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Health Select Committee

Thursday, 15 July 2010 at 7.30 pm
Committee Rooms 1 and 2, Brent Town Hall, Forty Lane, Wembley, HA9 9HD

Membership:

Members Councillors:	**first alternates** Councillors:	**Second alternates** Councillors:
Ogunro (Chair)	McLennan	Mistry
Hunter (Vice-Chair)	Leaman	Ms Shaw
Adeyeye	Naheerathan	Oladapo
Beck	Clues	Cheese
Colwill	Baker	HB Patel
Daly	Sheth	Van Kalwala
Hector	Aden	Al-Ebadi
Kabir	Mitchell Murray	Moloney

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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

1 Declarations of Personal and Prejudicial Interests

Members are invited to declare at this stage of the meeting, any relevant financial or other interest in the items on this agenda.

2 Deputations (if any)

3 Minutes of the Previous Meeting held on 24 March 2010 1 - 10

4 Matters Arising (if any)

5 Health Inequalities in Brent

The Health Select Committee will be presented with information on health inequalities in Brent. People who live in Brent generally have good health but there are inequalities between communities and different groups that the Council and Primary Care Trust (NHS Brent) are working to address. The starkest health inequality is that men who live in Northwick Park ward can, on average, expect to live nine years longer than a man living in Harlesden. Other areas of concern include the high prevalence of diabetes and TB and the low levels of adult participation in regular physical exercise. The presentation will provide an overview of the key issues in the borough, which will be a useful to members when scrutinising health issues in Brent. Cathy Tyson, Assistant Director of Policy will give this presentation.

6 Brent Anti-Obesity Strategy

NHS Brent and Brent Council are in the process of preparing an anti-obesity strategy for the borough. The Select Committee will receive a presentation on this work, including details on the prevalence of obesity in the borough, the strategic objectives contained in the strategy to tackle obesity and the plans for consulting and involving stakeholders in agreeing the strategy and its implementation. Obesity is a major health challenge in Brent (and the rest of the UK) and the strategy provides a useful overview of the issue. Melanie O'Brien, Commissioning Manager for Children's Health and Simon Bowen, Deputy Director of Public Health, NHS Brent, will give this presentation.

7 Brent Tobacco Control Strategy

The Brent Tobacco Control Alliance is preparing a tobacco control strategy for Brent, which aims to reduce the prevalence of smoking in Brent and the use of other tobacco products. The strategy is still being developed, but the alliance has agreed to introduce the issue to the Health Select Committee, to talk through the main issues in Brent and the aims and objectives of the strategy. Smoking is one of the major causes of ill health and this strategy will be an important reference document for the Council and PCT as it works to reduce tobacco use in Brent. Amanda Wilson, Tobacco Control Alliance Co-ordinator will give this presentation.

8 Access to Health Services for People with Learning Disabilties 11 - 28

This report sets out the findings and recommendations of the Health Services for People with Learning Disabilities Task Group that are being presented to the Health Select Committee for endorsement.

9 Paediatric Services in Brent - Follow Up to Public Consultation on Paediatric Services Provided by North West London NHS Hospitals Trust 29 - 72

This report updates the members of the Health Select Committee on the progress that has been made to implement the changes to paediatric services at North West London NHS Hospitals Trust since the completion of public consultation on this issue in April 2010. Included in the Health Select Committee's consultation response was a request that the trust report back on progress in the summer of 2010.

10 Local Involvement Network Annual Report 73 - 130

By the 30th June each year, the Brent Local Involvement Network (LINk) has to produce an annual report. The annual report is a useful mechanism for the Health Select Committee to consider the work done by the LINk, and decide whether there any issues that could be followed up by members.

11 Health Select Committee Work Programme 131 - 136

This report sets out a long list of items for inclusion in the Health Select Committee work programme in 2010/11.

12 Date of Next Meeting

The next meeting of the Health Select Committee is scheduled for Thursday, 14 October 2010 at 7.30 pm.

13 Any Other Urgent Business

Notice of items to be raised under this heading must be given in writing to the Democratic Services Manager or his representative before the meeting in accordance with Standing Order 64.

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

LONDON BOROUGH OF BRENT

MINUTES OF THE HEALTH SELECT COMMITTEE
Wednesday, 24 March 2010 at 7.00 pm

PRESENT: Councillor Leaman (Chair), Councillor Crane (Vice-Chair) and Councillors Jackson and R Moher

Also Present: Councillors Dunwell, John and Mistry

Apologies were received from: Councillors Baker and Clues

1. **Declarations of personal and prejudicial interests**

None declared.

2. **Minutes of the previous meeting**

RESOLVED:-

that the minutes of the previous meeting held on Wednesday 17 February 2010 be approved as an accurate record of the meeting.

3. **Matters arising (if any)**

Access to Health Sites Scrutiny Review Recommendation Follow Up

Andrew Davies (Policy and Performance Officer) circulated a response from Transport for London (TfL) regarding the committee's concerns which were raised at the last meeting. It was noted by the committee that the letter did not cover all aspects of the committee's concerns. The Chair stated that he would write again to TfL to ask them to respond to all the committee's concerns.

Stag Lane Clinic

Councillor Mistry informed the committee that residents were concerned about the future of Stag Lane Clinic. She explained that she was concerned that portakabins were not the best solution for patients and would cause parking issues. She questioned why the money, which was being spent on the portakabins, could not be spent on sorting out the problem with the subsidence. She asked whether there was any resolve to develop a new centre on the Roberts Court site. Councillor Dunwell also stated that clarification on the situation regarding Roberts Court was required.

In response to the question regarding the repairing of Stag Lane Clinic, Jo Ohlson (Director of Primary Care Commissioning, NHS Brent) explained that the reason why NHS Brent had decided to not repair Stag Lane Clinic was because there was no guarantee that there would not be any future underground movement if the building was to be retained. It was therefore felt that portakabins were the best solution, but that it was only a temporary solution. She further advised that they had been asked by the planning service to clear the Stag Lane site to provide car parking adjacent to the portakabin site and that NHS Brent's expectation was that it would be cleared to ensure that parking would be available.

With regards to Roberts Court, Jo Ohlson explained that there would only be a short window of opportunity in the next few months to develop on the Roberts Court site. She explained that she had met with half a dozen GP practices in Kingsbury to discuss the situation. She explained that due to the financial downturn a new clinic would have to be revenue neutral. She advised that there was a willingness to develop an affordable scheme which would be cost neutral and that NHS Brent would be undertaking a feasibility study in mid-April and would be developing a business case by the end of June 2010. Jo Ohlson stated that she was also aware that there was an interest for GPs to come together to build on the Stag Lane Clinic site and that this would also be looked at as an option.

Interim Chief Executive for NHS Harrow.

Mark Easton informed the committee that as well as being the Chief Executive of NHS Brent, he would also be acting as Interim Chief Executive for NHS Harrow from the 1st April 2010. The arrangements, he explained, would initially be for six months, with a review taking place after three months. He stated that the two organisations would continue to be run as completely separate entities, with separate finances, boards and management teams. He added that his new role would not have any impact on how NHS Brent provides services in Brent.

4. **Deputations (if any)**

Developing older adult mental health day hospital services in Brent - Service reconfiguration at Belvedere Day Hospital

The committee agreed to hear from Ed Fordham and Penny Blackman regarding the item on service reconfiguration at Belvedere Day Hospital. Ed Fordham, whose uncle was a user of mental health services, and Penny Blackman, who was a service user at Belvedere Day Hospital, addressed the committee to express their concerns regarding the plans for service reconfiguration at Belvedere Day Hospital. Penny Blackman, as a service user herself, stressed the importance of the services, which were provided for mental health sufferers at Belvedere Day Hospital. She felt that a change in service provision at the hospital would have a detrimental effect on those who attended the hospital. Penny Blackman handed in a petition against the closure of Belvedere Day Hospital.

Ed Fordham expressed a concern about the uncertainty surrounding the proposals and highlighted the importance of stability in the services used by those who suffered from mental health problems. With regards to the exploration of alternative models of supporting clients, as stated in the report by Central and North West

London NHS Foundation Trust (CNWL), he questioned what CNWL would do if service users wanted services to remain as they were at the Belvedere Day Hospital. Ed Fordham also raised a concern regarding the last three paragraphs of the report, which he felt suggested that responsibility was being shifted to the local authority and voluntary agencies. He finally raised a concern regarding the reality of the discussions, which the report suggested had been taking place with service users.

The committee also agreed to hear from Maurice Hoffman, who was a member of Brent Link, on this issue. Maurice Hoffman raised a concern that, over the last few months, services at Belvedere Day Hospital were being slowly reduced. This, he added, had been happening without sufficient consultation. He stressed the need for genuine engagement and consultation with service users. He brought the committee's attention to a question and answer leaflet on changes to Belvedere Day Hospital which had been provided to service users from an unknown source.

5. **Developing older adult mental health day hospital services in Brent - Service reconfiguration at Belvedere Day Hospital**

The committee agreed to take this item first.

Robyn Doran (Director of Operations, CNWL) introduced a report on the reconfiguration of services at Belvedere Day Hospital. She informed the committee that in recent years there had been an increasing focus on the modernisation of day hospital provision and that the national agenda had resulted in the focus of services moving away from being 'building based' to providing a model of community based support. She advised that any service development at Belvedere Day Hospital would need to support the national modernisation agenda. Robyn Doran explained that CNWL had not yet reached the stage of formal consultation and that so far only initial discussions had taken place with the service users of Belvedere Day Hospital. She advised that the question and answer leaflet, which was referred to by Maurice Hoffman, had been used as a starting point to these initial discussions with service users and that CNWL were planning to carry out more formal consultation.

Robyn Doran stated that the report, which had been circulated, put forward one potential model for service reconfiguration and that no decision had been made. Natalie Fox (Service Director for Older Adults Directorate, CNWL) explained that the potential model was a conceptual idea based on the modernisation agenda and that the model was not about providing a smaller number of services, but was about moving services into the community. She stressed that CNWL were not suggesting that Belvedere Day Hospital be closed. Robyn Doran advised that there were no plans to transfer responsibility from the health service to the local authority or voluntary sector agencies. Susan Drayton (Admiral Nurse, CNWL) advised that it would be the same members of staff providing the services.

The committee heard from Dr Robin Powell who was a consultant at the Belvedere Day Hospital. He stated that Belvedere Day Hospital had gone beyond its optimal usefulness and no longer functioned as it was originally intended to. The idea, he explained, was to get patients off the ward and back into the community, but that this was not happening effectively. There was also a need, he explained, to reduce the amount of time which service users were spending on travelling to the hospital.

He added that there was a need to look at this resource and whether it could be used more effectively.

Martin Cheeseman (Director of Housing and Community Care) explained that what had been set out in the report by CNWL regarding modernisation was part of a common national agenda to modernise adult services. He stressed the need for consultation, which would take into account the views of all the service users at Belvedere Day Hospital. He explained that the council would be involved in the consultation process. He advised that he had been given categorical assurances from CNWL that the intention was not to move costs from the health service to the local authority.

The committee also stressed the need for genuine consultation and the importance of ensuring that service users' views be taken account of. Following a request from the committee, Robyn Doran, stated that CNWL would produce a consultation plan in time for the next Health Select Committee for the committee to consider. She added that a report, which considered all the different options, would be presented to the Health Select Committee for discussion, once the consultation had been completed in the autumn. Following a request from the Chair, Robyn Doran stated that the report would consider the viability of keeping services running as they were currently doing so, as one of the options. She added that no changes to the services provided at Belvedere Day Hospital would be made until the plans had been agreed.

RESOLVED:

i) that a consultation plan on the reconfiguration of services at Belvedere Day Hospital be produced by CNWL in time for the next Health Select Committee meeting.

ii) that, following the consultation, a report which examines all the possible options for the reconfiguration of services at Belvedere Day Hospital be presented to the Health Select Committee for discussion in the Autumn.

6. Childhood Immunisation Task Group - Final Report

Councillor John, Chair of the Childhood Immunisation Task Group, introduced the report which set out the findings and recommendations of the Childhood Immunisation Task Group, which were being presented to the Health Select Committee for approval. She explained that the task group had been set up because councillors in Brent had concerns over the low level of immunisations being reported by NHS Brent. She added that as someone who had spent their professional life testing vaccinations, it was of great concern to her personally that young people in Brent were not being protected against diseases that could be prevented. Councillor John explained that the task group were especially concerned by the reduction in the number of children receiving the MMR vaccine due to the controversy caused by the now discredited research carried out by Andrew Wakefield. She added that there had been a number of recent cases of measles outbreaks in Brent which would not have occurred if the young children had received their MMR vaccine and booster.

Councillor John advised that data quality was a continuing theme during the course of the review. She added that the task group had been encouraged to learn that NHS Brent had allocated extra resources to bring its database up to date and that this had already had a positive impact on immunisation figures. Councillor John also highlighted the need for training, on the benefits of vaccinations, to be provided to all medical and non-medical staff working in frontline positions, including GP receptionists.

Councillor John stated that as well as looking at what NHS Brent was doing to improve immunisation levels, the task group had also explored how Brent Council could contribute to improving the immunisation levels. The task group noted how the council, via children's centres and schools had contact with the vast majority of children and parents in Brent and were therefore in a good position to assist NHS Brent in the delivery of the immunisation programme. She advised that the task group felt that the introduction of immunisation clinics at children's centres would be a very useful addition to existing services. Councillor John stated that the task group had met with a number of parents to discuss their views on immunisation and that the parents had expressed a range of views which had been included in the recommendations. Councillor John thanked everyone who had taken part in the review.

Jo Ohlson (Director of Primary Care Commissioning) circulated a paper which set out NHS Brent's response to the task group's recommendations. She thanked the task group for the excellent work that they had carried out on this issue. She advised that the data cleansing, which was currently being undertaken, would help them to focus on groups where there was low take-up. Following a request from Jo Ohlson, it was agreed that a recommendation around working with schools to increase the uptake of the Human Papillomavirus (HPV) vaccine would be added to the list of recommendations. Jo Ohslon explained that there had been an increase in the number of refusals and non-returns of consent forms and also a decrease in the number of uptakes of the 2nd and 3rd doses, which need to be carried out for the vaccine to be effective.

In response to a question regarding consent for the HPV vaccine, Tony Menzies explained that a parent's consent was not always required for girls under the age of 16, but that NHS Brent preferred to obtain this. He added that the consent forms were given to pupils to take home to their parents/guardians and that there was a concern that some of the consent forms were not being given to the parents/guardians. Responding to a question about whether there was literature available on the different vaccines, which would dispel the myths surrounding them, Dr Penelope Toff (Consultant in Public Health Medicine, NHS Brent) explained that there was literature available which effectively provided this information.

The Chair thanked the Task Group on behalf of the committee for the excellent work which they had carried out as part of the review. The committee agreed to endorse all the recommendations set out in the report and the additional recommendation regarding working with schools to increase the uptake of the HPV vaccine. Andrew Davies (Policy and Performance Officer) explained that the next step was for the task group's recommendations to go to the council's Executive and the NHS Brent Board for approval.

RESOLVED:-

i) that a recommendation around working with schools to increase the uptake of the HPV vaccine be added to the Childhood Immunisation Task Group's list of recommendations;

ii) that the Childhood Immunisation Task Group's recommendations be endorsed by the Health Select Committee and that the recommendations be passed to the council's Executive and NHS Brent Board for approval.

7. **Response from the Planning Service on restricting or reducing the number of hot food takeaways**

Following a request from members of the Health Select Committee for a statement from Brent's Planning Service regarding restricting or reducing the number of hot food takeaways in close proximity to schools, Ken Hullock (Policy Manager, Planning Services) introduced the briefing note. He informed the committee that in order to control hot food takeaways on the grounds of their contribution to childhood obesity, a new Supplementary Planning Document (SPD) or a new planning policy in the Development Plan, or both, would be required. He stated that Barking and Dagenham Council and Waltham Forest Council had produced SPDs to help curb the establishment of new hot food takeaways, which they had related to existing policies in their Unitary Development Plan (UDP). He added that if Brent was to pursue an SPD, then Barking and Dagenham's model would be the preferred model to follow because it was prepared as part of the LDF process and was based upon a stronger evidence base. He stated that a robust local evidence base, which showed that there was a direct link between the over concentration of hot food takeaways and obesity in the borough, would be required, whether Brent was to prepare a planning policy for inclusion in its development plan or an SPD.

Ken Hullock advised that planning controls would be given greater weight if brought forward in the form of a planning policy in the Council's forthcoming Development Management Policies. This, he added, could then be supported in further detail by a SPD. He advised that an SPD on its own may not have a great deal of weight when considered at an appeal against refusal of planning permission. He stated that Waltham Forest's and Barking and Dagenham's SPD had yet to be tested on appeal. However, he advised that because of other priorities and the proposed timetable for producing the new Development Management Policies document, a new policy would be unlikely to be adopted as statutory policy until the end of 2012 at the earliest. Ken Hullock informed the committee that the council had now received the prospective report regarding its core strategy.

In the discussion which followed a concern was raised regarding the amount of time it would take to create a planning policy for inclusion in the council's forthcoming Development Management Policies, as tackling child obesity should be a priority. In responding to a question, Ken Hullock advised that an SPD could be developed within nine months as it would not need to go through statutory process. A view was put forward by a member of the committee that the SPD route, using the Obesity Strategy to build up evidence, would be the best option. Andrew Davies (Policy and Performance Officer) advised that the Obesity Strategy Group, which met recently, had expressed a wish to pursue this with planning colleagues and to take it forward within the Obesity Strategy. In responding to a question regarding

the availability of evidence, Andrew Davies explained that whilst no research had been done as such, PCT representatives on the Obesity Strategy Group felt that there would be evidence available to show the link between the over concentration of hot food takeaways and levels of obesity in the borough. The committee agreed that in the meantime, the issue should be referred to the Planning Committee for their consideration of the issue.

RESOLVED:-

i) that the briefing note on restricting or reducing the number of hot food takeaways be noted;

ii) that the issue of restricting or reducing the number of hot food takeaways in close proximity to schools be referred to the Planning Committee for their consideration.

8. **Integrated Strategic Plan for North West London**

Mark Easton (Chief Executive, NHS Brent) introduced the set of presentation slides, which provided the committee with details on the Integrated Strategic Plan (ISP) for North West London. He explained that the ISP was the road-map for the redesign of the NHS in North West London up to 2014 and would be the broad framework within which fundamental changes to NHS services would be made. He added that the plan described the shift of care to lower cost settings in polysystems and the consequent effect this would have upon acute hospitals. Mark Easton advised that consultants had been appointed to look at the strategy over the next few months and that a 13 week public consultation on final options was likely to begin in autumn 2010. Stakeholder events, he added, would continue over the summer.

Maurice Hoffman (Brent Link) raised a concern that there had been a lack of consultation and engagement on NHS Brent's Commissioning Strategic Plan. He also highlighted the level of disinvestment which had been set out in the Commissioning Strategic Plan and concluded by explaining that he believed there was a mismatch between aspirations and cuts. Following concerns regarding disinvestment, Mark Easton explained that whilst there would be disinvestment, there would also be the recycling of money into more appropriate forms of care. A concern regarding the financial problems, which the Acute Trust has had, was also raised.

Responding to a question on the number of polyclinics expected for the borough, Mark Easton explained that the starting point had been five polyclinics. However, he advised that if it was to be based on one polyclinic per 100,000 people, as stated in the presentation slides, there would be three polyclinics for Brent. He added that they were currently looking at whether five polyclinics would be appropriate and that they would be working with the council on the possible implications of having three polyclinics rather than five. With regards to the transfer of some services from Willesden Centre for Health and Care to Central Middlesex Hospital, Mark Easton explained that it was a temporary transition. He explained that the x-ray services were still available at Willesden Centre for Health and Care.

In response to a question regarding the loss of 90 beds at Northwick Park Hospital, Mark Easton explained that Fiona Wise (Chief Executive, North West London Hospitals Trust), who had given her apologies for this meeting, would most likely have explained that she had opened more beds in the winter due to the winter weather to cope with A+E demands and that in order to balance books, they now had to be closed down. He added that fewer beds may also be needed due to improvements such as a reduction in delayed discharges. It was agreed that the Chair would write to Fiona Wise in order to get clarification on the loss of beds.

RESOLVED:-

i) that the presentation on the North West London Sector Integrated Strategic Plan be noted;

ii) that the Chair writes to Fiona Wise (Chief Executive North West London NHS Hospitals Trust) to ask for more information on the loss of beds at Northwick Park Hospital.

9. **Brent Health Select Committee response to "Better Services for Local Children - A Public Consultation for Brent and Harrow"**

The Chair brought the committee's attention to the Health Select Committee's draft response to the consultation and invited members to comment. Mark Easton (Chief Executive, NHS Brent) provided members with the statement regarding the future of Central Middlesex Hospital. It was agreed that receipt of this statement should be noted in the committee's response to the consultation.

RESOLVED:-

i) that the response be updated to include the fact that the statement regarding the future of Central Middlesex Hospital had now been provided;

ii) that the response to the consultation, as set out in appendix 1, be agreed and sent to NHS Brent as finalised.

10. **Health Select Committee Work Programme - 2009/10**

Andrew Davies (Policy and Performance Officer) explained that the outstanding items listed on the 2009/10 work programme would be carried over to the 2010/11 work programme. He welcomed any suggestions from members on items for inclusion in next year's work programme. He added that the work programme would also incorporate those issues raised at this meeting.

The Chair thanked all the committee members and partners for their contributions over the last year. He also thanked Andrew Davies for all the support he had provided the committee.

11. **Any Other Urgent Business**

None.

12. **Date of Next Meeting**

It was noted that the date of the next Health Select Committee would be confirmed at the Full Council meeting on Wednesday 26 May 2010.

The meeting closed at 8.50 pm

C LEAMAN
Chair

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	Health Select Committee **15th July 2010** **Report from the Director of Policy and Regeneration**
For Action	Wards Affected: ALL

Health Services for People with Learning Disabilities Task Group Report

1.0 Summary

1.1 This report sets out the findings and recommendations of the Health Services for People with Learning Disabilities Task Group that are being presented to the Health Select Committee for endorsement.

2.0 Recommendations

2.1 That the Health Select Committee endorses the recommendations set out in the task group report.

2.2 That the report is forwarded to the Executive for approval.

3.0 Detail

3.1 On the 27th May 2009 the Overview and Scrutiny Committee agreed to set up a task group to consider concerns amongst carers about the difficulties that people with learning disabilities face when accessing health services.

3.2 The members of the task group were Councillor Eddie Baker, Councillor Ruth Moher and Councillor Emily Tancred, who chaired the group.

3.3 The task group took evidence from a wide range of witnesses including:

- Chief Executive, Brent MENCAP
- Assistant Director for Community Care, Brent Council
- Head of Service for People with Learning Disabilities
- Head teacher, Hay Lane School
- Head of Diversity, Brent Council
- Brent Carers
- Deputy Director, NHS Brent
- Deputy Director Partnership Commissioning, NHS Brent
- Support for Living Project in Ealing.

4.0 Key findings of the task group

4.1 This review was commissioned because Brent Carers who look after people with a leaning disability spoke to local councillors about the difficulties they faced when using general health services with the person that they cared for.

4.2 Brent carers reported a number of on-going difficulties when using services such as hospitals, dentists, GP's and opticians. There can be a lack of awareness about learning difficulties and a failure to implement reasonable adjustments which would make these services accessible to all patients.

4.3 The task group found that there is a project in Ealing called Treat Me Right! that has developed a range of measure to improve the experience for patients with learning disabilities when they use Ealing Hospital. They have produced information in easy to read formats, such as the complaints policy and admission information as well as provide staff training on working with people with a learning disability. One of the main recommendations of the task group is that NHS Brent develops a similar model for Brent Hospitals.

4.4 The final recommendations of the task group can be found on page seven of the task group report

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Access to Health Services for People with Learning Disabilities

Membership:

Councillor Eddie Baker
Councillor Ruth Moher
Councillor Emily Tancred (Chair)

Contents

Foreword by the task group

People with learning disabilities* experience worse health than the general population and often experience a poor service from health providers. The need for improvement has been recognised by seven national reports in the last ten years. Despite so much attention being given to this problem little noticeable improvement has been made.

