LONDON BOROUGH OF BRENT

MINUTES OF THE HEALTH SELECT COMMITTEE
Tuesday, 20th October, 2009 at 7.00 pm

PRESENT: Councillor Leaman (Chair), Councillor Crane (Vice-Chair) and Councillors Baker, Clues and Ahmed (alternate for Councillor R Moher)

Apologies were received from: Councillors Mrs Fernandes, Jackson and R Moher

1. **Declarations of personal and prejudicial interests**

   None declared

2. **Minutes of the previous meeting**

   RESOLVED:-

   that the minutes of the previous meeting held on 15th July 2009 be approved as an accurate record of the meeting.

3. **Matters arising (if any)**

   None

4. **Deputations (if any)**

   None

5. **Audit Commission Review of addressing Health Inequalities in Brent**

   Cathy Tyson (Assistant Director of Policy and Regeneration) introduced a report, written by the Audit Commission, which documented the findings of the Audit Commission's review into how health inequalities were being tackled by the Council and its partners. She informed the committee that the Audit Commission project was composed of two stages. This review, she explained, had been the first stage of the project. She commented that whilst at borough level the overall health of the population was consistent with the national average, there were areas in the borough where residents were experiencing significant health inequalities.

   Cathy Tyson highlighted the key strengths that were identified in the Audit Commission's review, which included the commitment of partners to tackling health inequalities, the quality of the joint strategic needs assessment and the high level of commitment to performance managing health inequalities. She also brought to the

committee's attention the key areas of development that had been identified by the Audit Commission.

Cathy Tyson informed the committee that the second stage of the project was to carry out development work on an agreed local priority. She stated that, following discussion with the Audit Commission, partners had agreed that the local priority would be how to increase the levels of physical activity in adults. She explained that there had been a big improvement in getting young people involved in physical activity, but that more work was needed to be done to improve the participation of adults.

In the discussion which followed, it was noted that whilst there were a lot of positive aspects to the report, there were areas which needed to improve. The committee asked whether there were lessons Brent could learn from other areas in the country. In response, Neil Sands (Audit Commission) explained that as health inequalities were caused by a multitude of factors, it was difficult to find one area which was doing everything successfully. Instead, he argued that they had discovered that there were pockets of good practice and that there were many ways to be successful. He added that it was important that the Audit Commission was not too prescriptive because of the importance of local circumstances. He empathised that there was a need to ensure that a strong, sustainable and consistent approach was used to tackle health inequalities.

It was noted by the committee that one of the areas for development, identified in the review, was to ensure that the Health Select Committee maintained the effective consideration of health inequalities. It was asked, therefore, whether the committee's work programme would reflect this. In response, Cathy Tyson stated that the committee's work programme would reflect this. Neil Sands commented that it was important for scrutiny to look at key indicators to ensure that a focus on the key areas was maintained.

Following on from an enquiry as to what would happen next, Cathy Tyson explained that the next part of the project would be to look at improving the level of physical activity in adults. She stated that a meeting of the group, who would be looking at physical activity, would be convened. She stated that they would then be in a position to report back to the Health Select Committee in 3-4 months time with some proposals. She commented that it was hard to significantly improve participation in physical activity without investment and that this aspect was being looked at. A concern was raised by a member of the committee that obesity was one of the biggest health challenges that the borough faced and that more work was needed to be carried out to reduce obesity. It was noted that in order to tackle obesity, activities which did not just take place in sports centres, such as walking and cycling, needed to be promoted. In response, Cathy Tyson stated that there was a programme pilot being undertaken called MEND, which was a combined diet and exercise programme that was aimed at the whole family. She also highlighted the walk programmes which took place in the borough. Following a question about measuring the outcomes, she explained that success for the MEND programme and the walk programmes was recorded based on how many complete the programmes.

