
REPORT OF OVERVIEW AND SCRUTINY COMMITTEE

MEETING HELD ON 24 SEPTEMBER 2009

Chairman:	* Councillor Stanley Sheinwald	
Councillors:	* Ms Nana Asante (3) * Mrs Margaret Davine * B E Gate * Mitzi Green * Jerry Miles * Mrs Vina Mithani * Janet Mote	* Christopher Noyce * Anthony Seymour * Mrs Rekha Shah * Dinesh Solanki * Yogesh Teli * Mark Versallion
Voting	(Voluntary Aided)	(Parent Governors)
Co-opted:	† Mrs J Rammelt Reverend P Reece	* Mr R Chauhan † Mrs D Speel

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

PART I - RECOMMENDATIONS - NIL
PART II - MINUTES

605. **Welcome:**
The Chairman welcomed the representative from Harrow Primary Care Trust.

606. **Attendance by Reserve Members:**

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

<u>Ordinary Member</u>	<u>Reserve Member</u>
Councillor Margaret Davine	Councillor Nana Asante

607. **Declarations of Interest:**

RESOLVED: To note that the following interests were declared:

<u>Agenda Item</u>	<u>Member</u>	<u>Nature of Interest</u>
8. Consultation on Polyclinic Provision in East Harrow	Councillor Vina Mithani	Personal - Registered at Belmont Health Centre and currently works for the Health Protection Agency. The Member remained in the room during the discussion and decision making on this item.
	Councillor Mitzi Green	Personal – Currently a patient at Belmont Health Centre. The Member remained in the room during the discussion and decision making on this item.
	Councillor Stanley Sheinwald	Personal - Chair of the Carers' Partnership Group. The Member remained in the room during the discussion and decision making on this item.
	Councillor Brian Gate	Personal - Married to a health professional and his daughter currently works at a General Practice. He was also a patient at Alexandra Avenue Polyclinic.

610. **Petitions:**

RESOLVED: To note that no petitions were received.

611. **Deputations:**

RESOLVED: To note that no deputations were received.

612. **References from Council/Cabinet:**

RESOLVED: To note that there were no references.

613. **Consultation on Polyclinic Provision in East Harrow:**

A representative for Harrow Primary Care Trust (PCT) provided a verbal update on the future configuration of healthcare services in East Harrow. The PCT representative informed the Committee that in November 2008 Harrow PCT had published its Primary and Community Care Strategy which outlined plans to transform primary and community care services. The vision was to improve choice, quality and access for patients across borough, although East Harrow had been identified as a priority area. The proposed new model of healthcare was to be based on a polysystem hub and spoke model, with one central Community Health Centre (hub) supported by two GP-led Health Centres (spokes). Mollison Way Health Centre had already been identified as a suitable GP-led Health Centre, providing services from 8.00 am to 8.00 pm, seven days a week. The contract was expected to be mobilised in December 2009. In deciding upon the site to act as the hub of the polyclinic system, Belmont Health Centre had been identified as the most appropriate option. Consultation was due to take place to help identify the most appropriate location to place a second GP-led Health Centre. The two proposed options identified were Honeypot Lane Clinic and Kenmore Clinic. Bacon Lane Surgery had initially been identified as a possible site, but such plans were no longer considered viable due to planning restrictions, a lack of parking and its border location.

The Committee was informed that the public consultation on the proposed polysystem had initially been scheduled to commence on 1 October 2009. However, due to the financial challenges facing the NHS, the consultation had been pulled back. However, it was hoped that consultation would still commence in 2009. In concluding, the PCT representative informed the Committee that the proposed polysystem was in line with Healthcare for London's vision to increase the services offered by primary care providers. The ambition was to have up to 60% of healthcare provided in a primary care setting.