It is, therefore, vitally important that something is now done, that is why the overview and scrutiny committee have agreed to commission this task group. Councillors believe that there has been enough talking and strategy development, and concerted action needs to take place.

The recommendations set out in this task group are practical and can be achieved without excessive financial cost to Brent. It is in many cases a matter of making practical adjustments to the systems used by clinics and hospitals, and of educating all staff in the use of better communication techniques, for people with learning disabilities.

The Task Group has been assisted by many experts and we would like to thank everyone who has spent time preparing reports and attending meetings, to advise us.

We would also like to give particular thanks to the carers we met at both Hay Lane School and Wembley Centre for Health and Care, who shared their personal experiences of the obstacles encountered by them, when accessing health services.

We intend to continue working to ensure that the recommendations of this task group are realised, and that Brent has systems for people with learning disabilities to be proud of.

*The suitability of the word ‘disabilities’ was considered briefly by the task group. It is currently being reviewed by various professionals in the UK and may also be usefully reviewed by Brent Council.

Executive Summary

This review was commissioned because Brent Carers spoke to local councillors about the difficulties they faced when using general health services with the person that they cared for, who also happened to have a learning disability.

The task group met with Brent carers who reported a number of on-going difficulties when using primary care services in the borough such as Dentistry, GP's and Opticians. Many relate to an overarching lack of awareness about learning difficulties issues and failure to implement reasonable adjustments which would make these services accessible to all patients. Our evidence found that there are variable standards for patients across the borough.

At the national level there is a strong body of evidence highlighting failures across health and social care to provide adequate healthcare services for people with learning disabilities, who are among the most vulnerable adults in society.

There has been recognition within NHS Brent that further progress needs to be made in implementing government guidance on services for people with learning disabilities. NHS Brent has recently recruited an Acute Liaison Nurse. This role works across a number of hospitals and is based in the community team. They have a specific duty to support PWLD in hospital, they are alerted when a patient with learning disabilities is admitted and they ensure that their needs are met while they are in hospital. The Trust has expressed its commitment to achieving these aims and has agreed a number of important self assessment framework targets with NHS London.

The task group were concerned about the transition from children to adult services. Members were informed by the Chief Executive of Mencap and the Head teacher at Hay Lane School that this is an important area for the task group to focus on. Members were informed by the Assistant Director for Community Care informed that a project looking at this area had already been scoped and is awaiting the go-ahead. The task group believe that this project must start as a matter of urgency.

The task group also considered the 'invisible community'. It refers to the residents of this borough who have mild to moderate learning disabilities yet we do know who they are, if they are prevalent among the groups who do not have regular health checks. Nor do we understand whether they are accessing the services that they need. We do know that they are vulnerable group and early investment can provide longer term savings to the council.

There is a project in the London Borough of Ealing called Treat Me Right! which has developed a range of measure to improve patients with learning disabilities experience in the acute care sector. They have produced information in easy to read formats, such as the complaints policy and admission information as well as provide staff training. One of the main recommendations of the task group is that NHS Brent develops a similar model for Brent Hospitals.

As a result of their investigations, recommendations from the task group included that the Health select committee monitor the implementation of NHS Brent targets to improve services for people with learning disabilities and that specific reference should be made to the needs of this group within health promotion strategies and the obesity strategy which is currently being developed by the council and its partners.

Introduction

One of the main roles of the overview and scrutiny function is to look at issues that are of concern to local residents. This review was commissioned because Brent Carers spoke to local councillors about the difficulties they faced when using general health services with the person that they cared for, who also happened to have a learning disability.

On the whole, carers felt that their views and opinions were ignored when dealing with medical professionals although they are best placed to provide information about the people that they support. Medical professionals often have limited knowledge about people with learning disabilities which has a big impact on the patients experience and treatment. There were also barriers around some practical issues; carers felt that they were not catered for in hospitals when they are providing support to their loved one, even though this has benefits for hospital staff. Appointments at hospital or the GP's surgery posed a real difficulty, as people with learning disabilities often need extra time and can find waiting for appointments difficult.

The Overview and Scrutiny Committee were asked to set up this task group to consider if the concerns raised by carers were more broadly felt across the borough and if local health services are meeting the needs of people with learning disabilities as required in equalities legislation.

During the course of the task group investigation, Members also became aware that accessing health services for people with learning difficulties is not just a local issue but is a major problem across the UK, which has prompted national government to develop a targeted, strategic response.

The difficulties faced in accessing health services by this group are exacerbated by the fact that many people with learning disabilities are also more likely to have poorer health. Also, the number of people with this condition is on the increase, currently around 2.5% of the population in the UK has a learning disability depending on definition. A report entitled *Healthcare For All*[1] highlights that advances in medical care leading to longer life expectancy will mean that this figure is likely to rise. Rates are likely to go up by around one per cent per annum for the next ten years and grow overall by over ten per cent by 2020.

Recommendations

1. That NHS Brent implements a project – similar to the Treat me Right project developed by Support for Living in Ealing Hospital.

2. That there are specific actions to address the needs of people with learning disabilities in the Brent Obesity Strategy and other health promotion strategies.

3. That the Health Select Committee monitor the implementation of the NHS Brent learning disability self assessment framework and improvement of statutory functions such as dentists.

4. That information is gathered on residents that have a learning disability to ensure that they receive targeted appropriate services.

[1] Healthcare for All, Independent Inquiry into access to healthcare for people with learning disabilities, Sir Jonathan Michael, July 2008.

5. That the go-ahead is given to the council project to look at transitions from children's to adult services for people with disabilities - as a matter of urgency. The appropriate Overview and Scrutiny Committee should monitor the progress of this work.

Membership/scope

The members of the task group were:

- Councillor Eddie Baker
- Councillor Ruth Moher
- Councillor Emily Tancred

Methodology

The aims of the task group were to:

1. Identify what specialist services are available to meet the health needs of children and adults with a learning disability

2. Identify gaps in specialist health service provision for people with learning disabilities

3. Review the effectiveness of the mainstream health related provision for children and adults with a learning disability

4. Identify what reasonable adjustments have been made or need to be made to services to enable people with learning disabilities to access health services

5. Review the plan to meet the Valuing People Now health related targets with Brent NHS

The task group consulted as widely as possible and carried out the following activities:

- Met with the Chief Executive, Brent MENCAP
- Met with Assistant Director for Community Care, Brent Council
- Met with Head of Service for People with Learning Disabilities
- Visited Head teacher, Hay Lane School
- Met with Head of Diversity, Brent Council
- Met with Brent Carers
- Met with Deputy Director, NHS Brent
- Met with Deputy Director Partnership Commissioning NHS Brent, Brent Council.
- Met with Support for Living Project in Ealing.

National Context

At the national level there is a strong body of evidence highlighting failures across health and social care to provide adequate healthcare services for people with learning disabilities, who are among the most vulnerable adults in society.

The Department for Health defines learning disability as "a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence) with a

reduced ability to cope independently impaired social functioning which started before adulthood, with a lasting effect on development."[2]

A report by National Mencap in 2004 entitled *Treat me Right* drew attention to this problem. The report highlighted that this group are more likely to have poorer health than the rest of the population with a higher prevalence of medical conditions such as epilepsy and thyroid problems. Despite their greater reliance on healthcare, this group are more likely to receive a poorer service. The report highlighted that many medical professionals are not being trained to deal with patients with learning disabilities. This can lead to poor quality of care as the staff are not able to communicate with patients effectively and understand their needs. This was also reinforced by a report commissioned by the then Disability Rights Commission called *Mind the Gap* which highlighted the high level of health inequalities experienced by people with a learning disability and also those with mental health problems.

The 2006 Government White Paper " Our Health, Our Care, Our Say" stated that many people with learning difficulties have a poor experience of using health services and can find it difficult to access mainstream services.

A further report by MENCAP in 2007 entitled *Death by Indifference* featured six case studies where the patients suffered fatal consequences due to the poor services they had received. In some cases, the inability of healthcare professionals to take into consideration the patients learning disabilities was highlighted as a contributory factor.

In 2008, the Secretary of State for Health set up an independent inquiry chaired by Sir Jonathan Michael to review these issues. His report *Healthcare For All* identified a range of barriers experienced by people with learning disabilities including:

- People with learning disabilities find it much harder than others to access assessment and treatment for general health problems which has nothing to do with their disability.
- Carers of adults with learning disabilities often find their opinions and assessments ignored.
- Health staff often have limited knowledge about learning disability. As a result people with learning disabilities are less likely to receive pain relief and palliative care. There was some evidence of belief amongst some staff that people with learning disabilities have a higher pain threshold.

Valuing People Now, an updated version of the 2001 Strategy for people with learning disabilities was issued in early 2009 and lays down much clearer expectations on both councils and Primary Care Trusts to address the continuing poorer health of people with a learning disability highlighted in the above mentioned reports. It also includes more compulsory performance management indicators to be met by statutory providers within defined timescales which include health, employment and housing.

Local Context

Brent MENCAP estimates that there could be as many as 7,000 people with a learning disability in Brent, based on an assumption that around 2.5% of the population have some form of learning disability. That said, at present only 573 adults with learning disabilities are

[2] Valuing People Now, Department of Health 2001

in receipt of council services. Council services for people with learning disabilities (PWLD) are provided by the Brent Learning Disability Partnership Unit (BLDP). This is a statutory organisation and was established on 1st April 2002 as an integrated Brent Council, NHS Brent learning disability service with the Council as the lead organisation. This multi agency unit is responsible for the provision of comprehensive health & social care services for adults with learning disabilities ranging from assessment, care management, specialist community health services, placement services, crisis intervention, community outreach services, residential services, and various day care services. The service users range from those with a mild learning disability to those with profound learning and physical disabilities, including people with autism and or challenging behaviour.

One of the outcomes from Valuing People Now is that the Primary Care Trusts must transfer the commissioning of services for PWLD to the council. In Brent this will involve at least £7m worth of care costs. The council is in the process of reviewing services for people with learning disabilities to ensure that they are of a high quality and meet the objectives within Valuing People Now.

At the time of writing this report the council is undergoing a major transformation programme as part of its Improvement and Efficiency agenda. A number of services have been identified which need to be modernised and will deliver efficiency savings for the council. The Learning Disability Service currently has two projects as part of this agenda;

- A wide scale review of the Learning Disability Community team
- In-house review of day services including how to position them in future in line with personalisation guidance

NHS Brent progress

NHS Brent has an important role in commissioning services for people with learning disabilities. A report went to the NHS Trust Board in July 2009 setting out how they would implement the latest Valuing People Now strategy and the recommendations for addressing Healthcare for All and Six Lives Reports. The progress with this will be discussed later in this report.

NHS Brent has recently recruited an Acute Liaison Nurse. This role works across a number of hospitals and is based in the community team. They have a specific duty to support PWLD in hospital, they are alerted when a patient with learning disabilities is admitted and they ensure that their needs are met while they are in hospital.

Key findings

We met with the Chief Executive of Brent Mencap who gave us a general overview of some of the issues that people with learning disabilities and their carers are faced with when accessing health services. PWLD may not understand simple instructions; might find some activities difficult such as time keeping, travelling and navigating their way around a hospital. Some PWLD may not be able to read and write. People with autism don't understand standard rules and conventions therefore if they have to wait for an appointment they can shout and get agitated.

It was further reported that careful consideration must be given to service planning otherwise PWLD could find it almost impossible to use public services. For example, If they are invited for a smear test they could be given a five minute appointment which could be difficult if they do not understand what is happening. Some reasonable adjustments can be made to this

process including allowing more time for the appointment, writing to people in simple English and using pictures. As a result of the current failures to plan for the needs of PWLD there is a lower level of basic check ups and they have a higher level of cardiovascular disorders and high blood pressure.

Primary care

We met with Brent carers who reported a number of on-going difficulties when using services such as Dentistry, GP's and Opticians. Many relate to an overarching lack of awareness about learning difficulties issues and failure to implement reasonable adjustments which would make these services accessible to all patients. Our evidence found that there are variable standards for patients across the borough.
We were told by Brent Carers that GP's can be over cautious when dealing with issues of consent between a patient with learning disabilities and their carer. In many instances there is a great disparity between the physical and mental age of a patient with learning disability. Therefore a patient can resist an injection or dental treatment as they do not understand the longer term benefit.

Carers told us that although they try to explain this to the medical professional in some instances they still refuse to carry out the procedure. Many of the carers believe that there is fear within the medical profession about being sued by an adult who has to be restrained to receive treatment. For a carer this will mean that they have to face a battle with medical professionals time and again even if they have been with the same GP over a number of years. This is an additional burden upon a family who are dealing with the everyday challenges of supporting someone with a learning disability.

Waiting for appointments can be a big issue as PWLD can find this difficult and can become disruptive – one carer told us that as a coping mechanism her husband will wait outside with her son and she will call them when it is time for their appointment. The hospital had refused her requests for fast tracked appointments. This view was reiterated by another carer who told us that when waiting for appointments her child is more likely to become restless and engage in challenging behaviour such as spitting at people.

Carers also told us GP's can often try and get them out of the surgery as soon as possible therefore lower priority conditions are often not addressed as the focus is on their more complex needs. A mother told us that she wanted to talk to the doctor about her son's acne but since there was limited time she had to focus on the bigger issues.

The Chief Executive of Mencap told us that appointments need to be longer and there may need to be two slots. One to explain to the patient what will take place then the procedure to take place on the second visit. Another option is to make appointments at the beginning or end of the day. All the carers that we spoke to felt that these options needed to be implemented as a matter of urgency.

A carers experience at the optician also highlighted a lack of awareness amongst the wider medical profession about how to deal with PWLD. An optician was trying to get a patient with learning disabilities to read the eyesight testing board and carer had to highlight that although the person looked like an adult they have a child's mentality and needed to go to the children's side and use pictures. Carers would like to see greater awareness and urgent training for the medical profession.

There also needs to be continuity with GP's who have a good knowledge of the case history, many carers reported seeing a number of GP's within a short period of time.

We met with the Head Teacher at Hay Lane School which is designated for pupils with severe, profound and multiple learning difficulties and all have statements of special educational need. It was reported that many pupils in the school have problems with their teeth however the difficulties posed by getting a pupil to the dentist and sit in a chair with their mouths open means that dental issues are often neglected unless it becomes acute. The Head Teacher confirmed that this issue affected the majority of pupils within the school.

We were informed that the law requires that dentists need to provide a service to all members of the community making reasonable adjustments where necessary. In this instance it could mean that dentists would be required to go to the patient's home or school to carry out basic check-ups. NHS Brent informed us that they are considering the appropriateness and feasibility of offering dentistry services from a school base. The Health Select Committee will monitor dentist services for this group.

Acute Care

The Chief Executive of Mencap told us that there are difficulties with the interface between primary and acute care and some health professionals are unable to meet the needs of PWLD. Patients can arrive at hospital without adequate handover, therefore staff are not equipped to deal with the often unique needs that PWLD have. The task group hope that the newly employed acute care nurse will help to tackle some of these issues. Although there are concerns that it would be impossible for one individual to meet the needs of all PWLD in the borough.

The Chief Executive of Brent Mencap reported that inadequate training amongst health professionals means that they can assume that that behavioural changes for PWLD are a result of disability not a sign of pain, this is known as 'diagnostic overshadowing'. It can be very serious in relation to detecting illnesses such as breast cancer as late diagnosis makes it difficult to treat and the treatments more invasive. Medical Professionals can also have an apathetic attitude towards PWLD who often take carers along to medical appointments, health professionals are known to address the carer and act as if the patient with learning disability is not there.

Brent carers told us about the difficult situations that they faced when staying in hospital with the person that they support. Firstly many carers didn't feel confident in the ability of the hospital staff to provide the necessary care which led to decisions to stay with them. Many found that although they were in effect doing the work of hospital staff by interpreting the needs of the patient, providing encouragement and a comforting presence, their needs were totally ignored. This often meant that they were not provided with adequate eating or sleeping facilities. A carer told us of her experience of staying with her sister at a hospital in the borough. She stayed at the hospital for 5 days and slept on the floor. She did everything for the patient but was refused a cup of tea. The hospital only agreed to relieve her for half an hour to go home and freshen up.

The carers raised issues around screening for breast cancer. One carer explained that she looks after someone with a chronological age of 53, mental age of 5 and the body of a 70 year old. However she didn't qualify for screening as the programme is for the over 60s. Due to the complexity of the health issues that PWLD face their bodies age differently, this needs to be taken into consideration when developing screening programmes. Furthermore, as many PWLD have limited communication skills it may mean that carers don't always realise when there is a problem.

Carers are often not allowed to go into the screening room with the patient. This can make the screening process distressing for the patient as the carer can provide reassurance and

help with communication. For some PWLD going for mammograms is just too difficult because the procedure is painful and people are required to stand up. We raised these issues with NHS Brent who agreed that we need to strengthen the role of carers in the acute sector.

Health Promotion

Given the health inequalities and prevalence of health issues that PWLD face such as obesity we felt that specific reference should be made to this group within health promotion strategies. We are aware that the council and its partners are currently developing an obesity strategy and it is important that there explicit references to the needs of PWLD and how they will be met, based on the fact that there are higher levels of obesity amongst PWLD due to sedentary lifestyles and restricted access to healthy diet and exercise.

Recommendation

That there are specific actions to address the needs of people with learning disabilities in the Brent Council Obesity Strategy and other health promotion strategies

Health Action Plans

The White Paper, Valuing People 2001 highlighted the need for Primary Health Care to ensure that all people with a learning disability had a health action plan to ensure their health needs were met by primary, secondary and acute health care providers. This document sets out information about what a person with learning disability needs to do to stay healthy. It lists any treatment needed and the support that individuals require to get it. Local research undertaken by Brent PCT, Brent Mencap and Brent Learning Disability in 2007 could only find evidence of about 40 health action plans being completed out of a population of about 1250 people with a learning disability.

NHS Brent has put in place an enhanced scheme where GP's are paid a sum of money for every Annual Health Check completed. During our investigations the task group found a number of problems with Annual Health Checks and Health Action Planning:

- Many GP's are still not signed up to the scheme as it is perceived as little remuneration for the work that it entails.
- Conversely, some carers felt that GP's can be faced with a perverse incentive to complete health action plans.

Carers told us that they were approached and asked to complete one as a tick box exercise rather than real concern for the patient's welfare. NHS Brent are aware of these challenges, they informed us that so far 53% of GP's are signed on to the scheme. Other GP's have asked for more training. The recent data submitted from NHS Brent to the Department of Health has showed that the number of Annual Health Checks completed in 2009-10 has risen to 289.

Transitions for young people from children to adult services

Overall the task group found that in reviewing services for both adults and children, young people with learning disabilities often benefitted from the fact that they were in statutory education which is attached to specialised medical provision. This was the case at Hay Lane

school where it was reported by the head teacher that there is a good structure in place that is currently working well. A team of nurses' work between Hay Lane and Grove Park Schools there is also a paediatrician attached to the school. There are a number of medical professionals involved with the pupils but as it is within the context of the school, they work together and share information about the pupils.

The concern for young people lies in the transition from children to adult services. We were informed by the Chief Executive of Mencap and the Head teacher at Hay Lane School that this is an important area for the task group to focus on. The Assistant Director for Community Care informed us that a project looking at this area had already been scoped and is awaiting the go-ahead. We believe that this project must start as a matter of urgency.

Recommendation

That the go-ahead is given to the council project to look at transitions from children's to adult services for people with disabilities - as a matter of urgency. The appropriate Overview and Scrutiny Committee should monitor the progress of this work

NHS Progress

There has been recognition within NHS Brent that further progress needs to be made in implementing the Valuing People Now recommendations. The Trust has expressed its commitment to achieving these aims and has agreed a number of important self assessment framework targets with NHS London. It has outlined a number of important actions within primary care that will enhance services for people with learning disabilities including;

- That GP's surgeries have a register of patients with learning disabilities and their carers.
- That PWLD have annual health checks
- That PWLD receive disease prevention, screening and health promotion activities to the same extent as the rest of the population
- Work to ensure that better health outcomes for PWLD is promoted across primary care

The council, through the Health Select Committee can play an important role in monitoring the self assessment targets to ensure that they are being implemented within the given time scales.

The task group welcomes the news that Brent Mencap has been commissioned to provide training from admin staff to director level to ensure healthcare staff understand the issues and that reasonable adjustments are addressed through strategic plans. This training focuses on commissioning services, to ensure that patients have a better experience with providers.

Recommendation

That the Health Select Committee monitor the implementation of the NHS Brent learning disability self assessment framework and improvement of statutory functions such as dentists.

The Invisible community

We were informed by officers in the council and the Chief Executive of Mencap that only 20% of people with learning disabilities are known to local specialist services provided by the council and its partners. The other 80% have a learning disability but do not meet the eligibility criteria which are critical and substantial needs, therefore they do not become known to the council unless there is a crisis such as their carer dies.

We defined this group as the 'invisible community'. It refers to the residents of this borough who have mild to moderate learning disabilities. The council and local partners' needs to draw together a comprehensive understanding of this group, to determine if they are prevalent among the groups who do not have regular health checks and if they are accessing the services that they need and whether they need further investment and support. We know that they are vulnerable group and early investment can provide longer term savings to the council.

The Chief Executive of Brent Mencap shared our concerns. She told us that as 60% of PWLD live at home this will be a time bomb as very few families are putting support in place. When carers pass away they will be an additional responsibility for the council. Many of the PWLD do not have the skills to live independently, this needs to be addressed at an earlier stage. There needs to be long term planning and preventative work to ensure that PWLD can gain the skills to live independent lives.
We asked our witnesses if they had put any provision in place to care for their loved ones in the event that they were not able to and none were in the position to do so. We raised this with the Assistant Director for Community Care who agreed that preventative care can stop the need for high level services. The council does what it can but is subject to financial constraint.

The task group were keen to find ways to identify this group to monitor the services that they are accessing. The Head of Diversity informed us that it is possible to find out more information about people with learning disabilities in the borough. If we had the resources to map every statutory agency that has information, such as council tax, police and job centre plus records. We could work with statutory agencies to find out what they know. However there may be some concerns within some agencies about sharing this type of information.

We were also informed by the Head of Diversity that they had received some funding to do some targeted work with the Muslim community in Brent. Consultants were commissioned to do some research to provide more information such where they live, ethnic background, as little was known about this group. The results from this work gave the diversity team a detailed understanding of the group and they were able to develop targeted projects. However the project was funded by national government.

A practical way to resolve this issue was found through a new project set up by the housing and community care department. The Assistant Director for Community care informed us that the invisible community can be identified through a new project that the team had recently received funding for. The council and NHS Brent and other partners put in a bid and received £100,000 from the social exclusion workforce for a project starting in April 2010. The project focuses on developing training and work opportunities for people with learning disabilities.

It was recognised that there is a lack of co-ordination and capacity in the voluntary sector, although they are best placed to work with these groups and support them to access services. The project will pump prime and build the capacity of the voluntary sector to get PWLD into specialist services.

The Assistant Director assured us that the project will focus on employment and training for PWLD and through this process they will be able to identify this group and ensure that they are accessing the services that they are entitled to.

The task group welcome this project and congratulate officers for securing funding for this piece of work. We would like to emphasis the importance of using this opportunity to map the wider group of PWLD in order to ensure that they are accessing the services that they need.

Recommendation

That information is gathered on residents that have a learning disability to ensure that they receive targeted appropriate services.

Leading by example

The task group also investigated the councils support for PWLD. In reviewing this issue we thought it important to ensure that our own house was in order as well as challenging our partners to improve services. We met with the Head of Diversity to discuss the work of the team and the extent to which learning disabilities features as a priority within equalities issues. We were informed that the council has already gone beyond the statutory requirements of race, disability and gender and includes age, faith and sexuality. Brent is one of the most diverse boroughs in the country with a majority BME population. The council celebrates its diversity as it adds to the richness of the area. However the Chief Executive of Brent Mencap argued that PWLD are marginalised by the council in important strategic documents like the corporate strategy which make no reference to the needs of this group. The Head of Diversity said that the council's strategic documents generally refers to the six strands of equality and diversity as an umbrella term and within each strand there is a great deal of difference. This does not mean that we disregard learning disability. In the Brent Council Single Equality Scheme there are a number of targeted activities for people with learning disabilities. For example one of the targets was to meet the housing support needs of people with learning disabilities. As part of this the diversity team carried out a strategic review of learning disability and housing support services tendered for new providers and reconfigured the service. The Brent Council Single Equality Scheme had been consulted upon widely and Mencap were a member of the council's Disability Equality Liaison Group (DELG) who had helped to shape the document.

