

HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE**18 SEPTEMBER 2003**

Chair: * Councillor Marie-Louise Nolan

Councillors: * Ann Groves * Myra Michael
 * Jean Lammiman (3) * Silver
 * Lavingia * Thammaiah

Advisor (non-voting): † Dr S Ahmad

* Denotes Member present
 (3) Denote category of Reserve Member
 † Denotes apologies received

88. Apologies:

RESOLVED: To note that apologies had been received from Dr S Ahmed (Advisor to the Sub-Committee) and Dr P. Carter (representative from Central and North West London Mental Health Trust). Apologies for lateness were also received from Councillor Jean Lammiman.

89. Attendance by Reserve Members:

RESOLVED: To note the attendance at this meeting of the following duly appointed Reserve Member:-

Ordinary Member

Councillor Anjana Patel

Reserve Member

Councillor Jean Lammiman

90. Declarations of Interest:

RESOLVED: To note the following declarations of interest:

(1) Councillor Myra Michael declared a personal interest in Agenda Item 15 by virtue of her husband's position as an Executive at the Gray Laboratory;

(2) Councillor Jean Lammiman declared a personal interest in Agenda Item 14 by virtue of her position as Vice Chairman of the Royal National Orthopaedic Hospital.

Both Members remained present and spoke on the above items.

91. Arrangement of Agenda:

RESOLVED: (1) That the NHS Local Delivery Plan to be considered under Agenda Item 12 be considered before Agenda Item 8, Members Verbal Progress Reports on Reviews;

(2) that all items be considered with the press and public present.

92. Minutes:

RESOLVED: (1) That the minutes of the meetings held on 8 May and 18 June 2003 be signed as a correct record;

(2) that the signing of the minutes of the meeting held on 24 July 2003 be deferred until printed in the Council Bound Minute Volume.

93. Public Questions:

RESOLVED: To note that there were no public questions to be received at this meeting under the provisions of Committee Procedure Rules 18 (Part 4B of the Constitution).

94. Petitions:

RESOLVED: To note that there were no petitions to be received at this meeting under the provisions of Committee Procedure Rule 15 (Part 4B of the Constitution).

95. **Deputations:**

RESOLVED: To note that there were no deputations submitted to this meeting under the provisions of Committee Procedure Rule 16 (Part 4B of the Constitution).

96. **NHS Local Delivery Plan:**

The Chair welcomed Sue McLellen, Chief Executive of the Harrow Primary Care Trust (PCT), and invited her to give her presentation.

The Panel received an overhead presentation on the NHS Local Delivery Plan (LDP). Members were advised that the plan, which is the over-arching strategic document describing the agenda for the next three years, applied to Health and Social Services areas in general and was not just an NHS document. Members were informed that the plan allowed for longer term planning and was about investment for health and delivery. Sue McLellen outlined some of the key national and local priority areas detailed in the Plan. Members were advised that the Plan's priority areas were improving access to all services, improving services and outcomes in a number of key areas and focusing on cross cutting themes of improving the overall patient experience and reducing health inequalities.

Members were guided through the structure of the LDP. Section 1 outlined the strategic objectives of the LDP and the underpinning of the financial strategy to support achievement of national and local priorities. Section 2 described the work-plans of teams implementing the various targets. Section 3 included action plans defining changes in activity, staffing or capacity that are planned in Harrow in order to achieve the targets.

Sue McLellen informed the sub-committee of specific financial challenges facing the PCT including a £4.3million deficit but informed Members that when referring to resources this included staff and other factors as well as money. Members were advised that Harrow was well resourced in terms of staff compared to the recruitment difficulties that were faced in other London areas. Members were informed that the PCT was trying to find ways of lifting resources from acute areas to the community. The Jade project was quoted as a successful example of this.

In developing the LDP the PCT had consulted with a large number of stakeholders, voluntary organisations, patient and care representatives and staff to obtain input from both service users and service providers. From this 3 priority areas had been chosen for the 2003-4 year in Harrow. These were; Access, Mental Health and Older People. A performance management scheme had now been established to monitor the aims and achievements of the finalised LDP plan.

In response to a query from a Member, Sue McLellen informed the sub-committee that due to financial constraints they would be focusing on the three key priorities but, if a financial balance could be achieved this year, then they would be able to focus on other areas next year. In addition Members were advised of measures in place to address over-expenditure in the prescriptions budget, the full result of which would be known shortly.

