MINUTES OF THE HEALTH PARTNERSHIPS OVERVIEW AND SCRUTINY COMMITTEE
Tuesday, 20 September 2011 at 7.00 pm

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

Also Present: Councillor R Moher (Lead Member for Adults and Health)

Apologies were received from: Councillors Colwill and R S Patel and Fiona Wise (North West London NHS Hospitals Trust)

1. **Declarations of personal and prejudicial interests**

   None declared.

2. **Minutes of the previous meeting held on 26 July 2011**

   RESOLVED:-

   that the minutes of the previous meeting held on 26 July 2011 be approved as an accurate record of the meeting subject to the following amendments:-

   Add Councillor R Moher as present

   Page 4, paragraph 3, 4th line – replace ‘practices’ with ‘PCTs’.
   Page 4, paragraph 3, 8th line – replace ‘consortia’ with ‘PCTs’.
   Page 8, paragraph 5, 2nd line – delete ‘Brent Local Involvement Network and’

3. **Matters arising (if any)**

   Burnley Practice

   In response to a request from Councillor Hunter for an update, Jo Ohlson (Brent Borough Director, NHS Brent and Harrow) confirmed that the top scoring bidder, Innovision Healthcare, had been approved to operate Burnley Practice as a social enterprise. A business plan was being developed by Innovision Healthcare and the finalised plan that was to be submitted in November 2011 would need approval by the PCT Board. In respect of concerns raised by the Local Medical Committee regarding the bidding process, Jo Ohlson advised that the PCT had responded to these on two occasions and there had been no other representations received since. Staff had been informed of the outcome of the bidding process and the date when this would be publically announced would be confirmed.

Councillor Daly asked for further details with regard to the bidding scoring system and enquired whether existing staff would be subject to TUPE arrangements and sought further information with regard to social enterprises. Councillor Hector sought further details concerning assessment arrangements after social enterprise status had been approved.

In reply, Rob Larkman (Chief Executive, NHS Brent and Harrow) advised Members that the scoring system for bidders was based on best practice guidance and various other stringent tests set out by the Department of Health.

Jo Ohlson confirmed that staff at Burnley Practice would be subject to TUPE arrangements and the existing conditions of their employment would remain, including entitlement to the NHS pension scheme. She explained that organisations wanting to operate as social enterprises needed to go through a national process to demonstrate that they are fit for purpose and require approval from the Department for Health. Social enterprises were subject to contract monitoring like any other provider and the PCT undertook checks to ensure such organisations were fit for purpose and financially viable.

At the request of the Chair, Jo Ohlson agreed to provide a briefing note to Andrew Davies (Policy Officer, Strategy, Partnerships and Improvement) with information on social enterprises.

GP list validation exercise

In reply to Councillor Hunter's request for an update, Jo Ohlson advised that 1,422 patients had been re-registered since 24 June and information could be provided to the committee on a practice by practice basis once this information had been shared internally.

Stag Lane and South Kilburn medical centres

In response to a request for an update from the Chair, Jo Ohlson informed the committee that two Kingsbury practices had been asked to submit proposals to develop new premises as a replacement for the Stag Lane site. Two local practices had similarly been requested to do likewise in respect of South Kilburn.

Health Partnerships Overview and Scrutiny work programme

Rob Larkman agreed to follow up Councillor Daly's request for information in respect of property and land owned by NHS Brent and Harrow.

4. **Organisational futures: Potential merger of Ealing Hospital NHS Trust with The North West London Hospitals NHS Trust**

David Cheesman (North West London NHS Hospitals Trust) introduced the report and explained that the timetable to develop the outline business case had been extended from August to October to allow more time to highlight the benefits of integration and the organisation's vision, as well allowing more time to work with local GPs and other key stakeholders. In addition, NHS London had provided further guidance regarding the level of detail the outline business case required and as a result the financial modelling will be extended to 2015/2016. This would also

allow NHS North West London's Quality, Innovation, Productivity and Prevention plans to be taken into account. It was anticipated that the full business case would be submitted between March and May 2012 with a view to the potential merger taking place between July and October 2012. David Cheesman advised that three deliberation events for local stakeholders had taken place across Brent, Harrow and Ealing, however the numbers attending had been relatively small.

