



LONDON BOROUGH OF BRENT

MINUTES OF THE HEALTH SELECT COMMITTEE Wednesday, 24 March 2010 at 7.00 pm

PRESENT: Councillor Leaman (Chair), Councillor Crane (Vice-Chair) and Councillors Jackson and R Moher

Also Present: Councillors Dunwell, John and Mistry

Apologies were received from: Councillors Baker and Clues

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 Wednesday 17 February 2010 be approved as an accurate record of the meeting.

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

Access to Health Sites Scrutiny Review Recommendation Follow Up

Andrew Davies (Policy and Performance Officer) circulated a response from Transport for London (TfL) regarding the committee's concerns which were raised at the last meeting. It was noted by the committee that the letter did not cover all aspects of the committee's concerns. The Chair stated that he would write again to TfL to ask them to respond to all the committee's concerns.

Stag Lane Clinic

Councillor Mistry informed the committee that residents were concerned about the future of Stag Lane Clinic. She explained that she was concerned that portakabins were not the best solution for patients and would cause parking issues. She questioned why the money, which was being spent on the portakabins, could not be spent on sorting out the problem with the subsidence. She asked whether there was any resolve to develop a new centre on the Roberts Court site. Councillor Dunwell also stated that clarification on the situation regarding Roberts Court was required.

In response to the question regarding the repairing of Stag Lane Clinic, Jo Ohlson (Director of Primary Care Commissioning, NHS Brent) explained that the reason why NHS Brent had decided to not repair Stag Lane Clinic was because there was no guarantee that there would not be any future underground movement if the building was to be retained. It was therefore felt that portakabins were the best solution, but that it was only a temporary solution. She further advised that they had been asked by the planning service to clear the Stag Lane site to provide car parking adjacent to the portakabin site and that NHS Brent's expectation was that it would be cleared to ensure that parking would be available.

With regards to Roberts Court, Jo Ohlson explained that there would only be a short window of opportunity in the next few months to develop on the Roberts Court site. She explained that she had met with half a dozen GP practices in Kingsbury to discuss the situation. She explained that due to the financial downturn a new clinic would have to be revenue neutral. She advised that there was a willingness to develop an affordable scheme which would be cost neutral and that NHS Brent would be undertaking a feasibility study in mid-April and would be developing a business case by the end of June 2010. Jo Ohlson stated that she was also aware that there was an interest for GPs to come together to build on the Stag Lane Clinic site and that this would also be looked at as an option.

Interim Chief Executive for NHS Harrow.

Mark Easton informed the committee that as well as being the Chief Executive of NHS Brent, he would also be acting as Interim Chief Executive for NHS Harrow from the 1st April 2010. The arrangements, he explained, would initially be for six months, with a review taking place after three months. He stated that the two organisations would continue to be run as completely separate entities, with separate finances, boards and management teams. He added that his new role would not have any impact on how NHS Brent provides services in Brent.

4. Deputations (if any)

Developing older adult mental health day hospital services in Brent - Service reconfiguration at Belvedere Day Hospital

The committee agreed to hear from Ed Fordham and Penny Blackman regarding the item on service reconfiguration at Belvedere Day Hospital. Ed Fordham, whose uncle was a user of mental health services, and Penny Blackman, who was a service user at Belvedere Day Hospital, addressed the committee to express their concerns regarding the plans for service reconfiguration at Belvedere Day Hospital. Penny Blackman, as a service user herself, stressed the importance of the services, which were provided for mental health sufferers at Belvedere Day Hospital. She felt that a change in service provision at the hospital would have a detrimental effect on those who attended the hospital. Penny Blackman handed in a petition against the closure of Belvedere Day Hospital.

Ed Fordham expressed a concern about the uncertainty surrounding the proposals and highlighted the importance of stability in the services used by those who suffered from mental health problems. With regards to the exploration of alternative models of supporting clients, as stated in the report by Central and North West

London NHS Foundation Trust (CNWL), he questioned what CNWL would do if service users wanted services to remain as they were at the Belvedere Day Hospital. Ed Fordham also raised a concern regarding the last three paragraphs of the report, which he felt suggested that responsibility was being shifted to the local authority and voluntary agencies. He finally raised a concern regarding the reality of the discussions, which the report suggested had been taking place with service users.

The committee also agreed to hear from Maurice Hoffman, who was a member of Brent Link, on this issue. Maurice Hoffman raised a concern that, over the last few months, services at Belvedere Day Hospital were being slowly reduced. This, he added, had been happening without sufficient consultation. He stressed the need for genuine engagement and consultation with service users. He brought the committee's attention to a question and answer leaflet on changes to Belvedere Day Hospital which had been provided to service users from an unknown source.

