

Meeting:	Overview and Scrutiny Committee
Date:	1 April 2008
Subject:	Report from the scrutiny policy and performance lead members' quarterly briefings
Key Decision: (Executive-side only)	N/A
Responsible Officer:	Tom Whiting, Divisional Director Strategy and Improvement
Portfolio Holder:	Cllr Paul Osborn, Strategy and Business Support
Exempt:	No
Enclosures:	None

Section 1 – Summary and Recommendations

This report sets out the items that have been considered by the scrutiny policy and performance leads at their quarterly briefings between January and April, and details the recommendations they would like the committee to consider with regard to further action/escalation

Recommendations:

Councillors are recommended to:

- i Consider the report from the Scrutiny policy and performance leads and consider recommendations as included therein.

Section 2 – Report

Background (if needed)

This report records the outcomes of quarterly briefings of scrutiny lead policy and performance councillors and seeks the endorsement of committee of the action proposed. The report is divided into 5 sections and individual reports are included from each policy and performance lead team:

- Adult Health and Social Care
- Children and Young People
- Corporate Effectiveness and Finance
- Safer and Stronger Communities
- Sustainable Development and Enterprise

Current situation

Not appropriate to this report.

Why a change is needed

Not appropriate to this report.

Main options

Not appropriate to this report.

Other options considered

Not appropriate to this report.

Recommendation:

To consider and endorse the reports from the scrutiny policy and performance leads.

Considerations

Resources, costs and risks

Any costs associated with these recommendations will be met from within existing resources. Where specific projects are escalated for more detailed consideration in the scrutiny process, specific implications of these projects will be considered during the scoping process.

Staffing/workforce

There are no staffing or workforce considerations specific to this report. Where specific projects are escalated for more detailed consideration in the scrutiny process, specific staffing implications of these projects will be considered during the scoping process.

Equalities impact

There are no specific equalities implications in this report. Where specific projects are escalated for more detailed consideration in the scrutiny process, specific equalities implications of these projects will be considered during the scoping process.

Community safety (s17 Crime & Disorder Act 1998)

There are no specific equalities implications in this report. Where specific projects are escalated for more detailed consideration in the scrutiny process, specific community safety implications of these projects will be considered during the scoping process.

Legal Implications

Financial Implications

Any costs arising from the recommendations will be contained from existing budgets.

Performance Issues

Current KPI's and Likely impact of decision on KPI's

Scrutiny performance management issues

Recommendations matrix attached as appropriate

Section 3 - Statutory Officer Clearance

Name: Sheela Thakrar	<input checked="" type="checkbox"/>	on behalf of the Chief Financial Officer
Date: 20 March 2008		
Name: Stephen Dorrian	<input checked="" type="checkbox"/>	on behalf of the Monitoring Officer
Date: 14 March 2008		

Section 4 - Contact Details and Background Papers

Contact: Lynne McAdam, Service Manager Scrutiny
020 8420 9387

Background Papers:

If appropriate, does the report include the following considerations?

1.	Consultation	N/A
2.	Corporate Priorities	N/A

APPENDIX ONE

REPORTS FROM THE SCRUTINY POLICY AND PERFORMANCE LEADS QUARTERLY BRIEFINGS FEBRUARY – APRIL 2008

Adult Health and Social Care

- Policy Lead: Councillor Vina Mithani
- Performance Lead: Councillor Rekha Shah

A meeting of both of the leads with Paul Najsarek, Corporate Director Adults and Housing, was held on 1 February. Nahreen Matlib (Senior Professional Scrutiny) also attended.

Inspections update

- As also discussed at Overview and Scrutiny Committee on 28 January, the leads discussed the findings and resulting actions arising from the CSCI review (performance assessment of adult social care in Harrow for 2006/07). Of 150 local authorities, 20 are rated as one star and Harrow is one of these.
- Increasing services for carers is also a key area for improvement in the CSCI assessment and the Service will be developing a Carers Strategy.
- There is also currently an inspection looking at commissioning across services in Adults Services with particular focuses on safeguarding adults and learning disabilities. The outcomes of the inspection will be reported to Cabinet in April/May.
- Harrow Council has been the subject of a judicial review on Fair Access to Care Services, over its decision to provide adult social care for those with critical needs only. The Government has recently announced that it will be reviewing the FACS bandings.

Recommendation: that scrutiny follows up its previous work on carers (as part of the Standing Review of NHS finances) and feeds into the development of the Carers Strategy.

Self-directed care

- There is a direction of travel to support people to take up opportunities afforded by self-directed care e.g. direct payments and telecare. Increasing direct payments and the numbers in receipt of telecare were identified as key areas for improvement in the CSCI assessment.
- Spending of self-directed care packages is left entirely up to users to use as they see most appropriate. There will be a need to build in the safety of vulnerable adults when considering self-directed care packages, to protect against abuse and neglect etc. Adults Services are currently working on this policy and this must encapsulate user choice.
- A Direct Payments Team has just been set up of 5 social workers (moved from other parts of the service).

Recommendation: P&F (in its work programme for 2008/09) is asked to keep a check on the performance indicators relating to self-directed care (including direct payments) and O&S may wish to follow up the evaluation report.

Safeguarding adults

- A transformation programme for Harrow's Adults Services is being developed. This includes a working group on safeguarding adults and the development of a safeguarding adults action plan which is to be drawn up in the new financial year. The Corporate Director would welcome scrutiny holding him and the Portfolio Holder to account regarding their responsibilities around safeguarding adults, challenging how well we are corporately protecting the most vulnerable adults in our care. A suitable timeframe for this would be early Autumn 2008.
- The local authority is the lead on safeguarding but this can only be effective if it embraces a partnership approach involving the NHS and voluntary sector. What are the joint plans to move this forward? Especially in terms of safeguarding, currently too much of the emphasis rests with the local authority and not enough on the NHS.

Recommendation: Scrutiny to consider and offer challenge on the safeguarding adults action plan in Autumn 2008, perhaps through a challenge panel session if the work programme allows.