Mansukh Raichura (Chair, Brent Local Involvement Network) added that discussions were taking place with Brent Local Involvement Network (LINk) with regard to how consultation would be undertaken.

During committee discussion, Councillor Daly enquired whether there had been any consideration of other NHS Services in respect of the merger and whether there was a risk of duplication of service. She asked whether an assessment impact on existing Brent Health Services had been undertaken and would any financial difficulties that the Imperial College NHS Trust may be experiencing have any bearing on the situation. Councillor Hunter sought clarification as to whether statutory consultation would be required with regard to any merger proposals.

The Chair asked for further information about the future of Central Middlesex Hospital in light of the potential merger.

In response, David Cheesman advised that Ealing Hospital was particularly strong at providing integrated services and the intention was to provide much closer integration across Ealing, Brent and Harrow. David Cheesman understood that there would be no risk of duplication of services in Brent and there was no intention for medical centres to be competing amongst each other. He confirmed that a statutory consultation was not required as there were no proposals for changes to services, however it was intended to be as open and transparent as possible with regard to the proposed merger. With regard to Central Middlesex Hospital, David Cheesman advised that this was a private finance hospital that was liable for rent payments for the next 30 years and it would continue to operate, although there may be some future changes to the way some services were provided.

Jo Ohlson stated that although both Brent and Ealing provided diabetes services, consideration would be given to ensure the services complemented rather than competed with each other.

Rob Larkman added that the aims of the merger included more integration of services and to improve efficiency and the patient experience across all services. At present, no detailed impact assessment for existing Brent health services had been undertaken.

David Ashley (North West London Hospitals) advised that the merger would present the opportunity to make services more sustainable and accessible. He acknowledged that there was room for improvement in respect of public transport links to health facilities and both the NHS and the council could play a role in encouraging Transport for London (TfL) to look into this.

RESOLVED:-

that the update on the proposed merger between North West London NHS Hospitals Trust and Ealing Hospital Trust be noted.

5. **Paediatric Services at Central Middlesex Hospital**

David Cheesman introduced the report and highlighted the main reasons for the proposal to close the Paediatric Assessment Unit (PAU) at Central Middlesex Hospital. These were because of the reduction in demand at the PAU following the opening of the Urgent Care Centre (UCC), the impact on PAU staff as a result of this and in particular concerns of them becoming de-skilled and the fact that the lack of patients meant that the service could not cover its own costs. David Cheesman referred to the table in the report outlining what services would be provided at Northwick Park Hospital and Central Middlesex Hospital respectively. Members attention was then drawn to the four tests in respect of considering the future of the PAU at Central Middlesex Hospital which focused on clinical evidence base, impact on choice, support from GP commissioners and public and patient engagement. Overall, there was clear clinical evidence in support of decommissioning the PAU. In respect of sickle cell patients, David Cheesman advised that the number of sickle cell patients admitted between March 2011 and September 2011 was quite small, however it was a high priority area. Following discussions with sickle cell patients and their parents, a model was being devised that best suited their needs and GPs' views would also be sought in respect of this. Similarly, a suitable model was being developed in respect of safe guarding. Overall, the impact on choice had been assessed as negligible, whilst there was also sufficient support from GP commissioners.

Faraz Yousufzai (North West London Hospitals Trust) then provided information with regard to test four, public and patient engagement. He explained that an intensive and broad engagement involving a number of organisations had taken place between 1-15 September. It was proposed to close the PAU at the later date of 15 October as opposed to 1 October originally proposed to ensure that sufficient pathways were in place for patients, particularly sickle cell patients. The engagement had shown that there was agreement that changes needed to be made and that the PAU at Central Middlesex Hospital should be decommissioned. Faraz Yousufzai then drew Members' attention to some of the chief concerns raised and North West London Hospitals' response to them.

David Cheesman concluded by confirming that the North West London Hospitals' recommendations were to close the PAU at Central Middlesex Hospital on 15 October 2011, subject to the sign off of critical clinical pathways by clinical leads and GPCE, however the paediatric outpatient service and Brent Sickle Cell service would remain at Central Middlesex Hospital.

