**HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE** **8 DECEMBER 2003**

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| Chair: | * Councillor Marie-Louise Nolan | |
| Councillors: | * Ann Groves<br>* Lavingia<br>* Myra Michael | * Anjana Patel<br>* Silver<br>* Thammaiah |
| Advisor (non-voting): | * Dr S Ahmad | |

[Note: Councillor Jean Lammiman also attended this meeting in a participating role].

* Denotes Member present

**PART I – RECOMMENDATIONS - NIL**

**PART II - MINUTES**

105. **Attendance by Reserve Members:**

**RESOLVED:** To note that there were no Reserve Members in attendance at this meeting.

106. **Declarations of Interest:**
Councillor Myra Michael declared a personal interest in agenda item 16, 'Mount Vernon Hospital – Update', by virtue of her husband's position as a former Executive at the Gray Laboratory.

**RESOLVED:** To note the declaration of interest made by Councillor Myra Michael in respect of agenda item 16, and that the Member participated in the discussion and decision on that item.

107. **Arrangement of Agenda:**

**RESOLVED:** That (1) in accordance with the Local Government (Access to Information) Act 1985, the following item be admitted late to the agenda by virtue of the special circumstances and grounds for urgency listed below:-

| Agenda item | Special Circumstances/Grounds for Urgency |
|---|---|
| 14. Review of Delayed Transfers of Care – Refined Scoping Report | Consultations on the refined scope have only just been completed.<br><br>The Sub-Committee needs to endorse the changes to the scope of the review before the review proceeds further. The next meeting of the Sub-Committee is due to take place on 23 March 2004, by which time the review is scheduled to be completed. |

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

108. **Minutes:**
In light of the relevant signed Minute Volume not being available, it was

**RESOLVED:** That the signing of the minutes of the Special meeting held on 24 July 2003, of the joint meeting of the Health and Social Care and Lifelong Learning Scrutiny Sub-Committee on 17 September 2003, and of the ordinary meeting held on 18 September 2003, be deferred to the next meeting.

109. **Public Questions:**

**RESOLVED:** To note that no public questions were put at the meeting under the provisions of Overview and Scrutiny Procedure Rule 8.

110. **Petitions:**

**RESOLVED:** To note that no petitions were received at the meeting under the provisions of Overview and Scrutiny Procedure Rule 9.

111. **Deputations:**

**RESOLVED:** To note that no deputations were received at the meeting under the provisions of Overview and Scrutiny Procedure Rule 10.

112. **Royal National Orthopaedic Hospital - Diagnostic and Treatment Centre:**

The Sub-Committee received a presentation on the proposals for the redevelopment of the Royal National Orthopaedic Hospital (RNOH) in Stanmore from Andrew Woodhead, Chief Executive of the RNOH, and Tessa Litherland, Project Director for the Independent Sector Treatment Centre.

Mr Woodhead outlined the type of work currently undertaken at the RNOH, and why there was a need for the RNOH to be redeveloped. The hospital was expected to treat an increasing number of patients and to reduce the waiting times for treatment, yet the hospital buildings were old and physically separated, and the layout of the site did not lend itself to modern service delivery. The redevelopment would take 5 to 6 years and would result in modern buildings with lower estate costs, better physical adjacencies, and the development of new ways of working. However, there would be a need for additional capacity in the medium term and this would be addressed by the creation of the Independent Sector Treatment Centre, due to open in September 2004.

Ms Litherland explained the background to the Treatment Centre and detailed the type and amount of work which it would undertake. Although it would be run by OR International, an independent sector provider, it would treat NHS patients, whose care would be paid for by their Primary Care Trust (PCT). The Centre would treat straightforward day and short stay cases, and would carry out approximately 4,500 procedures. Some of this capacity would be taken up by cases from the RNOH's current workload while the rest of it would be taken up by patients from the local economy to reduce waiting times. The way in which the service would be run, together with the next steps in the development of the Treatment Centre, were outlined.

