

MINUTES OF THE HEALTH SELECT COMMITTEE
Wednesday, 21st March 2007 at 7.30 pm

PRESENT: Councillor Clues (Chair) and Councillors Detre, Jackson, Mathews and Moloney.

Apologies for absence were received from Councillor Farrell.

1. Declarations of Personal and Prejudicial Interests

There were none.

2. Minutes of Previous Meeting - 13th February 2007

RESOLVED:-

that the minutes of the meeting held on 13th February 2007 be received and approved as an accurate record.

3. Matters Arising

There were none.

4. Healthcare Commission (HCC) Annual Health Check

Cathy Tyson (Assistant Director, Policy and Regeneration Unit) introduced the item by reminding members that according to the Healthcare Commission's Annual Health Check process, local NHS trusts were required to submit 'self declarations' measuring their performance against the Department of Health's core standards. It was further explained that trusts were also required to include the unedited comments of the Health Select Committee in their final declarations to the HCC.

One member questioned how it was possible for the Committee to conduct effective scrutiny when relying on information provided by the trusts themselves. Mary Wells (Chief Executive, North West London Hospitals NHS Trust) acknowledged this point, and also drew attention to the difficulties of presenting technical information in an accessible format. Nevertheless, she pointed out that the HCC would levy fines against any trusts found to be non-compliant in areas where they had claimed to have met the standard. Patricia Atkinson (Director of Nursing, Quality and Clinical Governance, Brent Teaching Primary Care Trust (Brent tPCT)) added that she had recently met with the Chair of the Health Select Committee to explore ways in which the organisation could provide assurances regarding compliance with

standards. A representative from the CNWL MHT also sought to remind members that the Trust's declaration had not yet been considered by their board and, therefore, was only currently in draft form.

Following a question raised, Mary Wells provided one example of an area in which the Trust had declared non-compliance. She explained that because the Trust had not previously had in place a Black and Minority Ethnic staff forum or formal mentoring programme, it had not been possible to meet Standard 8b. However, it was stressed that non-compliance had only centred on these two specific areas, which were now being addressed through an action plan. Ms Wells also indicated that the Trust would be willing to bring the action plan before the Committee if so requested by members.

Members were requested to submit their individual comments by 6th April, so that the formal response of the Health Select Committee could be submitted to the HCC by the deadline of 1st May 2007.

RESOLVED:-

that the formal response of the Health Select Committee to the Annual Health Check process for 2007 be finalised and submitted to the Healthcare Commission by 1st May 2007.

5. Brent tPCT Turnaround Plan Task Group – Final Report

At the meeting on the 6th December 2006, the Health Select Committee established a cross-party task group to examine the impact of the Brent tPCT Turnaround Plan, and members now had before them a copy of the final report of the task group. The Chair reminded that this report had been considered by the Executive in March 2007, and would now be sent to the Overview and Scrutiny Committee for comment.

In response to a question raised, it was clarified that whilst the task group had been time-limited, one of its recommendations was for the establishment of an ad hoc task group on NHS finances to monitor the financial position of all local trusts and the continuing tPCT deficit.

Phil Church (Turnaround Director, Brent tPCT) further explained that proposals for another 30 to 40 work streams were due to be considered by the tPCT Board. In response to concerns raised by the Chair, it was confirmed that these additional plans would add another £4 million worth of savings to the Turnaround Plan, bringing the overall total to £25 million.

Mansukh Raichuria (Chair, Brent tPCT Patient and Public Involvement Forum) asked about what mechanisms existed within the Council for individuals to raise their concerns. The Chair responded by suggesting that the most appropriate course of action would usually be to raise an issue directly with the tPCT in the first instance. However, a matter might be considered by a particular committee within the Council's overview and scrutiny structure, where relevant. It was also explained that an individual could use the deputation process to raise a specific concern with the Health Select Committee.

Phil Church also explained the various methods within the tPCT for addressing concerns. He noted that he had attended both a patient forum and a number of meetings of the Council's Area Consultative Forums to explain the Turnaround Plan and respond to the concerns of local residents. He also reminded that another course of action open to individuals was to write to the tPCT Chief Executive.

RESOLVED:-

that the Committee note the final report of the tPCT Turnaround Plan task group.

