MINUTES OF THE HEALTH PARTNERSHIPS OVERVIEW AND SCRUTINY COMMITTEE
Tuesday 27 March 2012 at 7.00 pm

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

Also Present: Councillors John (Leader of the Council) and R Moher (Lead Member for Adults and Health)

Apologies were received from: Councillors Colwill, Hector and RS Patel

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

   Councillor Daly declared an interest as a health visitor in relation to item 12, 'Recruitment of health visitors in Brent', however, as she did not work for an organisation in Brent, she did not regard the interest as prejudicial and remained present for this item.

2. **Minutes of the previous meeting held on 7 February 2012**

   RESOLVED:-

   that the minutes of the previous meeting held on 7 February 2012 be approved as an accurate record of the meeting, subject to the following amendments:-

   6th line, 4th paragraph, page 5 – replace 'Members heard' with 'Abukar Awale alleged'
   2nd line, 6th paragraph, page 6 – after 'mental health centres' add 'in West London' and add 'direct' before 'contributor'.

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

   Khat task group – final report

   The Chair confirmed that the Executive had endorsed the Khat task group's final report at its meeting held on 12 March 2012.

4. **Health services for people with Learning Disabilities - A report from Brent MENCAP**

   Ann O'Neil (Brent MENCAP) introduced the item and stated that changes to health services would impact significantly upon those with learning disabilities and considerable health inequalities existed. She advised that the number with learning disabilities was increasing, particularly those with profound disabilities. Ann O'Neil

informed the committee that she had undertaken a piece of work with the council three years previously focusing on those with learning disabilities' health needs and a council funded health action project had operated last year which acted as a catalyst for raising relevant issues, such as the need for learning disability nurses. As a result, two local acute learning disability nurses were to be appointed. She stressed the importance of ensuring that both the council and NHS Brent remained accountable to learning disability needs and suggested that a focus group be created involving both patients and their carers. Members heard that a recent national report had referred to there being 74 people with learning disabilities who had died through lack of care and this number would continue to rise if the appropriate measures were not in place. However, Ann O'Neil added that no deaths attributed to lack of care had been recorded in Brent.

Claudia Feldner (Brent MENCAP) then informed the committee about the GP training on learning disability awareness that had been undertaken. She advised that 104 people had attended the training and there had also been a shorter workshop that had been attended by 30 GPs. Claudia Feldner commented that most felt that they had benefitted from the training and that it had provided a theoretical background as to how to improve communications between staff and people with learning disability. Staff had indicated that they felt that further training should be provided, whilst others had expressed interest in attending training, but had been unable to due to being unable to get the necessary time away from their post. The acute sector had adopted an action plan to undertake a number of measures to improve the healthcare experience for those with learning disabilities, including improved signage and it had also been suggested that 'hospital passports' be introduced. Brent MENCAP had also participated in Obesity Strategy Group meetings to advise on the learning disability element. Furthermore, Brent MENCAP would also be encouraging those with learning disabilities to take a greater part in consultation and to contribute to the Joint Strategic Needs Assessment (JSNA). Claudia Feldner advised that Brent MENCAP had received funding to help with the Annual Health Check Day.

Ann O'Neil then suggested that the committee closely monitor changes, particularly in respect of learning disability nurses and the role of acute liaison officers. She felt that the action plan should be reported to the committee on an annual basis and there should be an active programme to promote learning disability awareness.

During Members' discussion, Councillor Daly asked if the regulator had expressed views on the health provision for those with learning disabilities and had their homes been inspected. Councillor Hunter welcomed the report and referred to a health day event for the Somalian community that had taken place the previous week that had raised a number of overlapping issues that were also faced by those with learning disabilities, such as communication and signage. She felt that training on this issue should continue as it had been a useful experience and that councillors would also benefit from such training. Councillor Cheese asked if the hospital passport system could be expanded. The Chair commented that in respect of council responsibility, there was a need for the Health and Wellbeing Board to acknowledge the needs of those with learning disabilities who would need additional care.

