MINUTES OF THE HEALTH SELECT COMMITTEE
Thursday, 10th April 2008 at 7.00 pm

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

Apologies for absence were received from Councillor 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 19th February 2008 be received and approved as an accurate record.

3. **Matters Arising**

There were none.

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

Members had before them the annual report from the Brent Patient and Public Involvement Forum (PPIF). This was also to be the final update from the chair of the local PPIF before the organisation was replaced by a Local Involvement Network (LINk). Mansukh Raichura (Chair, Brent PPIF) explained that during their final work cycle, the forum had commented on the Brent Teaching Primary Care Trust (Brent tPCT) declaration under the Healthcare Commission Annual Health Check. He also informed those present that an understanding had been reached that the PPIF would continue to operate as a patient focus forum. On behalf of the Committee, the Chair thanked Mr Raichura for the work that the PPIF had undertaken to represent Brent patients.

5. **Healthcare Commission Annual Health Check**

The Committee were provided with a report outlining the Healthcare Commission (HCC) Annual Health Check process, under which each local NHS trust was required to submit a 'self declaration' measuring their performance against the Department of Health's core standards. Representatives from the three local NHS trusts were present to comment on the declaration for their organisation and respond to questions.

Claire Murdoch (Chief Executive, Central and North West London (CNWL) Foundation Trust) emphasised that the CNWL Foundation Trust would be able to declare compliance against all of the core standards. Whilst asserting that this was indicative of a high standard of service provision, she highlighted a small number of areas where it was felt improvements could be made. It was explained that further work was being undertaken to improve the environment at Central Middlesex Hospital by creating more private space and single sex rooms (standard C20b). Members also heard that whilst some areas within the trust did not have a fully funded chaplaincy service, there was in place an active faith links project; this was felt to be sufficient for the trust to declare compliance against the standard concerning systems to ensure that patients and their relatives and carers were treated with respect. Overall, Ms Murdoch sought to emphasise that there was a good working relationship between the trust and local authority in areas of joint working.

Fiona Wise (Chief Executive, North West London Hospitals (NWLH) NHS Trust) was pleased to note that following the draft declaration submitted with the agenda, NWLH NHS Trust would now be in a position to declare compliance against one further standard than had been previously listed (standard 4a). This was attributed to the fact that an action plan had been established to ensure a reduction in Methicillin-Resistant Staphyloccus (MRSA), with recent figures showing a downward trajectory for the rates of this infection.

Nevertheless, the Committee were informed that the trust would not be able to declare compliance against three standards. Whilst a significant amount of work had been undertaken on the issue of support and development for staff from Black and Minority Ethnic (BME) groups, it was confirmed that the mechanisms for tracking staff career progression were not robust enough for compliance to be declared against this standard (standard C8b). It was also felt that further work was required in terms of matching staff with clients. Ms Wise was, however, clear that whilst the trust had not been able to declare compliance against this standard for two consecutive years, it would do so by the next year.

The Committee also heard that further staff training might be required in on the standard relating to the management of records (standard C9). Moreover, it was accepted that further mechanisms should be put into place to deal with the destruction of records. Finally, it was outlined that there was a need for the trust to improve opportunities for staff to participate in appropriate mandatory and statutory training (standard 11b).

During the following discussion on the NWLH NHS Trust ‘self declaration’, the Chair welcomed the recent consultation on the future of the Brent Birthing Centre as a good example of compliance with standard C17 (taking account of the view of patients, their carers and

others in the design, planning, delivering and improvements to healthcare services). One Committee member then asked for further information on the MRSA rates within the trust, following which it was clarified that the reduction of approximately 35 percent in the last year was in line with national standards. Whilst the difficulties of providing an up to date picture of infection rates were commented on, representatives from both NWLH NHS Trust and Brent tPCT were clear that the trust was not an MRSA 'hot spot'.

Patricia Atkinson (Director of Clinical Governance and Nursing, Brent tPCT) then took Committee members through the Brent tPCT 'self declaration'. In doing so, she sought to remind those present that the trust had entered into a turnaround programme during the year 2006/07 in order to address significant financial and governance problems within the organisation. Asserting that this had impacted on the trust's 'self declaration', Ms Atkinson acknowledged that Brent tPCT would not be able to declare compliance against 19 standards. With this in mind, she felt that it was important to point out that the organisation had been open, robust and transparent in terms of its self assessment. Moreover, it was stressed that the current situation was the result of a lack of documentation to provide evidence of compliance against some standards, and there was no suggestion that any services provided by the trust were unsafe.

