At a meeting of the Hounslow Health and Social Care Partnership held on Tuesday, 8 November 2005 at 5:15 pm at Committee Room 1.

**Present:**

Councillors Lal (Chair) and Chopra.

John Foster, Acting Chief Executive Hounslow PCT  
Sandy Rahman, SSD & Chair of CAG  
Gail Wannell, Chief Executive, West Middlesex University Hospital Trust  
Simon Marshall, Finance Director, West Middlesex University Hospital Trust  
Cath Attlee, Director of Commissioning and Modernisation, Hounslow PCT

**In attendance:**

Susanna White, Corporate Director, SS&HP LBH  
Sue Spurlock, Assistant Director, SS&HP LBH  
Maggie Wilson, Head of Performance and Strategy, SS&HP LBH  
Barbara Perry, Head of Perormance and Strategy, HSS LBH  
Lesley Rennie, Policy Officer, CED LBH  
Simon Mitchell, Acting Head of Public Health and Health Improvement Unit, LBH

**Apologies for Absence**

Councillors Cadbury.  
Marion Dunn and Rory Gillert

1. **Minutes of the meeting of 26 July 2005**

**Accuracy**

The minutes of the meeting of 26 July 2005 were agreed as a correct record.

**Matters Arising**

- Local Effect of Changes in NHS Services for Learning Disability Services (Minute 8, Page 3 refers)

Hounslow Social Services and Health Partnership officers asked Hounslow Primary Care Trust (PCT) if it would consider funding the posts and services identified as ‘at risk’ at the last meeting of the partnership as a result of the plan by the PCT to reduce the sum transferred to the Council (a result in turn of the Department of Health’s withdrawal of funding to the PCT also known as the “dowry surplus”) and as detailed in the paper tabled at this meeting on pages 2 and 3. The main reasons for this request were:

- the Integrated Management Board (IMB) at its last meeting had expressed itself as greatly concerned at the potential impact of this loss of funding;
- the IMB had scrutinised what the money is currently used for, and then had identified a few areas of core importance and were asking the PCT if there was any chance they could be re-visited or explored.

Susanna White added that it was necessary to consider this request in light of the bigger picture. Social Services funding and adult learning were under threat and the rules for Supporting People (SP) seem to have been continually re-written. Disabled
people were losing out as different funding groups rewrite their programmes. The traditional sense was that social services could pick it up but this would be a huge hit. Sandy Rahman agreed and said that if services were affected the partnership’s credibility, would be destroyed. This would further exacerbate other problems such as undetected dementia.

Cath Attlee outlined the difficulties for the PCT. They were obviously aware that there would be an impact but initially she felt there was definitely no money to pay for people to stay in post and that they would not be able to find the £62K requested. John Foster added that he was very aware of the vagaries of the funding system and the PCT did not want it to catch them by surprise.

John Foster agreed to investigate if any budget or resource could be found to support that which had been identified as critical by the Council. He would report within a month on the PCT’s decision.

- Issues for Next Meeting: LIFT (Minute 11, Page 3 refers)

As this item was not on the agenda John Foster gave a brief status summary:

- Thelma Golding: the building was on budget and slightly ahead of time; Cath Attlee’s team and his were currently engaged on Feltham Town Centre, but as soon as they were freed from this they would focus on Thelma Golding;
- LIFT: currently there were plans for one at Bedfont and another at Heston. The Development Board would be meeting in December and he would then have a better sense of whether these schemes are affordable.

2. Local Area Agreement - To follow

Lesley Rennie, Policy Officer gave a verbal report and tabled a paper followed by a verbal report by Simon Mitchell, Acting Head of Public Health and Health Improvement Unit who also tabled information.

Lesley Rennie outlined the background and progress to date of the LAA:

- the LAA has been negotiated between the LSP and the Government Office for London;
- there are four blocks which are interlinked and cross cutting: Children and Young People, Safer Stronger Communities, Healthier Communities and Older People, and Economic Development and Enterprise

Lesley was now seeking endorsement of the partnership for the Healthier Communities and Older People block to feed into next stage of the agreement negotiation process by 30 November. She introduced Simon Marshall who is the block lead for Healthier Communities and Older People. Simon outlined the four objectives and priority areas within them:

- Increasing Life Expectancy (Sexual Health Screening and Healthier Lifestyles – CHD, Cancer, Diabetes, Exercise)
- Reducing Health Inequalities (Tuberculosis, Asian Women’s Mental Health]
- Improving the Wider Determinants of Health (Tobacco and Smoking, Employment of People with Disabilities and Mental Health Needs within the
Members discussed the degree to which they felt they had been involved in the process to date. West Middlesex University Hospital Trust (WMUHT) said they would need to check with the team and feed back. The PCT said that they did feel engaged and this included its non-Executive. The targets were consistent with their local delivery timetable. Sue Spurlock said she thought that although West London Mental Health Trust were not present she could bear witness for them. Their main priority is Asian women mental health.

3. Role of Children's Services in the Partnership

Maggie Wilson said Bob Garnett, Director Designate Children’s Services and Lifelong Learning had asked her to raise a question with the partnership: should the Hounslow Health and Social Care Partnership (HH&SCP) be refocused on adult health and social care and children’s services be parked elsewhere? The context was the creation of the Children’s Partnership Board (CPB).

Cath Attlee said that she represented ‘health’ at the CPB. In relation to the HH&SCP there are a range of environmental housing issues that affect the whole community and if the group does not have any ‘children’s’ representatives' from the Council then there would be a key dimension missing. Moreover, there were issues which have a cross community relevance, such as the Local Area Agreement, which had as much an implication for children as for adults. While she recognised that children’s representatives would not always be able to attend they should still be on the distribution list for HH&SCP agendas.

