



# LONDON BOROUGH OF BRENT

## MINUTES OF THE HEALTH SELECT COMMITTEE Wednesday, 17 February 2010 at 7.00 pm

PRESENT: Councillor Leaman (Chair), Councillor Crane (Vice-Chair) and Councillors Jackson, R Moher and CJ Patel

Also Present: Councillors Dunwell and Malik

Apologies were received from: Councillor Clues

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

There were none.

### 2. **Minutes of the previous meetings - 9 December 2009 and 7 January 2010**

RESOLVED:-

that the minutes of the previous meetings held on the 9 December 2009 and 7 January 2010 be approved as accurate records.

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

*Item 10 - Health Select Committee Work Programme – visit to St Luke's Hospice*

It was noted that Andrew Davies (Policy and Performance Officer) was waiting to hear back from St Luke's Hospice regarding possible dates for a visit. Andrew Davies stated that he would follow this up.

### 4. **Deputations (if any)**

None.

### 5. **Access to Health Sites Scrutiny Review Recommendation Follow Up**

The Chair introduced the report which updated the committee on the progress made in implementing the recommendations from the Access to Health Task Group. It was noted that appendix 1 of the report set out the task group's recommendations, the original response from the organisations affected by the recommendations and an update on their implementation. It was also noted that NHS Brent had not provided an update in appendix 1, but would be providing a verbal update during this item. The committee expressed their disappointment that Transport for London (TfL) had not sent a representative to this committee meeting as it was felt that their contribution would have been extremely valuable.

It was agreed that the committee would look at each recommendation in turn and would take note of any updates which were not covered in appendix 1.

#### **Strengthening working relationships:**

- *Recommendation 1* - Jo Ohlson (Director of Primary Care Commissioning, NHS Brent) stated that some links with TfL and Brent Transport Services had been made, but that NHS Brent could do more to strengthen these links. She added that as part of the paediatrics polysystem planning, NHS Brent had taken travel into account much more than it would have been in the past. It was noted by the committee that it seemed that NHS Brent were not engaging with Brent Transportation Unit. A suggestion was made by Jim Lawman (Senior Public Transport Officer, Brent Council) that quarterly meetings be held between Brent Transportation Unit and NHS Brent. In response, Jo Ohlson agreed to the quarterly meetings. It was noted that the committee endorsed the setting up of these quarterly meetings.
- *Recommendation 2* - It was noted by Jo Ohlson that there was nothing further to update, except that she would also be involving public health as appropriate.
- *Recommendation 3* - It was noted that the Public Transport Liaison Meetings had been taking place with TfL and that whilst it was positive that these had been taking place, a concern was raised that TfL had become disengaged from other local meetings such as the Northwick Park Public Transport Liaison Group meetings. Now that TfL had decided to only attend borough liaison meetings, it was noted that the Public Transport Liaisons meetings were an important forum for NHS Brent to engage with TfL.

#### **Healthcare for London:**

- *Recommendation 4* – Jo Ohlson informed the committee that as part of NHS Brent's primary care strategy, NHS Brent examined a map around travel. She added that NHS Brent would consider travel as it develops the plans for the 3 polyclinic sites, including how those potentially using services in Edgware Hospital would be affected.
- *Recommendation 5* - Jo Ohlson informed the committee that NHS Brent had contacted the Sustainable Transport Officer for WestTrans to ask them to develop the travel plan for the GP led health centre in Wembley, but that it had not yet been completed.
- *Recommendation 6* – Jo Ohlson explained that they had not yet started to use the H-stat transport modelling tool, but that they were hopeful that they would not have to pay £3000 each time the model was used.
- *Recommendation 7* – Jo Ohlson noted that NHS Brent had considered an analysis of transport needs with regards to the proposals for paediatric services.
- *Recommendation 8* – In response to a question regarding NHS London's reaction when they were approached about changing the eligibility criteria, Jo Ohlson explained that she had raised it with NHS London, in relation to the polysystem, and that she had been informed that NHS Brent could decide how it should be set. She added that she was looking at the criteria this current year. A concern was raised regarding the length of time it was taking for this issue to be looked at, considering that the committee made this recommendation in December 2008. In response, Jo Ohlson stated that

she had not looked at it before because they had yet to move services out of the hospital.

