

MINUTES OF THE HEALTH SELECT COMMITTEE
Wednesday, 4th October 2006 at 7.00 pm

PRESENT: Councillor Clues (Chair) and Councillors Baker, Detre, Fox, Jackson (alternate for Dunn), D Long (alternate for Farrell) and Matthews.

Apologies for absence were received from Councillors Dunn and Farrell.

1. Welcome

The Chair welcomed those present to the first meeting of the newly established Health Select Committee.

2. Declarations of Personal and Prejudicial Interests

None.

3. Minutes of Previous Meeting- 2nd February 2006

RESOLVED:-

that the minutes of the meeting of the former Health Overview Panel held on 9th March 2006 be received and approved as an accurate record.

4. Matters Arising

None.

5. CNWL Mental Health Trust: Foundation Trust Application - Consultation

The Committee had before them a report providing details of the Central and North West London (CNWL) Mental Health NHS Trust's application to become an NHS Foundation Trust. Dr Peter Carter (Chief Executive, CNWL Mental Health NHS Trust) explained that a Foundation Trust (FT) was a new type of organisation known as an Independent Public Benefit Corporation, which involved service users, carers, the public, and staff in the way it was run. He outlined the reasons why FT status was being sought and indicated that the application involved three phases, including a period of public consultation. The final decision would subsequently be taken by Monitor, the independent regulator, in April 2007.

Members were informed of the future plans for the CNWL Mental Health Trust, which included improved early intervention services for those suffering from psychotic illnesses, and further development of partnership working with the Primary Care Trust (PCT). Other areas outlined included planned improvements to the premises for drug and alcohol detoxification services, the need for further development in the area of adolescent in-patient services, and the expansion of the out-patient eating disorder service. Dr Carter also outlined the proposals for a membership of 5000, drawn from three main constituencies; those who had been service users and carers within the past 3 years, members of the public living in one of the 8 boroughs served by the Trust, and Trust employees (around 3000). It was noted that 37 Governors would be elected and appointed from the membership.

In response to a question raised, members were informed that FT status would provide the Trust with greater financial stability and flexibility in terms of resource allocation. It would also remove a number of reporting requirements to the Healthcare Commission, which would in turn release resources for patient care. Some concerns were expressed about the costs incurred though altering the structure of the Trust and it was advised that £100k of central government funding would be allocated to meet set up costs. Dr Carter acknowledged the challenges involved in addressing health inequalities though public involvement, but noted the importance of involving non-statutory agencies and hard-to-reach communities through consultation, with a view to ensuring the membership base was representative of the local community.

Noting that the proposed governing structure only contained one representative from the Council, Martin Cheeseman (Director of Housing and Community Care) requested assurances that Brent would not become marginalised as a result of the Trust's expanding role. Dr Carter ensured that Brent funds would not be used to cross-subsidise other boroughs. In response to concerns raised, it was confirmed that the costs involved in establishing the membership would not be met by the Brent budget.

A number of comments were made regarding the opportunities for a Foundation Trust to engage in longer term contractual arrangements. Members heard that three year contracts would enable increased continuity and stability for the Trust. Andrew Parker (Acting Chief Executive, Brent tPCT) pointed out, however, that whilst welcoming a move towards longer term arrangements, during this period of financial uncertainty the PCT might not be in a position to enter into 3 year contracts.

With regard to questions about provision of services in prisons, members were advised that such work was of vital importance given the prevalence of mental health issues amongst the prison population. The programme at Wormwood Scrubs Prison was highlighted as a key

success, particularly in terms of the interagency work supporting prisoners prior to release. It was also confirmed that although services at prisons were commissioned by the PCT, they were central government funded and therefore did not directly impact on the Council's budget.