In Brent Council, 4% of the workforce has a learning disability. However it is thought that the real figure is much higher as the declaration rates for PWLD among staff is low. Some find it uncomfortable to discuss and others do not want to declare it but there are requests for support needs from staff. So discussions are taking place with managers about needs. If we were to gather this information it would present a far clearer picture about the extent of learning disabilities in the council.

We were concerned by reports that PWLD are still stared at in the street by the general public. We believe that the council can play an important role in promoting positive images of PWLD in everyday activities and not only in relation to their disability. We were told by the Head of Diversity that the council uses a mix of people in promotional material and does try to avoid it being contrived. For example we use pictures of people in wheel chairs and images of other types of disability including people with learning disabilities in all sorts of articles not just those about disability.

We also spoke to the Head of Diversity about terminology. The chair of this task group was particularly keen to understand the policy around how language was framed as there was

concern that some people found the use of the word 'disabled' offensive. We were informed that the term disabled is used because of the legislative framework. The chair argued that the use of the term 'special' should be adopted, however the Head of Diversity argued that though she was supportive of this, careful consideration needs to be given to use of euphemisms because as there are 130 languages spoken in Brent and this may cause confusion.

The Chief Executive of Brent Mencap was concerned that we do not use diversity monitoring as an opportunity to drill down into types of disability, this could be useful in identifying the needs of residents and contribute to service planning. The Head of Diversity informed us that the council's diversity monitoring guidance uses the Disability Rights Commission recommended format and definitions and in the case of disability it does drill down into different types of learning disability.

Treat Me Right! – Support for Living project with Ealing Hospital

Desk top research conducted for this review led the task group to become aware of a project being carried out by Support for Living[3] in conjunction with Ealing Hospital.
Support for Living set up a project called Treat Me Right! This project came about because clients complained about the difficulty in accessing Ealing Hospital. Support for Living (SfL) approached Ealing Primary Care Trust and made a proposal for funding to help staff gain a better understanding of challenges faced by people with learning disabilities. The project received £70,000 in funding and has been able to implement a whole host of measures to improve services for PWLD. The funding has enabled them to produce information in easy to read formats, such as the complaints policy and admission information.

We met with the Treat Me Right project team who gave us an overview of the work. We were informed that senior level buy-in is essential to make this model successful. The project team met with the Chief Executive of Ealing Hospital to talk about the Treat Me Right project including expectations and legal requirements. The Head Nurse for Improvement and Development acts as a link person. She has proved very useful and ensures that staff take part in the training. There is a steering group in the hospital which includes service users, carers, and commissioners. This group helps to drive the project forward.

We found that in the Treat Me Right project they are developing a new approach to health action plans. The aim is to empower the patient or the carer to complete the forms so that they are in control of it. The underlying thinking is that this is not a medical document. When people take responsibility for ensuring that they are completed, it will help them to understand their needs and explain this to medical professionals.

As a an alternative to Health Action Plans they have developed a hospital passport which provides a summary of the most important information about people with learning disabilities when they go into hospital. Patients, carers and hospital staff have found the hospital passports very useful, which has resulted in lots of positive feedback. The SfL team works with patient to fill in the passport. For example a small adjustment was agreed for a patient with learning disabilities who was prone to leaving their hospital bed and 'wandering off'. This was recorded in the hospital passport and the patient was placed near the nurse station and familiar items were provided to help him relax.

[3] Support for Living is a not for profit organisation providing support for people with learning disabilities across Ealing, Hillingdon, Hounslow, Harrow and Brent.

We believe that a similar model to the Treat Me Right project should be implemented in hospitals in Brent. We shared our findings about this work with NHS Brent who immediately contacted Support for Living to ask them to develop a proposal for Brent. During our meeting with NHS Brent we were assured that they agreed with our view that this is the type of model we need to implement in hospitals in our borough as a matter or urgency.

There was a concern that there would be overlap between the Support for Living model and the Mencap training however it was agreed that the two activities were different. Mencap would be focussing on commissioned services while Support for Living would be looking at staff training and reasonable adjustments within the hospital. The Ealing model is the logical next stage as it is about putting things into practice in order to commission services.

NHS Brent is also interested in Ealing's concept of trying to ensure that everyone within the hospital understood the needs of PWLD and spread good practice across the hospital rather than having one designated nurse. The task group were informed that it is important that this agenda is seen as everyone's responsibility rather than one individual.

Recommendation

That NHS Brent implements a project – similar to the Treat me Right project developed by Support for Living in Ealing Hospital

Conclusion

The underlying thrust of the issues within this review is about equal opportunities, based on the premise that everyone should have equal access to public service irrespective of age, race or disability. It involves looking beyond the narrow focus on physical access which is often associated with disability issues to focus on the importance of clear targeted communication, challenging prejudice, assumptions and ensuring that the needs of this group is embedded in service planning and are consistent across the board.

The task group found many of the issues raised in this review disturbing. The idea of young people having to endure dental pain, carers having to sleep on the floor and a general lack of understanding the needs of people with learning disabilities is wholly unacceptable. As a task group we recognise that this review is the beginning rather than the end of the piece of work. The overview and Scrutiny function must prioritise this issue to ensure that the recommendations in this review are implemented. NHS Brent must also deliver on its commitments within the agreed timeframe.

	Health Select Committee 15th July 2010 **Report from the Director of Policy & Regeneration**
For Action	Wards Affected: ALL

Paediatric Services in Brent – follow up to public consultation on paediatric services provided by North West London NHS Hospitals Trust

1.0 Summary

1.1 This report updates the members of the Health Select Committee on the progress that has been made to implement the changes to paediatric services at North West London NHS Hospitals Trust since the completion of public consultation on this issue in April 2010. Included in the Health Select Committee's consultation response was a request that the trust report back on progress in the summer of 2010.

2.0 Recommendations

2.1 The Health Select Committee considers the reports provided by North West London NHS Hospitals Trust and questions officers on the progress to date in implementing the changes to paediatric services at Northwick Park and Central Middlesex Hospitals.

3.0 Detail

3.1 North West London NHS Hospitals Trust (which manages Northwick Park and Central Middlesex Hospitals) in partnership with NHS Brent and NHS Harrow, carried out a public consultation on the future of paediatric services provided by the trust between January and April 2010. The Health Select Committee spent considerable amounts of time considering the arguments for and against changes to the service and responding to the consultation and asked for a report back on implementation by the summer of 2010.

3.2 The main changes that were proposed during the consultation were:

- The centralisation of in-patient paediatric services at Northwick Park Hospital and the closure of paediatric in-patient beds at Central Middlesex Hospital.
- The creation of two paediatric assessment units, one at each hospital.

3.3 North West London NHS Hospitals have provided a report on implementing changes to services, along with an independent review of the consultation process. These are attached at appendices 1 and 2. The report on progress sets out the key challenges to implement changes to the services at the hospital trust, many of which were picked up in the consultation response from the Health Select Committee. These include:

i) Clinical

- The need to agreeing service specifications for the new service model that include:
  - Clear transfer protocols between acute sites;
  - A system for monitoring waits along the whole pathway;
  - Standardised clinical pathways for community and unplanned care.

ii) Operational

- Establishing a transport service for members of public that is available on a 7 days a week basis;
- Ensuring the ambulance transport system is able to meet acceptable standards for safe and effective transfer of sick children; and
- Ensuring that there are enough beds at Northwick Park Hospital to support anticipated increase in demand.

iii) Public

- Enrolling the local sickle cell population in the design of Northwick Park Hospital inpatient service and staff education programme; and
- Engaging with local patient and carer groups to ensure proposed service changes are effectively signposted.

iv) Staff

- Undertaking appropriate staff consultation and where necessary redeployment.
- Review all consultant job plans so that staff able to rotate between the inpatient unit and the two paediatric assessment units.

3.4 The Health Select Committee has been reformed since the consultation took place, but North West London Hospitals were keen to bring this report to the committee to fulfil their obligations to the overview and scrutiny process. This also provides the newly formed committee an opportunity to understand how acute sector service reconfigurations take place and to begin the process of scrutinising acute services in the borough.

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The North West London Hospitals NHS
NHS Trust

NHS Brent, NHS Harrow and The North West London Hospitals NHS Trust
Better Services for Local Children: a public consultation for Brent and Harrow

An Independent Review

Summary

As part of the Acute Services Review, NHS Brent, NHS Harrow and The North West London Hospitals NHS Trust consulted on a proposal to reconfigure acute children's services between 11 January and 4 April 2010. As part of the process, there was a commitment that the consultation process and responses to consultation would be analysed independently. This report, prepared by an Independent Consultant with experience in consultation, is the result of that independent analysis.

The report reviews in turn the preparation for consultation and consultation process and concludes that it was conducted in accordance with good practice guidance and achieved good stakeholder engagement. The report then summarises the outcome of consultation as evidenced by the report of stakeholder engagement and an analysis of the responses to the questionnaire. The conclusion is that there is considerable support for the principles on which the proposals are based and the proposals themselves. There are a number of themes arising from the consultation which will need to be taken into account when final decisions are taken and an implementation plan devised.

The key themes and messages arising from consultation are consistent with those identified prior to consultation. These relate to transport between areas and sites, the particular needs of sickle cell patients, the necessity of good information and communication, capacity at Northwick Park Hospital, and the future of Central Middlesex Hospital. There will be a continuing need to ensure that these issues are given due attention.

Background

As part of the Acute Services Review, NHS partners in Brent and Harrow recognised that current healthcare services for children and young people were not consistent with the recommended models of care set out in Healthcare for London and national guidance. Following a detailed review, including deliberative events with the public in 2009, proposals were developed as an initial step for meeting these models and for delivering new patient pathways consistent with the Acute Services Review. These proposals were designed to enable children to receive appropriate primary and community based treatment and care, alongside high quality, efficient secondary care services. The proposed changes would result in centralising inpatient services at Northwick Park Hospital (NPH), supported by extended hours Paediatric Assessment Units on both the Central Middlesex Hospital (CMH) and NPH sites, which would both be Consultant-led and run. The proposals were set out in Better Services for Local Children which was issued for formal consultation on 11 January for a 12 week period until 4 April 2010.

Preparing for consultation

Formal consultation on proposals for service change have been undertaken by the NHS for many years and there is a range of guidance and legal precedent which sets the framework for good practice. Department of Health guidance has established that any proposals to change services should, prior to consultation, be subject to independent clinical and management assessment. It requires NHS bodies planning to make proposals to re-configure services to go through a number of stages prior to consultation. Gateway reviews are designed to be undertaken at key stages of a programme or project to provide assurance that it is ready to proceed to the next stage in its lifecycle. The purpose is to gain assurance that there is a robust case for change, that there has been appropriate clinical involvement, that there is clarity about the proposed change and that the approach to consultation is appropriate.

The proposals were subject to a review by the National Clinical Assessment Team (NCAT) which is designed to test the extent of clinical involvement in proposed changes. It received a positive NCAT review which concluded that there was strong clinical leadership, a well led project team, and evidence of collaborative working between North West London Hospitals, Brent and Harrow PCTs. Overall its assessment was that it was a "sound and well considered proposal" which would "deliver the improvements needed in the quality and appropriateness of care." The NCAT Review gave positive support to the proposed changes to maximise skilled clinical staff resources and expertise and enable the delivery of better integrated services and was seen as in line with best practice nationally. The NCAT review helped inform the subsequent Department of Health Gateway Review.

The Department of Health Gateway Team undertook a review from 14 to 17 December 2009 of the outcomes and objectives for the programme (and the way they fit together) with the objective of confirming that they made the necessary contribution to government, departmental, NHS or organisational overall strategy. They found that the there had been good clinical engagement and that the proposed model of care had therefore been clinically led and owned and there was a broad consensus that the proposed changes would be of benefit to patients. Pre-consultation engagement with the public had been good and, in particular, they had heard that the deliberative events held in Brent and Harrow had been successful in aiding a better understanding of the proposals. The active participation of clinical staff in these events had undoubtedly been a key factor in this. They also concluded that the local authorities had been actively engaged and understood that the Overview and Scrutiny Committees (OSCs) had been kept fully informed throughout this project and were generally supportive of the proposed changes.

In the context of the above the Gateway Team had a number of key issues highlighted to them on which interviewees felt there needed to be clear statements communicated in the pre-consultation business case (PCBC) and through the consultation process. These were:

- consultation scope – a need to clarify that the consultation is only about the closure of six beds at CMH and the establishment of two PAUs. This being the first phase of system wide developments being planned by the PCTs.
- future of Central Middlesex Hospital (CMH) – the need for a simple, clear and consistent statement about the future of CMH to avoid these changes being seen as 'the thin end of the wedge'
- direct engagement with families of sickle cell patients – the need for a dedicated programme of engagement with these patients and their families/carers
- transport arrangements – the need for a commitment to families/carers and patients needing to return to Brent and assurances over patient safety issues involved in patient transfers out of hours
- Northwick Park Hospital (NPH) capacity – assurance that the changes would not adversely affect other services at NPH and that it can cope with the paediatric inpatient integration

There was also considered to be benefit in some further engagement with Brent GPs to ensure the changes and implications were fully understood by a broader group than it had been possible to communicate with

to date. The resulting recommendation was that documentation was reviewed to ensure there were clear and consistent statements and assurances on the key issues raised during this review.

The review made a number of other recommendations which were to be taken into account in the next stage of the consultation approval process and implementation planning. The recommendations included ensuring consistency with commissioning intentions, clarification of the approval process for consultation, a fuller action plan to support consultation and the development of a comprehensive implementation plan. The approval process is covered below.

The final stage prior to consultation requires the Strategic Health Authority (NHS London) to approve a pre-consultation business case. This document sets out the case for change in the context of national, London and local policy, the reasons for consultation at this stage and the way in which it will be conducted. The pre-consultation business case took into account comments from the Gateway Review and received approval prior to the commencement of formal consultation. The pre-consultation business case specified that, at the end of the 12 weeks, an independent company with experience in this area would be contracted to undertake a detailed analysis of the response and prepare a report for the Project Board. The PCT boards would be asked to make their final decision about the proposal before being submitted to the OSCs for final scrutiny of the process. It was proposed that the post consultation analysis would be complete by the end of May and that an updated business case would be submitted to the respective PCT Boards on 17 June 2010 (NHS Brent) and 8 June 2010 (NHS Harrow). At the time, neither OSC had scheduled their summer meetings, but on the basis that the proposal could be approved by mid August, implementation of the proposal would commence on Monday 6 September 2010. NHS London approved the pre-consultation business case and consultation commenced on 11 January 2010.

The appropriate processes prior to consultation were followed and the necessary approvals were given. The Department of Health, NHS London and local authorities received the necessary assurance that good practice was being implemented.

Consultation process

The Stakeholder Engagement Report (Annex 1) prepared by the independent consultant who led this element of the consultation describes the approach to consultation and engagement activity in sections 2 and 3. In summary, there were a range of communication materials from the 16-page formal consultation document (with translation into 5 major languages used by local residents if requested), a 1 page summary to promotional posters and a brief film from the Clinical Director making the case for change. There was a wide distribution (over 10,000) of copies of the consultation document with an even wider publication of information about the consultation. In support of this, there were three public meetings, two in Brent and one in Harrow, and a series of meetings to target high priority groups, for example sickle cell patients and young people, which had been identified as a key issue in the Gateway review. In addition, the proposals were discussed at regular meetings with partners during the consultation period as described in the report.

There is a requirement for Overview and Scrutiny Committees (OSCs) to be consulted over service change and good practice envisages early contact. This formed part of the pre-consultation process and both OSCs were supportive of the proposed consultation arrangements, which are confirmed in their responses which are attached at annex 2 (Brent) and annex 3 (Harrow). Guidance on consultation covering more than one area envisages the delegation of responsibility to a joint committee (for the relevant NHS bodies) and to a joint OSC. This approach is designed to simplify the arrangements for scrutiny and decision-making and minimise the risks of reconciling differing views. The OSCs arranged for a Joint Challenge Panel during the course of consultation to enable representatives of both committees to visit NPH and to ask key questions about the proposals in order to inform their comments. Despite the absence of formal joint committees,

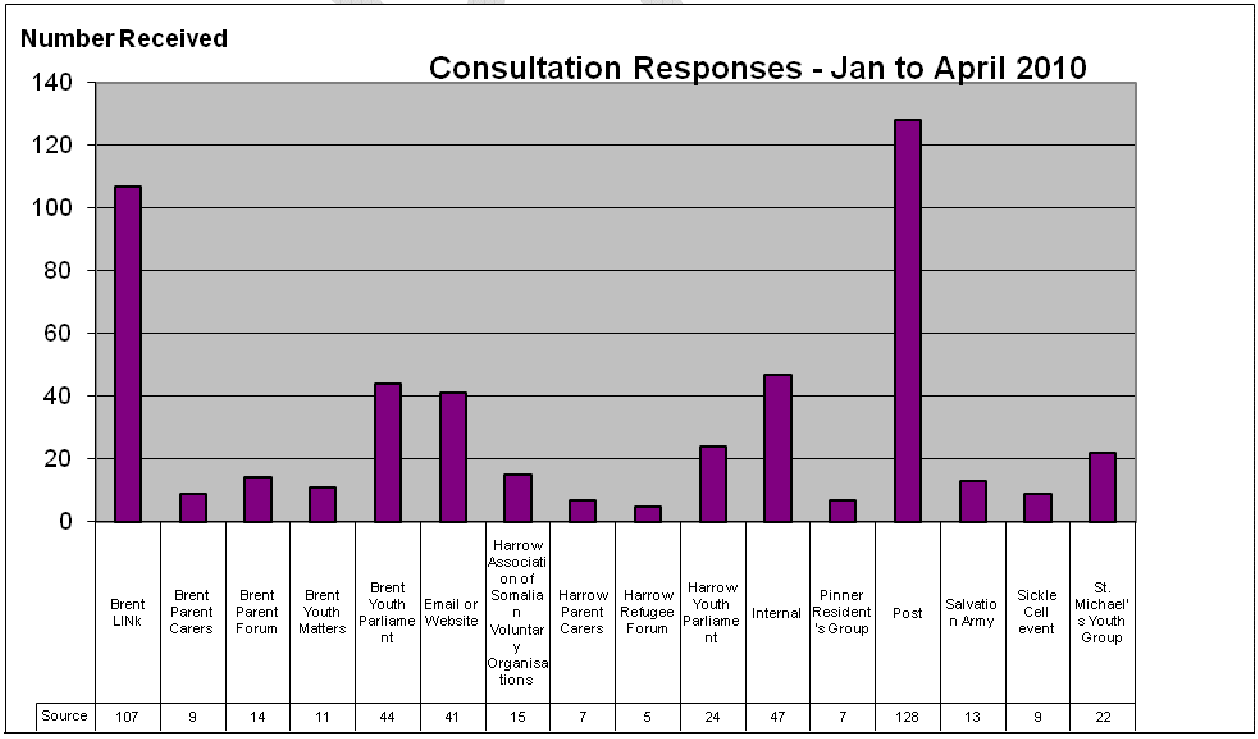
the process has worked effectively to date and no issues have been raised during consultation to test this approach.

In response to consultation, the Brent LMC (annex 4) expressed its concern that the questionnaire was one sided and seeking answers to decisions already made. A similar comment was made by a handful of responders. This reflects the fact that support of the principles embodied in the questions would inevitably lead to support of the proposed change, which was a concern to those who wished to see 24-hour services for children at Central Middlesex Hospital. Good practice guidance for consultation is for there to be clarity about the proposals and, as there was only a single option for specialist children's services, the questions were clear and appropriate. As will be seen from the analysis of responses below, responders were able to indicate different levels of support to the principles and the proposed changes.

The consultation process had support from partners and followed good practice in its approach. Despite some concern at the level of attendance at public meetings, the targeted approach to stakeholder engagement ensured that proportionate efforts were made to involve those most affected by the proposals.

Responses to consultation

As identified in the preceding section, the consultation involved an extensive element of stakeholder engagement as described in the separate report. Views were expressed during the course of engagement and attenders at meetings were encouraged to complete the responses to the questions included in the questionnaire. A total of 503 questionnaires were received by mid April when the analysis of responses started and included any received following the formal end date of consultation. The table below shows an analysis of the source of the returned questionnaires from which it can be seen that 287 (57.1%) were the result of engagement meetings (including 107 Brent LINk), 169 (33.6%) came from postal/e-mail/internet returns and the remaining 47 were internal returns (which could be staff involved with the service or with an interest as a local resident).



As part of the consultation process monitoring forms were distributed and a total of 270 were returned. However, with the exception of the information on gender, where almost two-thirds of respondents (64.6%) were female, there were relatively high numbers of individuals who preferred not to answer the questions. On ethnic origin 46.7% of responders preferred not to answer, while of those who did some 78.5% were non-white. There was a similar level of responders on age of which 27% were aged under 16. This limited information demonstrates that the stakeholder engagement did successfully engage groups which have proved harder to reach in consultation exercises.

Analysis of responses

The separate stakeholder engagement report reviews the outcome of those activities and it is not intended to replicate that information here, except in so far as the questionnaires form part of the total numbers. In the tables below the responses to the questions posed in the questionnaires are summarised. Its focus is on the responses received by post and internet, which account for a third of the total and do not relate to those completed at stakeholder engagement exercises.

Q1: Do you agree that it makes sense to provide most care for children outside hospital?

	Yes	No	No response	Total
Post/internet	116 (68.6%)	52 (30.7%)	1 (0.6%)	169
Total	418 (83.1%)	78 (15.9%)	7 (1.4%)	503

Q2: Do you accept the argument that it makes sense for specialist children's care to be facilitated in one place not two?

	Yes	No	No response	Total
Post/internet	107 (63.3%)	59 (34.9%)	3 (1.9%)	169
Total	364 (72.3%)	126 (25.0%)	13 (2.6%)	503

Q3: Do you believe that a co-ordinated service for children being cared for in and out of hospital should be provided across the two boroughs of Brent & Harrow?

	Yes	No	No response	Total
Post/internet	136 (80.4%)	28 (16.6%)	5 (3.0%)	169
Total	447 (88.9%)	41 (8.1%)	15 (3.0%)	503

Q4: Do you think an Urgent Care Centre at each hospital is a good idea, so children can be seen there rather than in A & E?

	Yes	No	No response	Total
Post/internet	146 (86.4%)	21 (13.4%)	2 (1.2%)	169
Total	468 (93.0%)	28 (5.6%)	7 (1.4%)	503

Q5: Do you think a Paediatric Assessment Unit, staffed by expert doctors and nurses, at each hospital is a good idea?

	Yes	No	No response	Total
Post/internet	152 (89.9%)	15 (8.9%)	2 (1.2%)	169
Total	473 (94.0%)	22 (4.4%)	8 (1.6%)	503

Q6: Overall do you support our proposed changes?

	Yes	No	No response	Total
Post/internet	107 (63.3%)	52 (30.8%)	10 (5.9%)	169
Total	401 (79.7%)	77 (15.3%)	25 (5.0%)	503

What is clear from these responses is that the support for the statements (those that answered yes) from those who were not engaged in stakeholder events (or internal respondents) is consistently at a lower level than those that were. Despite this, even amongst this group, the level of support (for the proposals) shows around a two-thirds majority at its lowest and considerably more for some of the questions.

There is a high degree of support (80% and over) for a coordinated service to be provided across the two Boroughs, an Urgent Care Centre and a Paediatric Assessment Unit at each hospital. Compared with total responses, the largest difference in view expressed by postal/internet responders relates to whether it makes sense to provide most care for children outside hospital where there is a 15 percentage point gap. The specific question which gained least support related to the provision of specialist services in one place rather than two where a third of those responding by post/internet were opposed compared to a quarter of the total. The level of support from this group of responders matched closely with their support for the proposed changes, where for others there was a higher degree of support for the changes despite their view about specialist centres. Some respondents supported all the views in questions 1 to 5 but did not support or abstained from support for the proposed changes. This stemmed from their support of the principles but opposition to the loss of the service from Central Middlesex.

Key stakeholders

Some key stakeholders responded with a formal written response representing the views of those who they represent.

