MINUTES OF THE HEALTH SELECT COMMITTEE
Tuesday, 19th February 2008 at 7.00 pm

PRESENT: Councillor Leaman (Chair) and Councillors Crane, Jackson, R Moher and Moloney.

Apologies for absence were received from Councillors Baker and Detre.

1. **Declaration of Personal and Prejudicial Interests**

There were none.

2. **Minutes of Previous Meeting**

RESOLVED:-

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

3. **Matters Arising**

The Chair drew attention to concerns raised previously that the North West London NHS Hospitals Trust might be applying its Overseas Visitor Policy to minority ethnic patients living locally. Whilst it had been established that the Trust had passed a copy of this policy to the Brent Public and Patient Involvement Forum (PPIF), it was not clear whether further discussion had taken place between the two bodies, and therefore the Patients Forum were advised to contact the Trust directly.

4. **Brent tPCT Public and Patient Involvement Forum (PPIF) Update**

Explaining that the Brent Public and Patient Involvement Forum (PPIF) would continue to make preparations for the forthcoming transition over to Local Involvement Networks (LINks), Mansukh Raichuria (Chair, Brent tPCT PPIF) outlined that in the intervening period, the PPIF would continue with its work on areas such as the Healthcare Commission Annual Health Check (AHC). Members were also informed that the last PPIF meeting would take place on 10th March 2008.

5. ***'Healthcare for London'*** **– Update on Brent tPCT Consultation**

Mark Easton (Chief Executive, Brent tPCT) provided a presentation on the main elements contained in Sir Professor Ara Darzi's *'Healthcare for London: a Framework for Action' report*, and provided information on their consultation within the borough. The Committee also had before them a report commissioned by London Councils as an aid for overview and scrutiny committees on *'Healthcare for London: A Framework for*

Action' report and the consultation process. Following the presentation members were invited to raise questions.

The Committee was advised that the consultation for *'Healthcare for London'* was taking place across all primary care trusts in London, and would conclude on 7th March 2008. Members heard that a public event had recently been held at Willesden Library, and any groups wishing to input into the consultation process were invited to do so. It was also pointed out that the current consultation was concerned with the overall framework for healthcare in London rather than specific services or buildings. The reasons for the proposed change to current healthcare provision in London were then outlined, including the need to reduce healthcare inequalities in the capital.

The Committee were then taken through each of the 9 areas on which the Darzi report was based. They were informed that the report proposed better provision of preventative services and an increase in midwifery led maternity units. Immunisation rates were explained as being an extremely important issue in terms of the health of children and young people and, in turn, the impact of the health of the overall population. Mental health service provision was also highlighted as an area of focus. On the issue of acute care, those present were advised that stroke services had been identified as an area where many hospitals were currently providing a substandard level of care. Thus, the report called for the establishment of specialist centres for stroke, trauma and complex emergency services. It was stressed that this approach had already been successful in the area of heart attack services, and that there were no proposals at present for the closure of any Accident and Emergency units. Similarly, end of life care was identified as an area requiring service improvement.

It was acknowledged that the concept of introducing polyclinics had so far proved to be one of the most controversial aspects of the report. However, members were reminded that a polyclinic would not necessarily have to be a single building, and could instead be a network of sites providing a range of services. Finally, it was stressed that the proposals were not about making cuts to healthcare, but instead using budgets effectively to ensure the best delivery of health services.

Following the presentation, one councillor raised concerns that the proposed changes would mean that patients would be required to travel a greater distance to access services, noting the adverse impact that this might have on those with mobility problems. In response, Mr Easton reminded those present that according to the report 75 percent of people would still be within two kilometres of a polyclinic. It was further emphasised that the tPCT was currently working with Transport for London (TfL) to improve transport links to healthcare facilities.

Mansukh Raichuria (Chair, Brent tPCT PPIF) voiced concern that despite the diversity of London, and in particular Brent, the report did not specifically address this issue. In turn, the tPCT representatives accepted this point and agreed that to take it on board as part of the consultation process. Another point raised about the potential difficulties involved in communicating to residents any change of healthcare sites. Nevertheless, on the issue of staffing, the suggestion that the proposed changes might have a negative impact on the NHS workforce was however disputed.

Martin Cheeseman (Director of Housing and Community Care) was then invited comment on the Darzi proposals from a local government perspective. Whilst he was of the opinion that 'Healthcare for London' contained a number of positive aspects, he stated that a significant amount of work would need to be undertaken in order to insure that the implementation of the proposals was successful. Moreover, in light of the implications that increased community healthcare provision would have for the Council, he felt that it would have been useful for the report to have contained information on whether resources would need to be transferred in order to make the model work. In addition, he highlighted that one of the main obstacles to the successful implementation of the Darzi proposals would be the difficulties in persuading people to change their patterns of behaviour. Thus, he did not support the tPCT view that there would be no need for any dual provision of services of a period of time. The difficulties of rolling out the Darzi model in a borough with a large Black and Minority Ethnic (BME) population, many of whom would come from cultures where healthcare provision was mainly hospital centred, were highlighted.

