



MINUTES OF THE SCRUTINY COMMITTEE **Wednesday 9 September 2015 at 7.00 pm**

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

Also Present: Councillors Butt, Conneely and Pavey

Apologies were received from: Councillor Colwill and appointed observer Lesley Gouldbourne

1. Introductions

The following people introduced themselves to the committee and the Chair welcomed their attendance:

Natalie Fox – Borough Director for Brent, CNWL Trust.

Robyn Doran – Chief Operating Officer, CNWL Trust

Dorothy Griffiths – Chair CNWL Trust

Dr Aunpam Kishore Clinical Director

Sarah Mansuralli - Interim Chief Operating Officer, Brent CCG

Julie Pal – Healthwatch Brent

Ian Niven - Healthwatch Brent

2. Declarations of interests

Councillor Miller declared a non prejudicial interest in item 5 by virtue of holding the position of Public Affairs Officer for the charity Rethink Mental Illness.

3. Deputations (if any)

None received.

4. Minutes of the previous meeting

RESOLVED:-

that the minutes of the previous meeting held on 12 August 2015 be approved as an accurate record of the meeting.

5. Matters arising

Council's future transport strategy

The Chair reported that the transport strategy had been submitted to Cabinet along with the views of the Scrutiny Committee. The Cabinet had taken a different view on what form the strategy should take and had adopted the strategy as submitted.

6. **Central and North West London NHS Foundation Trust - Care Quality Commission report and action plan**

The committee had before it the report published by the Care Quality Commission (CQC) on the quality of services provided by Central North West London NHS Foundation Trust (CNWL) and the action plan developed to respond to the findings of the inspection.

The committee welcomed to the meeting Natalie Fox (Borough Director for Brent, CNWL Trust), Robyn Doran (Chief Operating Officer, CNWL Trust), Dorothy Griffiths (Chair CNWL Trust), Dr Aunpam Kishore (Clinical Director) and Sarah Mansuralli (Chief Operating Officer, Brent CCG).

Dorothy Griffiths stated that the Trust welcomed the report and recognised the findings of the inspection. On behalf of the Trust, she was proud to point out that it had been graded as outstanding for caring and other areas had been rated as good. However, she recognised that the concern of the committee was over the acute services for adults and core mental health services which had been rated as requiring improvement for which she apologised on behalf of the Trust.

With the aid of a presentation, Natalie Fox informed the committee of the work already undertaken or planned to be done in order to bring standards into line with the recommendations from the inspection. She outlined the 'must do' actions which comprised addressing blind spots on the wards at Park Royal, making sure there were adequate numbers of staff and that they were suitably trained, improving monitoring and record keeping, better bed management, reducing the time patients were moved around, providing private telephone facilities for patients, reducing the risk of AWOLS and ensuring adequate contingency plans. Natalie Fox explained to the committee the actions that had already been taken to address some of the required actions and the plans for ensuring all of them were implemented within an agreed timescale.

In answer to questions from the committee, it was explained that the effect of the financial cuts had not been disproportionately applied to mental health services but they did have an effect on the ability to deliver the service. The Trust was required to achieve a higher level of efficiency and the CCG and Social Care services were working to ensure redesigned pathways did not disadvantage any groups. Sarah Mansuralli stated that the Trust was taking a more transformational approach to delivering mental health services. It was stated that few other Trusts had received outstanding for caring and the majority of them had received a similar level of 'must do' actions.

Questions were asked about the level of absconding and it was reported that during 2013/14 there had been 40 recorded incidents but this had dropped to 26 in 2014/15 and 6 during the first quarter of 2015/16. However there were different classifications for recording patients who had absented themselves and the request was made for figures for all forms of recorded absences since May 2015. This would include the number returned by the police, which it was reported had significantly reduced. Questions were asked about the numbers of restraining incidents, how many took place at Park Royal which was of particular concern and how many were recorded as being supine restraint. Reference was also made to

the use of rapid tranquilisation restraint. The request was made for figures covering June to date to be supplied on the number of restraining incidents, those involving rapid tranquilisation restraint and where they took place.

It was reported that the staff vacancy rate at the time of the inspection stood at 21%. This level remained despite many staff having been recruited because many had also moved on to pursue other opportunities. It was agreed that a better staff retention rate was needed. Vacancies for care co-ordinators were currently running at a high level because of the impending transformation of the service. There were also other vacancies in the health and social care services.

Natalie Fox explained the work with carers that took place to get feedback from them and provide the support needed and she accepted that this was another area where more still needed to be done.

In answer to a question, Robyn Doran undertook supply figures on the length of time between being referred for an appointment and getting the appointment.

It was explained to the committee that monthly meetings with the CQC took place to review implementation of the 'must do' actions and it was expected that this work would be completed by the end of December 2015.

