



# LONDON BOROUGH OF BRENT

## MINUTES OF THE HEALTH SELECT COMMITTEE Thursday, 15 July 2010 at 7.30 pm

PRESENT: Councillor Ogunro (Chair), Councillor Hunter (Vice-Chair) and Councillors Beck, Colwill, Daly and Hector

Also Present: Councillors Brown, Crane and R Moher

Apologies were received from: Councillor Adeyeye

### 1. **Declarations of Personal and Prejudicial Interests**

None declared.

### 2. **Minutes of the Previous Meeting held on 24 March 2010**

RESOLVED:-

that the minutes of the previous meeting held on 24 March 2010 be approved as an accurate record of the meeting.

### 3. **Matters Arising**

#### *Stag Lane Clinic*

Javina Seghal (NHS Brent) advised that there were no developments to report with regard to the future of Stag Lane Clinic, however any new information would be given at the next Select Committee meeting. Members noted that portacabins had been placed on the site to provide temporary accommodation.

#### *Belvedere Day Hospital*

Alison Elliott (Assistant Director – Community Care, Housing and Community Care) advised that there had been preliminary discussions and consultation with users, their relatives and stakeholders in respect of the future of Belvedere Day Hospital. Andrew Davies (Policy Officer, Policy and Regeneration) added that he would contact the Foundation Trust for an update on Belvedere Day Hospital.

## *Childhood Immunisation Task Group – Final Report*

Councillor R Moher (Lead Member for Adults, Health and Social Care) confirmed that the Executive had agreed the Childhood Immunisation Task Group's recommendations on 23 June 2010.

### *Integrated Strategic Plan for North West London*

Mansukh Raichura (Chair, Brent Local Involvement Network) enquired whether Fiona Wise, Chief Executive of the North West London Hospitals NHS Trust, had responded to a request from the Select Committee clarifying the position with regard to bed closures at Northwick Park Hospital. Andrew Davies advised that Fiona Wise had written to the previous Chair of the Health Select Committee in respect of this and he added that he would send a copy of this letter to the present Members of the Select Committee.

#### **4. Health Inequalities in Brent**

Simon Bowen (Acting Director of Public Health and Regeneration, NHS Brent) gave a presentation on Health Inequalities in Brent. He began by describing the population of Brent, which was approximately 278,500, against a registered patient total of 351,000. Members heard that 55% of residents were from black or minority ethnic communities and that the borough was the most heterogeneous in England. The population was relatively young with 43% of residents under 30 years of age, whilst over 30,000 people were over 65 years of age. The borough was classified as the 53<sup>rd</sup> most deprived in England. Simon Bowen then described deprivation trends in Brent, with the overall pattern illustrating that deprivation was more prevalent in the south of the borough. Health levels were generally relatively similar to the overall United Kingdom population and the most common life ending illnesses in Brent, cardiovascular disease and cancer, were reflected nationally. However, the borough had comparatively high levels of TB, diabetes and oral health related illnesses. Life expectancy in the south of the borough was lower than in the north, whilst there were more parks and open spaces and households more likely to exercise in the north. Teenage pregnancy was higher in the south of the borough.

Simon Bowen then referred to The Marmot Review, an independent review commissioned by the Secretary of State for Health which had made a number of recommendations to local authorities to address health inequalities, including a number under the policy document 'Give Every Child the Best Start'. To support these aims in Brent, a Brent's Health and Wellbeing Strategy 2008 – 2018 had been devised to address the following work streams:-

- Ensuring safe, modern, effective and accessible services
- Supporting individuals to lead healthier lives, focusing on health and wellbeing behaviours
- Improving the economic, social and environmental factors which promote good health wellbeing
- Improving prevention, management and outcomes for the priority health conditions
- Improving outcomes for children, young people and their families

Members also noted the outcome of the Audit Commission Review of Health Inequalities in Brent.

Councillor R Moher was invited to address the Select Committee. She enquired whether deprivation levels had recently marginally risen in some areas further north in the borough, such as Wembley Central ward. Councillor Crane (Lead Member for Regeneration and Economic Development) was also invited to address the Select Committee and, in stating that he was a former member of this Committee, commented that the first meeting of 2010/11 provided a useful platform to obtain an overview of the issues as Members, including new councillors, considered a work programme for 2010/11.

