MINUTES OF THE HEALTH PARTNERSHIPS OVERVIEW AND SCRUTINY COMMITTEE
Tuesday 18 March 2014 at 7.00 pm

PRESENT: Councillor Daly (Chair), Councillor Hunter (Vice-Chair) and Councillors Colwill, Harrison, Hector, Hossain and Ketan Sheth

Also present: Councillors John and Kabir

NHS representatives present: Dr Sarah Basham (Co-Clinical Director, Brent Clinical Commissioning Group), Tina Benson (Deputy Chief Executive Officer, Central and North West London Hospitals NHS Trust), Isha Coombes (Assistant Director, Brent Clinical Commissioning Group), Robyn Doran (Chief Operating Officer, Central and North West London Hospitals NHS Trust), Natalie Fox (Borough Director, Central and North West London Hospitals NHS Trust), Rob Larkman (Chief Officer, Brent Clinical Commissioning Group), Deborah McBeal (Zone Manager, Brent Clinical Commissioning Group), Sarah Mansuralli (Deputy Chief Operating Officer, Brent Clinical Commissioning Group), Jo Ohlson (Chief Operating Officer, Brent Clinical Commissioning Group) and Ajit Shah (Clinical Director, Brent Clinical Commissioning Group)

Council officers present: Toby Howes (Senior Democratic Services Officer, Legal and Procurement), Phil Porter (Strategic Director, Adult Social Care), Melanie Smith (Director of Public Heath, Assistant Chief Executive Service), Kisi Smith-Charlemagne (Scrutiny Officer, Assistant Chief Executive's Smith) and Cathy Tyson (Head of Policy and Scrutiny, Assistant Chief Executive's Service)

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

   Councillor Ketan Sheth declared an interest as a member of the Council of Governors for the Central and North West London NHS Foundation Trust, however he did not view this as a prejudicial interest and remained present to consider all items on the agenda.

2. **Minutes of the previous meeting held on 28 January 2014**

   RESOLVED:-

   that the minutes of the previous meeting held on 28 January 2014 be approved as an accurate record of the meeting.

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

   None.

4. **Mental Health Services in Brent**

The Chair invited a service user to describe her experience of mental health services in Brent. The service user began by informing the committee that she had extensive experience of the treatment provided by the mental health service in the borough. In her view she felt that over a period of time the service had deteriorated, particularly in terms of patient access and had become more bureaucratic with monitoring undertaken on a points based system. Whilst her condition was now improving as she steadily undertook a process of reintegration, she felt that her cause had not been helped by what she saw as a rolling back of services. A number of community services had been withdrawn and there was a lack of transitory services for patients. The service user had made a request for a community psychiatric nurse, however this had been turned down and she had been offered a social worker instead, however they lacked the medical knowledge to be able to help. The service user felt that the service focused too much on crisis intervention rather than crisis prevention and patients were taking too long to be seen. The cost reductions in mental health services were also impacting, which she suggested was a reason why she had been told she was not unwell enough to be provided with treatment, whilst she also felt that patients were discouraged from being admitted to hospital. Her own personal experience of staff in the mental health service was positive, however she felt that they were frustrated by continuous cost cutting.

The Chair thanked the service user for their contribution and asked that they liaise with mental health services to discuss their case.

Robyn Doran (Chief Operating Officer, Central and North West London NHS Foundation Trust) welcomed discussion with the service user and their input into helping redesign the service. Robyn Doran then presented the report that had been jointly produced by Brent Clinical Commissioning Group (CCG), the council and the Central and North West London (CNWL) NHS Foundation Trust. The report mainly focused on adults, however members heard that a report on children's mental health services could be provided at a future meeting. Members heard that around 25% of people will have mental health problems at some stage during their lives. In most cases, they would be cared for by their GP and carer and possibly a representative from the voluntary and community sector. Up to around 2,500 people may be using mental health services in Brent at any one time. Robyn Doran drew the committee's attention to the number of patients recorded with depression and the number of new diagnosis of depression in 2012/13 in the borough. Funding in the borough was middling compared to the other London boroughs. However, there was a need to redesign the service to address issues such as waiting times, urgent care and how to ensure people who received treatment remained well. There also needed to be steps taken to improving access to psychological therapy and for the relevant organisations to work together and a process of integrated commissioning would take place.

