

HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE (SPECIAL)**5 FEBRUARY 2004**

- Chair: * Councillor Marie-Louise Nolan
- Councillors: * Ann Groves * Anjana Patel
 * Lavingia * Silver
 * Myra Michael * Thammaiah
- Advisor (non-voting): * Dr S Ahmad
- * Denotes Member present

PART I - RECOMMENDATIONS - NIL**PART II - MINUTES**123. **Attendance by Reserve Members:**

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

124. **Declarations of Interest:**

RESOLVED: To note that there were no declarations of personal or prejudicial interests made by Members of the Sub-Committee arising from business transacted at this meeting.

125. **Arrangement of Agenda:**

RESOLVED: That all items be considered with the press and public present.

126. **Minutes:**

RESOLVED: That the signing of the minutes of: the Special meeting held on 24 July 2003, the joint meeting of the Health and Social Care and Lifelong Learning Scrutiny Sub-Committees on 17 September 2003, and the ordinary meetings on 18 September and 8 December 2003, be deferred until the next ordinary meeting of the Sub-Committee.

127. **Patients' Forums:**

The Sub-Committee received a presentation by Betty Arrol, Director of Age Concern, who was also accompanied by Ines Metcalf, Coordinator for the Harrow Primary Care Trust (PCT) Forum, Caroline Moran, Coordinator for the North West London Hospitals Trust Forum, Jo D'Arcy, Coordinator for the Royal National Orthopaedic Hospitals Trust Forum regarding the new Patients' Forums.

Members were advised that Age Concern had management responsibility for the four patient forums in Harrow and Brent since 1st September 2003. The Sub-Committee was advised of the sequence of events that led to Age Concern's selection by the Commission for Patient and Public Involvement in Health, which was described as being an extensive and heavy process. Betty Arrol explained the reasons why Age Concern had been selected:

- Older people had life long experience of health
- Cared about the younger generation
- Age Concern was ideally located in Premier House in the context of forum support, as the forums would operate from the new Wealdstone Community Services Centre (except Brent)
- Older People form a very high proportion of health service users
- Involvement through Age Concern would facilitate inclusion of the needs of older people.

It was stressed by the Director that the main objective of establishing the forums was to ensure there was no Government intervention into what was decided by members of the public, since the aim was to ensure that the public were involved in making decisions about health and the provision of health services.

The Sub-Committee was told that as the forums were in their infancy stage, only the preliminary procedural functions had been established, such as Chairs, Vice Chairs and Terms of Reference. However it was predicted that forums would be heavily publicised in the community, collaborative partnerships would be built with voluntary and community groups and more learning would be acquired on the internal functioning of the PCT and Trusts.

During the discussion Members raised a number of supporting comments in relation to Age Concern. It was stressed that the membership and publicity of the PPI Forums was important to create public awareness and the Council could help advertise the forums through its website and the Harrow People.

The Director responded by saying that a Communications Officer had been recruited and would take the responsibility of publicising PPI Forums as well as create links with community groups. It was also mentioned that the Commission took the responsibility for recruiting members for forums, but was agreed that members needed to be culturally diverse representing residents of the borough.

The Advisor of the Sub-Committee enquired how the forums would ensure they were aware of children's views. It was suggested that the forums might tap into some of the mechanisms used by People First, which would ensure children's voices were heard.

RESOLVED: That the presentation be noted.

128. **Improving Health 2003: the Annual Report of the Director of Public Health:**
The Sub-Committee received a presentation from Dr Shahed Ahmad, Director of Public Health for Harrow and Advisor to the Sub-Committee, of his Annual Report, within which he provided an independent view on the health of Harrow residents.

Members were informed that the report's recommendations worked in conjunction with the draft Community Strategy. It was also stated that the presentation would be repeated at the members' briefing on 18 February 2004.

The Sub-Committee was advised that Harrow needed to ensure that it tackled health inequalities and targeted resources to those most in need. It was stressed that for far too long Harrow had missed out on crucial funding as it was considered to be an affluent borough with no overt signs of poverty deprivation. Dr Ahmad presented information to the Sub-Committee that highlighted areas of need ward by ward.

