

**MINUTES OF THE HEALTH SELECT COMMITTEE**  
**Thursday, 23<sup>rd</sup> October 2008 at 7.00 pm**

PRESENT: Councillor Leaman (Chair) and Councillors Jones (alternate for Councillor Crane), R Moher and Tancred (alternate for Councillor Clues).

Apologies for absence were received from Councillors Crane, Clues and Jackson.

Councillor D Brown was also present.

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

None declared.

**2. Minutes of Previous Meeting**

RESOLVED:-

that the minutes of the meeting held on 9<sup>th</sup> July 2008 be received and approved as an accurate record.

**3. Matters Arising**

*Meeting with other West London boroughs*

The Chair informed Members that Andrew Davies (Policy and Performance Officer, Policy and Regeneration) and he had attended a meeting with health scrutiny chairs and officers from the London boroughs of Kensington and Chelsea, Westminster and Hammersmith and Fulham to discuss health issues in West London. Brent Council had been invited to formally join an association with these boroughs, but at this stage the chair had declined this offer in favour of retaining informal participation in this group.

*Joint Overview and Scrutiny Committee – Healthcare for London*

The Chair advised that the last meeting of the current JOSCS was to be held on the 24<sup>th</sup> October 2008. A new JOSCS was likely to be established to focus on the upcoming strokes and trauma consultation. The Chair added that a further update with regard to the work programme of the Joint Overview and Scrutiny Committee would be presented at a future meeting of the Health Select Committee.

*Brent Local Involvement Network*

In reply to a query from Mansukh Raichuria (Patient Forum Representative), Andrew Davies stated that potential host organisations

for the LINK had been interviewed last week and the name of the successful organisation would be announced shortly.

4. **Deputations**

There were none.

5. **GP Access Survey**

Tessa Sandall (Assistant Director of Primary Care Commissioning, NHS Brent) introduced the report which contained the results of the 2007/2008 National Patient Satisfaction survey. She advised that there had been a 29% response rate in Brent, which was below the national and London average and 2% lower than Brent's response rate from 2006/2007. The satisfaction areas covered telephone access, 48 hour access to GP, advance booking and appointment with a specific GP. Members noted a 2% improvement to 83% patient satisfaction for telephone access from the previous year, a 1% drop to 82% for 48 hour access to a GP, a 3% improvement to 74% for advance booking and a 2% drop to 80% for appointment with a specific GP. Tessa Sandall then drew Members' attention to the NHS Brent Action Plan, which amongst measures to be undertaken included proposals to provide extended hours in the light of dissatisfaction expressed with the lack of access to GPs in the evenings and on Saturdays. Raising of public awareness of the survey for 2008/2009 was also required to increase the response rate and provide a more representative view of patients' level of satisfaction. Tessa Sandall advised that the Action Plan would provide a detailed analysis of each GP practice as no particular trends had been identified.

During discussion, Councillor Jones in noting the comparatively low response rate, enquired whether this was partly attributable to the majority of patients being satisfied with the service provided. The Chair enquired what actions were undertaken to raise awareness of the survey and whether the results showed GP practices at similar levels or whether there were wide variations. He sought reasons for the survey showing a different level of satisfaction with regard to access to GPs in 48 hours compared to other surveys taken. He enquired whether the 50% target of the number of practices to extend their hours had been reached. The Chair also asked how examples of good practice would be spread to Brent GPs.

In reply, Tessa Sandall acknowledged that patient satisfaction could be partly attributable to the low survey response rate, although it was not possible to comment to what extent this was a factor. She advised that the results for each GP practice were fairly random, with examples of practices both improving and dropping in satisfaction levels for the different indicators. A variety of groups had been approached to raise the survey response rate and provide some consistency in the results and Tessa Sandall confirmed that 53% of GP practices had extended

their hours to date, underlining a reasonable response to this initiative. Members heard that differences in the various surveys undertaken could be explained by when the survey was undertaken, the sources used and the proportion of those responding. Tessa Sandall also advised that examples of good practice would be communicated by providing GP practices with 'top tips', whilst a GP access methodology was also being publicised nationally.

