
REPORT OF OVERVIEW AND SCRUTINY COMMITTEE

MEETING HELD ON 3 NOVEMBER 2009

Chairman:	* Councillor Stanley Sheinwald	
Councillors:	* Mrs Margaret Davine * B E Gate * Mitzi Green * Krishna James (1) * Ashok Kulkarni (3) * Mrs Vina Mithani	* Janet Mote * Christopher Noyce * Mrs Rekha Shah * Dinesh Solanki * Yogesh Teli * Mark Versallion
Voting	(Voluntary Aided)	(Parent Governors)
Co-opted:	* Mrs J Rammelt Reverend P Reece	† Mr R Chauhan * Mrs D Speel

* Denotes Member present
(1), (3) Denote category of Reserve Members
† Denotes apologies received

[Note: Councillors Miss Christine Bednell and Anjana Patel also attended this meeting to speak on the items indicated at Minutes 638 and 639 below].

PART I - RECOMMENDATIONS - NIL
PART II - MINUTES

629. **Welcome:**
The Chairman welcomed representatives from Harrow Primary Care Trust and North West London Hospitals NHS Trust, the Portfolio Holder for Schools and Children's Development and the Portfolio Holder for Children's Services.

630. **Attendance by Reserve Members:**

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

<u>Ordinary Member</u>	<u>Reserve Member</u>
Councillor Jerry Miles Councillor Anthony Seymour	Councillor Krishna James Councillor Ashok Kulkarni

631. **Declarations of Interest:**

RESOLVED: To note that the following interests were declared:

<u>Agenda Item</u>	<u>Member</u>	<u>Nature of Interest</u>
8. Reconfiguration of Emergency Surgery and Paediatrics Across Brent and Harrow	Councillor Mrs Vina Mithani	Personal - Currently worked for the Health Protection Agency. The Member remained in the room during the discussion and decision making on these items.
9. Reshaping of Children's Cancer Services in North West London	Councillor Mrs Rekha Shah	Personal – Currently employed by Brent Council in the Community Health Team. The Member remained in the room during the discussion and decision making on these items.
	Councillor Stanley Sheinwald	Personal - Chair of the Carers' Partnership Group. The Member remained in the room during the discussion and decision making on these items.

	)	Councillor B E Gate	Personal - Married to a health professional based at St Peter's Medical Centre. His daughter also currently worked part-time at two medical centres. The Member remained in the room during the discussion and decision making on these items.
	)	Councillor Janet Mote	Personal - Daughter currently a paediatric nurse at Northwick Park Hospital. The Member remained in the room during the discussion and decision making on these items.
	)	Councillor Mark Versallion	Personal - Non-Executive Director of North West London Hospitals NHS Trust. The Member remained in the room during the discussion and decision making on these items.
	)	Councillor Christine Bednell	The Member who was not a member of the Committee declared a personal interest in that she was a member of the Local Safeguarding Children Board. The Member remained in the room during the discussion and decision making on these items.
10. 2004 to 2008 Educational Attainment	)	Councillor Dinesh Solanki	Personal – Daughter currently attended Belmont Middle School. The Member remained in the room during the discussion and decision making on this item.

632. **Minutes:**

RESOLVED: That the minutes of the meeting held on 12 October 2009 be taken as read and signed as a correct record.

633. **Public Questions:**

RESOLVED: To note that no public questions were put.

634. **Petitions:**

RESOLVED: To note that no petitions were received.

635. **Deputations:**

RESOLVED: To note that no deputations were received.

636. **References from Council/Cabinet:**

RESOLVED: To note that there were no references.

637. **Reconfiguration of Emergency Surgery and Paediatrics Across NHS Brent and Harrow:**

A representative of Harrow Primary Care Trust (PCT) and a representative of North West London Hospitals (NWLH) NHS Trust explained that, following the recommendations of the Acute Services Review, the case for change in emergency surgery had been presented to the Harrow Overview and Scrutiny Committee on 28 July 2009. The National Clinical Advisory Team (NCAT) had subsequently carried out a review of the proposed changes and had recommended that the admission of surgical emergencies at Central Middlesex Hospital (CMH) cease. The Acute Services Review Project Board had subsequently accepted the recommendation not to provide emergency surgery at CMH.

The NWLH NHS Trust representative explained that the reconfiguration was supported by the London Ambulance Service and that patients requiring emergency surgery would be taken to either Northwick Park Hospital (NPH) or a nearby major trauma centre. A further 7 to 10 patients would require transfer from CMH to NPH every week. In order to ensure sufficient capacity at NPH to manage the increase in emergency activity, the Project Board had been advised that a further 12 beds would be required.