The Chair thanked Sue McLellen for her presentation and it was agreed that Members receive copies of the presentation slides and the PCT's annual report.

RESOLVED: (1) That copies of the presentation slides and the PCT Annual Report be circulated to all Members of the sub committee.

(2) That the NHS Local Delivery Plan be noted.

97. **Members' Verbal Progress Reports on Reviews:****(a) Scrutiny Review of Delayed Discharges:**

Members received a copy of the Scrutiny Review of Delayed Discharges Thematic Framework. The Chair advised Members that the sub committee would now receive Officer support from Martyn Ellis (Head of Planning and Performance Management) and that Alison Butler would be working with them on this particular review and welcomed their appointment to support the committee.

Members were reminded that Theme 4 of the review – The Management Framework had been completed and Theme 3, which focuses on Intermediate care, had already been identified as a major issue. The sub-committee agreed to aim to keep to the timetable of March 2004 for the completion of the final review report. Members would be contacted to agree dates for meetings of the review groups. A Member suggested

that the sub group of the Better Government for Older People Panel be contacted in relation to this review.

RESOLVED: (1) That the Scrutiny Support Officer contact the Better Government for Older People Panel sub group, the Partnership for Older People (POP) Steering Group, in relation to the delayed discharged review;

(2) that the timetable be noted and Members be contacted to agree dates for meetings of the review groups.

98. **Scrutiny Review of Healthy Lifestyles in Schools - School Nurses:**

The Chair advised the sub-committee that the North West London Hospitals Trust (NWLHT) had conducted a review of 'Promotion of Healthy Lifestyles in Mainstream Schools', which had identified a need to undertake changes in the provision of school nurses. The sub-committee had been asked to nominate someone from among their Members to work with the trust on this issue. Members were informed that Councillor Myra Michael had volunteered for this position. The Chair expressed her thanks to the Member for agreeing to undertake this duty on behalf of the sub-committee.

RESOLVED: That Councillor Myra Michael be nominated to represent the sub-committee on the NWLHT School Nurses review.

99. **Implementation of the NSF for Older People:**

The Panel received the report on the Implementation of the NSF for Older People. Councillor Ann Groves, the Champion for Older People, thanked David Burnell, Head of Community Care, for his support in preparing the report and highlighted a number of points for consideration. Members were advised that, in her capacity as Older People's Champion, the Member had initiated the first meeting of the Better Government for Older People Panel since 1998. She also drew attention to Members of the need for a co-ordinated programme of actions across the Council to help older people. Pavement falls were quoted as a major problem for which the Member was now asking for figures to be kept. The Chair advised that the prevention of pavement falls also fell within the remit of the delayed discharge review.

In response to a query from a Member the sub-committee was advised that detailed work was being carried out by social services and the PCT on IT and integrated single assessment and the council was now very close to establishing a pilot system. Councillor Groves advised that this would be collated for 'older people' first. The Chair advised that information contained in the report should be fed into the delayed discharge review.

RESOLVED: That the report be noted and information from it fed into the delayed discharge review as appropriate.

100. **Annual Report on Social Services Complaints:**

The sub-committee received the Statutory Annual Report on Social Services Complaints 2002-2003. The Head of Planning and Performance Management advised Members that the report aimed to give an overview of complaints received over the year and to give a feel for the nature of these complaints and their outcomes. The Officer highlighted the figures in the report that detailed the number of formal complaints received in the year, a number of which had fallen in comparison to previous years but advised the sub-committee that numbers of complaints naturally fluctuate and that the fall was not necessarily part of any long term trend. Members examined comparison figures of other local boroughs and concluded that Harrow was in an acceptable position in relation to complaints received. The Officer advised Members that the complaints process was being viewed positively and that outcomes of complaints were being fed back into the process for learning purposes. A Member congratulated the Officer on this positive approach to the complaints process.

RESOLVED: That the report be noted.

