



MINUTES OF THE HEALTH PARTNERSHIPS OVERVIEW AND SCRUTINY COMMITTEE

Thursday, 14 October 2010 at 7.00 pm

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

Also Present: Councillors John, R Moher, Jones, McLennan and Butt

Apologies were received from: Councillor Adeyeye

1. Declarations of personal and prejudicial interests

None declared.

2. Deputations (if any)

None.

3. Minutes of the previous meeting held on 15 July 2010

RESOLVED:

that the minutes of the previous meeting of the Health Select Committee held on 15 July 2010 be approved as an accurate record of the meeting.

4. Matters arising (if any)

None.

5. Order of business

The Chair proposed, and it was agreed, that item 11 on the agenda be brought forward to be considered immediately after item 5.

6. Update on Burnley Road GP surgery

Summarising the report already circulated, Jo Ohlson (Director of Primary & Community Commissioning, NHS Brent) advised that Brent Community Services would no longer manage the Burnley Road GP practice and that the future of the practice was not currently clear. An application from the practice to run the service had been considered but rejected. She explained that there were currently three options being considered: the dispersal of the patient list to other local practices; a tender on the open market; or a closed tender to GP practices within the borough. In addition, the future of the service provided to homeless people through the practice would also have to be considered.

Jo Ohlson continued by explaining that councillors and patients' groups had expressed concern over the summer about the uncertain future of the practice. They had clearly stated that they did not want dispersal of the patient list to take place, and that they wanted GP services to continue to be delivered from the Willesden Centre for Health and Care.

Councillor Jones (Willesden Green ward) explained that she was a patient at the surgery which had been moved first from Burnley Road to Pound Lane and then to the Willesden Centre for Health and Care. She went on to say that patients' groups had had to press for meetings on the proposals to be held at a location in the Willesden area, and she reiterated that patients felt that they would prefer for the surgery to remain at the Willesden Centre for Health and Care.

Residents expressed their agreement with this last point, and they expressed their concern at the uncertainty of the future of the practice and the fact that, five years after the practice had been moved to its current location, a new transfer of patients was being considered. Councillor Butt (Tokyngton ward) reiterated that, although three options for the future of the practice were being considered, patients had clearly expressed their preference for the practice to remain where it was. In response, Mark Easton (Chief Executive, NHS Brent and Harrow) advised that a transfer of patients to another location would only take place if the proposal to disperse them to other surgeries was agreed; it was envisaged, however, that GP services would continue to be delivered from the current location if one of the other two options was implemented.

Mansukh Raichura (Chair, Brent Local Involvement Network) expressed concern that the practice could close in March 2011 before the new arrangements which would be agreed in November could be fully implemented. Jo Ohlson replied that the practice would only close in March 2011 if the proposal to disperse the patient list was implemented, in which case alternative arrangements would be made before the closure took place.

Councillor John (Stonebridge ward) thanked residents for attending the meeting and for expressing their views so clearly. She asked for clarification about the perceived timescale for decision making. Jo Ohlson replied that residents' views would be included in the Options Appraisal Paper which would be considered by the PCT's Executive Team at the end of October and that a decision would be taken by the Board of NHS Brent on the future of the practice in November. She added that, if it were decided that an open tender process should be undertaken, patients would be involved in the selection of tenders.

RESOLVED:

that the Health Partnerships Overview and Scrutiny Committee recommend that NHS Brent carry out an open tender process for the Burnley Practice registered patients service, to ensure that the service continues to be delivered from Willesden Centre for Health and Care and to avoid dispersal of existing patients in an area which already has fewer GPs per head of population than other areas of Brent.

7. **Equity and Excellence: Liberating the NHS**

Andrew Davies (Policy and Performance Officer, Policy and Regeneration) opened discussion of this item by explaining that the Government White Paper, "Equity and Excellence: Liberating the NHS" had been published in July 2010, and that consultation on it had closed at the end of the previous week. He explained that the Council's response had been sent to the Department of Health, in the form of a letter from the Lead Member for Adults, Health and Social Care.

Andrew Davies summarised the Council's response as follows: that the Council had serious concerns about giving untested GP consortia responsibility for spending £80bn of public money at a time when considerable cuts are being made to public spending; that the Council wanted an enhanced role in service commissioning; that the Council wanted an enhanced role in service commissioning; that the Council supported the establishment of health and wellbeing boards, although it had concerns about scrutiny powers being transferred to them; and that the Council welcomed having a greater role in public health which it could co-ordinate through its current activities.