During discussion by Members, Councillor Hunter enquired how the information presented would be used in light of Government proposals to move commissioning responsibilities from primary care trusts to GPs. She also commented on a recent article that had highlighted the dangers of exposure to air pollution and she enquired whether this issues was included as part of Brent's health strategy.

In reply to the issues raised, Simon Bowen advised that other wards further north of the borough were also experiencing rising levels of deprivation and he explained that The Marmot Review had concluded that local authorities could not afford not to tackle health inequalities as by taking no action the resulting overall economic costs would be greater. Members heard that all partners, led by the Council, sought to raise the borough's profile and would look at a whole range of issues. The Government's initiative to transfer more responsibilities to local authorities would have significant implications for health services. In addition, the transfer of commissioning duties to GPs raised a number of issues and Simon Bowen suggested that the quality of GP led services could vary quite considerably across the Country. He stated that air pollution was a significant contributor to respiratory deaths and cancerous illnesses, adding that areas such as the North Circular Road presented a challenge in this respect.

David Thrale (Head of Environmental Health) informed Members that the release of oxides and nitrogen were major contributors to increasing ozone levels in Brent and that a revised action plan for air quality was being developed.

## **5. Brent Anti-Obesity Strategy**

Melanie O'Brien (Joint Commissioner for Child Health, NHS Brent) gave a presentation on the Brent Obesity Strategy and explained that estimated costs due to obesity in Brent were high in comparison with other health authorities in London, with a prevalence rate of approximately 23%. In particular, overweight and obesity levels were considerably higher than the national average for school children in Reception and Year Six classes and was more common in boys than girls and in black and mixed race pupils. In terms of wards, overweight and obesity levels tended to be more prevalent in the south of the Borough, with Stonebridge and Kensal Green wards recording the highest rates. Melanie O'Brien advised that obesity was also linked to deprivation and lack of exercise, with both of these factors generally higher in the south of the Borough. The Active People 2 Survey 2008/09 Zero Days Physical Activity revealed a figure of 53.3% for Brent as

compared to 49.2% average for West London, 48% average for London and a National Average of 48.1%.

In terms of the Brent Obesity Strategy, Melanie O'Brien stated that its aims were to:-

- Increase healthy eating and promoting healthy food choices
- Ensuring the healthy growth and development of young people
- Building physical activity into our lives
- Providing high quality personalised advice and support

The Strategy also linked up with other strategies, including the Brent Joint Strategic Needs Assessment, the Brent Commissioning Strategy Plan, the Brent Health and Wellbeing Strategy, the Brent Sports and Physical Activity Strategy and the Council's Corporate Environmental Strategy. The partnership consisted of 15 members from the Council, NHS Brent, the Acute Sector, Brent Community Services and Primary Care and these members met on a bimonthly basis. Melanie O'Brien explained that Strategy was overseen by the Obesity Steering Group, whilst the Strategic Obesity Group had commenced work a year ago. The Strategy was presently at the draft stage and would shortly be subject to an extensive and robust consultation. Upon approval by the Council and PCT Management Teams, a formal consultation would then follow prior to the Strategy's official launch in October 2010. The strategic pillars that would underpin the Strategy include influencing the business sector, support educational establishments, improve clinical care pathways and improve sport and physical activity to achieve the anticipated outcomes. Melanie O'Brien highlighted the priorities for investment, explaining that not all could be implemented immediately.

Councillor R Moher added that restrictions on fast food takeaways being located near schools were currently being considered. She enquired what steps were being taken to make the healthy school meals programme more robust. Councillor Crane commented that the issue of obesity was a ticking time bomb to both Brent and the NHS in general. He stressed the importance in continuing to introduce measures to tackle this problem and he enquired what the objectives were with regard to the consultation.

During discussion by Members of the Committee, Councillor Daly stressed the importance of focusing on individual behaviour changes and the need to persuade food producers and supermarkets to play a role to support such changes. She commented that more effort in particular was needed in supporting healthy eating for children and enquired if monitoring of children's background was being undertaken in Children's Centres. She also asked why resources were being removed in supporting Early Years services. Councillor Daly remarked that another challenge was that takeaway food was often a relatively cheap, yet tasty and filling option and for those on lower incomes this was often seen as the preferred option. Therefore the Strategy needed to take into account ways of tackling this issue. Councillor Colwill commented with regard to takeaways and schools that consideration of the impact upon the local economy also needed to be considered. He suggested that children remain in school during lunch hours. The Chair enquired how much the Government was spending on tackling obesity and what was the overall cost to the UK.

