



## **MINUTES OF THE HEALTH PARTNERSHIPS OVERVIEW AND SCRUTINY COMMITTEE**

**Tuesday, 5 April 2011 at 7.00 pm**

PRESENT: Councillor Ogunro (Chair), Councillor Hunter (Vice-Chair) and Councillors Adeyeye, Beck, Colwill, Daly and Kabir

Also present: Councillor R Moher

Apologies were received from: Councillor Hector

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

None.

### **2. Minutes of the previous meeting**

RESOLVED:-

that the minutes of the previous meeting held on 16 February 2011 be approved as an accurate record of the meeting subject to:

Clause 2, Primary Care Services in Brent update  
Para 2 'April 2012' to read 'April 2011'

Clause 6, GP Commissioning Pathfinder – verbal report  
Para 3 'Dr Ohlson' to read 'Ms Ohlson'

### **3. Matters arising**

#### *Integrated Care Organisation (ICO) board*

Members asked for an update on the council's request to have a place on the ICO Board with voting rights. The Director of Strategy, Partnerships and Improvement advised that a reply had been received from Ealing Hospital Trust and the situation remained unchanged. It was agreed that a copy of the response would be sent to members for their information.

#### *Khat in Brent*

It was noted that the Khat task group was due to meet on 19 April to begin its work.

#### *Fuel Poverty and Health Scrutiny task group*

The task group report was due to go before the Executive for consideration and it was agreed that the outcome would be reported back at the next meeting.

#### **4. Paediatric Services for Brent and Harrow**

Fiona Wise (Chief Executive, North West London Hospitals NHS Trust) gave an update on the new arrangements for paediatric services at Northwick Park and Central Middlesex Hospitals (two paediatric assessment units, one at each hospital, with inpatient services at Northwick Park). Since implementation in October 2010 the number of patients arriving at the paediatric assessment units had remained unchanged but with a decrease in the number of overnight stays. Additionally, an external peer review of services for children with sickle cell had been very positive finding the services at Central Middlesex to be among the best in the country. On the Urgent Care Centre that had opened in March at Central Middlesex Ms Wise advised that arrangements were working well.

Members sought assurances on the reductions in numbers of admissions and heard that senior cover had been enhanced leading to improvements in decision making and reducing the number of unnecessary admissions. In response to a request for a breakdown of the admissions statistics to establish whether those from relatively deprived areas had been adversely affected by the reconfiguration, it was noted that while considering the data by postcode would be helpful, it would not give the full picture. The joint strategic needs assessment due to come to the committee at a future meeting, would give a more accurate picture on hospital admission.

Regarding services for children with sickle cell, Simon Bowen (NHS Brent) confirmed that work was taking place with GPs to improve education and understanding and also the management of patients in the community. The Brent Sickle Cell Society had been involved in the review and had had an opportunity to comment. Fiona Wise agreed to provide information on the number of patients that had visited Northwick Park Hospital since the closure of the service at Central Middlesex. It was agreed that the work of the sickle cell and thalassemia network in Brent should be an agenda item for a future meeting and that the figures on the impact of the reconfiguration be submitted in six months' time.

Jo Ohlson (Brent Borough Director, NHS Brent and Harrow) undertook to respond to members' enquiries on Family Nurse Partnership Programme funding.

RESOLVED:

that the update on the implementation of the new arrangements for paediatric services in Brent and Harrow be noted.

#### **5. Access to GP Services in Brent**

Jo Ohlson (Brent Borough Director, NHS Brent and Harrow) introduced the report on access to GP services in Brent which was a follow up to that considered in February 2011. She referred to the report from NHS Brent which indicated that the patient satisfaction with access was relatively poor in comparison to London and nationally. An intensive programme of support had been introduced, (the Access, Choice and Experience (ACE) Programme), in all Brent practices to improve overall care. It was hoped that by quarter four there would be evidence of a positive impact. On appointments, most practices did not show evidence of having given

consideration to adjusting capacity at times of high demand but there was evidence of improvements in advance booking, supported with text reminders. Some practices had also introduced measures to improve telephone access to surgeries through additional phone lines and more staff. Progress had yet to be made in patients' ability to see their preferred GP. Opening hours had increased and there had been a high uptake of extended hours, particularly in the Wembley area. It was noted that performance in some geographical areas was better than others and it was hoped that improvements would come about through GP consortia and peer review.

Members questioned the relatively low performance of particular practices in Kingsbury and Willesden and were advised that one had previously been a stand-alone practice while the other had now taken on board the results and had developed an action plan. It was hoped that data sharing and being open to changes would bring about improvements. Information on practice performance was available for patients in publications such as NHS Choices. There was little correlation between the number of GPs in a practice and satisfaction levels however, the number of telephone lines and availability of reception staff did impact on patient experience and this was relatively easy to address. Additionally, there would be more difficulties if plans were not in place for busy or holiday periods. Other methods of assessing satisfaction included participation groups used by some practices to get patients' views. Quarterly monitoring continued. It was noted that the results from all 71 practices would be reported to the next meeting. Information on changing GPs without changing address was available and would be provided to the Policy Team.

