



## HARROW PARTNERSHIP BOARD

### Minutes of the meeting held on Thursday 28 June 2012

#### (1) Present:

##### Harrow Strategic Partnership Board Members:

Councillor Bill Stephenson (Chairman)	Leader of the Council, Portfolio Holder for Business Transformation and Communications	Harrow Council
Councillor Margaret Davine	Adult Social Care, Health and Wellbeing Portfolio Holder	Harrow Council
Councillor Susan Hall	Leader of the Conservative Group	Harrow Council
Sue Moran	Representative	Job Centre Plus
Jacqui Mace	Representative	Further Education Sector
Howard Bluston	Representative	Business Community
Chief Superintendent Dal Babu	Borough Commander, Harrow Police	Harrow Police
Borough Commander Andrew Cane	Borough Commander, Harrow Fire Authority	London Fire and Emergency Planning Authority
Avani Modasia	Representative	Voluntary and Community Sector
Rob Larkman	Representative	NHS Harrow
Dr Genevieve Small	Representative	Clinical Commissioning Group

#### (2) The following Harrow Council Officers attended:

Alex Dewsnap	Divisional Director, Partnership, Development and Performance	Harrow Council
Mike Howes	Service Manager, Policy and Partnership Service	Harrow Council
Trina Thompson	Senior Policy Officer, Policy and Partnership Service	Harrow Council
Tom Whiting	Assistant Chief Executive	Harrow Council

#### Apologies were received from:

Julie Browne (Representative) (Voluntary and Community Sector) (Vice-Chairman), Carmel Miedziolka (Representative) (Voluntary and Community Sector), Michael Lockwood (Chief Executive, Harrow Council) (Chair of Harrow Chief Executives) and David Cheesman (Representative) (North West London Hospital NHS Trust)

## **ACTION**

### **92. Attendance by Substitute Members:**

**AGREED:** To note

- (1) that there were no Substitute Members present at this meeting;
- (2) the apologies received.

All to note.

### **93. Declarations of Interest:**

Agenda Item 4 – Royal National Orthopaedic Hospital, Stanmore – Briefing to Harrow Strategic Partnership on the Proposed Redevelopment of the Site

Howard Bluston declared a personal interest in that he was a Member of the original Planning Committee which had provided outline planning permission for development on the Royal National Orthopaedic Hospital. He would remain in the room whilst the matter was considered and voted upon.

All to note.

### **94. Minutes:**

**AGREED:** That the minutes of the meeting held on 29 March 2012 be taken as read and signed as a correct record subject to at page 8, in the second paragraph, the word 'starting' be replaced by 'strategic'.

Following the agreement of the minutes, the Chair advised that the Council had received some further information regarding the funding provided from Central Government to the Council to perform its public health functions. A Member of the Board commented that Harrow had received the 5<sup>th</sup> lowest level of funding within London which was disappointing. The Council would be appealing this decision.

All to note.

### **95. Royal National Orthopaedic Hospital, Stanmore - Briefing to Harrow Strategic Partnership on the Proposed Redevelopment of the Site:**

The Chairman welcomed representatives from the Royal National Orthopaedic Hospital (RNOH) to the meeting. The representatives explained that they had attended the meeting to provide a briefing on the proposed redevelopment of the RNOH site.

The representatives made the following points:

- the hospital was one of the top 3 orthopaedic hospitals in the world and had staff who performed at an excellent level to produce excellent outcomes for its service users. However 60% of the building was more than 60 years old and redevelopment was required in order for the hospital to develop and maintain its reputation;
- the master plan for the redevelopment of the site was currently in

the process of being refreshed. A difficult national economic climate had been experienced and it had been important to ensure an enabling strategy was in place together with reliable financing sources;

- the redevelopment had received full Government approval and part of the funding for the redevelopment would include the sale of land;
- the programme for the development of the Master Plan involved consultation events which had been attended by local residents and local organisations. A further consultation event was scheduled during July 2012. Regular workshops had also been conducted and the hospital was working closely with the Council, the Greater London Authority and Transport for London;
- ecological surveys had taken place on the site and any redevelopment would be respectful of the local ecology;
- there were currently issues relating to highways and car parking. It was envisaged that the redevelopment would fully address these issues. An inner ring road would be developed for the various zones;
- as the redevelopment would take place within a green belt area, a visual impact study had taken place to assess issues of height, mass and trees in addition to a study of the ecology. Additionally an Energy Concept Plan had been developed for the Central Zone;
- the development would be separated into three different zones, an Eastern, Central and Western Zone;
- the redevelopment would take place on a reduced area of land to make the development more compact with an ability to grow in the future;
- the Western Zone of the redevelopment would be used for establishing private residential accommodation. The Eastern Zone would be utilised for staff accommodation and the Central Zone used for the hospital. The zone to the north of the redevelopment would not be built upon but would simply be used as an access to the green belt area.

During the discussion on this item, Members of the Board raised a number of issues which the representatives responded to as follows:

- consultation would be held with the Stanmore Society on the proposed redevelopment;
- views received on the proposals so far had included support for the hospital and pleased with the direction of travel;
- a consultation event would be held with local councillors in July 2012. An open day would also be held on 18 July 2012 within the

teaching centre in the hospital between 9.00 am to 9.00 pm;

- the proposals were at a more advanced stage than ever before. Despite the current national economic difficulties, there was full funding backing for the redevelopment. In addition, agreement had been reached with NHS London to continue to seek Foundation Trust status;
- there was a greater move towards the hospital becoming a tertiary centre. The hospital would focus on dealing with rare and complex illnesses which could not be performed in a local setting;
- no other options were being considered in relation to the proposed redevelopment and all plans and agreements had reached advanced stages.

