

HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE (SPECIAL) MINUTES

7 FEBRUARY 2012

Chairman: * Councillor Ann Gate

Councillors: * Jerry Miles * Sachin Shah
* Mrs Vina Mithani * Simon Williams

* Denotes Member present

78. Attendance by Reserve Members

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

79. Declarations of Interest

Agenda Item 4 - NHS North West London, Commissioning Strategy Plan 2012-15; Agenda Item 5 - NHS Harrow Budget Position and Savings Plan with Reference to the Implications on NWLH; Agenda Item 6 - NWLH Budget Position and Savings Plan with Reference to the Implications on NHS Harrow; Agenda Item 7 - Temporary closure of Central Middlesex Hospital A&E; Agenda Item 8 - Safeguarding Children

Councillor Ann Gate declared a personal interest on the above items in that she was employed by the Pinn Medical Centre. She would remain in the room whilst these matters were considered and voted upon.

Councillor Mrs Vina Mithani declared a personal interest in the above items 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 Sachin Shah declared a personal interest in the above items in that he was employed by Parkinson's UK. He would remain in the room whilst these matters were considered and voted upon.

Councillor Simon Williams declared a personal interest in the above items in that his wife was a Community Psychiatric Nurse for North West London Mental Health Trust. He would remain in the room whilst these matters were considered and voted upon.

80. Deputations

RESOLVED: To note that no deputations were received at this meeting.

RESOLVED ITEMS

81. NHS North West London, Commissioning Strategy Plan 2012-15

Mr Elkeles, Director of Strategy for North West London Cluster, provided Members with a presentation, 'Shaping a Healthier Future'. He advised that the programme pledged to provide the support needed for two million people in North West London to look after themselves, grant easy access to primary care clinicians and promote well co-ordinated access to specialists and up-to-date hospital facilities.

The timeline for the programme would allow for a minimum of 12 weeks public consultation, with a preferred option being anticipated to be available by April 2012. Two engagement events were being held on 15 February and 23 March 2012 to discuss the programme and grant the opportunity for local patient representatives and clinicians the opportunity to influence the development of the proposals.

It is anticipated that a Joint Health Overview and Scrutiny Committee (JHOSC) would be established to provide external scrutiny and enable the eight different boroughs within North West London the opportunity to shape the proposals of the programme.

In response to a question by a Member regarding the size of the hospitals in North West London and accessibility to A & E, Mr Elkeles advised that more money was spent on hospitals than any other part of the service which needed to be redressed. Spending more on hospitals resulted in less available money for front line care. The programme aims to tackle this by creating better primary and community services, by developing a robust out of hospital model of care through joined up working with GPs, the community and Social Services whilst reducing the number of hospitals.

In response to a question by a Member regarding the size of the hospitals in North West London, Mr Elkeles advised that more money was spent on hospitals than any other part of the service which needed to be redressed. Spending more on hospitals resulted in less available money for front line care. The Programme aimed to tackle this by creating better primary and Community services, through the development of a robust out of hospital model through joint-up working with General Practitioners (GP), the community and Social Services whilst reducing the number of hospitals.

As Public Health is due to become the responsibility of local authorities subject to the passing of the Health and Social Care Bill, a Member questioned how the authority could play a greater role in the delivery of the healthcare proposals. Dr Kelshiker advised that newly formed relationships as part of Health and Wellbeing Boards could provide a means of considering community care packages as a whole, and encourage closer working between the authority and healthcare professionals. Professor Shaw, Medical Director of North West London Hospitals NHS Trust, reiterated that as finances were diverted to areas of greatest need, closer working with the authority will become more important. Identifying problems earlier by anticipating care needs was paramount. Ms Sehgal, Borough Director of NHS Harrow, added that by co-ordinating care and identifying delays jointly, better outcomes for patients would be realised.

A Member queried the communication plan for the programme. Mr Elkeles advised that lots had been invested in the communication strategy, with a clear and transparent patient facing document being developed. In response to a question by a Member regarding public assurance, Mr Elkeles stated that all existing contacts, such as GP's and those based within hospitals, were being fully utilised. The Programme was supported by GPs and hospitals who agreed that the proposals would serve to benefit patients within North West London, a message which would be echoed throughout the consultation phase.

