

# HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE MINUTES

## 6 DECEMBER 2011

**Chairman:** \* Councillor Ann Gate

**Councillors:** \* Jerry Miles \* Sachin Shah  
\* Mrs Vina Mithani \* Simon Williams

\* Denotes Member present

### 70. Attendance by Reserve Members

**RESOLVED:** To note that there were no Reserve Members in attendance at this meeting.

### 71. Declarations of Interest

Agenda Item: 8 Outline Business Case for Ealing Hospital Trust and North West London Hospital Trust Potential Merger; Agenda Item: 9. HealthWatch; Agenda Item: 10. Adult Social Care – Local Account

Councillor Ann Gate declared a personal interest on the above items in that she was employed by the Pinn Medical Centre. She would remain in the room whilst these matters were considered and voted upon.

Councillor Mrs Vina Mithani declared a personal interest in the above items in that she was employed by the Health Protection Agency. She would remain in the room whilst these matters were considered and voted upon.

Councillor Simon Williams declared a personal interest in the above items 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.

## **72. Minutes**

**RESOLVED:** That the minutes of the meeting held on 24 October 2011 be taken as read subject to:

The first line of Minute Item 66, paragraph two being amended to read: 'Mr Simon Crawford, Senior Responsible Officer for the Organisational Futures Programme for Ealing Hospital NHS Trust and the North West London Hospitals NHS Trust ...'

## **73. Public Questions, Petitions and Deputations**

**RESOLVED:** To note that no public questions were put, or petitions or deputations received at this meeting.

## **74. References from Council and Other Committees/Panels**

**RESOLVED:** To note that there were no references.

## **RESOLVED ITEMS**

## **75. Outline Business Case for Ealing Hospital Trust and North West London Hospital Trust Potential Merger**

Mr Simon Crawford, Senior Responsible Officer for the Organisational Futures Programme for Ealing Hospital NHS Trust and the North West London Hospitals NHS Trust introduced the Outline Business Case (OBC) for the Ealing Hospital Trust (EHT) and North West London Hospital Trust (NWLHT) potential merger. The OBC, titled 'STRONGER Together', put forward the case for the creation of a single trust by July 2012.

Mr Crawford stated that the OBC had been approved by both Trust Boards in November 2011 and contained four key chapters. Chapter 3 - Commissioning Strategy in North West London, provided an overview of the health needs of Brent, Ealing and Harrow, the three boroughs served by the Trusts. It examined the priorities of the Commissioners, the financial challenges and the potential impact on services. He added that the Commissioning Strategy had been formed with input from GPs and community groups, seeking to place a greater emphasis on shifting care from hospitals into the community.

Chapter 4 - Implications for EHT and the NWLHT, investigated the implications for each hospital should it remain independent, and outlined the visions of both Trusts to deliver the highest quality of care. It examined the latest guidance issued by bodies such as the National Institute for Clinical Excellence and the Care Quality Commission (CQC), for example. The chapter concluded that reasons such as the increased availability of appropriate staff and services would serve to demonstrate why a merger would be beneficial to patients.

Chapter 6 - Clinical Vision for a Combined Organisation, discussed how the potential merger would make better use of equipment and resources. It provided the clinical vision to deliver the benefits of an integrated healthcare service through increased partnership with GPs and social care sector, for example. The chapter also included an appendix which was devised with input from senior clinicians and GPs within the Trusts to highlight scenarios in response to the future commissioner's plans for services.

Chapter 7 - Financial Evaluation, inspected the historical performance of both Trusts. Responses to the financial challenge had been developed through a Finance Working Group.

In response to a question by a Member relating to how many redundancies would result from the merger, Mr Crawford advised that there would be employment implications for roles associated across the merged organisations. Mr Peter Coles, Interim Chief Executive of North West London Hospitals Trust, added that there were no detailed workforce plans at this stage, and stated that efficiencies would be sought from non-clinical staff to protect patient service delivery.

A Member queried the reduction in the physical footprint of the hospitals involved in the potential merger. Mr Crawford advised that the intention was to place a greater emphasis on providing services in the community, and added that work with GPs and those from the community sector would be continued to help develop outreach services. Estates planning exercises would be conducted as part of the Full Business Case (FBC), which was under construction.

In response to a question by a Member relating to the private patient strategy, Mr Crawford advised that to prevent the underutilisation of hospitals, private funding was being explored to make better use of available space. Professor Rory Shaw, Medical Director, North West London Hospitals NHS Trust, added that advances in medicine and evolution in technology had served to drastically reduce the length of hospital stays for patients. It was essential to reflect this reduction in stay time in the better use of available ward space and resources.

A Member sought assurances that patients were being discharged as a result of receiving the best possible care, and not simply to save money. Mr Coles responded that there was no evidence that NWL Hospital's discharge rates were too aggressive, adding that the Trusts were compliant with national targets in this area.

