



Supplementary Health Partnerships Overview and Scrutiny Committee

Tuesday 9 October 2012 at 7.00 pm
Committee Rooms 1 and 2, Brent Town Hall, Forty
Lane, Wembley, HA9 9HD

Membership:

Members

Councillors:

Kabir (Chair)
Hunter (Vice-Chair)
Colwill
Gladbaum
Harrison
Hector
Hossain
Leaman

first alternates

Councillors:

Mitchell Murray
Cheese
Baker
Ketan Sheth
Naheerathan
Aden
Ogunro
Sneddon

second alternates

Councillors:

Moloney
Ms Shaw
Kansagra
Van Kalwala
Singh
Al-Ebadi
RS Patel
Clues

For further information contact: Toby Howes - Senior Democratic Services Officer
(020) 8937 1307, toby.howes@brent.gov.uk

For electronic copies of minutes, reports and agendas, and to be alerted when the minutes of this meeting have been published visit:

www.brent.gov.uk/committees

The press and public are welcome to attend this meeting

Agenda

Introductions, if appropriate.

Apologies for absence and clarification of alternate members

Item	Page
13 Shaping healthier future – consultation response	1 - 10

As members will be aware, NHS North West London has been consulting on Shaping a healthier Future, their proposals for acute and out of hospital care in the sector. The draft response to the consultation is attached as an appendix to this report. Members are asked to consider the response and suggest amendments before it is returned to NHS North West London. Although the consultation closes on the 8 October, NHS North West London has agreed that Brent can submit their response after this deadline.



- Please remember to SWITCH OFF your mobile phone during the meeting.
- The meeting room is accessible by lift and seats will be provided for members of the public.
 - Toilets are available on the second floor.
 - Catering facilities can be found on the first floor near the Paul Daisley Hall.
 - A public telephone is located in the foyer on the ground floor, opposite the Porters' Lodge



Health Partnerships Overview and Scrutiny Committee 9 October 2012

Report from the Director of Strategy, Partnerships and Improvement

For Action

Wards Affected:
ALL

Shaping a Healthier Future – Consultation Response

1.0 Summary

- 1.1 As members will be aware, NHS North West London has been consulting on Shaping a Healthier Future, their proposals for acute and out of hospital care in the sector. The Health Partnerships OSC will respond to the consultation on behalf of the council, although Cllrs Sandra Kabir and Pat Harrison have also participated in the North West London Joint Overview and Scrutiny Committee which has scrutinised the proposals.
- 1.2 The draft response to the consultation is attached as an appendix to this report. Members are asked to consider the response and suggest amendments before it is returned to NHS North West London. Although the consultation closes on the 8 October, NHS North West London has agreed that Brent can submit their response after this deadline.

2.0 Recommendations

- 2.1 The Health Partnerships Overview and Scrutiny Committee is recommended to approve the response to the Shaping a Healthier Future consultation, subject to any final amendments.

Contact Officers

Andrew Davies
Policy and Performance Officer
Tel – 020 8937 1609
Email – andrew.davies@brent.gov.uk

Phil Newby
Director of Strategy, Partnerships and Improvement
Tel – 020 8937 1032
Email – phil.newby@brent.gov.uk

This page is intentionally left blank

Shaping a Healthier Future – Response from the Brent Health Partnerships Overview and Scrutiny Committee

1. Introduction

- 1.1 The Brent Health Partnerships Overview and Scrutiny Committee welcomes the opportunity to respond to the Shaping a Healthier Future consultation on health services in North West London. The proposals in the consultation documents, if implemented, will result in significant changes to the way that services are delivered and the places that they are delivered from. More will be done in community settings; major acute hospital services are to be grouped together on fewer sites; At least three hospitals in North West London will no longer be major acute hospitals, but will become local hospitals or elective centres providing a reduced range of services and specialisms. The Brent Health Partnerships Overview and Scrutiny Committee has considered the proposed changes to acute and out of hospital care as a whole in an attempt to draw together conclusions about changes to the health system.

