

**MINUTES OF THE HEALTH SELECT COMMITTEE**  
**Wednesday, 15<sup>th</sup> July 2009 at 7.00 pm**

PRESENT: Councillor Leaman (Chair), Councillor Crane (Vice Chair) and Jackson.

Apologies for absence were received from Councillors Mrs Fernandes, R Moher and Elvis Langley.

**1. Declaration of Personal and Prejudicial Interests**

None declared.

**2. Minutes of Previous Meeting**

RESOLVED:

that the minutes of the meeting held on 9<sup>th</sup> June 2009 be received and approved as an accurate record.

**3. Matters Arising**

None.

**4. Brent Local Involvement Network Annual Report**

Mansukh Raichura (Chair, Brent Local Involvement Network Management Committee) introduced the report and confirmed that the Council had appointed a host organisation, Hestia Housing and Support, in December 2008 to support Brent Local Involvement Network (LINK). Hestia Housing and Support's functions included maintaining regular dialogue with service providers, capacity building and training of Brent LINK participants, working with the voluntary sector to promote Brent LINK, acting as a contact point, undertaking administrative tasks, financial management of resources, servicing meetings and facilitating workshops. A Management Committee had been elected in May 2009 to provide democratic and transparent governance. Mansukh Raichura concluded by welcoming questions from the Select Committee.

The Chair sought further details of ways in which Brent LINK engaged with present members and to encourage new members to join, and asked how many members were currently involved. He also sought comments on what type of issues the LINK and Select Committee could consider together in the future and if there had been any particular problems whilst setting up and developing Brent LINK.

In reply, Laretta Johnnie (Brent LINK Co-ordinator) advised that Brent LINK kept in touch with partners in a number of ways, including e-mail, newsletters, public events and presentations, whilst a Community Engagement Strategy was also being developed. She commented that Brent LINK was still in its early stages and that every effort was being

made to develop the organisation and increase membership. Mansukh Raichura added that approximately 80 people had attended a recent consultation event and that Brent LINK would continue to work with its members to identify ways of moving forward. Members heard that the one of the biggest challenges Brent LINK faced was spreading information and empowering its' members.

Tony Ogefere (Brent LINK Management Committee) commented on the need to take into account the need to ensure that membership reflected Brent's diverse community. He explained that the Management Committee wished to engage with the Overview and Scrutiny Committee and this Select Committee to help identify priorities and areas for further discussion.

The Chair indicated that the Select Committee would be willing to engage with Brent LINK on a regular basis.

RESOLVED:-

that the report on the Brent Local Involvement Network Annual Report be noted.

#### **5. North West London NHS Hospitals Trust 2008 Adult In-Patient Survey Results**

Fiona Wise (Chief Executive, North West London Hospitals NHS Trust) introduced this item, explaining that the results of the survey were obtained approximately a year ago and that the 2009 Adult In-Patient Survey was about to commence. She summarised the results of the Adult In-Patient Survey. The survey had shown that the North West London NHS Hospitals Trust was the lowest performing nationally in the following areas:-

- Being treated with dignity and respect
- Help at mealtimes
- Trust and confidence in doctors
- Pain control
- Doctors and nurses working together
- Answering questions about operations and procedures

Fiona Wise continued that most other London NHS Hospitals Trusts had similarly performed less well when compared nationally. Members heard that the response rate to the survey was low and this could be partly attributed to language issues. However, there had been significant progress in some areas, although other NHS Hospital Trusts had made similar gains. As a response to the results, Fiona Wise advised that the Trust was developing an Action Plan with committees specifically assigned to look at themes where the Trust was performing below the national average, including Waiting Issues, Pain Control, Help at Mealtimes, Respect and Dignity/Communication and Cleanliness. She then drew Members' attention to the detailed Action Plan as set out in the report. Fiona Wise commented that she felt the Trust was reaching its targets in terms of waiting times and delays on

discharge, however patients continued to make complaints despite this. She acknowledged that the Trust faced a challenge in addressing issues regarding Pain Control, Help at Mealtimes, Respect and Dignity/Communication, however the Action Plan was focusing on these, whilst a new contractor had been appointed with regard to Cleanliness and more spot checks were being undertaken.