During discussion by members, reasons were sought as to why there had been an increase in patient referrals and staff caseloads. An explanation of what was meant by repatriation of patients from out of the area in the table on page 31 of the report was requested and it was also asked how the repatriation costs were met. Another member commented on the positive experience his daughter had received from mental health services following an accident. It was queried why there was a lower

rate of hospital admissions for mental health conditions in Brent compared to both the London and England average. Details were sought as to what steps would be taken to address the increase in depression in the borough. A member expressed surprise that patients had not been reviewed and discharged under Section 117 of the Mental Health Act in the past and reassurance was sought that the proper procedures were now in place and being followed. It was asked how many GP practices had a register of patients with depression and were the levels of depression on variable scales. An explanation was sought as to why depression was recorded as highest in the Kingsbury locality. Reasons for an increase in urgent referrals and how quickly these patients had been seen in November 2013 were requested. Clarification was sought in respect of funding for Improving Access to Psychological Therapies (IAPT). Further information on the carers service, including budget details, was asked and were there practical respite services provided to carers. In noting that the total CCG spend on mental health services was identified as £41.243m in the report, a member commented that an earlier report had stated around £34m and explanation for this difference was sought, whilst the amount spend on patients outside Brent was also asked for. A member also asked how rehabilitation services would link up with housing options.

In reply to the issues raised, Robyn Doran advised that the reasons for the increase in patient referrals could be attributed to the economic situation and changes to welfare benefits which were also impacting upon mental health services nationally. There were also issues that were Brent specific that contributed to staff caseloads increasing, such as the fact that a larger proportion of patients were from overseas and so possibly complicated by the fact that English was not their first language. In respect of the table on page 31 of the report, Robyn Doran explained that the CNWL was working with Brent CCG in identifying patients that had been taken out the borough in order that they could then return to the borough to receive mental health services treatment. These repatriation costs were taken into consideration as a growth area in funding for the CCGs, although no funds had been specifically allocated by the Government for this. She confirmed that the appropriate procedures were now in place in respect of patients subject to Section 117 and that Brent compared favourably in making progress in this area as opposed to other London boroughs.

Sarah Mansuralli (Deputy Chief Operating Officer, Brent Clinical Commissioning Group) added that there were cultural issues that needed to be looked at. For example, most psychological therapy was conducted through talking sessions, however English was not the first language for some patients and more imaginative ways would need to considered. Recognising the underlying causes of depression was also important and it was acknowledged that the IAPT model could not always engage in all groups in the community. Work with community groups was also being undertaken, particularly with under represented groups. Sarah Mansuralli advised that services to support carers were being commissioned alongside the council and the Independent Care Organisation (ICO) helped in matters such as accessing respite care, whilst CNWL also ran services for carers. Members heard that the CCG had allocated approximately £300-500K for carers, although this was not solely for carers looking after mental health patients. In respect of mental health services expenditure being higher than in a previous report, Sarah Mansuralli advised that the previous report had not included some services that were listed on the most recent one.

Dr Ethie Kong (Chair, Brent CCG) confirmed that over the last year, Harness and Kilburn localities had the highest rates of depression in the borough based on the number receiving treatment. She advised that Quality and Outcomes Framework figures may be lower than reality as some patients would not want their GPs to classify them as having depression and this explained why more patients were being treated for depression than those who were officially registered as having depression.

Jo Ohlson (Chief Operating Officer, Brent CCG) advised that funds had been dedicated from IAPT for repatriating costs for patients to return to Brent.