Partnership work

- Adults Services feature well in the new Local Area Agreement. This involves the need to do much more work with partners including the NHS, voluntary sector, and regulators.
- There remains the challenge of presenting an integrated face of health and social care, which is easier for the public to understand and as they experience a 'seamless service'. However there is the real opportunity for a fresh start as there are a number of new faces in health and social care services across Harrow.
- The council does well in delayed discharges from hospital. Where there is a need for more efforts is in intermediate care i.e. post-discharge.
- There are less budgetary pressures than expected, as the council will not be implementing FACS immediately.

Recommendation: Partnership work and strategic planning would be aided by scrutinising health and social care partners together.

Other activity – scrutiny response to Healthcare for London consultation

Harrow scrutiny's response was submitted to NHS London before the close of the consultation (7 March) and also presented to the pan-London Joint Overview and Scrutiny Committee to be considered as evidence. The response letter is attached to the end of this report (Appendix Two).

Next meeting:

Friday 16 May 2008

Children and Young People

- Policy Lead: Councillor Margaret Davine
- Performance Lead: Councillor Barry Macleod-Cullinane

Leads meetings were held on Monday 18 February (with Heather Smith, Scrutiny Officer) and Monday 25 February (with Paul Clark, Corporate Director). The briefing documents were both provided late to Members and failed to properly address the concerns of the Lead Members.

Children's centres and extended schools

Lead Members were informed that Harrow currently has four of the nine Phase 2 children's centres (Whitefriars, Hillview, Stanmore Park and Gange). Chandos will open in March and the remainder later in 2008; the briefing also indicated that a further 7 phase 3 Children's Centres are planned by 2011.

Members queried the funding arrangements of the Children's Centres. Special attention was paid to the nature of "fees and charges" and whether this would change the clientele at which the Children's Centres were aimed, away from more those income deprived to more affluent families, and whether partner agencies, like the PCT, had indicated that they would be entering into contracts and service level agreements with the authority.

Members also queried how the financing of the Children's Centres could be sustained in the longer term given that the local government settlement and other grant monies are for just 3 years. The Director undertook to find out more and report back to the Leads; this information is awaited.

Members again asked the Director for copies of the Project Initiation Documents, Business Case and other relevant documents relating to the establishment of the Children's Centres. This information is still awaited.

With regard to extended schools, work is currently underway to identify the Harrow 'core offer' across the clusters, both in terms of what is provided by the school and what is provided by the council. Responsibility for extended schools now rests with Children's Services.

It was agreed that there is potential to examine the overall vision for children's provision locally within the Future of Schools review, looking at how *Building Schools for the Future* will connect with extended schools and in turn, with children's centres. A clearer link is envisaged between the children's centres and the school clusters, with the children's centres acting as a starting point for communities accessing wider services. The discussion also touched upon providing other services to the community within the school setting.

Recommendation: to include the role of extended schools and children's centres and their relationship within the Future of Schools review.

ContactPoint

Members received a written briefing from the Director that partially responded to a number of questions raised since the last meeting. Further clarification was sought on the timetable for implementing ContactPoint as well as a

proper breakdown of costs and officer time involved.

Members also queried the value of ContactPoint given that case details would not be included – and that this would likely lead to “mission creep” when the next tragedy happened because ContactPoint in its current form was not effective enough. It was also asked whether it was an attempt to bring in a national ID database by the backdoor since it would bring together many different databases.

Discussions are beginning in London regarding the extent to which London boroughs should work together and the level of information that should be shared routinely.

Recommendations:

- 1) *A further meeting on ContactPoint be arranged with Leads to facilitate a more detailed discussion and reassurances around their concerns around security of data, access to that data, protection from “trawling exercises”, etc.*
- 2) *An additional meeting be arranged with the Director to discuss future exchange of information with the Lead Members.*

Other activity – visit to Northwick Park Hospital

Councillors Margaret Davine and Vina Mithani (Policy lead for health and social care) visited Northwick Park Hospital on 19 February. The visit was designed to help to inform preparations for the ‘annual health checks’ and also consideration of the impact of the *Healthcare for London: A Framework for Action* proposals for the borough. It focused on maternity services and paediatric provision within Accident and Emergency. Notes from the visit are attached to this report as Appendix Three.

Recommendation: that findings be taken into consideration when responding to the ‘annual health checks’.

Future meetings:

4 April 2008 – ContactPoint briefing

26 May 2008 – with Corporate Director, Children’s Services (quarterly meeting)

Corporate Effectiveness and Finance

Policy Lead: Councillor Stanley Sheinwald

Performance Lead: Councillor Mark Versallion

The Leads' meeting was held on Monday 3rd March with Jon Turner, Director Human Resources and Development and Mike Howes, Service Manager, Policy and Partnerships. Lynne McAdam, Service Manager Scrutiny also attended.

Culture Change

The Lead Members received a briefing from the Director of Human Resources and Development which outlined progress across the organisation towards the development of Strategic Workforce Development Plans. Most corporate directorates appear to be on target for the production of plans with Community and Environment aiming to have a plan in place by the end of the year.

The Director outlined the plans in place to support changing the culture of the organisation:

- Leadership Centre for Local Government is working with the executive and senior management team to improve future working relationships
- Roffey Park is undertaking a pilot with councillors to identify training and development needs and this will be delivered and supported by the Member Development Programme
- Management Development Programme – a core programme (change management, leadership and decision-making) is expected to go live in June. Some skills development is already being delivered– project management training, with others e.g. absence management in development
- The development programme linked to the HARP BTP projects (Housing, Planning & Revenues) will link into the core management development programme

The Lead Members remain concerned at the amount of time that is being taken to implement the management development programme and begin to implement the change programme.. The Director explained the reasons for the delay as generally relating to resources: The Chief Executive's priority had been the delivery of an effective communications strategy for staff and in the absence of a communications team resources from within the L&D team had been focused on this during 2008. The Council had also sought external funding to support the development and this had not been confirmed until late in 2007.

Recommendation: The Lead Members agreed to use the information provided to them by the Director of HR&D to prepare questions for the Portfolio Holder who will be attending the 22nd April meeting of O&S.

When asked re any other additional areas of concern the Director explained difficulties being experienced in relation to sickness absence. The headline figures were that the council was performing poorly in managing sickness absence, despite there being policies and procedures in place to support best practice. The Director explained that the issues regarding the automated

reported of the headline absence figures was expected to be resolved in April. In the interim data was being produced manually. The data reported was based on the returns submitted by managers and was therefore only as accurate as that data.