Local Involvement Networks (LINks)

The Local Involvement Networks are dedicated to improving local health and social care services. They are set up by Act of Parliament and have powers to enter and view premises, request information and refer matters to Overview and Scrutiny in respect of health and social care services. LINks have voluntary status and are supported by a Host organisation which supports them in their objectives.

Brent LINk formed part of the stakeholder engagement exercise and resulted in the completion of 107 questionnaires which appear in the totals described above and in the engagement report. The table below summarises their responses:-

	Yes	No	No response	Total
Q1	101 (94.4%)	4 (3.7%)	2 (1.9%)	107
Q2	96 (89.7%)	11 (10.3%)	0	
Q3	104 (97.2%)	3 (2.8%)	0	
Q4	106 (99.1%)	1 (0.9%)	0	
Q5	107 (100%)	0	0	
Q6	103 (96.3%)	4 (3.7%)	0	

The response shows overwhelming support for the plans for change with the lowest support (just below 90%) for a single specialist unit rather than two. As the proposed location of the unit disadvantages Brent rather than Harrow residents, the degree of support is still exceedingly high. The themes raised in addition

have been captured in the stakeholder report including transport, access to services after hours and the evidence for the changes.

On behalf of Harrow LINk, Audrey Brightwell responded that she was "very satisfied that an in depth consultation has taken place and great regard has been taken to listen with sympathy to the views of everyone" and that "every opportunity has been given to include as many people as possible." She was also able "to make a positive response to all the questions on the consultation paper and feel assured that NWLHT has the welfare of the children at its heart."

Overview and Scrutiny Committees (OSCs)

The responses of the OSCs are included in full in annexes 2 (Brent) and 3 (Harrow). There is a recognition that the most immediate impact of the proposals (the transfer of 6 inpatient beds from CMH to NPH) affects the residents of Brent rather than Harrow. However, the themes and comments of the two OSCs are similar with both supporting the case for change and the centralisation of specialist children's services at NPH. Concerns about the capacity at NPH and the potential implications were alleviated at the Joint Challenge Panel visit but it will need to be monitored in practice.

The OSCs have identified a number of areas which will need effective handling to ensure that the planned changes achieve the desired improvements. Treating more children appropriately outside hospital will require good information and signposting to primary and community care. Transport between CMH and NPH is an acknowledged issue which will need considerable attention in terms of the effective operation of ambulance services and the needs of patients and their relatives for existing links between the two hospitals are inadequate. When the planned changes are implemented there will be a need to track patients to ensure that the arrangements are effective and patients return close to home at the earliest stage. Both OSCs acknowledge the critical importance of the service for sickle cell patients and the continuing need to ensure that there is good engagement work during implementation to ensure that the services continue to meet their needs.

There is a concern about the wider strategic context in which these specific changes are being planned and, in particular, the future of CMH. Councillors will seek to gain continuing reassurance of the secure future of CMH as a vital facility for Brent.

Local Medical Committees (LMCs)

The Local Medical Committee is the representative body for local general practitioners and general practice. A response to consultation has been sent separately by Brent and Harrow LMCs with the same content and it is attached in full at annex 4. In summary, the LMCs have a number of concerns which relate to the different needs of the two Borough populations and the impact on patients with particular needs. They are also concerned at the impact on the acute hospitals, in particular the Central Middlesex Hospital which will lose its specialist service, and the lack of recognition of a need for a transfer of resources from secondary to primary care to support a greater emphasis on care outside of hospital. These concerns echo those of other responders and will need to be taken into account when decisions are taken on the way forward.

Other NHS Organisations & Partners

The consultation document was sent to neighbouring NHS Trusts of which Imperial College Healthcare NHS Trust and The Hillingdon Hospital NHS Trust were the only ones to respond. Imperial College Healthcare NHS Trust supported the proposal to establish Paediatric Assessment Units at both Central Middlesex and Northwick Park and to centralise inpatient care at Northwick Park. It also anticipated that the changes

would represent a manageable increase in demand for St Mary's for which there is an approach agreed in principle with the commissioners. The Hillingdon Hospital NHS Trust acknowledged that both West Middlesex and Ealing Hospital may feel any impact of the proposed changes more acutely than it would. The Trust emphasised the need for robust arrangements for transfers and contingencies in the event that further changes were made in future. It also drew attention to the importance of workforce planning to ensure that there were appropriately-qualified staff for the new arrangements. Thames Valley University indicated their supported through a positive response to the questionnaire.

Themes

Against the background of considerable support for the proposals contained in the consultation document, the themes arising from the process remain the same:-

- transport arrangements – the need for a commitment to families/carers and patients needing to travel to/from Brent and assurances over patient safety issues involved in patient transfers out of hours
- sickle cell patients – the need for assurance that their needs will be met effectively by the specialist service at CMH and, where necessary, the service at NPH
- information – the need to ensure that there is good information about the services available in primary and community care and the new pattern of services as it is implemented
- NPH – the capacity and quality of the service to deliver the improved services as proposed, in the light of past experience
- CMH – concern at the immediate loss of the 6 beds and the implications for the future of the hospital as a whole

The implementation plan will need to ensure that these issues remain the subject of a clear focus. Monitoring arrangements will be necessary in order to provide the necessary assurance that the services are working as planned or to enable early action to be taken where that is not the case.

Conclusion

There is clear support for the principles which underpin the planned changes and the changes themselves as a result of consultation. There is natural concern from Brent residents at the transfer of beds to Northwick Park Hospital and the consequences of that move for those who will be admitted there. The implementation plan will need to address the concerns about transport and communications to ensure that the objectives of the changes are achieved and that the impact on those who will be treated at NPH rather than CMH is minimised. The needs of sickle cell patients will need to be kept in focus to ensure that they continue to be met appropriately. All will be seeking continuing reassurance that NPH is delivering the expanded services effectively and that the future of CMH is not being adversely affected.

The process leading up to consultation and the consultation itself was conducted in accordance with good practice.

David Hobbs
Independent Consultant
05 May 2010

Stakeholder engagement report

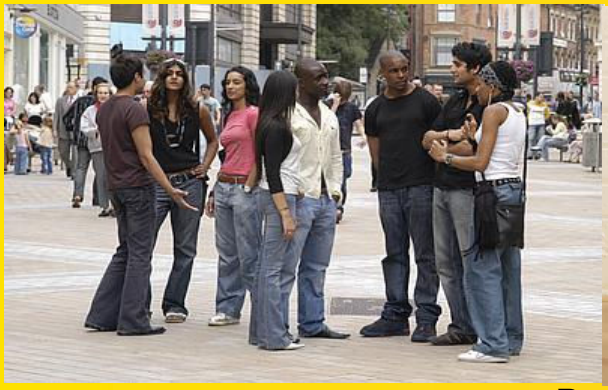
Better services for local children consultation

Paediatric services in Brent and Harrow

Author: Faraz Yousufzai, Communications Consultant

April 2010






EXECUTIVE SUMMARY

Context

Between January 11 2010 and April 4 2010, the Acute Services Review conducted a 12 week statutory consultation across Brent and Harrow to discuss and seek feedback on a proposal to reconfigure acute children's services. The campaign was part of a continuous process of engagement and as such has been directly informed by previous learning and recommendations.

Activity Summary

MEETINGS	
Brent	18
Harrow	12
Total number of meetings held:	**30**

COMPLETED QUESTIONNAIRES RECEIVED	
via post	128
via web	41
via meetings	287
via internal	47
Total number of completed questionnaires	**503**

ENGAGEMENT AND INFORMATION DISTRIBUTION	
Total number of face to face engagement	843
Published copy distributed *[Brent and Willesden Times; Brent Housing Partnership; Harrow Observer; Harrow Times; Harrow People; The Brent Magazine)*	200,000plus
Direct Mailing – via post and email	169
Online visits	983
Maximum number of people engaged (face to face and via information distribution)	**201,995**

Stakeholders engaged

The five key stakeholder groups that were identified during the pre-consultation were re-engaged during this campaign but on a broader basis.

- **NHS staff**– GPs; acute and community nursing teams; A+E teams; general North West London Hospitals staff
- **Community/Voluntary** – Children centres; ethnic and gender specific groups; refugees
- **Frequent Users**– Parent carers; people with physical, learning and mental disabilities
- **Young People** – Youth parliaments; community youth groups; local authority youth forums
- **General Public** – Area consultative forums; public meetings

Key Outcomes

- **Nine out of ten people formally agreed with the case for change and supported the implementation of the proposal**
- **200,000+ people were directly targeted through a successful information distribution process**
- **More than 500 formal responses were received**
- **850 people met an Acute Services Review representative during the consultation**

Top five themes

1. **I support the proposals because…** giving parents more options, reducing the burden on A&E and centralising emergency surgery and overnight care at Northwick Park (NPH) means that most children and young people will get better care.' BUT…
2. **Perceived Critical Risks:** Failure to provide adequate public transport; Poor data transfer processes in emergencies; perceived poor customer service experience at NPH; capacity concerns during winter pressure; Ineffective communication of changes resulting in public confusion.
3. **The system must be made more children friendly for frequent users**. For example, reduced waiting times and providing transport (for families) between sites are considered crucial to improving patient care and experience for those most in need.
4. **Sickle Cell community need more assurance that their needs will be met at Northwick Park Hospital (NPH).** Specifically: Adequate staff awareness and expertise at NPH; programme of CPD as part of implementation plan; Targeted communications for sickle cell families
5. **If a child/young person presents at A+E after 10pm with an urgent condition** will Central Middlesex Hospital (CMH) team have sufficient overnight paediatric expertise to be able to stabilise and/or treat a patient effectively?

RECOMMENDATIONS

1. **SICKLE CELL PATIENTS:** Establish an advocacy task force made up of patients, medical and nursing leads, management and representation from the national sickle cell society. Its purpose would be to further consider the impact of the reconfiguration proposals and the co-development of training material and implementation of a training plan to educate and up skill relevant staff in the sickle cell condition and the needs of children and young people in crisis.

2. **TRANSLATION SERVICES:** Larger numbers of people from Brent speak English as a second language and require translation services. This becomes critical in an emergency situation. Key languages that are needed are Arabic and Farsi. A needs analysis of the situation is required as well as an investigation into the capacity of and access to existing NHS translation services. It has been suggested that the third sector may be willing to support this service.

3. **PRIORITY FOR CHILDREN WITH MULTIPLE LONG TERM NEEDS:** The issue of long delays in hospital waiting areas is a very serious one for parents with children that have complex behavioural needs. Parents report that their children become very distressed in these situations which often leads to long term deep anxiety that is directly associated with hospitals that they have to regularly frequent. The ASR Board should consider how they can utilise the reconfiguration opportunity to improve this experience.

4. **CUSTOMER SERVICE TRAINING:** To establish a rolling programme of customer services training for all front line staff in paediatrics. It has been a strong feature of the feedback throughout this continuous process of engagement that began in October 2008.

5. **TOP FIVE CONCERNS:** To specifically address the top five concerns as determined by stakeholders:

    - Failure to provide adequate public transport
    - Poor data transfer processes in emergencies
    - Perceived poor customer service experience at NPH
    - Capacity concerns particularly during the winter when demand is higher
    - Ineffective communication of changes resulting in public confusion

1. CONTEXT

The Acute Services Review (ASR) Board as part of their commitment to continuous stakeholder engagement has recently completed a 12 week statutory public consultation campaign on the proposal to improve children's health services across Brent and Harrow.

Running from 11 January to 04 April 2010, this consultation campaign sought views on the proposed reconfiguration of acute paediatric services.

The primary aims of the consultation were to distribute relevant information in a timely manner across Brent and Harrow, ensure significant face to face engagement with individuals and organisations and to capture as many formal responses as possible via a simple and concise questionnaire.

The terms and scope of this consultation have been directly informed by all pre-consultation activity held between September and December 2009. Where relevant, this consultation has taken into account the relevant recommendations in the pre-consultation report and has sought to utilise and build upon the intelligence gathered. For example, the ASR Board adopted the following core recommendations:

1. **To present a single proposal –** this was clearly delivered as evidenced by all the promotional materials.

2. **To engage more frequent users** and ensure reconfiguration meets their emergency needs – Harrow parent carers were engaged for the first time; other groups engaged included Brent Association of Disabled People, the National Sickle Cell Society and people from the deaf community.

3. **Include 'Community Services' as an intrinsic part of the overall narrative –** Not only was this sufficiently referred to in all communication and promotional materials but there was active PCT representation at the vast majority of meetings where plans for polysystems and enhanced community services were discussed.

An independent assessor will then review the consultation process and responses to consultation, after which a final recommendation for action will be presented to the boards of the three NHS organisations and the respective Boroughs' Health Select and Overview and Scrutiny Committees.

2. METHODOLOGY

The consultation was split into four overlapping phases:

Phase I: Produce communication materials

Phase II: Information distribution

Phase III: Proactive engagement

Phase IV: Gathering of formal responses

I) Produce Communication Materials

1. 16 page full colour Consultation Document
2. 1 page A4 Summary of Proposals
3. Promotional event posters
4. Power point presentations
5. Film of Clinical Director Dr Paul Mannix, setting the context, making the case for change and outlining the proposals. Made available online and at major meetings.
6. Multiple copy produced for a range of Brent and Harrow wide publications throughout consultation period.
7. Microsite www.brentharrowchildren.nhs.uk created
8. Press releases and briefings

II) Information distribution

1. **Over 10,000 copies of the consultation document distributed** across Brent and Harrow including:
   - GPs, pharmacies and health clinics
   - Libraries and schools
   - Voluntary and community sector organisations
   - Children's Centres
   - Local Authorities' one stop shops
   - Frequent users of services – such as Parent Carers

2. **Published copy with a distribution network of 200,000+** including paid advertisements and articles:
   - Brent and Willesden Times
   - Harrow Times
   - Harrow Observer
   - The Brent Magazine

- Harrow People

III) Pro-active Engagement

1. **Public meetings:** Three public meetings were held for the general public. They were extensively publicised via, inter alia:
   - A link to the consultation website featured on the front page of the websites of all three organisations.
   - Advertisement in main local newspapers
   - Other publications like the Brent Magazine, Harrow People and Brent Housing Partnership magazine.

2. **High priority meetings –** A number of discrete high priority meetings were scheduled to target specific groups. These include:
   - Young People
   - Parent Carers
   - Sickle Cell Patients
   - Children's Centres
   - BME-specific communities: Somali and Gujarati

   Please See Section three for a full listing of the meetings scheduled

IV) Gathering formal responses

1. **Security -** Where appropriate, questionnaires were distributed at meetings and all data on completed forms has been kept secure and confidential under the management of the ASR project support manager.

2. **Digitised data** – Throughout the consultation, the data from completed forms was digitised and used to review progress. The statistical analysis of all the data is included in section 4 of this report.

The importance assigned to this pre-consultation campaign is demonstrated by the fact that it represents a major area of effort for the communications and engagement staff within the partner organisations and is being supported by significant involvement of staff at the most senior levels of all three trusts, from chief executives, consultant clinicians and board directors to heads of services downwards.

It should be noted that any process of public consultation is not intended to be a popular referendum on the proposals being considered. In seeking to identify the best way forward, NHS organisations are required to take full account not only of public views, but also of the professional judgement of clinicians and the financial affordability of services. Clearly, the ideal is for these three perspectives to coincide, but where they do not, it is the task of NHS Boards, to weigh the different arguments and take the final decision.

3. ENGAGEMENT ACTIVITY

Promotional materials were distributed widely to the general public as well as targeted at special interest groups such as NHS staff, community organisations, frequent user groups, such as parent carers and sickle cell families, young people and young parents.

An example distribution list for the consultation document across Brent:

Audience	**Copies per**	**Total required**
GPs		e-copies
Dentists	1 per dentist	134
Pharmacists	1 per pharmacist	170
Opticians and ophthalmologists	1 per optician	170
GP patients (bulk)	10 per practice	**720**
Community clinics (bulk)	100 per clinic	750
Libraries etc	12 x 20 copies	240
Local Authorities	for Cllrs	60
Local Authority	20 x 4	80
Mother and baby Groups, toddler groups and nurseries		Ad hoc
LINKs	**100+ email**	**100**
Public meetings	100	100
Stakeholder meetings	200	200
Supermarkets	500	500
Schools	82 x 20 copies	1640
		4864

All communications activity emphasised an *open door approach* and encouraged stakeholders to be pro-active in contacting them directly to arrange meetings.

There was senior ASR Board representation at almost every meeting. **See Table 1** on page 10 for a listing of the scheduled meetings that took place.

TABLE 1: Summary of Engagement Activity

	Organisation	Date	Participants
NHS			
1	HARROW Wide PBC exec	04-Feb-10	10
2	NWLH OPEN FORUM NPH	25-Mar-10	90
3	NWLH OPEN FORUM CMH	30-Mar-10	30
4	Paediatric NURSES	15-Mar-10	15
5	Paediatric NURSES	24-Mar-10	14
6	BRENT Community Nurses and School Nurses	22-Mar-10	3
7	Brent GPs	ongoing	10
VCS			
8	BRENT Area Consultative Forum Harlesden	12-Jan-10	38
9	BRENT Area Consultative Forum Kenton and Kingsbury	02-Feb-10	79
10	BRENT Area Consultative Forum Willesden	18-Feb-10	29
11	BRENT parent Forum	23-Feb-10	15
12	HARROW Association of Somali Voluntary Organisations	03-Mar-10	40
13	Harrow Somali Parents Group	16-Mar-10	23
14	BRENT Salvation Army Parents Group	22-Mar-10	45
15	HARROW Pinner Hill and Antony's Residents Group	23-Mar-10	5
16	HARROW Refugee Forum	23-Mar-10	6
17	BRENT Asian Women's Resource Centre	25-Mar-10	20
18	BRENT Children Centres/Groups	30-Mar-10	25
19	Brent Link with BADP and Age concern	ongoing	107
20	HARROW Asian Elders Group (Gujarati)	30-Mar-10	30

FREQUENT USERS			
21	BRENT Parent Carers	19-Mar-10	9
22	HARROW Parent Carers	24-Mar-10	10
23	BRENT Sickle Cell	25-Mar-10	10
YOUNG PEOPLE			
24	BRENT YOUTH PARLIAMENT	13-Feb-10	45
25	BRENT YOUTH MATTERS	02-Mar-10	25
26	BRENT ST MICHAEL'S YOUTH PROJECT	20-Mar-10	50
27	HARROW YOUTH PARLIAMENT	24-Mar-10	43
PUBLIC			
28	BRENT PUBLIC 1	11-Feb-10	15
29	HARROW PUBLIC	24-Feb-10	0
30	BRENT PUBLIC 2	11-Mar-10	15
			842

4. STAKEHOLDER FEEDBACK – The substantive Issues

In this section, the key issues raised by each stakeholder group have been selected. Care has been taken not to repeat the ad-hoc concerns that were included in the pre-consultation report but to focus on the feedback relating to the specific issues being consulted on.

Summarised feedback by stakeholder group is as follows:

4.1 NHS FEEDBACK

GPs

- **Support from Brent and Harrow GPs remains overwhelmingly in favour** of centralising emergency surgery and overnight care at Northwick Park Hospital with the establishment of Paediatric Assessment Units and Urgent Care Centres on both sites.

- **Ongoing communication with GPs is imperative** – to be done via the Practice-Based Commissioning leads, local clusters and email communications.

BRENT CHILDREN COMMUNITY NURSES

- **More care in the community will require joint commissioners to increase resource allocation to community services**

- **Children's Community Nursing resource is at full capacity –** resource needs to be urgently identified to support the concept of 'enhanced community services'

- **Junior doctors require more training to ensure appropriate referral procedures are followed –** In a 12 hour model it is imperative that time is maximised through efficient organisation.

4.2 COMMUNITY AND VOLUNTARY SECTOR FEEDBACK

BRENT AND HARROW MOTHER AND TODDLER GROUPS

These were a mix of informal play groups and parent forums made up almost entirely of mothers from diverse ethnic groups including immigrant Somali, Indian, Iranian, Polish, Italian, Pakistani, Bengali and Sri Lankan:

- **Adult experience of transfer process from Central Middlesex Hospital to Northwick Park Hospital noted as being poor.** This was due to lack of explanation of what was happening to the patient during the transfer process. This created unnecessary anxiety and fear at a critical time in the patient's health care pathway.

- **Long delays for outpatient appointments**

- **Concerns over proposed shuttle service between sites–** Will it be for families travelling from Central Middlesex? Will it run on a schedule?

- **Consistently poor experiences of A+E,** enduring long waits of up to 12 hours. Hence, the Paediatric Assessment Unit and Urgent Care Centre are welcomed if it means children will be seen quicker.

- **Multi-lingual workers** are required – Arabic and Farsi in particular. Without better translation services, people feel 'un-listened to' and perceive that they will be offered incorrect treatment

- **Is the local NHS really able to deliver** enhanced community services?

HARROW SOMALI PARENTS AND COMMUNITY

- **31,000 Somali population** across Brent and Harrow

- **Sense of being treated differently** – More language and gender sensitivity is required

- **Recommend the employment of Somali origin health promoters**. Approximate cost is £30k /pa for 2 PT workers

HARROW REFUGEE FORUM

- **Poor Patient Experience at Northwick Park –** long waits for pain relief following a dislocated collar bone.

- **Urgent Care Centre (UCC) and development of more polyclinics is a great idea** – it will be imperative to communicate this effectively

Recommend: Effective marketing flyers to be delivered to every household and not via publications. Belief that this would maximise audience engagement.

PINNER HILL AND ANTONYS RD RESIDENTS GROUP

- **Capacity concerns at Northwick Park – '**Never seen an empty bed at NPH in years!'

- **Transfer process –** A child's condition can change rapidly. Will transport service/ambulance have expertise and resources to stabilise child in transit?

- **Existing staff shuttle service at Northwick Park is poor and unreliable**

- **Confusion –** What community service should I be using?

OTHER VCS FEEDBACK

- **Overwhelming support for the proposals** as it will improve delivery of services BUT: need to explain more about how you will 'enhance community services'.
- **'Better use of hospital staff and resources** as well as division of emergency care and A+E may reduce waiting times'
- **Can Northwick Park cope with the changes?**
- **Communications must be effective** – It is irrelevant that leaflets are produced by the PCT if they are not getting to the people that need them.
- **Poor maternity experiences from 18 months ago create fear** and anxiety about other services at Northwick Park.
- **Poor experience of customer services**
- **On balance - Good experience of long term care at Northwick Park Hospital.**
- **Children still regularly translate for migrant parents –** this is not appropriate at all. Harrow needs to be able to provide this service today and then communicate that effectively to the relevant audiences so they know about it

4.3 FREQUENT USERS FEEDBACK

SICKLE CELL GROUP

- **Acceptance that change is needed -** and that the proposal may address some of the challenges. Many concerns expressed including:

- **Sickle cell patients' poor experience of care at Northwick Park –** perceived lack of experience and expertise in sickle cell condition amongst clinical staff

- **National enquiry into sickle cell deaths –** found that lack of expertise contributed to high rate of avoidable deaths.

- **Recommend –** training programme to address knowledge, attitude and process among relevant staff

- **Complaints about adult inpatient sickle cell service at Central Middlesex Hospital –** CEO of North West London Hospitals committed to investigating situation and resolving.

- **Excellent co-ordinated care system –** Assurance that this will not be compromised

- **Transfer of histories -** Concern over split care between Central Middlesex and Northwick Park. Fear of loss of continuity of care.

BRENT PARENT CARERS / HARROW PARENT CARERS

- **'No problem with the proposal' –** There was almost unanimous agreement that the proposals will provide better care for their children because 'centralising staff and services means our children can get whatever help they might need'.

- **'Travelling is not a problem' –** We are used to going to wherever we have to, to get the best care for our child'.

- **Often need simple help at night –** 'It sounds like the Urgent Care Centre will deal with my child's breathing difficulties and I agree A+E is not the place to go, if there is an alternative'.

- **The Urgent Care Centre and Paediatric Assessment Unit give us more options –** But several parent carers expressed concern that as frequent users, they have not yet been offered the Urgent Care Centre service at Northwick Park to date.

- **Is there a British Sign Language (BSL) translation service for emergencies?** How does a deaf person gain access to ambulance services?

- **Poor understanding of needs of autistic children –** this is the common experience of parents in both GP surgeries and NPH.

