



MINUTES OF THE SCRUTINY COMMITTEE

Tuesday 16 June 2015 at 7.00 pm

PRESENT: Councillor Filson (Chair), Councillors Daly, Farah, Kelcher, Stopp, Miller and Tatler, together with co-opted members Mr Alloysius Frederick, Dr J Levison and Mr Payam Tamiz.

Also Present: Councillors Agha, Butt, Choudhary, Colwill, Harrison, Hector and Hossain.

Apologies were received from: Co-opted Member Ms Christine Cargill and appointed observer Lesley Gouldbourne.

1. Declarations of interests

None declared.

2. Introduction to scrutiny from the Chair

The Chair thanked Councillor Choudry for the work he carried out as chair of the Scrutiny Committee during 2014/15. He reminded members that the job of scrutiny was to hold the executive to account. He would be looking to scrutinise what the Council was doing more closely, utilising 'call-in' or setting up task groups as necessary. He acknowledged the importance of scrutinising health services but not at the expense of investigating the decisions and operations of the Council. Councillor Filson added that he would be attending the Brent Connects forums to explain the role of scrutiny. In the meantime the more immediate work programme for the committee had been largely determined by the previous committee. In moving forward, he was inviting all councillors to suggest topics to him for scrutiny.

3. Deputations

None.

4. Minutes of the previous meeting

The chair reported that he had received representations from Mr Philip Grant regarding minute 2 – Deputations, requesting that a fuller explanation be included on why he had not been able to make his deputation. The Chair supported his suggested amendment.

RESOLVED:-

- (i) that the minutes of the previous meeting held on 30 April 2015 be amended as follows:

Minute 2 – Deputations (if any)

Delete the 3rd sentence:

'Mr Grant advised that he would not be able to make his deputation under these terms' and replace with:

'Mr Grant advised that he could not accept the restriction which the Chief Legal Officer wished to impose, and went on to explain why. He said that Councillor Pavey's review had been set up to learn the lessons from that Employment Tribunal case, and one of the points he wished to make in his deputation was that an important lesson from it had not been learned. Reference to the case was also necessary to explain what he wished to say about the draft Action Plan, which Scrutiny Committee was being asked to give its views on. The case was relevant to the committee's consideration of item 9 on its agenda, and could not be ignored. The Council lawyer present advised that the case was not fully concluded, so should not be referred to. Mr Grant responded that he would only be referring to findings of fact in the Tribunal's Judgment of September 2014, which was not under appeal. Those findings were final, so he could not see how any reference to them would prejudice the position of any party to the remaining "remedy" hearing.'

Minute 7 – Future commissioning intentions of Brent Clinical Commissioning Group

1st paragraph, 2nd sentence substitute '...reduce hospital admissions;' for '...reduce hospital emissions;'.

4th paragraph, 9th sentence add '.....services for people with learning disabilities, continuing healthcare and carer support.

(ii) that, subject to the above amendments the minutes of the meeting held on 30 April 2015 be approved as an accurate record of the meeting.

5. Matters arising

It was requested that in future the minutes of the meeting should record specific dates for when a matter was to be reported back to committee.

6. Paediatric Services in Brent

Rob Larkman (Accountable Officer, Brent CCG) introduced the report submitted which had been jointly produced by the Brent Clinical Commissioning Group (CCG) and the London North West Healthcare NHS Trust (LNWHT). The report summarised current paediatric provision in Brent and set out the potential impact on Northwick Park Hospital of the changes to paediatric services at Ealing Hospital taking place on 3 June 2016.

John Hutchins (Consultant Paediatrician, LNWHT) drew attention to the timetable for the closure of maternity and neonatal services at Ealing Hospital on 1 July 2015 and the closure of paediatric inpatient services at Ealing Hospital on 30 June 2016. The report detailed the implications these closures would have for hospital sites elsewhere in North West London. He expressed confidence in the level of provision at Northwick Park hospital (Jack's Place) because of the detailed modelling that had been undertaken and the additional capacity of 27% built into the system.

Members of the committee questioned the CCG and LNWHT over the proposals. Mr Hutchins stated that the requirement level for high dependency units was a matter for NHS England but it was unfunded provision and therefore a cost pressure on LNWHT. Increasingly it was to treat chronic disability which was as a result of a rise in the number of successes in keeping the patient alive. It tended to consist of a relatively small number of children that needed to be seen frequently. A recent publication had recognised that there was an increasing high dependency need. In answer to a question regarding who had the ultimate say in signing off the proposals contained in the 'Shaping a Healthier Future' (SaHF) programme, Mr Larkman explained that local commissioners had originally made the decisions but it was the referral of these decisions that had led to the Secretary of State's intervention. Referring to the proposals for moving the paediatric diabetes service out of hospital care and into the community by using community nurses, Mr Hutchins explained that the nurses would be peripatetic, attending to patients at health centres, at home etc. He confirmed that this would require an increase in the number of community nurses. Models of provision from around the country were being studied and, working with the CCG, plans would be developed but he could not give a timescale for this as it was still an evolving piece of work. In response to further questions exploring this issue, Mr Hutchins re-assured the committee that there would be no cut in the provision of diabetic services. The SaHF had included a lot of analysis of the predictions in demand and this had resulted in a greater level of assurance being provided to the CCGs than had been the case at the start of the project. Going forward was contingent on Ealing CCG being assured by March 2016 that the analysis was correct. Mr Hutchins agreed to provide a copy of the data modelling that had been used to reach this point.

