

# HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE MINUTES

## 16 DECEMBER 2013

**Chairman:** \* Councillor Mrs Vina Mithani

**Councillors:** Mano Dharmarajah \* Victoria Silver  
\* Lynda Seymour \* Ben Wealthy

**Advisers:** Rhona Denness - Harrow Healthwatch

\* Denotes Member present

### 174. Attendance by Reserve Members

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

### 175. Declarations of Interest

**RESOLVED:** To note that the following interests were declared:

#### All Agenda Items

Councillor Mrs Vina Mithani declared a non-pecuniary interest in that she was employed by Public Health England. She would remain in the room whilst all matters were considered.

#### Agenda Item 9 – Harrow and Barnet on the Move – The Annual Report of the Director of Public Health

Councillor Lynda Seymour declared a non-pecuniary interest in that she had formerly been an employee of the London Borough of Barnet. She would remain in the room whilst the matter was considered.

## RESOLVED ITEMS

### 176. Public Questions

**RESOLVED:** That

- (1) Committee Procedure Rule 17 be suspended in order to accept a public question after the deadline, and in doing so;
- (2) to accept the public question submitted by Joan Penrose for which a written response will be provided.

Joan Penrose then read out the following question:

“Mental Health Commissioners and social care providers in Harrow, including psychiatrists, seem oblivious to the crucial importance of attention to individual patients’ support needs at certain times in their lives. Services from elsewhere in the UK, such as ‘Confidence for Life’, embody these principles. How is your committee going to encourage a much needed revolution in Harrow’s current, old-fashioned, largely medication-only mental health service?”

### 177. Minutes

**RESOLVED:** That the minutes of the meeting held on 7 October 2013 be taken as read and signed as a correct record, subject to the following amendment:

Minute 170; paragraph 2; line 2 – after “... residents in Harrow”, insert: “or outcomes for service users”

### 178. Petitions

**RESOLVED:** To note that no petitions had been received.

### 179. References from Council and Other Committees/Panels

**RESOLVED:** To note that none was received.

### 180. Update on the merger of Ealing Hospital NHS Trust (EHT) and The North West London Hospitals NHS Trust (NWLH)

The Sub-Committee received the report of the Senior Responsible Officer, North West London Hospitals NHS Trust, which provided an update on the merger of the Ealing Hospital NHS Trust (EHT) and the North West London Hospitals NHS Trust (NWLH).

A revised business case, approved by both boards, had been submitted to the Trust Development Agency (TDA) for initial approval in January 2014, prior to full approval for a full business case in May 2014.

The Senior Responsible Officer outlined the new timelines, the necessary due diligence processes, progress on clinical integration, and communication and engagement with stakeholders. The revised document also set out the implications should a merger not take place, and in his view showed clearly that clinical and financial sustainability would not be viable for either trust in this event.

Members considered the following:

- the breadth and nature of engagement with stakeholders and communities;
- the scope for service change within the merger plans;
- alignment with the 'Shaping a Healthy Future' programme;
- assumptions about income generated from commissioning bodies;
- whether there was a role for Members to influence decisions.

In response to queries from Members, the Senior Responsible Officer explained that work to combine different practices and cultures across both Trusts would be supported by integrated IT systems, and given that the merger had been worked on for over 2 years, processes were already in place to facilitate this. He confirmed that work was broadly on schedule, but that no decision could be made about the future of Central Middlesex Hospital until Accident and Emergency provision was in place. As there would be greater strain on services during the winter period, it was intended to re-evaluate in the spring and firm up on timelines then.

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

**181. Payment by Results (Verbal Report)**

**RESOLVED:** That the verbal report be deferred.

**182. Harrow & Barnet on the Move: The Annual Report of the Director of Public Health**

The Sub-Committee received the report of the Director of Public Health (DPH) which recommended actions to be taken to promote physical activity across the population.

Members commended the report as clear, accessible and informative, and discussed the following points:

- co-ordination and leadership across partners and within the Council;
- a strategy and channels for the communication and promotion of physical activity;

- split responsibility for public health and the role of physical activity within this;
- the Olympic legacy and why it had not gained traction in Harrow;
- the reasons for differences between Barnet and Harrow.

The DPH agreed that leadership was vital for success, and reminded the Sub-Committee that the Council would have a new duty on 1 April 2014 to promote health and wellbeing. There was also a role for all big employers in motivating their staff to take more exercise, and in implementing policies to support this. He suggested that bye-laws could be used to strengthen initiatives, for instance preventing fast food outlets operating near schools and further observed that the Healthy Schools initiative could support work with children and young people to be more active.

In response to a query about whether it were possible to compare today's obesity statistics with those of the 1970s, the DPH acknowledged that food and transport choices had been far simpler and fewer, and while it was not possible to return to the conditions that prevailed then, it should be possible to change attitudes, particularly in respect of sugar, portion sizes and unhealthy additives in food.

A Member commented on proposals to build hundreds of new homes, and queried whether it was possible to design homes and estates in a way that encouraged greater activity and exercise. The DPH agreed that there was scope to plan a built environment that encouraged more exercise, such as better planned walkways and more prominent staircases in buildings.

Members discussed effective campaigns to promote healthier lifestyles, and compared the success of publicity for campaigns on HIV and smoking. The DPH concluded that while it was important to include work with the elderly and the disabled, it was necessary to work with families to achieve lasting culture change.

The Chair asked the DPH to provide an update later in the year on progress with the programme.

**RESOLVED:** That

- (1) the report be noted;
- (2) an update report be brought back to the sub-committee at a later date.

**183. Imperial College Healthcare NHS Trust consultation on its foundation trust application**

The Sub-Committee received the report of the Head of Public Affairs, Imperial College Healthcare NHS Trust, which provided information on the Trust's consultation on its proposals to become a foundation trust.

He described the location of the main Trust hospitals and their specialisms, and outlined the improvements that had been achieved since the previous application for Foundation Trust status, including a current surplus of £9m, from a deficit of £10m and a significant turnaround in performance relating to infection control and cancer care standards. A key priority for the Trust would be to improve patient experience, which was currently rated as average, and for which programmes were already in place. He also informed the committee of the intention to develop distinct characteristics for each of the main hospitals, and invited comments on the planned governance and membership arrangements.

He further advised the committee that a target membership of 10,000 by the end of 2014 had been set, with 3000 having been reached at present. The council of governors would comprise 31 members.

Members agreed that the involvement of Healthwatch, both in membership and engagement activities, was crucial in giving a voice to patients and service users. The Head of Public Affairs stated there would be one place for a voluntary organisation representative on the council of governors, which would be open to a member of Healthwatch.

In response to a suggestion that more young people should be involved in discussions about health care and provision, particularly for those with chronic conditions and long term care issues, the Head of Public Affairs stated that there was a minimum age limit for membership, but he agreed that it was a constructive proposal which should be accommodated. In response to a query about the breakdown of membership, he replied that there was no breakdown either geographically or by age although they would look at this in the new year, particularly as the Trust Development Agency would consider the scope of membership when determining the application for Foundation Trust status.

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

(Note: The meeting, having commenced at 7.30 pm, closed at 9.18 pm).

(Signed) COUNCILLOR MRS VINA MITHANI  
Chairman