In reply, Melanie O'Brien advised that a School Meals Support Officer had been recruited to support healthy school meals and that all school meals in Brent met the nutritional requirements set. She stated that the main area of concern was what children ate after school hours. Members noted that some schools in Brent already had a stay on site policy during lunch hours. Another measure employed by some schools was to provide meals through a card system and other cashless systems were also being considered as a means of preventing children from spending school dinner money on junk food. Breakfast clubs were also being created. With regard to the consultation, this would be over an extensive period between August and mid September and would seek to obtain wider involvement across the Borough. The consultation would be used to ensure the right priorities were included in the Strategy and the actions needed to take them forward. Melanie O'Brien advised that the diet at Children's Centres was being looked at and it was acknowledged that addressing dietary issues in the early years of a person's life was essential. The total cost of obesity to the UK was around £7bn and there was a strong link between poverty and obesity. Melanie O'Brien acknowledged the magnitude of the challenge in changing the behaviour of people over eating habits, however she felt that improvements could be made over a period of time.

Simon Bowen acknowledged that there had been a reduction in funding in Early Years services and that this was a vulnerable area, however every effort would be made to minimise the impact on loss of resources. With regard to the role that could be played by the large supermarket chains in respect of improving diets, he stated that this was a national issue that the Government was presently considering, however every effort was being made at the local level to also address this issue and support the national objectives.

Kostakis Christodoulou (Head of Health Promotion, NHS Brent) stated that tools were being put in place to allow people to make an informed choice about what they chose to eat, whilst issues raised from the consultation would be acted upon. Yogini Patel (Deputy Head of Environmental Health) added that a number of measures were being introduced to influence businesses, including encouraging takeaways to offer healthier options, such as grilled chicken. She advised that a robust evidence base would be required to justify preventing takeaways being given planning permission at locations near schools and that such a measure may take two years to adopt. Parental behaviour was also being looked at, such as whether they gave money to children for their school lunches.

David Thrale stated that a planning policy of restricting takeaways near schools locations in some East London boroughs had started and although it was in its early stages, appeared to be having success in achieving reductions in childhood obesity.

It was agreed that the Committee would receive an update on the progress in implementing the Strategy in April 2011.

## **6. Brent Tobacco Control Strategy**

Amanda Wilson (Tobacco Control Alliance Co-ordinator, NHS Brent) presented an item on the Brent Tobacco Control Strategy. Amanda Wilson explained that the term 'tobacco control' referred to a coordinated and comprehensive approach to reducing smoking prevalence, including work to reduce both supply and demand

factors relating to tobacco use. Members heard that tobacco use was the cause of over 80,000 premature deaths in England each year and cost the NHS and society overall an extra £2.7 billion and £2.5 billion respectively and was the primary reason for the gap in healthy life expectancy between rich and poor. Amanda Wilson advised that smoking related deaths in Brent were similar to national figures, and within Brent smoking prevalence was higher in poorer wards. Another significant local factor in Brent was the number of shisha bars in operation which, as well as presenting a health risk through smoking shisha pipers, could also lead to cigarette smoking, particularly amongst the young.

Amanda Wilson explained that Brent's Strategy was modelled on National Tobacco Strategy 2010 and the aims included:-

- Reducing adult smoking rates to 10% or less, halving smoking rates for routine or manual works, pregnant women and within the most disadvantaged areas by 2020
- Reduce youth uptake of tobacco products
- Increase to 66% the proportion of homes where parents smoke but entirely smoke free indoors by 2020

To support the Strategy, the development of a Brent Tobacco Control Alliance between the Council and NHS Brent, overseen by joint chairs Yogini Patel (Brent Council) and Kostakis Christodoulou (NHS Brent) was taking place. In addition, a cross-sector collaboration of about 20 regular members from different sectors met bimonthly. The Action Plan was based on the four strategic pillars of the Strategy, which were Preventing Young People from Starting a Tobacco Habit; Motivate and Assist every Smoker in Brent to Quit; Protect Families and Communities from Tobacco Related Harm; and Improve and Sustain Partnership Working. Amanda Wilson confirmed that the Strategy would be subject to consultation throughout July and August prior to a formal launch before the end of 2010.

