MINUTES OF THE HEALTH PARTNERSHIPS OVERVIEW AND SCRUTINY COMMITTEE
Tuesday, 29 November 2011 at 7.00 pm

PRESENT: Councillor Kabir (Chair), Councillor Hunter (Vice-Chair) and Councillors Baker (alternate for Councillor Colwill), Cheese (alternate for Councillor Beck), Daly, Ogunro and RS Patel

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

An apology for absence was received from: Councillor Hector

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

None declared.

2. **Minutes of the previous meeting held on 20 September 2011**

RESOLVED:-

that the minutes of the previous meeting held on 20 September 2011 be approved as an accurate record of the meeting.

3. **Matters arising**

GP list validation exercise

Councillor Hunter acknowledged that information on the GP list validation exercise broken down per practice had been provided. However, whilst the overall average percentage of return was within 6%, the Wembley Park Drive Medical Centre was around 60% and she sought reasons for this. In reply, Jo Ohlson (Brent Borough Director, NHS Brent and Harrow) stated that this could be for a number of reasons, which may include patients not having visited the practice for a long time, or difficulties in being able to contact patients. She added that further information from Wembley Park Drive Medical Centre could be sought.

Paediatric Services at Central Middlesex Hospital

Councillor Hunter sought feedback with regard to patients' views on accessibility with regard to the sickle cell service and whether there had been any progress concerning improving transport links. David Cheesman (North West London NHS Hospitals Trust) advised that questionnaires regarding the sickle cell service had been distributed and the results would be fed back to committee and to he Mayor of London. Dialogue with the Mayor of London continued with regard to seeking improvements in public transport to the site.

North West London Hospitals NHS Trust and social enterprises

The Chair confirmed that briefing notes in respect of North West London Hospitals NHS Trust property proposals and on social enterprises had been received.

4. **Ealing Hospital Trust Integrated Care Organisation six month progress report**

Julie Lowe (Chief Executive, Ealing Hospital Trust) introduced the report and stated that the organisation was focusing on providing effective management of community services. Three community service directors had been appointed in April to oversee the operational development and strategic development of more integrated community services in Brent, Ealing and Harrow. The Integrated Care Organisation (ICO) was also working in close partnership with the council in respect of safeguarding. Members noted that the OFSTED safeguarding inspection report was now publically available and that the backlog of assessments for looked after children had been completed.

During Members' discussion, Councillor Daly enquired on the number of vacancies within senior management and had the appropriate risk assessments been undertaken. In light of the OFSTED health assessments, she enquired whether there were plans in place to improve health delivery for looked after children. Councillor Hunter asked if there any moves to ensure council representation on the ICO. The Chair acknowledged that the ICO would be taking on extra responsibilities and asked whether it had sufficient capacity and the necessary specialised equipment to do so.

In reply, Julie Lowe advised that the ICO was now an NHS organisation and that council observer status could be provided but this would not include voting rights on the board. She stated that staff resources had increased to take on the extra duties and staff transfers may also take place. It was noted that there were presently eight vacancies within senior management, however it was felt that by March 2012, these positions were likely to be filled or suitable candidates chosen. Efforts were being made to ensure that the relevant specialist equipment was in place and it was noted that the ICO had been commissioned by NHS Brent. Julie Lowe stated that community services across the three boroughs would be provided according to which areas were in most need of a particular service. The committee noted that a risk assessment had been undertaken, including in relation to child protection and the relevant care groups. Since the OFSTED health assessment, plans were being put in place to improve delivery for looked after children.

Councillor R Moher (Lead Member for Adults and Health) advised that observer status on the ICO board was yet to be offered to the council.

RESOLVED:-

that the Ealing Hospital Trust Integrated Care Organisation six month progress report be noted.

5. **Plans for the future of North West London NHS Hospitals Trust and Ealing Hospital Trust**

Simon Crawford (SRO, Organisational Futures Project) presented this item and confirmed that the outline business case for the plans had been produced following the outline strategy that had been set out in May. Although the plans included the merger of two health trusts, there were no proposals to make major changes to services. The plans followed on from a high level appraisal conducted last year which sought to explore the potential of a merger. The committee heard that the proposed merger would lead to the one of the largest integrated care services in the country and would ensure the availability of 24/7 care, better use of resources and access to equipment. Simon Crawford drew Members to the key four chapters in the report, including the commissioning strategy in North West London, the implications for the two trusts, the clinical vision for a combined organisation and the financial evaluation. He stated that under the current arrangements, Ealing Hospital Trust struggled to provide some specialist treatment, whilst North West London NHS Hospitals Trust had some issues in respect of emergency surgery. It was felt that the integration of the two trusts would address these issues and help gain foundation trust status.