Patients' ability to see a preferred doctor was accepted as an issue of concern. It was noted that some are likely to become even less available as GPs became more specialised or become involved in commissioning. The committee also noted the view that key to success was a good practice manager and good team working. On practice managers, Ms Ohlson stated that the new consortia arrangements would put certain requirements in place and the NHS would recommend systems and processes for good practice management. Members raised questions on the recruitment processes in place and whether these could be more transparent to which Ms Ohlson responded that practices were independent and often family businesses. Practice managers were not NHS employees and as such PCTs could not monitor recruitment practices nor insist on training or particular skills sets.

Members were pleased to note that the Access, Choice and Experience Programme had the support of GP leaders. London's NHS outcome framework was due to be published on 1 April 2011.

RESOLVED:-

that the NHS Brent report on GP standards and the work being to improve access to services and patient satisfaction be noted.

## **6. Brent Obesity Strategy 2010 - 2014**

The committee considered the report from NHS Brent which gave an update on the borough's Obesity Strategy launched in November 2010 having been first presented to members in July 2010. Simon Bowen (Acting Director of Public

Health, NHS Brent) reported that while progress was being made in some areas such as NHS health checks and the breast feeding peer support programme, in others, progress been disappointing. Funding from both the council and NHS Brent to deliver the childhood obesity programme ceased in March 2011 and as a result the Healthy Little Eaters programme delivered by children's centres ended in March 2011, similarly, support for the MEND (Mind, Exercise, Nutrition, Do it!) programme for school aged children. In the absence of investment, taking the Obesity Strategy forward remained a challenge.

Members raised questions on the progress on initiatives relating to physical activity and increasing provision of appropriate facilities in the light of the decision to close Charteris Sports Centre in Kilburn. Simon Bowen agreed to provide more information on the alternative facilities said to be within a 1.5 mile radius of the centre and the extent to which they were accessible to the general public.

On the childhood obesity programme, Simon Bowen advised that some staff support for the programme had been lost during restructuring exercises in the PCT and the local authority. The Director of Strategy, Partnerships and Improvement, Phil Newby, advised that some schemes could no longer be supported following the loss of funding from the Local Area Agreement's performance reward grant. There was some hope of ring-fenced money but it was as yet unclear if the MEND programme could be reinstated.

Phil Newby contributed that the current discussions on the nature of public health, the respective roles of the local and the health authorities and opportunities were starting to take place with a view to transferring public health responsibilities to the council. Previously funding from central government was directed to particular targets however now discussion was taking place on how to achieve outcomes allowing services to be reshaped. On breast-feeding, it was noted that work was taking place to develop standards that would indicate that staff were being trained. The committee noted that healthy living projects, such as gardening and dietary management was were no longer supported following the end of Health Action Zone funding. It was hoped that these could be developed in the future. The pre-diabetic treatment programme for example was still supported in part. It was put that efforts should be made to think outside the medical model to identify sustainable projects that could be included in the Obesity Strategy.

Members requested a report to a future meeting on infant feeding and peer support workers.

RESOLVED:-

that the progress report be noted.

## **7. Brent Tobacco Control Strategy 2010-2013**

The committee had before it an update report on the implementation of the Tobacco Control Strategy launched in November 2010. Simon Bowen (Acting Director of Public Health, NHS Brent) advised that progress was being made and most actions were underway and on track to deliver the stop smoking targets. 5,000 smokers in Brent had been supported and many had given up. Additionally, central government

had launched a new tobacco plan in March with targets considered to be less ambitious than previously but with the same intentions.

The question was raised at the number of shisha bars opening in the borough. Members heard that investigations by authorities including trading standards, customs and excise and environmental health were taking place and work was also being done to raise awareness of potential harm. Members discussed the relative harm of shisha and the extent to which there was evidence of any formal link to the take up of tobacco smoking. Views were also put that there was a general misconception of shisha smoking and that it was a cultural, social activity similar to visiting a public house. Members agreed on the need to understand the risks associated with shisha smoking and to have clarity on the planning, licensing and cultural implications.

On tobacco smoking, members were pleased to learn that approximately 50% of those assisted, stopped smoking. It was accepted that the most significant intervention was the introduction of smoke free legislation however many were assisted with dedicated services within the health service and nicotine therapy. There was a lot of work with GPs, greater engagement and ownership.

RESOLVED:

that progress on the Tobacco Control strategy be noted.

#### **8. Work Programme 2010 -2011**

Members noted the outcome of the work programme for 2010/11, considered the list of items to be timetabled and were advised that suggestions made at this meeting of items to be discussed would be included. Members also suggested the inclusion of reports the following:

- maternity services (including satisfaction ratings)
- update on GP commission (to each meeting)

Members again raised the proposal for an Integrated Care Organisation based at Ealing Hospital Trust and sought confirmation of the name which they felt should be reflective of all three boroughs involved. Jo Ohlson agreed to confirm the new name and advise the Policy and Performance Officer.

#### **9. Any Other Urgent Business - IT systems**

The issue was raised of possible incompatibility between IT systems which from the end of March meant that the NHS could not send sensitive data to the council. The Assistant Director, Community Care agreed to look into this.

The meeting closed at 9.00 pm

B OGUNRO  
Chair