

MINUTES OF THE HEALTH SELECT COMMITTEE
Wednesday 16 December 2008 at 7.00 pm

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

Apologies for absence were received from Councillor Baker.

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

None.

2. **Minutes of Previous Meetings**

RESOLVED:-

that the minutes of the meetings held on 23 October and 19 November 2008 be approved as an accurate record.

3. **Matters Arising**

None.

4. **Access to Health Sites Task Group**

The Chair introduced the final report of the joint Overview & Scrutiny and Health Select Committee task group on public transport access to health sites. The task group had been set up after representations on this issue to the Committee, and Councillors Baker and Long, together with the Chair, had been members. The Chair drew the Committee's attention to the task group's recommendations, in particular those relating to how NHS Brent, the Council and Transport for London (TfL) might work together.

Andrew Davies (Policy and Performance Officer) informed the Committee that the report had already been considered by the Overview and Scrutiny Committee, which had suggested no changes. Subject to any comments made by this Committee, the report would go to the Council's Executive in the New Year. All the organisations involved would be contacted formally for their comments on the report and recommendations, and some informal comments had already been received. It was agreed to amend the recommendation on inviting NHS Brent to Public Transport Liaison meetings to include the North West London Hospitals Trust, the amendment to be agreed with Councillor Jones, Chair of the Overview and Scrutiny Committee. Marcia Saunders (Chair, NHS Brent) informed the Committee that NHS Brent was keen to work with partners and would like to take the recommendations to its board. She also said that NHS Brent would be

keen to prepare a travel plan for the GP-led health centre, rather than ask the service provider to do it once they were appointed.

RESOLVED:-

- (i) that the recommendations of the task group be agreed subject to an amendment to include the North West London Hospitals Trust in invitations to Public Transport Liaison meetings, the amendment to be agreed with Councillor Jones, Chair of the Overview and Scrutiny Committee;
- (ii) that the report be sent for formal comments to the organisations that participated in the review before being presented to the Council's Executive for approval.

5. **Brent Local Involvement Network (LINK)**

Helen Bedser (Head of Performance and Development, Hestia Housing and Support) briefed the Committee on Hestia's role as Brent LINK's permanent host. It had been appointed with effect from 1 December 2008 following a competitive procurement process, and the contract was due to run until 31 March 2011. Helen Bedser reported that the handover from the previous host organisation had been good. Hestia's background was in self-help and had good capacity for joint working with other West London boroughs. The immediate priority was staffing, and a co-ordinator and development officer were already in post and based in Harlesden, while interviewing for the final post – an administrator, had taken place that day. It had been a good start and there would be a formal launch in the New Year, as well as a wider public event to stimulate participation. Work was being carried out on a training programme for the stakeholder group, and meetings were being set up with commissioners and service providers.

Asked how Hestia would involve disaffected members of the community and people who were hard to reach, Helen Bedser informed the Committee that the organisation's strength was in reaching out to vulnerable and socially excluded groups, using outreach techniques. Success had been such that, in Ealing, 25 candidates had stood for election for 10 governor places.

Owen Thompson (Head of Consultation, Brent Council) informed the Committee that the interim LINK host had provided Hestia with a database of over 400 interested individuals or organisations.

RESOLVED:-

- (i) that the report be noted;
- (ii) that the Health Select Committee receive an update on the work of the LINK in April 2009.