Mansukh Raichura (Chair, Brent Local Involvement Network) noted that the White Paper envisaged the transferral of some responsibilities to local authorities, but he expressed concern that this would be without additional resources or without local consultation. Additionally, with GPs being providers and commissioners under the terms of a national GP contract, there would be limited or no local input into the way commissioning would be carried out. Mark Easton (Chief Executive, NHS Brent and Harrow) replied that the White Paper was ambiguous, as the new public health responsibilities of local authorities had not been clearly defined and it was not clear what funding would be given to local authorities to carry out these functions. Councillor John (Stonebridge ward) commented that public health had for many years been a difficult area to define, as Council functions and health service functions overlapped in some areas. She welcomed the fact that the Council would be given greater responsibilities in this area, and that this would increase the opportunities for the Council to co-operate with other bodies.

Councillor Kabir noted that it was not clear how health and wellbeing bodies would be constituted and would function, adding that it was important for the Council to do its best to ensure that the Brent health and wellbeing board would have the needs of Brent residents at a priority. The Vice-Chair expressed concern that the health and wellbeing board could see a conflict of interest between its executive and scrutiny functions and that the Council's role in scrutiny would remain vital.

Residents expressed concern with various aspects of the proposals, such as the role of GP consortiums in commissioning; and the fact that commissioning would be performed on a national basis, without a body to scrutinise it nationally.

Councillor Ruth Moher (Lead Member for Adults, Health and Social Care) then thanked Andrew Davies for the clarity which his report had brought to some of the arguments.

RESOLVED:

that the Committee endorse the Council's response to the White Paper, "Equity and Excellence: Liberating the NHS."

8. **Future of Brent Community Services**

Andrew Davies introduced this report, which had been previously circulated to members. He explained that, when members met with the Chief Executive of NHS Brent and Harrow and the Chief Executive of Ealing Hospitals Trust in September 2010, they had felt unable to support the proposals to integrate Brent Community Services within Ealing Hospital Trust and to create an Integrated Care Organisation.

Jo Ohlson (Director of Primary & Community Commissioning, NHS Brent) explained that NHS Brent would not manage community services after 1 April 2011. Dr Jahan Mahmoodi expressed his view that, while community services needed to be locally-based, GPs would bear the financial risks of providing these services once they took on commissioning responsibilities. However, were Brent Community Services to be managed by Ealing Hospitals Trust, there would be greater transparency and better management of finances. In addition, this transferral of responsibility could be implemented by the 1 April 2011 deadline.

Councillor Daly asked why plans in Brent had not been put together much earlier as in other boroughs. Mark Easton (Chief Executive, NHS Brent and Harrow) replied that it had been more difficult to reach a consensus in Brent about the best way forward. Councillor Daly responded by saying that the option of transferring Brent Community Services to Ealing Hospitals Trust seemed to represent a hastily considered proposal. Councillor Kabir concurred with this view, and she remarked that, as important stakeholders, the Council should have been informed of the proposals earlier. Mark Easton replied that Brent GPs preferred this option and that it had not proven possible to transfer the service to either the Inner North West London group of services or NHS Barnet. He added that discussions as to the future of Brent Community Services were ongoing.

RESOLVED:

that the Health Partnerships Overview and Scrutiny Committee not endorse NHS Brent's preferred option for Brent Community Services, integration with Ealing Hospital Trust and the creation of an Integrated Care Organisation;

that the Committee endorse Gareth Daniel's letter, sent to Mark Easton on the 21st September;

that the Committee continue an on-going dialogue with NHS Brent on this issue, and request a report for their next meeting, on 16th December 2011, setting out other options for Brent Community Services for their consideration, which should contain budgetary information on BCS, including spending on each of the services delivered by the organisation, as well as information on safeguarding services.

9. **Proposals to merge PCTs in North West London**

Mark Easton (Chief Executive, Brent and Harrow PCT) introduced this report which had been previously circulated. He explained that, in order to deliver the savings expected by the Government and prepare the way for the proposed abolition of PCTs in April 2013, it was expected that PCTs would merge. This would result in significant savings in management costs and provide a more stable platform on which to manage short- and medium-term finances and service performance.

Mark Easton continued by explaining that, from March 2011, it was proposed to continue to have a strong borough focus even though Brent and Harrow PCTs would have a shared management team and other back office functions. This would be achieved through a borough director, a borough Director of Public Health, joint commissioning arrangements, strong local partnership arrangements and a borough presence at a health and wellbeing board.

Councillor Beck asked for a breakdown of which boroughs would be subject to the largest reductions in funding. Mark Easton replied that Brent had a larger management team than Harrow and that consequently Brent's management team would reduce by a larger amount.

RESOLVED:

that the contents of the report, "Proposals to merge PCTs in North West London," be noted.