The Chair stressed that access to GPs was a big issue for patients and that the Select Committee would want to consider this further at a future meeting.

## 6. **GP Led Health Centre**

Sarah Curtis (GP Led Health Centre Project Manager, Brent NHS) presented this report, advising that as of 31<sup>st</sup> March 2009, NHS Brent needed to have commissioned a GP Led Health Centre that would provide the following:-

- Core GP services
- Be open 08.00 to 20.00, 7 days a week, 365 days a year
- Provide bookable and walk in services
- Services to be available to registered and non-registered patients
- Be sited in an accessible location
- Maximise opportunities to integrate and co-locate with other community-based services including social care

Sarah Curtis informed Members that a Health Needs Assessment had identified the Wembley Centre for Health and Care as the favoured location of a GP Led Health Centre over sites at Monks Park and Vale Farm Health Centre. The timetable for opening the centre had involved defining a project specification, including an outline service specification which had been subsequently advertised in the Health Service Journal and Wembley Observer. Other key stages included an invitation to tender issue by 2<sup>nd</sup> January 2009 and the award of contract by 27<sup>th</sup> March 2009, prior to the centre opening on in the summer of 2009. Sarah Curtis referred to the various informal consultation exercises to be undertaken by NHS Brent as set out in the report, adding that this had been raised at a GP Forum yesterday. She advised that NHS Brent would also be procuring for a provider at Harlesden Medical Centre for a 5 year APMS contract that would include extended hours and a Saturday service. Sarah Curtis sought comments from Members with regard to the Communications and Engagement Plan as detailed in appendix 1 of the report.

Councillor R Moher commented that there was likely to be a large number of unregistered patients, particularly in the Wembley area and enquired how the proposed centre would manage such a high volume of patients. The Chair noted that the Wembley site was a well known

walk-in centre with a large number of unregistered patients and had scored highest in the Health Needs Assessments, however he commented that there had been anecdotal feedback from patients that the Wembley site offered poor transport links. He sought assurance that there were sufficient resources to service unregistered patients and that existing patients would be assured that there would be sufficient care in view of the Wembley site being taken over by a private organisation. With regard to the Communications and Engagement Plan, he asked if this would involve input from Brent LINKs. The Chair asked for an estimate of the number of unregistered patients in Brent and how many expressions of interest with regard to running the Wembley Centre for Health and Care had been received. He also enquired about working arrangements with regard to the Centre being taken over by the new contractor.

Helen McGovern (Chair of Brent Medical Committee) expressed concern that an increasing population in Brent would impact upon patient satisfaction, especially in view of the anticipated increase in population in the new housing being built in the land surrounding Wembley Stadium. Phil Newby (Director, Policy and Regeneration) enquired if Brent NHS had made a decision with regard to health provision on the land surrounding Wembley Stadium, advising that Quintain Plc were pressing for a response on this issue.

In reply to the issues raised, Sarah Curtis stated that the new provider for the Wembley site would be set targets as to how many patients they would be expected to provide a service for and that to date 18 expressions of interest, which had included a mixture of local and national providers, had been received with regard to running the centre. Once a new provider had been identified, negotiations would commence with the current provider to provide a smooth transition that would not impact upon the patients. Tessa Sandall advised that the issue of resources was still under consideration although it would not affect the value of the contract.