Simon Crawford acknowledged that the landscape of healthcare was changing and appendix B of the report set out some potential scenarios for service change. The current proposals were to be presented to Brent Local Involvement Network (LINk) on 12 December. The next stage was to submit a final business case and more work on financial details and capital assessments were required before this could be achieved. Following this, the decision to merge would be taken in June 2012, with implementation happening from July 2012.

Mansukh Raichura (Chair, Brent LINk) was invited to comment and he stated that a public meeting involving service users was needed to gain their views and provide feedback.

During discussion by committee, the Chair advised that a joint meeting of the chairs and vice chairs of the Brent, Ealing and Harrow health scrutiny committees and the relevant staff was to be arranged to discuss the proposals in detail and she suggested that this should take place in January 2012. Councillor Cheese sought information on how the merger would benefit patients, particularly those in south Brent and expressed concern that changing locations of services could mean greater journey times for some patients. Councillor Hunter commented that clarification should be sought as to what services changes patients may expect from the merger during the joint health scrutiny committees meeting. She queried why a management level merger had been approved without public consultation and felt that the merger would inevitably lead to changes to services to at least some degree. Councillor Daly asked whether details of an equality impact assessment (EIA) could be provided at the joint health scrutiny committees meeting and suggested that the merger could lead to a monopoly in healthcare provision which, again, may raise equality issues. She added that some services needed to be accessed locally and that this too needed to be considered in the context of equality issues.

In response to the issues raised, Simon Crawford confirmed that he would be happy to organise a public meeting with service users and to prepare an evaluation of the services that would be provided. He stated that the integrated care agenda being pursued would provide a greater benefit for patients and schemes such as Brent STARRS were helping to improve services. Simon Crawford advised that any service change would be as a result of NHS commissioning plans regardless of whether the merger materialised. Furthermore, no formal consultation with regard to the management merger was necessary as this would not have a major impact on delivery of service, however consultation had taken place with Brent LINk in accordance with the NHS Act 2006. The committee noted that any service changes would be subject to an EIA, whilst equality issues had already been taken into account in respect of the merger. The Co-operation and Competition Panel was currently reviewing the outline business case to assess any potential effects on patient access and choice.

Professor Rory Shaw (Medical Director) added that services would benefit from continuing improvements to medicines and a larger trust would be more capable of providing 24/7 services and that ensuring the patient went to a location with the appropriately qualified staff and facilities was the key to providing better services.

The Chair requested that information on any areas of particular concern and an explanation of what are the benefits of being a foundation trust be presented at the January meeting of the chairs and vice chairs of Brent, Ealing and Harrow health scrutiny committees.

6. **Accident and Emergency Services at Central Middlesex Hospital**

Peter Coles (Interim Chief Executive, North West London NHS Hospitals Trust) introduced the item and referred Members to the letter from North West London NHS Hospitals Trust confirming that the Accident and Emergency (A and E) Services at Central Middlesex Hospital are to close overnight as of 14 November. He stated that this was a temporary closure made to ensure patient safety and to maintain quality of service. The closure was subject to an external review from NHS London and Peter Coles acknowledged that concerns had been raised with regard to lack of notice, however safety issues had necessitated the decision to be made swiftly.

Professor Rory Shaw added that a lot of patients arriving at A and E at night could be looked after by on-site GPs at the Urgent Care Centre (UCC), whilst there had also been a very significant reduction in patients attending A and E, particularly at night time. There was also not enough work in A and E for trainees to gain the necessary experience and it was becoming increasingly hard to find weekend and evening staff to cover. As a result, the committee heard that 40% of costs were on agency staff, with this rising to 85% at weekends in A and E and even then agency staff were becoming increasingly difficult to obtain which raised the risk of having to close the A and E ward at short notice. This had led to London NHS, the strategic authority, to recommend the temporary closure of the A and E ward whilst the situation was reviewed.

During discussion, Councillor Ogunro enquired how service standards would be maintained if there was a serious accident on a large scale in the area during the night. Councillor Cheese sought further details as to why patient numbers at A and

E had dropped so significantly and on the difficulties of acquiring staff at night time and weekends. Councillor Daly requested more details with regard to patient numbers at the UCC and what would be the impact of the changes on the Ambulance Service. In addition, she felt that the move raised equality issues, especially with regard to ill children and she asked if an EIA had been undertaken. She also sought views as to whether the GPs would be able to treat those requiring specialist services. Councillor Hunter stated that she could understand the clinical reasons concerning the A and E closure, however in view that the letter was sent on 4 November, she expressed surprise that it was not mentioned at the Hospital Trust Board meeting on 2 November.

