

HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE MINUTES

14 SEPTEMBER 2011

Chairman: * Councillor Ann Gate

Councillors: * Mrs Lurline Champagnie OBE (2) * Sachin Shah
* Jerry Miles * Simon Williams

In attendance: * Paul Osborn
(Councillors)

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

51. Attendance by Reserve Members

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

Ordinary Member

Reserve Member

Councillor Mrs Vina Mithani

Councillor Mrs Lurline Champagnie OBE

52. Declarations of Interest

RESOLVED: To note that the following interests were declared:

Agenda Item 8 – NHS Strategy and Savings Plan/2011-12 Workstreams,
Agenda Item 9 – Primary Care Urgent Care, Agenda Item 10 – North West
London Hospitals Trust Budget Position

Councillor Mrs Lurline Champagnie OBE declared a personal interest in that she was a retired nurse and a member of the Royal College of Nursing. She

would remain in the room whilst these matters were considered and voted upon.

Councillor Ann Gate declared a personal interest in that she was employed by the Pinn Medical Centre, worked in the London Borough of Barnet as a nurse and was an appointed observer on the Local Medical Committee. She would remain in the room whilst these matters were 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. He would remain in the room whilst these matters were considered and voted upon.

Agenda Item 10 – North West London Hospitals Trust Budget Position

Councillor Paul Osborn, who was not a member of the Committee, declared a personal interest in that he was a friend of Mark Versallion, a Director of the Trust and former Councillor for the London Borough of Harrow. He would remain in the room whilst this matter was considered and voted upon.

53. Minutes

RESOLVED: That the minutes of the meeting held on 29 June 2011, be taken as read and signed as a correct record.

54. Public Questions, Petitions or Deputations

RESOLVED: To note that no public questions were put, or petitions or deputations received at this meeting under the provisions of Committee Procedure Rules 17, 15 and 16 (Part 4B of the Constitution) respectively.

55. References from Council and Other Committees/Panels

RESOLVED: To note that there were no references.

RESOLVED ITEMS

56. North West London Hospitals Trust Budget Position

The Chair sought the Sub-Committee's agreement to the consideration of item 10, North West London Hospitals Trust Budget Position, as an urgent item as it had not been available at the time the agenda was printed and despatched. Having gained Members agreement, she indicated that she would re-arrange the agenda to take this item as the first item.

The Chair welcomed David Astley, Interim Acting Chief Executive of North West London Hospitals NHS Trust, Rob Larkman, Chief Executive of NHS Brent and Harrow, Javina Sehgal, Borough Director of NHS Harrow, and Dr Amil Kelshiker, Chair of the Commissioning Board, to the meeting. Mr Astley introduced the report which was a briefing to Members. He advised that

providing services on two sites was a challenge, there were wider changes ahead and that a structural change was required.

David Astley advised that he wished to reassure the Council that the Trust was well managed but that there needed to be a fundamental change as to what it did and how it did it. It was a Trust in transition and many of the challenges were those facing the Council too. The merger plan with Ealing Hospital Trust had been developed for consideration put in place to attempt to address some of the challenges.

A Member questioned at what point the Trust's financial situation would be regarded as a crisis. In response, David Astley advised that if the control total of £9 million was exceeded it would be a significant issue. The Trust was holding the line in terms of its financial management, was meeting government targets in terms of the time patients were waiting to be seen, had received good inspection reports and was doing its best to maintain quality. Liaison with primary care colleagues was good. The purpose of the merger was to look at opportunities and one of the cost drivers was the use of expensive agency staff.

A Member sought clarification on how the £9 million transition funding worked and questioned how confident the Trust was in meeting its savings targets. David Astley responded that NHS London held the funds and distributed them but like any loan they expected the Trust to meet its quality targets. He was confident that the control target would be met. Planning for the winter period was currently underway, although from the attendance levels at A and E, the winter had already started. The most likely impact would be on elected patient waiting times. Rob Larkman supported the points made and stated that the NHS was facing a crisis going forward. An aging population required a different sort of health care and it was necessary to think radically about strategy. He wanted to sweep away boundaries between community and hospital care.

A Member questioned how the Trust was going to deal with financial issues as the report concentrated mainly on cost. He added that, as it was now half way through the financial year, figures should be coming down. David Astley undertook to forward the Board papers to Members and advised that there was a vigorous cost improvement programme and the plan was for a £20 million deficit. An increase in emergency activity had been seen, particularly at Northwick Park Hospital. There were some instances of double running costs due to the changes. It would be possible to be on budget if all agency staff were to be removed but it was also necessary to think about service delivery and how to maintain services where resources were reducing. It might also be necessary to move services from Northwick Park Hospital to Central Middlesex Hospital and vice versa.