In reply, Ann O'Neil confirmed that Brent MENCAP were not subject to an assessment from the regulator and commented that there was a general lack of

awareness on learning disability issues, with GPs sometimes uncertain who to refer patients with a specific learning disability to. She stated that Brent MENCAP could offer training in areas of learning disability, such as autism. Members noted that Brent MENCAP had agreed with NHS Brent that another health day for those with disabilities be undertaken.

Claudia Feldner advised that there were funding limitations in respect of expanding the hospital passports system and there would also be issues to consider such as who would be responsible for printing the passports.

Jo Ohlson (Brent Borough Director, NHS Brent and Harrow) added that NHS Brent was responsible for some patients placed outside the borough and all the appropriate spot checks and safeguarding measures had been assessed as sound, however she agreed that monitoring should continue to ensure the appropriate safeguarding measures were in place. The committee noted that some inspections of homes of those with learning disabilities had been undertaken and she was not aware that any issues had arisen from this.

The Chair requested that a report be presented to the committee in around six months' time advising how many staff had received learning disability awareness training and what improvements had taken place in respect of signage in health facilities.

5. **Planned Care Initiative**

Jo Ohlson introduced the item and explained that the purpose of the initiative was to outline how planned care outside of hospitals would function in future. The main focus of the initiative was to re-commission some outpatient services to be provided within the community through a phased process involving procurement through competitive dialogue. Thirteen specialities had been identified, of which a primary one was cardiology and it was envisaged that £1.8m savings could be achieved through such a move which would allow more funds to be reinvested into community facilities. Jo Ohlson advised that once it had been identified what services would be proposed to be provided within the community, a consultation would be undertaken with a view to delivering the services in the community by the autumn.

Councillor Hunter sought a further explanation of the term competitive dialogue and whether Members would be involved in the consultation. Councillor Daly enquired why a procurement exercise was necessary and whether there was any information on what organisations were interested in delivering community services. She sought confirmation that an equality impact assessment (EIA) was taking place and if so who was conducting it and what were the costs involved. With regard to cardiology and ophthalmology, Councillor Daly commented that as these were acute services, what steps would be taken to ensure quality of service was maintained. The Chair asked if patient input would be discussed with potential providers at any stage.

In reply, Jo Ohlson explained that a competitive dialogue involved inviting bids through a process of advertising what services it was proposed to provide in the community and offering dialogue with potential bidders to discuss how this would be provided. To date a variety of providers had expressed an interest, with 24

expressing an interest in respect of cardiology and 15 for ophthalmology. A number were local acute organisations and others were private providers. The next stage would involve compiling a delivery specification based on the discussions that had taken place, followed by streamlining the providers still in contention prior to entering the formal procurement process. Consultation, including with this committee, would also be undertaken in respect of drawing up the specification of service. Jo Ohlson explained that conducting a procurement exercise would help to reduce costs whilst improving services and she confirmed that an EIA was being undertaken by NHS Brent in conjunction with consultants PPL. Members heard that it was anticipated that there would be fewer acute services in hospitals. Jo Ohlson stated that NHS Brent was the first to undertake such an exercise, however all eight north west London boroughs would be following suit. NHS Brent would decide whether to continue with the initiative, and if so, to go ahead and appoint providers. The £1.8m savings would contribute to the £12m savings required next year.

Rob Larkman (Chief Executive, NHS Brent and Harrow) added that the main objectives in hospitals were to maintain safe and sustainable services, whilst the planned care initiative was part of a wider programme to provide better services and value for money. Alison Elliott (Director of Adult Social Care) advised Members that it would be commercially inappropriate to provide the list of providers expressing an interest in running services at this stage.

Ethie Kong (Brent GP) stated that the planned care initiative was part of the overall North West London Hospitals Trust strategy and would involve partnerships with a range of organisations.

Councillor R Moher (Lead Member for Adults and Health) commented that it was important that the council be consulted at an early stage where far reaching changes were being proposed and she welcomed NHS Brent's early timing of their presentation to the committee.

The Chair thanked NHS Brent for their report and she requested that Members be updated on progress at the next meeting in order that they could provide some input into the process.