In response to a query, it was clarified that the Trust had agreed to take over the management of the inpatient learning disabilities service at Kingsbury Hospital from the PCT. Members heard that this service transfer had not been the result of any patient care concerns. Patricia Atkinson (Director of Nursing and Clinical Governance, Brent tPCT) explained that following consultation, it had been agreed that the work carried out at Kingsbury fitted better with the remit of CNWL NHS Trust than the PCT. One member asked what services were available to those suffering from self harm problems and heard that a specialist team at Central Middlesex Hospital dealt with this issue and such problems would also be picked up through GP and psychologist referrals.

RESOLVED:-

- (i) that the Chair of the Health Select Committee provide a formal response to the CNWL Mental Health NHS Trust's application to become a Foundation Trust by 23rd October 2006;
- (ii) that the formal response outlined in (i) include the key points raised by the Committee.

6. Brent tPCT Savings Programme 2006/07 - Update

Jean Gaffin OBE (Chair, Brent tPCT) introduced the item by reminding members that the Brent tPCT Savings Programme 2006/07 was the result of steps taken by the Department of Health (DoH) to make savings rather than the result of any deficit in PCT funds. She introduced Andrew Parker (Acting Chief Executive, Brent tPCT) who outlined the current financial situation. It was noted that the annual fund allocation for the PCT totalled approximately £380 million, but an unexpected decrease of £19 million this year had meant a 5 per cent reduction in the funds anticipated at the start of the year. Consequently, it would be necessary for the PCT to take a range of measures across its service area portfolio in order to address the funding shortfall.

Members were advised that all of the projects proposed under the Savings Programme 2006/07 had now been risk assessed, but that a further £6 million worth of savings still needed to be identified to meet savings targets. It was noted that one option being considered was to commission KPMG to examine ideas for a recovery plan. Furthermore,

the Local Delivery Plan was currently being examined to identify potential savings. The Select Committee was informed that as part of the consultation process, a Stakeholder Involvement Day would be held on Wednesday, 18th October 2006. PCT representatives would also engage in community consultation by attending a number of Area Consultative Forums, particularly in areas where there were planned clinic closures.

One member queried whether a reduction in services provided through the voluntary sector might be offset by increased hospital admissions. Mike Hellier (Programme Director, Brent tPCT) responded that the PCT valued the role of this sector in providing services within the community, any would continue to spend approximately £5 million working with voluntary organisations. However, within the current financial climate, savings of £200k were required in areas such as the provision of advice services. In response to concerns, it was confirmed that whilst the KPMG report would cost approximately £250k, the company had a proven track record in assisting similar organisations to achieve savings.

Martin Cheeseman (Director of Housing and Community Care) commented that savings in one area could potentially result in further costs in another, and stressed the importance of joint working to address this problem. Whilst acknowledging this point, Mr Parker emphasised that the majority of savings would be dealt with by rationalising procurement arrangements and would not therefore have a direct impact on other bodies working within the health and social care economy. In response to a point raised by Mansukh Raichra (Chair, Brent PCT Patient Forum), it was also confirmed that patient care should not be affected by the Savings Programme. Members were further informed that a health impact assessment had been carried out on the Brent tPCT Savings Plan 2006/07.

The Chair concluded the item by expressing the wish of the Committee for continued joined-up thinking on health, and emphasising the need for the patient to be kept at the centre of future discussions.

RESOLVED:

- (i) that the Brent tPCT Savings Programme 2006/07 be noted;
- (ii) that representatives from Brent tPCT provide frequent updates to the Health Select Committee.

7. Healthcare Commission Investigation into Maternal Deaths at Northwick Park Hospital

Mary Wells (Chief Executive, North West London Hospitals NHS Trust) provided the Committee with an update on action following the Healthcare Commission (HCC) investigation into maternal deaths at Northwick Park between April 2002 and April 2005. She noted that a second executive summary to the HCC report had not been included with the agenda and advised that copies were available online or by request. It was explained, however, that the conclusions of both summaries remained the same.