In response to Members' questions, further information about OR International, the cost and the funding of the Treatment Centre, was provided. The Department of Health was funding some set-up costs, but PCTs would fund all the additional cases treated. PCTs had long waiting lists for orthopaedic operations, so the creation of the Treatment Centre would enable them to buy more capacity. OR International viewed the Treatment Centre as an opportunity to start working in this country with the NHS, while for the NHS this was the only way to achieve such an increase in capacity in the timescale. Whether the Treatment Centre would continue once the redevelopment of the RNOH was completed would depend on the performance of the independent sector provider, but options were currently being kept open.

There was some discussion about where the staff who would work at the centre would be recruited from, and the impact of this on the local economy. It was advised that OR International were required to find new staff - they were not allowed to poach staff from the RNOH – and they would therefore be bringing in staff from Europe and the United States. Consequently, the employment opportunities at the Treatment Centre would not be for Harrow residents in the first instance, but the people coming to work at the Centre would live in the area. It was also confirmed that there were strict rules and procedures laid down for the recruitment of staff for whom English was not their first language.

A Member noted that patients treated at the Centre would be discharged within no more than a few days, and expressed concern about aftercare arrangements. It was confirmed that patients would be discharged quicker because they would be receiving intensive therapy; this would enable patients to be discharged at day 4 with the same mobility as they would have had at day 8. In addition, referral and discharge criteria were being developed and consideration was being given to the whole patient pathway. With regard to the increased numbers of local patients who would be treated, concern was also expressed about the impact of this on services provided by the Local Authority. It was confirmed that it would create a bigger demand for these services, although by treating patients sooner the demand on their carers and community based care would be reduced. The same concern had also been raised by PCTs, so this would be monitored. Officers stated, however, that the Council would need figures for the expected through-put of Harrow patients in order that it could manage its budget and resources for these services. Mr Woodhead agreed to take this away as a point of action.

A Member was concerned about the continuation of care for RNOH patients who were treated at the Treatment Centre. It was advised, however, that some RNOH clinicians would also be working in the Centre and they, not the OR International consultants, would treat the RNOH patients. Patients would not be handed over from one clinical team to another.

Noting that the new facility was due to open in September 2004, the Chair highlighted that the required protocols and pathways would need to be developed very soon. It was confirmed that work to develop these was already under way, and consultation had been undertaken with Barnet and Hertfordshire PCTs and with GPs, although no consultation had as yet been undertaken with Local Authorities. Members were concerned that the Harrow PCT had not been included in this consultation. It was explained, however, that although the RNOH was in Harrow, it was in a different health authority area to Harrow PCT, and Harrow PCT had other facilities for the treatment of orthopaedic cases: the North West London Hospitals NHS Trust was the prime provider for Harrow patients. The percentage of Harrow patients treated at the RNOH was less than the number from Barnet and Hertfordshire, although this percentage was expected to rise as the RNOH undertook more routine work. Mr Woodhead nevertheless accepted Members' view that Harrow PCT should be included in consultations.

On behalf of the Sub-Committee, the Chair thanked Mr Woodhead and Ms Litherland for coming, and stated that Members looked forward to visiting the Treatment Centre in due course.

**RESOLVED:** That the presentation be noted.

113. **Harrow PCT's NHS Performance Rating and Performance Improvement Plan:**
Sue McLellen, Chief Executive of the Harrow Primary Care Trust, introduced the PCT's Performance Improvement Plan, which had been prepared in response to the Trust's 'no star' NHS performance rating for 2002/3.

The results of the 2002/3 performance rating were summarised and the way in which the Performance Improvement Plan had been developed was explained. This had included examining the rationale behind each of the indicators, and undertaking a risk assessment for all 46 indicators to identify the risk of not achieving them in the 2003/4 performance rating. The process had resulted in an action plan focusing on key areas including performance management, the three 'failed' key performance indicators in 2002/3, leadership development and clinical governance, and some of the work required in these areas was detailed. The way in which the Performance Improvement Plan was now being taken forward, including the arrangements for reporting and monitoring progress against the Plan, was outlined.

Ms McLellen also reported on the arrangements for the performance rating for 2003/4. It was hoped that the indicators against which Trusts would be measured would be known in January 2004, although it was assumed that these were to be broadly similar to those measured in 2002/3. Current projections were that the PCT would achieve the two primary care access targets, and the PCT had an action plan in place for single telephone access. The indicators which it would be most difficult to achieve would be total time in Accident and Emergency, smoking cessation, and financial management. With regard to the latter, there were significant financial pressures on continuing care and prescribing.