101. **Royal Marsden Hospital - Foundation Trust Application:**

The Chair informed the sub-committee that she had received a letter from the Royal Marsden Hospital advising her that a consultation period on their application for Foundation Trust had now opened. Members were advised that, given the nature of the Health and Social Care Scrutiny sub-committee workload and the support available, they would have to pay regard to the number of Harrow residents affected by proposals before undertaking NHS consultations. She informed Members that she had received data that indicated approximately a dozen Harrow residents had used this facility in the last year and suggested that the sub-committee did not pursue this matter further, but request to be kept informed of developments. Members agreed that on this basis it

would be appropriate for the sub-committee not to play a part in the consultation but to be kept informed of developments. A Member also requested that Officers inquire whether the number of Harrow patients using the Royal Marsden Hospital, included patients referred from the Royal National Orthopaedic Hospital (RNOH).

RESOLVED: (1) That the Head of Planning and Performance Management investigate whether the number of Harrow residents using the Royal Marsden Hospital included any patients referred from the RNOH;

(2) that the sub-committee agree, subject to the above verification, to decline the invitation from the Royal Marsden Hospital to participate in the consultation process, but that a request be made that the sub-committee be kept informed on the matter.

102. **Royal National Orthopaedic Hospital - Development of Diagnostic and Treatment Centre:**

The Chair advised Members that she had received notification from the RNOH of a proposal to develop a Diagnostic and Treatment Centre as part of the hospital. The letter, highlighting the desire of the RNOH to consult key stakeholders on the issue, invited the sub-committee to request more information on the redevelopment should they so wish. The Chair suggested that the Panel would benefit from more information on the redevelopment process which could be provided by a presentation from the RNOH.

A Member advised the sub-committee that the new centre would supply short-term treatments of up to 5 days and that this was in line with the need to treat an ageing population.

RESOLVED: That the sub-committee invite the new Chief Executive of the RNOH, Andrew Woodhead to give a presentation on both the proposed Diagnostic and Treatment Centre and the overall redevelopment process.

103. **Report of the Joint (Overview and Scrutiny) Committee for the Scrutiny of the Future of Mount Vernon Hospital:**

Members received an overview of the process in which the Joint Committee had been established from the Chair. Members were informed that all authorities had been unhappy with the Department of Health directive on the Joint Committee. The Chair informed the sub-committee that due to the progress previously made on the Mount Vernon consultation, the Chair and the Nominated Member in their capacity as representatives for Harrow were able to make full contribution to the Joint Committee.

Members were advised that the report of the Joint Overview and Scrutiny Committee for the Scrutiny of the Mount Vernon Hospital was the result of the consensus reached by very different authorities. The main recommendations of the report were identified. The Chair informed Members that the issues of non-NHS services at Mount Vernon had not been resolved. She also recommended that there was a need to lobby local MP's and the Department of Health on the issue of the Joint Committees.

There was some confusion on who would actually be taking the final decision on the consultation proposals and Members agreed that clarification on this matter was crucial. The Chair advocated that the sub-committee should remain fully involved in the consultation process and in particular ask for full details on the impact the transfer of funding (which would result from the Bedfordshire and Hertfordshire reconfiguration proposals) would have on the role that Mount Vernon would play in the context of serving the communities of North West London and the Thames Valley. The Chair advised that she would be enquiring about the viability study on ambulatory services and would keep Members informed on the issue.

The Scrutiny Support Officer advised the sub-committee that a meeting of scrutiny officers from neighbouring boroughs was being held at which the Director of Communications from the NWLSHA would be speaking. The committee welcomed this and asked that a similar dialogue be extended to Member level.

The Chair highlighted to Members the additional workload resulting from the consultation which had not been in the work programme and emphasised the importance for the future of advance knowledge of any similar areas of work. The Chair also paid tribute to the hard work and effort that Bill Hamilton, the Deputy Chief Executive from Bedfordshire, who had provided the strong officer lead, had put into the process behind the scenes

RESOLVED: (1) That the Scrutiny Support Officer in conjunction with the Head of Planning and Performance Management identify where the final decision regarding

Mount Vernon would be made;

(2) that the Chair and Nominated Member keep Members of the sub-committee informed of developments in the consultation process over the coming months;

(3) that the Scrutiny Support Officer look into the possibility of a Member level dialogue with the NWLSHA Director of Communications;

(4) that the report be noted.

104.

Any Other Business:

The Chair informed Members of a recent personnel issue in which Heather Smith, the Committee Administrator, was to be seconded to the Scrutiny Unit, a move which all Members of the sub-committee welcomed.

(Note: The meeting having commenced at 7.30 pm, closed at 9.44 pm)

(Signed) COUNCILLOR MARIE-LOUISE NOLAN
Chair