Recommendation: Lead Members requested absence information on specific areas of the council. They recommend that this item is escalated to Performance and Finance sub committee for more detailed investigation of the issues and in particular why local management do not appear to be applying corporate procedures. This consideration should also include the staff survey – which is being undertaken in March.

Customer Satisfaction

Surveys:

Up until now, there have been two surveys:

- Triennial BVPI Survey (last conducted in November 2006) which asks standard questions across all local authorities about the standard of and satisfaction with a limited number of services; and
- The MORI Quality of Life Survey which Harrow decided it should conduct. This is repeated annually but is not directly comparable with other London Boroughs who do not all do annual surveys, in some cases use different methodology and ask some different questions. The last Quality of Life Survey will be undertaken in April 2008 using exactly the same questions as in 2007.

In the future these will both be replaced by The Place Survey. The Government will determine the bulk of the questions (approximately 2/3rd) and will use this survey to measure some of the perception indicators from the National Indicator Set. This survey has to be conducted at least every two years but it is recommended that Harrow (in company with almost every other London Borough) conducts the survey annually. The Council will be free to add about 1/3rd of the questions and should choose carefully which of the questions from the Quality of Life survey would most usefully be continued.

Recommendation: The Lead Members recommend that the scrutiny leadership group (Lead Policy and Performance members and the vice chairmen of O&S and P&F) should consider which of the current quality of life questions should be retained and incorporated into the place survey

Lead Members also considered the usefulness of online survey methods. The Policy and Partnerships Service Manager suggested that more useful than online surveys would be the development of chatroom/forums for local discussion. He advised that a consultation strategy is being developed to consider how best to engage with local people.

Recommendation: Lead Members recommend that a challenge panel takes place to support the development of the consultation strategy.

Safer and Stronger Communities

This meeting has not yet taken place.

Sustainable Development and Enterprise

Watford/Brighton line

The leads were concerned about the prospect for the withdrawal of the Watford-Brighton Southern service. Originally it had been planned that the entire service had been withdrawn but the Performance Lead advised that he had learned that new proposals were that the service between Watford and Clapham Junction would be retained, but that there would be no onward service to Gatwick/Brighton.

There is no real scope for change here – the withdrawal of service relates to the expansion of train services in London as a result of the Thameslink Programme. Network Rail (and TfL) have made a strategic decision that the delivery of the Thameslink Programme is of greater strategic importance than the retention of the Watford-Brighton service – given that the delivery of Thameslink is one of the key aims of the Mayor's Transport Strategy there seems to be little opportunity for change. The Brighton Main Line Route Utilisation Strategy, published in 2006, recommends the withdrawal of the service based on the pressure for extra capacity and on reported low usage further south than Clapham Junction.

But the retention of services to Clapham Junction was, it was agreed, a positive step.

Recommendation: that no further action be taken on this point.

Byron Leisure Centre

Members discussed the leisure centre development at Byron Park with Tony Morrison, a representative of Harrow Squash Club who had previously contacted scrutiny with his concerns.

Members agreed that two issues relating to the leisure centre development caused particular worry.

The first was the financial arrangements, which were understood to be based on s106 money from the Fairview development at Gayton Road, which the Mayor of London has stated that he is not minded to approve because it does not provide the minimum 50% affordable housing as stipulated in the London Plan. Members felt that this might place the development at Byron in jeopardy.

The second relates to the concerns expressed by users – both directly through scrutiny and indirectly, through stories that have appeared in the local press and as a consequence of the council's consultation activity. There still seems to be some dissatisfaction that the Council, while it is engaging with individual groups, is not taking a view that cuts across the different needs of

all groups and the potential that the current plans might lead to disadvantage for some.

Members felt under the circumstances that the issue deserved further consideration, and wish to recommend to O&S that a challenge panel be held as soon as possible to bring interested parties together to discuss the plans while they are still subject to change. Scrutiny, acting as an independent voice, would be in a position to gauge the relative arguments being made by the different parties and suggesting a way forward for the leisure centre in particular, and for the delivery of large projects by the Council more generally.

A scope for the challenge panel is attached (see Appendix Four).

Recommendation: that O&S agree the scope for a challenge panel to be held on this subject, to be held during April.

Post office closures

Members were advised of the closure programme being put forward for consultation by Post Office Ltd – this is an issue which cuts across the SDE and SSC leads.

As it stands, the programme will lead to five branch closures. The one that causes perhaps the most concern is Harrow on the Hill. Members considered the possibility of carrying out detailed work to respond to the consultation, but given the methodology being used by POL, and the nature of the access criteria (which had been criticised repeatedly on numerous occasions), the possibility of making a response to the consultation which would result in post offices remaining open would be zero, whatever the level of public disapproval.

It was agreed that a response be drafted, and submitted to O&S for agreement, which would reflect dissatisfaction with the methodology being used for the closure programme. This is attached (see Appendix Five).

Recommendation: that O&S agree the attached response to the Network Change Programme consultation.

Cedars Hall

Members considered the Cedars Hall redevelopment and evidence relating to the recent public meeting to discuss the future of the site. Given that Cabinet approval will be sought for a way forward in April, it was decided that there would be little for scrutiny to contribute on this matter at the moment.

Recommendation: that no further action be taken on this point.

Wealdstone High Street reopening

It was suggested that scrutiny might consider looking at the outcomes of the Wealdstone High Street reopening when engineering work on the project had finished, with a view to assessing the impact it was having on the local community and local businesses. In the meantime the leads will continue to monitor the project as it goes forward.

Recommendation: that O&S consider this item for inclusion on the work programme for later in 2008/09, possibly as an agenda item.



Councillor STANLEY SHEINWALD
Chairman, Overview and Scrutiny Committee

NHS London
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Consulting the Capital

21 February 2008

Harrow Overview and Scrutiny Committee's response to the local *Healthcare for London* consultation by Harrow Primary Care Trust

We write in response to the local consultation conducted by Harrow Primary Care Trust (on behalf of NHS London) on *Healthcare for London: A Framework for Action*. We are sharing this response with the Chairman of the pan-London Joint Overview and Scrutiny Committee (JOSC) on *Healthcare for London*. The JOSC Chairman may feel it appropriate to share with scrutiny colleagues on the JOSC our local scrutiny enquiries around *Healthcare for London* and that this be considered as evidence to inform deliberations at a wider pan-London level.

