision of NHS London.

RESOLVED:

- (i) that the update on Brent community services and the creation of the Integrated Care Organisation be noted;
- (ii) that the view of the committee that the status of the proposed Council position on the ICO Board should be upgraded to a voting role be put forward;
- (iii) that the decision of NHS London on the establishment of the ICO be conveyed to members of the Health Partnerships Overview and Scrutiny Committee as soon as it is known.

8. Respite care services in Brent for people who are carers

Mark Easton (Chief Executive, NHS Brent) gave apologies for absence from Javina Sehgal (Head of Joint Commissioning, NHS Brent) and introduced the report which updated the committee on respite support for people who are carers in Brent.

Questions were asked on the provision made for young carers and on what the average period of respite care was. It was asked whether the provision was made in fixed periods of time or if an allocation was determined which the family group could take as they wished. Mark Easton undertook to ensure members were provided with more information on these two areas.

9. Recommendations to the Planning Committee

Andrew Davies (Policy and Performance Officer) referred to the positive decision of Planning Committee taken on 20 October 2010 regarding the issue of restricting the number of hot food takeaways in close proximity to schools.

RESOLVED:

that the decision of Planning Committee to refer the determination of planning applications for hot food takeaways for consideration as part of the preparation of the Development Management Policies be noted.

10. Recommendations to the Brent Pension Fund Sub-Committee

Andrew Davies (Policy and Performance Officer) referred to the decision of Brent Pension Fund Sub-Committee taken on 30 November 2010 regarding the issue of investments in tobacco firms.

RESOLVED:

that the decision of Brent Pension Fund Sub-Committee to reaffirm the policy of the council of non-political or administrative interference with investment decisions or involvement with companies in which the fund managers have acquired shares on behalf of the fund be noted.

11. Work programme

The following further additions to the work programme were made:

Development of GP commissioning
Establishment of Health and Well Being Board
Briefing on the Public Health White Paper

12. Any Other Urgent Business

None.

13. Date of Next Meeting

It was noted that the next meeting of the Health Partnerships Overview and Scrutiny Committee was scheduled for 16 February 2011.

The Chair wished all those present a happy Christmas.

The meeting closed at 7.15 pm

B OGUNRO
Chair