A Member requested ways in which the Authority could offer further support. Dr Alfa Sa'adu, Medical Director Ealing Hospital Trust, responded that Health and Wellbeing Boards could prove useful by helping to inform the public of the advantages of a merger. He added that the close relationship elected Members had with their constituents could also assist with spreading that message. Mr Coles added that the vision of the merger could only work with joint effort and a shared focus. Mr Crawford stated that there was currently no formal means of communication between the Authority and the team

co-ordinating the potential merger. The possibility of establishing a formal means of co-ordination would be explored.

A Member sought clarification on how much the OBC had cost to compile. Mr Crawford advised the Sub-Committee that the OBC had cost approximately £1.4 million to date and the merger in total should amount to £3 million.

Information was sought by a Member in what was perceived as a potential disadvantage of the merger. Mr Crawford advised that implementing such a large scale operation whilst continuing with patient services carried a degree of risk, adding that the risk was outweighed by the benefits which would include a more unified trust bringing together the already existing Brent, Ealing and Harrow Integrated Care Organisation. The merger would also provide the opportunity to deal with the underlying debt of NWLH and meet the challenges faced by Ealing Hospital Trust as a stand alone organisation. Dr Sa'adu reiterated this sentiment by emphasising that the individual hospitals would be unlikely to meet future challenges on their own.

A Member questioned how staff associated with the merger were being engaged. Mr Crawford responded that approximately forty staff sessions had been conducted where staff were given the opportunity to pose direct questions. Regular emails and bulletins were also sent to members of staff. In response to a question by a Member regarding the moral of staff, Mr Coles stated that staff had been fully informed at every stage of the process. This reduced the period of uncertainty and aimed to prevent rumours from spreading.

In response to a point made by a Member that the issue of transport should be explored with TfL early on, Mr Crawford advised that potential issues surrounding transportation between hospitals had been considered. The possibility of providing transport services would be investigated.

**RESOLVED:** That the report be noted.

## **76. HealthWatch**

The Sub-Committee received a presentation of the Assistant Chief Executive which outlined the establishment of local HealthWatch by October 2012, subject to the Health and Social Care Bill. The officer advised that:

- HealthWatch would be the local consumer champion across health and social care;
- Local HealthWatch would not be a network but a 'body corporate', independent of the Authority. 'Body corporate' would include companies with limited or unlimited liability, companies limited by guarantee, charter companies and bodies created by statute;

- Overseeing HealthWatch would be HealthWatch England, the national independent champion for health and social care consumers. HealthWatch England would sit within the Care Quality Commission (CQC) to provide support to local HealthWatch organisations.

In response to a question by a Member regarding the accountability of HealthWatch, the officer advised that an option was for the Management Group, which included representatives from Adult Complaints and the voluntary and community sector, to become more robust to help scrutinise performance and an options paper will be put together to address this. An adviser to the Sub-Committee suggested that as HealthWatch was independent, it would operate outside of Council scrutiny system. The officer asserted that it will be even more important to build a more robust management group to monitor performance as HealthWatch would have a great deal of responsibility. This was acknowledged by Members.

A Member queried the percentage of income that would be awarded to HealthWatch. The officer responded that the money awarded would be dependant on the services HealthWatch were expected to deliver. The officer added that HealthWatch would be shaped through intensive consultation exercises within the community. A rigorous tendering exercise, similar to that conducted when founding LINK, would ensure the establishment of a prosperous Local HealthWatch.

**RESOLVED:** That the presentation be noted.

## **77. Adult Social Care - Local Account**

The Corporate Director for Adults and Housing introduced a report which set out the Directorate's historical approach to Quality Assurance and how this had led to the development of a Local Account for Adult Social Care.

The officer advised that the importance of robust quality assurance remained as the Care Quality Commission (CQC), the regulator of home care and residential inspections, had ceased assessing all local authorities work with vulnerable people. Harrow's Quality Assurance framework, which had received national acclaim, had been developed around four key areas:

1. Independent Challenge;
2. Consumer/Citizen Challenge;
3. Provider Challenge;
4. Professional Challenge.

All quadrants were continually being monitored to ensure the best performance from a variety of perspectives.

In response to a question by a Member, the officer advised that user views were essential. Those using the services had the opportunity to provide direct feedback on how services should work and improvements they would like to see implemented.

In relation to a question by a Member relating to the potential merger, that officer stated that the Ealing Hospital Trust and North West London Hospital Trust potential merger had not had an impact on services. The situation surrounding the potential merger would be monitored.

In response to a question by a Member regarding personal budgets, the officer advised that it was hoped the Council would commit to all eligible residents in the borough receiving personal budgets, although choice was at its heart and personal budgets were by no means mandatory. Consideration would be given to utilising Local HealthWatch to help interpret the Adult Social Care Local Account.

A Member queried how the Local Account would be made more accessible. An officer advised that more digestible versions would be available once the document had been transferred to Easy-Read. In addition, in response to consultation, a DVD had also been produced to make the Local Account accessible to all areas of the community. The officer added that continuous dialogue with customers and regular meetings with service users ensured that management were kept fully engaged with what was happening in the community.

**RESOLVED:** That the report be noted.

(Note: The meeting, having commenced at 7.30 pm, closed at 9.35 pm).

(Signed) COUNCILLOR ANN GATE  
Chairman