In terms of the A and E overspend at Northwick Park, a Member expressed concern that that the department was not equipped for purpose and also about the planning for the various departments. In response, David Astley advised that the hospital had been designed 30-40 years ago and there had been many changes in public sector funding since then. There was a big demand due to chronic illnesses and there had been a rise in emergency

admissions. Currently, approximately 300-350 people a day attended A and E with another 150 attending the walk in clinic and the department had not been built to cope with that level of patients. In addition to the increase in demand, the nature of that demand had altered. It was felt that if services were designed differently it would be possible to keep patients in their own homes. There was also a shortage of good quality A and E consultants but recruitment was underway. Rob Larkman added that agency and locum staff were used as there were issues around staff availability and that their use was a key driver of the overspend.

The Chair thanked David Astley for his attendance, presentation and the responses provided.

RESOLVED: That the position be noted.

57. NHS Harrow Strategy and Savings Plan / 2011/12 Work Streams

The Sub-Committee received a report from NHS Harrow on their Strategy and Savings Plan and 2011/12 work streams. The report outlined the main projects in relation to Planned Care, Mental Health, Urgent Care and Primary Care.

Javina Seghal reported that the ethos of the NHS QIPP (Quality, Innovation, Productivity and Prevention) Programme was to save approximately £20bn in the NHS as a whole while increasing the quality and efficiency of services provided. In Harrow, the savings target was £14m for 2011/12 and at the end of month 4, there was a shortfall of £2m. At the same time, Harrow Primary Care Trust (PCT) was in transition with the hand over of the commissioning of health services to clinical commissioners. She advised that the Clinical Commissioning Board had 7 GP members and she introduced Dr Amil Kelshiker, the Chair of the Board, to the Sub-Committee.

The Borough Director outlined the content of the report and advised that she was happy to forward details of other work streams to the Sub-Committee. Following the presentation of the report, Members asked questions and made comments.

Regular reports with figures, milestones and targets were requested by a Member given the implications for Council resources. If the targets were not met, there would be pressure on the Council. The Borough Director undertook to provide regular reports and Member input would be welcomed. She would forward the 2011/12 details of the QIPP to the officer for circulation to Members. In response to the Member's question, the Borough Director also advised the NHS were actively looking to achieve the additional £2m.

Referring to Planned Care, a Member questioned how referral rates and their appropriateness were monitored and what sort of reduction in referral rates would be regarded as a success. The Borough Director advised that this was a function of the peer group who would support practices to work cohesively and also consider variations in work practices. Delegated budgets had been applied and mechanisms put in place to address the issues identified. Dr Kelshiker advised that according to benchmarking data, Harrow was at the

low end of referral rates for both elective and non elective. Harrow had an issue in terms of its aging population and GPs were dealing with a more complex set of patients. There were variations in terms of referral rates and it was hoped that, by sharing information through the peer group, this could be addressed.

In response to the comments made, an adviser to the Sub-Committee suggested that a low referral rate could be an indication that GPs were not referring enough. He added that GP training schemes had improved the quality of GPs.

Referring to the area of Mental Health, a Member stated that MIND and other voluntary sector organisations needed to be supported by referrals. The Borough Director indicated that she was happy to share the draft commissioning proposals, which would be available at the end of October, with Members.

In response to a Member's question about whether there was an action plan in place to deal with issues arising from the closure of long stay hospitals, the Borough Director advised that the Mental Health work stream had delivered a significant number of efficiencies. The NHS was looking to identify a further £2.6m savings.

In terms of the Primary Care stream, a Member questioned whether Harrow was a high or low prescriber of generic medicines and what the target was for this. The Borough Director advised that the QIPP had led to £1.5m savings in this area and work was being done with those prescribers at the higher and lower ends of the spectrum. Each GP practice received a notional budget so a measure of success would be to come in on budget. Work also needed to be done with acute hospitals. Dr Kelshiker added that previously GPs in Harrow had prescribed 80-90% generic medicines but that an additional issue was the availability of drugs at the pharmacy.

A Member questioned whether there was a commitment in Harrow to receive 100% of NICE medicines. The Chief Executive of NHS Brent and Harrow responded that this tended to be a specialist services issue. An adviser stated that if the Government removed boundaries, patients were likely to change GP in order to obtain the drugs they wanted.

In response to a Member's question as to the availability of NHS dentists in Harrow, the Chief Executive indicated that this was likely to vary in different parts of the borough. An adviser indicated that this was not an issue that had been raised with his organisation.

The Chair thanked the attendees for the presentation and the responses received.

RESOLVED: That the position be noted.