- **Looks like a great model but will it reduce 'waiting'?–** Waiting times are critical to children with Autism as they are physically and emotionally incapable of waiting.

- **Poor experience of diagnosis and care of autism** – There needs to be more awareness about the special needs of children with disabilities. Issues concerning waiting times and sign posting to services need to be addressed.

- **Struggle to access community-based care** – 'there is poor support for parents with autistic children unless you are prepared to shout and scream for it'. 'It took me 10 years to secure speech therapy for my son'.

- **What services are provided and where**? There is a sense of lack of co-ordination and of not being listened to or supported.

- **Consider**: **Prioritising appointments** for children with long term and complex needs

- **More changing facilities urgently required** – essential and basic needs.

- **Will wheelchair service be affected**? Improved? Consider whiz kids?

- **Consider: Transition programme** for teenagers

- **Concern re 'patient notes transfer'**

- **Lack of confidence in 'enhanced community services' –** unless GP access is radically improved.

Consider: Customer service training for all front of house staff including receptionists and nurses.

4.4 YOUNG PEOPLE FEEDBACK

4.5 GENERAL PUBLIC

BRENT YOUTH PARLIAMENT and ST MICHAEL'S YOUTH PROJECT

45 young people attended Parliament session from all over Brent. Overwhelming support via completed questionnaires.

- **What will happen if a child is too sick to be moved?** Is this not dangerous? Children may find this very unpleasant and cause them unnecessary anxiety.
- **Will there be any paediatric expertise overnight at Central Middlesex** in the event of an A+E presentation?
- **How will you ensure that the relevant notes are transferred with the child in an emergency?**
- **Will an ambulance take children from Central Middlesex to Northwick Park?** If so, how will you fund this? Is there not a shortage of ambulances?
- **Paediatric Assessment Unit sounds like a good idea** – as it's open when it is needed most.

HARROW YOUTH PARLIAMENT

43 young people attended this session.

- **More marketing will be needed** to explain how the different services work
- **Have you modelled capacity at Northwick Park Hospital around 'winter pressure'** for example?

5. CONCLUSION

The analysis of the comments and completed questionnaires during this public consultation mirror the findings of the pre consultation engagement process which found widespread consensus for the 'case for change' and an understanding and acceptance of the challenges that the local NHS faces.

There is however one significant and welcomed difference: The consensus in support of the proposals has deepened.

The division that was highlighted between frequent users, users and the general public in the pre-consultation report is not supported by these findings. This consultation demonstrates there is almost no observable difference in reaction between those that use the services and those that don't.

The only observable though highly subjective distinction is perhaps that as frequent users, they were more able to understand the impact of reconfiguration and voice their considered support with useful practical advice borne out of extensive experience.

There continues to be unanimous agreement on the issue of where services should be provided: 'More services should be provided closer to home in a community setting and this would do more for improving the everyday experience of health care services for children, young people and their carers than anything else'.

Taking the responses as a whole, the messages that come across are clear:

BRENT AREA CONSULTATIVE FORUM

BRENT LINK – STREET WALKING: Almost 100% agreed with the proposals

PUBLIC MEETINGS

- **General fear that Central Middlesex Hospital will eventually close down**
- **Public transport access must be improved**
- **Are you taking away 'choice'?** Concern that patients will be taken to Northwick Park Hospital regardless of patients' wishes.

KEY MESSAGES

- People want to be sure they will receive/deliver the best possible care. This means being able to access services easily, patient access to care when and where its needed, better coordination across different providers, better post hospital care, being treated with dignity and more support closer to home.

- Stakeholders recognise that the local NHS has made a serious and proactive effort to listen to the views of the public, NHS staff, community organisations and frequent users. But stakeholders want to know that their concerns will be seriously considered and how they will inform and impact on the planning process going forward.

- People are concerned about whether the changes can be implemented by NHS Brent, NHS Harrow and NWLHT within the staffing and funding available and still meet patient demand.

The message from those directly engaged by the statutory consultation can therefore be summed up in the following statement:

'The proposal is good. It rightly proposes excellent specialist care in one hospital; it offers real alternatives to A+E and offers greater access to consultant paediatricians.'

`It seeks to provide more services in a community setting and so integrate better with our local health services.'

'We support this proposal to improve services in Brent and Harrow. But…'

'We believe that the success of these changes is wholly premised upon addressing our chief concerns' (See top five themes in executive summary on page 4).

Brent Health Select Committee response to "Better Services for Local Children – A Public Consultation for Brent and Harrow"

Introduction

Brent Health Select Committee has prepared its response to the local NHS consultation, "Better Services for Local Children – A Public Consultation for Brent and Harrow" following a specially arranged challenge session and tour of the paediatric unit at Northwick Park Hospital on Wednesday 10th February 2010. The challenge session was carried out with members of the Harrow Overview and Scrutiny Committee to make best use of time and resources, although each committee will provide a separate response to the consultation.

Over the last nine months or so the Health Select Committee has held numerous discussions on the wider acute services review, from which the proposals for paediatric services have been developed. The committee is very familiar with the proposed changes to paediatric services and welcomes the opportunity to contribute to the consultation.

Overall, the Brent Health Select Committee supports the proposals for paediatric services provided by North West London NHS Hospitals Trust and believes that they will lead to better services and outcomes for the young people who have to use them. However, there are a number of points that members wish to raise in response to elements of the consultation.

Brent Context

Although the consultation on Paediatric Services affects people in Brent and Harrow, the Health Select Committee's response is concerned mainly for the well being of young people in Brent. Brent is a young borough - young people (under the age of 16) make up 21% of Brent's population and Brent's birth rate is rising by 3% per annum. Deprivation in Brent has increased in recent years and the borough is now the 53rd most deprived in England.

Healthcare for London

The Brent Health Select Committee acknowledges that the plans for paediatric services at North West London NHS Hospitals Trust match Healthcare for London's ambitions that in-patient paediatric services are delivered on fewer sites, and that resources are put into the development of paediatric assessment units to assess, diagnose and treat patients that come into hospital, but that ongoing care takes place in a community setting. The fact that nationally fewer than 13 children in every 100 who arrive at hospital are admitted to an overnight bed suggests that provision of services should be weighted towards assessment, treatment and discharge of young people rather than admission to hospital. The development of two paediatric assessment units, one at Central Middlesex Hospital, a second at Northwick Park Hospital will help to meet this aim.

The committee supports the view that consolidation of inpatient services on one site will improve clinical outcomes for children. Throughout various Healthcare for London initiatives, such as the development of stroke services in London, emphasis has been placed on the need to achieve a critical mass of patients in order to give clinical staff the required number of cases to improve outcomes. The fact that there are only six inpatient beds at Central Middlesex Hospital leads the committee to believe that the changes proposed are inevitable and that in the long term paediatric inpatient services at Central Middlesex would be unsustainable. Duplicating in-patient services on two sites within the same hospital trust does not make sense for many reasons, not least that it spreads specialist staff across two sites and there is a need to provide care in community based settings, away from hospital and resources are needed to deliver this.

The committee was disappointed that the initial consultation document did not make reference to polyclinic developments in Brent, but this has been changed in the later version. If more services are to be delivered from community settings, and it is in the best interest of patient's to do this, the Health Select Committee believes that plans for polysystems in Brent should be clarified at the earliest opportunity. The community based services that patients can expect to receive need to be made explicit. This is so patients and their parents can be reassured that alternatives to inpatient services are being developed and to help them understand the preferred patient pathways.

Signposting people to the right services

Changes to the way that paediatric services are delivered and the development of an integrated paediatric service are laudable aims. However, patients need to be signposted to the right services so they make best use of what's available to them. At present too many people are accessing hospital inappropriately, when they could be treated in a primary care setting. As services are developed in community settings, it is important that the message is communicated to Brent and Harrow's communities so that they know the best place to go for the most appropriate treatment for their child. There is a risk is that people will still continue to use hospital inappropriately, even if the Urgent Care Centres at CMH and Northwick Park do keep people out of A&E.

Of course, once a child is brought to hospital it is crucial that they are placed on the correct clinical pathway. Communication between the teams involved in delivering paediatric services will be crucial, especially once the paediatric assessment units are in place. Communication with inpatient services, ensuring that children receive appropriate treatment is all important. This is especially the case across sites, where a child is being assessed at Central Middlesex Hospital, but inpatient services are at Northwick Park Hospital.

Capacity at Northwick Park Hospital

It had been a concern to the committee that Northwick Park Hospital would not have the capacity to deal with additional paediatric in-patient cases that are currently treated at Central Middlesex Hospital. Therefore it was reassuring to be told on the tour of Jack's Place that there were currently 21 beds in the ward, but space to expand to 28 beds if necessary. There is also funding in place to employ additional nursing staff should the seven extra beds be needed in Jack's Place. Similarly, councillors were reassured to learn at the challenge session that there were no redundancies planned as a result of centralising paediatric inpatient services at Northwick Park Hospital. The challenge session was informed that the trust was over recruiting nurses in order to compensate for staff turnover. It is crucial that a full complement of staff is maintained to deliver services for this client group.

A second issue which came to members' attention on the tour was the need to provide a separate space for older children. The needs of teenagers are very different to those of toddlers and so it is reassuring that additional space will be available for older children to use if they are admitted to Northwick Park Hospital.

The future of Central Middlesex Hospital

Although the consultation on paediatric services is not explicitly related to the future of Central Middlesex Hospital, it is inevitably an issue for Brent councillors and residents. Central Middlesex Hospital is a highly valued local hospital and it is a concern to some that services are being taken from it and placed at Northwick Park Hospital (which, it should be added, is also a highly valued local service), even though the clinical reasons for doing so make sense. Members were keen that the future of Central Middlesex Hospital was clarified during the consultation period, and they are pleased to have received a comprehensive statement on the future plans for the hospital. This will be especially valued by residents who live in South Brent and use Central Middlesex Hospital.

Another concern to councillors is that patients will seek alternative paediatric services (for example, at St Mary's) rather than use Central Middlesex Hospital once they know that CMH no longer has an inpatient service. Councillors will be keen to monitor patient flows to know how the reconfiguration is affecting the number of people using CMH's paediatric services. It is not clear from the consultation at what point the service could become uneconomical, but there must be a point at which it becomes uneconomic if user numbers at CMH decline. This will also affect the critical mass of patients needed to make the unit viable.

In recent weeks a draft copy of the North West London Integrated Strategic Plan has been made public. The plan is suggesting a reduction in the number of major acute hospitals in North West London and rationalisation of some services, including A&E. Throughout discussions during the consultation, councillors have been assured that the A&E services at CMH are not under threat. However, it is a concern that these services may be withdrawn from the hospital and so councillors would appreciate further reassurances with regard to the future of A&E services at the earliest opportunity. The statement published on the future for CMH does address this point, but the committee believes this can't be stressed often enough. At present, uncertainty in the sector is adding further doubt to the future viability of Central Middlesex Hospital, although it is appreciated at A&E services across London are being disaggregated, and so CMH is likely to have a different service to other hospitals.

Transport

The closure of inpatient services at CMH means that any child who needs to be admitted to hospital from the CMH paediatric assessment centre will be transferred to Northwick Park Hospital. The Health Select Committee wants to reinforce the message to the London Ambulance Service to ensure it is fully geared up for this change, even though it affects a relatively small number of children. Councillors would be concerned if there were significant delays in transfers and believes that this should be closely monitored by the Health Select Committee once the service changes are made.

Transport links between Central Middlesex Hospital and Northwick Park Hospital are not particularly good and so parents of children admitted to Northwick Park from CMH could be reliant on either the staff minibus or taxis to transfer them to NWP if they don't have their own car. When their child is admitted to hospital, councillors understand parents will be anxious to get to the hospital as soon as possible and so public transport may not be the best solution in these cases. Councillors hope that funding will be available to pay for taxi's or improve the regularity of the staff bus to cater for parents in this situation. In the meantime, lobbying should continue to press for better public transport links between the hospitals.

Councillors hope that work is done to track patient transfers from CMH to NWP so that the experience can be improved for the patient and their family. The most appropriate transport arrangements should become clear once services are up and running and transfers are taking place on a regular basis.

Engaging Clinicians

The proposals for paediatric services at North West London NHS Hospitals Trust were led by clinicians. Stakeholder support for the proposals in the pre-consultation phase was 96%, and yet at different times the Health Select Committee has picked up on some opposition to the plans from GPs in Brent. The point was made

at the challenge session that within a group GPs there will be a range of views on the best way to provide paediatric services and inevitably, some won't approve of the options for change. The Health Select Committee hopes that work will continue with clinicians and non-medical staff within Brent and Harrow to convince them of the benefit of these service changes and to support the plans for paediatric services.

Sickle Cell

Central Middlesex Hospital hosts specialist sickle cell services and the Brent Sickle Cell Centre is to remain at CMH, as well as day management of sickle cell cases. Young people suffering from a sickle cell crisis that require overnight admission to hospital will be transferred to Northwick Park once the changes to paediatric services are implemented. It is this group of patients in particular that the service proposals will affect.

Brent's has a significant number of people who are black Caribbean or black African, the two groups most susceptible to sickle cell. Ethnicity data for Brent is now out of date, but in the 2001 census 22% of Brent's population (57,000) recorded their ethnicity as either black or black British. This number is likely to have increased in the 9 years since the census was carried out. The Health Select Committee was concerned that sickle cell patients and their families should be consulted separately on proposals and are pleased that a sickle cell focussed consultation meeting is to take place in March 2010. However, it is a concern that in -patient services for children will be moved to Northwick Park Hospital but specialist services for sickle cell will remain at Central Middlesex Hospital. Councillors would like reassurance that sickle cell patients are satisfied with this arrangement and again, steps are taken to continue working with them during the implementation of service changes and after the new services have been implemented to ensure their needs are met.

Councillors were pleased to learn that funding is in place to support training for GPs in Brent to better recognise the signs of sickle cell crisis and manage the illness without needing an inpatient hospital stay. Members appreciate that management of illness and treatment outside of hospital is as important for sickle cell as any other long term condition and hope that this training helps to achieve this aim.

Consultation

The Health Select Committee is satisfied with the consultation plan that is being implemented by North West London NHS Hospitals Trust for paediatric services in Brent and Harrow. Changes to the consultation plan and document suggested by councillors at the Health Select Committee meeting on the 7th January were implemented. However, some issues, such as the publication of a statement on the future of CMH are still to be addressed.

Councillors are slightly concerned that only 20 people attended the public meeting at Patidar House in Wembley on 11th February, as this figure also included trust staff. Members would have expected more people than this to turn up to the public meeting. Councillors are pleased that an additional public meeting at Central Middlesex Hospital has been arranged as it is felt that this may attract more people, as it is in south Brent and on the site where the proposed changes will have the greatest impact. 10,000 copies of the consultation document have been distributed which is positive and it is hoped that a good number of people respond to the consultation.

The Health Select Committee wants to sign off the consultation exercise and consider the outcomes of the consultation, the final proposals for service change and an implementation plan before implementation of the new service begins. The committee's last meeting of the 2009/10 municipal year is on the 23rd March, before the consultation closes. Therefore, officers will be invited to attend the first meeting of the committee in 2010/11 to present their report. This meeting is likely to be in June 2010, although committee dates are still to be set.

Councillor Chris Leaman
Chair, Brent Health Select Committee

Harrow Overview and Scrutiny Committee Response to "Better Services for Local Children – A Public Consultation for Brent and Harrow".

Harrow Overview and Scrutiny Committee warmly welcomes the opportunity to comment on the proposals set out in the NHS consultation document "Better Services for Local Children – A Public Consultation for Brent and Harrow". We thank colleagues from NHS Harrow, NHS Brent and NW London Hospitals Trust for bringing these proposals and the plans for consultation to our committee and discussing them with us in such depth.

In addition to the discussions at formal committee meetings, we have gathered further evidence to inform our response to the consultation through holding an extremely valuable challenge panel. Scrutiny councillors from Harrow and Brent came together to hold a joint Challenge Panel on 10 February 2010 at Northwick Park Hospital to question NHS colleagues about the proposals and the consultation process. This was preceded by a tour for members of the children's relevant wards and A&E which we found enormously helpful and we thank NHS colleagues for organising the tour.

The Challenge Panel consisted of 6 members, three representing Brent and three representing Harrow. Harrow's representatives were Councillors Vina Mithani, Rekha Shah and Janet Mote. The aims of the Challenge Panel were to:

- To gather sufficient evidence to inform Brent and Harrow scrutiny's individual responses to the consultation by NW London Hospitals Trust 'Better Services for Local Children'
- To be able to answer the questions within the consultation
- To make valuable input to the NW London Hospitals Trust's consultation process
- To be able to adequately assess the consultation process

Following the Challenge Panel, Brent and Harrow have individually drafted their separate scrutiny responses to the consultation. Harrow's Overview and Scrutiny Committee has formally 'signed off' this response at its meeting on 23 February.

In particular we wish to place on record our thanks to Fiona Wise and David Cheesman (NW London Hospitals Trust), Sarah Crowther (NHS Harrow) and Mark Easton (NHS Brent) for being so forthcoming with the plans for reconfiguration and consultation throughout the project to date.

Overall we support the changes proposed in the 'Better Services for Local Children' consultation document and wish to reiterate the following points about the proposals and their impact on Harrow residents.

Reconfiguring services

We are aware that, if implemented, the reconfiguration of the paediatric services is more likely to affect Brent residents than those from Harrow. That the groups and individuals that raised the most concerns during the pre-consultation phase were from Brent may indeed reflect this.

The current provision represents a duplication of paediatric services at Central Middlesex Hospital (CMH) and Northwick Park Hospital (NPH) where there are not the numbers to support this as a good use of clinical resources. Critical mass is vital to achieve best use of resources and more importantly the delivery of the best clinical outcomes for children and young people. Centralising services in one location would help achieve this.

As was highlighted during our tour of the children's facilities at Northwick Park Hospital, effective communication will be key in ensuring that the reconfigured services work, especially given the recent integration of the Urgent Care Centre with A&E.

Capacity at Northwick Park Hospital

An initial concern of Harrow scrutiny councillors was the capacity of NPH to take on extra services if paediatric inpatient care was to transfer from CMH to NPH. Harrow councillors at previous scrutiny committee meetings had asked for assurances that the changes will not adversely affect other services at NPH and that it can cope with the paediatric integration. Having been on a tour of the facilities and spoken to staff we are now more assured that there is capacity and infrastructure at NPH to accept these changes. The new system of integrating the Urgent Care Centre with the A&E is newly in place, since the start of February. Further, Jack's Ward has space for 28 beds although currently funded for 21 nursing staff, and therefore there is scope to expand to further beds should the transfers from CMH require NPH to accommodate a greater number of beds.

Should the changes require additional staffing, NPH is well placed to recruit paediatric specialists and junior doctors as it rates highly as a teaching hospital for trainee doctors and nurses.

Impact on children, young people and their families

The Chief Executive of the Hospitals Trust told us at Committee that an independent company had undertaken an exercise to consider the impact the transfer arrangements between CMH and NPH would have on patients. Resulting data had indicated that, with 83% of paediatric care currently being provided on an ambulatory basis and only 12.8% of patients requiring admission to CMH, there would be little impact on the vast majority of paediatric patients.

We would expect the Hospitals Trust to keep track of the patient numbers being transferred from CMH to NPH and ensure that services on both sites are set up appropriately to be able to meet the changing needs of the children, young people and their families. We must also stress that 'children and young people' are not one homogenous group and have different needs. For example, the needs of a teenager in an acute ward would differ from that of a toddler and we would expect the service and care provided at NPH to reflect this. To this end, we were glad to see on our tour that a young people's room is being provided on Jack's Ward to meet the needs and comfort of older children.

Engaging stakeholders

Clinical engagement, especially with GPs will be important to ensure that health professionals can explain to patients the changes and the ramifications of these. Especially in Brent, there may be concerns over residents having to travel further to access services.

We understand that the decision to reconfigure acute children's service across Brent and Harrow was a clinically led proposal, following much work with clinical clusters and therefore putting forward a clinically robust set of proposals. Further, this is fully in line with the direction set by Healthcare for London. We have heard that during the pre-consultation phase, the proposals secured approval from 96% of stakeholders involved. Any changes will only succeed if stakeholder and clinical engagement is maintained and therefore we would urge the PCTs and the Hospitals Trust to continue in their efforts to engage clinicians at all stages of this reconfiguration.

We would also encourage that the NHS continues to work in partnership with local authority colleagues in developing and delivering the best services for children and their families in the most holistic manner.

Future of Central Middlesex Hospital

We remain concerned that patients may progressively stop utilising the Paediatric Assessment Unit (PAU) at CMH on the basis that they may ultimately be transferred to NPH. This would make the PAU at CMH unsustainable in the long run. As a consequence public perception of the services offered by CMH is likely to suffer. To this end, it is paramount that the public are reassured as to CMH's future and what services (current, new and enhanced) it will offer local people.

Although there is a statement within the consultation document that the A&E department will remain at CMH with a separate communication on this subject planned, we await to see the direction set by the NW London sector's Integrated Strategic Plan on what each hospital in the region should offer in the future.

Transport arrangements

We would urge the Hospitals Trust to firmly state its commitment to children, young people and their families/carers around transport arrangements between the two hospital sites. Repatriation of young patients after overnight stays at NPH should be a key consideration. Although the consultation document refers to expanding the use of the staff shuttle bus to accommodate the needs of patients and families, we now understand that other options may be explored. We would also urge the local NHS to exploit the opportunities afforded by the Chief Executive of NHS Brent being the London NHS lead for liaison with Transport for London to progress local concerns around transport and accessibility to and between CMH and NPH.

Direct engagement with families of sickle cell patients

CMH has a good reputation for treating patients with sickle cell. Given its demographics, there is a higher than average prevalence of sickle cell in Brent and therefore CMH is particularly accessible for Brent residents who are sickle cell sufferers. We are therefore glad to hear that the sickle cell service will remain sited at CMH and most patients managed there on an outpatient basis. Young sickle cell crisis patients requiring overnight stays will need to be moved to NPH and continuity of care between the two sites will need to be addressed as a priority. This stresses one of the key factors in implementing any reconfiguration of services – the importance of effective communication. We are glad that sickle cell patients were identified as a key target group to approach and gauge the views of in the pre-consultation work. Therefore we are assured that their views have informed the public consultation phase of work.

Strategic landscape

We have heard that the impetus for timing this review has been to conclude it before the sector-wide review of acute services for children and young people, planned for late 2010. We understand the Acute Services Review Board's concerns that implementation of the sector-wide review would take significant time and this could be to the detriment to meeting the immediate needs of Brent and Harrow children. However we would ask the local NHS to exercise some caution and ensure that their plans align to the wider strategic landscape and there is 'strategic fit' with policy directions for example from Healthcare for London and opportunities across the sector.

Moving towards the Healthcare for London model of care, more children and young people should be treated outside of hospital and with more emphasis on treatment within the community. Polysystems of primary care will promote and facilitate this, as will colocating urgent care centres at acute hospitals, as is the case at NPH. However we are aware that changes will not occur overnight and much of the success of the Healthcare for London vision relies upon changing people's mindsets and behaviours. Much effort and aware-raising is needed in persuading people that hospitals are often not the most appropriate place to go if unwell. More appropriate care may be available in primary care.

Although this consultation focuses upon the acute part of the clinical pathway, this must be complemented by enhanced primary and community care. Better access to GPs will be important is ensuring the Healthcare for London vision is realised.

We wholeheartedly agree with the sentiments of the Hospitals Trust's Chief Executive who told us that it is more important decisions are made around ensuring the patient sees the most appropriate *person* to deliver their care rather than focus talk on the most appropriate *place* to provide care.

Consultation

It is scrutiny's responsibility to not only respond to NHS consultation but also evaluate the adequacy of the consultation process and consider the outcomes. As we are providing this response ahead of the close of the formal consultation period, we are unable to fully assess the adequacy of the consultation that the PCT has conducted around these proposals.

We are satisfied that the 18-day pre-consultation campaign across Brent and Harrow that took place in the autumn has informed the efforts for the formal public consultation phase. We hope that the forthcoming public events in both Brent and Harrow will be successful and capture the views of children, young people and their families, as well as more broadly the public. For our part, as elected members and we will use our role as community leaders to raise awareness of the proposals within our communities and encourage people to respond to these proposals.