By way of background to our processes, to facilitate our contributions to the JOSC, in Harrow we established a cross-party working group of scrutiny councillors to lead on the *Healthcare for London* scrutiny work. This working group (consisting of Councillors Vina Mithani, Margaret Davine, Barry Macleod-Cullinane, Rekha Shah and Dinesh Solanki) has pulled together this response on behalf of scrutiny in Harrow. We are clear that this response represents a Harrow scrutiny perspective and as such does not preclude any other groups/organisations/individuals from our organisation or the wider health and health and social care economy from submitting their own views. We acknowledge that as a JOSC has been established to consider *Healthcare for London*, NHS bodies are not obliged to respond to our individual Overview and Scrutiny Committee's comments.

Our comments are based on evidence from previous scrutiny work in Harrow, as well as conversations we have had with key players in the local health and social care arena. This culminated in discussions at our recent Overview and Scrutiny Committee on 28 January on the implications of *Healthcare for London* for Harrow which involved Harrow Primary Care Trust, Harrow Council's Corporate Director of Adults and Housing and the Adults Services Portfolio Holder. Our response is contained in the attached paper and is presented with reference to the appropriate sections of the consultation document and our specific areas of focus/evidence.

We recognise that it is not scrutiny's role to carry out the consultation on *Healthcare for London* with stakeholders as the responsibility rests with the local NHS, however we would like to

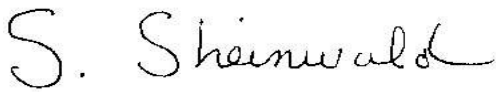


Councillor STANLEY SHEINWALD
Chairman, Overview and Scrutiny Committee

facilitate the consultation and develop local understanding to ensure that our residents are aware of the impact of these proposals on their health and social care services.

We thank our colleagues from across the Council and health organisations for their contributions to our discussions around *Healthcare for London* and sharing their perspectives on the implications for Harrow. We have welcomed the openness of this dialogue and will strive to ensure that this dialogue is an ongoing one. Should you need any elaboration on the evidence used in our comments, please do not hesitate to contact us through the Scrutiny Unit (details as given at the bottom of this letter), and further, more details can be found on our website www.harrow.gov.uk/scrutiny.

Yours faithfully



Councillor Stanley Sheinwald,
Chairman of Harrow Overview & Scrutiny
Committee



Councillor Mitzi Green,
Vice- Chairman of Harrow Overview & Scrutiny
Committee

Cc:

Ruth Carnall - Chief Executive NHS London
Paul Clark – Corporate Director Children’s Services, Harrow Council
Sarah Crowther - Chief Executive, Harrow Primary Care Trust
Michael Lockwood - Chief Executive, Harrow Council
Councillor Chris Mote - Leader of Harrow Council
Councillor Janet Mote – Children’s Services Portfolio Holder, Harrow Council
Paul Najsarek - Corporate Director Adults & Housing, Harrow Council
Councillor Mary O’Connor - Chairman of Joint Overview and Scrutiny Committee to review
Healthcare for London
Councillor Eric Silver - Adults Services Portfolio Holder, Harrow Council

Enc:

Scrutiny is an independent, councillor-led function working with local people to improve services

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Consultation questionnaire section:	'Healthcare for London – Consulting the Capital'
Our focus:	Local consultation process

Our response:

Local consultation activities

Harrow PCT held a public consultation event on Saturday 26 January at Harrow Civic Centre as part of its ongoing consultation activities, which have also involved a wraparound on local newspapers and events at health venues and supermarkets across the borough. As pointed out to us by the PCT, there are limited venues within the borough that can adequately facilitate the space, time and technology needed to support people in watching a video on healthcare and filling in the lengthy consultation questionnaire. The PCT recognises that it is taking time for people to complete the questionnaire but stresses the need to balance considerations around the quality as well as the quantity of the responses.

It is estimated that about 50 people attended this public consultation event with the key message coming from local people that highlighted the importance of joint working across agencies in providing care - patients welcome an improved flow of information and ask that health services better link up with social care and the voluntary sector. We would concur with this view.

Improving consultation processes

Previous scrutiny work around the Alexandra Avenue Health and Social Care Centre consultation by Harrow PCT uncovered some concerns around the consultation process, namely that people may not have been clear about the purpose/content of the proposals (i.e. the closure of two local clinics and moving services to Alexandra Avenue). Furthermore, there were low numbers of respondents to the PCT consultation (150), especially when set against the number of people signing a petition opposing the proposals (300) that was subsequently presented to scrutiny. We are adamant that consultation activities must learn from previous attempts to engage with local residents around their healthcare needs to inform the current local consultation strategy.

It is important that the local NHS is not seen to be merely paying lipservice to this consultation and is doing enough to publicise it. It is imperative that the PCT ensures that it gleans the views of all residents and not just the 'usual suspects', including capturing the views of children and young people, and other hard-to-reach groups. Particular note should also be given to current patient and public involvement forums which are winding down as the Local Involvement Networks are being established, so as to ensure that these views are still being captured during the transitional period.

Harrow Overview and Scrutiny Committee's comments for *Healthcare for London* consultation

Our scrutiny members have questioned whether this local consultation process on *Healthcare for London* represents much effort for very little return, but accepts that it is perhaps too early to judge although the PCT is doing as much as it can to engage with residents. The PCT will need to solidly progress the *Healthcare for London* plans and build on the momentum once it knows the implications locally. Our PCT is comfortable that it can implement the direction of travel laid out in *Healthcare for London* as it is already moving forward with some of this work. Work needs to begin now on gearing up the local health economy for the changes and we feel that there needs to be a sufficient focus on the transitional movements.

In determining how Harrow Council could further help in the PCT's consultation efforts, the Overview and Scrutiny Committee has recommended that the consultation be highlighted on the council's own website.

