

MINUTES OF THE HEALTH SELECT COMMITTEE
Wednesday, 25th February 2009 at 7.30 pm

PRESENT: Councillor Leaman (Chair), Councillor Crane (Vice Chair) and Councillors Jackson and C J Patel (alternate for Clues).

Apologies for absence were received from Councillors Baker, Clues, Mrs Fernandes, R Moher and Moloney.

1. Declaration of Personal and Prejudicial Interests

There were none.

2. Minutes of Previous Meeting

RESOLVED:-

that the minutes of the meeting held on 16th December 2008 be received and approved as an accurate record.

3. Matters Arising

There were none at this meeting.

4. Deputations

There were none.

5. North West London Hospitals (NWLH) NHS Trust Finances

This report set out an update on the Trust's finances. At its last meeting, the Committee was informed that the Trust's deficit was £5.1m and that steps were being taken to break even by the end of the financial year (April 2009). It was noted that since the meeting, PCTs across London had agreed a medium term financial strategy for the NHS in London which would ensure that NHS trusts in surplus would forego their top-slice (already held by NHS London), and a percentage of their budget would be used to create a fund to help financially challenged trusts to clear their historical debts. Overall, the NHS in London was in surplus, but without this fund, debt in challenged trusts could rise to £579m by 2010/11.

Fiona Wise (Chief Executive of North West London Hospitals NHS Trust) in updating the Committee stated that the Trust had currently identified about £16m savings of the required expenditure reductions of £32million in 2009/10. She assured the Committee that in developing plans for financial savings the Trust were committed to ensuring safe and high quality services for all patients. She clarified that measures planned by the Trust would look at making more efficient the provision of service, changes to the workforce and a review of pay and salaries. Fiona Wise continued that a meeting was held with Joint Staff Side

Committee on 11th February 2009 at which the Trust presented a paper outlining key proposed changes to the workforce including the identification of 35 posts which would be disestablished subject to consultation with staff. She continued that in addition to natural turnover via retirement (80 posts), potential transfers (120 posts), efficient use of existing resources and reductions in temporary/agency staff (70 posts), the Trust would be seeking redeployment where possible so as to minimise staff redundancies.

In response to questions about how the Trust planned to manage the process Fiona West stated that she had produced a deficit plan, conducted staffing analyses and was currently looking into other main areas including a review of check in services, merger of pathological services and generally reducing wasteful duplication. Tony Caplin (Chair of North West London Hospitals NHS Trust) added that despite the current challenges being faced, the Trust was determined to ensure that patient care was not compromised although there may be a few casualties in the process.

RESOLVED:

- (i) that the report be noted;
- (ii) that a further report updating the Health Select Committee on the Trust's finances be submitted to the next meeting in March 2009.

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

The Committee received a report that informed them about NHS Brent's discussion paper setting out options for the development of primary care services in Brent. Christina Murphy gave a slide presentation to the Committee updating members on the development of primary and community care services. She stated that at this stage of the process, the PCT was seeking views on service models rather than specific changes to services in a particular area. Once the consultation on the model of service delivery had been completed, NHS Brent would begin the process of reconfiguring primary care services in the borough.

Christina Murphy outlined the key findings from the analysis which she said showed variations in opening times, quality and experiences. The findings would form the basis of the proposed strategy and would lead to the establishment of GP-Led health centres, extended GP practice hours of services and routine diagnostics (polysystem). She drew members' attention to the main changes to the earlier version of the discussion document. These included the use of stories with illustrations for clarity, outline proposals for intermediate care and urgent primary care with more detail about how the model would work, outline practice based community (PBC) and investment plans. She continued that there had been consultations on the discussion

document with community groups, area consultative forums currently with Kingsbury and Kilburn & Kensal with additional ones in the pipeline. In terms of the results the majority of participants felt that current services met their needs however, almost all of them agreed that there was a case for change particularly in terms of longer opening hours and a wide range of services within a single practice. She added 75% of the respondents felt that the proposed model in terms of longer opening hours, shorter waiting times, wide range of services delivered in a one stop shop style, convenience of at least one health centre arrangement in each cluster in Brent would improve services. Christina Murphy also added that from clinical standpoint, there was an overall support for the model although worries were expressed about the rapid implementation timetable; attempts to change nationally negotiated contracts and issues about individual under performance. These underpinned the need for clarity about the transition and the proposed model. The next phases which would involve work on detailed plans and further discussions with practices would also see locality based consultations which would last between 6 and 9 months.