A member queried the timeline for the consultation on the proposals which was planned for June to September 2012, which would also coincide with the golden jubilee, the Olympics and members time off. Mr Elkeles explained that should a JHOSC be formed, a longer consultation period could be negotiated.

An Officer briefed Members on the views expressed by some of the other seven authorities that are being consulted on 'Shaping a Healthier Future' by NHS North West London. The officer requested the Sub-Committee's views on entering into a JHOSC to address the plans for 'shaping a Healthier Future'. The Sub-Committee agreed in principle that should a JHOSC be formed, Harrow would be part of it.

REOLVED: That the presentation be noted.

82. NHS Harrow Budget Position and Savings Plan with Reference to the Implications on NWLH

Ms Sehgal, Borough Director of NHS Harrow, presented a report which provided the NHS Harrow Budget position. Considerable improvement had been made in the achievement of capital resource limit, the under spend against resource limit and the achievement of cash limit.

The forecast outturn position in year was breakeven. This was made up of forecast overspends of £0.7 million on primary care, £0.3 million on prescribing and £0.8 million on acute commissioning. These overspends were offset by forecast under spends of £0.3 million on joint working, £1.1 million on community services and £0.4 million contingency.

The Quality Innovation Productivity and Prevention (QIPP) Programme included schemes designed to provide an expansion of rapid response and

home care, enhanced recovery and shorter stays in hospital, for example. The QIPP for 2012/13 had been risk assessed and approved by the cluster.

A Member requested scenarios of how money would be saved by less people attending hospital. Ms Sehgal advised that if a patient was displaying signs dementia for example, the case would be referred to a GP and then to hospital. By providing greater care in the community, tests could be conducted and the necessary care could be provided without the need for hospital admission, which would cost approximately £1,800 for two weeks care.

In response to a request by a Member for more in-depth analysis on the budget, Ms Sehgal advised that further information was available and would be sent to Members at their request.

Dr Kelshiker reiterated that proposals for greater community based care would not have the support of GP's, clinical specialists and the Clinical Commissioning Board (CCB) if they were designed solely to save money.

RESOLVED: That the report be noted.

83. NWLH Budget Position and Savings Plan with Reference to the Implications on NHS Harrow

Mr Kishamer Sidhu, Director of Finance for North West London Hospitals (NWLH), provided Members with the NWLH budget position and savings plan. He advised that the planned deficit of £9.7 million for 2011/12 had been approved by the Strategic Health Authority. The current model at the Central Middlesex Hospital was unsustainable, as greater activity was needed through the site.

Recruitment of staff on the middle grade had proven difficult, with the effect of the shortage being felt nationally. The recruitment and retention at a number of grades had also impacted on finances, with costs being offset by funding from Central Government.

In response to a question by a Member in relation to the increase in cash balances, Mr Sidhu advised that a transfer from capital to cash balances had been requested to reflect that capital had not been used.

RESOLVED: That the report be noted.

84. Temporary Closure of Central Middlesex Hospital A&E

Professor Shaw, Medical Director of North West London Hospitals NHS Trust, advised Members that the temporary closure of the Central Middlesex Hospital A&E department followed the establishment of the GP led Urgent Care Centre at the hospital. The Urgent Care Centre absorbed approximately 70% of the workload for the A&E department.

The A&E department was run exclusively on agency staff at a rate of approximately two patients per hour. Middle grade staff had been increasingly difficult to recruit and retain, with the situation reaching a climax

when a clinician did not arrive for work which resulted in a single doctor covering the department for 24 hours.

An action plan was being developed, with regular meetings with the sector being held. Advertisements for five new Consultants and a Clinical Director were due to be published in February 2012. In addition, a recruitment drive in partnership with Imperial College had been initiated to tackle recruitment issues with middle grade staff.

RESOLVED: That the report be noted.

85. Safeguarding Children

An Officer advised the Sub-Committee that concerns had been raised in relation to the Safeguarding of Children. It was intended to hold a scrutiny review. Issues were being investigated. Information on the matter would be circulated to Members once the scope has been signed off by the Overview and Scrutiny Committee.

RESOLVED: That the verbal report be noted.

(Note: The meeting, having commenced at 7.30 pm, closed at 9.45 pm).

(Signed) COUNCILLOR ANN GATE
Chairman