#### **Service planning:**

- *Recommendation 9* – Jo Ohlson noted that NHS Brent would take into account the transport implications when considering the relocation of services.
- *Recommendation 10* – no further update provided.

#### **Service location:**

- *Recommendation 11* – Jo Ohlson stated that NHS Brent were aware of the need to consider public transport access assessments when planning the location of new services.

#### **Northwick Park Hospital:**

- *Recommendation 12* – It was noted that TfL had not agreed to divert the Northbound or Southbound 182 buses into the hospital site. Gerry Devine (Transport Advisor to North West London NHS Hospitals Trust) explained that the whilst the Northbound 182 bus did not enter into the grounds of Northwick Park Hospital, an additional bus stop had been put in place on Watford Road, which was opposite the hospital. He explained that the use of the bus stop had been delayed as the road required the speed reduction, for safety reasons, from 40 to 30 mph. It was noted that the bus stop would be operational from March 2010.
- *Recommendation 13* – This was covered during the discussion on recommendation 12.
- *Recommendation 14* – Gerry Devine explained that there were plans to improve the underpass but only cosmetically and not to meet DDA Act standards.
- *Recommendation 15* – The committee raised a concern that the only bus which was coming from the South of the borough to Northwick Park Hospital was the 182. It was noted that TfL had not only concluded that the extension of route 18, from Sudbury Town to terminate at Northwick Park Hospital, would be too costly, but that to extend the 204 from Sudbury Town Station would also be too costly. Jim Lawman stated that one option would be to extend route 223 back to Harrow from Wembley Central via North Wembley so that it becomes a circular route. It was noted by the committee that there was a need to put this forward as the committee's preferred option to TfL. Jim Lawman stated that the 223 was coming up for review and that this would be a good opportunity to look at this route.
- *Recommendation 16* – Gerry Devine noted that Northwick Park Underground Station had never been included on the list of stations which would be receiving funding for step-free access, as set out in the TfL Business Plan in October 2009. In response to a question regarding DDA compliancy, Jim Lawman explained that it would only have to be made DDA compliant if substantial changes were being made to the station, such as the enlargement of Wembley Park station. Fiona Wise (Chief Executive, North West London NHS Hospitals Trust) stated that with Northwick Park Hospital likely to become one of two major acute hospitals in the north west London sector, there would be even more of a need for sufficient disabled

access. She added that there was therefore a need to emphasise the importance of this to Healthcare for London.

- *Recommendation 17* – There was no further update provided.
- *Recommendation 18* – There was no further update provided.

#### **Central Middlesex Hospital:**

- *Recommendation 19* – Jim Lawman stated that there was nothing further to add to the update and that Brent Transportation Unit would continue to pursue bus priority initiatives.

#### **Transport Improvements:**

- *Recommendation 20* – A concern was raised that, whilst in the trial area hospitals were being announced on buses, no announcements were being made on those buses which stopped at the Wembley Centre for Health and Care as to when to alight for the GP led health centre. It was noted that this needed to be followed up.
- *Recommendation 21* – Jo Ohlson explained that she has raised the issue of signage, but that she had been told that it was the responsibility of the Highways Committee. Jim Lawman stated that this was something which NHS Brent and the Brent Transportation Unit could discuss during one of their quarterly meetings which they had agreed to hold.
- *Recommendation 22* – Jo Ohlson explained that NHS Brent had been looking into the possibility of using the staff entrance at the GP led health centre in Wembley, but had found that this part of the building was shut during the evenings and weekend and therefore was unsuitable. She added that NHS Brent would look at other options for improving pedestrian access.
- *Recommendation 23* – There was no further update provided.