The Chair expressed surprise that staff could refuse to work in A and E at night time and during weekends in view that an emergency service was being provided. She also expressed disappointment that the A and E closure had not been communicated at an earlier stage and commented that such a failure could affect the hospital's image.

In reply, Dr Rory Shaw confirmed that appropriately qualified GPs were available 24/7 at the UCC, whilst acute physicians were also in attendance. GPs would determine whether patients could be treated at the hospital and if the specialist treatment required was not available, they would arrange the appropriate transfer to another suitable site. The UCC had proven to be a big success and was largely responsible for the reduction in patients to A and E. Dr Rory Shaw explained that the hospital had previously thought that it could identify staff to work at the A and E, however he accepted that communication on the decision could have been made earlier. Members heard that the ambulance service had not expressed any concern about the proposals.

David Cheesman (Director of Strategy, North West London NHS Hospitals Trust) added that soon after the UCC had opened, there had also been a dramatic reduction of admissions to the Paediatric Assessment Unit (PAU) which had also been closed for the similar reasons. He advised that around 90% of all child patients at Central Middlesex Hospital were treated in the UCC.

7. Mental Health Rehabilitation Provision in Brent

Robyn Doran (Director of Operations, Central and North West London Foundation Trust) introduced the report and advised that there had been a healthcare needs assessment undertaken for the in-patients of Fairfield House and Rosedale Court with discussions taking place between patients, their carers and staff. Around 22 of the existing in-patients were to be moved to more appropriate levels of care, whilst the remaining patients would be moved from Fairfield House to Rosedale Court as this was a better, more modern facility for active rehabilitation recovery model style care. Members noted that this was a needs based programme being developed to improve health and wellbeing outcomes and was yet to be approved by the Central and North West London Foundation Trust Board. The committee heard that there was a great diversity of care needs in each unit and the impact and risks as set out in the report were noted. Robyn Doran advised that the anticipated financial impact to the local authority for the five patients being placed in supported care was approximately £182k per year.

Chris George (Advocate) was invited to address the committee. Chris George acknowledged the shortcomings at Fairfield House including the fact that the facilities were outdated and he broadly welcomed the proposals. However, he expressed concerns about the consultation with service users, whilst the transition arrangements were also going to be difficult and complex. He stressed that arrangements for each patient must be decided on an individual basis as the needs of each varied considerably, with some of a challenging nature and careful planning would be required.

In response, Sarah Mansuralli (Deputy Borough Director, NHS Brent) advised that a risk assessment framework had been devised and engagement with all relevant stakeholders was taking place. The risk assessment framework also addressed transitional planning and it was acknowledged that extensive consultation would be required.

Councillor R Moher sought further details concerning the timescale of the programme. She commented that Fairfield House had a very traditional, institutionalised feel to it with large mix of patients with different needs and that it was not the most suitable facility for some of them. However, there was some concern amongst both patients and carers at the speed of which the changes may be made.

During discussion by Members, Councillor Hunter stressed the importance of consulting at an early stage and she enquired whether the budget estimates for the five patients to be placed in supported care were realistic. Councillor Cheese commented that a number of patients would be reluctant to change and that careful planning was needed to address this. The Chair sought views as to whether supported housing would be available and be accepted by the users where this type of care would be proposed and she asked whether committee members could visit Fairfield House.

In reply to the issues raised, Robyn Doran advised that the next stage of the programme involved a six months consultation and it was envisaged that the next report to the committee would be presented around June 2012. Organisations would be approached with regard to the possibility of some users being placed in supported housing. She acknowledged that consultation could have begun at an earlier stage and welcomed Members to visit Fairfield House.

Alison Elliott (Director of Adult Social Care) advised that the council would work extensively with Central and North West London Foundation Trust and Brent NHS to ensure the most appropriate outcome for each patient and she indicated that the council should have been consulted earlier. She also informed the committee that there were also budgetary considerations for the council and this would present certain challenges.

RESOLVED:-

(i) that the progression of the proposal to improve patient care through a standard needs based assessment and placement process be noted; and

(ii) that the subsequent but temporary closure of Fairfield House be approved, subject to the approval of the Central and North West London Foundation

Trust's Council of Members and Board, pending a thorough options appraisal to determine its future use.

8. **Access to GP Services in Brent**

Jo Ohlson referred briefly to the report updating the committee on GP access and invited Members to ask any questions or seek clarification of any issues.

Councillor Hunter noted the large variations recorded in the report's results and asked what steps were being taken to address this. She emphasised that access and patient experience was very important and the role of receptionists, for example, was crucial. Councillor Cheese felt that an external organisation should be responsible for inspecting surgeries. The Chair commented that it was hoped that services would continue to improve, particularly in relation to patient access.