The Chair sought to draw attention to a number of areas of non-compliance, commenting that the trust's acknowledgement that it had failed to meet the standards around governance and risk management (standards C7a and C7b) echoed the findings of both the Council's own NHS Finances Panel and the Taylor Report (Item 6). He also noted that efforts to make health information more accessible to the public were being jointly taken forward by the local authority and tPCT through the Health and Wellbeing Strategy (standard C16). Non-compliance against standard C17 concerning the need to take account of the view of patients and their carers when designing, planning and improving healthcare services was also outlined as an area of concern.

The trust representatives were thanked for their contribution to the meeting, following which the Chair explained that he would be writing to each trust to summarise the Committee's response to the 'self declarations'. He also felt that it would also be important for the Committee to reflect on how their scrutiny of trusts under the HCC Health Check process could be improved for future years. Further to a suggestion raised, officers were asked to look into the viability of combining a site visit to one of the trusts with a Committee meeting.

6. **The Taylor Report – Independent Review of Brent Teaching Primary Care Trust**

Members had before them a copy of the Taylor Report, an independent review commissioned by NHS London to investigate management and governance failures within Brent tPCT, which had resulted in a £24 million budget deficit for the year 2006/07. It was explained that in his report, Michael Taylor (Independent Investigator) had also examined the reasons for the financial deterioration of the trust during this period, and why these problems had not been immediately reported to the Strategic Health Authority (SHA) when uncovered.

Mark Easton (Chief Executive, Brent tPCT) outlined the main findings of report, which had been published in March 2008. He explained the significant problems that had been caused by a misrepresentation of liabilities in the 2005/06 accounts, as well as the fact that the savings programme for that financial year had failed to deliver on its targets. Members heard that overall Taylor had concluded there to have been significant management failures within the tPCT until the year 2007/08, including a Finance Director with insufficient qualifications to undertake this role. Furthermore, he had been critical of the levels of scrutiny provided by non-executive board members.

It was stressed that a new Executive Team and Professional Executive Committee (PEC) had now been established within the tPCT. Mr Easton also wished to commend staff for having continued to provide an excellent standard of care during the difficult turnaround period. Emphasising the will of the organisation to move forward, he pointed out that the tPCT would break even financially for the current financial year, and it was anticipated that there would be a small surplus for the following year, which could be reinvested into services.

In response to a point raised, Mr Easton stated that that whilst Strategic Health Authority (SHA) 'top slicing' had contributed to the overall situation that had led to financial turnaround, the report made clear that this problem had been overstated by the management team in place at the time. Moreover, it was pointed out that all London PCTs had gone through the top slicing process, but not all had experienced the same financial problems.

Noting that he had been on the tPCT Board at the time, Councillor Crane agreed that the financial deficit had been the result of a number of issues, including poor audit processes. Nevertheless, he wished to highlight the view that whilst the tPCT had spent funds in an unsustainable way, resources had not been wasted, and felt that this point should have been made clear in the report. He was also of the opinion that the tPCT had subsidised the local authority on continuing care cases for a number of years, and therefore the use of the term 'cost shunting' in the covering report for the item was erroneous. In return, Martin Cheeseman (Director of Housing and Community Care)

asserted that the timescales in which the tPCT had implemented this cost transfer had placed considerable pressures on the Council, which had been difficult to manage in the short term. He also hoped that continued partnership working would eliminate terminology, such as 'cost shunting', in future dialogue between the two organisations.

Further to questioning, Mr Easton confirmed that the tPCT now took a prudent view on the listing of liabilities in its balance sheet. Thus, whilst the trust was still in the process of pursuing a number of local authorities for payment on outstanding continuing care cases, the balance sheet assumed that the tPCT would not receive any funds from the recoupment of these costs for the current financial year.