Sandy Rahman said the HH&SCP should retain children’s representatives. A partnership bridge is needed and if the HH&SCP no longer has the presence of children's services it would have even less of a clear picture.

Susanna White said she did not want the HH&SCP to lose its focus on over-arching issues. The reality was that if children’s representatives do not see their issue as the main agenda item they would vote with their feet. However, health and well being across all the ages should still be discussed by the HH&SCP. Supporting People and Councillor Chopra’s housing portfolio were also across the ages.

It was agreed that Susanna White would discuss this further with Councillor Cadbury and Bob Garnett.

Lesley Rennie informed members that health in the Local Area Agreement is seen as a cross cutting issue. She has begun a review for the Local Strategic Partnership (LSP) and would be identifying which sub-groups can and perhaps should report up to the LSP.

4. Supporting People

Barbara Perry gave a verbal update.

Barbara reported that:
since Helen Bedser had left her post had been covered within the housing department and by a consultant coming in two days a week. Recruitment for a permanent post would begin soon;
- the Audit Commission had recently criticised the management of SP by the government. They had said that within government departments there was no shared vision of what SP is and not enough financial certainty. A new national strategy was due out in November soon for consultation.
- The SP team need to complete out service reviews by the end of March 2006 but were on track to complete this.

In response to a question from Councillor Chopra, Barbara outlined what the consultant does and her background. The consultant had actually written out the SP strategy for Hounslow. Currently she was looking at contracts for services and keeping the unit abreast of national developments.

5. Delayed Transfers of Care

Sue Spurlock gave a verbal update.

Sue Spurlock reported that:
- in the last quarter notifiable delays were twelve. Eight of these were at the WMUHT, two at Charing Cross, and two at Ashford). The year to date figure for notifiable delays was 94, at least 50 of which were waiting re-hab;
- older peoples issues have been under control but younger people issues seem more complex and take more time to resolve and there was a need to reflect what kind of service needed;
- broadly the Council is on top of delayed transfers. There was still a need for sufficient re-hab faculties in the borough to cope with demand.

Gail Wannell said last year WMUHT had focused on short length stays. This year they were focused on longer than 20 days and would be making an active push on this. Currently there were 90 patients staying beyond 20 days. They were looking jointly at the health and social care aspects. Gail would like to see WMUHT become more of an acute facility rather than dealing with longer stays which it is less skilled in. Aspects on health would need resolving with the help of the PCT but WMUHT would also be working with Hounslow social services.

6. Hounslow PCT: Commissioning Intentions For 2006/07

Cath Attlee gave a presentation and tabled copies of it.

Councillor Chopra asked what Gershon type efficiencies the PCT expected to achieve. Cath Attlee said overall this was about 5% across non acute services with the exception of mental health which was 3%.

Gail Wannell said the numbers of people coming to A&E were still high and this links to target times for seeing GPs. John Foster agreed that there was a real risk. Examples of the pressures faced by hospitals were parents bringing children with ear ache to A&E because treatment was quicker while 40% of orthopaedic cases could be seen by physiotherapists.
7. **Commissioning a Patient Led NHS**

John Foster gave a verbal report and said the government had announced that PCT boundaries will remain coterminous with local authority boundaries for the foreseeable future. As part of the government’s savings programme the NHS will be expected to deliver, especially around management costs, savings of around £50m.

Susanna White said the Council would welcome being engaged with the PCT on the issue of how efficiencies could be applied. It was important that the issue was seen from a partnership position rather than the different positions of the partners. Susanna said she was pleased that the one-to-one co-terminosity with councils would not be lost.

8. **Performance Update - Joint Area Review, Corporate Performance Assessment, PCT and SS&HP**

Lesley Rennie and Susanna White gave a verbal updates.

Lesley said that the Corporate Performance Assessment (CPA) will be carried out on site from 9 to 20 January 2006. The self-assessment was currently being written. CPA inspectors will also be on site from 5 to 9 December for an ‘analysis week’ together with the Joint Area Review (JAR) team so that the work can be divided up. For the assessment the inspectors will take ten case studies.

Susanna White said the social services performance rating would come out at the beginning of December.

9. **2005/06 Budget Update - NHS (including the Health Recovery Plan) and SS & HP**

John Foster and Susanna White gave verbal updates.

John Foster said currently the deficit was £14m. The Board would be discussing plans to defer investment.

Susanna White said that children’s services were not the only area of challenge. There were now pressures on adult services. Councillor Chopra said next year was set to be extremely challenging for all departments.

10. **Integration Update - Children and Adults**

Susanna White reported that from 5 December 2005 the new departments of Children’s Services and Lifelong Learning, Housing and Community Services, and Customer Services and Modernisation would come into being. However, support services will more or less stay as they are till the end of the current financial year.

11. **Emergency Care and Emergency Planning - Outstanding Issues**

This item was withdrawn. Maggie Wilson believed she may have inadvertently asked it to be included in the Agenda and no member of the partnership recalled asking for it to be included.
12. Issues for Next Meeting

It was agreed to consider the following issues at the next meeting:

- Older Peoples Housing Strategy
- Supporting People National Strategy
- Cath Attlee: Option for Provider Services
- Care Outside of a Hospital Setting: Government white paper due to be published late December 2005/January 2006.
- LIFT (rolling up-date: standard item)

13. Date of next meeting

Anthony Lumley, Senior Executive Support Officer apologised to members as he was not able to confirm the date of the next meeting. He planned to email members shortly with the date which was likely to be in February 2006.

Meeting finished at 7:12 pm.