Members were reminded that the Northwick Park maternity unit had been placed on special measures by the HCC in April 2005, following concerns about the maternal death rate. However, the Trust had now fully implemented its action plan and, following a HCC review in April 2006 had been taken off special measures. It was emphasised that the HCC was very satisfied with progress made over the past 18 months and issues such as previous concerns about insufficient consultant input had now been addressed.

The committee raised a number of questions regarding management issues and problems identified in working between staff. In response, they were advised that the London Health Authority would monitor the unit over the next 12 months and the Trust was required to report any clinical incidents and problems. Ms Wells stressed that there had only been one maternal death since special measures had been put in place and, following review, the Trust had not been found at fault.

Following a query, it was confirmed that the management culture issues highlighted in the report had largely been addressed through the action plan. It was further noted that a national clinical governance team was working with the Trust on this issue, and that there had also been changes to the Executive team and at general management level. Members heard that a more open approach to risk management and incident reporting had been established and clinical guidance updated. The importance of a learning culture and good communication, as well as proper systems and discipline were also stressed.

In response to a question from the Chair, members were informed that whilst the removal of special measures had been a significant step in improving patient confidence in the unit, it was hoped that this confidence would increase further in time.

RESOLVED:-

that the North West London Hospitals NHS Trust provide the Health Select Committee with periodic updates relating to the implementation of the action plan resulting from the Health Care Commission investigation.

8. NWLH NHS Trust Strategic Reconfiguration Project – Involvement Strategy and Clinical Model

Wendy Smith (Director of Communications (Essex), East of England Strategic Health Authority) introduced the item, explaining that she was currently on secondment to the North West London Hospitals NHS Trust. She provided the Committee with an update on the current status of the North West London Hospitals NHS Trust Strategic Reconfiguration Project. Those present heard that the Trust was in the process of reviewing its future plans. Strategic objectives had been discussed, and the next phase would involve a major programme of involvement and consultation until December 2006. It was hoped that specific proposals would be finalised in January 2007, and that formal consultation on the finalised proposals would take place between January and April 2007, subject to the agreement of NHS London, the newly established strategic health authority. Mary Wells (Chief Executive, North West London Hospitals NHS Trust) commented that with approximately 20 health economies across London, there was potential for slippage in terms of the project timetable.

Members were advised that the plans would link into a pan-London health strategy. They were also advised of a core discussion programme involving a full day workshop for key stakeholders and further workshops for both clinicians and staff. It was agreed by the Committee that the current proposals for both daytime and evening meetings would be an effective means of ensuring extensive consultation.

Attention was drawn to the fact that new technologies presented opportunities in health care and it was therefore important that facilities were up to date. New ways approaching patient care issues were outlined. The Committee were also informed that in many instances services could be provided more effectively in the community than in a hospital setting, and that improvements in emergency care might be brought about through specialist centres.

One member questioned how community care initiatives would be staffed and Patricia Atkinson (Director of Nursing and Clinical Governance, Brent tPCT) responded that community matrons already provided services to people in their homes, but the use of available nursing resources needed to be further examined, with a view to the possible establishment of a “nursing network”. The Chair highlighted that carers represented an important group who would be potentially affected by any proposed changes and also commented on the need for any further approach to hospital provision to look beyond simply diagnosis and cure. Mary Wells noted that future discussions would have to take place within the national policy framework, which indicated a move towards hospitals dealing primarily with acute patients.

Concerns were expressed about recent press reports suggesting the closure of the accident and emergency department at Central Middlesex Hospital. Ms Wells emphasised that such reports were misleading as the Trust had not taken a decision to close this department. She stressed that the main issue was that people needed to be clear that they would continue to receive a good level of care whether the point of delivery be at an accident and emergency department or a specialist service or unit.

One member drew attention to the impact of care in the community initiatives on the social care provision undertaken through the Council. Martin Cheeseman (Director of Housing and Community Care) highlighted that in his opinion the consultation process was of significant importance in ensuring that the resulting programme was successful.

