MINUTES OF THE HEALTH PARTNERSHIPS OVERVIEW AND SCRUTINY COMMITTEE
Wednesday 18 July 2012 at 7.00 pm

PRESENT: Councillor Kabir (Chair), Councillor Hunter (Vice-Chair) and Councillors Gladbaum, Harrison, Hector, Hossain and Leaman

Also present: Councillors Cheese, Hashmi, Hirani (Lead Member for Adults and Health) and R Moher (Deputy Leader/Lead Member for Finance and Corporate Resources).

An apology for absence was received from: Councillor Colwill

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

None declared.

2. **Minutes of the previous meeting held on 30 May 2012**

RESOLVED:-

that the minutes of the previous meeting held on 30 May 2012 be approved as an accurate record of the meeting, subject to the following amendments:-

Page one, under 'Also present', replace 'Councillor Mistry' with 'Councillor Hirani.'
Page one, under 'Others present': Add Dr Ethie Kong (Chair, Clinical Commissioning Group).

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

Recruitment of health visitors in Brent and Accident and Emergency waiting times

The Chair confirmed that information had been provided in respect of Councillor Hunter's query concerning domestic violence in an earlier recruitment of health visitors report and a request from the Chair for information in respect of the number of ambulance transfers and their transfer times for Central Middlesex and Northwick Park hospitals.

4. **Brent Improving Access to Psychological Therapies Service**

Dr Anupama Rammohan (Improving Access to Psychological Therapies [IAPT] Service) gave a presentation on the IAPT Service and explained that the main aims of the programme were:-

- Delivering evidence-based and time-limited psychological therapies for people with depression and anxiety disorders
- Increased access to services and treatments
- Increases health and wellbeing

- Patient choice and high levels of satisfaction
- Timely access
- Improved employment benefit and social inclusion

Dr Anupama Rammohan confirmed that more than 75% of primary care trusts were participating in the programme with only one trust in London not involved since the programme had been rolled out. She drew Members' attention to the IAPT programme's targets and key performance indicators as set out in the presentation. The clients who were treated by the service included those with mild to moderate anxiety and/or depressive orders and they were managed within a primary care setting. The clients benefitted from short term psychological interventions and the service did not focus on those with complex needs, risk issues or social problems. Dr Anupama Rammohan informed the committee of the treatments on offer, including 'Step 2', a telephone based service including guided self-help, brief intervention and group workshops with psychological wellbeing practitioners. 'Step 3' involved individual and group cognitive behaviour therapy (CBT) and counselling. Members heard that there had been 6,350 referrals to the service between December 2010 to May 2012, the second highest in North West London and the fifth highest in London overall. Service challenges included a high volume of referrals, waiting times and severity and the complexity of client cases affecting recovery rates whilst only having limited resources.

With regard to patient satisfaction, Dr Anupama Rammohan advised that the service user satisfaction survey evaluated in December 2011 revealed that 95% of service users felt involved in making choices about their treatment all or most of the time and 92% felt that they received the help they needed and happy with the care they had received. A key area of dissatisfaction was waiting times for initial contact, however service users were satisfied with waiting times for subsequent appointments. A GP satisfaction survey evaluated in March 20120 showed that 93% of GPs surveyed used the service often or very often and 82% were clear about the service criteria. Overall, GPs were satisfied with the service, however a key area of dissatisfaction was waiting times. Dr Anupama Rammohan confirmed that service directions for 2012 included improving quality in outcomes, communication, service processes and data recording.

Katherine Fraser-Jackson, a patient of the programme, was invited to address the committee to share her experiences. Katherine Fraser-Jackson explained that she had been diagnosed with an anxiety disorder in 2010 which had affected her Masters studies. Her GP had referred her to the service in 2010 following her being made redundant and having problems being able to sit through job interviews. Katherine Fraser-Jackson felt that short term psychological interventions had limited effect and that some patients had felt they had lacked service once they had been discharged from Brent Mental Health Service. She commented that she had been surprised when she had learnt at a Carers Forum that a psychological therapies service existed and felt that it needed greater publicity and that the service should be expanded in future.

Robyn Doran (Director of Operations) advised that initially it had been decided to take psychological services from a higher to a lower stream and that NHS London provided IAPT with trainees. However, increasing the number of IAPT workers would be at the expense of higher stream workers in the borough where there were

already limited resources, although it was acknowledged that demand for lower stream services was also increasing.

Tes Tesfa-Michael (Service Lead) stated that there had been five members of staff when IAPT commenced in 2010, however there would be twelve members by September 2012. She advised that those patients whose conditions had deteriorated could ask their GP to re-refer them back to the service and in future self-referrals would be available.

During discussion by Members, Councillor Gladbaum enquired how long the service was funded for and what was the annual budget provision. She also asked if the service linked up to other services such as adolescent services, particularly as early intervention had proven to be effective and anxiety and depression can be recurring events.