6. **NHS Brent Primary and Community Care Strategy**

Jo Ohlson (Director of Primary Care Commissioning, NHS Brent) briefed the Committee and answered questions from members on progress on the Primary and Community Care Strategy and the issue of whether to launch formal consultation exercise at this stage. NHS Brent was developing a two-stage primary and community strategy, first looking at GP services, then intermediate care services. It was expected that proposals would be ready in January 2009 around a common service specification for every GP practice, with a proposed network of services in each cluster. Currently there was variation in access to GP services and the quality of services, and NHS Brent had scored low on privacy and respecting dignity in the patients' survey. While a low level of satisfaction was consistent with Brent's low response rate in the survey, NHS Brent wanted to understand more about this. NHS Brent had commissioned the Office for Public Management to recruit 100 people representative of age, ethnicity and economic background in Brent in order to find out what was important to them. Draft pledges would then be drawn up, and the Health Select Committee would be invited to attend discussion of this. NHS Brent felt that a discussion document might be more appropriate than consultation at this stage in view of the general nature of the proposals. It was envisaged that, even if the option of a discussion document was pursued, three public meetings and the involvement of Area Committee Forums would still be offered. Formal consultation could take place once detailed proposals had been formulated.

After discussion, members agreed to support NHS Brent's proposal to issue a discussion document on the Primary and Community Care Strategy in January 2009, as opposed to formal consultation.

RESOLVED:-

- (i) to support NHS Brent's proposal to issue a discussion document on the Primary and Community Care Strategy in January 2009, as opposed to formal consultation on the strategy, on the assumption that there would be three public meetings and the involvement of Area Committee Forums;
- (ii) to consider NHS Brent's proposed discussion document on the Primary and Community Care Strategy at the Committee's February 2009 meeting.

7. **NHS Brent Urgent Care Centre at Central Middlesex Hospital**

Jo Ohlson (Director of Primary Care Commissioning, NHS Brent) briefed the Committee and answered questions from members on progress on the development of an Urgent Care Centre at Central Middlesex Hospital. She reported that the service specification was

currently being discussed and challenged, with patients and the public involved. All the responses would be looked at, together with the overall affordability of the project, and the issue would then be discussed by the Board of NHS Brent in January or March 2009.

RESOLVED:-

- (i) that the report be noted;
- (ii) that a further report be brought to the first meeting of the Health Select Committee following the NHS Brent Board meeting at which it was discussed.

8. Feedback on 2007/08 Healthcare Commission Annual Health Check

Dr Jim Connelly (Director of Public Health, NHS Brent) presented the report and answered questions from members on the results of NHS Brent's Healthcare Commission Annual Health Check for 2007/08. The trust had been assessed as weak in relation to both quality of services and use of resources, and an action plan had been drawn up to ensure that the trust complied with the Health Check core standards for 2008/09. Dr Connelly pointed out that the 2007/08 assessments had been made against a background of failures of governance and finance, but the situation had now been turned round. Marcia Saunders (Chair, NHS Brent) informed the Committee that the assessments had been made nine months previously. Since then, rigorous self-assessment had been carried out and, while the new trust had assessed itself as non-compliant in a total of 14 standards, it expected to be compliant in all by the end of the financial year. She also expected the Healthcare Commission ratings to improve to fair.

Asked about the biggest challenges for the trust, Jo Ohlson (Director of Primary Care Commissioning, NHS Brent) reported that the trust was keen to have a more sustainable position on safeguarding children. Infection control was always a challenge, including dental infection, and robust systems needed to be in place to protect confidentiality and data in the wake of a serious breach at the end of the previous year. Dr Connelly added that there was a whole host of national and local targets to be achieved and, while some would be achieved, it would be difficult to achieve all of them, in part because of the lack of effective interventions in the past, for example, on smoking cessation. The trust wanted to be in a situation in which it could concentrate on targets and deliver outcomes. Members noted that the bar was sometimes raised in relation to various targets, which could make the trust appear non-compliant when previously it had been compliant.

RESOLVED:

that the report be noted.

9. **Quarterly Performance Report of the Local Area Agreement (LAA) Health Priorities 2008-2011**

Philip Newby (Director, Policy and Regeneration) briefed the Committee and answered questions from members on the progress of performance on LAA health priorities. He reported that the Council had signed up to the second LAA only in June 2008, so the information was fairly new. It was hoped in future to present it in a more accessible format. When looking at the 12 LAA stretch targets, the Council had conducted an audit of data quality and found issues of concern among all partners. A process had been started to rectify this and data compliance should be achieved by 15 February 2009. Data quality was of crucial importance in the LAA health targets, as well as the 12 stretch targets, and a detailed report had been circulated to all partners.