Members asked a number of detailed questions on issues such as the reconfiguration of NHS Direct, the new GP contract and the progress of the GP appraisal system. Additionally, in response to questions from Members, further information was provided on initiatives relating to smoking cessation. The meeting was advised that the smoking cessation service, which had formerly been provided by Brent PCT, had been brought back in-house in the light of concerns about its performance. The PCT had now implemented a pharmacy-led smoking cessation scheme, and the lead officer on this had been very active in getting community pharmacies engaged in the service. Performance on smoking cessation at the end of the second quarter this year had exceeded performance for all three quarters against which the PCT was measured last year, so it was hoped that there would be significant improvement against this indicator this year.

Concern was expressed about both the overspend on and the quality of prescribing, in response to which initiatives being undertaken in this area were outlined. These included the introduction of 28-day prescribing to reduce wastage, and the development, via the Professional Executive Committee and community pharmacists, of better links between pharmacists and GPs, in order that pharmacists could advise and challenge GPs on their prescribing practices.

Concern was also expressed about the number of indicators for which the PCT had not provided data, or had provided invalid data, and it was acknowledged that this had been a problem last year. In some cases, there had been a general lack of understanding among staff of the significance of this information, but responsibilities for inputting data had now been clearly defined. In addition, it was reported that the Trust had appointed a performance manager, and had identified a director to lead on each of the indicators.

On behalf of the Sub-Committee, the Chair thanked Ms McLellen for attending.

**RESOLVED:** That the PCT's Performance Improvement Plan be noted.

114. **The North West London Hospitals NHS Trust Performance Improvement Plan 2003/04:**

Mike Thompson, Head of Performance and Development at the North West London Hospitals NHS Trust, introduced the Trust's Performance Improvement Plan for 2003/04.

The performance of the Trust in 2002/03 was reviewed and the Trust's 2 star NHS performance rating for 2002/03 was highlighted. The national and local frameworks against the backdrop of which the Performance Improvement had been produced were outlined. The Performance Improvement Plan had identified 8 key areas for improvement and for each of these areas progress towards achieving the relevant indicator in the 2003/04 NHS performance ratings was summarised.

It was reported that a number of the key indicators for the North West London Hospitals Trust were also key indicators for Brent and Harrow PCTs. In light of the deficit in the local health service economy, the targets were not sustainable. New ways of working therefore needed to be found, and a number of examples of joint working between the Trust and the PCTs were given.

Members and Council officers were particularly concerned about the quality of the Trust's data, as this had an impact not only on the Trust's indicators but also on those of the PCT. Some of this data also fed into returns which Social Services were required to produce. The meeting was advised that the quality of data had already been improved, and all submissions for 2003/04 should include the improved data. It was also agreed that regular links be established between Social Services and the Trust to liaise on data required for returns.

There was concern that the performance rating system encouraged the Trust to focus on the areas on which performance was measured, to the detriment of areas where it was not. How the Trust reconciled health outcomes with the outcomes it was measured on was queried. In response it was advised that, although those areas where performance was measured were prioritised, the Trust continued to provide a vast range of services on which it was not measured. In addition, if the Trust achieved a 3-star rating, this would result in it having greater freedom and flexibility to plan services for local need.

The Chair thanked Mr Thompson for coming to the meeting.

**RESOLVED:** That the Trust's Performance Improvement Plan be noted.

115. **SSI Annual Review of Performance Letter:**

Members considered a report of the Director of Children's Services, which referred the SSI Annual Review of Performance Letter to the Sub-Committee for consideration, and reported on the star rating received by the Authority.

The Letter identified areas of improving performance and areas of concern, and also commented on capacity for improvement. The Authority had again received a one-star rating, although there had been significant improvements in children's services. The Letter had been reported to Cabinet, which had agreed that remedial actions to achieve improvements be incorporated into the People First business plans.

In response to Members' questions, further information was provided on a number of issues raised in the Letter, including the work on-going to integrate older people's services with the PCT and the implementation of the National Service Framework for Older People, and the implementation of new IT systems. In addition, following a query from a Member, officers were requested to circulate information on the number of people currently on the waiting list for the Asian home meals service to all members of the Sub-Committee.