2. Out of Hospital Care

- 2.1 The focus of much of the public debate around Shaping a Healthier Future has been on changes to acute services. However, the Health Partnerships Overview and Scrutiny Committee believe that the changes to out of hospital care are the foundation without which changes to acute services will not be possible. Previous efforts to stem the growth of acute services in the NHS have failed; spending on acute care and levels of activity continue to rise despite efforts to reduce both. There will be many reasons for this, but Shaping a Healthier Future is clear that it sees changes to out of hospital care as being central if it is to deliver the planned changes to acute care.
- 2.2 Moving services from hospitals to community settings and investing in primary and community care are laudable aims, supported by the Health Partnerships Overview and Scrutiny Committee. People should not have to travel to hospital for routine care or to help manage a long term condition when this can be done perfectly well in a GP surgery or health centre. Better management of long term conditions should reduce the number of hospital admissions benefiting both patients and the health service. We believe that as well as investing in primary and community healthcare, to improve out of hospital services there should be similar investment in social care, as the two systems should not be seen in isolation; indeed, they should be properly integrated so that decisions about patients are not effected by organisational boundaries but only by what's best for the patient. However, we have significant concerns that the Out of Hospital Care Strategy won't receive the required investment needed to ensure that it is successfully delivered as money will continue to flow into acute services as demand can't be properly controlled. The worst case scenario would see a cost shunt from acute services to primary care and social care, where responsibility for provision is transferred without the required investment.

- 2.3 If more services are to be provided from community settings, which we would support, there has to be the necessary investment to ensure the infrastructure is in place to make this happen successfully. Infrastructure in this instance includes buildings (perhaps not such an issue in Brent where we already have underused facilities) equipment and most importantly, staff. If these areas aren't addressed it is clear that efforts to move services into the community and reduce reliance on hospital services will fail. We would want to see at the earliest opportunity how commissioners intend to ensure the necessary investments in community services are to be made and the transition risks managed, whilst ensuring service continuity in the transition period once Shaping a Healthier Future has been approved. The committee would not support the closure of acute services which are to be delivered in the community until it can be demonstrated that they are up and running successfully from community settings, even if that means double running provision for a period of time.
- 2.4 We are concerned about the timescales for moving services into community settings. The time and effort needed to reorganise services into community settings whilst ensuring service continuity in the meantime should not be underestimated. The committee understands that it could take three to four years to reorganise services and implement Shaping a Healthier Future. We would want to see a timetable for this work as soon as is possible to be reassured that this transition is in hand.
- 2.5 Whilst we support the move to provide more services in community and primary care settings, it should be noted that in Brent there has been a history of low levels of satisfaction with access to primary care services. We hope that the Brent Clinical Commissioning Group makes this a priority area for improvement so that changes designed to improve access to services for patients don't end up leading to greater levels of dissatisfaction, if systems in primary care aren't improved.
- 3. Changes to acute services**
- 3.1 Northwick Park Hospital**
- 3.2 The Health Partnerships Overview and Scrutiny Committee supports Shaping a Healthier Future's commitment that Northwick Park Hospital will retain major acute hospital status. But, we do this in the knowledge that there are problems that the Trust and commissioners need to address to ensure that it has a sustainable future. Clearly Shaping a Healthier Future is partly about ensuring that all major acute hospitals in North West London have a sustainable future, but there are some specific points about Northwick Park Hospital that we think should be highlighted.
- 3.3 According to the North West London NHS Hospitals Trust it is facing some specific issues for which the solutions are to be found in improvements to out of hospital care (it is impossible to consider acute and non-acute services independently). For example, the hospital has around 70 unplanned admissions a day (plus elective admissions in addition to this) which is putting pressure on the Trust. Partly this is the result of a lack of capacity in primary care in Harrow to help manage patients to stay out of hospital. The solution to this isn't necessarily to increase capacity at the hospital, but to improve primary and community care by introducing schemes such as STARRS and expanding the Integrated Care Pilots for elderly patients and patients with diabetes, to prevent hospital admissions. Similarly, primary care and social services need the capacity to work with the hospital trust to ensure discharges are effective and done properly to ensure readmissions are kept to an absolute minimum.