Phil Porter (Director of Adult Social Care) advised that there were also a range of specialist services provided and in the case of carers, each case would be looked at individually with solutions tailored for each following an assessment by a care coordinator and it was important that the needs of carers were met. In addition, a Care Support Bill was due in Parliament in 2015 to provide further clarity on what support carers should receive. A range of support services were also available in respect of rehabilitation services and a holistic, joined-up approach was being taken through housing services, Brent CCG and other relevant organisations working together.

The Chair requested further information on savings and how these would be achieved and on rehabilitation at a future meeting.

5. **Task Group Report on Tackling Violence against Women and Girls in Brent**

The Chair invited Councillor John, chair of the task group for tackling violence against women and girls in Brent, to present the report to committee.

Councillor John advised that the task group started its work in 2013 to look at issues such as female genital mutilation (FGM), honour based violence and forced marriages. Members heard that such inequalities existed across the World and these were cited in the report. The United Nations had identified FGM as being a global epidemic and the practice was widespread. FGM represented a violation of both children and women, however there had not been many measures to address the problem until recent publicity. It was estimated that there were around 14 million forced marriages each year Worldwide and this was also happening in the UK, as had been reported by the *Evening Standard* newspaper recently. As a result, the Government was setting up initiatives to address this issue.

Councillor John emphasised the need for the Children's Safeguarding Board, the Health and Wellbeing Board, the Safer Brent Partnership and the Assistant Chief Executive's Service to work together to prevent such practices from being carried out in the borough and of the need for each of these organisations to ensure proper data sharing between each of them and this was captured in the task group's second recommendation. Councillor John referred to two examples of women who had been subject to forced marriages and had managed to escape to the UK where they now felt safe. She then advised the committee that it was the council's duty as a corporate parent to safeguard babies, children and young women from harm. GP practices and schools should also play their role and every effort should made to eliminate these practices in the borough. Councillor John thanked all other members of the task group and Kisi Smith-Charlemagne (Scrutiny Officer, Assistant

Chief Executive's Service) for their participation in the task group and in producing the report. Councillor John then referred to the twelve recommendations in the task group report and asked for the committee to agree them.

During discussion, it was enquired what steps would be taken to move the recommendations forward and how would Brent CCG facilitate recommendation twelve.

In reply, Councillor John advised that following approval from the committee, the recommendations would then be presented to the Executive on 24 March. She added that recommendation two would be facilitated by the Assistant Chief Executive's Service. Cathy Tyson (Head of Policy and Scrutiny, Assistant Chief Executive's Service) added that it was important that a coordinated approach was taken and the Policy Team was in the process of outlining responsibilities and to monitor and coordinate action. Updates would also be provided to the committee and the Corporate Management Team. Jo Ohlson (Chief Operating Officer, Brent CCG) confirmed that Brent CCG would be commissioning services in respect of recommendation twelve and was keen to support the initiatives.

The Chair thanked the task group for their work and report and felt that the information it provided would be useful to share on a national level. The committee then formally agreed the recommendations in the task group report.

RESOLVED:-

that the recommendations in the task group report on tackling violence against women and girls in Brent be agreed.

6. **Future of Central Middlesex Hospital and Willesden Centre for Health**

The Chair referred to the fact that this item had been deferred from the previous meeting as members had wanted more information, particularly in relation to Brent Mental Health Services moving to Central Middlesex Hospital (CMH).

Rob Larkman (Chief Officer, Brent Clinical Commissioning Group) presented the report that provided an update on the future of Central Middlesex Hospital (CMH) and Willesden Centre for Health (WCH). He explained that CMH was currently underused and so consideration was being given as to how to utilise the site more, including providing additional services. CMH was also being considered in the context of Shaping a Healthier Future (SaHF) and Rob Larkman drew members' attention to the report summarising the programme to date. Rob Larkman then referred to the report outlining the three options that had been considered for CMH and advised that option two, considering a long list of all potential additional services that could be safely and practically provided at the site, had been the one pursued. As a result of the exercise undertaken, it had been determined that following additional services would be provided at CMH:

- Hub Plus for Brent
- Elective Orthopaedic Centre
- Re-locate Brent's Mental Health Services from Park Royal Centre for Mental Health to CMH
- Regional genetics service relocated

The SaHF programme also had implications for WCH which had historically been underused and Brent CCG was due to consider the two preferred options at a meeting of the Governing Body in March.