**RESOLVED:** That the report be noted.

116. **Published Tables of the Personal Social Services Performance Assessment Framework (PAF) Indicators:**

The Sub-Committee received a report of the Director of People First Strategy which advised of the Council's performance as reported in the Department of Health's publication of the national results of Personal Social Services Performance Assessment Framework (PAF) Indicators for 2002-2003. In addition, some mid-year figures and the 2003-2004 projected out-turn for the PAF indicators were tabled at the meeting.

Discussion focused on the need for a new IT system to address problems with data collection and calculation, and the Chair reminded Members that the Sub-Committee had made a reference to Cabinet on this issue last year. It was advised that resources for a new IT system had been identified, but there was not yet agreement across the Council as to the most cost effective and low risk solution. Discussions on this were on-going, however, and it was hoped that a decision on the way forward would be made within the next month.

**RESOLVED:** That the publication of the Personal Social Services Performance Assessment Framework Indicators for 2002-2003 be noted.

117. **Extensions of the Meeting:**

At 10pm, during discussion of the above item, and subsequently at 10.15pm, following discussion of agenda item 13, "Scrutiny Review of Support to Carers – Action Plan" the Chair drew the attention of the meeting to the time.

**RESOLVED:** That, under the provisions of Overview and Scrutiny Procedure Rule 6.7(ii)(b), the meeting be extended to 10.15 pm and 10.20 pm respectively.

118. **Scrutiny Review of Support to Carers - Action Plan:**

The Sub-Committee considered a report of the Head of Community Care, which set out an action plan drawn up in response to the recommendations of the Sub-Committee's review of support to carers.

Members welcomed the action being taken, in particular the appointment of a Young Carers' Development Worker in recognition of the needs of young carers, and the work being done on exploring other options for transport to day care services. It was suggested that progress against the action plan be reviewed again at a future meeting.

**RESOLVED:** That (1) the action plan be noted;

(2) progress against the action plan be reviewed again at a future meeting.

119. **Review of Delayed Transfer of Care - Refined Scoping Report:**

The Sub-Committee received a refined scoping report for the scrutiny review of delayed transfers of care.

**RESOLVED:** That the refined scope for the review of Delayed Transfers of Care be approved.

120. **Progress Reports on Reviews - Members' Verbal Updates:**

(a) Review of Travel Concessions

The Chair gave a verbal update on this review, further work on which had been postponed. She reported that a corporate project on transport was now being undertaken which would comprehensively review this whole area, including concessionary fares, taxicards and blue badges. It was therefore suggested that an interim report on the project be made to the Sub-Committee at its March meeting, in order to enable the Sub-Committee to formally decide whether to continue or close its review.

**RESOLVED:** That (1) the Chair's verbal update be noted;

(2) an interim report on the corporate project on transport be submitted to the Sub-Committee in March.

121. **Mount Vernon Hospital - Update:**

The Chair reminded Members that information had been circulated on reaction of the North West London Strategic Health Authority to the outcome of the consultation, and on the option which had ultimately been selected by the Beds and Herts Strategic Health Authority, which was that of a new hospital in Hatfield.

She advised that a further meeting of the Joint (Overview and Scrutiny) Committee for the Scrutiny of the Future of Mount Vernon Hospital would be held in Bedford at 6.00 pm on Monday 15 December.

**RESOLVED:** That the Chair's verbal update be noted.

122. **Special Meeting of the Sub-Committee:**

The Chair, having raised this as an item of any other business, highlighted the number of items on the work programme for the next scheduled meeting of the Sub-Committee on 23 March 2004, and stated that if all these items were submitted to the next meeting it would not be possible to consider them in as much depth as would be liked. She therefore suggested that an additional meeting of the Sub-Committee be held in January in order to deal with some of those items. Following some discussion, it was

**RESOLVED:** That a Special meeting of the Sub-Committee be held on 28 January 2004.

(Note: The meeting having commenced at 7.30 pm, closed at 10.24 pm)

(Signed) COUNCILLOR MARIE-LOUISE NOLAN
Chair