



)	Councillor Mitzi Green	Personal – Currently a patient at Belmont Health Centre. The Member remained in the room during the discussion and decision making on these items.
)	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 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 Ms Nana Asante	Personal – Patient at Mollison Way Health Centre and previously a patient at Belmont Health Centre. The Member remained in the room during the discussion and decision making on these items.
)	Councillor Mrs Margaret Davine	Personal – Mother received social care services. The Member remained in the room during the discussion and decision making on these items.

662. **Minutes:**

**RESOLVED:** That the minutes of the meeting held on 24 November 2009 be deferred to the next ordinary meeting of the Committee.

663. **Deputations:**

**RESOLVED:** To note that no deputations were received.

664. **Integrated Care Organisation for Ealing and Harrow:**

An officer informed the Committee that no NHS representatives were in attendance to introduce the report or to answer questions. It was explained that, following the Committee's decision on 24 November 2009 to defer consideration of the Integrated Care Organisation proposals, a letter had been sent to the NHS representatives inviting them to attend a special meeting of the Committee on 8 December 2009. However, the Chief Executive and the Leader of the Council had also invited the NHS representatives to meet with them on 17 December 2009. The officer stated that the NHS representatives had concluded that their attendance at the Committee was no longer required.

Following a general discussion, Members stated that, although the proposals had already been approved by the relevant PCT Boards, it was important that the Committee investigate the impact the changes would have on local residents.

**RESOLVED:** That a challenge panel be convened in early 2010 to consider the Integrated Care Organisation proposals.

**665. Enhanced Primary and Community Care Services in East Harrow:**

The Committee received a report which set out the proposed changes to primary and community care services in East Harrow.

The NHS representative stated that the NHS was facing significant financial challenges and, based upon NHS London's assumptions regarding underlying levels of cost and volume growth within the acute sector, a funding shortfall of between £20 million and £54 million was expected by 2013/14. In order to address this, there was a need to invest in community healthcare provision that would reduce reliance on hospital services.

The NHS representative explained that the proposed new model of healthcare in East Harrow was based on a polysystem hub and spoke model, with one central Community Health Centre (hub) supported by GP-led Health Centres (spokes). Under the proposals, Belmont Health Centre would function as the hub of the polysystem, with Mollison Way Health Centre operating as a GP-led Health Centre. Whilst a second GP-led Health Centre at either Kenmore Clinic or Honeypot Lane Clinic had initially been considered, this was no longer considered viable. The NHS representative stated that the proposed changes to primary and community care services in East Harrow had been approved by NHS London, subject to full public consultation and a final gateway review. If approved, the polysystem was expected to be fully operational by 2013.

The Committee was informed that the public consultation was due to commence on 9 December 2009 and would run until 17 March 2010. In order to ensure a good response rate, stakeholder mapping had been used to identify those that were likely to be most interested in the consultation, with letters sent to these groups. In addition, consultation documents would be made available in public places, including GP surgeries and supermarkets. In order to raise awareness of the consultation, NHS Harrow would be holding a number of public events in the early 2010. In addition, the views of historically underrepresented groups would be obtained through the use of focus groups.

In response to questions from the Committee, the NHS representatives stated that:

- all building redevelopment was expected to be completed by 2012. However, financial systems were not expected to be fully operational until 2013. During the redevelopment of Belmont Health Centre, services would either continue to be provided in part of the building or, if this was not possible, moved to a temporary location;
- information regarding the future of the Kenmore Clinic site was not available at present;
- NHS Harrow was in discussions with Transport for London (TfL) regarding the provision of transport infrastructure to support the proposed polysystem. TfL would only alter or implement new bus routes if the changes were commercially viable;
- although Honeypot Lane Clinic and Kenmore Clinic would not be redeveloped as GP-led health centres, both sites were currently subject to GP proposals;
- NHS Harrow would receive a resource allocation increase of 5.2% for 2010/11. However, due to current economic conditions, it was possible that there would be no further increases in the following years;
- Alexandra Avenue Health and Social Care Centre had demonstrated the importance of early engagement with both local residents and GPs;
- Belmont Health Centre would offer different services from Alexandra Avenue Health and Social Care Centre, in order to better cater for the needs of the local population. It was acknowledged that many medical conditions resulted in multiple disorders and the new centre would aim to provide integrated services that allowed all the effects of a medical condition to be dealt with in one location. Whilst it was possible that additional services may be provided at Belmont Health Centre in the future, nothing had yet been confirmed;

- if order to attain planning permission for new residential developments, developers were sometimes required to provide money to support local services as part of a Section 106 Agreement;
- the average waiting time at Alexandra Avenue Health and Social Care Centre for walk-in patients was 25 to 45 minutes. It was hoped that the waiting times at Belmont Health Centre would be similarly low.

A Member expressed concern that a public meeting before the opening of Mollison Way Health Centre had been cancelled. In response, an NHS representative stated that the Patient Group had decided that a public meeting was not the best way to showcase the Health Centre and that an open day was to be arranged instead. Another Member stated that, as a member of the Patient Group, she did not recall being consulted. The NHS representative stated that she would look into the matter.

A Member queried why Belmont Health Centre would not operate 24 hours a day, seven days a week, given that the polysystem proposals aimed to reduce reliance on secondary care. An NHS representative stated that the Centre would work in partnership with Northwick Park Hospital which currently offered an Urgent Care Facility and remained open until midnight.

**RESOLVED:** That (1) the Overview and Scrutiny Lead Members for Adult Health and Social Care and the Lead Members for Children and Young People consider the proposed changes to primary and community care services in East Harrow;

(2) the Overview and Scrutiny Lead Members for Adult Health and Social Care and the Lead Members for Children and Young People report their findings to the Committee to allow Members to decide whether further Scrutiny work should be undertaken.

(Note: The meeting, having commenced at 7.31 pm, closed at 9.20 pm).

(Signed) COUNCILLOR STANLEY SHEINWALD  
Chairman