We look forward to continuing our dialogue with NHS colleagues in the development and implementation of these plans. We ask that a further report is brought to Harrow's Overview and Scrutiny Committee to detail the outcomes of the public consultation exercise, the NHS' subsequent decision and implementation plan, and address the main issues raised in our response. To this end we would like to invite NHS colleagues to a future meeting of the Overview and Scrutiny Committee in the summer to update the Committee.

Sent on behalf of Brent Local Medical Committee (LMC)

1 April 2010

Dear Mr Easton,

Better services for local children: a public consultation for Brent and Harrow

Please find below the Brent LMC's response to the public consultation.
In general, the LMC was concerned that:

- There is no information on how the changes will be structured, implemented or funded.
- The questionnaire is one sided and seeking answers to decisions already made.
- Brent and Harrow have different patient population profiles and needs and this should be reflected in any proposals.
- This proposal will move services away from a more disadvantaged part of the local community (Central Middlesex area).

Detailed concerns are below.

Potential impact on patients

LMC members noted that Brent and Harrow have different patient population profiles and needs and this should be reflected in any proposals.

Sickle Cell

Brent has more patients with sickle cell than Harrow. The LMC noted that in -patient services for children would be moved to Northwick Park Hospital (NPH) but specialist services for sickle cell would remain at Central Middlesex Hospital (CMH). The LMC would like reassurance that sickle cell patients are satisfied with this arrangement and that steps are taken to continue working with them during the implementation of service changes and after the new services have been implemented to ensure their needs are met. This may need a separate consultation.

Signposting patients to the right services

The LMC noted that patients will need clear signposting to the right services so that they make best use of what will be available to them. Part of the case for change is that currently too many people are accessing hospital inappropriately. As services are developed in community settings, it is important that the PCT invests in patient education so that local communities know the best place to go for the most appropriate treatment for their child. There is a risk that people will still continue to use hospital inappropriately, even if the Urgent Care Centres at CMH and NPH keep people out of A&E.

There is also a risk that patients could seek alternative paediatric services (for example, at St Mary's Hospital) rather than use CMH once they know that CMH no longer has an inpatient service. This could destabilise the CMH unit and the LMC suggests that patient flows are monitored.

Patient Transport Issues
The LMC noted that the shift of services from CMH to NPH will disadvantage Brent patients in particular those that currently use CMH. The LMC noted there would be ambulance transport and an expansion of the current staff shuttle bus service to support patients to transfer from CMH to NPH and suggested that the PCT track

patient transfers from CMH to NPH and ensure that there are appropriate transport arrangements for local residents.

Potential impact on the acute trusts

CMH is a highly valued local hospital, in particular by South Brent residents and the LMC would like reassurance as to the CMH's future.

The LMC noted the importance of ensuring that there is good communication between the teams involved in delivering paediatric services, especially once the paediatric assessment units are in place. Good communication with inpatient services is especially important across sites, where a child is being assessed at CMH, but inpatient services are at NPH.

Potential impact on primary and community services

LMC members did not think the proposals were achievable or safe without strengthening of primary and community care services. NHS Brent and Harrow have been working hard to strengthen community nursing recruitment, retention and standards and the LMC understands there are plans for additional recruitment, but the current health visiting services are not achieving their targets.

The LMC was disappointed that, although the proposals will shift services from secondary to primary and community care, there does not appear to be a related plan to move supporting resources. The LMC requests that any proposals to move services from secondary to primary and community care are preceded by 'invest to save' plans for the development of the primary care infrastructure. The PCTs appear to be targeting their resources in procurement and the development of APMS. The LMC requests investment in current primary medical services infrastructure to accommodate the shift in activity and recommends there is consultation with the PBC clusters over new care pathways and the resources needed. This could include investment in staff training (including the development of GPWSIs), an improvement grant process to support primary care practice premises development, local enhanced services and practice resources for patient education.

Kind regards
Lesley Williams
for
Brent LMC

Appendix 1

Report to:	**Brent Health Select Committee**
Report from:	**NHS Brent, NHS Harrow and North West London Hospitals NHS Trust**
Date of Meeting:	**15 July 2010**
RE:	**Better services for local children – a public consultation for Brent and Harrow.**

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1. Purpose of report

To share the independent review of the recent public consultation process and update the Health Select Committee (HSC) on progress with implementation.

2. Background

Wide ranging discussions have taken place with local residents, GPs, hospital staff, local authorities and others since November 2008 to examine local health services to see where improvements can be made. As part of this review, the local NHS undertook a 12 week public consultation on proposals to establish two consultant led Paediatric Assessment Units (PAUs) at both Northwick Park Hospital (NPH) and Central Middlesex Hospital (CMH) and centralise the inpatient service at NPH. It is anticipated that this will reduce unnecessary admissions and improve the links with community child health services.

The proposals were developed by doctors, nurses and therapists who work with children in hospital and in the community and were approved by experts from the National Clinical Advisory Team who strongly supported the proposed model of care. Further details are available in the independent review (appendix 1).

HSC members will recall that here was no adverse media coverage during the whole process despite the election pressures. NHS partners believe that this is a result of the smooth management of the process, excellent joint working across the local NHS and widespread public support for the proposals.

3. Independent analysis of the consultation process

Following completion of the public consultation on 4th April, an independent assessment of the consultation process and the responses to the consultation was undertaken.

The review confirms that 503 questionnaires were received with strong support for the case for change, the proposal to establish the two PAUs and centralise all overnight inpatient care at NPH. In summary there was:

- 94% support for a PAU at each hospital
- 72.3% acceptance of the argument for centralisation of specialist care
- 79.7% support for the proposed changes.

Brent LINk recorded 96.3% support for the proposals while Brent's previous Health Select Committee supported the plans but wanted assurances about the future of CMH, NPH's ability to manage increased demand, proposed transport links, and the need for excellent patient information.

The independent review concluded that there is "clear support for the principles which underpin the planned changes and the changes themselves as a result of the consultation". The consultation process itself "was conducted in accordance with good practice."

The review echoes some of the questions raised during the consultation process and recommends:

- The implementation plan needs to address concerns about transport and communications to ensure that any adverse impact is minimised; and
- The local NHS should continue to liaise closely with the local sickle cell community to ensure that their needs are appropriately met.

4. Next steps and proposed timetable

Given the strong support for the proposed reconfiguration, confirmed by the independent review, the PCT and acute Trust Boards have approved the development of an implementation plan that seeks to establish the two PAUs and centralise inpatient care in autumn 2010.

The implementation plan is being led by the current reconfiguration team (which includes PCT, hospital and local authority staff) and the Clinical Reference Group (GP, consultant and senior nursing staff) and includes the following key tasks:

i) Clinical

- Agreeing service specifications for the new service model that include:
    - Clear transfer protocols between acute sites;
    - A system for monitoring waits along the whole pathway;
    - Standardised clinical pathways for community and unplanned care.

ii) Operational

- Establishing a transport service for members of public that is available on 7 day week basis;
- Ensuring the ambulance transport system is able to meet acceptable standards for safe and effective transfer of sick children; and
- Ensuring that there are enough beds at NPH to support anticipated increase in demand.

iii) Public

- Enrolling the local sickle cell population in the design of NPH inpatient service and staff education programme; and
- Engaging with local patient and carer groups to ensure proposed service changes are effectively signposted.

iv) Staff

- Undertaking appropriate staff consultation and where necessary redeployment.
- Review all consultant job plans so that staff able to rotate between the inpatient unit and the two PAUs.

Assuming both Brent Health Select Committee and Harrow OSC are content with progress, the PAUs would be scheduled to open in autumn 2010 which coincides with the new intake of junior medical staff at NWLH. It is not anticipated that any staff will be displaced by the proposed changes but if additional staff consultation is required then the launch date would be deferred accordingly.

4. Recommendations

HSC members are asked to:

- Consider the independent assessment of the public consultation; and
- Note that the consultation process was undertaken in line with best practice, Department of Health guidance and the recommendations of the Health Select Committee and that the outcome of the consultation has shown clinical and public support for the proposed changes.

David Cheesman
ASR Project Director
July 2010

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	Health Select Committee 15th July 2010 **Report from the Director of Policy & Regeneration**
For Action	Wards Affected: ALL
Brent Local Involvement Network Annual Report – 2009/10	

1.0 Summary

1.1 The Brent Local Involvement Network (LINk) is a member based, community led network of voluntary sector organisations and individuals, which includes residents, service users, businesses and community organisations. The network aims to empower and enable people to have a stronger say in how local health and social care services are commissioned and delivered in the Brent.

1.2 The remit of Brent LINk includes:

- Promoting and supporting the involvement of people in the commissioning, provision and scrutiny of local care services
- Enabling people to monitor the standard of provision of local health and social care services
- Obtaining the views of people about their needs for, and their experiences of, local health and social care services
- Making reports and recommendations about how local care services could or ought to be improved to people responsible for commissioning, providing, managing or scrutinising local services

1.3 By the 30th June each year, the LINk has to produce an annual report. The annual report is a useful mechanism for the Health Select Committee to consider the work done by the LINk, and decide whether there any issues that could be followed up by members.

2.0 Recommendations

2.1 The Health Select Committee is recommended to consider the Brent LINk annual report and decide whether it wishes to follow up any issues raised by the LINk in its work programme.

3.0 Detail

3.1 Local Involvement Networks (LINks) were created to give people an opportunity to influence and change aspects of health and social care in their area. The introduction of LINks is part of a wider agenda to give communities a stronger local voice. Much of this has been legislated for in the Local Government and Public Involvement in Health Act.

3.2 The role of LINks is to:

- Ask local people what they think about local healthcare services and provide a chance to suggest ideas to help improve services
- Investigate specific issues of concern to the community
- Ask for information from health and social care providers and get an answer in a specified amount of time
- Carry out visits to service providers to check that they are working well (carried out under safeguards)
- Make reports and recommendations and receive a response from health and social care providers
- Refer issues relating to health and social care services to the Health Select Committee or the Overview and Scrutiny Committee
- Tell those who commission, run and scrutinise local care services, what local people have recommended to help improve services

3.3 LINks cover most publicly funded health and social care providers, no matter who provides them. One prominent exception is children's social services. To assist LINks with their work, healthcare commissioners will be expected to provide them with information when it's requested and respond to their reports and recommendations. Social services provided by Brent Council, as well as health services, are subject to scrutiny from the LINk.

3.4 Membership of the Brent LINk is drawn from a variety of groups in Brent, but essentially it is an organisation that anyone can join. Hestia Housing and Support is the LINk support organisation and they have an office in Harlesden.

3.5 Given that LINks are in effect, another form of scrutiny and holding to account of health and social care services, it is important that the Health Select Committee and the LINk develop a good working relationship. Presenting the annual report to the Health Select Committee is a useful way for the members to get up to speed on the work of the LINk and also to meet some of the LINk management committee, who will attend the Health Select Committee meeting.

3.6 The Health Select Committee also needs to consider its own work programme at the meeting on the 15th July. The LINk annual report raises many issues relating to health services in the borough, that the committee may wish to follow up in 2010/11.

Contact Officers

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Andrew Davies
Policy and Performance Officer
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Brent LINk Annual Report

1st April 2009 to 31st March 2010

Contents

1. Welcome Message from Chair

It is my pleasure & duty to present, on behalf of Brent LINk our Annual Report for the consideration of the Office of the Secretary of State, The Care Quality Commission, Brent Council, Brent Health Select Committee, North West London Hospitals Trust, NHS Brent, Central & North West London Mental Health Trust, Brent Local Involvement Network Participants & interested members of public.

This Annual Report is an attempt to outline our activities and progression in the second year of the Brent LINk during 1st April 2009 to 31st March 2010. We all at Brent LINk have collectively made efforts in making involvement a priority in all monitoring and performance of provided services with strategic input for better services with our governance system. With the participation of our wider membership we have established an elected inclusive Management Committee. Brent LINk has moved from a Steering Committee to a capacity built, functioning Management Committee and that is why communities & service users have been at the heart of the service delivery.
The Management Committee has formed four Action Groups based on community priorities namely Adult Social Care, Primary Health & Community Care Service; Hospital Based & Mental Health Action Groups.

Communities and Service Users Have been at the Heart of our Service Delivery

Brent LINk 2010

We are surely very proud of all the individuals &all the members of the voluntary organisations who have contributed willingly by participating in public events and consultations enabling us to be conduit of their views to influence over changes to local Health & Social care provisions.

Brent LINk is fortunate to have a dedicated Management Committee, proactive participants & supporters. Brent LINk is happy to harness the enthusiasm and readiness of many individuals & organisations and have strong relations with patients and service users of Brent who have supported us in exploring their needs and aspirations. In particular we have worked with the groups and individuals who may not traditionally have access to decision makers including members of NHS Brent, Adult Social Services & Commissioners to identify how best to ascertain their needs & aspirations & turn them in to actions.

This report aims to give an insight of the work of Brent LINk and the examples will be recorded in the form of case studies which details how our work has influenced and have impacted on health and social care service provision in Brent.

I, not only on behalf Brent LINk but also on behalf of all the service users would like to extend our thanks to the members of staff and the Management of Hestia for support & encouragement with the understanding offered during the last year. I personally believe that our effectiveness surely depends on working in partnership with Host organisation, service providers, and community members whose service needs we are conduit of.

I wish to thank most sincerely indeed all the Management Committee members for their dedication, commitment and enthusiasm for the Brent LINk. The testimony mentioned in this bulletin elsewhere will demonstrate that we have been able to establish positive working relationship with the health service providers in the local area and social care department of London borough of Brent. This will be surely evidence in the subsequent pages with our activity record.

Finally members of the Management Committee and Host would like to thank for the support and cooperation of our commissioners Owen Thomson Head of consultation , Brent Council, Marcia Saunders Chair of NHS Brent, Martin Cheeseman OBE, Director of Housing & Community Care, Brent Council, Brent Health Select Committee, Marco Inzani, Assistant Director Community Engagement & Equality NHS Brent, and all of the other local service providers that have worked in partnership with us in the past year and last but by no means least the special thanks to partisans & people of Brent for their input, faith & trust in working together to effect desired changes in the London Borough of Brent.

MANSUKHLAL GORDHAMDAS RAICHURA
Chair Brent LINk 2009/10

2. Feedback from our partners

Brent Council – Brent LINk Commissioner

Brent Council Consultation Team has developed close working ties with the Brent LINk over the last two years. Brent LINk together with NHS Brent are the two principal collaborators in the development of our new partnership consultation strategy, the Brent Engagement Strategy 2010-14. During 2009 the LINk undertook some recruitment at our area forum meetings has maintained a presence along with other partners at these key public consultation meetings. We have an established regular contract monitoring meetings and recently set up a partners steering group for the LINk. I'm very pleased to note that the membership has now risen to in excess of 500 local people. I look forward to an even closer working relationship with the LINk and to joint working to improve health and social care services in the borough.

Owen Thomson
Head of Consultation
London Borough of Brent

NHS Brent

"NHS Brent, including Brent Community Services, has formed a close collaboration with Brent LINk via regular meetings between the Chairs of both organisations, Marcia Saunders for NHS Brent, Mansukh Raichura for Brent LINk; alongside Isabelle Iny, Non Executive Director: Brent Community Services; Dawn Chamberlain, Assistant Director: Brent Community Services; Marco Inzani, Assistant Director: NHS Brent; and Lauretta Johnnie: Co-ordinator: Brent LINk. This collaboration continues through the attendance at various Forums and Strategy Groups of both organisations. NHS Brent is grateful for the continued support and constructive feedback that Brent LINk offers regarding a wide range of important issues. Brent LINk enables NHS Brent to fulfil its duty to involve local people in decisions that affect them including: assessing local needs; developing services and monitoring performance. This Annual Report will highlight some of the key achievements of Brent LINk. NHS Brent congratulates Brent LINk on these achievements and looks forward to a positive and sustained relationship in the future."

Marcia Saunders Chair of NHS Brent,
Isabelle Iny, Non Executive Director: Brent Community Services
Dawn Chamberlain, Assistant Director: Brent Community Services
Marco Inzani, Assistant Director: NHS Brent

Brent Health Select Committee

"During 2009/10, members of the Brent LINk regularly attended the Health Select Committee meetings and pro-actively contributed to those meetings reflecting the shared aim of working together to scrutinise and examine health issues in the borough. LINk members participated in scrutiny projects such as the challenge session held in February 2010 to look at proposals for changes to paediatric services provided by North West London NHS Hospitals Trust. This was attended by members of the committee and also the chair of the Brent LINk. A number of Brent LINk members were at the committee meeting in March 2010 when the proposals for Belvedere House Day Hospital were on the agenda. The LINk had asked for this item to be included on the agenda so that the concerns of their members could be heard at a public meeting. I hope that the Health Select Committee and the Brent LINk can build on these examples in 2010/11 and work together to push for better health services in Brent".

Andrew Davies
Policy and Performance Officer
London Borough of Brent

Working with Brent LINk – Adult Social Care

We are very pleased to have been able to develop a relationship with the LINk. It has helped us to have a much more comprehensive picture of the views of both individuals and organisations than we had previously. The Council has been able to dedicate some senior officer time to the liaison group, meaning that we can deal with things quickly and easily at the correct level.

Martin Cheeseman OBE Director of Housing and Community Care
Linda Martin, Head of Service Development and Commissioning

The relationship between NHS Brent and LINks has consistently been constructive. This does not mean that we have shied away from difficult discussions about the quality of services commissioned or proposed changes to the way in which services are provided. Rather, the mutual respect shown has resulted in a positive, mature relationship. This is reflected in the active role LINks have played in some of the most contentious redesign projects we have taken forward in the last 12 months, including the review of acute services locally and the development of our 5 year strategic plan. The positive feedback we have received about LINks involvement has included feedback from the local acute trust and the sector.

Thirza Sawtell
Director of Strategic Commissioning
NHS Brent

3. Background of LINks

An Introduction to Local Involvement Networks

The Brent Local Involvement Network (LINk) is a **FREE** to join member based, community led network of voluntary sector organisations and individuals, which includes residents, service users, businesses and community organisations. The network aims to empower and enable people to have a stronger say in how local health and social care services are commissioned and delivered in the London Borough of Brent.

The legislation outlining the creation of LINks is contained within the Local Government and Public Involvement in Health Act, 2007 (Chapter 28) with further additions outlined in the Statutory Instruments 2008 (no. 528.) These outline the remit of the LINk and the steps that must be taken before the LINk can be launched.

The remit of Brent LINk includes:

- Promoting and supporting the involvement of people in the commissioning, provision and scrutiny of local care services
- Enabling people to monitor the standard of provision of local health and social care services
- Obtaining the views of people about their needs for, and their experiences of, local health and social care services
- Making reports and recommendations about how local care services could or ought to be improved to people responsible for commissioning, providing, managing or scrutinising local services

A copy of the Public Involvement in Health Act can be found on:
www.opsi.gov.uk/acts/acts2007/ukpga_20070028_en_1

The LINk has powers that go beyond those available to Overview and Scrutiny

Working With the Brent LINk
Director of Policy and Regeneration July 2008

4. The Host Organisation

Hestia

Hestia is a registered charity, established in 1970. Hestia's vision is Empowering People, Changing Lives and their mission is to provide high quality services in partnership with users and local communities. Hestia is also the LINk Host organisation for Ealing, Kensington and Chelsea and Hammersmith and Fulham LINks

The Role of the 'Host' Organisation

Hestia is the Host organisation whose role is to facilitate the work that the people involved in the LINk want to do in liaison with the elected Management Committee. This includes but is not limited to:

- Capacity building and training of LINk participants in order to allow them to carry out the work of the LINk
- Working with the voluntary sector and community organisations to promote and enable participation in the LINk
- Acting as a point of contact for the public, service providers and commissioners
- Carrying out effective administration of the LINk including writing reports and letters in consultation with the Management Committee on behalf of the LINk
- Financial management of resources
- Servicing meetings and facilitating workshops

Host Team Handover

Hestia took responsibility as the permanent Host organisation on the 1st of December 2008. From April 2008 to this date Brent LINk was supported by the interim Host, Community Investors Development Agency (CIDA).

Staffing

We have a skilled and experienced staff team in place which is employed by the Host organisation. The team is comprised of: Lauretta Johnnie Coordinator, Carol Sealy Administrator, Divya Patel, Development Officer (to Oct 2009).

In addition to the direct Host staff team. Hestia created a Head of Community Engagement post staffed by Mr Francis Kaikumba, to provide a strategic overview of all community engagement projects run by Hestia, including the Brent LINk.

Brent LINk Office

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Email: brentlink@hestia.org

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3rd Floor Sovereign Court
15-21 Staines Road
Hounslow
TW3 3HR

Tel:020 8538 2940
Fax:020 8572 5617

Email: info@Hestia.org

Website: www.hestia.org

Company number: 2020165

Charity number: 294555

The Brent LINK office is the contact point for all enquiries about Brent LINk. Please get in touch if you would like more information on Brent LINk or getting involved or if you have any queries regarding Brent LINk and its activities.

Participants at a consultation event

5. Brent LINk Values

Brent LINk's mission is: 'To give communities a stronger say in how their health and social care services are delivered.' For this to be possible Brent LINk has to have strong values and ethical base.

Brent LINk works closely with the Brent community in a collaborative and inclusive way across Brent taking account of the rich diversity of the individuals living and working in Brent. The Brent LINk Interim Steering committee designed a Code of Conduct, which has been signed by each member of the Management Committee.

BRENT LINk CODE OF CONDUCT

The purpose of this code of conduct is to work as a guide for all delegates of the Brent Local Involvement Network. Delegates of the LINk should familiarise themselves with the contents of this code and adhere to the code of conduct when representing the LINk.

1. To act in the best interest of the Brent LINk and its membership at all times while in an official capacity as Brent LINk representative.

2. Not to bring the Brent LINk into disrepute by any illegal or other activity, which could be seen to go against the Brent LINk statement of values.

3. To restrict communication with the press as a Brent LINk representative until press releases are agreed by the Management Committee

4. To declare all conflict of interest and possible conflict of interest as soon as possible to the Host. If in doubt potential conflicts of interest must be disclosed.

5. To follow the guidance set out while entering and viewing service premises. (See Appendix 8.)

6. To treat other LINk delegates and participants with respect and honesty.

7. To conduct themselves with impartiality and propriety at all times.

8. Representatives must respect confidentiality where required to do so. (See Appendix 5: LINk confidentiality procedure.)

9. To act in accordance with the LINk's values of equality of opportunity and non-discriminatory practice.

10. Not to misuse their official position to further their private interests.

11. Not to use their official position to attempt to obtain any payment, gift or receive and other benefit in order to show favour or disfavour to a particular sub group.

12. To represent the views of the LINk and not personal views at meetings with external agencies when in an official capacity as a LINk delegate.

13. To act in a way that will not defame or cause harm to the LINk and/or its members

Brent LINk also embraces the Nolan Principals of Public Life:

The Seven Principals of Public Life

Selflessness: Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

Integrity: Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

Objectivity: In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability: Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness: Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty: Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership: Holders of public office should promote and support these principles by leadership and example.

Brent LINk adheres to a strict Equal Opportunities Policy, Financial Policy, Enter and View policies and a robust complaints policy. It is with these policies and work ethic Brent LINk delivers an inclusive, transparent service accessible to all.

6. Brent in Profile

The London Borough of Brent is a vibrant, multi-racial, multi-cultured borough that boasts many national landmarks such as Wembley Stadium, The Shri Swaminarayan Mandir Temple (Neasden Temple), Winston Churchill's underground bunker in Brook Road, Neasden, the University of Westminster, as well as beautiful parks and historic buildings.

Brent has a population of 270,100 (Office of National Statistics), although 347,541 people are GP registered in the borough. There are over 5000 community and voluntary organisations, individuals and businesses located in the Borough.[1] Brent is one of two local authorities where the majority of people are from ethnic minorities as 55% of residents are from black and minority ethnic communities and over 130 languages are spoken in schools. The population is relatively young with 43% of residents under 30 and over 30,000 over the age of 65. Recently Brent has become more deprived and is now the 53rd most deprived borough in England.[2]

Brent is becoming the most ethnically heterogeneous borough in the country. The chances of two people in Brent being from different ethnic groups are higher than anywhere else in the country.[3]

Key Facts about Health and Well Being in Brent:

The NHS Brent Commissioning Strategy Plan 2008 to 2013 details the following health facts about the London Borough of Brent.

