LONDON BOROUGH OF BRENT

MINUTES OF THE HEALTH SELECT COMMITTEE

Wednesday 9 December 2009 at 7.00 pm

PRESENT: Councillor Crane (Vice-Chair in the Chair) and Councillors Baker, Jackson, R Moher and Castle

Apologies were received from Councillor Leaman

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

   None declared.

2. **Minutes of the previous meeting**

   RESOLVED:

   that the minutes of the previous meeting, held on Tuesday 20 October 2009, be approved as an accurate record of the meeting.

3. **Matters arising**

   Item 9 – Major Trauma and Stroke Services – update on final report of the Joint Overview and Scrutiny Committee and decisions from the Joint Committee of PCTs

   Fiona Wise (Chief Executive, North West London NHS Hospitals Trust) reported that the first stage of assessment relating to the proposed stroke unit had taken place, and the trust had passed with flying colours.

   Item 10 – Implementing Healthcare for London – Strategic Commissioning Plan and Primary Care Strategy Update

   Mark Easton (Chief Executive, NHS Brent) informed the Committee that one side of the Stag Lane Clinic in Kingsbury – the side containing the GP practice – was stable and there was no requirement to relocate the GP services. However, services in the other side of the building needed to be relocated, and NHS Brent was trying to find a way of bringing services back to Kingsbury. Longer-term options would be considered over the next few months.

4. **Deputations**

   None received.

5. **Brent Mental Health Service Section 75 Partnership Review**

   Martin Cheeseman (Director of Housing and Community Care) introduced the report and answered questions from members on the creation of a partnership agreement between Brent Council and the Central and North West London NHS Foundation Trust in line with Section 75 of the National Health Service Act 2006. This would replace the current agreement, which was based on Section 31 of the Health Act 1999, now repealed. The current arrangements had worked well, but

there were limitations arising from the existence of one management structure and two employers, the local authority and the trust. The local authority and the trust were seeking to take integration a step further towards ensuring a single organisation, which would be managed as such. However, there were statutory functions which the local authority could not transfer to the trust. For example, the local authority officer would have to continue to employ a mental health social worker to fulfil legal requirements. The issue had been solved by other councils, and it was hoped to put the revised Section 75 agreement before the executives of the Council and the Central and North West London NHS Foundation Trust by 31 March 2010, with a view to its being operational by the end of June 2010. Consultation needed to take place with staff and trade unions, and financial details needed to be worked out, but the project was moving towards a successful conclusion.

Answering questions from members, Martin Cheeseman clarified the role of the lead social worker employed by the local authority, which would be to offer independent advice with a duty to the individual, rather than the trust. This function could not be delegated. David Dunkley (Head of Brent Mental Health Services) added that this post-holder did not manage staff, and reported directly to him, and that this situation would not change. Martin Cheeseman reported that there were no cost implications of unifying the two sets of conditions of service for staff.

Martin Cheeseman agreed to provide the Committee with the report to the Council's Executive, once this was available.

RESOLVED:

that the report be noted.

6. **North West London Hospitals Patient Experience Improvement Programme (We Care)**

Elizabeth Robb (Director of Nursing, North West London NHS Hospitals Trust) introduced the report and answered questions from members on the trust's patient experience improvement programme, entitled *We Care*. She reported that this was a total programme designed to improve the experience of patients in the trust. Despite demonstrating improvements in clinical care over the past few years, the trust – along with other trusts on the periphery of London – had remained in the bottom 20% in terms of measures of patients' satisfaction. After the 2008 in-patient survey, the trust had organised focus groups, which had told the trust that they wanted three things in particular – compassion, consistency and reliability, and improved communication, particularly as many patients did not speak English at home. These formed the core of the 3Cs training which 700 staff had already undergone. The programme had proved very popular, and a range of action plans had been produced by the 18 wards involved in the programme over the previous six months. Communication cards had been developed and were in use at pre-assessment clinics. A bereavement co-ordinator had been appointed to help guide patients' relatives, and real-time impact scanners were being used to analyse patients' answers to five questions. This immediate feedback was very useful. A staff survey was also being carried out. By putting in place a whole raft of measures to achieve sustained improvement, the trust was already able to show that nursing care complaints had gone down by 25% - a significant improvement, with a similar increase in written compliments. There had also been a 50% reduction in complaints to the Ombudsman from bereaved relatives. The aim now was to get

patients more involved in their own care, and to achieve sustained improvement over time. However, it was early days and it was unlikely that the full impact of the improvements made would be reflected in the results of the patients' survey, due in May 2010.

Answering questions from members, Elizabeth Robb informed the Committee that the 3Cs approach also formed part of the induction programme for all new staff. Asked how compassion could be measured, she replied that one way was through monitoring complaints. The trust was also using values as a more important factor in recruitment of staff. While the total number of staff was 4,000, in addition to contractors, Elizabeth Robb took the view that there would come a tipping point of change in the culture of the organisation, even if all staff did not directly receive the training.

Asked about the work of mystery shoppers, Elizabeth Robb reported that they had helped the trust by, for example, observing hand hygiene. They had been particularly impressed by the fact that 70% of the general public complied, which was higher than in many trusts. They had reported on signage, and were about to start an audit of reception staff, to assess how welcoming they were. Some mystery shoppers were also monitoring responses to letters of complaint, and this information was included in the relevant report to the trust board.

The Committee welcomed this initiative and looked forward to receiving a further report in the autumn of 2010.

RESOLVED:

that the report be noted.