RESOLVED:-

i) that the findings of the Audit Commission's review of health inequalities in Brent and the partnership arrangements in place for tackling these issues within the borough be noted;

ii) that the committee receives a report in February 2010 on the work being done to increase physical activity carried out by adults in Brent, which forms the second part of the Audit Commission's work.

6. **GP Access Survey Results**

Mark Easton (Chief Executive NHS Brent) introduced a report which set out the results of the GP Access Survey for 2008-2009. He informed the committee that patient satisfaction with GP access in Brent had decreased compared to the 2007-2008 results. He explained that this decrease in performance was in line with both national and London averages. He informed the committee that there had been a significant decrease in Brent's response rate, but that this decrease was also in line with the national and London averages.

Mark Easton informed the committee that, as a result of NHS Brent's overall performance in the survey, an Access Improvement Transformation Programme would be undertaken. He added that the programme would be carried out internally and that a senior GP had been appointed to lead on the programme. He explained that the programme would use a best practice/shared learning methodology. He informed the committee that there were 27 practices in Brent which had scored below the Brent average and that the programme would begin with these practices, starting with the 10 lowest performing surgeries. He noted that the programme would run until the end of March 2010.

In the discussion which followed, it was asked why performance had declined in some areas. It was also asked whether premium based numbers were a national or a local problem. In response to the first enquiry, Mark Easton explained that he did not want to speculate on the reasons why public satisfaction had declined. With regards to the premium based numbers enquiry, Mark Easton explained that it was a national problem. Following an enquiry about the worst performing surgeries, Mark Easton explained that there was a significant amount of variation between surgeries. He stated that a full analysis, which showed those surgeries that performed the worst, was publically available on the internet. A concern was raised by a member of the committee that the results suggested that there were some GPs who did not care about their patients.

Mark Easton noted that there were a number of GPs who would question the methodology used for the survey as there was such a low response rate. Dr Helen Clark (Chair of Brent Local Medical Committee) explained that she was concerned by the significantly low response rate of the survey and the effect that this could have on the results of the survey. She added that she welcomed the fact that the improvement programme was to be run internally rather than by external consultants and she emphasised that steps were already being taken to improve access for patients. Mark Easton commented that the areas which scored the best tended to be those areas which had the most participants in the survey. It was

noted by the committee that it was unfortunate that the results did not reflect the success of the extended hours initiative which had helped improve access for patients.

It was asked whether the survey could also capture qualitative as well as quantitative feedback. In response, Mark Easton explained that the analysis of qualitative information would be difficult for a large sample number and that there would be a risk that the bigger picture would get lost. He also informed the committee that this survey would be taking place more regularly, on a quarterly basis from now on.

The committee agreed to look at this issue on an ongoing basis and to monitor the progress of the improvement programme.

RESOLVED:-

that the results of the GP access survey and information on the implementation of the Access Improvement Transformation Programme be noted.

7. **Smoking Cessation**

Mark Easton (Chief Executive NHS Brent) provided the committee with an update on the progress of the smoking cessation service in Brent. He explained that a briefing note had been provided to the committee which summarised the performance of the service in the first half of 2009/2010. He stated that Brent PCT had, over the last couple of years, invested a lot of money into smoking cessation and that whilst this was having some impact, it had not had the impact which had been hoped for. He explained that whilst the numbers who had stopped smoking had doubled, the numbers had been very small to begin with.

Mark Easton informed the committee that they had been running an incentive scheme whereby a financial reward was provided, to those who had delivered the stop smoking service, when the client registered with the service and once the client had quit for a certain period of time. He explained that whilst they had thought that a generous scheme would raise the number of quitters, it had not reached the numbers that they had expected it would. Mark Easton stated that the more successful PCTs had been those which had used their Smoking Cessation Teams to proactively reach out and target communities. He stated that consideration needed to be given as to whether the emphasis should be switched from individual pharmacists and GPs to this approach. He added there was currently an under-spend in the smoking cessation budget which could be used for this.