5. Developing older adult mental health day hospital services in Brent - Service reconfiguration at Belvedere Day Hospital

The committee agreed to take this item first.

Robyn Doran (Director of Operations, CNWL) introduced a report on the reconfiguration of services at Belvedere Day Hospital. She informed the committee that in recent years there had been an increasing focus on the modernisation of day hospital provision and that the national agenda had resulted in the focus of services moving away from being 'building based' to providing a model of community based support. She advised that any service development at Belvedere Day Hospital would need to support the national modernisation agenda. Robyn Doran explained that CNWL had not yet reached the stage of formal consultation and that so far only initial discussions had taken place with the service users of Belvedere Day Hospital. She advised that the question and answer leaflet, which was referred to by Maurice Hoffman, had been used as a starting point to these initial discussions with service users and that CNWL were planning to carry out more formal consultation.

Robyn Doran stated that the report, which had been circulated, put forward one potential model for service reconfiguration and that no decision had been made. Natalie Fox (Service Director for Older Adults Directorate, CNWL) explained that the potential model was a conceptual idea based on the modernisation agenda and that the model was not about providing a smaller number of services, but was about moving services into the community. She stressed that CNWL were not suggesting that Belvedere Day Hospital be closed. Robyn Doran advised that there were no plans to transfer responsibility from the health service to the local authority or voluntary sector agencies. Susan Drayton (Admiral Nurse, CNWL) advised that it would be the same members of staff providing the services.

The committee heard from Dr Robin Powell who was a consultant at the Belvedere Day Hospital. He stated that Belvedere Day Hospital had gone beyond its optimal usefulness and no longer functioned as it was originally intended to. The idea, he explained, was to get patients off the ward and back into the community, but that this was not happening effectively. There was also a need, he explained, to reduce the amount of time which service users were spending on travelling to the hospital.

He added that there was a need to look at this resource and whether it could be used more effectively.

Martin Cheeseman (Director of Housing and Community Care) explained that what had been set out in the report by CNWL regarding modernisation was part of a common national agenda to modernise adult services. He stressed the need for consultation, which would take into account the views of all the service users at Belvedere Day Hospital. He explained that the council would be involved in the consultation process. He advised that he had been given categorical assurances from CNWL that the intention was not to move costs from the health service to the local authority.

The committee also stressed the need for genuine consultation and the importance of ensuring that service users' views be taken account of. Following a request from the committee, Robyn Doran, stated that CNWL would produce a consultation plan in time for the next Health Select Committee for the committee to consider. She added that a report, which considered all the different options, would be presented to the Health Select Committee for discussion, once the consultation had been completed in the autumn. Following a request from the Chair, Robyn Doran stated that the report would consider the viability of keeping services running as they were currently doing so, as one of the options. She added that no changes to the services provided at Belvedere Day Hospital would be made until the plans had been agreed.

RESOLVED:

- i) that a consultation plan on the reconfiguration of services at Belvedere Day Hospital be produced by CNWL in time for the next Health Select Committee meeting.
- ii) that, following the consultation, a report which examines all the possible options for the reconfiguration of services at Belvedere Day Hospital be presented to the Health Select Committee for discussion in the Autumn.

6. **Childhood Immunisation Task Group - Final Report**

Councillor John, Chair of the Childhood Immunisation Task Group, introduced the report which set out the findings and recommendations of the Childhood Immunisation Task Group, which were being presented to the Health Select Committee for approval. She explained that the task group had been set up because councillors in Brent had concerns over the low level of immunisations being reported by NHS Brent. She added that as someone who had spent their professional life testing vaccinations, it was of great concern to her personally that young people in Brent were not being protected against diseases that could be prevented. Councillor John explained that the task group were especially concerned by the reduction in the number of children receiving the MMR vaccine due to the controversy caused by the now discredited research carried out by Andrew Wakefield. She added that there had been a number of recent cases of measles outbreaks in Brent which would not have occurred if the young children had received their MMR vaccine and booster.

Councillor John advised that data quality was a continuing theme during the course of the review. She added that the task group had been encouraged to learn that NHS Brent had allocated extra resources to bring its database up to date and that this had already had a positive impact on immunisation figures. Councillor John also highlighted the need for training, on the benefits of vaccinations, to be provided to all medical and non-medical staff working in frontline positions, including GP receptionists.