During discussion by the committee, Councillor Hunter clarified that at the previous meeting of the committee, Members had deferred from expressing their views regarding whether a formal consultation was required until the report for this meeting had been considered. She acknowledged that there was strong evidence to support closing the PAU at Central Middlesex Hospital, however she enquired how the situation had arisen that funds had been spent on setting up the PAU, only for it to close a year after it had opened due to the success of the UCC that had opened in April 2011.

Councillor Daly commented that transport links for patients in the south of the borough were not particularly good which raised equality impact issues and she asked what measures had been undertaken to improve transport. With regard to the internal transport service, she enquired whether this was also available to visiting families of patients. Councillor Daly suggested that the overall impact to the proposals needed to be considered further and should obtain the views of patients and their carers from the south of the borough, whilst equalities issues should also be monitored. She stressed the need to provide good access to the sickle cell service for all patients in the borough.

Councillor Beck advised that TfL were in contract renewal discussions in respect of the R2 bus route and were undertaking engagement with stakeholders. He enquired whether North West London Hospitals' Trust had submitted any views in respect of this.

The Chair requested that information be provided to the committee at the next meeting with regard to the impact on accessibility for patients, especially in respect of sickle cell provision. She enquired whether the staff at Northwick Park Hospital was sufficient in both numbers and experience to deal with sickle cell patients and also in respect of mental health to support both patients and their families. Confirmation was sought that all the critical clinical pathways would be in place by 16 October 2011 and she stressed the importance of effective communication to ensure this. In respect of the R2 bus route, she suggested that this be referred to the Highways Committee for consideration.

In reply to the issues raised, David Cheesman explained that when the UCC opened, it was not envisaged that it would be so successful and there were other UCCs that had not experienced anywhere near similar levels of success. The PAU's costs were also significant, however it was receiving a relatively small number of patients. David Cheesman confirmed that North West London Hospitals provided an internal transport service for patients and this received positive feedback. In respect of non-ambulance transport, a mini bus service had initially been offered to patients' families but as there had been low take-up of this service, they could now access a taxi service that operated between Central Middlesex Hospital and Northwick Park Hospital. David Cheesman stated that the views of patients and their carers in the south part of the Borough could be sought and that this be reported back at the next meeting. He confirmed that there was sufficient staff receiving training with regard to the needs of sickle cell patients and that the clinical pathways would be in place by 16 October and Brent LINk and the committee would be informed of these.

Jo Ohlson advised that when the PAU was proposed at Central Middlesex Hospital, it was part of a London-wide exercise to increase paediatric services across the city and it anticipated that it would receive considerably more visitors than was experiencing. The UCC proposal had been a local initiative and had received far more patients than had been anticipated. Issues regarding sickle cell patients and safeguarding had been picked up and North West London Hospitals would continue to be centres of excellence in sickle cell services. Every effort would be made to ensure that there was easy access to services and to promote choices for patients. It was acknowledged that there was a gap in respect of mental health provision at Northwick Park Hospital, however discussions were taking place with Brent CAMHS to address this.

RESOLVED:-

(i) that the North West London Hospitals' proposals to decommission the Paediatric Assessment Unit at Central Middlesex Hospital from 15 October 2011, subject to the agreement and sign off of the critical pathways by clinical leads and GPCE, be supported; and

(ii) that the proposal that the paediatric outpatient service and Brent Sickle Cell service remain at Central Middlesex Hospital be supported.

6. **North West London Hospitals NHS Trust Maternity Services Update**

Trixie McAree (North West London Hospitals Trust) introduced the item and advised that the Trust Maternity Services had reviewed three reports, these being the Centre for Maternal and Child Enquiries (CMACE) 'saving mothers' lives' 2011, the CMACE 2011 'a review of maternal deaths in London January 2009 to June 2010 and the CMACE London maternal death review Trust specific feedback report January 2009 to June 2010. The reports outlined 19 recommendations and the Trust had benchmarked a positive achievement of 79% compliance. Two areas of non-compliance included provision of pre-pregnancy counselling and consultant obstetricians and clinical leadership. There had also been three areas of partial compliance, these being women with potentially serious medical conditions requiring immediate and appropriate multidisciplinary specialist care, training in recognition and management of the sick and/or deteriorating woman and interpretation services. Members noted the on-going actions to improve compliance with the recommendations.