A representative for NWLH NHS Trust explained that paediatric services were also being reviewed. The current provision of care was not aligned to the recommendations arising from Healthcare for London and there was currently a dependency on providing care in a hospital setting when it could be delivered closer to home. The proposed new clinical model for paediatrics included the centralisation of all inpatient facilities at NPH and the establishment of Paediatric Assessment Units (PAUs) at NPH and CMH. The PAU at CMH would be consultant led and open 12 hours a day, 7 days a week, closing at 22:00. Patients requiring an overnight stay would be transferred to the inpatient unit at NPH or St Mary's Hospital. However, with 87% of children assessed and treated on the same day, this would be less than 3 per day.

The project plan sought to commence the public consultation process in 2009, although this would be subject to NHSL support for the pre-consultation business case and NCAT's ability to review the clinical model prior to the proposed consultation period.

Following questions from Members, the representatives of Harrow PCT and NWLH NHS Trust clarified the following points:

- whilst an increase in emergency activity was to be expected, NPH would utilise daily emergency operating lists to ensure that patients were dealt with in accordance with strict timescales. In addition, a new Surgical Assessment Unit had been established at NPH in order to improve productivity;
- elective surgery would be dealt with separately from emergency surgery;
- patients reporting less serious symptoms would be asked to report back at regular intervals so that their condition could be monitored without the need to utilise a hospital bed;
- a dashboard of clinical indicators had been agreed between Brent PCT, Harrow PCT and NWLH NHS Trust;
- although some individuals would need to be transferred from CMH to NPH, most patients arrived at hospital via ambulance and would be diverted in the first instance;
- in order to provide an effective and high quality emergency surgery service, a critical mass of patients was required and this was best achieved by centralising such services in one location;
- a number of independent reviews, including the recent NCAT report, had indicated that the current emergency surgery configuration was unsustainable;
- all transfer arrangements between CMH and NPH would be covered by existing transport contracts;
- although not expected to be necessary, elective surgery could be closed down if there was a significant and unexpected rise in the number of patients requiring emergency surgery;
- in order to ensure patient safety, there would not be sufficient time to carry out a full public consultation on the proposed reconfiguration of emergency surgery. However, the NHS had already engaged with practice based commissioning groups and other stakeholders;
- the new model of emergency surgery would be implemented in the final week of November 2009;
- it was expected that more elective surgery would take place at CMH in the future.
- the current duplication of paediatric services at CMH and NPH was not considered to be a good use of clinical resources;

- in order to provide an effective and high quality in-patient paediatric service, a critical mass of patients was required and this was best achieved by centralising such services in one location;
- when being transferred from CMH to either NPH or St Mary's Hospital to receive paediatric care, patients would be able to make their preference known;
- CMH would continue to operate an A&E department;
- it was expected that a paediatric nurse would be assigned to work in CMH A&E for the first 6 months following the reconfiguration;

RESOLVED: That (1) the report be noted;

(2) the Overview and Scrutiny Committee support the need for public consultation on the reconfiguration of Paediatric Services;

(3) NHS Brent and NHS Harrow consult with both Harrow and Brent's individual Overview and Scrutiny Committees regarding the consultation on the reconfiguration of paediatric services;

(4) the NHS attend Overview and Scrutiny meetings of both Harrow and Brent as and when appropriate;

(5) NHS Harrow and NWLH NHS Trust present the formal proposals to the Committee once the need for public consultation on the reconfiguration of paediatric services had been confirmed. The Committee would subsequently submit a response directly to the NHS consulting bodies;

(6) assuming a change as a result of the consultation process, representatives of NHS Harrow and NWLH NHS Trust attend a future Harrow Overview and Scrutiny Committee meeting to report back on the implementation of the new paediatric clinical model.

638. **Reshaping of Children's Cancer Services in North West London:**

An officer introduced the report and requested that the Committee decide whether formal consultation was required on the proposed plans to reshape children's cancer services in North West London.

It was explained that the changes would mean that new patients referred to Great Ormond Street Hospital or University College Hospital would have shared care arranged at either St Mary's Hospital, Chelsea and Westminster Hospital or Hillingdon Hospital. There were currently 6 hospitals providing shared care services in North West London and the proposed changes would see the number reduced to 3. It was expected that the changes would affect approximately 33 new patients each year. The officer stated that a number of local authorities had decided that consultation was not required.

A representative of Harrow PCT stated that cancer care was complex and required specialist facilities. Reducing the number of hospitals offering shared care services would allow the remaining sites to offer a more intensive level of treatment and specialisation. The representative added that, with only a small number of individuals utilising shared care services, supporting 6 different sites was not sustainable.