6. **Waiting list information**

Jo Ohlson introduced the report and explained that the 18 weeks target had been changed in 2011/12 to that of 95% of patients to be seen in outpatients within 18.3 weeks and 95% of patients overall to be seen within 23 weeks. To date, 95% of Brent patients had received treatment after referral within 23.84 weeks. Members noted the waiting times overall for incomplete pathways for patients still waiting for treatment had dropped which was an encouraging trend and overall waiting times remained within target. The rise in waiting times for inpatients, however would continue to be monitored to consider what measures may be need to be undertaken. Jo Ohlson stated that she could provide information by speciality to Andrew Davies (Performance and Policy Officer, Strategy, Partnerships and Improvement).

Councillor Daly sought further explanation with regard to waiting list times increasing and asked for a comparison of waiting times both before and after the

closure of the Accident and Emergency Services unit at Central Middlesex Hospital at the next meeting. The Chair asked for waiting times in respect of Accidents and Emergencies at the next meeting.

In reply, Jo Ohlson advised that although the targets had been revised, the patients experience did not necessarily mean that waiting times were increasing and she agreed to liaise with Andrew Davies regarding the information requested by the Chair and Councillor Daly.

7. **Public Health Transfer Update**

Phil Newby introduced the item and advised that the White Paper setting out the plans for public health had been confirmed in the Health and Social Care Bill which was subject to Parliamentary approval. The council was due to formally take on public health responsibilities on 1 April 2013. There was a real desire by the council and NHS Brent to integrate public health functions, however guidance from the Government was still awaited. Phil Newby advised that there was a sister project with regard to adult social care in the One Council Programme as it made sense to integrate this area as much as possible. Discussion was also taking place with other West London boroughs as to what services would be logical to share. However, there remained uncertainties in the Bill which presented additional challenges and there were also issues to discuss in relation to commissioning, although the overall conclusion that could be made was that there should be as much integration as possible and a rigorous project approach would be undertaken to help achieve this. Page 57 in the report set out the financial allocation, although in respect of Brent's allocation, there were some anomalies and these were being raised with the Department for Health.

Councillor R Moher added that transferring public health was a complicated process exacerbated by the drip feeding of information by Government, however the final plans were now coming together.

Simon Bowen explained that there had been long discussions on this issue and the model of public health in Brent would be much different to the present one. He was confident that the model would be delivered and work was underway to finalise various details.

Councillor Daly stated that there appeared to be a very few number of measures outlined that the council was obliged to undertake. In respect of funding, she asked if this meant that the council would need to trim its public health budget.

Phil Seely was invited to address the committee by the Chair. He commented that Brent had the second highest incidences of tuberculosis (TB) in London and asked what action was being taken to address this. Councillor Ogunro also sought information in respect of this issue. Councillor Cheese added any clinics offering TB treatment should be located in areas of London where cases were high, such as Brent. Councillor Hunter informed Members that a TB awareness day had taken place the previous week and this had been well attended by health professionals.

Councillor R Moher asked if the Mayor of London had any public health responsibilities.

The Chair commented that the issue of TB was a prominent feature in the JSNA. She sought further information in respect of abortion services and added that it was reassuring that the overall shape of public health provision was coming together, despite the many challenges to overcome.

In reply to the issues raised, Phil Newby advised that abortion services had originally been intended as a local authority responsibility, however it had since been determined that this would remain under the Department for Health who had disproportionally clawed back funding for this. In addition, the Department for Health would also be retaining 0-5 years services, however Phil Newby felt that it would have been more logical if this had been given to local authorities for purposes of consistency. He advised that the Bill provided clues as to what the council could provide by using the term ‘local’, however ultimately the local authority could determine what the priorities were.

Simon Bowen confirmed that TB services would remain a responsibility of the NHS and there was a proposal to designate clinics offering TB treatment across London. He added that there were a number of issues that transcended London borough boundaries in terms of provision. However, the local authority could play a role in promoting and educating issues in relation to TB.