In the discussion which followed, an enquiry was made as to who had been delivering the stop smoking service. It was also asked how long it would be until Brent PCT started to consider a move away from the rewards based system. In response to the first enquiry, Mark Easton explained that it was GPs and Pharmacists who had been delivering the service. In response to the second enquiry, Mark Easton explained that it may be that they would keep using the reward based scheme but that the remaining resources would be used to commission other services to support the current approach. He added that he

would not want to dis-incentivise those GPs and pharmacists who were helping people to quit.

Cathy Tyson (Assistant Director of Policy and Regeneration), following an enquiry, explained that smoking cessation remained a local priority in the LAA but was not one of the basket of indicators which was linked to the reward grant. Mark Easton commented that smoking cessation was one of the best ways to decrease health inequalities. Cathy Tyson highlighted that there was huge variation on smoking rates in the borough, but that smoking was generally more prevalent in the borough's deprived areas.

Following a query about using dentists and opticians, Mark Easton explained that interested opticians and dentists had recently been invited to become providers of the stop smoking service. With regards to community groups, he stated that other PCTs were targeting community groups successfully and whilst it was not something Brent PCT was currently doing, it was something that the Brent PCT would want to consider as it was an untapped resource.

It was noted by a member of the committee that the figures for quarter 2 were an improvement on quarter 1. It was asked whether this would mean that the 2009/2010 target could be met. In response, Mark Easton explained that the target would not be met unless changes were made. He stated that at the current rate, only 60-65% of the target was likely to be met.

The committee agreed to monitor this issue on a quarterly basis.

RESOLVED:-

i) that the progress in meeting the smoking cessation targets for 2009/10 be noted;

ii) that it be agreed that smoking cessation updates become a standing item on the Health Select Committee agenda on a quarterly basis.

8. **Acute Services Review**

Fiona Wise (North West London NHS Hospitals Trust) provided the committee with an update on the reconfiguration of emergency surgery and paediatric services across Brent and Harrow as part of the Acute Services Review.

The committee was made aware of the letter from Mark Easton (NHS Brent) to Councillor Leaman which set out the reasons for the decision, following the independent clinical review by the National Clinical Advisory Team, to stop emergency surgery at Central Middlesex Hospital. Fiona Wise explained that the London Ambulance Service would instead be taking patients to Northwick Park Hospital or another major acute hospital if closer than Northwick Park Hospital. The cessation of emergency surgery services at Central Middlesex Hospital would result in 7-10 patients per week requiring transfer from Central Middlesex Hospital to Northwick Park Hospital. She emphasised that high risk surgical work had already been moved to Northwick Park Hospital. She commented that Central Middlesex

Hospital would remain a busy local hospital. This, she added, was all due to commence in December 2009.

Fiona Wise informed the committee of the implementation plan which was in place to ensure that the process ran smoothly. She explained that work had been carried out which looked at what was needed at Northwick Park Hospital not just to support the extra 7-10 patients per week but also how to support surgery generally. She concluded by providing the committee with some of the quality indicators that had been agreed between the PCTs. She added that this was subject to weekly reviews in the first instance.

In the discussion which followed around emergency surgery, it was asked whether the establishment of a new stroke unit at Northwick Park Hospital would have an effect on things, particularly capacity at the hospital. It was also asked what would happen with emergency surgery on children. Furthermore, an enquiry was made as to how these changes were to be communicated to people as consultation had not taken place. In response to the first question, Fiona Wise explained that the stroke unit would not affect things as there were separate plans in place for this. With regards to the second question, Fiona Wise explained that emergency surgery on children did not currently take place at Central Middlesex Hospital anyway. In response to the third issue, she explained that a draft communication plan was in place. Mark Easton added that it was important to ensure that the GP community were fully involved in the process and that they understood the new service. It was also important, he added, that people were reassured that the changes did not undermine Central Middlesex Hospital as an acute site. Fiona Wise also reiterated, following a question about the role of the ambulance service, that the ambulance service would decide where the closest place was to take a patient.