During discussion on this item, Members made the following comments:

- though the changes would only affect a small number of individuals, the impact on these patients could be considerable and therefore consultation may be necessary;
- the proposed changes were likely to affect Harrow patients as the nearest hospital offering shared care services would be Hillingdon Hospital;
- there appeared to be a growing trend to centralise NHS services.

RESOLVED: That (1) the Policy and Performance Lead Members for Children and Young People and/or the Policy and Performance Leads for Adult Health and Social Care meet with representatives of the London Cancer Network and the NHS to discuss the proposals in more detail;

(2) the Policy and Performance Lead Members for Children and Young People and/or the Policy and Performance Leads for Adult Health and Social Care report back to the Overview and Scrutiny Committee so that a final decision can be made.

639. **2004 to 2008 Educational Attainment:**

The Portfolio Holder for Schools and Children's Development introduced the report that set out the Key Stage results for Harrow. An officer explained that all the results contained within the report were provisional and likely to be confirmed in early 2010. In presenting the report, the officer outlined the following key points:

- overall results in Harrow were good, with GSCE results amongst the best in the country;
- whilst schools were able to turn around most under performing students, some students were still underachieving;
- results in the Early Years Foundation Stage had improved;
- results across Key Stage 1 had remained relatively static, although they continued to be slightly better than surrounding boroughs;
- results across Key Stage 2 varied, with rises and drops in different subjects. In particular, English results had dropped 4 percentage points,
- Key Stage 2 Maths and English results had fallen slightly, although over 200,000 appeals had been lodged across the Country over alleged errors in Key Stage 2 marking;
- there were no Key Stage 3 results for 2009 as the national tests had been abandoned;
- for the fifth year running, there had been an increase in the number of Harrow High School students gaining at least 5 good GSCE grades;
- there remained a core group of young people that left compulsory education with no qualifications. This figure remained static at 2%;
- the vast majority of underachieving students lived in deprived areas of borough;
- there remained a clear achievement gap between students that qualified for free school meals and those that did not, with the latter group attaining better grades;
- individuals that had gained pre-school experience were likely to perform better once they started compulsory education;
- many individuals with special educational needs continued to under perform and this was an area of concern.

The officer informed the Committee that the Council was continuing to support the Narrowing the Gap Agenda which aimed to address the gap in outcomes between underachieving children and others. In Harrow, the project had initially focused on tackling underachievement amongst black students but had since been expanded to consider white students from disadvantaged backgrounds. Children Looked After (CLA) and young carers were other priority groups.

Following questions from Members, the officer stated that:

- Ofsted reports confirmed that the quality of teaching in Harrow was of a high standard and that schools offered significant support for underachieving pupils;
- the appeals lodged in relation to Key Stage 2 results had been due to concerns over errors in marking and grading;
- early intervention was essential in order to turn around underachieving pupils;
- certain communities were reluctant to send their children to nursery. As data indicated that children that attended nursery did better once in full-time education, the Council was actively encouraging families to utilise pre-school services;

- schools and teachers were offered training to ensure that all staff were able to meet the needs of children with special educational needs;
- the Council had plans to introduce 3 autism units at three schools in order to help improve the grades of autistic pupils;
- pupils of Pakistani origin had higher rates of poor literacy than other students and that this was an issue the Council was aiming to address.

The Portfolio Holder for Children's Services stated that the Council needed to ensure that there were suitable and worthwhile alternatives for young people that did not wish or were unable to undertake standard GCSEs.

RESOLVED: That the report be noted.

640.

Report from the Scrutiny Transitions Scoping Workshop:

The Overview and Scrutiny Policy Lead Member for Children and Young People introduced a report that set out the observations and recommendations of a Scrutiny Transitions Scoping Workshop which had taken place on 29 September 2009. She added that the outcomes of the workshop should be considered when deciding upon topics for the 2010/11 Overview and Scrutiny work programme.

Members of the Committee supported the outcomes of the workshop and thanked all those that had been involved in organising the event. The Portfolio Holder for Children's Services stated that she was interested in the work that would arise from the initial scoping exercise and that the workshop had been worthwhile. She added that she would like to see a representative of Adult Services involved in any future work. The Portfolio Holder for Schools and Children's Development stated that she too felt that the workshop had been useful and would like to be involved in future related work.

RESOLVED: That (1) the observations of the Scrutiny Transitions Scoping Workshop be noted;

(2) the outcomes of the Scrutiny Transitions Scoping Workshop be taken into account when considering topics for the 2010/11 Overview and Scrutiny work programme;

(3) should a review of the transitions service be included in the 2010/11 Overview and Scrutiny work programme, the outcomes of the Scrutiny Transitions Scoping Workshop form the basis for the scope of the review.

(Note: The meeting, having commenced at 7.30 pm, closed at 9.56 pm).

(Signed) COUNCILLOR STANLEY SHEINWALD
Chairman