

HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE MINUTES

24 OCTOBER 2011

Chairman: * Mrs Vina Mithani (Vice-Chair in the Chair)

Councillors: * Jerry Miles * Ben Wealthy (1)
* Sachin Shah * Simon Williams

In attendance: * Margaret Davine
(Councillors)

* Denotes Member present

(1) Denotes category of Reserve Member

61. Attendance by Reserve Members

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

Ordinary Member

Reserve Member

Councillor Ann Gate

Councillor Ben Wealthy

62. Declarations of Interest

Agenda Item: 8. Organisational Futures – Potential Merger of Ealing Hospital NHS Trust and North West London Hospital Trust – Update; 9. Pinner Village Surgery – Challenge Panel Update; 10. Update Report: Implementing the White Paper for Public Health: ‘Healthy Lives, Healthy People’ in Harrow; 11. Update on Health Reforms and Progress in Harrow

Councillor Mrs Vina Mithani declared a personal interest in that she was employed by the Health Protection Agency. She would remain in the room whilst these matters were considered and voted upon.

Councillor Simon Williams declared personal interests in that his wife was a Community Psychiatric Nurse for North West London Mental Health Trust and that his company had provided media and management services advice to GPs on behalf of The Guardian. He would remain in the room whilst these matters were considered and voted upon.

63. Minutes

RESOLVED: That the minutes of the meeting held on 14 September 2011 be taken as read and signed as a correct record.

64. Public Questions, Petitions and Deputations

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

65. References from Council and Other Committees/Panels

RESOLVED: To note that there were no references.

RESOLVED ITEMS

66. Organisational Futures - Potential Merger of Ealing Hospital NHS Trust and North West London Hospitals Trust - Update

Mr David Astley, Interim Acting Chief Executive of North West London Hospitals NHS Trust, introduced a report which provided an update on the potential merger of Ealing Hospital NHS Trust and North West London Hospitals Trust. He advised that the timeline for the Outline Business Case (OBC) had been extended, with completion being expected by the end of October 2011. The OBC for the potential merger would be presented to the North West London Hospital NHS Trust Board on 2 November 2011, and Ealing Hospital NHS Trust Board meeting on 4 November 2011.

Mr Simon Crawford of Ealing Hospital NHS Trust, added that the OBC had been devised with input from GPs. It took account of what the vision of the new organisation would be, such as commissioning better care for the community. He stated that, if approved by both Trust Boards, the OBC would then be subject to the approval of the NHS London's Capital Investment Committee on 17 November 2011. Consultation on the OBC had been conducted with Local Involvement Networks (LINKs), as there was no statutory obligation to consult with the public or other external groups on an organisational merger.

A Member sought clarification on consultation methods, questioning when patients would be entitled to greater information regarding the OBC. Mr Crawford responded that the OBC took account of a range of issues, such as

integrated care, greater outreach work and ways of strengthening care in general. It also looked at more acute measures, such as developing areas of excellence and utilising appropriate expertise on a rota basis. He emphasised that the OBC was subject to the approval of both Trust Boards. Mr Astley added that the potential merger would realise a saving by replacing two Trust Boards with one, creating an opportunity to unify management, streamline work processes and simplify management structures.

In response to comments made, an adviser to the Sub-Committee confirmed that considerable public and clinical consultation had been conducted with LINK, who hosted a public event in June 2011. Further public events were planned for early 2012 following the publication of the OBC and to discuss the development of the Full Business Case (FBC).

In relation to the extension of the timetable, a Member queried which aspects of the OBC needed to be articulated more clearly. Mr Crawford stated that following participation events during 2011, comments had been taken on board and improvements had been realised by being more responsive and by listening to GPs and Commissioners. In addition, case studies now illustrated examples of the care patients now received and how this could be improved.

In response to a question from a Member regarding Foundation Trust status, Mr Astley advised that although prospects on achieving such status were good, a considerable amount of work was required on developing plans and conducting consultation exercises. Following such work, it was hoped that Foundation Trust status would be achieved within the next four years.

A Member stated that concerns had been raised by residents regarding access issues surrounding the potential merger. Mr Astley advised that work improving accessibility was ongoing. He added that patients could seek treatment from Community Teams and GP's who could facilitate care away from hospitals. This would allow patients to seek specialist care at Ealing, Northwick Park and Central Middlesex Hospitals.

RESOLVED: That the report be noted.

67. Pinner Village Surgery - Challenge Panel Update

Javina Seghal, NHS Brent and Harrow, introduced a report which provided Members with an update on the closure of Village Surgery. She reported that since the closure in March 2010, the Pinn Medical Centre had coped well with the influx of registering patients. In the early stages following the closure, the Pinn Medical Centre's Quality and Outcomes Framework (QOF) achievement dipped as a result of a delay in inputting data onto the QOF system. However, since then the practice had improved as was evidenced in a survey illustrating an increase of 10% in patient satisfaction. It would be clarified on what figure the increased percentage had been achieved.

Following the closure, there were two redundancies made. One member of staff had since received a separate offer of employment, with the other choosing to take a break from employment, although it was understood that separate offers of employment had also been received.