Mark Easton (Chief Executive, Brent NHS) advised that a significant proportion of GPs in Wembley were approaching retirement age and therefore it was essential that steps were taken to ensure the area had sufficient GP coverage. Patients were being informed that the new provider would not be offering a service any different to the current provider and Mark Easton added that the market in this sector had grown in recent years and that Brent NHS were seeking an organisation that was best suited to providing this type of service. There were very few sites in Brent that were suitable for a GP Led Health Centre and the Wembley site was by far the most appropriate. Members heard that the Wembley site had scored highest with regard to access to bus routes, tube and rail stations and car parking provision. Once Brent LINK had been formally established, its involvement would be determined with regard to the Communications and Engagement Plan. The Committee noted that there were 24,000

visits by unregistered patients in the last year and it was anticipated that over the period of the 5 year contract, the centre would receive 77,000 visits per year. Mark Easton advised that an area had been reserved on the area of land surrounding Wembley Stadium owned by Quintain plc of which the exact size was under discussion, and he added that it presented a good opportunity to improve access to health care for Wembley residents.

## **7. North West London Acute Strategy**

Mark Easton explained to the committee the work that NHS Brent, Harrow PCT and North West London NHS Hospitals Trust are doing to improve acute services in the area. As a major commissioner, Brent NHS along with its partners Harrow Primary Care Trust (PCT) and North West London Hospitals Trust would map out the future of acute services over the next 5 years. Mark Easton referred to the Joint Statement in the report from the partner organisations, advising that Health Care for London would have a major impact on the strategy, especially with regard to stroke and trauma services for . Consideration as to how to engage the various stakeholders would follow in January/February 2009.

The Chair enquired when the Terms of Reference would be drawn up and what the timescale was for the strategy to be completed and implemented. He also sought details regarding how the service would be broadened and whether transport was to be considered as part of this work.

In reply, Mark Easton advised that the Joint Statement set out the principles that the project would follow and the Terms of Reference were to be put before the Project Board in November. A discussion document concerning the strategy would follow and opinion would be tested informally before a formal consultation was undertaken. The formal proposals would be reported in approximately 4 months. Mark Easton advised that consideration would be given to ensure that the strategy worked in parallel with the Primary and Community Care Strategy. Members heard that the emphasis was to provide care in local settings where possible and central care where necessary and that the consultation would include a Transport Impact survey.

## **8. World Class Commissioning – NHS Brent Strategic Plan**

Thirza Sawtell (Director of Strategic Commissioning, NHS Brent) introduced the report, stating that NHS Brent was still working on its strategic plan, which formed part of the World Class Commissioning framework. Much of the plan had been drawn from the Joint Strategic Needs Assessment and Health and Well Being Strategy which have already been considered by the Health Select Committee. The strategic plan set out NHS Brent's commissioning priorities for the coming five years.

Jim Connelly (Director of Public Health and Regeneration, NHS Brent) then highlighted the 6 phase 1 priority initiatives, which were:-

- Develop and implement a primary and community care strategy
- Improve primary immunisation rates
- Improve vascular health
- Reduce premature mortality from cancer
- Improve intermediate care
- Improve mental health and wellbeing

Jim Connelly advised Members that vascular health was the leading cause of death in Brent and that the first year priority would include checks of those already on disease registers and on 'at risk' registers, whilst checks of those aged between 40-74 years who were not on either register would be phased in over the next 5 years. With regard to Improving Mental Health and Well-Being, Jim Connelly emphasised the importance in providing treatment at an early stage to prevent mental illness becoming more serious and the initiative would develop a strategy to complement the 2 existing related projects, an enhanced Early Intervention in Psychosis Service and Improving Access to Psychological Therapies. There was also a need to increase coverage for cancer screening, particularly in respect of breast cancer. Phase 2, future priorities, would include 'Healthy Behaviours; 'Give Children and Young People the Best Start in Life'; and 'Improving Maternity Services'.

Councillor R Moher commented that health levels varied considerably between the Brent wards. She sought views on the impact in health in the context of the downturn in the economy, the likely increase in unemployment in Brent and the possibility of funding for Child Support Services being reduced. She also enquired what measures would be undertaken to increase cancer screening and the approach with regard to drugs and mental health.

The Chair commented that in view of the changes to population in Brent, had the appropriate adjustments be factored in with regard to reducing premature mortality. He enquired what the targets were in respect of Health Inequality and Mental Health and the timescale of activity overall for the strategic plan. He also asked when the 3 future priorities would be addressed.