A Member requested that the difference between a polysystem and a Polyclinic be explained. The PCT representative informed Members that a polysystem referred to a model of care that had a central Polyclinic at its centre, supported by GP-led Health Centres. The central Polyclinic, often referred to as a Community Health Centre, offered additional services typically found in hospitals that could be utilised by the GP-led Health Centres. Such a system ensured that patients had quick access to services with no requirement to visit a hospital.

A Member queried whether the ambition to have up to 60% of health care provided in a primary care setting meant that the quality of the service would decline. The PCT representative assured the Committee that the PCT was working closely with GPs to ensure that they had the opportunity to raise concerns. In addition, he informed Members that the PCT was working with Northwick Park Hospital to ensure that hospital consultants would regularly oversee the provision of certain services. The PCT representative added that Belmont Health Centre would provide both appointment and walk-in based services, with the latter reducing the waiting times in Accident and Emergency.

A Member stated that the demographic of East Harrow was complex and queried whether an equality assessment had been carried out. The PCT representative stated that whilst a full impact assessment would be conducted, public consultation was taking priority. A Member asked when the consultation would begin and who would be invited to take part. The PCT representative stated that the PCT's Primary Community Care Strategy was due to be refreshed and that this warranted full consultation of Harrow. The PCT were currently deciding whether the consultations should be merged for practical and financial reasons, although it would be preferable to have a separate consultation to focus specifically on East Harrow. The PCT representative stated that consultation would take place with all those registered to a GP and that patient groups would also be approached.

A Member asked when information regarding the future use of the Kenmore Clinic site would be made available as the public had previously been assured that the site would be brought back into use. In response, the PCT representative stated that though decisions would have to be made based on the outcome of financial modelling, Kenmore Clinic's planning permission dictated that the site could only be used for healthcare purposes. The PCT representative added that GPs and service providers were being encouraged to consider all sites as possible options and that he would be willing to update the Committee on progress made accordingly. A Member asked what would happen to existing GP surgeries that were located in East Harrow. The PCT representative stated that whilst they would be encouraging existing GPs to work from the designated GP-led Health Centres, this would not be compulsory.

A Member reported that residents had been informed by letter that Mollison Way Health Centre would become a GP-led Health Centre in November 2009. She queried why he had commented earlier that the contract would not be mobilised until December. In addition, she reported that the letter had made reference to the provision of forums so that residents could meet the new service providers and ask questions. She asked whether more details could be provided. The PCT representative stated that he was still hoping to meet the November deadline, although this would be late November. He informed Members that he had no details in relation to public forums but would circulate the information to the Committee at a later date.

A Member queried the impact of the new polysystem on existing GPs and whether many would be forced to close. The PCT representative stated that on a general level, the impact of the new polysystem would be positive. He stated that the future of healthcare in London was based on modern high performance services and that there was no place for poor performing GP surgeries. He added that meetings were taking place with GPs on a regular basis and that the vast majority were happy to deliver the new model of care. Performance of GPs was closely monitored and those that were operating to a high standard could be brought into the wider polysystem.

A Member asked how Belmont Health Centre would handle the increased number of patients attending and whether existing patients would find that they were unable to see their normal doctor. The PCT representative reported that continuity of care was considered important and that, despite being a Community Health Centre, Belmont Health Centre would continue to offer many of the same services. Additional staff would be employed if necessary. The PCT representative also explained that the PCT intended to work with the 3rd Sector and that that the organisations procurement strategy reflected this.

A Member noted that the polyclinic model had already been adopted at Alexandra Avenue Health and Social Care Centre and asked whether any lessons had been learnt. The PCT representative stated that Alexandra Avenue had demonstrated the importance of early engagement. In regards to the parking difficulties experienced at the Alexandra Avenue site, these problems were being addressed and were not expected to occur at Belmont Health Care Centre. The PCT representative stated the new Community Care Centre would offer slightly different services, in order to better cater for the needs of the local population. Ultimately, the PCT intended to have four different Community Health Centres.

A Member raised concern that, at present, she was not aware of any direct public transport between Belmont Health Centre and the proposed GP-led Health Centres. The officer stated that the PCT was working closely with Transport for London in order to overcome transport issues.