- 3.4 Whilst expanding capacity at Northwick Park isn't necessarily the solution to all of the problems it currently faces, it is likely that activity at the hospital will increase in the future if services are closed in other hospitals and patients migrate to Northwick Park. For example, work has been done to estimate how many additional patients the hospital may see as a result of closing A&E at Central Middlesex and Ealing Hospital. It is thought there will be around 30 extra attendances at A&E per day, a number that the Trust believes it can manage within existing capacity. However, of those 30, it is expected that 18 would need to be admitted to the hospital, which would increase pressure on the trust. What is the best way to tackle this – more beds, or better out of hospital care to prevent the presentations at A&E? The Health Partnerships OSC believes that efforts should focus on out of hospital care and not by putting more resources into acute care.
- 3.5 This view is reinforced by performance information relating A&E at Northwick Park Hospital. Between December 2011 and May 2012 over 50% of patients who attended A&E at Northwick Park were discharged from the hospital without being admitted and without needing any follow up (the highest was 57.2% of patients in December 2011, the lowest 50.9% in April 2012). If so many patients are being discharged to their GP without needing any additional treatment, members question whether A&E was the best place for them to go for treatment. If there were alternative places of care in the primary and community sector, would they be better placed to deal with these patients and lessen the burden on acute services?
- 3.6 Central Middlesex Hospital**
- 3.7 In Brent, the issue that has caused most debate with regard to Shaping a Healthier Future is the proposed changes to Central Middlesex Hospital, that it is downgraded from a major acute hospital and it becomes a local hospital and an elective care centre. The Health Partnerships Overview and Scrutiny Committee notes that despite a degree of public opposition to this plan, both the North West London NHS Hospitals Trust and Brent Clinical Commissioning Group support this proposal.
- 3.8 Brent is a borough that has significant areas of deprivation, but also areas that are relatively affluent. Central Middlesex Hospital is in Stonebridge Ward, an area of considerable deprivation and it serves the population of south Brent where there are pockets of long standing deprivation and poverty. Despite the logic and rationale behind the case for change articulated in the Shaping a Healthier Future documents, closing services in a hospital in Brent's most deprived ward is always going to be difficult and controversial and result in local people becoming concerned that their health and wellbeing will be affected as a result. Informing people of the reasons behind the proposals and the potential benefits of change is never easy, particularly where change is to take place over a three to four year period and requires a degree of faith from patients that the benefits will be delivered.
- 3.9 The proposal relating to the Accident and Emergency department at Central Middlesex Hospital has been especially contentious. A&E at the hospital is already closed between 7pm and 8am because of concerns relating to safety. Usage of the A&E has fallen steadily in recent years and this accelerated when the Urgent Care Centre at the hospital opened in April 2011. When the decision was taken to close A&E overnight temporarily only one or two people an hour were using the service. Numbers using A&E during the day are also relatively low – on the 23rd September 2012 only 25 people used A&E at Central Middlesex Hospital.
- 3.10 There are many reasons for this. The success of the Urgent Care Centre in treating patients who don't require the full range of A&E services could be one. The

reorganisation of services so that stroke patients, trauma patients or heart attack patients are taken to specialist centres rather than the closest A&E will be another reason for the low numbers using A&E. The case for pooling specialist skills in a smaller number of units has been made for these areas of medicine and very few people would dispute that it hasn't resulted in better outcomes for patients. For example, since stroke services were reorganised into eight hyper-acute stroke units an estimated 400 lives have been saved in London, 100 in North West London. It is hard to argue against the logic that it is better to be taken to the best place for treatment than to the nearest hospital which may not have the teams with the right skills on site to provide appropriate care.

- 3.11 Arguments could be made that if services at Central Middlesex Hospital received the appropriate level of investment then a full A&E service could be provided with support from the necessary back up services. However, this does not take into account the through put of patients needed to ensure there is a "critical mass" of patients required to justify a full A&E. Specialist services need to be treating patients. The best way to ensure this happens is to pool specialisms into a smaller number of units.
- 3.12 What isn't clear at this stage is what will be provided at Central Middlesex Hospital in the future. We welcome the move to standardised urgent care across London. It is likely (although not confirmed) that what is delivered from urgent care centres will be at a higher level than is currently the case (this may reassure those concerned about the closure of A&E at Central Middlesex). But there isn't clarity as to what will be provided from the Urgent Care Centre at Central Middlesex, or what elective procedures will be available. Even more confusingly, Anne Rainsberry at the North West London Joint Overview and Scrutiny Committee on the 26th September suggested that mental health services will be relocated into Central Middlesex Hospital. This is the first time Brent Councillors have been told this, and it has added to the confusion about the future of CMH.
- 3.13 The Health Partnerships Overview and Scrutiny Committee understands the arguments both for and against closing A&E at Central Middlesex Hospital, but on balance it does not object to the Shaping a Healthier Future proposal that it becomes a local hospital and elective centre. However, the NHS has to work with communities in Stonebridge, Harlesden and other parts of south Brent to explain how the changes will lead to better services in the future and what services are to be provided from the site. The Health Partnerships Overview and Scrutiny Committee want to see a sustainable future for CMH and would oppose any measures to close the hospital. Although the Shaping a Healthier Future consultation has run over the summer of 2012, the real work explaining the changes should begin now. A concerted campaign to win the hearts and minds of local people is needed if they are to be convinced of the proposals relating to Central Middlesex Hospital, especially the decision to close the A&E department.