Consultation questionnaire section:	'Maternity and newborn care'
Our focus:	Maternity at Northwick Park Hospital and Brent Birthing Centre (both part of North West London Hospitals Trust)

Our response:

In providing women more choice about how and where they give birth, the *Healthcare for London* working group for maternity and newborn care proposes a model with fewer obstetric units but with a greater ratio of consultants, more midwifery units (one for each obstetrics unit) and more home births. There is the assumption that many women will choose home delivery or a midwifery unit rather than hospital. Also proposed is more use of one-stop community facilities for the provision of antenatal and postnatal care, almost certainly meaning fewer home visits.

Questioning maternity assumptions

The case of Brent Birthing Centre has questioned the assumption that women want home deliveries or midwifery-led units rather than hospital experiences. This assumption has not been borne out locally as there is not the demand for the model of care as proposed by *Healthcare for London*. Brent Birthing Centre, despite being actively promoted by local healthcare professionals, only delivers 300 births a year with a 16% occupancy rate. Given the size of the Brent/Harrow catchment area, the trust would expect to see 1200-1500 women choosing to deliver their baby at the Brent Birthing Centre. Furthermore, 25% of the women choosing Brent Birthing Centre have to be transferred to Northwick Park Hospital, as they need the care of obstetricians due to complications. In the past when Northwick Park Hospital's maternity unit was placed under special measures following an investigation by the Healthcare Commission, local women still did not opt for births at Brent Birthing Centre, suggesting that perhaps what women want is the assurance of medical back-up.

This situation does not seem peculiar only to Harrow/Brent. As a comparison, it is understood that Barnet Birth Centre delivers about 360-420 births per year. The transfer rate to hospital is around 23% antenatally but much lower during labour (about 12-14%). Barnet Birth Centre takes bookings for about 60-70 women a month, although it targets for around 100, suggesting that the occupancy rate there too could be improved.

Allied with our concerns regarding the demand for some elements of the model of maternity care outlined in *Healthcare for London*, there are also the real pressures of adequate staffing levels given the current low numbers of midwives in London to consider. Will London have sufficient numbers of midwives to staff the maternity models outlined in *Healthcare for London*?

Please note that the North West London Hospitals Trust has recently consulted on its proposals for changes at Brent Birthing Centre and Harrow's scrutiny lead members for children and young people and adult health and social care have responded to this consultation separately.

Consultation questionnaire section:	'Acute care'
Our focus:	Local stroke services

Our response:

Better clinical outcomes

Our health partners recognise the need to do more around acute care especially stroke care and cardiology and that *Healthcare for London* provides the lever for this. There is strong evidence that, given the changes in technology and staffing arrangements (for example the recent workforce directive around hours worked by NHS staff) in the NHS, that concentrating specialist services for example for stroke care, in fewer places where there is enough volume for staff to develop their clinical skills, has better clinical outcomes.

For those suffering from a stroke episode to get the best clinical outcomes, they need to receive a CT scan within 90 minutes and thrombolytic drugs within 3 hours. Specialist care can provide this as well as access to better rehabilitation services. Opening hours to access these levels of care is an issue not only in Harrow but also across London. In North West London, there are very few hospitals that can offer 24 hour care for stroke patients although other hospitals do offer intensive care. It is felt that London underdelivers for stroke patients and this must be addressed.

Infrastructure issues: transport, equipment and staff

There remains much concern about the transport infrastructure required to deliver more centralised services like specialist stroke centres, especially given high levels of congestion in some parts of London including Harrow. Consideration of access times remains an important issue to align with clinical arguments for specialist centres. Further work in this area will be vital in informing local decisions around the location of specialist centres. The traffic and travel analysis part of the work around specialist centres will be vital in informing local decisions. We would urge our NHS colleagues to open dialogue with the London Ambulance Services and Transport for London about access issues and also give consideration to how decisions will be fully explained to the public. The public will need to be reassured that ambulances by-passing local hospitals in order to get patients to specialist centres is in the interest of better clinical outcomes, and perhaps the model of cardiac care can be used to educate public opinion in this respect.

It has been suggested to us that the biggest concern around specialist centres will not be the locations, but rather the staffing models to fit providing a sufficient workforce to man 24-hour care. At a national level, more MRI scanners are needed within the health service, especially when compared to figures abroad e.g. USA. This has implications for purchasing equipment and also training staff to use them. The model of stroke care in Ontario, Canada shows that outcomes are 20% better where care is centralised rather than using local facilities. However we ask whether the levels of technology (and training of staff) both locally and across London can match that of Canada? We are of the mind that *Healthcare for London* appears to underplay the importance of technology in achieving some of its proposed models of care.

Centralising specialist services

We acknowledge that should the *Healthcare for London* vision be adopted by NHS colleagues in London that in the months to come there will be difficult conversations and decisions to be made around services such as stroke care, as local areas will lose services that have been centralised. This makes it all the more necessary to start early messages that local access to better specialist services will deliver better clinical

Harrow Overview and Scrutiny Committee's comments for *Healthcare for London* consultation

outcomes. We have heard from NHS colleagues that Northwick Park Hospital could be considered as an appropriate site to develop into a specialist centre for stroke care and we would ask for continued dialogue on this.

Consultation questionnaire section:	'Where we could provide care'
Our focus:	Polyclinics and the future of the district general hospital

Our response:

Polyclinics

Much of the attention around *Healthcare for London* has fallen on the idea of developing polyclinics in London. Described as at “a level that falls between the current GP practice and the traditional district general hospital”, based on population needs it is suggested that there should be a polyclinic to serve a population of 50,000 people. Therefore it follows that for a borough the size of Harrow this would mean about 4-5 polyclinics.

We have heard the view of Harrow PCT that polyclinics will offer a wider range of high quality services over a number of extended hours and that it is advantageous that there is not one definition or model of polyclinics as this will allow for local polyclinics to tailor themselves to the needs the communities that they serve within the borough. Inevitably there will some overlap with some services of the local hospitals.