Phil Newby advised that adult participation in exercise and sports was a key stretch target and that the Council and its' partners needed to improve performance in this area.

In reply, Jim Connelly acknowledged that the economic conditions could increase stress and have a negative impact on health in Brent, however a number of preventative measures were being put in place to counter and improve health, such as the cessation of smoking

programme. Members heard that a steering group involving social marketers and outreach workers was being set up to encourage more people to undergo cancer screenings. In respect of mental health, Jim Connelly confirmed that the Drugs and Alcohol Treatment Service would be strengthened. He advised that population figures had been broken down from the Greater London Authority survey in order to provide as accurate figures as possible for Brent population projections, although actual variations could not be discounted. It was anticipated that life expectancy overall would increase with the gap decreasing between the richer and poorer sections of the community. The current life expectancy gap between rich and poor was 9.3 years and the target was to reduce this by approximately 6%. Members heard that a reduction in smoking could have positive knock-on effects for mental health, such as reducing depression. Jim Connelly advised that the first draft of the Strategic Plan would be produced by 7<sup>th</sup> November 2008 and presented to NHS London on the 21<sup>st</sup> November 2008, before being adopted by the Board the following week and formally becoming a public document. With regard to the 3 second phase future priorities, Jim Connelly advised that these were already being worked upon and that timescales would be determined following evaluation of how the first year of the Strategic Plan had progressed.

#### **9. Fitness for Purpose – Willesden Inpatient Wards**

Mark Easton presented this report, advising that 'Improving Quality of Service' had been the theme for the review of Willesden Centre for Health and Care undertaken due to two serious untoward incidents and concerns about staffing levels. The review recommended that 19 new staff be recruited.

Councillor Jones enquired how many wards had been closed during the recent savings exercise. The Chair sought details of progress on the recruitment of new staff and whether the use of agency staff had been an issue. He also asked what lessons had been learnt as a result of the review.

In reply, Mark Easton confirmed that only 1 ward had closed and that an advertisement had just been placed to recruit new staff. He explained that there had been an over reliance on agency staff in the past who had less time to familiarise themselves with the Centre's procedures. Efforts would be made to increase the proportion of permanent staff by offering a more attractive package, including training opportunities and providing a good working atmosphere. Mark Easton commented that one of the key lessons learnt was a need to invest more in district nursing. It was also felt necessary to upgrade the skills of staff in order that more services could be provided.

10. **Monks Park Health Centre**

Mark Easton advised that Monks Park Health Centre, which offered a wide range of services, was being under-utilised and there was a need to provide more community services. Efforts continued to locate a GP Practice at the Centre which he was confident of achieving, commenting that some nearby GP practices that had been approached had not been able to transfer to the site at this stage.

Councillor D Brown enquired whether the model of operation at the Centre would be similar to that of Wembley Centre for Health and Care and was this seen as a successful mode of operation. In reply, Mark Easton advised that he felt that a standard GP Practice would be most appropriate for Monks Park Health Centre and not an NHS Brent managed practice.

11. **Work Programme**

Andrew Davies advised members that the Special Meeting of the Health Select Committee on Wednesday 19<sup>th</sup> November 2008 at Northwick Park hospital would include topics such as the North West London NHS Hospital's Trust's Finance, Ward Cleanliness and Infection Control, although the agenda was yet to be finalised.

12. **Date of Next Meeting**

It was noted that there would be a Special Meeting of the Health Select Committee on Wednesday, 19<sup>th</sup> November 2008 at 7.00 pm at Northwick Park Hospital, the exact location of which was to be confirmed. It was also noted that the next scheduled meeting of the Health Select Committee was due to take place on Tuesday, 16<sup>th</sup> December 2008 at 7.00 pm.

13. **Any Other Urgent Business**

There was none.

The meeting ended at 8.45 pm.

C LEAMAN  
Chair