

HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE**14 SEPTEMBER 2005**

Chair: * Councillor Bluston

Councillors: * Gate (4) * Myra Michael
 * Jean Lammiman (1) * Vina Mithani
 * Lavingia Mrs R Shah

Advisor (non-voting): * Jean Bradlow

* Denotes Member present
 (1), (4) Denote categories of Reserve Member

[Notes (1) Councillors Silver and Joyce Nickolay also attended this meeting in a speaking role;

(2) Councillor Margaret Davine also attended this meeting to speak on the item indicated at Minute 257 below, and was further invited to attend for the remainder of the meeting].

PART I - RECOMMENDATIONS - NIL**PART II - MINUTES**249. **Welcome to the Meeting:**

The Chair welcomed Members to the Sub-Committee and introduced all representatives in attendance. In particular, the Chair noted changes to the advertised list of attendees, and welcomed Professor Arulkumaran, who had led the Maternity Services Support Team at Northwick Park Hospital.

The Chair also noted that Garth Goodier, Chief Executive at the North West London Strategic Health Authority, had offered his apologies, and that no representative from Hillingdon PCT had been able to attend.

RESOLVED: That the above be noted.250. **Attendance by Reserve Members:****RESOLVED:** To note the attendance at this meeting of the following duly appointed Reserve Members:-

<u>Ordinary Member</u>	<u>Reserve Member</u>
Councillor Ann Groves	Councillor Gate
Councillor Joyce Nickolay	Councillor Jean Lammiman

251. **Declarations of Interest:****RESOLVED:** To note the following declaration of interests made by Members present at the meeting relating to business to be transacted at this meeting:

- (i) Councillor Lammiman declared that she had recently been a patient at the Royal National Orthopaedic Hospital and Northwick Park Hospital. Councillor Bluston also declared that he had been a patient at Northwick Park Hospital.
- (ii) In relation to agenda item 8, "Royal National Orthopaedic Hospital – Redevelopment Plans", Councillor Bluston wished it to be noted that he would probably be sitting on Harrow Council's Development Control Committee when it considered the Royal National Orthopaedic Hospital planning application.
- (iii) the following Members declared a personal interest in the items indicated, and remained and took part in the discussion relating to those items:

<u>Agenda Item</u>	<u>Member</u>	<u>Nature of Interest</u>
8. Royal National Orthopaedic Hospital – Redevelopment Plans	Councillor Jean Lammiman	Declared a personal interest in that she was the acting Chair of the Royal National Orthopaedic

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| 11. | Northwick Park Hospital – Update on Reconfiguration, Maternity Services and Star Rating | Councillor Bluston | Declared a personal interest in that he was Chair of the Joint Overview and Scrutiny Committee on the redevelopment of Northwick Park Hospital. |
| | | Councillor Lavingia | Declared a personal interest in that he was coordinator of Northwick Park Hindu Services. |
| 12. | Mount Vernon Hospital | Councillor Myra Michael | Declared a personal interest by virtue of her husband's position at Mount Vernon Hospital. |
| 13. | Harrow Primary Care Trust – Financial Update | Councillor Gate | Declared a personal interest in that his spouse was a health professional employed by Harrow Primary Care Trust (PCT). |

(iv) Councillor Silver declared an interest in that he was a contractor with the Harrow PCT.

252. **Arrangement of Agenda:**

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

253. **Minutes:**

RESOLVED: That the minutes of the meeting held on 6 June 2005, having been circulated, be taken as read and signed as a correct record.

254. **Public Questions:**

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

255. **Petitions:**

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

256. **Deputations:**

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

257. **Royal National Orthopaedic Hospital - Redevelopment Plans:**

Members received a report and verbal update on the redevelopment of the Royal National Orthopaedic Hospital (RNOH) from Mr Eric Fehily, Project Director at the RNOH. The Sub-Committee was informed that the RNOH NHS Trust had organised a series of consultations to seek support for the outline planning application, which was to be determined by the Development Control Committee on 11 October 2005. In summarising the redevelopment plans, Mr Fehily emphasised that they must be deliverable, affordable and flexible. He also emphasised the need to work within the constraints of the green belt location.

Members enquired about access to the site, the scope of the consultation and the funding for the programme. Mr Fehily responded as follows:

- alterations had been made to the road layout to facilitate access to the site;
- public buses would be provided from stations to the site, to complement a free bus service;
- wider consultation was promoted through advertisements in local newspapers, a patient website, and through the PCT and PPI forums;

- the consultation with local residents was addressing issues surrounding housing, car-parking and the green belt location;
- additional funding would be required to develop the grounds to run the clinical model, which was not considered a core NHS function.

Members were invited to review the Trust's outline planning application and meet with representatives from the RNOH Trust and Design Team at a consultation event on Monday 19 September 2005. The Chair requested feedback on the responses from the consultation with local residents, citing the importance of local opinion.

RESOLVED: That the above be noted.

258. **Attendance by the Portfolio Holder for Social Care and Health:**

Councillor Margaret Davine, the Portfolio Holder for Social Care and Health, was in attendance to answer Members' questions regarding her portfolio. The Portfolio Holder said that her work was characterised by a 'hands-on' approach, and that she encouraged strong partnership working that was user-focused.

