

MINUTES OF THE HEALTH SELECT COMMITTEE
Wednesday, 9th July 2008 at 7.00 pm

PRESENT: Councillors Leaman (Chair), Crane (Vice-Chair) and Councillors Clues and Jackson.

Apologies for absence were received from Councillor R Moher.

ALSO PRESENT: Councillors Gupta, Hashmi and Jones.

1. Declaration of Personal and Prejudicial Interests

There were none.

2. Minutes of Previous Meeting

RESOLVED:-

that the minutes of the meeting held on 4th June 2008 be received and approved as an accurate record.

3. Matters Arising

Mark Easton (Chief Executive, Brent tPCT) introduced Dr. Jim Connolly, who had recently been appointed to the post of Joint Director of Health and Regeneration (Brent tPCT). The Chair welcomed Dr. Connolly on behalf of the Health Select Committee.

4. Deputations

There were none.

5. Brent's Draft Health and Well-Being Strategy 2008-2018

Cathy Tyson (Assistant Director, Policy & Performance), introduced the draft Health and Well-Being Strategy 2008-2018. The Strategy had been produced in close collaboration with the Brent tPCT as well as a range of service areas across the Council. Members heard that under the Local Government and Public Involvement in Health Act 2007, the Council along with its partners on the Local Strategic Partnership (LSP) was required to produce a Health and Well-Being Strategy to address local health inequalities and promote healthy life style choices which supported the prevention of ill-health. Ms Tyson emphasised that the Health and Well-Being Strategy maintained robust links with the Regeneration Strategy, and that the emphasis on well-being included aspects of both health and education provision. The Strategy spanned a ten-year period, with many of the wider aims being realised at a later stage, but Ms Tyson advised that the Strategy would be revised every two years to ensure it remained relevant, whilst the action plan, which

would also be revised every two years, provided detailed information as to how these aims would be achieved.

In response to questions from members regarding the inclusion of baseline data in addition to percentage estimates, Ms Tyson confirmed that updated baseline data setting out current performance for the Local Area Agreement (LAA) targets would be included in the final report

There was discussion of the methodology used to compile patient numbers on General Practitioner (GP) lists, and some members noted that GP lists in some areas of the borough included individuals who were resident in other parts of London. Christabel Shawcross (Assistant Director, Community Care) advised in response that some Brent residents were registered with out of borough GPs, whilst there also remained a number of residents who had not registered with a GP at all. It was also noted that Brent had a highly transient population which also impacted upon the accuracy of the data gathered. Mark Easton (Chief Executive, Brent tPCT) informed the Committee that he believed the number of patients registered with GPs in Brent to be far higher than the actual number of people who used GP services in the borough. Mr Easton confirmed that the tPCT would continue to work with GPs to produce more accurate patient lists.

Further to a question raised, Ms Tyson acknowledged that the action plan, which was limited in some aspects in its current form, needed to address in greater detail how to deliver culturally appropriate services and outcomes including GP services, sports and recreation services and sexual health education.

Mansukh Raichuria (former Chair, Brent tPCT Public and Patient Involvement Forum) welcomed the planned cycle of two-yearly reviews and sought further information on the ways in which the needs of all members of the community would be addressed in the strategy. Ms Tyson, in response, explained that the Strategy recognised the importance of working with all members of the community to highlight the importance of preventative action; specifically support and empowerment to ensure the good health of individuals, rather than a focus on treatment of ill-health alone.

RESOLVED:

- i) that it be noted that the draft Brent Health and Well-Being Strategy 2008 – 2018 would be presented to the Board of the Brent Primary Care Trust on 24th July 2008, and to the Executive of the Brent Local Strategy Partnership on 30th July 2008;
- ii) that it be noted that the current Health and Well-Being Action Plan 2008-2010 covered only the first two years of the ten year period for the main strategy. Most of the items contained were existing projects or services that were consistent with the aims and vision of

the overarching strategy and were designed to deliver the health and well-being objectives within the recently agreed Local Area Agreement (LAA) 2008-2011. It was agreed that the Council and its partners needed to develop future programmes of work focused on reducing health inequalities and promoting well-being as part of its ongoing service planning and partnership activities.

6. **Burnley Road GP Surgery**

The Chair had agreed to put this item on the meeting agenda in response to a request from Councillor Jones. Residents in the Dudden Hill area were concerned that the GP surgery at Burnley Road, which was closed in 2001, would not be re-opened as had originally been intended. Access to other health sites in the area had been problematic for some residents, exacerbated by the re-routing of the 226 bus whilst Thames Water worked on Anson Road.

Councillor Jones, who was present at the meeting to represent residents' views, drew members' attention to the concerns of residents regarding what they viewed as the tPCT's failure to replace this surgery. She stressed that residents viewed the issue as a broken promise on the part of the tPCT. Councillor Jones highlighted specific objections on the part of residents, namely that when medical tests were required, repeat visits to a practice were routinely expected no matter where the practice was based, and that residents were concerned that staff objections to a change of premises appeared to have been given disproportionate consideration.

Mark Easton (Chief Executive, Brent tPCT), was present to hear concerns raised and respond to the views expressed. He advised that he had been present at a recent public meeting to discuss the Burnley Road practice, which had been well attended by both residents and staff. He explained that the practice, which was now located in the Willesden area, was well-attended in its current location and the prospect of re-location had not been well received by a majority of people at the meeting. In response to concerns raised however, Mr Easton acknowledged that some practices in the area had poor quality premises; that others had limited opening hours, and confirmed that he would put the issue on the agenda for the meeting of the tPCT Board later in the month.

The Chair advised the Committee that the Access to Health Sites task group was scheduled to start work shortly and would include this issue as part of its programme. The Chair invited Councillor Jones to work with the task group to examine this issue.