Councillor John stated that as well as looking at what NHS Brent was doing to improve immunisation levels, the task group had also explored how Brent Council could contribute to improving the immunisation levels. The task group noted how the council, via children's centres and schools had contact with the vast majority of children and parents in Brent and were therefore in a good position to assist NHS Brent in the delivery of the immunisation programme. She advised that the task group felt that the introduction of immunisation clinics at children's centres would be a very useful addition to existing services. Councillor John stated that the task group had met with a number of parents to discuss their views on immunisation and that the parents had expressed a range of views which had been included in the recommendations. Councillor John thanked everyone who had taken part in the review.

Jo Ohlson (Director of Primary Care Commissioning) circulated a paper which set out NHS Brent's response to the task group's recommendations. She thanked the task group for the excellent work that they had carried out on this issue. She advised that the data cleansing, which was currently being undertaken, would help them to focus on groups where there was low take-up. Following a request from Jo Ohlson, it was agreed that a recommendation around working with schools to increase the uptake of the Human Papillomavirus (HPV) vaccine would be added to the list of recommendations. Jo Ohlson explained that there had been an increase in the number of refusals and non-returns of consent forms and also a decrease in the number of uptakes of the 2nd and 3rd doses, which need to be carried out for the vaccine to be effective.

In response to a question regarding consent for the HPV vaccine, Tony Menzies explained that a parent's consent was not always required for girls under the age of 16, but that NHS Brent preferred to obtain this. He added that the consent forms were given to pupils to take home to their parents/guardians and that there was a concern that some of the consent forms were not being given to the parents/guardians. Responding to a question about whether there was literature available on the different vaccines, which would dispel the myths surrounding them, Dr Penelope Toff (Consultant in Public Health Medicine, NHS Brent) explained that there was literature available which effectively provided this information.

The Chair thanked the Task Group on behalf of the committee for the excellent work which they had carried out as part of the review. The committee agreed to endorse all the recommendations set out in the report and the additional recommendation regarding working with schools to increase the uptake of the HPV vaccine. Andrew Davies (Policy and Performance Officer) explained that the next step was for the task group's recommendations to go to the council's Executive and the NHS Brent Board for approval.

RESOLVED:-

- i) that a recommendation around working with schools to increase the uptake of the HPV vaccine be added to the Childhood Immunisation Task Group's list of recommendations;
- ii) that the Childhood Immunisation Task Group's recommendations be endorsed by the Health Select Committee and that the recommendations be passed to the council's Executive and NHS Brent Board for approval.

7. Response from the Planning Service on restricting or reducing the number of hot food takeaways

Following a request from members of the Health Select Committee for a statement from Brent's Planning Service regarding restricting or reducing the number of hot food takeaways in close proximity to schools, Ken Hullock (Policy Manager, Planning Services) introduced the briefing note. He informed the committee that in order to control hot food takeaways on the grounds of their contribution to childhood obesity, a new Supplementary Planning Document (SPD) or a new planning policy in the Development Plan, or both, would be required. He stated that Barking and Dagenham Council and Waltham Forest Council had produced SPDs to help curb the establishment of new hot food takeaways, which they had related to existing policies in their Unitary Development Plan (UDP). He added that if Brent was to pursue an SPD, then Barking and Dagenham's model would be the preferred model to follow because it was prepared as part of the LDF process and was based upon a stronger evidence base. He stated that a robust local evidence base, which showed that there was a direct link between the over concentration of hot food takeaways and obesity in the borough, would be required, whether Brent was to prepare a planning policy for inclusion in its development plan or an SPD.

Ken Hullock advised that planning controls would be given greater weight if brought forward in the form of a planning policy in the Council's forthcoming Development Management Policies. This, he added, could then be supported in further detail by a SPD. He advised that an SPD on its own may not have a great deal of weight when considered at an appeal against refusal of planning permission. He stated that Waltham Forest's and Barking and Dagenham's SPD had yet to be tested on appeal. However, he advised that because of other priorities and the proposed timetable for producing the new Development Management Policies document, a new policy would be unlikely to be adopted as statutory policy until the end of 2012 at the earliest. Ken Hullock informed the committee that the council had now received the prospective report regarding its core strategy.

In the discussion which followed a concern was raised regarding the amount of time it would take to create a planning policy for inclusion in the council's forthcoming Development Management Policies, as tackling child obesity should be a priority. In responding to a question, Ken Hullock advised that an SPD could be developed within nine months as it would not need to go through statutory process. A view was put forward by a member of the committee that the SPD route, using the Obesity Strategy to build up evidence, would be the best option. Andrew Davies (Policy and Performance Officer) advised that the Obesity Strategy Group, which met recently, had expressed a wish to pursue this with planning colleagues and to take it forward within the Obesity Strategy. In responding to a question regarding

the availability of evidence, Andrew Davies explained that whilst no research had been done as such, PCT representatives on the Obesity Strategy Group felt that there would be evidence available to show the link between the over concentration of hot food takeaways and levels of obesity in the borough. The committee agreed that in the meantime, the issue should be referred to the Planning Committee for their consideration of the issue.