6. Local Involvement Networks (LINKs) Working Group – Final Report

Members had before them the final report of the Local Involvement Network (LINKs) task group, which had been established by the Health Select Committee to explore the development of LINKs in relation to overview and scrutiny and the Local Strategic Partnership (LSP).

Those present were informed of government proposals to reform Patient and Public Involvement Forums (PPIF) and introduce LINKs instead. However, it was noted that the LINKs concept was based on legislation that had yet to be implemented, and therefore task group enquiry had centred on the proposed new governance arrangements, and how these would fit with existing structures.

Cathy Tyson (Assistant Director, Policy and Regeneration Unit) explained that the task group had gathered information on number of 'early adopters' that had been identified by the government for the development of LINKs. It was noted that concerns had already emerged through consultation about a possible loss of expertise under the new structure. Consequently, one task group finding concerned the need to ensure that the existing body of knowledge was retained. It was also noted that the specific geographical focus of the LINKs model might present difficulties in terms of mapping with other relevant structures. The Chair of the tPCT PPIF welcomed comments about the need to retain links with existing forums. Members further heard that

the Council's Head of Consultation had been identified as the named officer to facilitate the LINKs process.

It was advised that the government had committed to providing local funding for the development LINKs once the relevant legislation was put in place. Councillor Detre, as chair of the LINKs task group, suggested that the issue should be revisited once a clearer picture of legislation timetables had been established. With this in mind, the Chair suggested that members might wish to consider adopting the first two of the task group recommendations at the present meeting, with a view to considering the remainder once the relevant legislation had been implemented. He also thanked the task group for the work they had carried out.

RESOLVED:-

- (i) that referrals from local patient forums should be included as a standing item on the agenda of future Health Select Committee meetings;
- (ii) that the Committee appoint an observer to the committee to act as a communication channel between overview and scrutiny and LINKs;
- (iii) that the remaining recommendations of the LINKs task group be considered by the Committee following the implementation of the relevant legislation.

7. Update – Change for the Better Consultation

Mary Wells (Chief Executive, North West London Hospitals NHS Trust) updated members on "*Change for the Better*", the joint consultation by North West London Hospitals NHS Trust (NWLH NHS Trust), Brent tPCT and Harrow PCT, aimed at determining the views of local people regarding local health services and future delivery.

Members heard that a stakeholder event in December 2006 had provided useful feedback, the results of which were currently in the process of being written up. Key themes had been identified as the need for better access to healthcare, greater joined up thinking between health and social care providers and some specific issues around GP services. The Committee were advised that the children's event had also highlighted the need for better provision of services for young people.

It was explained that the consultation should be looked at within the wider context of the planned redevelopment of Northwick Park Hospital. Furthermore, the capacity for healthcare provision in the North West of the capital was currently being examined through the

London Strategy being developed by the London Strategic Health Authority (SHA). Christabel Shawcross (Assistant Director, Housing and Community Care) also added that central government plans to shift resources from the acute sector into the community could have far reaching implications, which would need to be addressed through continued partnership working between all those involved.

Noting that mental health services were to be dealt with separately from the London Strategy, one member was concerned that this approach would not sufficiently take into account the overlap between mental and physical problems. In response, it was stressed that there was a need to take a pragmatic approach within the London Strategy in order to manage the shift from acute to primary care. Nevertheless, it was acknowledged that these concerns had been raised at the stakeholder event. A representative from the CNWL MHT further emphasised the importance of the point raised, given that individuals with mental health problems typically had a life expectancy ten years lower than average.

Following a question from the Chair, it was confirmed that the final report was being drafted in April 2007, with the recommendations due to be published by early summer.

RESOLVED:-

that the Committee note the report, and accommodate into its work programme further information updates as they become available.

8. Teenage Pregnancy Strategy

In October 2004, the former Health Overview Panel established a task group to examine the effectiveness of the services for promoting the sexual health of young people within the borough. Anjum Fareed (Sexual Health Service Development Manager, Brent tPCT) attended the meeting to provide an update on the Council's Teenage Pregnancy and Sexual Health Strategy.