During discussion, Councillor Jackson enquired whether the questions in the 2008 Survey were the same ones used in the previous survey. He also asked whether Cleanliness and Help at Mealtimes had improved since the survey had been undertaken. Councillor Crane enquired whether the Trust was aware of the problems highlighted by the results prior to the survey being undertaken and he sought an explanation of the results with regard to Help at Mealtimes and Respect and Dignity. He also expressed surprise that staff needed to be reminded that some patients would require assistance at mealtimes.

The Chair enquired on the number of survey forms that had been distributed and what studies had been undertaken as to why London NHS Trusts performed poorly in comparison with other Trusts. He asked whether the Action Plan was on track, including the targets for April/May 2009. The Chair also requested that further information on the We Care Programme be provided for the committee.

In reply, Fiona Wise confirmed that the questions used were the same as for the previous survey and stated that 33 of the 65 questions asked had shown an improvement of 5% or more, whilst only 3 questions had shown a decline. It was noted that 800 forms were distributed. She felt that Cleanliness and Help at Mealtimes had improved since the survey had been undertaken, however she stressed the importance in considering adverse comments to the questions and particular attention needed to be given to Pain Control, Help at Mealtimes, Respect and Dignity/Communication. Members heard that the London NHS Trusts had met the previous year to discuss the particular issues they faced and had agreed that the survey questions were incorrectly weighted to the population they served. London had a higher proportion of ethnic minorities compared to the rest of the UK, and in particular a high percentage of young female Asians and expectations of the NHS may differ to those of other regions. The London Strategic Health Authority had also created a working group to look at the outcome of the results of all London NHS Trusts.

Fiona Wise advised that the North West London NHS Hospitals Trust was already aware of the concerns raised in the survey, although some of the results were surprising. She commented that some staff may have difficulties in communicating to patients in complex situations, particularly where languages may be a factor. The Select Committee was advised that the red tray system for meals was continuing, however if problems persisted, then an alternative system would need to be considered. Fiona Wise added that it was not possible to serve all red tray patients at the same time as there was not sufficient staff to provide the assistance these patients required. She stated that the

Action Plan overall seemed to be on target and she agreed to provide results of the We Care programme.

RESOLVED:-

that the report on the North West London NHS Hospitals Trust 2008 Adult In-Patient Survey Results be noted.

**6. Brent, Harrow and North West London Acute Services Review**

Mark Easton (Chief Executive, NHS Brent) presented the report which provided an update from NHS Brent and details of the meeting that had taken place between NHS Brent, the North West London NHS Hospitals Trust and two members of the Select Committee. Members were advised that the review had concluded that Scenario 2 was the preferred option to pursue, which would entail continuing with the services as presently configured but also reflecting the implementation of Healthcare for London stroke and trauma proposals, maximising the use of Northwick Park Hospital as the main surgical centre and with a particular focus on improving emergency surgery and paediatric services. Mark Easton advised that paediatric services had been highlighted as being in decline in the in-patient survey, however it was to be centralised to use funds to improve services. Members heard that the proposals still required further internal work before being consulted upon and NHS London would require a pre-consultation business case. It was hoped that further progress could be reported upon at the Overview and Scrutiny Committee meeting at the London Borough of Harrow Council on 28<sup>th</sup> July 2009.

During discussion, Councillor Crane asked if a report would include a response with regard to a recent article in a local newspaper concerning maternity services at Central Middlesex Hospital. The Chair sought clarification that the consultation would be for a 12 week period and further details concerning the financial implications and enquired whether there would be a financial impact on the consultation taking place in October rather than earlier, particularly as this would mean the consultation period extending into the Christmas period. Councillor Jackson sought clarification as to whether Members could attend the Overview and Scrutiny Committee meeting in Harrow on 28<sup>th</sup> July 2009.