We note that *Healthcare for London's* financial modelling and funding calculations for the polyclinic model do not take account of start up capital costs for polyclinics and we have questioned how Harrow PCT is going to pay for its new polyclinics. We would suggest that this would require the use of monies from existing local NHS estate, whilst acknowledging that the assets of partner agencies (e.g. the Council's Neighbourhood Resource Centres and Children's Centres) may well also be considered when determining which locations best meet the needs of residents. Locally, the new Alexandra Avenue Health and Social Care Centre could be developed into a polyclinic as could the front of Northwick Park Hospital, as *Healthcare for London* envisages that all hospitals with A&E departments would be co-located with a polyclinic which alongside its other functions would include an urgent care centre as a “front door”. Therefore polyclinics should not all require rebuilds. We note the advice from health colleagues that there is a need to appreciate the phasing and strategic approach of the 10-year vision provided by *Healthcare for London*. However as yet, without further financial modelling on a local level at least, we remain unconvinced that the development of polyclinics will not require investment in capital buildings to deliver this vision.

Previously Harrow councillors have expressed concerns around the location of the Health and Social Care Centre in Alexandra Avenue, for the reason that travel access to the facilities is poor. Should this be developed into a polyclinic, thought should be given to eradicating access problems through work with Transport for London. The PCT has highlighted to us the importance of phasing in the implementation of the *Healthcare for London* proposals. Assumptions, for example around transport links, staff transfers and equipment needs, must be tested through the phased approach and the learning carried forward to future phases.

The role of GPs

There appears to be a reliance on practice based commissioning as a lever for the visions contained within *Healthcare for London*, requiring GP buy in and innovative commissioning to fund some of the Darzi vision and services at polyclinics. The Government has made it clear that it expects a significant proportion of funding to be channelled through Practice Based Commissioning. It must be a local priority that local GPs are brought on board with the *Healthcare for London* visions and the implications of these for their own practices and

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services. There has been a reluctance from local GPs to provide services at Alexandra Avenue Health and Social Care Centre and we would urge the PCT to understand why this is the case, especially if Alexandra Avenue is to become a polyclinic and serve as a forerunner for such a model locally. Furthermore, we are clear that in locating future polyclinics and GP services that they are in locations accessible to residents. If, as *Healthcare for London* promotes, over time polyclinics are to become the site for most GP care, this suggests that people will have to travel further to see their GP. We question whether all of Harrow's communities are mobile enough to do this. This should not serve to accentuate inequalities e.g. for the elderly, those with mental health problems, those without cars or those with young children – polyclinics must be attractive to service users as well as service providers.

Consultation questionnaire section:	'Turning the vision into reality'
Our focus:	Implications on social care and wider partnership working in Harrow

Our response:

Partnership working

Most of the principles contained in *Healthcare for London* have already been reflected in recent Department of Health and NHS policy including Local Area Agreements and section 31 of Health Act 1999 where partnership working and collaboration between health and local government encourages flexibilities. As the PCT is moving away from a provider role toward that of a commissioner, there is a greater emphasis on joint commissioning with the local authority. We are hopeful that our local bodies are adequately configured for this and that Harrow Council and Harrow PCT can work together to provide a 'single patient pathway'. We welcome the PCT's assurances of continued dialogue with local authority colleagues. We wholeheartedly endorse the view of Harrow PCT's Chief Executive that as this is only the start of the process it is important to get the principles right and that it is highly important that we start to think locally across organisations about how to take *Healthcare for London* forward. This includes in large parts consideration of the impact upon other partners.

We believe that the *Healthcare for London* proposals on integrated care, prevention and tackling inequalities are the least well worked out, partly because their success will lie outside of the sole remit of the NHS and depend upon collaboration with other agencies. It concerns us that *Healthcare for London* makes very little reference to the impact on local authorities, especially social care. This raises questions about the capacity of other practitioners to take on added responsibilities. Shifting expenditure from acute hospital care into prevention is extremely difficult to achieve. This will undoubtedly increase the demand for social care. Transitional arrangements during the shift from treatment to prevention apply as much to social care as to health services.

Modelling impacts

There has been a lack of predictive modelling to gauge the implications on social care, especially in assessing the impact (in service provision, financial and on workforce) of the demands of these changes. The Adults Services Portfolio Holder has impressed the need for health agencies to work with social care partners, especially as much of the financial information on impact on social care is lacking from *Healthcare for London*. The PCT's Chief Executive agrees that there remains much work to be done on the finances and locally there needs to be solutions that suit all. It is noted that *Healthcare for London's* financial modelling forecasts are for the end point in 10 years time and there remains the need to consider the year-on-year impact in between. We have been reassured that Harrow PCT is working on this technical information to ascertain what it will mean for Harrow's annual budgets and that service planning decisions will involve the Council. Throughout this we reinforce the point that the focus should very much remain on the users and what they want, and this should not be secondary to the needs of providers.

One of the key planks of the planned care proposals centres on early discharge from hospital to home – this will require greater use of social care. The planned care working group in *Healthcare for London* suggested "resources freed up from more day cases may need to be re-invested into social care support" and further "the need for increasing support from social care and the associated costs of this should be considered as part of

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NHS commissioning, with NHS resources being used, where appropriate, to commission social care." How this will work in practice is essential for the local authority to gauge.

Shared resources

We should not assume that only NHS estates can deliver the *Healthcare for London* models and suggest that consideration should be given to Harrow's new Neighbourhood Resource Centres (due to open in 2009) and children's centres as futures homes for such integrated health and social care. We would advise that the PCT discusses with local authority colleagues the feasibility of these options and that both organisations think jointly about their assets. We reiterate that the local authority and PCT should do early work together to consider the local implications of *Healthcare for London* on Harrow's communities, for example the location of polyclinics and better use of community transport - this could be used to dovetail with providing a better patient transport service if fleets were shared e.g. use the fleets for SEN transport around school times and for patient transport at other times. This could reduce patient transport waiting times, the cost of SEN transport, as well as bring together health and social care.

We take this opportunity to raise our concerns relating to the development of the NHS estates plan. It has been suggested to us that there is a real fear that services currently provided at Royal National Orthopaedic Hospital's Stanmore site may be moved elsewhere so that the estate can be sold. We would question how this can be reconciled with the need for specialist centres, of which RNOH is currently an internationally renowned exemplar.