In the discussion which followed, the committee noted its frustrations at the lack of progress which had been made following the task group's recommendations in November 2008. It was agreed that the Chair would write to TfL, on behalf of the Health Select Committee, to inform them of the committee's concerns, in particular the need to extend the 223 bus route and for access to Northwick Park Station to become step free. The Chair noted that he would send a copy of the letter to the Mayor of London. The Chair also agreed to ask Mark Easton, Chief Executive of NHS Brent, if he could contact the Mayor of London regarding these issues.

The committee noted that they would keep monitoring the progress made in implementing the task group's recommendations and the progress of the quarterly meetings between NHS Brent and Brent Transportation Unit. Andrew Davies stated that at the next update, instead of going through each recommendation one by one, the relevant issues would be grouped into themes.

RESOLVED:-

- (i) that the update be noted;
- (ii) the Chair of the Health Select Committee to write to Transport for London, on behalf of the Health Select Committee, to inform them of the committee's concerns with the responses to the committee's recommendations, in

particular the need to extend the 223 bus route and for access to Northwick Park Station to be step free;

- (iii) the Chair to ask Mark Easton, Chief Executive NHS Brent, to contact the Mayor of London regarding the committee's concerns;
- (iv) that the Health Select Committee continues to monitor the progress in implementing the task group's recommendations and the progress of the quarterly meetings between NHS Brent and Brent Transportation Unit. The next update should be provided in six months time.

## 6. **Public Consultation on Paediatric Services Update**

Fiona Wise (Chief Executive, North West London NHS Hospitals Trust) provided the committee with an update on the consultation which was taking place on paediatric services in Brent and Harrow. She explained that all of the committee's recommendations, which were made at the Health Select Committee meeting held on the 7 January 2010, had been carried out, as set out in the letter from David Cheesman (Director of Strategy, North West London NHS Hospitals Trust). She added that they were hoping to publish the separate communication, on the future of Central Middlesex Hospital as an important provider of health services, the following week. She also confirmed that the third public meeting, which was referred to in the letter, would take place at Central Middlesex Hospital on the 11<sup>th</sup> March and that a meeting specifically related to sickle cell disease had been set up for 25<sup>th</sup> March.

Fiona Wise stated that the Trust had a robust consultation plan. She added that as well as the public meetings, they had consulted with a number of community and voluntary sector groups, including the Brent Youth Parliament and the area forums. She added that she was able to email the consultation programme to anyone who would like to view it. She also informed the committee that a challenge session had been held at Northwick Park Hospital last week and that it had included representatives from Harrow as well as Brent.

In the discussion which followed, the committee noted that they were pleased that the committee's recommendations had been carried out. In response to a query regarding the attendance at the first public meeting held in Brent on the 11<sup>th</sup> February, Fiona Wise explained that around 20 people had attended the meeting and that some of these were staff. She added that a lot of the focus was on sickle cell patients. She explained that the Trust was working towards gaining a better understanding of the proportion of sickle cell patients who would be using the service. The Chair noted that the Health Select Committee's formal response to the consultation would be developed and presented to the Health Select Committee at the meeting on the 24<sup>th</sup> March 2010.

RESOLVED:-

that the update on the public consultation on paediatric services be noted.

## 7. Brent's Childhood Obesity Treatment Programme

Melanie O'Brien (Strategic Joint Commissioning Manager) introduced the report which provided the committee with information on the MEND (Mind, Exercise, Nutrition, Do it!) programme and the progress which had been made in reducing childhood obesity. She began by providing the committee with some background information on childhood obesity. She explained that childhood obesity was a growing threat to Children's health, both physically and mentally, and that it had a significant impact on life expectancy. She added that childhood obesity was also a huge drain on the current and future resources of the National Health Service and Local Government.

Melanie O'Brien informed the committee that levels of childhood obesity were measured and recorded as part of the annual National Child Measurement Programme (NCMP). She noted that Brent had higher levels of childhood obesity than both the London and national averages and that the total number of overweight and obese children in Reception year had increased from 22.3% to 24.1%. More positively, she added that there were early signs of a stabilisation of rates in year 6 pupils.