- Nine year gap in male life expectancy across the borough
- Circulatory disease and cancer are the biggest killers
- One in four people in Brent smoke
- 20% of Brent's adult population are estimated to be obese
- 50% of our adult population do not take part in any form of physical exercise
- Approximately two-thirds of Brent's population are estimated as not eating the recommended amount of fruit and vegetables per week
- Teenage pregnancy levels are decreasing but from a comparatively high level
- High prevalence of diabetes and tuberculosis
- High and increasing rates of HIV
- Low uptake of some preventative services such as smoking cessation and breast screening

[1] www.brentbrain.org.uk/brain/brainzones.nsf/zl/1?opendocument&Z=1
[2] NHS Commissioning Strategy Plan 2008 – 2013, published by NHS Brent
[3] Ibid, NHS p.9

7. Why our work is needed

Brent residents suffer more ill health than in most locations in England. More than **55%** of Brent residents are from BMER groups and there are over **130** languages in schools. It is well known fact that there are some examples of extreme health and social care inequalities in the London Borough of Brent. A metaphor often used to look at the inequalities in heath in the Borough is the Bakerloo Line, which runs from the north to the south of the borough. If you get on the train on the south to the north of the borough commencing at Queens Park travelling through Kensal Green, Willesden Junction, Harlesden, Stonebridge Park, Wembley Central, South Kenton and travel through to Kenton, your journey will reflect some disparity between the South and North of the borough: those who live in the south have a life expectancy rate that is between nine and ten years below those in the north.

Harlesden has the lowest life expectancy for men (71.6 years) and women (78.4 years) compared to Northwick Park, where male life expectancy is 9.4 years higher at 81.0 years. For women there is a difference of 7.1 years life expectancy between Harlesden (78.6) and Fryent - near Kenton (85.6). It is a major concern that the life expectancy between the most deprived and most affluent areas in the borough is increasing.[4]

Brent NHS reports that in the next 10 years the BME population is expected to increase to 60% of the population. The largest increase is expected to be from the Asian population. This increase in population will have implications for the demand in healthcare as Asian groups tend to have higher rates of diabetes and heart attacks and develop diseases about 10 years earlier than white ethnic groups in general.[5]

Brent LINk provides an opportunity for commissioners and service providers to hear directly the needs and concerns of the people using their services. In a vibrant and diverse borough like Brent, it is important that everyone has their voice heard, so that service design is able to meet everyone's needs. Brent LINk provides an opportunity to ensure an ongoing dialogue between community groups and individuals and those designing and delivering services.

Often deprivation is tied in to low take up of services within different areas and communities. In order to address this it is important that local people get to have a say about the way their health and social care services are designed and run, so that providers are able to deliver a relevant service to their service users.

The challenge for NHS Brent and Brent Adult Social Services is to provide a service that aims to meet the diverse needs of the population in Brent. For

[4] Ibid NHS, page 11
[5] Ibid NHS, page 9

this to be achieved the population of Brent need to have a platform to have a say in how they would like their Health and adult Social Services delivered to them.

Brent LINk believes that building working relationships and facilitating dialogue between the people who determine policy to provide health and community care services and the local community will provide positive outcomes for everyone.

Making this happen is both the aim and the challenge of Brent LINk.

Wendy Quintyne Management Committee members speaks to participants at a consultation event

8. Notable Achievements

Community Engagement

If you were to consider Brent world from a strategic perspective there would be a wide range of different needs to be met, some complex and some difficult. Brent LINk has had to determine priorities and allocate resources accordingly. We have to demonstrate value for money and determine the best ways and means of securing the best outcomes for their investments. The service has to be efficient and effective. We cannot tackle challenges alone we need ideas form people who can work together for the common good. Brent LINk can bring their experience, creativity and innovation in bringing about changes. We can help communities and individuals to articulate their views. When engaging in the process, whether through local partnership structures or professions networks and relationships, it is important to approach this as a partner, bringing together ideas and contributions. Brent LINk therefore builds relationships, as it is high likely that we will make sustainable impact alone.

Therefore Brent LINk believes in a **collaborative partnership approach** to public work with organisations and individuals which enables the LINk to deliver work and successfully affect change locally. Some examples of Brent LINks Collaborative and partnership work are:

Examples of Partnership Work

- NHS Brent Better Services for Children with NHS Brent and Harrow LINk
- Review of Current Mental Health Commissioning in Brent
- Advocacy scheme with BADP (Brent Association of Disabled People)
- Brent Community Engagement Strategy
- Well-being Day with Family Mosaic
- Regular Meetings with NHS Brent Chair Marcia Saunders and her team
- Regular Meetings with Director of Housing and Community Care Martin Cheeseman
- NWL LINK Network
- Brent LINk in partnership with Ealing LINk Hosted a North West London LINk Network meeting and invited LINks in the region to look at areas of collaboration and sub-regional work. Due to the success of the meeting Ealing LINk has facilitated a NW London LINk Chairs Network

Brent LINk participants attended a number of public events/meetings 2008/9

Date/ Period	No of meetings attended	Total number of participants
December – March 2009	26	377
April – June 2009	30	78
July – September	40	142
October – December	54	531
January – March 2010	78	167

Public Launch Mind and Body Fair held on 9th October 2009

To celebrate the public launch of Brent LINk, we hosted a Mind and Body Fair which took place on 9th October at the Willesden Green Library Centre at the Café and Gallery area downstairs.

The event encompassed elements of World Mental Health Day and Black History Month but the overall focus was on health and social care.

Many distinguished guests attended including the heads of major voluntary and statutory organisations in Brent, the Honourable Jim Smith Mayor of Brent and Brent LINk participants and the general public (the most important guests of all).

Notably over **400** people enjoyed the many **FREE** treats on offer such as head massage, reflexology, jewellery workshop, kids corner, singer, a complementary Caribbean buffet, a healthy juice bar and various stall manned by voluntary and sector organisations to name but a few.

The event was enjoyed by all and still being talked about to this day. So much as we have been commissioned to organise a similar event in August 2010 by Family Mosaic.

9. Strategic representation

Brent LINk has continually strived to identify and prioritise issues raised by the Brent public. Both Management Committee and members of the Host have met with the community and strategic partners to represent community issues highlighted by the public. Brent LINk sits on the following strategic boards:

- Brent Acute Services Review Board
- Brent Overview and Scrutiny Committee
- Brent Health Select Committee
- NHS Brent Board meeting
- NWLH NHS Trust Board meeting
- Adult Strategic Partnership Board
- Safeguarding Adults Board
- CNWL Mental Health Trust Board
- Brent Physical Disability & Sensory Needs Partnership Board
- NHS Brent Patient and Public Engagement Forum
- Mental Health Programme Board
- Voluntary Sector Liaison Forum
- Mental Health Commissioning Review Steering Group
- CNWL PPI Leads Group
- NWL LINK Chairs Network

Enter and View - Authorised LINk Representatives

The use of enter and view visits must conform to the use outlined in the Local Government and Public Involvement in Health Act (2007) and the guidance given by Department of Health's 'Code of Conduct relating to Local Involvement Networks' visits to enter and view services' (July 2008) see Appendices 1. Brent LINk has trained 12 Enter and View members and staff and will be conducting an enter and view programme for participants. Brent LINk authorised representatives are:

Mansukh Raichura - **Chair**

Dr Yoginder S Maini - **Vice Chair**

Michael Adeyeye

Dr Tony Ogefere

Dharampal Kaur / Mrs Singh

Lauretta Johnnie - **Host**

Jimmy Telesford - **Vice Chair**

Robert Esson

Dr Golam Ahmed

Ann O'Neil

Wendy Quintyne

Carol Sealy – **Host**

Other meetings attended – not extensive

- Harlesden Area Consultative Forum
- Pension Service user Consultative Forum
- Public and Patient Panel meeting (PPP)
- Meeting Partners for Brent Community Engagement Strategy
- NHS Patient and Public Engagement Meeting
- Partnership Working in our Community
- NHS Brent Long Term Conditions Commissioning Workshop
- Pension Service Users Consultative Forum
- Mental Health Commissioning Review kick off meeting
- BCSC (Brent Community Service) film launch event
- Sure Start Children's Centre event at BADP
- Better Services for Local Children Event
- Brent Health Select Committee
- Ketso Creative Training Day
- NWLH NHS Trust Board meeting
- WLMH (Mental Health Trust Board meeting)
- Meet the Commissioners meeting
- NHS Brent Board meeting
- Heart to Heart monthly Forum
- Discussion group: Same Sex Accommodation Policy
- Improving Hospital Services for Children
- Various partners AGMs and Forums
- Transforming Community Care Service
- Care Quality Commission

NWLH NHS Trust Board meeting and NHS Brent Board meeting

Brent LINk has a seat on the Board which has freedom to comment and input into proceedings at Board level.

Brent LINk and Brent Health Select Committee (HSC)

Brent LINk regularly attends Brent Health Select Committee meetings this offers us the opportunity to comment and input into the prevailing discussion and raise issues at board level.

The document 'Working with Brent LINk' (Report from the Director of Policy and Regeneration) published by the Brent Health Select Committee on 9th July 2008 states, 'Links have been created to influence and change aspects of health and social care in their area', (Section 3.2).

Section 4 'How the LINk and Health Select Committee could work together' goes into great detail about working with the HSC and section 4.1 states 'LINks have the power to refer issues around Health and Social Care Services to and Overview and Scrutiny Committee'. Section 4.2 states a referral relates to social care services provided by the Council then it would be

considered by the Councils Overview and Scrutiny Committee because that is the committee in Brent with responsibility for social care.

Working with Brent LINk 'Eyes and Ears' of Overview and Scrutiny

Members of the Brent LINk Management Committee attend Brent Health Select Committee meetings. They are at hand to answer questions and bring up issues of concern. Section 4.7 & 4.6 of the said document contends 'this is one of the most interesting areas in relation to joint working', 'the LINk has powers that go beyond those available to Overview and Scrutiny' Section 4.6 states 'joint working should be considered as a way of strengthening ties between Overview and Scrutiny and the function of the LINk' and goes on to say 'opportunities for joint working will be explored as the LINk develops'.

The Overview and Scrutiny Committee state 'they might wish to be kept informed of some of the findings of Brent LINk when they carry out their visits'. (Ibid 4.7). To support the work of the LINk the HSC elected a LINk Champion Councillor Alec Castle.

'Joint working should be considered as a way of strengthening ties between Overview and Scrutiny and the function of the LINk'

Working With the Brent LINk
Director of Policy and Regeneration July 2008

Workshop: Brent LINk working with the Health Select Committee

10. You Said – We Did

Brent LINk has attended a number of community events and listened to the residents of Brent throughout the year and has successfully raised a number of issues that have come to our attention from interacting with service users at various forums and/or the Brent public through consultation events. What follows is a summary of some of the issues highlighted, actions and outcomes, this is what **you said** this is what **we did**:

	You Said	We Did
1.	**Annual Health Check 2008** Public and voluntary organisations wanted to send comments through LINk – *See Case Study*	• Informed public • Facilitated a public event inviting stakeholders, commissioners and trusts • Using 'Open Space Technology' the public chose which Trusts to comment on **Actions:** • Comments sent to trusts
2.	**Brent's Inflated GP Patient Lists** Brent has one of the highest inflated GP lists. Brent has 270,00 residents in the borough and 340, 000 registered with GP's. Concerns have been raised about the disparity in figures.	• Brent LINk have highlighted public concerns at PPE meeting and meeting with NHS Chair • NHS Brent conducting a list validation process and producing a patient List Validation Report **Actions:** • Brent LINk are monitoring this piece of work
3.	**Belvedere House** Community day service for Older people with Mental Health Concerns hosting **29** service users. Issues were raised by the public, mental health Subgroup, Committee members and Host mixed messages some believed service will be closed or moved or changed - *See Case Study*	**Actions:** • Brent LINk posed concerns to Health Select Committee • Belvedere House called a stakeholders meeting on 24th March • Position letter sent to service users • Stakeholders consultation event to be held • Enter and view planned

	You Said	We Did
4.	**Better Services for Children** Concerns raised about changes to services and lack of consultation	• Brent LINk met with Harrow LINk to discuss issues and action • Major reconfiguration of services should be consulted on • Concern raised at Acute Services Review Board • Issue raised at Health Select Committee **Actions:** • Three month consultation on Changes to Children's Services
5.	**Better Services for Children Consultation** The public wanted to be consulted	• Designed letter and questionnaire for consultation • Took to streets consulted 107 members of the public **Actions:** • Sent responses in a brief report to NHS Brent for consideration

Participants priorities
at a consultation event

	You Said	We Did
6.	**Direct Payments (DP)** Public raised concerns about the brokerage for direct payments	• Brent LINk spoke to Head of Housing and Social Care highlighting concerns as the future of DP depends on the quality of brokerage **Actions:** • Brent LINk have been invited to part of the process of discussing brokerage & formal consultations
7.	**Stag Lane Clinic** Issue of moving of GP and health services raised at coffee morning, Area Consultative Forum and by Local MP	• Issue bought to the attention of NHS Brent Chair **Actions:** • NHS reported GP service will continue from portacabin, community services moved to alternative sites, family planning and diabetics service to Chalkhill, community dental service to Wembley Centre for Health and Care • Brent LINk welcomed temporary arrangements and express public disappointment to lack of long term solution
8.	**NHS Commissioning** Public were not aware who the Commissioners were – a question often asked when doing presentations to the public/ meeting with the public	• Issue raised by Brent LINk at NHS Brent Patient and Public Involvement Forum (PPIF) and Brent LINk suggested 'meet the Commissioners Meeting **Actions:** • NHS Initiated 'Meet the Commissioners' meeting 5th Feb 2010 & follow up meeting 26th Feb 2010 • Published a map of Strategic Commissioning Directorate
9.	**Chalk Hill Surgery** Public were concerned abut the move of surgery. Concerned raised as the public were not informed about the move	• Referred the issue to NHS Brent **Actions:** • NHS Brent took corrective action to the satisfaction of patients •
10.	**Northwick Park Hospital Infrastructure**	Issue has been raised at board level and anticipate some action

	You Said	We Did
11.	**GP Practice Leaflet** Concerns raised regarding differences in GP booklets some have lots of information some have little, some surgeries have booklets some have none	Spoke to Marcia Saunders Chair NHS Brent **Actions:** • Marcia Saunders Chair NHS Brent has agreed to look into the matter and standardise format of GP Booklet • NHS Brent have a reading group that will be utilised
12.	**NHS Brent Interview Panel**	Members of Brent LINk Management Committee and participants invited to attend selection and interviews
13.	**Brent Council & NHS Brent – Community Engagement Strategy (BEST)**	Participated in discussions and workshops and the shaping of the strategy
14.	**Proposed Charges to Day Care Services Consultation**	Wrote letter expressing concerns Head of Housing and Adult Social Services who: • agreed to meet with Brent LINk quarterly • agreed to consult with the LINk on upcoming consultations • agreed to speak at upcoming LINk events **Actions:** • Charges for day care would be scrapped until more Central Government Guidance was received
15.	**Sub-regional Work Network**	NWL LINK Network CNWL Host NWL Chairs NWL PPIF
16.	**Statutory Sector Liaison Group (SSLG)** Sharing good practice model designed by Lewisham and Harrow LINk	**Actions:** Brent LINk meet with Social Service and Health Providers and Commissioners to discuss the work of LINk and 'join the dots' between services, the LINk and wider public

	You Said	We Did
17.	**Patient Satisfaction** Both Community and NHS Brent highlighted issues with patient satisfaction levels. NHS 08/09 survey reported poor patient satisfaction. NHS Brent scored poorly in UK	**Actions:** • Brent LINk discussed issues at Action Groups • Issues discussed with Chair NHS Brent • Brent LINk to commence research utilising members of the public • Brent LINk to facilitate a number of public events • Brent LINk to publish report
18.	**Direct Payments** Not everybody knows about them a lot of confusion	Working in partnership with Brent Council to provide briefings and Seminars
19.	**Personalisation** Not everybody knows about them a lot of confusion	Working in partnership with Brent Council to provide briefings and Seminars
20.	**Centre for Independent Living** Concerns raised about the development of the centre	**Actions:** • Brent LINk to monitor developments and feedback to public
21.	**E- Communication – developing virtual communities** Raised during presentations 'let us know your views'	**Actions:** • Designed and distributed e-bulletin • Facebook account
22.	**NHS Brent Community Services patient and Public Engagement Strategy**	**Actions:** • Sent comments for consideration
23.	**Comment on NHS Brent Booklet** NHS Brent invited Brent LINk to comment on Annual Report 2008	**Actions:** Comments sent and recommendations considered when designing and publishing 2009
24.	**Transformation of NHS in London** Concerns raised by public	**Actions:** LINk involved in discussions around transforming NHS in London and fed back to communities
25.	**NHS Publications** Some members of the public feel they were difficult to understand	**Actions:** • Discussed issue with NHS Brent PPIF, Director of Commissioning and NHS Chair • NHS has developed a reading group of voluntary sector to proof read and have input in the design of future user friendly publications • Brent LINk consulted on publications
26.	**Patient Advocacy Scheme**	**Actions:**

	You Said	We Did
	Concerns were raised with Brent Association of disable People (BADP) regarding patients with difficulties and difficult patients	**Actions:** • Discussing implementation of the scheme with BADP
27.	**Easy access to LINk services**	**Actions:** • Coffee mornings delivered around the borough- feedback on service provision • Presentations • Public events • Easy access to information
28.	**Talk to Mental Health Commissions about public concerns**	**Actions:** • Invited to join NHS Brent Mental Health Commissioning Review Steering Group • Invited to join NHS Brent Mental Health Partnership Board • Sits on Executive NWLMHT (North West London mental health Trust Board)
29.	**Closure of Emergency Surgery CMH and Acute Service Review**	**Actions:** • Chair sits on Acute Review Service Board
30.	**Monitor Changes in Health and Social Services and keep the public informed**	**Actions:** Brent LINk kept abreast of issues • Care Quality Commission Registration • NWPH Estate Strategy • Health Care for London • Same sex accommodation • NWLT Out-patient report Plan • Board meetings • Plan to reconfigure services at Belvedere House **Outcome:** Information emailed to participants and circulated around the borough Updates given at meetings
31.	**Healthcare for London Stroke and Trauma consultation**	**Actions:** • Participated in consultation and submitted formal comments
32.	**New Horizons programme – A shared vision for mental health**	**Actions:** • Participated in consultation and submitted formal comments

11. Model of Brent LINk

Development of Brent LINk
Brent LINk is now in its 18th month and has moved from a set of concepts and ideas to being pro-actively embedded in designing, planning and influencing health and Adult Social services commissioning and delivery in Brent.

Phase 4

Pro-active Action Groups
Strategically embedded
Community engagement
Capacity built Participants
Feedback

Phase 3

Election
Training
Prioritising
Strategic representation
Action Groups
Feedback

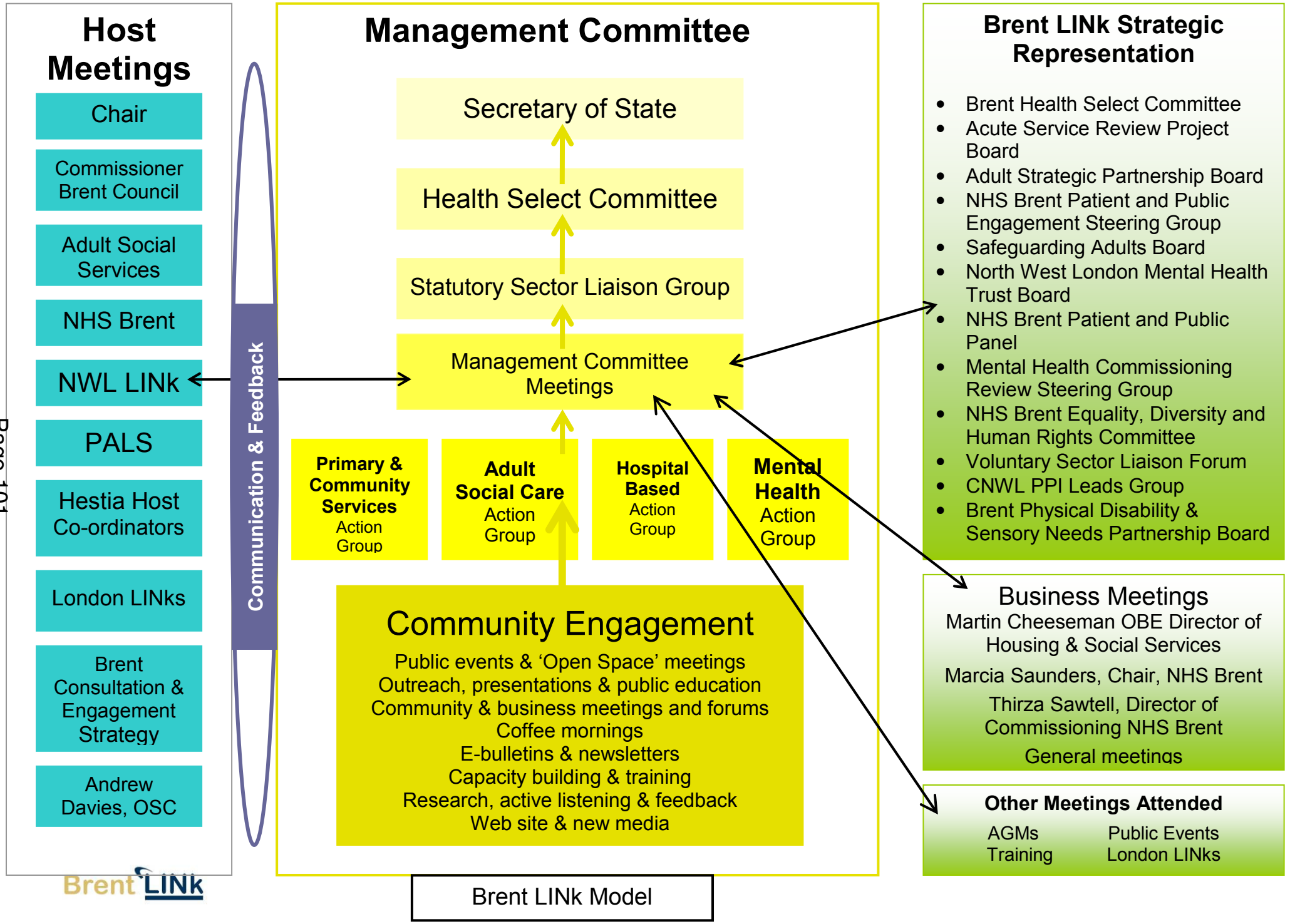
Phase 2

Capacity building
Community events
Publicity
Listening & Feedback

Phase 1

Handover
Fact-finding
Relationship building
Planning

The following Brent LINk model details channels of communication and feedback in Brent LINk. The **black** arrows denote the LINk/host activities and the **dark yellow** arrows denote the feed of information from the community the **blue-grey** circle demonstrates the continuous communication and feedback cycle.



Brent LINk Model

12. Brent LINk Election

The Brent LINk Election took place between April and May 2009. Two training and information workshops took place on 25th and 30th March 2009 where members of the public could hear more about the work of Brent LINk and build on their skills and learn how to write their profiles make presentations and speak in public and were given helpful information packs at the workshops. A hustings event took place on 22nd April. Following this a postal vote took place the deadline was 8th May. The public counting of the votes to determine the Brent LINk Management Committee for the next two years took place on Friday 15th May at the Willesden Library Centre. The vote counting was independently scrutinised by Mr David Apparicio JP. The election resulted in five clear winners for the voluntary sector however the fifth place in the individual poll was deemed a draw. Under the advice of the Electoral Reform Society and Brent Electoral Services the final position for the member of the Brent LINk Management Committee was determined by a draw between the two nominees, which took place at the Brent LINk office on the 21st May 2009. For more information about the election see appendices 1.

Brent LINk are proud to announce the following nominees were successful in their bids to become members of the Brent LINk Management Committee.