At this point, Councillor Leaman declared an interest as an employee of Young Minds, however he did not consider the interest prejudicial and remained present to consider this item. Councillor Leaman enquired if there were any transition processes between Brent Children and Adolescent Mental Health Service (CAMHS) and adult IAPT, or did such cases need to be re-referred. In noting that IAPT was under resourced despite the demand, he asked how this situation was being managed and what reassurances could be given with regard to reducing waiting times.

Councillor Hunter expressed surprise that action had not been taken earlier to reduce waiting times as this was a key factor and she expressed concern that the recovery rates were both lower than the London and national average.

The Chair suggested that the scope of the service's future could be discussed with the council as there were a number of inter-related issues that the council was also concerned with, such as housing.

In reply to the issues raised, Tes Tesfa-Michael informed Members that the initial IAPT budget had been £500k, although this would subsequently be increased to around £800k once the new budget was transferred and the contract was on a rolling basis. A new initiative was to be introduced which would involve closer work between IAPT and Brent CAMHS and a clearer process was to be drawn up to ensure that those who were to become adults would have access to help at an earlier stage. The IAPT Board was also making changes to ensure complex cases were thoroughly monitored and referred back to the Board where appropriate, including cases where there had not appeared to be a sufficient recovery. Improvements to the supervision of cases from the outset would also be undertaken. Tes Tesfa-Michael advised that recovery rates had improved recently and were around 41% at the last quarter. She added that boroughs that were performing better recovery rates, such as Westminster, had much larger resources than Brent.

Robyn Doran advised that the current rolling contract was a duration of three years and there was no indication that this would be terminated. IAPT also worked closely with the Primary Care Trust who invested in the service moderately and a good working relationship existed with partners. It was implicit within the contract about what the expected waiting times should be and these would be achieved

through re-designing the service and reducing bureaucracy. Robyn Doran advised that issues raised by the committee would be fed back to the Board.

Dr Anupama Rammohan explained that it would not be productive to reduce waiting times by cutting the amount of time for each appointment as this would fail to address the problems surrounding cases and would likely mean patients making even more appointments. Members also heard that a number of the cases also involved long term problems.

The Chair requested that this item be discussed at a future meeting updating Members on progress in improving the service.

5. **Care UK Serious Incident**

Mary Cleary (NHS Brent) introduced the item and confirmed that the Care UK investigation report submitted on 6 June had identified three major failings, these being:-

- There being poor handover procedures in relation to the high turnover of staff
- Governance issues, particularly in respect of escalations not being picked up
- Concerns about the robustness of Care UK's safeguarding procedures, staff's understanding and implementation of the safeguarding process and procedures and the need to undertake regular audits to validate staff's compliance with their duty of care in terms of safeguarding.

Mary Cleary stated that NHS Brent had been impressed by Care UK's honesty whilst carrying out the investigation and under the terms of the contract they had 28 days to comply to address the three failings. Consideration was being given about extending joint pathways and tightening up processes and discharge notices would be provided to GPs within 48 hours. A full action plan for safeguarding was to be implemented and would be overseen by a designated doctor and nurse. During the course of the investigation, Care UK had also undertaken an unannounced inspection. Members heard that Brent NHS was satisfied that the matter had been investigated thoroughly and raised awareness of a number of key issues.

Councillor Harrison asked if steps were being taken to address the high staff turnover. Councillor Leaman enquired if Brent NHS was satisfied at the speed of reporting by Care UK once a problem had been identified.

The Chair enquired why a Care UK representative had not attended this meeting and whether consideration was being given with regard to fining Care UK or re-tendering the Urgent Care Centre (UCC) contract.

In reply, Mary Cleary advised that Care UK had indicated that they would be unable to attend this meeting. In respect of staff turnover, this had been resolved at senior management level although problems in recruiting GPs remained and locum cover was needed. However, increased pay for GPs working in UCCs in London may assist in addressing this matter in future. Mary Cleary advised that Brent NHS had not initially been satisfied by Care UK's reporting of problems once they had been identified and these should have been reported earlier, however the new processes would lead to a better flow of information. Members noted that Care UK could not

be fined under the current terms of the contract, however changes to the contract were being considered.

The Chair requested that this item be deferred to the next meeting in order to give opportunity to ask questions to a Care UK representative on this matter and to provide to Members through Andrew Davies a copy of the Care UK report published on 6 June.

6. **North West London Hospitals NHS Trust and Ealing Hospital NHS Trust merger - Full Business Case**

David Cheesman (Director of Strategy, North West London Hospitals NHS Trust) introduced the item and explained that the Executive summary was currently in draft form which did not differ significantly from the previous draft. NHS London was broadly in support of the proposals but with conditions as outlined in the report, including securing funding of £96.5m additional funding from NHS Commissioners and the Department for Health. It was anticipated that the merger would be completed by January 2013 at the earliest.