Melanie O'Brien explained to the committee what the MEND programme was and how it worked. She stated that it was an intensive programme which included participants taking part in 20 sessions over a 10 week period. She informed the committee that they had completed 9 programmes so far and were half way through the 10<sup>th</sup> and 11<sup>th</sup> programme. She added that they were contracted to do 18 programmes in total and that each programme had 12 children taking part, even though a small number had dropped out. Melanie O'Brien stated that the outcomes of the programme had been very positive and that the programme had achieved some very encouraging results. She then highlighted some of the successes of the programme, which included the fact that the Brent had proven to be a London leader in delivering the programme. She also stated that Brent had developed a regional London MEND group, which met on a regular basis to share good practice. Melanie O'Brien then set out the challenges, including the fact that the programme only had the capacity to reach a small percentage of the overweight and obese children in the borough. She concluded by highlighting the recommendations she made in the report, which were needed to ensure the successful reduction of childhood obesity.

In response to a query regarding the long-term analysis of the outcomes of the MEND programme, Melanie O'Brien explained that whilst it was early days, she was planning to complete a six month and a year follow up on those who had gone through the programme. She added that this information would be provided to the committee once available. It was noted that at a previous meeting concerns were raised regarding the LAA target. In response, Melanie explained that the committee would have seen the report following the summer holidays, when one rather than two MEND programmes had been running, which meant that a smaller number of children had completed the programme.

In response to a query as to whether a more in-depth analysis had been carried out to find out why there were higher levels of childhood obesity in Brent than the London and national averages and whether it was more prevalent in certain wards, Melanie O'Brien explained that the National Child Measurement Programme



(NCMP) had found that levels of obesity were higher in urban areas and that a strong affirmative relationship existed between deprivation, ethnicity and obesity prevalence in children, all of which were relevant to Brent's demography. She added that officers were in the process of analysing the NCMP data ward by ward, but that this information was not available yet.

Following a concern raised regarding the perceived lack of joined-up working between departments and partner agencies, Melanie O'Brien explained that there was a need for a more joined-up approach to tackling obesity at the national, local and individual level. For example she explained that at the local level, the issue of obesity should be considered in the creation of other strategies, such as a transport or a green spaces strategy. The committee were interested to hear about the work which was being carried out in Barking and Dagenham Council and Waltham Forest Council to try to limit the proximity of fast-food restaurants to schools. The committee agreed that they would refer this issue to Brent Planning Service so that these models could be examined in more detail to find out whether Brent could be in a position to replicate them.

In response to a question regarding costing, Melanie O'Brien stated that currently it costs £600-650 per child to complete the 10 week programme, excluding the actual MEND purchase costs. She added that it cost £4000 to buy a MEND package. She explained that the cost for the MEND programme was paid for out of the jointly funded budget of £186,000 which covered all the preventative and treatment programmes for the year. It was noted by the committee that £186,000 was a small amount compared to the £1 billion the effects of obesity costs the NHS directly and the £2.3 to £2.6 billion it costs the NHS indirectly.

Simon Bowen (Deputy Director of Public Health, NHS Brent) explained that NHS Brent was currently working on producing an Obesity Strategy for Brent, which would cover adult and child obesity. He stated that as part of this strategy, the MEND programme would be looked at. In response to a query regarding what the total health promotion budget was, Simon Bowen explained that he did not have this information with him, but that it was in the millions. He added that £186,000 was therefore a modest amount when compared to this. It was noted that there was a need to look at approaches which start for the 'grass roots' of the community. Following a suggestion from Thirza Sawtell (Director of Strategic Commissioning, NHS Brent), it was agreed that the Obesity Strategy would be provided to the Health Select Committee for discussion once it was written. It was requested that when the committee looks at the strategy, that information should also be provided on the money being spent to tackle obesity and how the strategy would be linked to education in schools as this was considered by the committee to be very important in the prevention of obesity. The Chair noted that the committee may then wish to consider setting up a task group to look at this issue and to examine best practice across London.