In answer to the issues raised, Mark Easton acknowledged that there was a need to provide an explanation of the changes in respect of maternity services at Central Middlesex Hospital. He confirmed that the consultation period was likely to be for a 12 week period commencing in October, with changes being implemented over February - April 2010. Confirmation that emergency services arrangements were safe would be required before the consultation exercise could commence. The financial details were presently being considered and a projection of costs and other financial implications could be provided. Although the consultation was likely to continue into the Christmas period, Mark Easton felt that the changes had been anticipated for some time and he did not think this would be an issue.

Fiona Wise added that because consultation could not start earlier, there would be financial implications as hoped for savings would not be achieved, however there only existed a £500,000 gap in the Cost Improvement Programme.

Andrew Davies (Policy and Performance Officer, Policy and Regeneration) confirmed that Members were welcome to attend Harrow Council's Overview and Scrutiny Committee on the 28<sup>th</sup> July 2009.

Members heard that approval from the Select Committee on the consultation process might be needed in early October in order to commence with consultation in late October. The Chair noted that the next meeting of the Select Committee was not until 20<sup>th</sup> October 2009 and in view that approval to undertake consultation might be required before then, Members agreed that if necessary authority be given to the Chair and Vice Chair of the Select Committee to approve the consultation process in order for it to proceed.

**RESOLVED:**

- (i) that the report on the Brent, Harrow and North West London Acute Services Review be noted; and
- (ii) that the chair and vice-chair of the committee approve the consultation process before the end of October 2009, if this is necessary to begin the consultation before the next meeting of the Health Select Committee.

**7. North West London Acute Commissioning Partnership**

Mark Easton presented the report, advising that the objective of the Partnership was to deliver both the individual and collective commissioning intentions of Brent, Ealing, Hammersmith and Fulham, Harrow, Hillingdon, Hounslow, Kensington and Chelsea and Westminster Primary Care Trusts (PCTs). In addition, the Partnership would allow PCTs to pool commissioning skills and resources as there was a scarcity of some these skills in London. Members heard that most PCTs outside London were larger and usually county based.

Jim Connelly (Director of Public Health and Regeneration, NHS Brent) commented that evidence would be needed to show that merging PCTs would be better and that local commissioning would need to be retained because of the varying needs of each of the boroughs concerned. However, he felt that merging would be of benefit to specialist, acute services.

Councillor Crane commented that there seemed some merit in merging the PCTs. The Chair sought comments concerning possible implications for staff if mergers took place, and whether any other areas other than Children's Services would benefit from the Partnership. He also enquired whether such a merger was in accordance with NHS London and its desire for fewer PCTs.

In reply, Mark Easton suggested that the Partnership could also benefit other areas such as dentistry and ophthalmology and pooling resources in other specialist areas. He advised that if the Partnership was formed, the main objective would be to ensure consistency of contracts, however some local commissioning would continue depending on whether this was the most appropriate way of providing a service, whilst others would be provided on a regional basis. Although some staff may be affected by such a merger, it was not likely that this would directly affect Brent NHS. Members heard that the future of PCTs continued to be debated and it could not be assumed that PCTs would cease to exist in future. It was noted that consultation with regard to the creation of a Partnership was continuing.

RESOLVED:

that the report on the North West London Acute Commissioning Partnership be noted.

**8. Health Select Committee Work Programme**

Andrew Davies welcomed any suggestions from Members with regard to possible agenda items for the next meeting on the 20<sup>th</sup> October 2009.

**9. Date of Next Meeting**

It was noted that the next meeting of the Health Select Committee was scheduled for Tuesday, 20<sup>th</sup> October 2009.

**10. Any Other Urgent Business**

None.

The meeting ended at 8.10 pm.

C LEAMAN  
Chair