Members were advised that there were a number of factors that determined good health. It was not just a case of how many times a person visited the doctor or hospital. It was dependent upon factors such as diet, housing, area, environment, employment, sanitation, exercise, genetics and drug abuse. It was stated that there was significant inequality in health in Harrow. It was put forward that the lowest paid people in the borough, people who lived in the most deprived wards, would have the worst health, especially in respect of diabetes, stroke, coronary heart disease, and would rely heavily upon NHS services. Therefore, specific and direct preventative action was required. Members were advised that this would only be possible through joint working between the Council, Harrow PCT, the voluntary sector and scrutiny, which would ultimately produce a joint vision and targets.

It was stressed that the following service areas in the borough needed to be improved: housing; infant mortality; increased breast feeding of new born babies; a reduction in teenage pregnancies; midwifery; nutrition of residents; high quality family support and more emphasis on health care for people over 50. It was stated that the Healthy Harrow Sub-Group that formed part of the Harrow Strategic Partnership also needed to be quickly established.

Members welcomed the presentation and praised the proposed radical approach to health in Harrow.

RESOLVED: That the presentation be noted.

129. **Local Government Scrutiny of Health: Using the New Power to Tackle Health Inequalities:**
The Sub-Committee received a presentation from Dr Shahed Ahmad regarding the Health Development Agency report: 'Local government scrutiny of health: Using new power to tackle health inequalities'.

Members were advised that the report documented eighteen case studies from local

authorities from all over the country regarding their approach and challenges faced in relation to overview and scrutiny. Members were urged to read the document as it provided possibilities on how the Sub-Committee could operate in the future.

Dr Ahmad emphasised that there were a range of public agencies, such as the Department of Health, the Office of the Deputy Prime Minister and the Association of Community Health Councils for England and Wales who had supported the report and were committed to the idea of local authorities having power to tackle health inequalities. The Summary of the report was highlighted to Members for information.

Dr Ahmad recommended that the Sub-Committee could concentrate upon issues related to: life expectancy and infant mortality, which would have wide reaching ramifications for the borough.

Members welcomed the presentation and commented that the success of overview and scrutiny was dependent upon resources.

RESOLVED: That the presentation be noted.

130. **Use of Section 31 Health Act 1999 Flexibilities:**

The Sub-Committee received a report of the Executive Director (People First), which was presented by the Head of Community Care.

Members were informed that there had been some changes to report appended to the Sub-Committee's agenda. It was highlighted that Cabinet in December (2003) had given an 'in principle' agreement to the officer recommendations.

The objective of Health Act 1999, Section 31, was summarised to Members as a pooled sum of money derived from a local authority and PCT to spend on expenditure incurred by both parties in administering care to individuals where there was dual responsibility. So in this instance Harrow Council had planned to enter into a partnership with Harrow PCT.

The officer indicated that, despite a number of meetings and pre-planning, the agreement that had been due to go ahead this year (2004) was stalled. It was stated that there were a number of issues that prevented Harrow PCT entering into an agreement with Harrow Council, which were mainly financial. It was stated that Harrow PCT was £2m short of the actual costs required for the agreement and there were queries related to the interpretation of the continuing care criteria. It was also highlighted that the Chief Executive of Harrow PCT, who had favoured the agreement, had resigned. This had also affected the process. It was however stressed that work was ongoing on this matter and it was anticipated that the Strategic Health Authority would revise their guidance on continuing care criteria.

Members noted that there was still a great deal of enthusiasm on both sides in relation to Section 31 and that the legal and managerial aspect of the section was near to completion, but would not be finalised until there was sufficient budget pooling intent and action to reinstate it. It was also highlighted that the Joint Equipment Service agreement had been signed already and work was being carried out on the Free Nursing Care and Integration Agenda.

RESOLVED: That the information be noted.

(Note: The meeting having commenced at 7.30 pm, closed at 9.55 pm)

(Signed) COUNCILLOR MARIE-LOUISE NOLAN
Chair