RESOLVED:-

- (i) that the report be noted;
- (ii) that the issue regarding the limiting of the proximity of fast food restaurants to schools be referred to Brent Planning Service, in order for the models

used by Barking and Dagenham Council and Waltham Forest Council to be examined in more detail to find out whether Brent could be in a position to replicate them;

- (iii) that the Obesity Strategy be provided to the Health Select Committee, once completed, for discussion, along with information on the money being spent to tackle obesity and how the strategy would be linked to education in schools.

## 8. Improving GP Access Update

Jo Ohlson (Director of Primary Care Commissioning, NHS Brent) introduced the report which provided the committee with an update on the work being carried out to improve access to GP services in the borough and the results of the 1<sup>st</sup> and 2<sup>nd</sup> quarter GP access survey results for 2009/2010. It was noted that as of this year, NHS Brent had been asked by the committee to provide quarterly rather than annual updates. Jo Ohlson began by explaining that whilst NHS Brent remained concerned and disappointed with the results for the 1<sup>st</sup> and 2<sup>nd</sup> quarter of 2009/2010, which were below both the national and London average, GP access continued to be a top priority for NHS Brent and featured in NHS Brent's Annual Plan and 5 year plan. Jo Ohlson drew the committee's attention to the 2009/2010 quarter results as shown in the report and explained that whilst the survey uptake had improved compared to the 2008/2009 results, the satisfaction scores, excluding the 'ease of seeing a Practice Nurse', had gone down compared to 2008/2009. She stated that she hoped that the effects of more recent work in improving access, such as extended hours, would have a positive impact on the quarter 3 and 4 2009/2010 results.

Jo Ohlson made the committee aware of the 6 main components that NHS Brent were focusing on in order to improve the overall satisfaction with access across Brent, as highlighted on the graph on page 1 of the report. She stated that one of the ways which NHS Brent had responded to the 2008/09 results, was by holding an 'Improving Access discursive event' on the 20 January 2010. This event, she explained, provided the GPs and practice staff, from across NHS Brent, with the opportunity to discuss the issue of improving access and the approach that their practices would like to take to improve access. She explained that the event had left NHS Brent looking to improve access for patients by implementing support modules for practices. She added that NHS Brent's 'Improving Access Steering Group' was currently assessing the responses to the event.

Jo Ohlson drew the committee's attention to the list of proposed modules, shown on page 2 of the report, which if approved would be delivered to NHS Brent practices as part of an Improving Access Programme of Work. She explained that one of the modules being proposed was to aid practices in carrying out demand and capacity surveys. Demand and capacity surveys, she explained, enabled practices to gain an understanding as to when their services were in most demand, so that provision could be tailored to meet these demands. Jo Ohlson concluded by setting out some of the next steps which NHS Brent would be taking to improve patient access, which included visiting practices to create and agree practices' plans, delivering the modules, if approved, and providing support to identified practices. She added that she hoped that they would start to see an improvement in results within the next 6 months.



In response to a query regarding the reward linked to the Quality and Outcomes Framework (QOF), Jo Ohlson explained that the QOF included an element of patient experience to it. She added that many practices did not earn as much as they could have and that these practices had been told that they could have done better. A concern was raised that a small response rate could mean that the results become altered due to a small number of patients and that there was risk that a practice which received a reward one quarter could then not receive a reward for the second quarter due to a small number of patients. This reduction in funding could then have a negative effect on future survey responses. In response to this concern, Jo Ohlson noted that whilst the survey was now carried out quarterly, the reward was based on the performance for the year. Furthermore, she explained that the reward was a small amount of money and was an additional bonus for practices. She explained that the attainment of the reward did not affect a practice's ability to carry out a good service as existing funding was sufficient. When asked how much the reward amounted to, Jo Ohlson explained that she did not have this information with her and that whilst she thought it was around £5000, she would need to check this. She stated that she would contact Andrew Davies (Policy and Performance Officer) to inform him of the exact amount.