Andrew Davies advised that public health functions had not been taken into account in respect of the Mayor of London, however the Mayor would be entitled to a 3% slice of funding from each borough and could obtain an additional 3% on top of this if London boroughs agreed. The Mayor had established a Health Improvement Board that had selected four initial priorities, preventing cancer and early detection, childhood obesity, alcohol and data sharing.

8. **Shaping a Healthier Future Update**

Andrew Davies introduced this item which provided an update since the last meeting of the committee. A meeting with some members of the other health scrutiny committees in North West London had taken place on 29 February, with Councillor Hunter representing this committee, to consider a presentation on the shaping a healthier future project and a North West London Joint Health and Overview Scrutiny Committee (JHOSC) would consider this topic in future. A consultation event had also taken place at Lords Cricket Ground the previous week and proposals would be circulated to Members. However, Andrew Davies advised that this committee may still comment on the project. Brent’s nominations for membership of the JHOSC would be submitted in May, however in the meantime Councillors Kabir and Hunter would continue to attend any future events in respect of the JHOSC and shaping a healthier future. The terms of reference for the JHOSC were also to be agreed.

Councillor R Moher added that she had requested that this item be presented at all the Area Consultative Forums.

During discussion by committee, Councillor Daly felt that in view of the substantial savings that were proposed by the project, there was not presently an opportunity to undertake proper scrutiny prior to the consultation and she suggested that an extraordinary meeting of this committee be arranged to allow this. Councillor Hunter commented that the meeting at Lords Cricket Ground had provided more

details and had been helpful in providing Members a greater understanding of the project. She felt that there was a need to consult both on a local and a West London level, however in her view the clinical case for change was clear.

The Chair commented that there may be issues over consulting on such an issue whilst the Olympics was taking place, however Andrew Davies would liaise with Members in providing them information during the consultation and any new information on the JHOSC would also be provided. Should any critical issues arise from these, then discussions could take place as to whether an additional meeting of the committee should be arranged.

In response to the issues raised regarding the consultation, Councillor R Moher advised that the plans were still be put together and once this process had been completed, consultation would take place over the summer which should be sufficient to receive considerable feedback. Rob Larkman (Chief Executive, NHS Brent and Harrow) added that the consultation was due to end in August. He acknowledged the local implications of the changes and advised that the full statutory consultation would include both local and West London wide arrangements.

9. **Proposed merger of North West London Hospitals NHS Trust and Ealing Hospital NHS Trust**

Andrew Davies introduced this item and referred to the letter reflecting the committee views that had been sent to Peter Coles, Acting Interim Chief Executive of the North West London Hospitals NHS Trust and Peter Coles' subsequent response to it. Andrew Davies advised that the full business case was to be put to both trust boards on 29 March 2012, before subsequent formal review by the NHS London Board and NHS North West London Board prior to submission to the Department of Health Transactions Board in May or early June. Andrew Davies added that a copy of the full business case would be circulated to Members as soon as it was available and Simon Crawford, Senior Responsible Officer, Organisational Futures Programme Board, had indicated that he would be happy to attend a meeting of the committee once the full business case had been published.

10. **GP Commissioning Consortia update**

Ethie Kong updated Members on progress on GP Commissioning Consortia and advised that plans to put together the final commissioning plans would commence in April subject to the delegated commissioning budget being agreed. Brent, Ealing, Harrow and Hillingdon were working together to meet the health needs of West London. Providing the plans were approved, the intention was to go live with arrangements in April 2013.

Alison Elliott advised that consideration was being given as to what services could be integrated and a feasibility study was being undertaken to see if better services at lower costs could be achieved. If integration was seen as economically viable, this item would then be presented to the committee for further consideration.

Jo Ohlson commented that both disability and physiotherapy services were community services and a year's notice was being given of the intention to integrate these services. For single practices, integrating such services would be a relatively

straightforward exercise, although this would be more complex for partner practices and a number of possible models were being considered.

Councillor R Moher added that the work focused on designing the services where there was a desire to commission them and organisations were being given notice of what they needed to do to ensure that they were able to operate under the new arrangements.