Ms Fareed noted developments in the area of sexual health service provision, including dedicated services for young people. She also pointed out that teenage pregnancy rates within the borough were now falling. Following a question from the Chair, members were advised that a consultation event for GPs was due to take place on 4th April, which would include a strand on sexual health issues. It was also clarified that recruitment to a new Community Outreach Worker post, jointly funded by the tPCT and Children and Families department, would take place in April 2007.

The Committee were advised on planned changes to the provision of contraceptive services. Whilst emphasising that service provision at clinics would continue, it was explained that patients would be referred back to GP level for follow up care, and plans were currently being drawn up to ensure a continuation of care standards.

A number of questions were raised about progress on tendering contraceptive services in the borough. It was explained that the decision regarding the tendering of services had been taken at the GP Leads meeting on 19th February 2007. It was acknowledged that concerns had been raised at this meeting about the implications of increased GP workloads, as well as possible training needs. It was further confirmed that Genito Urinary Medicine (GUM) funding would not be affected by the changes.

The Chair expressed concerns that the planned changes would result in a reduction of approximately one third of the current contraceptive services budget. With regard to his specific concern about the potential detrimental effect this might have on current abortion rates, he was advised that the situation would be closely monitored. More generally, Ms Fareed was keen to stress that the changes related to alterations to current service provision rather than clinic closures.

Following an invitation from the Chair, Dr Connie Smith (Co-Director, Westside Contraceptive Services) spoke about the planned reduction of £159,000 to the budget for Westside Contraceptive Services, particularly with regard to concerns about open access to services and the capacity within the primary sector to take on additional work. Thus, Chair felt that it was necessary for an update to be brought to the next meeting of the Committee, and for the issue to be built into the work programme for the next municipal year.

Patricia Atkinson (Director of Nursing, Quality and Clinical Governance, Brent tPCT) reminded those present that GPs were already providing services around contraception, and training offered was simply to allow them to remain up to date with current practices. With regard to open access issues, she stressed that patients would not be turned away from clinics, or referred to their GP where this was not appropriate.

There followed a discussion about possible reductions to the school nursing service. Whilst it was asserted that no decision had yet been taken by the tPCT Board on this issue, the Chair pointed out that he had in his possession a letter from the tPCT Director of Integrated Health Services to the head teacher of a local school informing of a reduction of 9 school nurse posts in the borough. Whilst accepting that the views expressed in this letter were in line with officer recommendations, Phil Church strongly asserted that no decision had yet been taken by the tPCT Board on this issue.

RESOLVED:-

that the Committee receive a progress report on the tendering of contraceptive services in Brent at the next meeting, and incorporate the issue into its work programme for the next municipal year.

9. **Khat – Information Update**

Flora Baafuo-Awuah (Community Engagement Manager, Brent Drugs and Alcohol Action Team (DAAT)) updated members on the role of the DAAT in relation to the problems associated with Khat usage. Those present were reminded that Khat was a substance commonly used within the Somali community, the effects of which were comparable to that of crack cocaine. Whilst not illegal, it was noted that the use of Khat contributed to antisocial problems and increased levels of unemployment within the Somali community. Members heard that given the problems associated with the use of Khat, representations had been made to central government for it to be reclassified as illegal; however, to date this approach had been unsuccessful.

It was advised that the DAAT was currently reviewing its service level agreements with treatment providers and had made significant investments in dealing with the issue of Khat, including funding for two Somali Substance Misuse Advisor posts. Following a query, it was stressed that these posts were necessary in order to tackle the problem. Christabel Shawcross (Assistant Director, Housing and Community Care) further added that from a Council perspective the issue was regarded as priority.

Following a question raised, it was confirmed that as Khat was a legal substance, an individual could not be prosecuted for selling it to a young person. Members discussed the various ways in which the issue could be dealt with, and it was suggested that the Crime Prevention Strategy Group should be asked to provide an update on how the issue was being taken forward at a future meeting of the Committee.

RESOLVED:-

that the Committee request an update from the Crime Prevention Strategy Group on the issue of Khat.

10. **Date of Next Meeting**

It was noted that the next meeting of the Health Select Committee would take place at a date to be confirmed following the Annual Meeting in May 2007.

11. **Any Other Urgent Business**

There was none.

The meeting ended at 9.37 pm.

Cllr (The Revd) D Clues
Chair

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