

HEALTH SUB-COMMITTEE MINUTES

2 SEPTEMBER 2010

Chairman: * Councillor Jerry Miles

Councillors: * Ann Gate * Ben Wealthy (1)
* Mrs Vina Mithani * Simon Williams

**In attendance:
(Councillors)** Mrs Lurline Champagnie
OBE
Barry Macleod-Cullinane

* Denotes Member present
(1) Denotes category of Reserve Members

10. Attendance by Reserve Members

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

Ordinary Member

Reserve Member

Councillor Varsha Parmar

Councillor Ben Wealthy

11. Declarations of Interest

RESOLVED: To note that the following interests were declared:

Agenda Item 8 – Update on Hyper Acute Stroke Unit

Agenda Item 9 – Integrated Care Organisation

Agenda Item 10 – Better Services for Local Children – A Public Consultation for Brent and Harrow

Agenda Item 11 – Pinner Village Surgery Challenge Panel Report

Agenda Item 12 – Health White Paper – Equity and Excellence: Liberating the NHS

Councillor Ann Gate declared a personal interest in that she worked in a General Practitioner Surgery in Harrow. She would remain in the room whilst the matter was considered and voted upon.

Councillor Mrs Vina Mithani declared a personal interest in that she worked for the Health Protection Agency. She would remain in the room whilst the matter was considered and voted upon.

Councillor Simon Williams declared a personal interest in that his wife was a Community Psychiatric Nurse for North West London Mental Health Trust.

12. Minutes

RESOLVED: That the minutes of the meeting held on 16 June 2010 be taken as read and signed as a correct record.

13. Public Questions

The Chairman explained to the Sub-Committee that a public question had been received in accordance with the requirements of the Constitution. As the questioner was not present, a response would be provided in writing.

RESOLVED: That a written response be provided in relation to the public question raised.

14. Petitions

RESOLVED: To note that no petitions were received.

15. Deputations

RESOLVED: To note that no deputations were received.

16. References from Council and Other Committees/Panels

There were none.

RESOLVED ITEMS

17. Update on Hyper Acute Stroke Unit

The Chief Executive, North West London Hospitals (NWLH) NHS Trust, introduced the report and highlighted that the establishment of Hyper Acute Stroke Unit at Northwick Park Hospital had been successful. In a recent audit, the trust has been rated within the top 20% nationally for this service.

During the discussion on this item, Members of the Sub-Committee raised a number of queries which were responded to as follows:

- a written response would be provided on a query relating to the progress made on issues with the provision of community rehabilitation and intermediate care beds;
- no delays had been experienced in relation to the opening schedule for the stroke services;
- a written response would be provided by NWLH NHS Trust to the Sub-Committee identifying any issues relating to the financial implications of patients moving from health care to social care in respect of the stroke service;
- all staff employed by NWLH NHS Trust were competent and skilled. Additionally all staff underwent formal training processes before employment.

RESOLVED: That the report be noted and additional information be circulated to Members.

18. Integrated Care Organisation

The Sub-Committee received a report which provided an update on the integration of hospital and community healthcare services and the establishment of an Integrated Care Organisation (ICO) to manage this.

The Chief Executive, Ealing Hospitals NHS Trust, explained that the ICO had been created with a borough based community focus. It would enable for benefits of greater skill from a wider variety of staff to be realised and for more efficient care being provided. NHS Brent had also joined NHS Harrow and NHS Ealing to form the provider alliance.

During the discussion on this item, Members raised a number of queries, which were responded to as follows:

- the report provided an update in relation to the establishment of an ICO. This was a new proposal to the one which had previously been considered by a Challenge Panel a few months ago as NHS Brent had now been incorporated within the provider alliance;
- services would still be provided locally. This was important for patients and staff. Additionally the ICO would benefit some specialist services that were difficult to maintain by developing cross borough teams. Reassurance was provided to the Sub-Committee that this would not mean that patients would be required to travel further than they did currently to receive treatment. The ICO would remain a community focused organisation operating in patient's homes and community venues;
- there was a need to reduce spending due to the current economic climate. Savings would be made up through streamlining back office functions and the integration of services;

- GP Commissioning Groups would take over the role of Primary Care Trusts (PCT) from 2013. Unison had launched a legal challenge to the consultation held on this proposed transfer of responsibilities at a national level, so there were barriers to the early transfer of the PCT's functions to GPs. However, if GPs were in a position to take over the commissioning of services at an earlier date, they were able to do so;
- the schedule of establishing the ICO had been included in the report. There were a number of stages involved which included submission to a Cooperation and Competition Panel, obtaining Trusts Board approval and receiving Department of Health clearance;
- relevant staffs in Harrow were aware of the proposals. Consultation had taken place. Feedback obtained was that they were anxious for any uncertainty to be resolved as soon as possible;
- although there was an initial timescale to establish the ICO by April 2010, delays had been encountered. The initial plans for the ICO had been revised following discussions with NHS London. More information had been required and additionally NHS Brent wished to be a founding partner. A written response would be provided to Members of the Sub-Committee detailing circumstances surrounding the delay.