The Chair asked for further information on the role of the Strategic Health Authority (SHA) in financial difficulties that had been experienced by Brent tPCT. He was advised that the overarching authority for London at the time had been the North West London Strategic Health Authority, which had since been dissolved. Members heard that this authority had received some criticism for its role in the overall situation. Stressing that the scrutiny arrangements established by its successor, NHS London, were much more rigorous, Mr Easton confirmed that the Taylor Report had been endorsed this organisation. Overall, whilst the Committee were adamant that a similar situation could not be allowed to occur in future, the current tPCT management team were congratulated for their success in bringing the organisation back into financial balance. In return, the tPCT Chief Executive provided clear assurances that the organisation was now officially out of turnaround.

7. Brent Birthing Centre

Those present were reminded that in October 2007, the Health Select Committee had been asked to comment on the consultation process being conducted by the North West London Hospitals NHS Trust (NWL NHS Trust) and Brent tPCT on the future of the Brent Birthing Centre at Central Middlesex Hospital. It was further explained that following the conclusion of the consultation process, the tPCT Board had chosen to support option four, involving the transfer of the Brent Birthing Centre to Northwick Park Hospital, following which antenatal care would continue to be provided at Central Middlesex Hospital. The Chair added that now that the consultation had concluded, the Committee were being asked to endorse the final report before them, and the consultation process as having been fair and thorough.

Members were informed that an equality impact assessment had now been carried out on the proposals. Further to a question regarding the future of the site, the Committee were reminded that the Trust had not been in a position to take any decisions in this regard until the conclusion of the consultation. Fiona Wise (Chief Executive, NWL NHS Hospitals Trust) explained that once the site became available, it had to

first be offered to other NHS providers before being put on the open market for either rental or sale. Whilst it was confirmed that the consultation process had taken almost a year to complete, members were reminded that this was actually a very short timescale for the reconfiguration of an NHS service. One member queried whether uncertainty during the consultation period had led to problems with staff retention, but was advised that the NWL NHS Hospitals Trust had not lost any staff as part of the process. The Chief Executive was also clear that the organisation had one of the lowest midwifery vacancy rates in London.

RESOLVED:-

(i) that the Committee note the final decision of the Brent tPCT Board in relation to the Brent Birthing Centre;

(ii) that the Committee endorse the final report on the consultation process as fair and thorough.

8. **Update on Local Involvement Networks (LINks)**

Owen Thomson (Head of Consultation) provided an update on the forthcoming introduction of Local Involvement Networks (LINks). Outlining the timetable involved, he confirmed that the Council would need to enter into transitional arrangements on 1st April 2008 until a permanent host organisation could be put in place. It was explained that a number of organisations had expressed an interest in taking on the short term contract, which was anticipated to commence from Monday, 12th May and run until September, 2008, when a substantive host organisation would be in place.

Further to questions raised, Mr Thomson provided assurances that the transitional arrangements would be established by the time of the next Health Select Committee meeting. When asked for further clarification on the implementation of the interim contract, it was acknowledged that due to the timescales involved, it was possible that it might commence a week later than the currently anticipated date. Members were, however, reminded that a number of the organisations expressing an interest on the contract were already carrying out this work for other local authorities, and were therefore experienced in undertaking this type of work.

9. **Update on Joint Overview and Scrutiny Committee Review of 'Healthcare for London'**

The Chair confirmed that the draft findings of the Joint Overview and Scrutiny Committee (JOSC) review of Sir Professor Ara Darzi's *'Healthcare for London'* report had been circulated to the Committee. Speaking as the Council's representative on the JOSC, he also commented positively on the committee and felt that the final report

represented an example of good scrutiny work. Attention was drawn to recent correspondence which had been received from the London Network of GPs regarding the Darzi proposals concerning polyclinics. Mark Easton (Chief Executive, Brent tPCT) confirmed that he had received a letter from NHS London asking for suggested sites for polyclinics. It was confirmed that the tPCT had responded to this correspondence and would be able to update members on proposed polyclinic sites in due course.

10. **Date of Next Meeting**

It was noted that the date of the next meeting of the Health Select Committee would be confirmed following the Annual Meeting of Full Council in May 2008.

11. **Any Other Urgent Business**

There was none.

The meeting ended at 8.32 pm.

C LEAMAN
Chair

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