The Chair raised a question about the importance of IT in terms of the successful implementation of the proposals, and was in turn advised that this was not envisaged to be a problem given the number of GP practices already using electronic systems. Mr Easton also advised that local PCTs would be afforded a degree of flexibility in order to tailor the implementation of Darzi to suit local circumstances. Further to a query, he acknowledged the likelihood that the number of GP services in the borough would be consolidated. With this in mind, it was pointed out that it would be possible to group GP surgeries on a number of different sites under the proposed network model.

Noting that one proposed option was for polyclinics to be located on hospital sites, the Chair queried whether this correlated with areas of need within Brent. In response, he was advised that the Brent Birthing Centre had been suggested as a polyclinic site, and it was pointed out that this site was located in one of the less affluent parts of the borough. One advantage of this location was also outlined as being the fact that it would make it possible to redirect a patients currently presenting at Accident and Emergency in Central Middlesex Hospital who did not require emergency treatment.

Further to a question raised, it was explained that the second stage of the consultation process would not commence until after the tPCT Board meeting on 22nd May 2008. The Chair asked whether there would be any difficulties in implementing decisions in the period between stage one and stage two of the consultation, but was informed that the reality of the situation was that it was necessary to organisational decisions as and when they occurred. When asked whether the consolidation of PCTs was a possibility, Mr Easton pointed out that PCTs in the capital already worked on a number different levels ranging from borough level to London wide depending on the nature of the issue. He was also clear that Foundation Trusts would have to respond to the challenges presented by the Darzi proposals, in the same way as other healthcare organisations.

Noting the fact that Brent had a large transient population, the Chair used the example of Tuberculosis to question whether there would be problems relocating specialist services if areas of need within the borough shifted. In return, Jim Connelly (Director of Public Health) stressed that the organisation would have the capacity to respond appropriately to changing needs. Further to another query, it was explained the concept of healthy living centres was consistent with the vision of polyclinics.

6. **Brent tPCT Provider Services**

Phil Church (Director of Provider Development and Estates, Brent tPCT) provided a presentation for members on the PCT's current review of provider services. It was explained that the organisation was in the process of reviewing all 31 services to establish areas of good practice, as well as areas where improvements could be made. Members were advised that following this, decisions would need to be taken in order to ensure that providers became a separate entity to the tPCT, and it was anticipated that this process would be completed by March 2009.

The need to ensure increased value for money was outlined as being the impetus for change. Mr Church advised that before decisions were taken about the future of Provider Services, further discussions would be held with stakeholders, such as the Council. It was further stressed that all PCTs throughout London were going through the same process with regard to provider services. Martin Cheeseman (Director of Housing and Community Care) commented that proposed changes might be in conflict with taking a patient centred approach to healthcare.

There followed a discussion about the various issues involved in terms of increasing patient choice in healthcare. Whilst accepting that the there were problems associated with lack of patient knowledge to enable them to exercise their purchasing power appropriately, Mr

Connelly nevertheless thought that there were some areas where consumer choice would work, and this point was further endorsed by the Director of Housing and Community Care. In addition, Phil Newby (Director of Policy and Regeneration) commented on the variety of possible options for partnership working between the tPCT, the local authority, acute trusts and a range of other health organisations. In response to a question raised, Mr Church explained that he was not in a position to yet determine whether there were specific services that the tPCT would want to retain in-house. Finally, it was explained that there were options for the tPCT to become provider of specific health services, which could in turn be purchased by other London primary care trusts.

7. **Establishing the LINks (Progress Report)**

Members had before them a report updating on progress in establishing a Local Involvement Network (LINk) in Brent. Owen Thomson (Head of Consultation) presented the report, explaining that according to the legislative framework, the deadline for a LINk to be in place was 1st April 2008. However, many local authorities would not be able to meet this deadline and would therefore be required to put in place transitional arrangements to ensure that the LINk function could be covered until a host organisation was identified. Members heard that although the Department of Health (DoH) had published the grant figure available for LINks for the year 2008/09 to be £185k, these funds were not ring fenced, and instead formed part of the new Area Based Grant.

The Committee were informed that since the last update on LINks in October 2007, two meetings of the Officer Procurement Group had taken place. Furthermore, it was explained that the first meeting of the Brent LINks Stakeholder Group had been held recently, and a stakeholder event would be arranged to take place before 17th March 2008. Given that Brent would not be ready to put in place a host authority by the 1st April deadline, it was acknowledged that the local authority would have to go into transitional arrangements along with many other local authorities. Mr Thomson also explained that unfortunately the legislation did not provide a framework for what form such transitional arrangements should take.

In view of the ongoing delays involved in establishing a LINk locally, the Chair wished to know whether a timeline for implementation was now in place. In response, he was advised that a host authority would hopefully be in place by autumn 2008, and Mr Thomson agreed to forward a timeline to the Committee. However, overall a number of concerns were registered about the current delays in Brent in setting up a LINk, and points were raised about the lack of joint working and dialogue between the various parties involved. In response, Mr Thomson was keen to stress that the authority would engage with stakeholders in relation to any transitional arrangements. Finally, it was explained that Brent would take a decision on transitional arrangements within the next week.

8. **Date of Next Meeting**

It was noted that the next meeting of the Health Select Committee would take place on Thursday, 10th April 2008.

9. **Any Other Urgent Business**

There was none.

The meeting ended at 8.55 pm.

C LEAMAN
Chair

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