RESOLVED: That (1) the verbal report be noted;

(2) the PCT representative be invited back to a future meeting of the Overview and Scrutiny Committee in order to update Members on any developments;

(3) further information regarding the proposed public forums be circulated to Members by the PCT representative.

614.

Care UK Update:

The Chairman informed Members that at the previous meeting of the Overview and Scrutiny Committee on 3 September 2009, Members had raised concern over the level of training received by Care UK staff. The issue had come to light during consideration of Adult Services' Annual Complaint Report and, in order to clarify the situation, an officer had been invited to attend the meeting to provide a verbal report and answer questions.

The officer informed the Committee that the data included in the complaints report had been for the period 2008/09. More recent data indicated that complaints against Care UK were declining, with only 22 complaints received in quarter 4 of 2008/09 and 21 complaints received in quarter 1 of 2009/10. This was down from 64 complaints in quarter 3 of 2008/09 and indicated a significant and sustained improvement. The officer added that although all complaints were taken seriously, Care UK undertook approximately 30,000 visits per quarter and, in this context, 21 complaints were within expected levels and indicated a functioning complaints system. The officer added that all health care providers worked to Council targets and that performance was monitored.

In regards to staff training, the officer reported that the Care Quality Commission (CQC) regulated care providers in the UK, including Care UK. All staff members received full training and were subject to CRB checks. Staff records were also carefully monitored. Members were informed that less experienced staff were regularly supervised and that refresher training was provided when necessary. When recruiting, Care UK did not insist on formal qualifications, but individuals were expected to demonstrate a high level of competency and provide adequate references. Once employed, new staff members were required to study towards a formal care related qualification.

The officer informed the Committee that all care agencies were required to submit regular operational reports to the Council and that a robust quality assurance system was in place. In addition, Age Concern Harrow carried out a survey every 6 months to monitor the experiences of care users and the data indicated that, overall, the service offered by Care UK was of a high quality.

A Member asked how much training individuals received and whether the results of CRB checks were obtained prior to deployment. The officer stated that training typically lasted two weeks and that newly trained staff were closely monitored to ensure that they were suitable for the role. The individual training records of staff were monitored by Care UK although these were regularly checked by CQC. The officer stated that, to the best of his knowledge, CRB checks were carried out on all staff before they were deployed. A Member queried how background checks were conducted on individuals that had only recently arrived in the UK. The officer stated that whilst he could confirm that CRB checks were carried out on all staff, he would need to clarify the situation in regards to recent arrivals to the UK. It was agreed that he would investigate the matter and circulate the information to the Committee at a later date. The officer also agreed to find out whether a complaint form was provided to all service users and to send this information and further training details to Members.

A Member raised concern that Care UK clerical staff were allegedly required to stand in for carers in order to cover sickness and unexpected absence. The officer stated that, if this did occur, the staff would have had to have received the relevant training. A Member asked whether carers were expected to spend a minimum amount of time with service users. In response, the officer explained that individual users had different requirements. However, a telelogging system had been introduced to ensure that carers were spending the right amount of time with individual users.

A Member asked the officer to explain what had changed since the broadcasting of the BBC documentary. The officer explained that the Council had become aware of the issues before the BBC documentary and that Care UK had already been issued with a serious default notice, stating that improvements had to be made. Since then, monitoring had been strengthened and a telemonitoring system had been introduced.

RESOLVED: That (1) a written report be co-authored by the Council and Care UK to fully address the issues raised by the Overview and Scrutiny Committee;

(2) the report be considered at the Overview and Scrutiny Committee on 24 November 2009;

(3) a Director of Care UK be invited to attend the meeting on 24 November 2009 in order to answer questions;

(4) information concerning the way in which staff that had recently arrived in the UK were CRB checked, and whether all service users were provided with a complaint form, be provided to the Committee;

(5) detailed information regarding the training received by Care UK staff be provided to the Committee.