During members' discussion, it was felt that there was a lack of information regarding proposals for the Park Royal Centre (PRC) and details of services presently provided there were sought. In respect of mental health services, it was asked where this would be located and how would the remaining wards be accommodated. The percentage of resources set aside to undertake the reconfiguration of mental health services was requested. A member asked whether free parking spaces would be available at CMH as they currently were at PRC. Another member commented that there had been a wide range of views expressed at the public engagement meeting on 19 February and if the CMH was to be fully utilised, will it be fit for purpose to be able to do so. Details of the costs of moving services to CMH and the total number of bed spaces were sought. It was commented that there seemed to be a lack of space around the beds in CMH in comparison to Northwick Park Hospital (NPH). Information was also sought in respect of a memory clinic, treatment teams and a home treatment team.

A member felt that following visits to CMH, PRC and NPH, that NPH had significantly more space than the other sites and appeared to be more suitable to accommodate some services that CMH would provide. There was also an apparent lack of outside space at CMH and it was suggested that a lot more work would be needed before CMH could accommodate such services. It was queried where the kitchen food provision for long stay patients would be located in CMH. Concerns were expressed at the proximity of the proposed new block to the recovery ward at CMH. Another member sought views with regard to the flexibility of the outline plan for CMH in view of the new services being provided at CMH. They also requested some information outlining how Brent CCG would be able to fund the proposals.

In response to the issues raised, Rob Larkman agreed to provide information regarding the percentage of resources being put aside to reconfigure mental health services and the total costs of the moving of services to CMH and how these would be funded by Brent CCG. He added that detailed costings would be identified during the development of the business outline case. Rob Larkman advised that issues in relation to outside space, shared space and design were being looked at and steps being taken to prevent any overlooking and to ensure the CMH was fit for purpose for the additional services it was going to provide.

Robyn Doran (Central and North West London NHS Foundation Trust) informed members that acute services, a mother and baby unit, low secure unit, small rehabilitation unit and an a psychiatric intensive care unit would be located at PRC. She advised that the mental health services at CMH would be located at A-CAD, whilst Brent CCG was working with other key partners in respect of accommodating the remaining wards. Detailed work was also being undertaken with regard to staff numbers and bed spaces, however there was no intention to reduce the total number of beds. Robyn Doran confirmed that memory clinics were provided as a community service, whilst treatment teams were already on site at CMH. The home treatment teams were located in various locations in the borough, although there was not a team at PRC. Robyn Doran advised that kitchen food provision for long

term patients would be provided on site and every effort would be made to ensure high quality food was provided. The committee heard that more detailed plans would be provided when available in respect of the new block at CMH. Robyn Doran stated that she was not yet sure whether free parking would be available at CMH, although this may be possible at the A-CADS part of the site. Robyn Doran advised that the total footspace for the CMH proposals had been identified and comparisons could be made with PRC and drawings will also be provided in future.

The Chair stated that this item would be considered again at future meetings. She emphasised the importance of ensuring quality of life for patients and issues such as outside space needed to be taken into account. The Chair requested that the revised plans be provided to the committee at the earliest opportunity and also shared with other relevant organisations.

7. **Redesign and Investment in Diabetes Services in Brent**

Dr Ajit Shah (Clinical Director, Brent CCG) introduced the report that provided an update of the redesign and investment of diabetes services in Brent and the case for change. Members noted that the recorded prevalence of diabetes in Brent according to GP records was 8.1%, higher than both the London and the national rate. However, Diabetes UK reported a higher prevalence in the borough, at 10.5% which included an estimate of undiagnosed cases and was the highest in the UK compared to a national rate of 7.4%. In terms of other complications arising from diabetes, however, Brent generally performed better than the national average. Dr Ajit Shah then drew members' attention to the various schemes as set out in the report to address the comparatively high diabetes rates in the borough, such as the diabetes insulin local enhanced services (LES) and Brent CCG's response to the recommendations made by the committee's task group on diabetes.