4. Transport

- 4.1 The rationalisation of major acute services into five hospitals will mean that many people will have to travel further to attend hospital. Even in a relatively small geographical area like North West London, this is an inevitable consequence of service reduction. For patients being transferred by ambulance in an emergency the difference will be minimal. The committee is a supporter of treating people in the right hospital, not the nearest one, and we accept the view that patients can be transported around North West London under blue light conditions to the most appropriate place for treatment without compromising outcomes.

- 4.2 But for the family and friends who wish to see their loved ones admitted to hospital, or for patients attending hospital for reasons other than an emergency, there will be a knock on effect of having to attend a hospital further away from their home. The fear is that the impact of such factors tends to affect the most deprived areas to a greater extent than affluent areas – areas such as Stonebridge and Harlesden where car ownership is low and where accessing other hospitals such as Northwick Park Hospital is not especially straightforward.
- 4.3 Northwick Park Hospital will become one of five major acute hospital sites in North West London. The number and range of services provided from the site is likely to expand, with a corresponding increase in people using the hospital. Northwick Park Hospital has a London Underground Station in close proximity to the site. It also has a small bus station on site, and is reasonably well served by buses. But, there are accessibility problems.
- 4.4 Northwick Park Underground Station is not step free, nor is it on TfL's plans for step free access. There are specific problems at the station which would make the necessary adaptations for step free access difficult, but given that it serves the largest hospital in North West London (by bed numbers), TfL's reluctance to give it a higher priority is disappointing. It is also disappointing that Harrow-on-the-Hill Station, an alternative station for Northwick Park Hospital, isn't being considered for step free access.
- 4.5 Not all buses to Northwick Park Hospital stop inside the hospital bus station, particularly the 182 bus which serves the hospital from the Wembley area. Bus access is something the council, with the Northwick Park Public Transport Liaison Committee has been lobbying on for some time (including the establishment of an overview and scrutiny task group to look at the issue). The council has two specific proposals which would improve bus access to Northwick Park Hospital, as well as provide other benefits to residents in Brent and give them a greater range of services:
- A new route from Harrow Bus Station via Sudbury and Alperton to either Central Middlesex Hospital or to Willesden Centre for Health and Care through Harlesden or Church End
 - An extension of route 223 from Wembley Central to Harrow Bus Station via Harrowdene Road, North Wembley and Watford Road so that it becomes a circular route
- 4.6 One of the consequences of the changes proposed by Shaping a Healthier Future is that more people from the south of Brent may have to use a different hospital in the future as services are relocated from Central Middlesex Hospital. Northwick Park, St Mary's, University College Hospital or Royal Free could be destinations for patients from Brent, depending on their circumstances. Public transport to all of these sites from our borough will need to be considered to ensure they are accessible.
- 4.7 Access to Northwick Park Hospital from the south of the borough is crucial because it is in Brent and also part of the same trust as Central Middlesex Hospital. For those living along the Metropolitan Line / Jubilee Line corridor, getting to Northwick Park Hospital probably won't be too much of an issue, as Northwick Park Underground Station is on the Metropolitan Line (notwithstanding the step free issues at the station). But from other areas, such as Harlesden and Stonebridge (Brent's most deprived areas) it could be more problematic. Using the 18 bus and changing in

Sudbury is unappealing because of the time it can take to move along the Harrow Road / Wembley High Road. It is possible to pick up buses to Underground stations at Willesden Green or Dollis Hill, but this information needs to be accessible – is it something that hospitals could do when they send out appointments?