Asked why performance on the level of sports participation was faring less well than anticipated, Philip Newby reported that the target was badly enumerated, with issues over definitions, and these were being taken up with the Government Office for London. However, it was recognised that the borough did not have the facilities to boost sports participation further, with Willesden Sports Centre oversubscribed.

Answering questions from members, Martin Cheeseman (Director, Housing and Community Care) informed the Committee that the initial indicators on reducing alcohol abuse were reasonably successful, and assessments by the National Treatment Agency suggested that Brent was on target in relation to reducing drug abuse.

Philip Newby reported that progress on reducing domestic violence, the highest volume of violent crime in the borough, had improved substantially, reflecting higher levels of reporting and prosecutions and victims' greater trust in the service.

Asked why another intermediate care strategy was needed, Martin Cheeseman informed the Committee that a new strategy was needed because Brent was still performing poorly in terms of delayed discharges from hospital, and previous strategies clearly had not been successful. Members noted that they had carried out scrutiny work on this issue up to two years previously, and asked for this work to be looked at again. Jo Ohlson (Director of Primary Care Commissioning, NHS Brent) reported that a strategy was already in outline form and could be brought to the next meeting of the Committee.

RESOLVED:-

- (i) that the report be noted;
- (ii) that scrutiny work carried out previously on intermediate care be looked at again in the context of the relevant LAA target;

- (iii) that a report on the new intermediate care strategy be brought to the Committee in February 2009;
- (iv) that further updates on the LAA targets be brought to the Committee every six months.

10. **Update on Stroke and Trauma Joint Overview and Scrutiny Committee**

Andrew Davies (Policy and Performance Officer) provided a verbal update for members on the Stroke and Trauma Joint Overview and Scrutiny Committee (JOSC), which was in the process of being set up. Consultation documents focussing on services would be released in the New Year. These would be of interest to the Health Select Committee, and it was agreed to add them to the Work Programme. Councillor Leaman was the Council's nominee to the new JOSC, and would update members in the New Year.

RESOLVED:-

- (i) that the verbal update be noted;
- (ii) that the work of the Stroke and Trauma Joint Overview and Scrutiny Committee be added to the Health Select Committee's Work Programme.

11. **Work Programme**

Andrew Davies (Policy and Performance Officer) invited members to consider adding items, in addition to those already agreed, to the Work Programme. It was agreed to add an issue that had arisen in relation to Section 75 of the Mental Health Act during a visit to a mental health trust, to be discussed at the next meeting. Andrew Davies also invited members to contribute ideas for a new task group, to start work in February 2009.

RESOLVED:

to discuss an issue relating to Section 75 of the Mental Health Act at the next meeting.

12. **Date of Next Meeting**

It was noted that the next meeting of the Health Select Committee would take place on Tuesday 3 February 2009 at 7.00 pm.

13. **Other Urgent Business**

NHS Brent's Medium-Term Financial Strategy

Marcia Saunders (Chair, NHS Brent) briefed the Committee and answered questions from members on NHS Brent's Medium-Term Financial Strategy. She explained that the strategy was part of a London-wide financial strategy to clear the debts of NHS trusts, and that London as a whole was in surplus. The board of NHS Brent had approved the strategy, the aim of which was not to reward financial failure, but to ensure good quality health services were available to all Londoners. NHS Brent's current financial position was healthy, and it was now permitted to carry forward surpluses, although no further growth was expected from 2011/12. As was already known, in the current situation NHS Brent had been able to commit £6m to the North West London Hospitals Trust to help it balance its finances. Marcia Saunders agreed that the fact that NHS Brent had been in deficit a few years ago and was now doing well financially and would have to pay into a fund for other NHS trusts was a complex issue and a difficult message to convey to the people of Brent.

The meeting ended at 8.45 pm.

C LEAMAN
Chair