During members' discussion, reasons were sought as to why Newham had significantly more diabetic specialist nurses than Brent. Clarification was sought with regard to the £1.030m figure quoted as the new total cost of diabetes pathway costing and also an explanation of footnotes 'c' and 'd' on page 243 of the report. Another member enquired how many times would a diabetic patient be expected to attend a clinic and what treatment would they receive. The total number of patients who were taking insulin injections was asked and it was also queried why the total cost per patient for diabetes treatment had risen. A member also commented that they felt that secondary services appeared insufficient.

In reply to the issues raised, Dr Ajit Shah explained that about 15% of his practice's patients had diabetes and most only required his support and that of the practice's nurse. Members were informed that on average diabetic patients would visit a clinic between three to four times a year, although if the condition was particularly acute it could be more like 15 to 20 times a year. Typically a diabetic patient would be given a blood pressure check, have their feet measured and there would be a review of their medication and a discussion about their diet and the level of control they had over their condition. A change in medication would be undertaken if deemed appropriate. It was not known precisely how many patients in Brent were taking insulin injections. With regard to footnotes 'c' and 'd' in the report, Dr Ajit Shah explained that these were used as a way of identifying more patients to receive the appropriate treatment, although kidney disease in Brent was lower than the national average.

Isha Coombes (Assistant Director, Brent CCG) advised that the diabetic specialist nurses in LB Newham also carried out paediatric work, whilst in Brent patients could access the DESMOND scheme.

Dr Ethie Kong explained that the diabetic specialist nurses provided support resources for practices and would not necessarily have a direct, hands on role. She added that the administering of insulin in Brent was policed well by the CCG and she would provide members with more information on this in future.
Jo Ohlson confirmed that Brent CCG's governing body had approved the new spend for diabetes pathway costing. With regard to rising costs per patient for diabetes, she advised that this could be attributable to a change to the mix of patients receiving treatment. The committee heard that an independent procurement panel carried out commissioning of secondary services for diabetes and that more information could be provided on this and on the strategy for commissioning out of hospital services.

The Chair also requested that the diabetic specialist nurse profile for Brent be mapped out and provided to members.

8. **18 Weeks Referral To Treatment Incident and Urology Serious Incident**

Tina Benson (Deputy Chief Executive, North West London Hospitals NHS Trust) presented the item and advised that the final report on the incidents was awaited. Tina Benson confirmed that no significant harm had been identified to individual patients, however an elevated risk existed for all patients who had waited too long. Members heard that all deaths amongst patients waiting longer than 18 weeks had been reviewed and four of these deaths were under clinical review. The committee noted that the Trust had reduced its overall waiting list size and the number of patients waiting over 18 weeks and that overall progress was slightly ahead of schedule.

A member sought clarification as to when the final report would be published. Another member expressed their approval of the Trust's progress since the incidents, however she was surprised that there were problems in recruiting theatre nurses at Northwick Park Hospital, particularly as new surgery theatres had been built there.

In reply, Tina Benson advised that the final report was being produced by an independent organisation and although a final publication date could not be confirmed at this stage, it was anticipated that it would be ready for a Trust Board meeting in April. She also advised that theatre nurses were hard to recruit as it was not a popular option amongst nurses, however it was possible that there may be interest from Philippines trained nurses and this was being pursued.

9. **Health Partnerships Overview and Scrutiny Committee work programme 2013/2014**

The work programme for 2013/14 was noted by the committee.

10. **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 4 June 2014.

11. **Any other urgent business**

None.

The meeting closed at 9.55 pm

M DALY
Chair