Local priorities

We support our Corporate Director of Adults and Housing's recognition that there are a number of risks and opportunities attached to the *Healthcare for London* vision and that the Council should warm to projected progress of public health emphases in healthcare messages. The second stage of the consultation will yield the most interest as it becomes clearer the impact of the proposals – what, where and for whom. Wherever possible, the local authority and PCT should aim to conduct joint consultations to help people gain a better understanding of the health and social care interface. The aim of public consultation should be to lead public opinion as well as to follow public opinion, and this is especially true when giving messages around people taking more responsibility for their own health.

It will be key to tie in the *Healthcare for London* implications to the priorities of the local authority, for example through the Local Area Agreement so that work is complementary, makes best use of resources and builds on local partnership working. There is a clear direction of travel within *Healthcare for London* and we are assured that locally there will be more time and resources given to preventative and health promotion work. This fosters the need for greater partnership working and we feel that locally across organisations there is the genuine will to build upon partnerships and to enable them to flourish.

APPENDIX THREE: NOTES - VISIT TO NORTHWICK PARK HOSPITAL, TUESDAY 19 FEBRUARY 2008

Attendees

Councillor Margaret Davine
Councillor Vina Mithani
Nahreen Matlib, Senior Scrutiny Officer
Heather Smith, Scrutiny Officer

Purpose of visit

The visit was designed to help to inform O&S's preparations for the annual health checks and also consideration of the impact of the Darzi proposals for the borough. It focused on:

- Maternity services
- Paediatric provision within A&E

Maternity

With regard to the relocation of services from Brent Birth Centre (BBC), the favoured option is to transfer the in-patient staff at BBC to the new unit within the hospital. It was felt that a co-located unit would also aid recruitment and retention of staff, as it would offer opportunities to offer and gain experience of a range care. Co-location would also increase the confidence of both mothers and staff; currently factors such as the likelihood of heavy traffic could impact on decisions on whether or not to transfer a mother by ambulance from BBC to the hospital.

Members were informed that, subject to the outcome of the consultation, a six-bed unit had been identified for the midwife-led unit on the same floor at Northwick Park Hospital as the postnatal ward. In terms of responses to the consultation, local people were disappointed at the potential loss of local provision but in general organisations were in favour of a more efficient use of resources locally. Subject to the outcome of the consultation, the midwifery-led unit will be fully functional by mid May.

The option of expanding to a ten-bed (level 7) facility is also being considered.

Within the delivery suite a two-bed triage system operates when women present; currently capacity is not large enough and it is intended to increase capacity to four beds. The triage system will be of greater importance should the units be co-located.

Under the favoured option women would be given the choice of the midwife-led or the obstetric-led units at the booking stage. Women who chose the midwife-led unit would go straight there on arrival. Women who had opted for the obstetric-led care could be offered midwifery-led care through triage if labour was likely to be uncomplicated when the woman presented.

Work is being undertaken with the primary care trusts (PCTs) to look at future demand profiles for maternity provision. Harrow expects a 1% increase in births while Brent is expecting a 4-5% increase. An outturn of 5200-5300 births is expected at year-end. The executive board has accepted the case for increased staffing.

A review of community midwifery is being undertaken, which is considering rotating staff between the hospital and community and developing an

integrated model. It was also felt that this would positively impact on recruitment. A team midwifery approach was also favoured over one to one care (avoiding thereby reducing the risk of burn out), meaning that during the course of pregnancy a woman would get to know a team of midwives. There were now 159 staff, compared with 89 in 2002; there is an 11% vacancy rate (the best in London) compared with over 20% eighteen months ago.

Time spent in special measures was viewed positively, in that the service had received additional external support, as well as investment in the estate by the trust. It has also led to cultural change.

Complaints are dealt with through the trust wide process; corrective action plans are developed and meetings held to learn from complaints. Maternity complaints have dropped significantly in the last couple of years and the trust actively encourages feedback from mothers; arrangements have been put in place for debriefing mothers before they go home and after six to twelve weeks in the postnatal period to offer women the opportunity to discuss their experiences.

Paediatrics

Members visited the new paediatric A&E provision that had been established since the last visit. The service is available 24 hours a day and there is a paediatric nursing specialist available for virtually all shifts. Members noted the significant change and improvement since the last visit.

A member asked about paediatric assessment of children looked after and was advised that reviews are carried out for Brent children but not for Harrow's. The assessment could in fact be carried out by a GP within the community setting that was linked to the children looked after nurse. There are a number of models nationally and that consideration was being given to what the service might look like in the future.

With regard to school nursing, the PCT will begin hosting and providing the service from 1 April 2008. This should help to provide greater integration with schools. The trust continues to run all other paediatric community services and professional links between teams will be maintained. All current staff will be transferred by TUPE to the PCT. Members were pleased to learn that there are at present no vacancies within the service.

Difficulties with transitional care (moving from children's to adults) was highlighted as a national issue that was also being pursued with Harrow PCT. It was felt that there was a lack of directed policy and that it was left to clinicians to make connections between provision for children and adults. Brent has a single office for managing support for disabled children across education, social care and health.

Heather Smith
Scrutiny Officer
21 February 2008

APPENDIX FOUR

HARROW COUNCIL

OVERVIEW AND SCRUTINY COMMITTEE

BYRON LEISURE CENTRE REDEVELOPMENT: CHALLENGE PANEL DRAFT SCOPE

1	SUBJECT	Byron Leisure Centre redevelopment
2	COMMITTEE	Overview and Scrutiny Committee
3	REVIEW GROUP	To be confirmed at committee
4	AIMS/ OBJECTIVES/ OUTCOMES	<ol style="list-style-type: none">1. To examine the financial arrangements being put in place to finance the development.2. To examine the scheme being proposed by the Council.3. To provide a public forum for the discussion of issues and concerns that remain relating to the way forward for the leisure centre site, and to make recommendations based on these discussions.4. To provide a suggested way forward for the delivery of large scale Council projects of this type in the future.
5	MEASURES OF SUCCESS OF REVIEW	<ol style="list-style-type: none">1. Recommendations relating to a clear, corporate approach on consultation and planning for large projects / one where there is a significant community interest.2. Agreement on a mutual way forward between the Council and other interested parties for the redevelopment of Harrow Leisure Centre.3. Impact, on the basis of discussions at the panel, on the Council's planned provision of services at the new leisure centre.
6	SCOPE	<p><u>Financial issues</u> – to examine how the funding for the leisure centre redevelopment will be secured and delivered.</p> <p><u>Consultation</u> – to provide an additional forum for consultation between the Council and user groups on the merits of the proposed scheme, and to evaluate the consultation that has already taken place, making recommendations for potential improvements for future projects, where appropriate.</p>
7	SERVICE PRIORITIES (Corporate/Dept)	8. Increase opportunities for participation in sport and culture. (2007/08)
8	REVIEW SPONSOR	Javed Khan
9	ACCOUNTABLE MANAGER	Lynne McAdam, Service Manager, Scrutiny