Dr William Lynn (Consultant Physician, Ealing Hospitals NHS Trust) added that the clinical strategy involved bringing together community services into the same team to help facilitate out of hospital care and both clinical and acute services would be located together. No service changes were proposed in the merger's business case, however it was possible that the outcome of the shaping a healthier future programme may result in some changes later. Dr William Lynn advised that the business case was viable if there were to be no changes to services, however in the event that there were, the Trust would be in a better shape to accommodate these. The committee noted that the Cooperation and Competition Panel had decided that the merger presented no bar to competition.

Councillor Hunter queried why £96.5m costs were associated with the merger and was this inclusive of the £72m savings. Councillor Harrison enquired whether any service changes resulting from the shaping a healthier future would require additional financial resources. Councillor Leaman asked if the top slicing of PCT funding would have any impact on services.

The Chair enquired who would fund the merger costs and whether this would impact upon services and did Northwick Hospital remain in deficit.

In reply, David Cheesman advised that the £72m savings would be made within two years of the merger being implemented. The £96.5m merger costs were a one-off cost to help fund transitional support arrangements and provide the necessary liquidity for the Trust to achieve foundation status. Transitional costs included those associated with an IT merger, changes to the switchboard system and any redundancies. The Department of Health, North West London cluster of health trusts and the Strategic Health Authority would provide the funding for the merger costs and there would be no impact on services. One of the benefits of the merger was the recurring savings that would be made on an annual basis and in effect the merger was a 'spend to save' initiative. David Cheesman advised that the merger would make it easier to accommodate any changes to services, although at this stage it could not be predicted whether the shaping a healthier future programme would lead to such changes. Members noted that Northwick Park Hospital

remained in deficit and action was being taken to remedy this before proceeding with implementation of the merger.

The Chair requested that an update be provided on this item at the next meeting and that if any significant information emerge prior to this, that it be sent to Andrew Davies to disseminate to Members.

7. **Shaping a healthier future consultation**

Dr Mark Spencer (Brent NHS) presented this item and confirmed that the public consultation on shaping a healthier future was launched on 2 July. From the week starting 23 July, around 410,000 consultation leaflets would be distributed and there would also be road shows visiting all the boroughs involved.

During discussion, Councillor Hector stated that residents had expressed concern that since the closure of Accident and Emergency (A and E) services at Central Middlesex Hospital, they would require longer journeys to Northwick Park Hospital. She also sought clarification as to what services would be provided at Central Middlesex Hospital. Councillor Leaman sought views as to what services should be provided at Central Middlesex Hospital and at what stage had it been decided that A and E services were not viable at this location. Councillor Hunter acknowledged the model of care in respect of the major hospitals, however she expressed concerns that there would be pressure on waiting times at Northwick Park Hospital and she asked if there was confidence that the additional demand could be met. Councillor Gladbaum, in noting the preference for Option A in the consultation document, asked if there was flexibility within the consultation process to express preferences for the other options and she enquired whether there were any other public meetings planned in the borough apart from the one listed on 31 July. She also requested that all consultation responses be documented and evaluated.

The Chair confirmed that the public meeting scheduled for 31 July would take place between 1pm – 9pm at Patidar House and all were encouraged to attend and she asked what was planned for the meeting. In respect of UCCs, the Chair enquired whether all provided the same service.

In response to the issues raised, Dr Mark Spencer advised that the public meeting on 31 July would include a series of presentations, videos and question and answer sessions. He advised that patients who were seriously injured in the south of the borough were most likely to be transferred to the A and E at St Mary's Hospital in Paddington. Steps were taken to ensure that any patient was sent to a site with the most relevant services depending on the nature of the problem. Dr Mark Spencer advised that Central Middlesex Hospital would provide non-emergency elective care and also the UCC, however the UCC contract would be reviewed to consider what could be provided in future. The committee heard that an A and E unit at Central Middlesex Hospital could not be sustained because it lacked the range of support services to assist such facilities.

Dr Mark Spencer was confident that the success of the UCC at Central Middlesex Hospital would help Northwick Park Hospital cope with demand and there would also be an increase in bed capacity at Northwick Park Hospital. All UCCs needed to perform to an agreed standard, although there may be some variation of services available at individual UCCs, however all UCCs had measures in place to ensure

rapid transfer to A and E units. In respect of the consultation, Dr Mark Spencer advised that it would finish on 8 October and there would be an independent analysis of the responses and it was noted that there would be at least two public meetings for each borough involved. In addition, groups could request that NHS representatives attend a meeting to provide information on shaping a healthier future.

The Chair requested that councillors from each borough involved be offered sessions on shaping a healthier future and she added that the committee's task group on this item would also provide a response to the consultation.