- 4.8 The council would like to link North Brent to Central Middlesex Hospital so that anyone going there in the future for out patient or elective care could get there more easily by public transport. One possibility would be to extend route 305 from Kingsbury to Central Middlesex Hospital from Fryent Way, either via Engineers Way, Brent Park, Brentfield Road and Hillside, or Wembley Stadium Station, Wembley Triangle, Harrow Road Tokyngton, Stonebridge Park station and Abbey Road. The latter via Wembley Triangle is favoured as it would be shorter route that would not duplicate other recent route changes.
- 4.9 Travelling to appointments further from home will lead to increased costs for patients in terms of fares, time and loss of work time. Having to change buses and changing from buses to trains could all act as a deterrent to accessing services. Driving in London is already difficult, with congestion in parts of Brent particularly bad. Added to this is the cost of parking at hospital sites. For example, at Northwick Park Hospital and Central Middlesex Hospital it currently costs £2.30 to park for an hour, £4.50 to park for two hours, £5.80 to park for five hours and £9.00 to park for eight hours. This is expensive but some people will have little choice but to drive, or be driven, to appointments. Despite the cost of parking, extra spaces could be needed if patient numbers increase at Northwick Park as more services are located there. Is there the necessary room at the site to provide the required parking spaces?
- 4.10 Public transport access to GP surgeries and health centres in Brent**
- 4.11 The full implications of Shaping a Healthier Future won't be clear for many years – the scale of the changes proposed means that they can't and won't be implemented overnight. The desire to provide more services from community settings is one which is supported by the Brent Health Partnerships OSC. Most people will live closer to their GP than they will to a major acute hospital. It makes sense for people to receive routine services in a local setting.
- 4.12 In Brent it is likely that some services no longer provided from hospitals will move into facilities such as Willesden Centre for Health and Care and Wembley Centre for Health and Care, as well as larger GP practices. The implication for transport and travel to these centres needs consideration because they have to be accessible to residents from all parts of the borough. Parking at both health centre sites is limited (and discouraged); therefore, most people travelling from outside the immediate vicinity to health centres will be using public transport. NHS service planners need to take this into account and work with local authority transport planners and TfL to ensure there are good transport links to the larger community sites if services are to remain accessible.
- 4.13 Transport Conclusions**
- 4.14 Although the full implications for transport relating to Shaping a Healthier Future are not completely clear, there are some basic principles that Brent's Health Partnerships Overview and Scrutiny Committee believe that the health service in North West London should work with TfL to preserve:

(i). There should not be a reduction in the number of bus services serving hospital sites or health centre sites in Brent, and any changes should ensure greater access to health service providers not less.

(ii). Vulnerable people should not be disadvantaged by the changes. Disabled people, people with learning disabilities, people receiving benefits, the elderly – none of these groups should be disadvantaged by changes to the way that health services are provided. If services are relocated as a result of Shaping a Healthier Future, the onus is on health service providers to ensure that those people who need to access those services are still able to do so.

(iii). NHS commissioners should work with TfL at an early stage in their service planning so that TfL are aware of changes to patient flows and can possibly change services as a result. For example, we know that more services are to be provided in the community – what changes are needed to the bus route network so that patients are able to get to places like Willesden Centre for Health and Care, Wembley Centre for Health and Care, Monks Park Health Centre etc.

5. Overall conclusions

5.1 The Brent Health Partnerships Overview and Scrutiny Committee believes a strong case for change has been made by NHS North West London and that health services need to be reconfigured to secure better outcomes for patients. This will mean that difficult decisions will need to be taken, but to “do nothing” is not an option and it is in everyone’s interests to ensure that services in London have a sustainable future.

5.2 That said, we urge the Joint Committee of PCTs to consider the following points when making its decisions regarding Shaping a Healthier Future:

(i). Efforts need to be focussed on successful implementation of the borough’s Out of Hospital Care Strategy and ensuring this is properly resourced. Changes to the acute sector are dependent on this – cost shunting, or under resourcing out of hospital care would not be acceptable to the council and will lead to a worse service for patients escalating costs in the acute sector.

(ii). That services to be provided from Central Middlesex Hospital are confirmed as soon as possible. Work should begin with local communities to spell out what the future is for the site so they can be reassured their health and wellbeing won’t be adversely affected by the changes.

(iii). That Shaping a Healthier Future emphasises to TfL the conclusions relating to transport set out in paragraph 4.11 above.

This page is intentionally left blank