58. Primary Care Urgent Care

The Sub-Committee received a report from NHS Brent and Harrow on the case for change in Primary Care Urgent Care. The Chief Executive of NHS Brent and Harrow, introduced the report, outlined the scope and advised that the review had originated from the recognition that there had been significant investment which had led to the PCT being overstretched. There was duplication of services in Harrow and, in the long term, this was unsustainable and additionally patients might not be accessing services in the best way.

Responding to a Member's question, the Chief Executive confirmed that there was streamlining of patients using the urgent care centre by clinicians and that the Alexandra Avenue walk in centre itself was open 8.00 am – 8.00 pm but that the practice operating from there had different opening times. This was the subject of ongoing discussions.

Following comments from Members in relation to the availability of GPs and therefore the need to use the walk in service, the Chief Executive emphasised the importance in terms of continuity of care of patients seeing their own GP or a GP from the same practice. The GP contract required their availability between 8.00 am and 6.00 pm. A Member commented that the GP was receiving payment from the PCT to look after a patient and if that patient attended a walk in clinic and was then referred, the PCT was in fact paying for that patient on 3 occasions. The Member emphasised that there was an issue in terms of public perception and that the public needed to be better informed. A solution could be a rota similar to that organised for the dentists.

A Member questioned the period for the scatter plot charts appearing in the report and stated that it appeared that people attended the walk in centre as it was nearer their home than their GP surgery rather than concerns about continuity of care was indicated in the report. The Borough Director undertook to confirm the time period. An adviser stated that access drove up demand.

Another Member stated that it was important to remember that there were different types of patients; those with long term conditions and those with a one off complaint. Dr Kelshiker advised that some patients would benefit from continuity of care whilst others wanted to see a GP when they finished work. It was necessary to look at the infrastructure and what could be done to empower practices to change their hours to meet patient needs.

In terms of the impact on budgets of the proposals, the Chief Executive advised that savings were expected and that the figures would be made available to Members. The Member also asked whether there had been any discussions with Clementine Churchill Hospital and was advised that the scope only covered NHS funded walk in centres.

The Chair thanked the attendees for their presentation, participation and responses and the Sub-Committee noted that there would be a further report at their next meeting.

RESOLVED: That the report be noted.

59. Harrow Local Safeguarding Adults Board (LSAB) Annual Report 2010/2011

Members received a report of the Corporate Director of Adults and Housing which provided an overview of the Local Safeguarding Adults Board Annual Report for 2010/11. The report summarised safeguarding activity undertaken in 2010/2011 by the Council and its key partners by setting out the progress made against priorities, analysis of the referrals received and outlined priorities for the current year.

An officer made a presentation setting out the activity undertaken in 2010 and the action plan for 2011/12. The Divisional Director reported that in the Department of Health survey, 93% of respondents had said they felt safe and Harrow ranked above average. She added that Personalisation had been a success. In addition, 98% of respondents to the ACU (Adult Community Care User) survey felt that they were treated with dignity and respect. The MORI survey of users with learning difficulties had indicated that 85% of respondents felt safe. Whilst it was necessary to work harder to achieve 100%, the Divisional Director emphasised the commitment to safeguarding.

Following the presentation, Members asked questions and made comments which were responded to as follows:-

- In terms of the MORI survey, all 400 users with learning difficulties were surveyed, with half of those having a face to face meeting. The ACU survey had been sent to those users who had had a six week review. The Divisional Director advised that any survey carried out by her team would involve at least 100 users.
- A Member expressed the view that it was difficult to consider the report in context as it related to 2010/11. It would have been helpful to refer to previous years and other boroughs for the purpose of comparison. The Divisional Director welcomed the feedback and undertook to include this information in future reports.
- A Member questioned the future budget for the Local Safeguarding Adults work and was advised that safeguarding was a top priority and that no elements of this budget would be cut.
- Clarification was sought on the proposed use of neighbourhood champions in terms of safeguarding as the Member understood that this idea had been rejected by them. The officer advised that whilst it had been difficult to engage with champions in the way that it had been hoped, this was understandable and this idea might need to be re-considered. These individuals were familiar with local community and surroundings and could provide assistance in reporting abuse. The Divisional Director undertook to raise this issue at the next meeting of the Board.

Members commended officers on the report and the work being done in this area.

RESOLVED: That the work that has taken place in 2010/11 and the action plan for 2011/12 be noted.

60. Termination of the Meeting

In accordance with the provisions of Committee Procedure Rule 14 (Part 4B of the Constitution) it was

RESOLVED: At 9.54 pm to continue until 10.15 pm.

(Note: The meeting, having commenced at 7.30 pm, closed at 10.05 pm).

(Signed) COUNCILLOR ANN GATE
Chairman