During discussion, Councillor Daly sought details with regard to midwifery staffing levels and she emphasised the need for tertiary action in respect of pregnant patients who had pre-existing conditions and to have a joined-up approach. Further information was sought on what action was being taken in respect of recommendation four of the CMACE report with regard to women with potentially serious medical conditions requiring immediate and appropriate multidisciplinary specialist care. Councillor Hunter asked what steps were being taken to increase availability of pre-pregnancy counselling and stated that diagnostic services for patients who are 12 weeks pregnant were very important.

The Chair commented that it would be beneficial if chemist shops had a private room available to provide contraceptives and sexual health advice. She sought information regarding the measures taken to ensure that agency staff received the appropriate training and what services were available for anaemic patients.

In reply to the issues raised, Trixie McAree confirmed that pre-pregnancy counselling was directed at those who had medical conditions which potentially could complicate matters should a patient become pregnant. Managing treatment of patients commenced as soon as it was known that they were pregnant. A team of specialist midwives served both Brent and Harrow and whilst use of agency staff was low, any appointed received the necessary training, including an explanation of the relevant guidelines and an orientation process undertaken. All patients were monitored throughout their pregnancy and this would include checking for anaemia

and patients were encouraged to ensure that their vitamin D intake was sufficient. It was noted that chemists offer free contraceptives.

Jo Ohlson acknowledged that more could be done to signpost patients to the relevant services with regard to pre-pregnancy counselling. Prakash Chatham added that a protocol was in place regarding patient planning during their pregnancy and included monitoring of various matter in blood levels, such as folic acid, and dietary concerns.

RESOLVED:-

(i) that the benchmarked position for Maternity Services in August 2011 against national and pan London reports which demonstrates high levels of compliance overall at 79% be noted; and

(ii) that the ongoing actions to improve compliance with the recommendations be noted.

7. **Brent Joint Strategic Needs Assessment**

Imran Choudhary (Public Health Consultant, NHS Brent) gave a presentation on this item and explained that since 2007 it had been a statutory duty for local authorities and the local NHS to work together on strategic planning to improve health and wellbeing and to tackle health inequalities. The Brent Joint Strategic Needs Assessment (JSNA) provided analysis and evidence and informed Health and Wellbeing board on a health and wellbeing strategy. The committee noted the processes involved in producing the needs assessment and the scope involved, including the key topic areas. Imran Choudhary advised that the draft consultation for the strategy was due to be carried out in October 2011 and would include engagement with stakeholders, groups and individuals to attain their overall view of the JSNA to consider specifically whether any key issues had been omitted from the briefs.

Mansukh Raichura commented that consultation should be undertaken prior to the development of a strategy. Councillor Hunter referred to the JSNA's scope and stated that sexual health could be seen as a positive element and did not necessarily relate to sexual diseases. Councillor Daly felt that inclusion of sickle cell was not a public health matter as such in that it was an inherent condition and she suggested that a more self-challenging approach should be taken to public health rather than referring to a specific list.

The Chair suggested that if the draft JSNA was made available in October 2011, this would give sufficient time for Members to consider at the committee meeting on 29 November 2011. She emphasised the importance of the JSNA to ensure provision and pathways benefitted the community as well as making necessary savings.

In response, Imran Choudhary advised that JSNA was highlighting key issues, some of which may change as a result of the review and it would not produce an overall strategy. It also looked at protecting vulnerable groups and this is why sickle cell was included as a key issue. Members heard that it was intended to

increase the frequency of refreshes of JSNA which were currently undertaken every three years.

Councillor R Moher (Lead Member for Adults and Health) added that JSNA was carrying forward work that had been identified and that the Shadow Health and Wellbeing Board was a major driver for considering public health matters. Although the Board was in its infancy, it was a work in progress and would be looking to help shape the future of public health provision.