With reference to the transition of services agreed by Ealing CCG for June 2016, Ms Benson agreed that a report back to the committee in February 2016 could be provided in order to provide re-assurance that progress towards transition was going smoothly.

With reference to the table at paragraph 2.2 of the report, the committee asked for an explanation as to how the Treatment Function described as Paediatric could achieve the level of savings indicated in the table whilst treating virtually the same number of patients as forecast.

The Chair thanked the members of the Health Service for their attendance at the meeting.

7. Access to Extended GP Services and Primary Care in Brent - Interim Report

Councillor Colwill introduced the report by firstly thanking the members of the task group for their hard work. He explained that the task group was still in the process of gathering information to finalise its work. The Scrutiny Committee was being asked to note the summary of progress to date. Following discussion by members of the committee, the task group was asked consider if it could include in its work:

- the location and access to the additional GP hubs
- strategy outlining how proposals for a public awareness campaign will be delivered
- evidence of patient satisfaction with their GP
- the age profile of GPs and how many operate on their own or as part of a joint practice

- any emerging data that would show whether demand of general practice was increasing incrementally or if there were spikes of increased demand
- information on those people not registered with a GP and those on a GPs register who were not making use of them because they had moved away
- any recruitment difficulties attracting trained staff and whether this could be linked to a lack of affordable housing.

[the above minute was amended at the meeting on 14 July 2015]

8. **Public Health - priorities and progress**

Dr Melanie Smith (Director of Public Health) introduced the report and explained that the priorities outlined had been drawn from her Annual Report for Public Health in Brent reported to Cabinet on 10 November 2014. Since writing the report, Dr Smith had to report on a very recent development with the announcement by the Treasury that £200M was to be cut from the public health budget. It was too early to know how this would impact on Brent.

Councillor Hirani (Lead Member for Adults, Health and Wellbeing) explained that the initial work in taking on the public health function had been to evaluate the contracts transferred over from the NHS and bring them under the Council's procurement regime. The opportunity was now being taken to consider the delivery of the public health agenda across the Council and how various Council activities could improve public health.

The spread of funding had initially provided little flexibility to target local need. Dr Smith drew attention to the area of sexually transmitted infections where she felt the Council had been spending more than it needed and so, as explained in paragraphs 3.19/20 it had joined with other authorities to collaboratively negotiate contracts with a range of providers resulting in securing savings. In response to concern expressed that when joining with other authorities it might reduce the flexibility to target local need, Dr Smith explained that the London wide work and local services complemented each other.

In answer to questions from the committee, Dr Smith explained that public health messages about smoking were largely run nationally by Public Health England and the council focused on issues more specific to Brent. Councillor Hirani stated that the progress made on working jointly with schools was varied depending on the issue. He outlined some of the programs that were being run with schools and it was explained that messages were fed back to schools through the Headteachers forum which ensure they got back to all categories of schools. The increase in child obesity largely stemmed from it being too easy to eat poorly and not exercise. Mr Frederick (co-opted member) felt that messages needed to go out to parents rather than trying to stop children buying unhealthy food. It was explained that the healthy eating message went out to children's centers and early years settings, as well as schools, and these places allowed more engagement with parents.

In response to a request from the public gallery it was agreed to consider including in the committee's work programme an evaluation of the current school nurse service.

It was pointed out that the drug and alcohol service accounted for nearly one quarter of the local public health budget. It was explained that the service included the treatment aspect which made it expensive.

The committee noted the report and requested:

- that members of the committee be sent a copy of the financial return for public health expenditure made to the Department of Health
- that members of the committee be informed of how many people were offered and accepted a health check by GP practices
- a breakdown of the drugs and alcohol budgets with numbers of patients in treatment by type of treatment be provided to the committee
- a brief overview of the school nurse service and its effectiveness be considered for inclusion in the committee's work programme.

9. Access to affordable childcare

Gail Tolley (Strategic Director, Children and Young People) introduced the report and the officers responsible for producing it – Sue Gates, Head of Early Years and Family Support and Sasi Srinivasan, Operations Manager, Early Years and Family Support. She paid tribute to their idea that led to the Council winning the Innovation Award at the Local Government Chronicle Awards, as mentioned in paragraph 4 of the report.

It was suggested that affordability appeared to be the overriding aspect to providing access to child care. It was explained that the Troubled Families programme was successfully supporting people into work allowing them to pay for childcare. The Council worked closely with all the child care providers. Many were committed to providing affordable places but the majority were small businesses that had to charge at market level in order to be viable. The Council did not have the resources to provide financial support but did provide access to training which increased the quality of the provision.

The Committee asked for information on the use of discretionary housing payments to support child care costs for people moving into employment who had been affected by changes in welfare benefit payments.

With regard to questions on the distribution of the Nursery Education Grant, Councillor Daly asked to be told what percentage was retained by the Council.

The Chair requested that an update on the implementation of the Child Poverty strategy be included in the committee's work programme for 2016.

10. Future work programme

The chair proposed the following two task groups be established immediately in order to be able to report back in August 2015:

- Food standards
- Sale of old Town Hall and occupation of Civic Centre

He further suggested that the following items should be the subject of task groups upon completion of those referred to above:

- Resourcing of GP services
- CCTV in Brent

Membership of the task groups would be the subject of discussion. The Chair also asked that the following items be identified for further work in the future:

- South Kilburn regeneration – impact on social housing
- Garden waste scheme

The Chair invited further suggestions for the work programme, especially around education matters where the co-opted members would be able to make a greater contribution.

11. Any other urgent business

None.

The meeting closed at 10.00 pm

D FILSON
Chair