10. **Sexual health and HIV services in Brent**

Mary Cleary (Deputy Director, Strategy and Planning, NHS Brent) introduced the report which had already been circulated, "Sexual health and HIV services in Brent". Members heard that the data in the report had been taken from the latest draft of the Sexual Health Needs Assessment undertaken by the Public Health Department.

Members heard information about the 817 Brent residents who were HIV-positive and accessing services, and this information was presented in terms of the source of transmission; the ethnic origin of HIV-positive residents; and the areas of the borough where HIV-positive residents lived. Mary Cleary then described the work of the Pan London HIV Prevention Programme and the treatment offered by the London HIV Consortium, which was jointly procuring Anti-Retroviral Therapy on behalf of all London boroughs.

Outlining current issues for diagnosing and treating HIV in Brent, Mary Cleary then advised that there was a lack of HIV-positive people involved in service commissioning; that primary prevention services needed to be improved; that GPs were not routinely testing for HIV infection; and that a number of HIV-positive people in Brent had immigration status issues.

Mary Cleary then turned to the current situation surrounding sexual and reproductive health in Brent. She explained that there had been an 11 per cent decrease in the number of cases of sexually transmitted infections (STIs) being

diagnosed in the three clinics most used by Brent residents. She added that chlamydia remained the most commonly diagnosed STI, and that it was aimed that 35 per cent of people aged under 25 years would be screened for it in 2010-11.

Mary Cleary advised that of the 2,128 abortions provided by Mary Stopes International and BPAS in 2009-10 for Brent women, a high number (43 per cent) were repeat abortions. She explained that the rates of women who used Long Acting Reversible Contraceptives (LARCs) within London remained low compared to the national figure. Mary Cleary added that teenage pregnancy rates had declined slightly in recent years.

The Vice-Chair thanked Mary Cleary for her comprehensive report. She asked whether the under-representation of Asian people in the figures for STIs was the actual case, or whether it was due to the fact that fewer of them accessed sexual health services, perhaps for cultural reasons. Mary Cleary replied that the reasons for the under-representation was not clear.

Councillor Daly asked for further information about services offered to victims of sexual violence and for workers in the sex industry, and whether these services were integrated with other services. Councillor Kabir asked how many of the conceptions occurring to younger women were happening in the context of forced marriages. Mary Cleary undertook to find out this information.

RESOLVED:

that the information in the report be noted.

11. Health Partnerships Overview and Scrutiny Committee work programme

Andrew Davies (Policy and Performance Officer, Policy and Regeneration) introduced a report on the "One Community, Many Voices" consultation event which had been held on 28 September 2010 to launch the new overview and scrutiny structure. He then took members through the work programme for the Health Partnerships Overview and Scrutiny Committee, and he invited members to contact him with suggestions of items which could be added to the list.

Councillor Kabir asked whether a report could be presented to the Committee about healthcare in the Kingsbury and Queensbury area. Councillor Ruth Moher (Lead Member for Adults, Health and Social Care) suggested that the report could cover instead the spread of GPs in Brent and the steps taken by the PCT to mitigate the effects of GP retirement.

RESOLVED:

that the items on the work programme be noted.

12. Public Health Annual Report

Andrew Davies (Policy and Performance Officer, Policy and Regeneration Unit) drew members' attention to the "NHS Brent Public Health Annual Report 2009" which had previously been circulated, and he explained that the document would serve as a useful source of information for the Committee.

13. **Date of next meeting**

It was noted that the next meeting of the Health Partnerships Overview and Scrutiny Committee was scheduled for Thursday 16 December 2010.

14. **Any other urgent business**

The Vice-Chair announced that the Council's Tobacco Control Strategy would be launched on 29 November. She explained that she had recently written to local newspapers to publicise the fact that the Council still had some investments in the tobacco industry, and she added that, after Harrow Council had decided to disinvest in tobacco, some 64 per cent of Harrow residents who answered a survey expressed agreement with that decision.

Councillor Daly commended the Vice-Chair for writing to the press, and she asked for more information about the investment. Members recommended that the Brent Pension Fund Sub-Committee reconsider the investments that Brent Council had in tobacco firms, as they did not believe that the Council should be investing pension fund money in companies that made profits at the expense of peoples' health. In addition, it was noted that such investments contradicted the Council's work to promote tobacco control and smoking cessation. Members welcomed the fact that other London borough councils, such as Harrow, had taken a decision to disinvestment from these firms and it was hoped that Brent Council could follow their lead, particularly as Brent was launching its Tobacco Control Strategy on 29 November 2010.

The meeting closed at 9.15 pm

B. OGUNRO
Chair