Questions were asked of the PCT about how it planned to concentrate efforts on densely populated but deprived areas such as South Kilburn, the depth of detail specification for GPs including retirement and translation services. In responding to the above, Jo Ohlson the Director of PCT Commissioning, NHS Brent stated that the PCT was cognisant of the deficiencies and gaps in certain areas and would ensure to have a centre in those areas including South Kilburn. She continued that whilst the PCT would set out a range of services and would develop standard specifications for GPs, it was not possible to go into the details of them at this stage. She was aware that smaller GP practices would not be able to offer translation services hence the need for those smaller practices to move into the cluster arrangement. The Director added that under the present arrangement, there was no legal retirement age for GPs, resulting in some practices having older doctors and that GPs were required to give 3 months notice of retirement. This caused problems for the PCT in terms of planning services. In order to tackle this the intention was to ask doctors approaching retirement age what their plans were so as to inform cluster workforce plans. She assured the Committee that those were some of the issues that the PCT would seek to address in the model proposed. Asked whether the PCT had identified the level of investment that would be required under the proposed model the Director responded that the matter was in progress with a stock condition survey conducted but as yet not the workforce plan.

RESOLVED:

that the progress report be noted and the final document setting out details of proposed model be submitted to a future meeting of the Committee.

7. **Update on Section 31 (now known as Section 71) Agreement between Brent Council and Central North West London Foundation Trust regarding Brent Mental Health Service (BMHS)**

The Committee considered this report that provided an update on S31 (now known as S75) agreement between Brent Council and Central North West London Hospital Trust regarding Brent Mental Health Service (BMHS) for adults. Appended to this report were two previous reports to the Council's Executive concerning issues regarding a pooled purchasing budget, subject to ongoing discussions with NHS Brent.

Martin Cheeseman (Director of Housing & Community Care) informed the Committee that the current S31 was under review in order to consider whether there were potential benefits for a pooled purchasing budget. He drew members' attention to the details of the options and issues involved appended to the report and which were considered by the Executive on 12th March 2007. He continued that to allow for a purchasing budget to be agreed with NHS who had responsibility for commissioning and the purchasing budget for health mental health placements which were not directly commissioned but provided by CNWL, a further extension to the current S31 until April 2010 had been requested. He outlined the options as set out in the report and added that the risks involved in all the options were being worked out to determine which if any, option would maximise joint objectives and reduce financial risk. The Director added that it was hoped to reach agreement between the 3 parties as to which option to recommend and consult on prior to approval by Executive in March 2010.

The Committee noted a comment by David Dunkley the Director of Brent Mental Health Services (BMHS) that the BMHS would welcome an extension to both staffing and budgetary issues which would allow it to streamline and coordinate its services.

RESOLVED

- (i) to note that an agreement could be reached between the 3 parties as to which option to recommend and consult on prior to approval by Executive in March 2010.
- (ii) that the above (i) be built into the Committee's work programme to enable it to consider the agreement at its future meeting.

8. **Task Group Scoping Documents**

Andrew Davies (Policy & Performance Officer) informed the Health Select Committee that the task group on access to health sites had completed its work and requested members to select a second task group subject for this year, if they so wished. He added that 3 scoping documents had been prepared in consultation with the Chair in order to

give members a choice of task group for 2008/2009 which he outlined as follows:

- (i) Childhood immunisation
- (ii) Obesity
- (iii) Diabetes

He continued that once a task had been selected, the group offices would be contacted for a nomination to the group emphasising the usefulness in having at least one member of this Committee on the group. Following a short discussion it was;

RESOLVED

that childhood immunisation be selected as the next task group subject.

9. Brent, Harrow and North West London Acute Services Review

This report updated the Committee on the review of NHS Brent and Harrow PCT acute services. The aim of the Acute Services Review (ASR) was to create a clinically sustainable and financially viable pattern of acute services, consistent with HfL and local PCT plans. Although no closures were proposed, the nature and range of services delivered from NWLHT sites may change in the future as a result of the review.

Mark Easton (Chief Executive of NHS Brent) added that the review which would articulate the 'case for change' with proposals on how best to organise key clinical services such as emergency surgery, urgent care, maternity and paediatrics and planned care would provide an opportunity to reshape community services. He continued that the review would be conducted in an open and participative way with a discussion document setting out potential options being produced in the spring. Members noted that progress reports would be produced for the Health Select Committee.

RESOLVED:

that the progress report be noted.

10. Health Select Committee Work Programme

The Health Select Committee's work programme was put before members for information.

RESOLVED:

that the work programme set out in the schedule be noted.

11. **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 Tuesday, 31st March 2009.

12. **Any Other Urgent Business**

None raised at this meeting.

The meeting ended at 9.25pm.

C LEAMAN
Chair

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