RESOLVED:

that the Committee note that the Access to Health Sites task group would consider access to health sites in the borough and that the issue

of the Burnley Road surgery be included in the task group's terms of reference.

7. **Working with Brent LINK**

Jo Weallans (Community Investors Development Agency - CIDA) provided a presentation to members on the work conducted by CIDA towards the establishment of a Local Involvement Network (LINK) in Brent. It was explained that CIDA was in the process of facilitating a smooth transition from Patient and Public Involvement Forums (PPIF) to Brent LINK, and that a substantive LINK host would be in place by 1st October 2008. Tim Modu (CIDA) and Susan Holtom (CIDA) were also present and advised on the plans to enable wider participation in Brent LINK, which included building strong networks of local groups with robust consultation and communication, and maintaining a dialogue with the Council and partner agencies. The need for innovative ways in which to engage diverse communities was acknowledged and discussed, and methods of communication such as e-Bulletins, newsletters and existing communication channels were all felt to be valuable ways in which to engage members of the community.

There was discussion of the ways in which the LINK could work constructively with the Committee, with consideration given to the referral process whereby LINK had the power to ask the Overview and Scrutiny Committee, the Children and Families Overview and Scrutiny Committee and the Health Select Committee to investigate issues in relation to health and social care. It was also noted by members that there were a number of shared priorities on which the Committee and LINK could work constructively. Members sought confirmation that LINK would produce an annual report, and heard that this was a statutory requirement to assist the LINK in remaining accountable to the Council. Andrew Davies (Policy and Performance officer) drew members' attention to the proposal that an elected member champion be nominated to raise the profile of the LINK and its work within the Council, and with health organisations. Support was put forward for this proposal, and members agreed to give further consideration to the nomination at the next meeting.

Mansukh Raichuria (Chair, Brent tPCT Public and Patient Involvement Forum), put forward support for the plan to enable the LINK to refer issues to the Overview and Scrutiny Committees and Select Committees for consideration, but expressed concern that there was no subsequent requirement for such referrals to be investigated. Mr Davies advised that the Committee would be required to respond to any such referral within 20 days with an indication as to how it planned to proceed. Some members noted that such referrals were likely to be well received and scrutinised thoroughly, although it was noted that the Overview and Scrutiny structure was in place to examine and express a view or produce guidance, rather than to take decisions.

It was agreed that a work protocol should be established in the near future, and that the Committee should take an active role in monitoring the work generated by the LINK.

RESOLVED:

that the appointment of an elected member champion for the LINK be considered at the next meeting.

8. **Brent PCT Strategic Action Plan**

Thirza Sawtell (Director of Strategic Commissioning, Brent tPCT) provided a presentation on the Brent tPCT Strategic Plan which set out goals for improving health and reducing inequalities in the borough. The Plan also linked with the implementation of the Healthcare for London proposals. Members heard that the Brent tPCT Strategic Plan set out the local priorities agreed with the population and with partners over a five year period, whilst it would also be updated every three years to ensure it continued to reflect changing health needs, priorities and resources. A thorough consultation process would take place prior to moving forward to the implementation stage.

Following questions regarding the timescales involved in the implementation, Ms Sawtell advised that a first draft of the Strategic Plan would be submitted by 30th September 2008, whilst a final version was required by 30th November 2008.

Noting that some groups were difficult to reach for consultation during the summer and particularly the school holidays, some members enquired whether the consultation process had taken account of the best ways in which to engage hard to reach community groups. Ms Sawtell, in response, explained that a patient and public involvement strategy would be utilised to ensure all groups had the opportunity to take part in the consultation process, although the overall timescale for consultation was largely dictated by the date set for submission of the draft plan. It was also pointed out that the assessment process for the Strategic Plan would include scrutiny of the methods used during the consultation process.

There followed a discussion regarding the possibility of developing local polyclinics and Mark Easton (Chief Executive, Brent tPCT) advised that the tPCT had expressed interest in the development of a polyclinic at Central Middlesex hospital; work continued in order to develop the proposals in greater detail.

The Chair expressed enthusiasm at the work conducted and reiterated the importance of conducting a full and wide-ranging consultation process which reached all aspects of the community.

9. Health Select Committee Work Programme

Andrew Davies (Policy and Performance Officer) drew attention to a number of topics that members might wish to consider including in the Health Select Committee Work Programme for the municipal year 2008/09. An agenda had been drafted for the next scheduled meeting of the Committee in October 2008 with proposals for items members might wish to consider. Members endorsed proposals to hold meetings at alternative venues to the Town Hall, including Northwick Park hospital, and expressed enthusiasm for alternative venues for future meetings.

The Chair referred to work being conducted by the joint London-wide Overview and Scrutiny Committee following publication of the Healthcare for London report, and the view was expressed that this was likely to dominate the Committee's work programme for much of the coming year. Members were advised that there were a number of statutory items which would require the Committee's attention during the year. One member felt that it would be useful to examine the issue of community responsibility: specifically examination of the provision of equipment or support services upon discharge from hospital. Another suggestion included the proposal that there be constructive monitoring of the methods used to facilitate partnership working between the Council and the tPCT. It was agreed that any further suggestions for addition to the work programme could be submitted to the Chair, or to Andrew Davies, outside of this meeting.

10. Date of Next Meeting

It was noted that the date of the next meeting of the Health Select Committee was scheduled to take place on Wednesday, 23rd October 2008. The Chair advised members would be updated as to the venue for this meeting, provisionally scheduled as Northwick Park hospital but still subject to confirmation, at a later date.

11. Any Other Urgent Business

There was none.

The meeting ended at 8.45 pm.

C LEAMAN
Chair

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