The Chairman concluded the debate by thanking the representatives for their presentation and commented that the borough was privileged to have such a facility and the hospital was recognised as an international centre of excellence.

**AGREED:** That the report and presentation be noted.

All to note.

**96. Out of Hospital Strategy:**

The Board received a report which detailed an out of hospital strategy within the borough. The Chief Executive of NHS Harrow reported that there was a programme of works across North West London on services within and outside of hospitals and further consultation would also be held on reshaping the portfolio of services provided. The report provided to the Board focused on a local element of an out of hospital strategy.

A representative from the Clinical Commissioning Group addressed the Board and reported the following points:

- due to the current national financial difficulties, it was a difficult challenge to keep within budget. In addition to this neighbouring boroughs had received a greater amount of funding allocation from Central Government;
- there were several drivers for the strategy. These included that new standards in hospital care involving 24 hours a day access to Accident and Emergency, Acute Paediatrics and Consultants. Outcomes for patients would be even better;
- it was recognised that there were not enough doctors and nurses to provide and manage care;
- medicinal improvements had been made, allowing for better treatments for illnesses;
- there had been major development in diagnostic tools;
- outcomes in conditions improved when key services were

centralised;

- if matters continued as at present, this would lead to increased costs. Additionally sending people to hospital who did not require a hospital care led to worse outcomes for that client;
- the vision for Harrow was to improve Primary and Community Care in its locality providing the right care at the right time;
- the vision would be achieved by improving patient care in 5 areas. This included:
  - Providing easy access to high quality, responsive primary care;
  - Having clearly understood planned care pathways;
  - Having a rapid response to urgent needs;
  - Providers to work closer together;
  - Appropriate time in hospital when admitted, with early supported discharge into well organised community care.
- up to 50% of patients who had a mental illness also had a disability. More integrated work was required to ensure that patients' needs were addressed in this scenario;
- the Integrated Care Pilot (ICP) had been launched approximately 2 weeks before the date of this meeting;
- the STARRS project would bring about vast improvements in social care. This project would involve investing in resources within the community. The project would ensure that a range of expertise was available to support patients and more services could be offered;
- there was a lack of a medical centre in the east of the borough which had to be rectified;
- there was a 3 year plan to offer more care in the right places for patients and rely less on hospitals.

During the discussion on this item, Members of the Board raised a number of issues which the representative responded to as follows:

- a stakeholder meeting on these proposals would involve the voluntary sector and it was recognised that this was a key sector to work with in relation to the proposals;
- it was recognised that there would be short term costs involved but it was anticipated that there would be benefits for patient outcomes and long term savings. It was important for the financial implications to be considered jointly. However the principle was clear; if there was intervention in the timing and the delivery of care, the financial impacts would only be positive;
- the Integrated Care Pilot involved General Practitioners challenging

each other regarding care provision according to a National Standards Quality Outcome Framework. Each practice had an annual visit and appraisal system. The ICP also had a case management plan, which involved a care plan for each patient.

During the discussion on this item, Members of the Board made a number of comments which included the following:

- there were concerns that further expenses arising out of the strategy would have to be picked up by the Council. This aspect of the project would need to be closely monitored by the Health and Wellbeing Board;
- the Integrated Care Pilot allowed bodies to come together in a multi disciplinary way and would offer enormous benefits.

The Chairman requested that further update reports be presented to the Board at future meetings.

**AGREED:** That the report be noted.

All to note.

**97. New Policing Model:**

The Borough Commander explained to the Board that the new policing model was still being determined and a further update was currently awaited. However in broad terms it was anticipated that the 5 sergeants lost under the previous Safer Neighbourhood Teams arrangements would be replaced and there would be additional resources for Safer Neighbourhood Teams. These were positive steps for the Police.

An update would be provided to the Board once further details were available.

**AGREED:** That the verbal update be noted.

All to note.

**98. Putting Families First - Harrow's approach to the Government's Troubled Families Initiative:**

The Chairman requested that this item be deferred to the next meeting due to time constraints. Any Member of the Board who had any questions to raise in the interim could contact the officers directly.

**AGREED:** That the report be deferred until the next ordinary meeting of the Board.

All to note.

**99. HCE Update:**

The Board received a report providing an update from the Harrow Chief Executives. The Service Manager for Policy and Partnerships explained that at its last meeting the HCE had looked at and considered the Putting Families First and Out of Hospital Strategy report. The HCE had also received updates regarding the Integrated Care and Telehealth projects. Whilst the Telehealth project had not had the best of starts, the HCE had been assured that the plans would come to fruition as developments were taking place at the right time within the health service.

The HCE had also agreed that further awareness was required of funding relating to the project to assist people getting back into work.

**AGREED:** That the verbal update be noted.

All to note.

**100. Date of Next Meeting:**

**AGREED:** To note that the date of the next meeting of the Board would be held on Monday 24 September 2012.

All to note.

[Note: The Meeting, having commenced at 6.00 pm, closed at 7.19 pm]