During Members' discussion, Councillor Colwill welcomed any initiative targeting smoking in shisha bars, stating that smoking a shisha pipe was the equivalent of smoking a number of cigarettes. He suggested that there needed to be research on nicotine levels in shisha pipe tobacco. Councillor Daly asked if any action was taken in respect of shisha tobacco importation and its legality. Councillor Hunter enquired if making approaches to the tobacco industry with regard to the role they could play in supporting the Strategy's objectives. The Chair commented that tobacco was a strongly addictive product and presented a challenge in terms of health.

In reply, Amanda Wilson advised that shisha tobacco samples had been analysed and that the level of nicotine had varied, although six of most popular varieties all had nicotine present. An additional health hazard was the manner in which shisha smoke was inhaled deeply into the lungs, whilst the smoke from the pipe also meant that those in the immediate surroundings would be in danger of passive smoking. Yogini Patel advised that Trading Standards and Environmental Health carried out investigations and analysis to check the legality of tobacco, including shisha tobacco, that was imported and take enforcement action where necessary. The Council was also working in partnership with the London Borough of Newham on this issue. David Thrall added that shisha cafes had been appearing faster than the legislation to regulate it and efforts were being made to address this.

Simon Bowen advised that overall tobacco consumption had fallen over the last two decades, however the significant progress needed to be sustained. Members noted that seven out of ten smokers wished to stop, whilst he suggested that the most likely reason for a fall in cancer and heart conditions was due to a reduction in smoking.

It was agreed that the Committee would receive an update on the progress in implementing the Strategy in April 2011.

## **7. Access to Health Services for People with Learning Disabilities**

Councillor R Moher introduced this item and stated that the Task Group, of which she was a Member, had been set up to investigate access to health services for people with learning disabilities in the Borough. She advised that Brent Mencap had stated that there was a significant 'hidden' population of people with disabilities in Brent and efforts were being made to identify such people. In particular, carers of those with disabilities were experiencing problems in gaining access to GPs and to Acute Services, complicated by some of the behavioural aspects of users. Councillor R Moher stated that the Task Group had been impressed by a Support for Living Project at Ealing Hospital, which provided the appropriate training and support for users and their carers. Members heard that all organisations that had been contacted agreed this was an area that needed to be prioritised and she drew Members' attention to the Task Group's recommendations in the report.

Javina Sehgal (NHS Brent) then provided an update to the recommendations made by the Task Group. With regard to recommendation 1, that NHS Brent implements a similar project to the Support for Living Project in Ealing Hospital, she advised that Ealing Hospital had since been visited and discussions had taken place to set aside funds for a similar scheme in Brent. The scheme had the support of the Learning Disabilities Partnership Board and a further update would be provided at a future meeting of the Committee. With regard to recommendation 2 concerning specific actions to address the needs of people with learning disabilities in the Brent Obesity Strategy and other health promotion strategies, she advised that information was being captured as to what information was provided by GPs who were being encouraged to play a larger role in this. Recommendation 3, that the Health Select Committee monitor the implementation of NHS Brent learning disability self assessment framework and improvement of statutory functions such as dentists, Javina Sehgal advised that there had been a positive response in the assessment overall, with some issues at amber level. Whilst safeguarding overall was robust, a more systematic approach to recording outcomes was required and work with the Communications Team and GPs would be undertaken to achieve this. Members noted that the Action Plan would be reviewed in six months. A concept paper examining how resources could be used had been produced and if agreed would be implemented in September 2010.

Councillor Colwill praised the work undertaken and thanked those involved in the Task Group. Mansukh Raichura (Chair, Brent Local Involvement Network) also supported the work of the Task Group which he felt had been effective in highlighting a major issue.

RESOLVED:-

- (i) that the recommendations set out in the Task Group report be endorsed; and
- (ii) that the report is forwarded to the Executive for approval.

**8. Paediatric Services in Brent - Follow Up to Public Consultation on Paediatric Services Provided by North West London NHS Hospitals Trust**

David Cheesman (Director of Strategy, North West London Hospitals Trust) introduced the report which updated Members on the progress of implementing changes to Paediatric Services at North West London NHS Hospitals Trust. He stated that the consultation overall supported the proposed changes, with 79.7% in support, 15.3% against, and 5% no response. Members noted that the changes would be implemented by October 2010, including free transport provided to users and their relatives between hospitals.