Members addressed the Portfolio Holder as detailed below:

Question: Why had £600,000 worth of invoices to the Harrow PCT not been paid, and if they had been paid, why had it taken so long?

It was clarified that the Council had provided the PCT with a list of clients who received payment for care, and that there had been discrepancies between the list for 2003/04 and the list for 2004/05. Before processing the invoices, the PCT needed to check that the payment had been approved by the Continuing Care Panel. It was noted that a report into the financial losses incurred on joint PCT contracts had been requested by Council, with a view to make recommendations on how it could be avoided in the future. Members re-iterated the need for such a report.

Question: Can the Portfolio Holder guarantee that the domiciliary care charges will not be increased?

The Portfolio Holder stated that although domiciliary care charges would not be increased in the next budget round, it was impossible to say that they would not increase, as changes to charges were impacted upon by changes in government legislation.

Question: Could the Portfolio Holder clarify her position on the use of IT with front-line staff, with particular reference to the single assessment approach?

It was reported that a single assessment integrated IT system for adult services would be live by November 2005, which would allow a client's basic details to be shared across People First.

Question: How were adult and children's services progressing with their star rating?

The Portfolio Holder reported that although the indicators were good, it was difficult to tell whether the rating would be consistent across the whole board. It was added that there would be an inspection of older people's services in the Autumn.

Questions were also asked relating to the Strategic Performance Report, and it was suggested that it would be useful to indicate trends in the Comments column on the report.

The Chair thanked the Portfolio Holder for her contribution on behalf of the Sub-Committee, and added that she would be welcome to remain for the rest of the meeting.

RESOLVED: That the above be noted.

259. **North West London Strategic Health Authority - Sector Review:**

The Sub-Committee received a verbal report from Ms Barbara Gill, Acting Executive Director of Strategy at the North West London Strategic Health Authority (NWLSHA), which outlined the development of a strategy for healthcare in North West London.

Members were asked for their support and comments on the reasons and principles underpinning the change. A full discussion had been arranged for the Joint Overview and Scrutiny Committee for the Redevelopment of Northwick Park Hospital to be held the following week.

Members were informed that some broad options for the reconfiguration of services would be available by late November 2005, as a basis for further engagement. Formal consultation on the Sector Strategy would not take place before June 2006.

In response to Members' questions, the following clarification was provided:

- the Healthcare Commission provided the overall performance management framework and quality standards that the NWLSHA operated within, whilst the NWLSHA monitored organisations locally;
- the financial deficit within organisations under the NWLSHA would need to be addressed by improving efficiency in services;
- once the principles underpinning the review had gained support, the implications on services would be developed in greater detail.

A Member challenged the focus on medics 'achieving targets', and suggested that these pressures prevented staff from performing their jobs effectively. Ms Jean Bradlow stressed that targets weren't inhibiting patient care, but highlighting inefficiency and underlying system problems that needed addressing.

Members expressed concern about the affordability of drugs, and encouraged stronger partnership with drug agencies. In particular, Members stressed that there should be equal opportunities for patients accessing drugs. It was reported that the National Institute for Clinical Excellence (NICE) was investigating the cost and clinical effectiveness of drug procurement, in addition to the equality issues of drug supply.

A Member supported the principle of providing certain types of healthcare in a community setting, but suggested that a challenge facing the NWLSHA would be where to locate such 'community hospitals'. It was further suggested that health education should be emphasised in the principles of the strategy.

The Chair thanked Ms Gill, on behalf of the Sub-Committee, for attending the meeting.

RESOLVED: That the above be noted.

260. **Northwick Park Hospital - Update on Reconfiguration, Maternity Services and Star Rating:**

Members received a collective verbal report from Ms Mary Wells (Chief Executive, North West London Hospital NHS Trust), Ms Mai Buckley (Director of Midwifery, Royal London Teaching Hospital) and Professor Arulkumaran (Professor of Obstetrics and Gynaecology, St George's Medical School), which focused on the maternity services provided by Northwick Park Hospital. It was reported that although there had been a delay in the publication of the Healthcare Commission's report, the Trust was progressing well with the delivery of its action plan for the maternity unit. The report covered the following issues:

- **Capacity** – using capacity at other Trusts during the refurbishment was reducing the number of women treated, which was making an impact.
- **Recruitment** – the recruitment campaign was going well, and vacancies were falling rapidly. Twenty additional midwife posts had been filled. Whilst there was a marginal shortfall in the overall complement of staff, it compared favourably with the shortfall within other London hospitals. The number of consultants employed had increased, and consultants were working in parallel to ensure that experienced people were always on the floor.
- **Training and maintaining quality** – regular training sessions had been created. Links had been established with the teaching hospitals in London, to help maintain standards and facilitate recruitment.
- **User-involvement** – a group had been established to create a Women's Partnership Unit, that would link in with the other PPI forums. A women's adviser would also be provided.