The Chair thanked the Trust officers for facilitating a visit he and Councillor Farah had made to see the work of the Trust which had been very informative and he hoped similar visits could be arranged in the future. The committee thanked all the staff of the Trust for their hard work often in difficult circumstances. Representatives of the Trust were thanked for their attendance. It was agreed that the committee would receive a progress report in six months on implementation of the action plan and compliance with the CQC recommendations. It was also agreed that a report would be submitted in three months on the proposed redesign of mental health services in the context of having to make 20% financial savings.

The committee had requested the following information:

- the number of unauthorised absences occurring since May 2015 broken down by all types
- the number and type of restraining incidents during the previous three months
- How long patients had to wait from being referred to getting an appointment.

7. Scrutiny task group on Access to extended GP services and primary care in Brent

The committee received the report of the task group that had been established to review the primary care element of Brent CCG's transformation programme and assess the extent of the changes and investment made in the Brent GP networks and primary care services. Members of the task group, Councillors Conneely and Hector were also present.

The Chair welcomed to the meeting Ian Niven (Chair, Healthwatch Brent) and Julie Pal (Healthwatch Brent).

Councillor Daly gave the chair of the task group, Councillor Colwill's, apologies that he could not be present to introduce the report. She thanked the officers who had supported the work of the task group. She also thanked the large number of GPs who gave their time to support the work of the task group. Councillor Conneely stated that the task group was very concerned at the wide range and extensive lack of communication at all levels in the health service shown by the task group's finding that almost half of Brent residents were not aware of their access to out of hours services. Councillor Daly added a concern of the task group that whilst GP Access Hubs had been established to provide access to GPs in times of need the hubs had somehow evolved into permanent fixtures without consultation and, it was suggested, without a full equalities impact being carried out on these changes to the primary care offer to residents. Given the way they had been commissioned their coverage of the borough was patchy. The task group had also found a lack of local planning to promote the provision of preventative services. It was recognised that Brent is meeting nationally set targets for health screening but the task group felt that the targets for delivering health screening for older people were not ambitious enough. The task group was concerned that the total number of GPs had reduced and that many were over 65 years of age and may be approaching retirement. The recruitment and retention of district nursing was raised as an issue during the review and the task group were concerned about a lack of planning for the recruitment of additional district nurses. It was felt that given the poor level of communication and awareness of local services, Healthwatch Brent needed to play a more robust role in representing the voice of local residents and take on a stronger advocacy role.

In addressing how the number of those registered with a GP could be higher than the population of the area, it was explained that people could register across borough boundaries and those that moved abroad did not always take themselves off the register. This was a situation governed by legislation and individual GPs decided whether they could continue to deliver care to those that had moved away. Ian Niven acknowledged that Healthwatch Brent had not been as vocal as it should have been during the last two years. The service had been retendered and it was now time to review its role within the resources it had at its disposal. Julie Pal outlined the reconfigured service and expressed confidence in being able to deliver on the recommendations from the task group directed at Healthwatch Brent.

In answering questions from members of the committee the task group members explained that they had not been able to look into the optimum size for a practice but it was clear that there was a range of varied opening hours and gaps in service during lunch hours and Wednesday and Thursday afternoons. It was the decision of the GP on hours of service and the task group had not been able to obtain full information on what out of hours service there was. Members expressed surprise that communication plans were not integral to the delivery of services. Sarah Mansuralli pointed out that the NHS was a very complex organisation comprising a multitude of providers. Everybody needed to work to the same ends and computer systems needed to support this. She agreed that GP hubs had been introduced as pilots and that the time was right to review them. The CCG worked closely with NHS England to meet the primary care needs of local people. She commented that experience had shown that people did not want to see a practice nurse at a GP Access Hub rather than a doctor and that different types of workforce arrangements were being tried.

It was the understanding of the task group members that the CCG would consider the recommendations of the task group and make a formal response. The task group would meet again in six months time to consider the response of the CCG and progress with implementation of their recommendations.

RESOLVED:

- (i) that the recommendations made by the task group be approved and an action plan developed across partner organisations to take them forward;
- (ii) that a progress report on implementation of the recommendations be submitted to the committee in six months time.

8. Terms of reference for task groups on Fly Tipping and CCTV

RESOLVED:

- (i) that the scope, terms of reference and timescale for the task group on CCTV in Brent, as set out in the appendices attached to the report submitted, be agreed.
- (ii) that the scope, terms of reference and timescale for the task group on fly tipping in Brent, as set out in the appendices attached to the report submitted, be agreed.

9. Scrutiny forward plan and key comments, recommendations and actions

The Chair circulated a proposal for a task group on school governance and invited members of the committee to suggest issues to be included in its scope. He asked that any of the co-opted members that wanted to serve on the task group let him know.

The Chair suggested the following further items to be subject to scrutiny:

- school admission policy
- children and young people mental health
- adoption
- the Council's budget setting (to be the work of a task group)
- housing associations
- section 106 and CIL

His aim was for scrutiny to cover all areas of operation of the Council with some topics being cross cutting.

RESOLVED:

that the scrutiny forward plan and the key comments, recommendations and actions be noted.

10. Any other urgent business

None.

The meeting closed at 9.15 pm

D FILSON
Chair