Fiona Wise then went on to update the committee about the proposed paediatric services reconfiguration. This she explained was a piece of work which was still being undertaken. She began by explaining the case for change. She noted that children and young people made up 25% of Brent's population and that Brent's birth rate was rising by 3% per annum. Furthermore, she stated, deprivation levels which impact on children and young people have increased. She added that there was currently too much dependence on hospitals and that 87% of patients at Central Middlesex Hospital were seen and had gone home the next day. She explained that the current local model of care was not aligned to Healthcare for London's recommendation that 'all local hospitals should have a paediatric assessment unit working as part of a wider network of children services across 1° and with a major acute partner.'

Fiona Wise then set out the options for change. Option one, she explained was to do nothing and retain a 24 hour inpatient facility at Central Middlesex Hospital. The other option, she stated, was to establish two consultant led paediatric assessment units, one at Central Middlesex Hospital and one at Northwick Park Hospital. She emphasised the fact that this option would mean that a unit would be set up at both Central Middlesex Hospital and Northwick Park Hospital. If option 2 was to go ahead, she noted that there would be an estimated cost saving of £0.5 million per annum. She informed the committee that the proposed paediatric configuration was expected to require a section 244 public consultation.

To conclude Fiona Wise updated the committee as to what the next steps were. She informed the committee that further deliberation would take place across Brent and Harrow and that there would be a need to secure NHS London support for the pre-consultation business case. Furthermore, she explained that the NCAT clinical review and Department of Health Gateway Review of the paediatric model would also take place before public consultation. She added that the Brent Health Select Committee was to review the formal proposals for paediatrics at the next meeting on the 9th December. She stated that the plan was for public consultation to then start pre-Christmas.

In the discussion which followed, a concern was raised that there may be a perception in the South of the borough that Central Middlesex Hospital was being undermined and that services were being centralised at Northwick Park Hospital. In response, Mark Easton explained that careful consideration would be given as to how to inform the public of proposals. He stated that the services being moved were small services and that the public needed to be informed that there was a plan to continue and develop a number of big services, such as outpatients, at Central Middlesex Hospital. Fiona Wise added that her management team were also looking at what was better placed at Central Middlesex Hospital as well as ensuring that there were viable services at both ends of the borough. She also commented that it was all part of a bigger drive to prevent people going into hospital in the first place and therefore it was also about how services can be developed elsewhere.

The committee reiterated the importance of informing the public as to how important Central Middlesex Hospital was and how it would remain so. Mark Easton commented that there was a need to publish a report on the Future of Central Middlesex Hospital. Marcia Saunders (NHS Brent) noted that it was also important to remember that Northwick Park Hospital was now a major acute facility and had greatly improved.

Dr Helen Clarke (Chair of Brent Local Medical Committee) commented that, as stated in her letter to the Chair of the Health Select Committee, she was surprised to find that the proposals, following the acute services review, had been sent to Brent and Harrow's Overview and Scrutiny Committees before the Local Medical Committee had been consulted. She stated that there were a number of areas that GPs were concerned about. She explained that things had moved forward and NHS Brent had given their commitment to consult with GPs. She commented that there was likely to be a meeting of GPs held in October to discuss the issue. She was concerned however that if the meeting was not to go ahead it would be too late to be consulted before the next Health Select Committee. In response, Mark Easton commented that he would ensure that this was followed up.

Mark Easton noted that the paediatric service model and consultation plan was due to go to the next Health Select Committee on the 9th December. However, if the project was not sufficiently developed by December for public consultation to begin, then consultation and implementation on the changes to paediatric services would be delayed until after the local government and general elections in 2010.

RESOLVED**:-**

that the presentation on the acute services review and the letters from Mark Easton and Dr Helen Clark, as appended to the report, be noted.