The Sub-Committee was thanked for its understanding and support of the problems faced by the maternity unit. Professor Arulkumaran reported that he was working with the unit to ensure that changes were implemented and executed, and added that the unit needed to focus not only on becoming safe but also improving standards and quality. The Sub-Committee was invited to view the unit once the refurbishment had been completed.

The Chair thanked all three representatives for attending, and also thanked them for their continuing involvement with the Sub-Committee.

RESOLVED: That the above be noted.

261. **Mount Vernon Hospital:**

Mr Nick Evans, representing West Hertfordshire Hospitals, and Ms Caroline Lowdell from the NWLSHA had been invited to discuss the redesign of the burns and plastic services at Mount Vernon Hospital, and the implications of moving ambulatory radiotherapy from Mount Vernon Hospital, with particular reference to the broader implications on cancer services.

Mr Evans reported that a report commissioned by Bedfordshire and Hertfordshire Hospitals had recommended that the burns and plastic services should be relocated from Mount Vernon Hospital. This change was recommended because the buildings at Mount Vernon were considered too old, and the gradual loss of other services placed constraints on the use of the burns and plastic services, with a 'co-location' of services preferred. It was advised that a formal public consultation would be completed before any ideas were finalised.

Ms Lowdell referred the Sub-Committee to papers circulated prior to the meeting on the outcome of the Mount Vernon ambulatory feasibility study and the cancer strategy. She highlighted the need to properly resource and manage the Mount Vernon cancer services through the transitional period whilst they were being relocated.

Members commented on the excellence of the services provided by Mount Vernon hospital. In response to a question about the potential of the site for redevelopment, it was stated that those present had not been involved in any discussion of this matter, and that Hillingdon Hospital Trust as owner of the site, as well as provider of local acute services there, would be better placed to inform members on overall site issues. Members requested more information on the background of the decision not to redevelop the hospital.

The Chair thanked Mr Evans and Ms Lowdell on behalf of the Sub-Committee for attending the meeting.

RESOLVED: That the above be noted.

262. **Harrow Primary Care Trust - Financial Update:**

Members received a report from Mr Neil Ferrelly, the Director of Finance and Information at Harrow PCT, which advised the committee on the PCTs distance from the NHS target allocation, and the financial position for 2004/05 and 2005/06. Mr Andrew Morgan, the Chief Executive at Harrow PCT, was also in attendance to answer Members' queries.

Mr Ferrelly advised that the PCTs recurrent allocation was approximately £20,000 above the NHS target allocation at the start of 2006/07, which resulted in Harrow being in receipt of more than its 'fair share' of the funding available to PCTs. By maintaining growth beneath the national average, it was hoped to reduce the distance from target to £18,600 by 2007/08. The PCT had exceeded its resource limit by £969,000 in 2004/05. In 2005/06, an overall savings plan had been identified to ensure the PCT remained within the resource limit in 2005/06.

A Member suggested applying for additional grants to support the financial position. Mr Ferrelly advised that London healthcare was in receipt of more than its fair share of funding available to the PCTs, and that Harrow PCT would not be considered for any additional grants. In response to concerns regarding the potential loss of primary services and conversion of primary services into secondary services, Members were informed that services needed to be provided in the most appropriate setting and at an appropriate volume.

RESOLVED: That the above be noted.

263. **Green Paper on Adult Services:**

The Sub-Committee received a report of the Director of Community Care, which advised Members of the Council's formal response to the Government's recent consultation on the Adult Social Care Green Paper. However, Members agreed that it was too late in the evening to consider the report thoroughly, and it was agreed to defer the item to a Special Meeting of the Sub-Committee.

RESOLVED: That the report be deferred until a Special Meeting of the Sub-Committee in October 2005.

[See also Minute 264 below].

264. **Any Other Business:**

(i) **Special Meeting of the Health and Social Care Scrutiny Sub-Committee**

Members were informed that the three NHS Trusts for Harrow needed to consult with the Sub-Committee on their performance assessments. The deadline for completion was October, and so the work could not be incorporated into the established work programme of meetings. The Sub-Committee agreed to hold a Special meeting on 6 October 2005 at 6.00 pm to address the consultation, and also to conclude discussions on the Green Paper on Adult Services and address the items on the information circular which could not be covered in the time available for this meeting.

RESOLVED: That the Health and Social Care Scrutiny Sub-Committee hold a Special Meeting on 6 October 2005 at 6.00 pm to discuss the items identified above.

265. **Extension to and Termination of the Meeting:**

In accordance with the provisions of Overview and Scrutiny Procedure Rule 6.7 (Part 4F of the Constitution) it was

RESOLVED: (1) At 10.00 pm to continue until 10.30 pm;

(2) at 10.30 pm to continue to 11.00 pm;

(3) at 11.00 pm to continue to 11.15 pm;

(4) at 11.15 pm to continue to 11.30 pm;

(5) at 11.30 pm to continue to 11.45 pm; and

(6) at 11.45 pm to defer item 14, Green Paper on Adult Services, to another meeting of the Sub-Committee.

(Note: The meeting having commenced at 7.30 pm, closed at 11.45 pm)

(Signed) COUNCILLOR HOWARD BLUSTON
Chair