The Chairman commented that generally the Sub-Committee supported the initiative as was being progressed.

RESOLVED: That the report be noted.

19. Better services for local children - a public consultation for Brent and Harrow

The Chief Executive, NWLH NHS Trust, introduced the report and explained that it highlighted an independent assessment had been conducted into the consultation process in establishing two consultant led Paediatric Assessment Units at Northwick Park Hospital (NPH) and Central Middlesex Hospital (CMH) and to centralise the in patient service at Northwick Park Hospital.

The Sub-Committee were informed that there was strong support for the proposals. Staff were currently being consulted in relation to the proposals. A risk assessment would also be conducted in relation to each of the key headings of the proposals and this would establish the date it would go live.

During the discussion on this item, Members raised a number of queries, which were responded to as follows:

- there was only one inpatient list for paediatrics at NPH. If the ward became full then it was necessary to look for other providers. There was an agreed divert policy with London Ambulance and there were other tertiary providers such as Great Ormond Street Hospital nearby;

- CMH had a strong, healthy future and was an important resource. Although there may be variations to the way it operated in the future, there had been public commitments supporting it for the long term;
- the target for patients in the Emergency Assessment Unit to be seen was 98% within 4 hours. It was important to note that sometimes there were surges in the number of patients attending. It was not always possible to plan for this which meant delays in people seen;
- with sickle cell patients, the majority of care would be provided at CMH. If other facilities were required such as hospital admission, this would be done at NPH. There were qualified staffs who were able to deal with this.

A Member of the Sub-Committee commented that it would be good practice for the future if independent reports appear on their own headed paper. It would have also been appropriate for more details to have been included on the independent assessor.

RESOLVED: That the report be noted.

20. Pinner Village Surgery Challenge Panel Report

An officer explained that the report on this topic had not been presented to the Committee. This was due to the fact that additional evidence had been provided by NHS Harrow and there were further public meetings yet to be held on the subject that would inform the report.

RESOLVED: That the item be noted.

21. Health White Paper - Equity and Excellence: Liberating the NHS

The Chairman introduced the item and explained that the proposed White Paper would involve significant changes. This report provided a first opportunity to study the paper.

An officer explained that the report contained initial comments from officers and the Sub-Committee could endorse or amend the document accordingly. As the document was substantial in size, one option for the Sub-Committee to consider was to conduct a workshop session where specific Members could consider a specific theme of the White Paper.

Members provided a number of comments on the item which included:

- conducting workshops would be a good way forward given the size of the White Paper;
- it would be helpful to have colleagues from the Primary Care Trust to assist in the workshops to provide expertise.

The Chief Executive, NHS Harrow, was in attendance for this item and responded to a number of queries as follows:

- the commissioning responsibility of PCTs would be transferred to GP Commissioning Consortiums. These consortiums would have to be authorised by the National Commissioning Board who would conduct a number of tests;
- to help manage the transition, NHS Harrow would identify 5 senior GPs in Harrow who would be members of a Clinical Commissioning Board. The process of selecting 5 GPs would involve inviting applications against a person specification and holding interviews. If there were more than 5 possible appointments then a GP election would be held;
- GPs would play an important part in ensuring that financial targets were met;
- the white paper had indicated that GPs could select management support from a range of possible sources once they commenced commissioning services. Further clarification was awaited on this aspect but this could have implications for current PCT staff;
- if the transfer of the PCTs responsibility to GPs could take place sooner, this would be accelerated. However the paper was still at a consultation stage and it was important to work within the current legislative framework until amended.

RESOLVED: That workshops be conducted to form comments on the details of the Health White Paper 'Equity and Excellence: Liberating the NHS'.

(Note: The meeting, having commenced at 7.30 pm, closed at 8.49 pm).

(Signed) COUNCILLOR JERRY MILES
Chairman