7. **Local Area Agreement Performance Review - Quarter 2, 2009/10**

Phil Newby (Director of Policy and Regeneration) introduced the report and answered questions from members on performance against the health-related Local Area Agreement (LAA) targets. These were considered by the Committee every six months. Phil Newby pointed out that there was nothing unexpected in the report, but that the Council and its partners needed to become better at recording and reporting data. This was particularly important in demonstrating progress and qualifying for government funding.

Answering questions, Phil Newby informed the Committee that the targets reflected the health and well-being strategy.

Asked about performance on reducing substance misuse, Martin Cheeseman (Director of Housing and Community Care) reported that several contractors had responsibility for this, but that – partly in view of underperformance in this area – there was likely to be consolidation and possibly a move to have only one contractor.

In response to a question about TB, Mark Easton (Chief Executive, NHS Brent) informed the Committee that targets were proportional to the incidence of the disease.

Asked about MEND (Mind, Exercise, Nutrition…Do it!), Mark Easton reported that this was a programme of physical activities and health education for children and families, measured by the proportion of overweight children in particular year groups and the number of families attending the programme. Thirza Sawtell

(Director of Strategic Commissioning, NHS Brent) added that the Director of Public Health took the view that this was the only evidence-based programme tackling obesity in children. The Committee was interested to hear more about this programme, and agreed to request a briefing to the next meeting. Phil Newby added that behaviour could be changed through prevention, education and better sports provision, rather than the use of force or punitive measures.

Answering a question about support for carers, Martin Cheeseman acknowledged that there had been some under-recording in this area, which it was hoped to rectify for the next quarter's report. He assured the Committee was performance was better than indicated, and he pointed out that a large number of carer breaks had not been recorded.

The Committee commended the improved performance in the target relating to reducing delayed discharges from hospital and increasing hospital admission avoidance.

RESOLVED:

(i) that the report be noted;

(ii) that a briefing report on MEND (Mind, Exercise, Nutrition…Do it!) be prepared for the Committee's meeting on 17 February 2010.

8. **NHS Brent Commissioning Strategy Plan**

Thirza Sawtell (Director of Strategic Commissioning, NHS Brent) introduced the report and answered questions from members on NHS Brent's revised commissioning strategy plan. The plan now looked at full implementation of the Healthcare for London pathways and how to deliver the trust's vision, goal and outcomes in the current economic environment. Three financial scenarios were being planned for – a worst case, a most likely scenario and a best case scenario. The eight Healthcare for London pathways meant a major transformational change, with decommissioning in acute hospitals and re-commissioning in locality settings and the home. A major shift of activity was anticipated, with 200,000 appointments expected to move away from acute hospital settings. The trust had worked with stakeholders, especially local clinicians, and the final part of the strategy would be to look at options for buildings and their use to allow the planned shifts in activity. The trust's plan would link into the integrated strategic plan of the eight PCTs of north-west London around implementing the Healthcare for London proposals. The final version of the plan would be available on 25 January 2010, after feedback from NHS London.

Asked about possible amalgamations of smaller GP practices, Thirza Sawtell informed the Committee that one of the main drivers was access to consistent high-quality care, and that this was more important than the size of the practice. The trust was aware that there was a number of GP practices with small lists, and that these lists might decrease and no longer be economically viable. Bearing in mind the general expansion of opening hours, the quality of accommodation and the number of GPs approaching retirement, the trust would be encouraging some practices to look at their accommodation and consider the possibility of merging. Such discussions were happening already, and all the indications were that the likely progression from 71 to 50 small practices would merely bring the trust into line with the rest of London.

Thirza Sawtell acknowledged that the report was not overt in addressing the issue of reducing health inequalities, but she pointed out that some initiatives contained in it would in fact reduce inequalities. She added that there were opportunities to do things differently, which could also have the effect of reducing inequalities.

Commenting on the lack of understanding around the polysystem proposals, Mark Easton reported that the alternative title of neighbourhood health system had been suggested and could be useful in explaining the proposals.

Responding to a suggestion by the Chair, Mark Easton reported that the trust had already held a meeting with the Council on opportunities arising out of the rebuilding of special schools very near a site owned by the trust and only 100m from the Stag Lane clinic.

The Committee agreed to consider NHS Brent's final commissioning strategy plan at its meeting on 17 February 2010.

RESOLVED:

(i) that the report be noted;

(ii) that copies of the final plan be sent to members once it had been approved by NHS London and the Department of Health in January 2010.

9. **Acute Services Review - Public Consultation on Children's Services Update**

Mark Easton (Chief Executive, NHS Brent) reported that it had not yet been possible to present the Committee with an update on the Acute Services Review and the results of the pre-consultation campaign on the proposed changes to children's services in Brent and Harrow, mainly because the review by the National Clinical Advisory Team (NCAT) and the Department of Health Gateway Review would not be completed until 18 December 2009. Mark Easton was able to inform the Committee that the NCAT visit had now taken place, and all the indications were that the proposal would be supported. However, public consultation was due to start on 11 January 2010, and it would be helpful to hold a special meeting of the Committee to consider the draft consultation document and proposals for paediatric services in Brent and Harrow before consultation began.

RESOLVED:

that a special meeting of the Health Select Committee be held on 7 January 2010 to consider the draft consultation document on changes to acute children's services in Brent and Harrow.

10. **Health Select Committee Work Programme**

The Chair drew the Committee's attention to its work programme. He encouraged members to join him on a visit to St Luke's hospice, and it was agreed that this visit be added to the work programme.

11. **Date of Next Meeting**

The Committee noted that:

(i) a special meeting would be held on Thursday 7 January 2010 to discuss the draft consultation document on changes to acute children's services in Brent and Harrow;

(ii) the next scheduled meeting would be on Wednesday 17 February 2010.

The meeting closed at 8.25 pm

G CRANE
Vice-Chair in the Chair