9. **Major Trauma and Stroke Services - Update on final report of the Joint Overview and Scrutiny Committee and decisions from Joint Committee of PCTs**

Fiona Wise (North West London NHS Hospitals Trust) updated the committee on the service reconfiguration across Brent & Harrow with regards to stroke services. She informed the committee that, following the outcome of the Joint Committee of PCT's meeting on the 20th July 2009, North West London Hospitals Trust had been designated as one of London's 8 Hyper Acute Stoke and 24 stroke units. She explained that there would be 16 hyper acute stroke unit beds and 34 stoke beds established at Northwick Park Hospital. She noted that major ward refurbishment was required and would be completed by 1st February 2010. She also stated that 10 stoke beds would be decommissioned at Central Middlesex Hospital by 31 March 2010. She provided the committee with the detailed timetable of these activities.

Fiona Wise also provided the committee with an update on the recruitment required for the service reconfiguration. This included the fact that a stoke consultant had been appointed last week and that interviews for a second post would take place in December this year. She commented that the service reconfiguration would lead to the trust being able to offer an enhanced level of service for stoke patients.

Andrew Davies (Policy and Performance Officer) updated the committee on the service reconfiguration across Brent & Harrow with regards to major trauma. He stated that, following the outcome of the Joint Committee of PCT's meeting, a major trauma centre was to be commissioned at St Mary's Hospital by April 2012. He explained that the joint Overview and Scrutiny committee would be hearing more on the proposed trauma service at its meeting on 28th October 2009.

RESOLVED**:-**

that the verbal updates on major trauma and stroke services be noted.

10. **Implementing Healthcare for London - Strategic Commissioning Plan and Primary Care Strategy Update**

Mark Easton introduced the presentation pack which provided the committee with an overview of the progress made in implementing 'Healthcare for London'. Mark Easton reminded the committee that in 2008/09 NHS Brent developed its Commissioning Strategy Plan which set out a 5 year investment programme. He noted that it was held by Healthcare for London as being one of the best strategies in London. However, he explained that due to changing circumstances, NHS Brent were having to review the plan to ensure that it was aligned with others across North West London and so that it could still support progress towards delivering the goals and outcomes in the changing economic environment. He stated that because last years plan was so good, NHS Brent was committed to retaining the same goals.

Mark Easton explained that NHS Brent was redefining the Commissioning Strategy Plan to align with the 8 'Healthcare for London' Pathways. The presentation pack, he explained, highlighted the case for change, the progress made to date and the plans for the next stage for each of the pathways. He stressed the importance of the polysystem vision and model as underpinned by the Primary and Community Services Strategy. He explained that the presentation pack showed the emerging polysystem sites and explained future plans. He stated that the overarching Polysystem Implementation Model together with the plan for consultation and implementation would be included in the revised Commissioning Strategy Plan. He stated that the signed-off Commissioning Strategy Plan had to be submitted on the 18th December and that in the meantime a series of engagement activities would be taking place.

Following a request by the committee, Mark Easton took the committee through the financial context in which the commissioning plans would be delivered, as shown from slide 40 onwards in the presentation pack. He brought to the committee's attention the three possible financial scenarios that were being looked at, which were the 'base case', the 'upside' and the 'downside' scenario. He stated that all three scenarios had been built on a 'do nothing' basis from 2010/11, which he explained meant no further investment or savings programme. He commented that all three scenarios indicated that if a do nothing approach was used, there would be a budget deficit. He then set out the level of savings or disinvestment which was required to achieve a sustainable financial position under all three scenarios.

Mark Easton informed the committee of some of the 'Healthcare for London' initiatives which could be undertaken to achieve the savings required. He then explained how the slides in the presentation pack showed how the Healthcare for London model had been applied to Brent specifically and the savings that could be made by each initiative. He concluded by explaining that if the Healthcare for London savings were achieved, in all scenarios except the downside scenario, the budget would move back into balance. He stated that additional savings would be needed in the case of the downside scenario in order to reach a sustainable position. Mark Easton stressed that the figures could be used as a basis for conversation with the clinical community about how NHS Brent could provide just as good, if not better, services by using resources more effectively.