10	SUPPORT OFFICER	Ed Hammond
11	ADMINISTRATIVE SUPPORT	Ed Hammond
12	OTHER INPUT	Portfolio Holder Leisure centre user groups Council officers General public
13	METHODOLOGY	<i>Challenge panel</i> A single “challenge panel” meeting bringing together a number of stakeholders, including the Council and user groups. The challenge panel would discuss 1) financial issues relating to the delivery of the project and 2) the merits of the existing scheme, taking into account previous and future consultation plans. The challenge panel would be held as a public meeting. Members of the public would be able to attend and make comments but only at the discretion of the Chairman.
14	EQUALITY IMPLICATIONS	Equality of access to the new leisure centre is an important issue that will be central to the discussions.
15	ASSUMPTIONS/ CONSTRAINTS	Assumptions – that user groups will be willing to participate. That the meeting will “fit” within the existing consultation arrangements. Constraints – the nature of the review, as a challenge panel, would mean that a more wide-ranging discussion with the public at large would not be possible. The scope reflects this. It will be made clear that recommendations will reflect the views of the parties being consulted, where the recommendation relates to consultation itself. If agreement on the scope is not reached at O&S on 1 April, it will limit the ability of the panel to have a positive impact on the delivery of the project itself.
16	SECTION 17 IMPLICATIONS	None directly specific although the requirement for new building proposals to “design out” crime may be considered tangentially.
17	TIMESCALE	Agreement sought at O&S on 1 April. At the moment, it is proposed that the panel be held during the third week of April, which should still provide opportunity for recommendations to impact upon the developments. Report and recommendations to O&S in May.
18	RESOURCE COMMITMENTS	Officer time only.
19	REPORT AUTHOR	Challenge panel, with scrutiny officer

20	SCRUTINY PRINCIPLES	<p>Have been considered in the drafting of the scope. The scope reflects all the principles as agreed.</p> <p>The scope meets the feasibility criteria used to assess feasibility of scrutiny projects and is likely to deliver meaningful change.</p>
21	REPORTING ARRANGEMENTS	<p>Outline of formal reporting process:</p> <p>To Portfolio Holder [] When.....</p> <p>To CMT [] When.....</p> <p>To Cabinet [] When.....</p>
22	MONITORING ARRANGEMENTS	<p>Standard six month reporting cycle.</p>



Councillor **STANLEY SHEINWALD**
Chairman, Overview and Scrutiny Committee

Please contact:

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1 April 2008

Dear Sir,

POST OFFICE NETWORK CHANGE PROGRAMME – RESPONSE TO CONSULTATION

Thank you for the opportunity to respond to the consultation on the closure of post offices in the London Borough of Harrow. A corporate decision has been made that Harrow's scrutiny function should lead on providing this response, which has been agreed by the Council's Overview and Scrutiny Committee.

We have found it difficult to make an effective response to the consultation. We share the opinion of many other London boroughs, and the Greater London Authority, that the methodology, in particular the access criteria, used in the assessment for which branches should be subject to closure, are flawed. We will go on to explain our concerns later in this letter. We understand that POL consulted on the methodology some time ago, but many of these criticisms were made at the time and the methodology does not seem to have changed in response to those criticisms.

We recognise the difficulty that POL is facing in being compelled to rationalise a network of post offices in the context of a reduction in government support. However, we feel that a different approach to consultation would, under these circumstances, have been more appropriate. In its current form the Network Change consultation (primarily, the fact that it has been described as a "consultation") has given local people an expectation that, if they represent their views to POL strongly enough, POL will reconsider the closure decision. As we have seen this is not the case. In the context we consider that the consultation process is essentially meaningless.

Our principal concerns are as follows:

- the access criteria used have severe shortcomings. Disability Discrimination Act issues do not appear to have been given due credence during the planning stages, and implications for the elderly or vulnerable users of post offices have not been subject to study. An Equalities Impact Assessment does not appear to have been carried out.
- demographic data is not taken into account. You have not sought to establish a defined user "profile" for the users of the offices that it plans to close. Hence, demographic information used is based on a very loose and unscientific assessment of local need, extrapolated from the nature of the most common over-the-counter transactions.

- future development plans – including borough economic development plans – have not been taken fully into account. You have stated that you are willing to take into account housing and other developments taking place in the immediate areas of the sites, but this does not take account of the borough-wide, strategic context of the Network Change programme.
- the proposals and plans directly contradict the London Plan in a number of key areas. You are not obliged in statutory terms to have regard to the London Plan but the Network Change Programme makes no attempt to engage with the wider regional and sub-regional issues, and economic impacts, relating to closure of post offices across London more generally.
- even if data were found which would be able to specifically negate the evidence you have gathered to support closure decisions, resulting in a branch previously earmarked for closure remaining open, you have stated that another branch elsewhere (possibly within the borough, possibly outside) would have to close to compensate – the actual number of closures being planned is static. This places Councils, and others who wish to respond to the consultation, in an untenable position.

With this in mind it is, as we have said, impossible to comment on the individual closures being planned in Harrow. A methodology which took account of the issues mentioned above, and taking account of the vital role that post offices play in local communities, would naturally result in fewer closures. However, as you have pointed out, the Government have fettered your discretion on this point by requiring a certain number of closures nationwide.

You have stated that more closures in the London area will be likely in future to make the post office network financially sustainable. We hope that future consultations will take account of the points raised above, and that they will consider economic, social and human sustainability of local communities alongside the perceived financial necessity for the withdrawal of services.

Yours faithfully,

Cllr Stanley Sheinwald
Chairman, Overview and Scrutiny

Cllr Mitzi Green
Vice-Chairman, Overview and Scrutiny