8. **Brent Tobacco Control Service - progress report**

Simon Bowen (Acting Director of Public Health) introduced this item and advised that positive feedback had been received from the CLearR model assessment for excellence in local tobacco control and the assessment had indicated that it was impressed with the range of activities on offer. The Tobacco Control Cessation Service had exceeded targets and made significant progress, however action needed to be taken with regard to protecting frontline services. Simon Bowen added that smoking remained the single largest cause of preventable deaths and it was important that the work of the Brent Tobacco Control Service continued to be supported.

Councillor Hunter enquired whether shisha smoking was high amongst young people and in comparison to cigarette smoking and what action was being taken to reduce smoking for these age groups. Councillor Gladbaum commented that the Brent Youth Parliament had produced a film about the dangers of shisha smoking. Councillor Leaman asked if the Brent Tobacco Control Service linked up with IAPT patients in respect of smoking.

The Chair commented that chewable tobacco was also an issue in the borough and that it was littering pavements.

In reply, Alison Wilson (Tobacco Control Officer, Brent Tobacco Control Service) advised that both cigarette and shisha smoking was high amongst the young in Brent, with shisha smoking becoming a growing trend. An audit of young smokers in Brent had been undertaken and the next one was due in two years to identify any changes in smoking habits. Brent Tobacco Control Service also worked with universities in tackling smoking amongst students, whilst schools were being approached with regard to being sent teaching packs. Alison Wilson advised that research was being undertaken with regard to the potential harmful effects of chewing tobacco and it was noted that Brent Tobacco Control Service had funded Brent Youth Parliament's film about shisha smoking.

Simon Bowen added that any service or organisation was welcome to work with the Brent Tobacco Control Service, whilst the College of North West London had also been approached with a view to setting up smoking cessation advice sessions.

Councillor Hunter then referred to the committee meeting on 14 October 2010 where the committee had requested that the Brent Pension Fund Sub-Committee reconsider the investments that the council had in tobacco firms. The Brent Pension Fund Sub-Committee had subsequently responded by stating that it was

unable to interfere with the actions of Trust Fund managers in respect of this. Councillor Hunter recommended that the Brent Pension Fund Sub-Committee reconsider this issue and that it consider the CLeaR Model Assessment for Excellence in Local Tobacco Control and a report from ASH on local authority pension fund investments in tobacco companies.

Members then agreed the recommendations as set out below.

RESOLVED:-

(i) that in the light of Brent's recent CLeaR Award for excellence in local tobacco control presented at the House of Commons on 15 May 2012, the Brent Pension Fund Sub-Committee reconsiders its decision to continue investing in tobacco companies. This policy is at odds with the council's work on tobacco control and the support that it gives to the Tobacco Control Alliance and Smoking Cessation Team in the borough;

(ii) that in considering recommendation 1, the Brent Pension Fund Sub Committee considers two reports - the CLeaR Model Assessment for Excellence in Local Tobacco Control, which is an assessment of the work of Brent's Tobacco Control Alliance; and, a report from ASH on local authority pension fund investments in tobacco companies, which deals with both the question of ethical versus financial considerations, and the issue of non-interference with fund managers' decisions, both of which reasons were given in the previous reply from the Brent Pension Fund Sub-Committee in November 2010 for not disinvesting in tobacco companies; and

(iii) that the Brent Pension Fund Sub Committee notes that although investment in Tobacco Companies in Brent is around £2.5 million, the estimated cost to Brent of smoking, as shown in the graph on page 9 of CLeaR report is some £57.9 million. The number of annual tobacco-related deaths in Brent, as set out in Brent's Joint Strategic Needs Assessment is 230.

9. **Kenton Medical Centre update - information item**

The Chair advised that Brent NHS was attempting to contact the three vulnerable patients who had not yet re-registered at an alternative practice to urge them to do so. At a previous meeting, the committee had requested that those patients who had not yet re-registered be written to and an update on progress be presented at this meeting. Members had before them an update for information purposes only. It was noted that Andrew Davies would be seeking clarification in respect of Willesden Medical Centre.

10. **Health Partnerships Overview and Scrutiny Committee work programme**

The Chair reminded Members that if they wanted any items added to the work programme that they should discuss this with Andrew Davies. Councillor Leaman referred to recent motions agreed by Full Council on 9 July 2012 in respect of mental health and he requested an update on progress with regard to these at a future meeting of this committee.

11. **Any other urgent business**

None.

12. **Date of next meeting**

It was noted that the next meeting of the Health Partnerships Overview and Scrutiny Committee was scheduled for Tuesday, 9 October 2012 at 7.00 pm. The Chair advised that there would be a pre-meeting starting at 6.15 pm.

The meeting closed at 8.55 pm

S KABIR
Chair