

HEALTH SUB-COMMITTEE MINUTES

7 DECEMBER 2010

Chairman: * Councillor Jerry Miles

Councillors: * Ann Gate * Varsha Parmar
* Mrs Vina Mithani * Simon Williams

* Denotes Member present

22. Attendance by Reserve Members

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

23. Declarations of Interest

RESOLVED: To note that the following interests were declared:

Agenda Item 7 – Working with the Care Quality Commission

Agenda Item 8 – Adult Services Consultation

Agenda Item 9 – NHS Health White Paper Response

Agenda Item 10 – Performance of GP Out-of-Hours Service

Agenda Item 11 – Health Sub-Committee Terms of Reference

Councillor Ann Gate declared a personal interest in that she worked in a General Practitioner Surgery in Harrow. She was also an appointed observer on the Harrow Local Medical Committee. She would remain in the room whilst these items were considered and voted upon.

Councillor Simon Williams declared a personal interest in that his wife was a Community Psychiatric Nurse for North West London Mental Health Trust. He had also previously been the Director of Policy at The Patients' Association. He would remain in the room whilst these items were considered and voted upon.

Councillor Mrs Vina Mithani declared a personal interest in that she worked for the Health Protection Agency. She would remain in the room whilst these items were considered and voted upon.

24. Minutes

RESOLVED: That the minutes of the meeting held on 2 September 2010 be taken as read and signed as a correct record.

25. Public Questions, Petitions and Deputations

RESOLVED: To note that no public questions were put, or petitions or deputations received at this meeting.

RECOMMENDED ITEMS

26. Health Sub-Committee Terms of Reference

The Committee received a report of the Divisional Director of Partnership Development and Performance which outlined proposals for the revision of the terms of reference for the Health Sub-Committee, areas for future consideration in respect of the remit of the Sub-Committee and a proposed protocol for the appointment of co-optees.

Resolved to RECOMMEND: (to the Overview and Scrutiny Committee) That

- (1) the proposed Terms of Reference set out in the report be agreed;
- (2) the Health Sub-Committee be renamed the "Health and Social Care Scrutiny Sub-Committee", to reflect the revised terms of reference incorporating social care.

RESOLVED: That the Harrow LINK / HealthWatch and the Local Medical Committee both be requested to nominate up to two of their members to become non-voting co-opted members on the Health Sub-Committee.

RESOLVED ITEMS

27. Working with the Care Quality Commission

The Committee received a report of the Scrutiny Officer which outlined the work of the Care Quality Commission (CQC) including recent changes in how services would be monitored. The Committee received a presentation from the London CQC Compliance Manager during which Members were informed of the following key points:

- CQC was the Health and Social Care regulator for England. Under CQC, patients could expect health services to meet essential standards of quality, no matter which part of the care system they were in;

- CQC aimed to look at all areas of Health and Social Care with a single set of standards. CQC also had powers to undertake cross-cutting reviews and studies;
- CQC is currently developing a new monitoring system for Adult Social Care in order to replace the former rating system. The new system should be published in March/April 2011;
- CQC held a Quality and Risk Profile (QRP) for each care provider. The QRP enabled CQC to assess risks and prompt front line regulatory activity, such as inspection. As new information arrived, it was added to the QRP and assessors and inspectors alerted if necessary;
- new information came from a variety of sources including service users, other regulatory bodies, providers, staff and CQC inspectors;
- CQC would undertake planned compliance reviews with all service providers at least once every two years. In instances where new information suggested a possible risk, a responsive review could be undertaken immediately;
- the aim of site visits was to gather evidence of compliance. Site visits were unannounced to ensure that providers did not make special arrangements or prepare specifically for the inspection. Site visits predominantly focused on the experiences of patients;
- in cases where CQC were required to take enforcement action, a number of options were available. CQC could issue statutory warning notices, impose or vary conditions, impose fines, instigate legal action or cancel a service provider's registration.

Following questions from the Sub-Committee, CQC representatives clarified the following points:

- it was acknowledged that there was often a disparity between patient expectations and their experiences, partly because patients had not historically been consulted when service providers had set performance indicators. However, CQC was working with patient groups to better understand patient experiences and incorporate these into the final monitoring framework;
- although CQC aimed to impose a single set of standards on all Health and Social Care services, each area had unique performance indicators;
- in accordance with the proposals detailed in the Health White paper, the CQC would be responsible for monitoring individual GP practices and not on a consortia basis. From December 2010 the CQC had also started to monitor dentists and ambulance services;

- it was acknowledged that there had been a number of programmes in the past, such as the Better Hospital Food Programme, that had aimed to improve the experiences of patients. CQC intended to utilise as much of this historical data as possible.

RESOLVED: That the report and presentation be noted.