When answering a question about whether there were any penalties for poor performance with regards to access, Jo Ohlson explained that the contracts which practices sign, state that there must be 'reasonable access'. She added that practices had been sent information which compared them to other practices. Practices, she explained, were being given a red, amber or green status. She added that any practice which was red that did not sign up to the Improving Access Programme of Work would be followed up.

The Chair noted that the committee would continue to monitor GP access. The Committee requested that Andrew Davies produces a scoping document for setting up a task group to investigate the issue of GP Access and how access can be improved.

RESOLVED:-

- (i) that the update be noted;
- (ii) Andrew Davies (Policy and Performance Officer) to produce a scoping document for setting up a task group to investigate the issue of GP Access and how access can be improved.

## 9. **Smoking Cessation Service Performance Update**

The Chair introduced Susan Hearn as the newly appointed Stop Smoking Manager for NHS Brent, who was present at the meeting to update the committee on the performance of the smoking cessation service. It was noted that NHS Brent had been asked by the committee to provide quarterly updates on its performance in this area. Susan Hearn began the update by reminding the committee that smoking was one of the most significant contributing factors to life expectancy, health inequalities and ill health and that therefore reducing smoking was a key priority for NHS Brent. She stated that a Health Profile report for Brent, in 2009, had reported that there had been 247 deaths in Brent through smoking. She also noted that in

Brent the smoking rate varied greatly according to areas in Brent. Susan Hearn informed the committee that Brent had signed up to a new national strategy which aimed to cut the number of smokers from 21% to 10% of the population by 2020. She added that she was going to ask NHS Brent's Communications Department to do a press release that would inform the public about this new piece of information.

With regards to meeting the 2009/2010 annual 4 week quit target, Sarah Hearn informed the committee that as of 22 January 2010, 2135 registrations had taken place. This she explained represented 50% of the planned registrations to date which would be required to reach the quit target of 2022, based on a 40% conversion rate from set to quit to actual quit. She added that they may see an increase in registrations over the next couple of months, as this was the time of year when it was most likely that people would attempt to quit smoking.

Sarah Hearn drew the committee's attention to some of the measures which had been put in place to improve performance and increase the number of registrations. This included infrastructure development through the setting up of a new web based information system, which would allow it to be easier for providers to view how they were performing month by month. This, she noted, was currently being piloted in 5 pharmacists. She explained that whilst there had been a few start up problems with the new system, she believed that they would be able to resolve these problems. She informed the committee that the core stop smoking team had been built up through the recruitment of new staff, including the stop smoking manager and a service administrator. Furthermore, she noted that interviews for a stop smoking specialist were scheduled to take place shortly. Another measure, she explained, had been to promote capacity building within the service by increasing the number of commissioned providers. She stated that Metroline at Willesden/Cricklewood had taken up Level 2 training in January 2010 and Mcvities in Harlesden had recruited workplace advisors to be trained in February 2010. Brent Council's Occupational Health Service had also been engaged. She added that the stop smoking team had also been building links with Asda supermarket.

Sarah Hearn informed the committee that the Brent Tobacco Alliance had continued to build momentum. She added that two Tobacco Control Alliance meetings had been held since October 2009 and that currently around 20 stakeholders had engaged from various sectors. She explained that currently a Tobacco Alliance Strategy was being worked on. Susan Hearn concluded by stating that, with support from the Regional Tobacco Team, a detailed action plan had been developed and had been submitted to NHS London for review.

In the discussion that followed it was asked whether there were any targets for preventing people from starting to smoke in the first place. In response, Susan Hearn explained that there was an aspect to the prevalence target in the National Tobacco Control Strategy which was related to preventing people from taking up smoking. Following a comment, Susan Hearn stated that she was worried that there were only a small number of GP surgeries who had signed up for the stop smoking service and that increasing this number was one of the challenges that she faced. Martin Cheeseman (Director of Housing and Community Care) stated that whilst there was a good policy moving forward, smoking cessation targets had suffered due to the ceasing of the service by NHS Brent when they were in financial crisis. He added that as a result of this, the LAA target was not met which meant

that the £700,000, which Brent could have received for meeting this target, was not awarded.