In the discussion which followed, it was asked by the committee as to when a suitable time for the committee to look at the Commissioning Strategy Plan would be. In response, Mark Easton suggested that the committee looked at the Commissioning Strategy Plan at the 9th of December meeting before it was submitted on the 18th December. Following an enquiry over the progress of the polysystem plans and whether residents were noticing a big difference, Mark Easton explained patients would not have noticed a big difference at the moment. He added that there was now an opportunity for patients to get involved with designing their practices. He stated that there was a need to move away from incremental change to transformational. In response to a concern regarding the fact that it seemed that the East of the borough had a lack of access to a proposed polyclinic site, Mark Easton commented that the big challenge was being able to afford new buildings. He explained that the way forward was to encourage GPs from smaller practices to come together and share costs.

The committee requested an update from NHS Brent regarding the plans to close the Stag Lane Clinic in Kingsbury following the discovery of a crack in the building. Mark Easton noted that a series of discussions had taken place with the practice about moving the practice to a temporary building. At the same time he explained that NHS Brent was working with GPs to formulate a long term plan for Kingsbury. The hope, he added, was for practices in the area to come together thus reducing the number of small practices. In response to a question as to what would happen to the Stag Lane site, Mark Easton explained that one option would be to sell the site. This, he stated, could contribute to a new building but it would only cover a small fraction of the cost required. It was also asked whether temporary portable cabins would be used. Mark Easton explained that this would be one of the options but that there would be planning consent issues to consider. He reiterated that any solution at the moment would be temporary. Dr Helen Clark (Chair of Brent Local Medical Committee) commented that practices were keen to work together but that the problem was getting the funding to do so. She stated that she was concerned as to what will happen to Stag Lane if the practices did not come together. In response, Mark Easton explained that the options needed to be examined carefully and that it was too premature, at this stage, to speculate as to what would happen.

RESOLVED**:-**

i) that the update from NHS Brent on the review of the Commissioning Strategy Plan and Primary Care Strategy be noted;

ii) that the update on position with Stag Lane Clinic and primary care services in Kingsbury be noted.

11. **Health Select Committee Work Programme**

Andrew Davies (Policy and Performance Officer) updated members on the committee's work programme for 2009/10 and informed members to contact himself or the Chair if they had any items that they wanted adding to the programme. He explained that the agenda for the 9th December meeting would be altered to incorporate the issues raised at this meeting.

12. **Any Other Urgent Business**

In accordance with Standing Order 64, the Chair introduced a report which set out the proposed changes to service in the provision of shared care services for children with cancer. He explained that, as a committee, they were being asked to consider whether the proposed changes amounted to a substantial variation in service that should be subject to formal consultation. The chair explained that the report was being considered under this item because a decision was required as a matter of urgency.

Andrew Davies (Policy and Performance Officer) informed the committee of the changes being proposed. He highlighted that the number of patients affected, as shown on page 2 of the report, was small. He added that 5 out of the 8 equivalent

committees, who had already discussed the changes, had agreed that formal public consultation did not need to be carried out as there would not be a substantial variation in service. In the discussion which followed, an enquiry was made as to whether the consultation, if it was to go ahead, would be carried out on a North West London basis. In response, Andrew Davies stated that he expected it would be done on a North West London basis, but that he would need to check that this was the case.

After consideration the committee decided that as the proposals did not amount to a substantial variation in service and affected only a small number of patients, it would not be necessary to carrying out formal consultation.

RESOLVED**:-**

the committee agreed that the proposals did not amount to a substantial variation in service and therefore formal consultation was not required.

13. **Date of Next Meeting**

It was noted that the next meeting of the Health Select Committee was scheduled for Wednesday 9th December.

The meeting closed at 9.05 pm

C LEAMAN
Chair