RESOLVED:-

- i) that the briefing note on restricting or reducing the number of hot food takeaways be noted;
- ii) that the issue of restricting or reducing the number of hot food takeaways in close proximity to schools be referred to the Planning Committee for their consideration.

8. Integrated Strategic Plan for North West London

Mark Easton (Chief Executive, NHS Brent) introduced the set of presentation slides, which provided the committee with details on the Integrated Strategic Plan (ISP) for North West London. He explained that the ISP was the road-map for the redesign of the NHS in North West London up to 2014 and would be the broad framework within which fundamental changes to NHS services would be made. He added that the plan described the shift of care to lower cost settings in polysystems and the consequent effect this would have upon acute hospitals. Mark Easton advised that consultants had been appointed to look at the strategy over the next few months and that a 13 week public consultation on final options was likely to begin in autumn 2010. Stakeholder events, he added, would continue over the summer.

Maurice Hoffman (Brent Link) raised a concern that there had been a lack of consultation and engagement on NHS Brent's Commissioning Strategic Plan. He also highlighted the level of disinvestment which had been set out in the Commissioning Strategic Plan and concluded by explaining that he believed there was a mismatch between aspirations and cuts. Following concerns regarding disinvestment, Mark Easton explained that whilst there would be disinvestment, there would also be the recycling of money into more appropriate forms of care. A concern regarding the financial problems, which the Acute Trust has had, was also raised.

Responding to a question on the number of polyclinics expected for the borough, Mark Easton explained that the starting point had been five polyclinics. However, he advised that if it was to be based on one polyclinic per 100,000 people, as stated in the presentation slides, there would be three polyclinics for Brent. He added that they were currently looking at whether five polyclinics would be appropriate and that they would be working with the council on the possible implications of having three polyclinics rather than five. With regards to the transfer of some services from Willesden Centre for Health and Care to Central Middlesex Hospital, Mark Easton explained that it was a temporary transition. He explained that the x-ray services were still available at Willesden Centre for Health and Care.

In response to a question regarding the loss of 90 beds at Northwick Park Hospital, Mark Easton explained that Fiona Wise (Chief Executive, North West London Hospitals Trust), who had given her apologies for this meeting, would most likely have explained that she had opened more beds in the winter due to the winter weather to cope with A+E demands and that in order to balance books, they now had to be closed down. He added that fewer beds may also be needed due to improvements such as a reduction in delayed discharges. It was agreed that the Chair would write to Fiona Wise in order to get clarification on the loss of beds.

RESOLVED:-

- i) that the presentation on the North West London Sector Integrated Strategic Plan be noted;
- ii) that the Chair writes to Fiona Wise (Chief Executive North West London NHS Hospitals Trust) to ask for more information on the loss of beds at Northwick Park Hospital.

9. Brent Health Select Committee response to "Better Services for Local Children - A Public Consultation for Brent and Harrow"

The Chair brought the committee's attention to the Health Select Committee's draft response to the consultation and invited members to comment. Mark Easton (Chief Executive, NHS Brent) provided members with the statement regarding the future of Central Middlesex Hospital. It was agreed that receipt of this statement should be noted in the committee's response to the consultation.

RESOLVED:-

- i) that the response be updated to include the fact that the statement regarding the future of Central Middlesex Hospital had now been provided;
- ii) that the response to the consultation, as set out in appendix 1, be agreed and sent to NHS Brent as finalised.

10. Health Select Committee Work Programme - 2009/10

Andrew Davies (Policy and Performance Officer) explained that the outstanding items listed on the 2009/10 work programme would be carried over to the 2010/11 work programme. He welcomed any suggestions from members on items for inclusion in next year's work programme. He added that the work programme would also incorporate those issues raised at this meeting.

The Chair thanked all the committee members and partners for their contributions over the last year. He also thanked Andrew Davies for all the support he had provided the committee.

11. **Any Other Urgent Business**

None.

12. **Date of Next Meeting**

It was noted that the date of the next Health Select Committee would be confirmed at the Full Council meeting on Wednesday 26 May 2010.

The meeting closed at 8.50 pm

C LEAMAN
Chair