28. Adult Services Consultation

The Committee received a report of the Corporate Director of Adults and Housing which outlined the consultation process currently being undertaken to ensure that people living and working in Harrow were able to influence the planning and future delivery of Adult Care Services in the borough. The Portfolio Holder for Adult Social Care, Health and Wellbeing and an officer outlined the following key points:

- the consultation aimed to reach as many people as possible and had been designed to capture both quantitative and qualitative data;
- in addition to the wider consultation, officers were working with 'hard to reach' segments of the community to ensure that as many views as possible were taken into account. All consultation forms were available in multiple languages;
- the consultation was necessary as demand for Adult Care Services was increasing at a time when budgets were being reduced. The Council had no choice but to look at the way in which the service operated and it was important that service users were given a chance to comment on the proposals;
- the initial consultation phase would run from 20 December 2010 to 31 January 2011, with the full consultation taking place between 1 February and 30 April. The NHS were running a large consultation around the same time, so it might be necessary to alter the dates;
- the Council was not reviewing its access criteria and if an individual already received a service they would remain eligible to do so;
- a multi-agency steering group had been established to get service users involved in the consultation. A sub-group had been assigned to carry out an equal opportunities impact assessment.

Following questions from the Sub-Committee, the Portfolio Holder and the officer clarified the following points:

- the Council did not intend to 'slash' services. The purpose of the consultation was to help the Council better understand which services were most valued;
- the Council issued more discretionary freedom passes than most other local authorities in London. It was felt that the current assessment

criteria was not enough and that there needed to be a stronger emphasis on mobility and clinical assessment;

- despite the current financial climate, the Council continued to support Personal Budgets and was actively encouraging service users to consider them as an option. At present the Council was on target to have 35% of service users using Personal Budgets by March 2011;
- each service user with a personal budget had a Support Care Plan in place which was used to monitor expenditure. Users with Personal Budgets were required to hold a separate bank account into which the Council transferred money. Not all service users were eligible to receive a Personal Budget, particularly if there were safeguarding concerns;
- the Council uses 'Shop for Support', an innovative online website that allows holders of Personal Budgets to shop for services that suits their needs. Personal Budgets gave service users much greater control over their care and allows them to access relevant services.

RESOLVED: That the report be noted.

29. NHS Health White Paper Response

The Committee received a report of the Scrutiny Officer which outlined the Council's response to the NHS Health White Paper. The report also provided an update on three additional consultation documents that had recently been published. The Committee also received a briefing on the recently published Public Health White Paper.

An officer explained that, at its meeting on 2 September 2010, the Sub-Committee had considered initial comments and responses to the Health White Paper. To assist in the formation of a strong response to NHS Harrow, a workshop had been held on 24 September, attended by Scrutiny Councillors, the Portfolio Holder for Adult Social Care, Health and Wellbeing, Council officers and representatives of key partners. The resulting discussions had helped to inform the final response which was attached as an appendix to the report.

The Committee invited the Director of Public Health for NHS Harrow to comment on the Public Health White Paper and the potential changes to the way in which the NHS would operate in the future. Members were informed that:

- the Public Health White Paper provided an insight into the future of Public Health which would now be moving into the Council. It was expected that further details and accompanying consultation documents would be provided in the coming months as the Public Health White Paper focussed mainly on structure;

- the Director of Public Health would become a full-time employee of the local authority and the post holder would have responsibility for a ring-fenced Public Health budget;
- Health and Wellbeing Boards would become a statutory requirement, although neighbouring local authorities would be able to establish joint Boards to oversee a wider area;
- bye-laws and planning regulations were currently used to control the spread of fast-food outlets. In light of the Localism Bill, local authorities might, in the future receive additional powers;
- the proposed GP consortia was still evolving and its final structure had yet to be determined. However, by 2012, legislation would be in place requiring all Practices in England with a registered patient list to be part of a GP consortium;
- Public Health could be defined as the science of preventing disease, prolonging life and promoting health through the organised efforts and informed choices of society, organisations (public and private), communities and individuals. It was concerned with threats to the overall health of a community based on population health analysis.

RESOLVED: That

- (1) the Council's response to the NHS Health White Paper be noted;
- (2) the additional consultation documents, as detailed in the report, be noted;
- (3) the Public Health White Paper briefing be noted and a more detailed response be developed by the Scrutiny Officer and circulated to Members.

30. Performance of GP Out-of-Hours Service

The Committee received an update from NHS Harrow which provided an update on the GP out-of-hours service in Harrow.

An officer informed Members that it had come to light in March 2010 that Harrow's out-of-hours GP service had been rated the sixth worst in the country. As a result, Scrutiny Lead Members for Adult Health and Social Care had written to NHS Harrow to express their concern. NHS Harrow subsequently informed the Council that it was working with Harmoni, the commissioned service provider, to address the issues that had been raised by the survey. The Sub-Committee and relevant Scrutiny Lead Members had continued to monitor the situation. The officer stated that, based upon the latest data provided by NHS Harrow, the situation appeared to be under control and corrective action taken.

RESOLVED: That the Scrutiny Lead Members for Adult Health and Social Care write to NHS Harrow to acknowledge progress made and to request clarification on the way in which contracts would be monitored in the future to prevent a similar situation arising again.

31. Any Other Business

The Chairman stated that following a fire at the vacant Kenmore Clinic site, the Scrutiny Lead Members for Health and Social Care would be writing to NHS Harrow to request that the site be made safe and secure. The letter would also requested further details as to how the site would be used in the future.

The Director of Public Health for Harrow stated that the site had already been secured and that a demolition survey had been undertaken.

RESOLVED: That the letter be sent to NHS Harrow as intended, with an additional request that the Sub-Committee be informed who the Kenmore Clinic Site was owned by.

(Note: The meeting, having commenced at 7.30 pm, closed at 9.02 pm).

(Signed) COUNCILLOR JERRY MILES
Chairman