11. **Health and Wellbeing Board update**

Andrew Davies advised that the Shadow Health and Wellbeing Board had met at the end of February to discuss issues including shaping a healthier future, clinical commissioning groups, and integration of public health and adult social care. Councillor Kabir and Mansukh Raichura (Chair, Brent LINk) had also attended the meeting as observers.

12. **Recruitment of Health Visitors in Brent**

Jo Ohlson introduced the item and explained that health visitors had been an important issue in Brent for a number of years and this service was significantly stretched. Plans were being put together to improve the service and she referred to the London trajectories for health visiting in Brent in the next few years in the report which identified a need to increase the number of health visitors each year. Members noted that NHS Brent had identified additional funding to support recruitment for the level required up to April 2013, which amounted to 44 posts, and this would involve both recruiting to vacancies and to additional posts. Consideration was also being given as to how recruits could be found and Jo Ohlson advised that the shortage of health visitors was also a problem nationally. In addition, Brent would need to have a greater increase in health visitors than both Harrow and Ealing because of projected population trends and this represented a significant challenge.

During discussion, Councillor Ogunro enquired why there was a shortage of health visitors in Brent. Councillor Daly commented that she did not feel that Brent was any more challenging than other London boroughs and suggested that the management structure may be a more likely explanation as to why there was a problem in filling health visitor places. She asked for information on the type of health visitors recruited and what salaries were being paid for these posts. She also asked if there was to be training to increase the number of practice teachers. Councillor Hunter suggested recruitment could be helped by emphasising that health visitors were key health workers. She also sought clarification in the report in reference to a transition model for new delivery aligned with the emerging system architecture and responsibilities for commissioning and reasons as to why domestic violence had been categorised as red and why were there no benchmarks available for a number of areas.

The Chair commented that health visitors played an important role, particularly in respect of 0-5 years children and felt that the more health visitors there were, the greater number of families that would benefit from this. She sought assurances that more health visitors could be recruited and retained.

In reply, Jo Ohlson felt that Brent was a challenging place for heath visitors and other reasons for the shortage could be attributed to focusing resources on safeguarding, an ageing workforce, the smaller London weighting in Brent and the overall lack of health visitors nationally. It was noted that the number of practice teachers would need to double and Jo Ohlson would provide information on salary information at a later date, whilst Ealing Hospital NHS Trust could provide figures on their own health visitor recruitment. However, every effort was being made to plan for the expansion of health visitors. Jo Ohlson advised that although there was a large number of incidences of domestic violence recorded, it was felt that other areas of London may not be so thorough in recording them.

Phil Newby (Director of Strategy, Partnerships and Improvement) advised that Genny Renard, Head of Community Safety, could provide a written answer in respect of Councillor Hunter's query with regard to domestic violence. He explained that other London boroughs used varying methods of recording domestic violence.

Simon Bowen (Acting Director of Public Health, NHS Brent) added that it was more difficult to obtain information on community health issues because there was no national data set available.

The Chair requested that Ealing Hospital NHS Trust provide information in respect of health visitors recruitment to Andrew Davies.

13. **Work programme 2011/12**

The work programme was noted by the committee.

14. **Date of next meeting**

It was noted that the next meeting of the Health Partnerships Overview and Scrutiny Committee would be confirmed at the Annual Council meeting on 16 May 2012.

15. **Any other urgent business**

Willesden Medical Centre

Councillor Hunter commented that there had been media and public rumours that Willesden Medical Centre may close or relocate and she sought further clarification on this.

In reply, Jo Ohlson advised that the lease on Willesden Medical Centre was due to expire and discussion was taking place as to whether to renew the lease or to relocate to the Willesden Centre for Health and Care. It was noted that the Willesden Centre for Health and Care already had a number of facilities on-site and was presently less than half full, however all factors needed to be considered before making a decision. Members noted that a patient consultation would be undertaken if it was proposed to relocate Willesden Medical Centre.

The meeting closed at 9.35 pm

S KABIR
Chair