Six letters had been sent out between April 2010 and March 2011 in relation to registering with a medical practice. The final letter specified that the recipient would no longer have a GP if they did not register with the Pinn Medical Centre or one of the twenty-seven practices within a two mile radius of the Village Surgery. In total, 1,222 patients were removed, of which 1001 were over 16 years of age. As at 1 April 2011, there were approximately 18,500 patients registered at the Pinn Medical Centre, an increase of approximately 5,000 on the previous year.

In relation to a question by a Member regarding the six registration letters, Dr Amol Kelshiker, Chair of the Harrow Clinical Commissioning Board and Senior Partner at the Pinn Medical Centre, advised that initially, it was agreed that patients would be allocated to a particular doctor or team of doctors. The letters did, however, state that the patients had the ability to choose a specific doctor to administer their treatment at the Pinn Medical Centre.

A Member questioned the reasons behind 1,222 patients being removed. Javina Seghal confirmed that reasons included patients being entered twice on the list, living outside the boundary and moving address. Mr Rob Larkman, Chief Executive of NHS Brent and Harrow, stated that he was confident that every opportunity had been provided for residents local to Village Surgery to become registered with a GP.

A Member expressed concern that the report provided inadequately addressed issues raised at the Challenge Panel. Mrs Seghal replied that the report responded to all points highlighted by the Challenge Panel and that her opening verbal summary included additional information which was requested by the Chairman of the Sub-Committee. Mr Larkman added that he was not in post at the time the Challenge Panel took place, but would be happy to ensure that extra information requested by Members be provided at future meetings. Members agreed that receiving regular updates on the points raised at the Challenge Panel would help them keep informed of progress.

RESOLVED: That

- (1) the report be noted;
- (2) a six-monthly report be presented to future Sub-Committee meetings on the progress with issues raised by the Challenge Panel.

68. Update report: Implementing the White Paper for Public Health: 'Healthy Lives, Healthy People' in Harrow

Dr Andrew Howe, Director of Public Health, introduced a report which provided Members with an update on the implementation of the White Paper for Public Health.

Key national guidance was due to be published within the next three months which would help to provide a better understanding on the proposals by December 2011. Official charts to enable benchmarking exercises for current public health budgets at NHS Harrow, were also anticipated by December

2011. It was understood that current budgets were calculated using historic data which spanned the last thirty years. Funding for specific conditions, such as bowel screening was awarded based on the performance of the previous year.

Meetings with the West London Alliance were being held to seek potential ways of increasing joint, cross London working. The NHS were struggling with the transitioning of people to the thirty-one London boroughs, with the publication of National policy later this year assisting in providing managers and staff clearer advice.

A Member questioned whether there would be an appetite to establish a 'Public Health Impact' section for clearance on Council reports. This measure would be similar in nature to existing statutory clearances such as equalities implications. Dr Howe advised that such a proposal would be welcomed, with discussions already taking place with the Corporate Director of Adults and Housing, Harrow Council, to ascertain the feasibility of implementing such a procedure.

A Member sought clarification on how the implementation of the White Paper would be prioritised. Dr Howe stated that by establishing Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies, the sharing of intelligence would assist in highlighting areas of greatest need.

RESOLVED: That the report be noted.

69. Update on Health Reforms and Progress in Harrow

The Corporate Director of Adults and Housing presented a report which provided an update on changes and impending legislation in relation to health, social care and public health.

Subject to parliamentary approval, Health and Wellbeing Boards (HWBB) would become a statutory committee of the authority by April 2013. Work would be conducted during this period to formulate a transition plan, as it was envisaged that HWBB would be the focal point for joint working at a local level. A Shadow Health and Wellbeing Board was set up in September 2011 as a body to assist development over the next six months.

Personalisation has been highlighted as a key proposal of the Health and Social Care Bill. The feasibility of establishing personalised health budgets was being explored, particularly in relation to long term illnesses. There was a strong emphasis on empowering GPs to drive the personalisation agenda. Mr Larkman supported the comments made, adding that all opportunities were being sought for GPs to lead on the concept. He reiterated that Primary Care Trusts would be abolished on 1 April 2013. It was clear that a robust Commissioning Group would need to be established to make commissioning decisions, supported by commissioning support organisations.

An adviser to the Sub-Committee advised that HealthWatch would take over LINKs from October 2012. HealthWatch England would be part of the Care

Quality Commission, enabling information and issues to be shared at a national level.

A Member questioned the composition of Membership for the Health and Wellbeing Board. The Corporate Director of Adults and Housing advised that the Shadow Board was striving to mirror the guidelines set out in the guidance.

A Member sought clarification on what options Councillors would have in terms of the remit for HealthWatch. The Corporate Director of Adults and Housing reiterated that Bill was not yet law, adding that it was however anticipated that there could be choices on sign-posting and advocacy for employment.

In response to a question by a Member, an Adviser to the Sub-Committee advised that Healthwatch would have funds to employ staff, adding that a public election of a Chairperson would seem the most appropriate way to appoint a Chair.

RESOLVED: That the report be noted.

(Note: The meeting, having commenced at 7.30 pm, closed at 9.10 pm).

(Signed) MRS VINA MITHANI (Vice-Chair in the Chair)
Chairman