Andrew Davies advised that once the JSNA was complete work would begin on the health and wellbeing strategy. There would be further public engagement as part of the development of the strategy.

8. **Brent Local Involvement Network Annual Report 2010/11**

Manuskh Raichura introduced the report and explained that Brent LINk was an independent network comprising of individuals, community groups, voluntary sector organisations and local businesses working together to improve local health and adult social care services in Brent. Brent LINk was steered by a Management Committee and four action groups covering adult social care, primary and community care, mental health and hospital based issues and it had held its last annual general meeting in October 2010. Members noted that the report included case studies that demonstrated how Brent LINk had made an impact through action, including the Brent LINk Wellbeing Event held in August 2010. Mansukh Raichura concluded that Brent LINk would continue to provide the local community with a voice on health matters.

Colin Babb (Brent LINk) added that Brent LINk were working closely with the Care Quality Commission (CQC) and Health Watch and would continue to be led by the Management Committee. He informed Members that Brent LINk had organised a mental health event at Willesden Green Library on 22 September 2011 and he would provide further details of this to Andrew Davies. The 2011 annual general meeting was to take place on 18 October 2011.

Councillor Daly commented on the high quality of the report and the committee concurred with this.

9. **GP Commissioning Consortia Update**

Jo Ohlson updated the committee on GP Commissioning Consortia and advised that the Government had produced draft guidance for comments. The Clinical Commissioning Group was in discussion with the five sub-groups over their responsibilities and patients were also being involved at sub-group level. Members heard that a Clinical Commissioning Group Executive and a Shadow Board was also to be established. Efforts would continue to work with the council and its partners on Brent issues. In respect of patients, it was noted that they did not always attend the practices closest to them, whilst the geographical divide in terms of the clusters was artificial to some extent.

Councillor Ogunro commented that health facilities in South Kilburn had been neglected and he sought information on what action was to be taken on this. In reply, Jo Ohlson advised that the only centre available in the area at the moment

was in Kilburn Square and although other sites were also being sought, the ability to fund such health community centres was very limited.

10. Health and Wellbeing Board Update

Andrew Davies advised that the Health and Wellbeing Shadow Board had not met since the last committee meeting, although the next Board meeting was due to take place on 5 October 2011. Work continued on the Board's terms of reference and the Health and Wellbeing Board strategy was also being developed. The committee noted that the Board was due to become a formal body in April 2012 and a more detailed update would be provided at the next meeting of the committee.

11. Health Partnerships Overview and Scrutiny work programme

The Chair requested that TB and social enterprises for GP practices be added to the work programme.

Councillor Daly commented that cuts to the Integrated Care Organisation should be a standing item in the work programme. Andrew Davies replied that information on this would be included in the Integrated Care Organisation report going to the committee on the 29 November 2011.

12. Any Other Urgent Business

GP practice funding

Councillor Hunter commented that a recent Freedom of Information request had revealed large variations in funding per patient amongst practices in Brent, with one practice being at less than £60 per patient and another over £120 per patient against a national average of £79. She stated that she was surprised by these findings and sought reasons for this.

In reply, Jo Ohlson explained that various types of contracts existed for practices and stated that the General Medical Services was £65 per patient and around £75 per patient for an Alternative Provider Medical Services contract. A Personal Medical Services contract provided extended services and would have a higher patient per head cost, whilst other contracts could be influenced by issues such as deprivation and ethnicity. Jo Ohlson advised that a new national directive from the Government was awaited in respect of this and it was anticipated that a single contract may be put in place where every practice would be set the same rate.

Health Partnerships Overview and Scrutiny Committee, 29 November 2011

The Chair confirmed that a pre-meeting would take place at 6.30 pm prior to the next committee meeting on 29 November 2011.

13. Date of Next Meeting

It was noted that the next meeting of the Health Partnerships Overview and Scrutiny Committee was scheduled for Tuesday, 29 November 2011 at 7.00 pm.

The meeting closed at 9.30 pm

S KABIR
Chair