615. **Revised Gambling Policy - For Approval by Full Council:**

An officer introduced the report and informed Members that under s.349 of the Gambling Act 2005, the Council had an obligation to prepare and publish a Gambling Policy. He explained that the draft policy had been under consultation and had since been considered and approved by the Licensing and General Purposes Committee on 7 September 2009. The Policy was now awaiting approval by Council before being implemented. As a statutory policy, the Overview and Scrutiny Committee was required to consider the Gambling Policy and, if necessary, make comments.

A Member queried whether the new Gambling Policy would mean that Harrow would never have a casino. The officer informed the Committee that central government ultimately determined where casino licences could be granted, although local authorities were able to impose their own restrictions. He explained that following public consultation, the Council had resolved in December 2006 not to issue casino premises licences pursuant to s.166 of the Gambling Act 2005. The new Gambling Policy, if approved by Council, would result in the same resolution continuing for a further three years. However, the officer explained that a premises could still apply for an 'occasional licence' which would allow the venue to, in effect, operate as a casino on a temporary basis. The Council was unable to block such applications, although the primary use of the venue applying would be considered. In response to a question concerning the possibility of holding a charity casino, the officer explained that the legality of such an event would depend on the prizes and payouts being offered.

A Member asked whether the Council was able to prevent arcades being established in close proximity to places of worship. The officer explained that though planning laws could be invoked, it was difficult to prevent such establishments setting up. A Member asked how the Council ensured that arcades in the borough operated responsibly. The officer explained that the Council worked closely with trading standards but that, on the whole, the establishments were well managed and the Council rarely had to take enforcement action.

Members noted that response to the consultation had been limited and questioned how well the consultation exercise had been publicised. The officer informed the Committee that the Council had followed Government guidelines and that the consultation document was sent to all regulated premises, resident associations and individuals that had made complaints against licensed premises. In addition, the consultation had been advertised on the Council's website.

RESOLVED: That the report be noted.

616. **Any Other Business:**

(i) **Use of the Call-in Sub-Committee**

In accordance with the Local Government (Access to Information) Act 1985, this item was admitted late to the agenda to allow Members to be briefed on the recent use of the Call-in Sub-Committee. This item had not been available at the time the agenda was dispatched and circulated.

A Member informed the Committee that UNISON had recently approached the Chairman of the Overview and Scrutiny Committee regarding a decision due to be taken by the Portfolio Holder for Performance, Communication and Corporate Services. UNISON were unhappy with the recommendation that had been made to the Portfolio Holder and had requested that the Overview and Scrutiny Committee consider the matter. On the advice of officers, the Chairman had recommended that UNISON make use of the Council's Call-in Sub-committee as the only practicable option available through the scrutiny process with regard to the particular concerns raised. The Member stated that the Overview and Scrutiny Committee should have had an opportunity to consider the issue before it was made and that Call-in should not have been used as an alternative. She recommended that a letter be sent to Portfolio Holders and Corporate Directors in order to highlight the way in which the Scrutiny could aid the decision making process.

A number of Members commented that it would be difficult to regularly convene meetings or Challenge Panels at short notice in order to consider unexpected issues. A Member added that, whilst it was not practical to hold a meeting to consider every decision due to be made by the executive, he was concerned by the way in which UNISON had used a public call-in to challenge a decision that would have little impact on residents.

An officer stated that the Scrutiny Department would closely monitor the forward plan in order to highlight upcoming key issues and, when necessary, advise the Chairman and Vice-Chairman that these should be considered for inclusion on agendas for the Overview and Scrutiny Committee.

RESOLVED: That the Chairman and Vice-Chairman of the Overview and Scrutiny Committee write to Portfolio Holders and Corporate Directors to provide a reminder on the way in which Scrutiny could aid the decision making process.

(Note: The meeting, having commenced at 7.32 pm, closed at 9.45 pm).

(Signed) COUNCILLOR STANLEY SHEINWALD
Chairman