During discussion, Councillor Colwill enquired on the number of sickle cell cases in Brent and what provision would there be for patients who needed to be admitted during night hours. He asked whether there were plans to close any hospitals and for an update with regard to HIV cases in Brent. Councillor Daly suggested that a mapping exercise highlighting where sickle cell treatment was provided would be beneficial. The Chair sought clarification with regard to facilities for sickle cell patients.

In reply to the issues raised, David Cheesman confirmed that Central Middlesex Hospital would provide the main centre for sickle cell patients, however in-patient services would be located at Northwick Park Hospital. He indicated that a mapping exercise of sickle cell treatment locations in Brent could be produced.

Simon Bowen added that sickle cell cases in Brent were amongst the highest in the UK. With regard to the future of hospitals, he stated that Central Middlesex Hospital was very busy and provided an important Accident and Emergency service and there were no plans to close the hospital. Equally, Northwick Park Hospital was a major Acute Services centre with many patients highly dependent on its services. With regard to HIV, he stated that a Sex Health Needs Assessment had recently been undertaken and this could be reported back to a future meeting of the Committee.

Andrew Davies stated that this was the kind of topic that the Committee would be asked to scrutinise. This item had included involvement in public consultation and site visits to Northwick Park Hospital. He suggested that a follow-up report be presented to the Committee in six months and to follow up on issues that had been raised.

**9. Local Involvement Network Annual Report**

Mansukh Raichura introduced the report, stating that Brent Local Involvement Network (LINK) undertook important work in the health sector. Brent LINK had worked closely with the Committee over the year and he thanked all who had



contributed. Mansukh Raichura then drew Members' attention to Brent LINK's priorities for the next year as set out in the report.

During discussion, Councillor Hunter queried the discrepancy between Brent's official population of approximately 270,000 and the fact that there were 340,000 registered patients in Brent and she enquired what actions were being taken to address this issue. Councillor Daly stated that care should be taken when checking GPs' patient lists as it would include vulnerable people and removing them from such lists could jeopardise their welfare. She added that GPs were highly trusted and some patients had chosen not to be on other records. The Chair agreed to allow Councillor Brown to address the Committee. Councillor Brown enquired whether the population discrepancy was a Brent or London-wide problem and were there examples of good practice in population counting.

Members heard from a Brent GP that many residents who had moved out of Brent continued to be registered with GPs in the Borough. She commented that there had been significant population changes in Brent and the most recent census was considerably out of date.

Cathy Tyson (Assistant Director – Policy, Policy and Regeneration) added that population discrepancy was a significant issue for Brent, stating that all evidence that the Council had compiled and been provided with suggested that the population was considerably larger than the official population calculated by the Office for National Statistics. This shortfall had a knock-on effect in terms of funding that the Council received and it continued to lobby for a more consistent approach to recording population, especially as there were some concerns in the methodology used by the Office for National Statistics in counting the population. Members noted the Council's view that the population was more likely to be around 286,000. Cathy Tyson felt that the Council's own method of counting the population was more accurate and she added that this issue was also a London-wide problem. Simon Bowen remarked that all of Brent's neighbouring boroughs also had larger GP patient lists than their official populations.

#### **10. Health Select Committee Work Programme**

Andrew Davies explained to Members that the Health Select Committee Work Programme was a standing item on the agenda and stated that the present programme included items carried over from the previous year. Some of the items to be discussed at future meetings included Health Service Developments in Brent and the North West London Sector, Smoking Cessation and the Brent Tobacco Control Strategy and a report on the Sex Health Needs Assessment which could include an update on HIV cases in Brent. He then invited Members to make any further suggestions for items to be considered at future meetings.

Councillor Colwill asked for an item on Respite Care, Councillor Hunter suggested Members take up the offer of a visit to St Lukes Hospice and Councillor Daly asked for an item on Children and Families with special needs and disabilities.

11. **Date of Next Meeting**

It was noted that the next meeting of the Health Select Committee was scheduled for Thursday, 14 October 2010 and that this and all subsequent meetings would start at 7.00 pm.

12. **Any Other Urgent Business**

None.

The meeting closed at 10.00 pm

B OGUNRO  
Chair