In reply, Ethie Kong (GP) advised that practices were challenged to improve themselves through peer review undertaken by each consortium. From this, practices could learn examples of best practice from each other. Consortiums were also looking at developing the appropriate services across the area covered and an example of this was the piloting of free health checks in Harlesden which was now to be launched across Brent. The timing of offering services was also being considered and services that could not be provided by an individual surgery would be provided collectively. Training was also being organised to focus on particular areas such as customer service. In Wembley, the ACE programme had helped to improve the appointments service results by 33% and all practices now had extended hours. Members also heard that a text messaging service was also available.

RESOLVED:-

that the report on the access to GP services in Brent be noted.

9. **GP Commissioning Consortia update**

It was noted that this item would be discussed at a future meeting of the committee.

10. **JSNA consultation**

Imran Choudhary (Consultant, Public Health Medicine, NHS Brent) gave a presentation on the Joint Strategic Needs Assessment (JSNA) consultation, explaining that the aims of the assessment included improving health and wellbeing and tackling health inequalities. The JSNA would involve compiling evidence to feed into key issues that would help shape the priorities of the Health and Wellbeing strategy. Members noted the particular characteristics of Brent's population regarding age, ethnicity and mental and physical health issues. The JSNA was due to be launched on the internet in the first week of December 2011 for consultation over the next two months, whilst a series of public presentations would also be undertaken.

Mansukh Raichura was invited to address the committee and enquired whether the TB programme would be commissioned on a London-wide basis, what input would

Brent provide and what resources would be available. He stressed the need for extensive public consultation on the JSNA to take place.

During Members' discussion, Councillor Cheese sought an explanation for the increase in TB cases and was sufficient care being provided. Councillor Hunter felt that there needed to be more ways of consulting with regard to the JSNA in addition to the internet. Mental health was a big concern in Brent, whilst female genital mutilation was also an issue. Councillor Daly suggested that JSNA could also be presented at the Area Consultative Forums, whilst every effort should be made to look at the broader picture.

In reply, Imran Choudhary advised that TB had been on the increase since the 1980s, particularly amongst black and minority ethnic groups. The reasons could be attributed to a number of factors, including lifestyle, state of health and long working hours. Action was being taken to help those with TB and reduce any stigma attached to the condition and new immigrants were being screened for TB. It was noted that the TB programme was likely to be London-wide, however work also needed to be undertaken locally, whilst the London model would direct the service overall. With regard to consultation, Imran Choudhary explained that the JSNA would be taking on board the responses received which would then feed into the Health and Wellbeing strategy which would also be subject to a further consultation.

Andrew Davies (Policy and Performance Officer, Strategy, Partnerships and Improvement) advised that there would be detailed briefs of both the JSNA and the Health and Wellbeing strategy. The JSNA document had around 30 chapters and the consultation would seek to identify what areas were of most interest and of highest priority. The JSNA would also be presented to the Shadow Health and Wellbeing Board. Phil Newby (Director of Strategy, Partnerships and Improvement) added that the JSNA would be bought back at the 7 February 2012 meeting where there could be further discussion to contribute to the JSNA consultation.

11. **Health and Wellbeing Board update**

Andrew Davies provided an update with regard to the Shadow Health and Wellbeing Board which was meeting on 21 December 2011 to discuss the process involved in delivering the Health and Wellbeing strategy, including the consultation that was to be undertaken. The strategy would build from the JSNA and efforts would be made to ensure the language used would be clearly understood by the general public.

Councillor Hunter stated that representation from opposition political groups on the Health and Wellbeing Board was common with other local authorities and this should also be the case for Brent. The Chair commented that feedback in respect of the JSNA and the Health and Wellbeing strategy was provided at the One Community, Many Voices event on 10 October 2011.

The suggestion with regard to opposition political group representation on the Health and Wellbeing Board was noted and the committee heard that clarification of this would be sought.

12. **Health Partnerships Overview and Scrutiny Committee work programme and feedback from the One Community, Many Voices event**

The Chair reminded Members to send any suggestions for the work programme to Andrew Davies. She then drew Members' attention to the feedback from the One Community, Many Voices event and commented that valuable feedback had been received.

13. **Date of next meeting**

It was noted that the next meeting of the Health Partnerships Overview and Scrutiny Committee was scheduled to take place on Tuesday, 7 February 2012 at 7.00 pm. The Chair added that a pre-meeting would take place at 6.30 pm.

14. **Any other urgent business**

Progress report on the proposed closure of the paediatric assessment unit at Central Middlesex Hospital

The committee noted an update with regard to this item that was circulated at the meeting.

The meeting closed at 9.45 pm

S KABIR
Chair