RESOLVED:-

- (i) that the consultation process on the North West London Hospitals NHS Trust Strategic Configuration be included in the work programme of the Health Select Committee for the municipal year 2006/07;
- (ii) that Councillor Clues and Councillor Detre be appointed to sit on any future Joint Overview and Scrutiny Committee (JOSC) to allow it to convene promptly, as required.

9. DoH Consultation: “A stronger local voice” – Development of Local Involvement Networks (LINKs) and Future of Public Patient Involvement Forums (PPIFs)

Members had before them a report outlining the recent Department of Health (DoH) consultation on the future of public and patient engagement and the development of Local Involvement Networks (LINKs). James Sandy (Policy Officer, Policy and Regeneration Unit) introduced the item by drawing members' attention to the joint response issued by the Council and Brent tPCT in respect of the consultation process. He highlighted that it was proposed that LINKs would take over from the current Patient and Public Involvement Forums (PPIF). It was suggested the Health Select Committee consider establishing a politically balanced, time-limited working group to consider how LINKs could relate to both the Council structure and also that of the Health and Social Care Partnership Board of the Local Strategic Partnership (LSP). It was further noted that this working group could involve PPIFs and take evidence, as necessary, and that the relevant group offices could be approached to nominate members.

RESOLVED:-

- (i) that a politically balanced time-limited work group be established to examine the development of Local Involvement Networks (LINKs);
- (ii) that the task group outlined in (i) would consist of four members; one from each of the political parties represented on the Council and a representative from the Patient and Public Involvement Forums (PPIF).

10. London Ambulance Service Patients' Forum Strokes Services Survey

James Sandy (Policy Officer, Policy and Regeneration Unit) advised that the London Ambulance Service (LAS) Patients' Forum had commissioned a survey requesting information on stroke services within the borough. However, unfortunately this information request had been received during the period prior to the establishment of the Health Select Committee and the consultation period had recently finished. It was suggested that the Policy and Regeneration Unit consult with the LAS to determine whether input was still required from Brent Council on this issue and that the matter would be considered at the next meeting of the Health Select Committee.

RESOLVED:-

that the Policy and Regeneration Unit liaise with the London Ambulance Service (LAS) Patients' Forum to determine whether a survey response would still be required from Brent Council and, if appropriate, bring this matter before the next meeting of the Health Select Committee.

11. Suggested Work Programme for the Health Select Committee 2006/07

Members were invited to comment on the suggested programme for the Health Select Committee for the municipal year 2006/07. Jean Gaffin OBE (Chair, Brent PCT) advised that the PCT had already carried out work on both dental provision in the borough and the prevalence and consequences of the use of chat. It was therefore suggested that instead of being investigated through a task group, it might be worth presenting these items to future meetings instead. In response to a request for clarification, members were informed that chat was a form of chewing tobacco commonly used within the Somali community. Whilst not illegal, there were detrimental health implications for users. It was suggested that a representative from an organisation within Brent representing the Somali community be invited to attend a future meeting of the Committee to discuss this issue.

Martin Cheeseman (Director of Housing and Community Care) also noted that a significant amount of work had already been undertaken with the PCT and others on the Health Strategy for Brent. It was hoped that the strategy would be in place by the end of April 2007 and it was therefore suggested that a meeting of the Select Committee be arranged in March 2007 to discuss this matter. He further noted that the Health Economy item in the suggested programme might be integrated into other items to be presented before the Committee. Other possible areas of future work suggested by members included the reallocation of patient lists following the retirement of a GP and further monitoring of the Council's teenage pregnancy strategy.

RESOLVED:-

that members' suggestions regarding the suggested work programme for the Health Select Committee for 2006/07 be incorporated into a report to be brought before the Committee at a future date for agreement.

12. Date of Next Meeting

It was noted that the next meeting of the Health Select Committee would take place on Wednesday, 6th December 2006 at 7pm.

13. Any Other Urgent Business

None

The meeting ended at 10.20 pm.

The Committee adjourned from 8.40 pm to 8.55 pm.

Cllr (The Revd) D Clues
Chair