In response to a comment regarding the detailed action plan, which was for those parts of the service which were not achieving, Simon Bowen explained that whilst informally, they had received very positive feedback from NHS London regarding the action plan, they were still waiting to receive the formal feedback. Following a question regarding the budget of the Brent Stop Smoking Service, Susan Hearn explained that it was set at £1.5 million but that not all of this had been spent because they had not met the target of registrations. The importance of getting the Government to take action and to provide funding to reduce smoking rates was raised. Simon Bowen stated that the smoke free legislation had made a significant impact on smoking rates. The importance of discouraging smoking in schools was also raised. In response, Susan Hearn explained that there were a range of programmes in schools which were aimed at discouraging smoking. She added that NHS Brent could look at setting up referral routes via school nurses. Simon Bowen stated that there were boroughs in London who were reaching their targets and that Brent should be doing this too. He added that that he hoped that the measures which were being put in place now would enable them to do this. The Chair noted that the Health Select Committee would continue to monitor the performance of the smoking cessation service on a quarterly basis.

RESOLVED:-

that the update be noted.

#### 10. **Stag Lane Clinic**

Jo Ohlson (Director of Primary Care Commissioning, NHS Brent) introduced the position statement on Stag Lane Clinic by Mark Easton (Chief Executive, NHS Brent), dated 2 February 2010. She noted that a large crack had appeared, last summer, on one side of the building. An underground survey, she added, had revealed that there was underground movement. Once this had been discovered, she noted that NHS Brent had three options. One option would have been to close Stag Lane Clinic. However, this was not an option that NHS Brent pursued. The other two options, she stated, were to either isolate part of the Clinic so that practices could run or to put up a portakabin. In November 2009, Jo Ohlson explained that NHS Brent were hoping to isolate part of Stage Lane Clinic to house the GP practice whilst building work was carried out to make it safe. However, she noted, that after a further assessment of the building, it had been decided to commission a new portakabin on the current clinic parking area to accommodate the practice. Jo Ohlson explained that they could not have guaranteed that additional underground movement would not have occurred had the building be retained. She noted that the setting up of potakabins would give certainty to patients for at least two years. She stated that a timetable would be published shortly.

At present, Jo Ohlson explained that a number of community services, which were on the side of the building affected by the work, had been moved to alternative sites as stated in the position statement. However, she noted that she had been informed by Dr Shah that the Family Planning Service was still operating at Stag Lane Clinic. Looking to the long term, Jo Ohlson explained that they were in

discussions with practices to find out how many could be moved to Robert Courts. Due to the fact that there was zero growth in the budget, she noted that it would need a number of practices coming together into one building so that the new building was revenue neutral. She explained that NHS Brent were in discussion with the council, following the council's plans to rebuild Hay Lane and Grove Park, regarding a joint development. However, it was stated that this may not be possible. She noted that a land swap could be another possibility.

In the discussion which followed, a concern was raised regarding the amount of progress which had been made since November 2009. In response to a query, Jo Ohlson noted that a 16 week provisional timetable would be published shortly. When asked why the joint development might not be possible, Jo Ohlson explained that the council's plans for the rebuild were so far advanced that it might not be able to accommodate them. Councillor Dunwell raised a concern that the council's housing programmes could suffer as a result of NHS Brent not having the growth in their budget to provide an infrastructure for health services. In response to a query made by Councillor Malik, Jo Ohlson stated that there were no proposals to develop housing on the Stag Lane Clinic site.

RESOLVED:-

that the update 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 explained that the work programme would be updated to include the committee's response to the consultation on paediatric services at the next meeting. In response to a query regarding access to health care for people with learning disabilities, Andrew Davies explained that there would be time on the agenda to take this item at the next meeting if the report was available.

**12. Any Other Urgent Business**

None.

**13. Date of Next Meeting**

It was noted that the next meeting of the Health Select Committee was scheduled for Wednesday 24 March 2010.

The meeting closed at 9.05 pm

C LEAMAN  
Chair