Individuals:

Name	Organisation	Votes
Maurice Hoffman	Individual	88
Michael Adeyeye	Individual	86
Dharampal Kaur/ Mrs Singh	Individual	81
Dr Golam Ahmed	Individual	76
Mansukhlal Gordhamdas Raichura	Individual	73
Robert Esson *Co–opted*	Individual	73

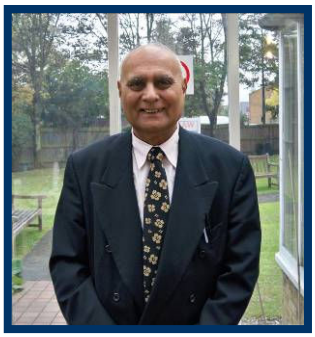
Voluntary Sector Representatives:

Name	Organisation	Votes
Dr Yoginder S Maini	Brent Heart of Gold	216
Jimmy Telesford	Brent Association of Disabled People	95
Wendy Quintyne	Age Concern Brent	89
Ann O'Neill	Brent Mencap	74
Dr Tony Ogefere, JP	SIRI Behavioural Health	67

Management Committee Meeting

13. The Management Committee

Brent LINk has a Management Committee dedicated to working in the community and with the statutory and voluntary sector to affect change in health and social service provision in Brent. Brent LINk now boasts an extremely diverse Management Committee, which is reflective of the inclusive nature and intention of the LINk.



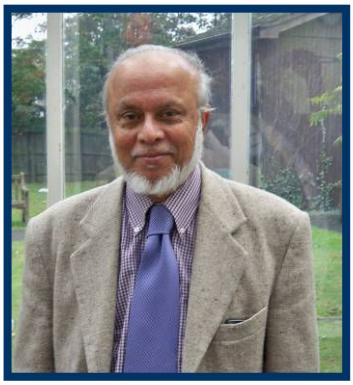
Mansukhlal Gordhamdas Raichura M.S.c, DipChemEng - Chair
Brent resident for 28 years always promoted objectives of community many years experience in raising health and social care issues faced by community to providers. Has been a Voluntary and Community Sector rep on LSP Board and Co-opted member of Health Select Committee.

Jimmy Telesford – Vice- Chair
Jimmy has lived his life as a disabled person, which has given him insight into the difficulties and barriers that disabled people face. Jimmy has worked with disabled people as a representative, advocate and campaigner. Jimmy believes dignity belongs to everybody.

Dr Yoginder S Maini – Vice Chair
A resident of Brent since 1969 and regular user of NHS services, which he maintains has given him a wide knowledge of services available to patients. A qualified accountant and fellow of the Life Insurance Association Dr Maini was awarded a PhD in Theology in 2008. Dr Maini is Founder Group Secretary of Brent Heart of Gold.

Robert Esson (Bob)
Robert was born in Willesden Green Brent, is a Civil Engineer by profession, holds a BSc and E.Mec and remains a MIHVE member. An original member of NW Patients Parliament Rob is an insulin dependent diabetic, had both knees replaced and is a member of BADP. Rob was a p/t carer for his wife and feels he can be an advocate for groups that do not traditionally take part.

Michael Adeyeye
Brent resident for over 30 years and actively involved in Community/ Voluntary sector for most of it. Michael is also a Trustee of BADP, Brent African Association, Age Concern Brent (until Dec 2008), Brent Association for Voluntary Action and a qualified Health and Safety practitioner with interests in promoting health and safety management in environment.



Dr Golam Ahmed
A medical graduate from Bangladesh who came to UK in 1973 to join NHS as trainee Doctor and obtained a PGDip in ENT (ONT) from London University and a FRCS from Glasgow University. Dr Ahmed has work in medicine across the globe and maintains we need to balance demand for access and quality of treatment.

Dr Tony Ogefere
Dr Ogefere a Brent resident of 25 years is the Executive Director of SIRI Behavioural Health providing holistic therapeutic service for disadvantaged people suffering psychosocial and emotional difficulties. Dr Ogefere is an international Counselling Psychologist and Social work Practitioner & Governor of CNWL Foundation (NHS) Trust.

Maurice Hoffman
Maurice is a teacher of Health and Social Care at popular secondary school. Maurice has extensive knowledge of NHS Commissioning and finances. Maurice wants to wants to contribute to Brent LINk by working with the people of Brent and providers of health and social care.

Ann O'Neill

Ann has worked for Brent Mencap for over 8 years campaigning for better lives and opportunities for people with learning difficulties. Ann's strengths lie in her knowledge of strategic planning and documentation, public speaking and sits on many strategic boards and was the Chair of BRAVA. Ann understands issues and what they might mean in practice to Brent.

Dharampal Kaur / Mrs Singh

Mrs Singh has been a resident of the UK since 1968 working in statutory and voluntary services. Mrs Singh has worked as a Teacher Governor, Life member of the Sikh Missionary Society UK & Amnesty International, Volunteer Tutor for Expert Patient Programme, a Peer Mentor Volunteer and Project Co-ordinator/Manager for Pupils Primary Project.

Wendy Quintyne

Wendy a Brent resident has extensive knowledge of the voluntary and community sector and understands the vital role the sector plays in providing services particularly to vulnerable and 'hard to reach' communities. In her role Wendy strives to promote the well being of older people and works to make later life a healthy, fulfilling enjoyable experience.

14. Action Groups

The Management Committee attended a workshop to identify priority areas of work and to decide on what Action Groups would reflect and serve the needs of the community. The four Action Groups are: Adult Social Care; Community and Primary Services, Hospital Based and Mental Health. It was decided Action Group Leads would be selected from the Management Committee and the first meetings will be populated by members of the committee then the wider public would be invited to attend subsequent meetings of the action groups. The groups have worked on the following issues:

Adult Social Care Action Group

The aims of the group:

- Help and improve Adult Social Care provisions in Brent
- Make Social Care services more user focus this will be done by and will do that by feeding back the views of the users of social care to people who deliver those services
- Work strategically with Commissioners and Providers of Social Care services and interact with Commissioners and Providers of the services with evidence based reality

The group are aware that Adult Social Care is a huge remit and are working with Brent Social Services on the following issues:

- Personalisation
- Direct Payments and Managed Accounts
- Centre for Independent Living
- Belvedere House – Mental Health services for older people
- Waiting times for Assessments (such as Occupational Therapy, Speech therapy, Physiotherapist, Psychologist and Care Managers)
- Campaigning to scrap Social Care Charges
- Provision of advocacy services
- Discretionary criteria for Freedom Pass

Future plans

The group aims to provide briefing, seminars and information in partnership with Brent Social Services and other agencies on Personalisation and conduct Enter and View visits. Ann O'Neill, Action Group Lead will be the Brent LINk representative on the Adult Strategic Partnership Board

Primary and Community Services Action Group

The aims of the group:

- Voice Primary Health and Social Care service user's issues to relevant service providers & Commissioners
- Use enter and view powers to bring evidence based reality of the user's views
- To seek the best ways of working with lead officers & Commissioners of Primary Health & Community Care services providers
- To assist or advise in communication between services users and providers to enhance reality and expectation

The group have been working on the following issues:

- North West London Hospital deficit, Northwick Park Hospital infrastructure
- Funding and cuts in services
- Out of Hours GP Services and Access to GPs
- GP contract pertaining to Standardised Quality of General Practice
- GP Validation List
- NHS checks
- Polyclinic and Polysystems
- Stag Lane Clinic and Chalk Hill
- Patient Satisfaction

Future plans

Monitor establishment of Brent Community Services as an autonomous provider. Monitor shift of Acute Care to Primary Health and Community Services with establishment of Polysystems etc. Continue voicing service users concerns wit h the service providers.

Hospital Based Action Group

The aims of the group:

- Discuss and take action on issues pertaining to Hospital Services i.e. Northwick Park, Central Middlesex or any Hospital Based Service that NHS Brent Commission
- Work closely with North West London Trust Board and Care Quality Commission

The group have been working on the following issues:

- Planning Patient Satisfaction survey series of events
- Urgent Care Centre and GP Out of Hours Service
- Meeting with a patient/ public group, to generate questions which could be asked of potential providers of the service
- Action group members will sit on the panel and receive presentations from potential providers, and to score the presentations along with other panel members
- North West London Quality Accounts
- Changes to Children services
- Northwick Park Hospital infrastructure

Future plans

The group aims to develop a team of community researchers and work more closely with Brent Community Services and Northwick Park Hospital a variety of issues.

Mental Health Action Group

The aims of the group:

Discuss and take action on Mental Health issues in Brent and help improve the quality of mental health provision within Brent which incorporates the following:

- To gain understanding current service providers and provisions
- Gain understanding of the link between Local Authority service Providers and Commissioners.
- Interface between enhancement of services, Improving Access to Psychological Therapies (IAPT) and Community workers are in place and meet the needs of the service users
- Designing services
- Conduct research
- Understanding the role of Community Service in relation to Mental Health

The group have been working on the following issues:

- Belvedere House
- Undertaking research using service users
- Dr Tony Ogefere, Action Group Lead, will be the Brent LINk representative on the Mental Health Partnership Board
- Conducting research on the BMER experience
- Supporting the incoming CDW project
- Training service users to undertake community research

Reading Group

- Reading LINk Policies with an aim to offer a critique and development
- Reading NHS Brent documents and policies and giving constructive feedback
- Reading Brent Social Services documents and policies and giving constructive feedback

Communications Group
The aim of the group is to give the members of the public a chance to get involved in the design of Brent LINk publicity and communications.

15. What we did – Summary of Activity

Requests for Information	
How many requests for information	42
Of these how many were answered within 20 working days?	90%
How many related to social care	30
How many related to health	12

Enter and View Visits	
How many enter and view visits did your LINk Make?	Nil[6]
How many enter and view visits related to health care	Nil
How many enter and view visits related to social care	Nil
How many enter and view visits were announced	Nil
How many enter and view visits were unannounced	Nil

Reports and Recommendations	
How many reports and recommendations were made by your LINk to Commissioners of health and adult social service?	200+[7]
How many reports and recommendations were acknowledged in the timescale?	Ongoing
Of the reports and or/ recommendations how many have led/ or are leading to a service review?	Ongoing[8]
How many of these reports/recommendations related to health?	80%
How many of these reports/recommendations related to social care?	20%

Referrals to OSC	
How many referrals were made by your LINk to Overview and Scrutiny Committee (OSC)? LINk projects/priorities bought to their attention?	3[9]
How many of these referrals did the OSC acknowledge?	3[10]
How many of these referrals led to service change?	TBC

[6] A number of enter and view visits have been planned
[7] The Brent LINk Management Committee attend many meetings throughout the year and have opportunities to make recommendations to Commissioners of Health and Adult Social Services
[8] The committees have accepted Brent LINks recommendations and have assured us they will be considered
[9] This number signifies the formal issues bought to the committee. As Brent LINk attends the Health Select Committee they are allowed to raise issues informally as part of the process – these issues have been minuted
[10] The dialogue with the health select committee is ongoing this number does not truly reflect the points raised

16. Case Studies – Demonstrating Impact Locally

Improving Mainstream of Health Services for People with Learning Disabilities in Brent

How big is the service?

There are currently **573** adults with learning disabilities known to the Council receiving services. However the total population is much higher. Based on National prevalence figures it is estimated that there is close on 5,400 people with learning disabilities living in Brent. The improvements made following LINks involvement, potentially impact upon all of these people, as at some time they will access mainstream health services, including primary care, community services and acute hospital care.

What changes were made to the service?

Following the negative feedback received from LINks on behalf of people with learning disabilities, NHS Brent took a number of positive actions including:

- Establishing a health subgroup of the LD Partnership Board
- Improving contract monitoring of mainstream providers in relation to making reasonable adjustments
- Commissioning a LD Liaison post for the local acute hospital

Commissioning MENCAP to undertake training for all PCT Commissioners and reviewing patient information to ensure it is available in easy to read and accessible formats. Establishing a link community nurse to GP clusters improving the information held on GP registers and the training and support available

- Increasing the number of people having annual health checks who are known to the Council from 43 in 08/09 to 289 in 09/10%

How did the changes improve the quality of the service?

Although the improvements are ongoing they are being measured through feedback from individual users and carers, both compliments and complaints; feedback through focus groups held with users and carers as part of the PCT's self-assessment process; marked increase in health checks and the start of the process to capture information about uptake of mainstream services; awareness of providers; awareness of commissioners. Progress is monitored through the health subgroup.

How do you know this change has stemmed from LINk activity?

NHS Brent openly acknowledges that it was the process run through LINks as part of the LINKs response to the Annual Health Check submission that raised the profile of the service and prompted the improvements. LINks members have been active in working with NHS Brent to oversee the plans and improvements.

Why was LINks influential in bringing about the changes?

The poor feedback to NHS Brent came at the very start of LINks and was a defining point of our relationship with the PCT. Although the feedback was poor, LINks gained respect from the PCT both by being both confident enough to provide the feedback and constructive enough to offer to work with the PCT and users and carers to agree the most important actions needed to improve peoples' experiences.

How did we know we were being effective?

Locally, a LINks representative has been actively overseeing progress and reporting back. This has included feedback from users and carers. This has been reviewed locally through an in-depth review by the Brent Health Select (Overview and Scrutiny) Committee and has recently been externally validated through the assessment process undertaken by all PCTs across London, where Brent's scores have improved across all areas.

Case Study 2

Changes to Children's Services

How big is the service?
In local health economy of 8,000[11] children are admitted to hospital as inpatients each year. On average almost 18,000 children were seen as new patients in hospital out patient clinics. Most of the children use Central Middlesex Hospital and Northwick Park Hospital.

What changes were made to the service?
The proposed changes meant the moving of overnight Paediatric Services from Central Middlesex to Northwick Park Hospital in the south of the borough. Community concerns were raised about the move of services, transport links and access to hospital as well as lack of proper consultation. Concerned was also raised about the future of Central Middlesex Hospital.

How did the changes improve the quality of the service?
We were able to fully inform and consult the public about the Proposed Changes to Children's Services and conducted a survey of public views on the proposed change.

How do you know this change has stemmed from LINk activity?
Any changes to service provision; causes anxiety from service users this was highlighted to Brent LINk. Brent LINk advocated with Harrow LINk for full public consultation of proposed service changes for local children. The resulting consultation was due to intervention by Brent and Harrow LINk.

Why was LINks influential in bringing about the changes?

- Brent LINk convened a meeting with Harrow LINk to discuss working jointly to support the publics view
- Lack of public consultation was bought to the attention of the Acute Services Review Board and Brent Health Select Committee
- Brent and Harrow LINk went directly to the Acute Services Review Board and strongly advocated the need for a full public consultation and deliberation event
- Brent LINk went on to advise, assist and monitor the deliberation event and the consultation from the initial discussions to the final consultation
- Brent LINk helped publicise the events and consultation and had a high number of participants take part in the consultation & events
- Brent LINk gathered the views of the public from various fora and fed back to NHS Brent in the consultation
- Brent LINk conducted a survey in support of the consultation and spoke to 107 members of the public to gage their views about the Changes in Children's Service Review
- Brent LINk submitted a report on findings to NHS Brent

[11] NHS Brent & NHS Harrow Better Services for Local Children Consultation Document 2010

How did we know we were being effective?

The resulting consultation and deliberative events are evidence that the intervention of the LINk was effective.

Brent & Harrow LINk Chairs Meet to
Discuss Changes to Children's Services

Case Study 3 – Belvedere House

Background
Brent LINk was approached by staff who stated they were currently conducting a consultation until June (no fixed date given) about changes to services – the consultation started in April 2009. In parallel with this concerns were raised by the public and a letter sent to a Management Committee member regarding a major change to service provision.

It was felt there was a major change to services as the in-house services will be moved to the community – people will be receiving services and assessed in their home by an outreach team. The current service is for people with functioning mental health issues whereas people with 'organic' mental health issues such as dementia may come to the day centre. We were informed as part of the change Brent Community Services would be running two services one called the Rendezvous Club working with Willow Housing in two locations in the borough. This service will be run by a nurse and volunteer.

How big is the service?
- Belvedere House provides services for older people (over 65 years). Services include: Admiral Nurses, carers who support people with dementia, tae chi classes, fitness classes, fit as a fiddle in Sudbury, psychological services, occupational therapy and a day hospital
- Additionally Belvedere House has a PPI group approximately 8 -10 service users
- They also have two Community Mental Health Services (CHMS) for older people including in patient service (ward), liaison service, memory service and day hospital Belvedere House

What changes were made to the service?
- Brent Community Services stated that they would issue a position statement/ letter for service users and carers and keep them informed of any changes to service
- Brent Community Services stated that they were not cutting their service
- Brent Community Services hosted a information evening to update service users and partners about Belvedere House

How did the changes improve the quality of the service?
- Service users were kept informed of services changes
- Service users were fully informed and consulted

How do you know this change has stemmed from LINk activity?

- The issue was bought to the attention of the LINk by a letter to the LINk, listening to the public, A meeting with Belvedere House Staff

Why was LINks influential in bringing about the changes?

- Brent LINk looked at their information sheet/ questionnaire for service users and suggested it was not very clear and could included questions and a lot more information for service users. We also discussed using different formats etc
- Discussed the time line for consultation and the NICE standards for consultation namely three months for a public consultation if there is a major change to services
- Discussed ways of working with service users regarding any consultations with consideration for the service users needs
- Brent LINk expressed concern about the quality and ambiguity of their consultation methodology and ambiguity of proposed changes and seemingly lack of concern with properly consulting the wider public not just service users
- The matter including the lack of formal consultation was bought to the attention of the Health Select Committee
- LINk has offered there support in future consultations
- LINk to be invited to attend future PPI group meetings

How did we know we were being effective?

The resulting information meeting, position statement and assurance to consult with services users, carers and the wider community are evidence that the intervention of the LINk was effective.

17. Sign up of Participants

By the end of the reported year we had **531** signed up participants to the Brent and have reached out to many more people through our outreach work and public events. We have also met with statutory and voluntary agencies that have expressed an interest to become involved.

Brent LINk is proud to have reached out to different groups of people in the borough. What follows is an analysis of the Brent LINk participant demographics, which illustrates the diverse spread of participants in the LINk:

Participant Monitoring Information Analysis:

Gender	**%**
Number of Females	41
Number of Males	39
Declined to answer	20

Age Group	**%**
16-21	3
22-29	5
30-44	17
45-59	22
60-74	29
75+	8
Declined to answer	15

Disability	**%**
Yes	15
No	57
Declined to answer	28

Sexual Orientation	**%**
Heterosexual	50
Gay	0
Lesbian	0
Bisexual	0
Declined to answer	47
Other	3

Religion/Faith	%
Buddhist	0
Christian	26
Hindu	20
Jewish	2
Muslim	11
Sikh	11
Other	4
Declined	23
None	3

Ethnicity	%
Asian or Asian British- Indian	38
Asian or Asian British – Pakistani	5
Asian or Asian Other	1
Black or Black British- African	8
Black or Black British- Caribbean	10
Black or Black British- Other	1
Chinese	0
Mixed White & Asian	0
Mixed White & Black African	1
Mixed White & Black Caribbean	1
Other	1
White British	11
White Irish	3
White Other	2
Declined to answer	18

18. Interested Groups

By the end of the reported year we had **151** interested groups.

Interested Group Monitoring Information Analysis:

Gender	**%**
Number of Females	41
Number of Males	48
Declined to answer	11

Age Group	**%**
16-21	1
22-29	4
30-44	17
45-59	23
60-74	36
75+	13
Declined to answer	6

Disability	**%**
Yes	17
No	65
Declined to answer	19

Sexual Orientation	**%**
Heterosexual	55
Gay	0
Lesbian	0
Bisexual	0
Declined to answer	40
Other	3

Religion/Faith	**%**
Buddhist	0
Christian	34
Hindu	26
Jewish	1
Muslim	16
Sikh	2
Other	3
Declined	13
None	4

Ethnicity	%
Asian or Asian British- Indian	36
Asian or Asian British – Pakistani	5
Asian or Asian Other	2
Black or Black British- African	11
Black or Black British- Caribbean	17
Black or Black British- Other	1
Chinese	0
Mixed White & Asian	0
Mixed White & Black African	0
Mixed White & Black Caribbean	1
Other	1
White British	13
White Irish	1
White Other	3
Declined to answer	7

19. Income and Expenditure

Brent LINk Financial Summary: Hestia (April 2009 to 31st March 2010)

The following is a breakdown of the LINk and Host Accounts combined:

Brent LINk	Income	Expenditure	Variance
LINk activities	**30180.00**	**9843.00**	**20337.00[b]**
Host / Running costs	**144684.00**	**129671.00**	**15013.00[c]**
TOTAL	**174864.00**	**139514.00**	**35350.00**

The following is a breakdown of the LINk and Host Accounts:

LINk Summarised Statement

Description	Allocation: (£)	Expended: (£)	Variance: (£)
Development costs:			
Printing and Publication	2500.00		
Stationery and Post	906.00		
Advertising	750.00		
Library	200.00		
Sub-Total	**4356.00**	**2884.00**	**1472.00**
Communication and Engagement:			
Radio	1200.00		
Entertainment (music & catering)	1700.00		
Freephone	304.00		
Incentives	500.00		
Web conferencing	300.00		
Translation/Interpretation / BSL/Audio/Braille	4500.00		
Crèche Service	500.00		
Website Development	2000.00		
Sub-Total	**11004.00**	**2577.00**	**8427.00**
Consultation Research / Projects:			
Commissioning user survey	2000.00		
External Facilitators	1000.00		
Sub-Total	**3000.00**	**299.00**	**2701.00**
Expenses for LINk participants:			
Travel	1680.00		
Subsistence	1680.00		
Carer costs	500.00		
Child care	500.00		

Payments	752.00		
Sub-Total	**5112.00**	**843.00**	**4269.00**
Training for LINk Participants:	3204.00		
Sub-Total	**3204.00**	**1016.00**	**2188.00**
Venue for activities:	3504.00		
Sub-Total	**3504.00**	**2224.00**	**1280.00**
Total Allocation:	**30180.00**		
Amount Expended :		**9843.00**	
Surplus on the disbursed Grant			**20337.00**

Host Summarised Statement

Description	**Allocation: (£)**	**Expended: (£)**	**Variance: (£)**
Staff costs: Salaries, Employers NI, Pensions Agency and Staff Travels			
Sub -Total	**112536.00**	**97340.00[a]**	**15196.00**
Administration Costs Office Costs**:** Office costs, Office Rental Phone and Post, Sundry Costs, Depreciation & IT Consumables.			
Sub-Total	**10980.00**	**10534.00**	**446.00**
Building/Household Costs Council Tax, Portable Appliance Testing Cleaning Material			
Sub-Total	**0.00**	**629.00**	**-629.00**
Recharged Cost Management Charges Insurance Charge Recruitment Charge Training Charge			
Sub – total	**21168.00**	**21168.00**	**0.00**
Total Allocation:	**144684.00**		
Amount Expended:		**129671.00**	
Overall Surplus on the disbursed Grant:			**15013.00**

NOTES:

- This summary was extracted from the Brent LINk year-end Management Accounts which are in the process of being externally audited at the date of publication.

- Figures for expenditure are to the nearest whole number.

[a] Senior manager salary cost within the service group is not included.

[b] All unspent income for LINk activities will be carried over into 2010 -11 for use by the Brent LINk.

[c] All unspent income for Host activities will **not** be carried over into 2010 -11.

20. What we are doing next

Brent LINk has identified many priorities for the forthcoming year:

- Gain further understanding of needs and priorities for the Brent Community
- Roll out programme of training and capacity building for communities and individuals based on priorities identified by the groups
- In collaboration with NHS Brent prepare for a series of consultation events on patient satisfaction to be published at AGM
- Enter and view training extended to participants and the wider public and a program of visits
- In collaboration with Brent Association of Disabled People (BADP) develop support, representation and advocacy for seldom-heard groups and individuals
- Work closely with the Health Select Committee, NHS Brent and Brent Social Services with a view to undertake enter and view visits. Brent Health Select Committee could consider commissioning Brent LINk to undertake enter and view visits
- Brent LINk has won £6980.56 to deliver a Brent Well-being Day, which will be held on 5th August 2010 at The Hub, Stonebridge Park
- Undertaking commissioned work regarding GP satisfaction
- Continue Sector and Area representation of network LINk for mutual benefit
- To widen participation in Action group to enhance further understanding of local needs

This is not an exhaustive list but a window into the type of work Brent LINk will be undertaking in the current year.

In all that we deliver Brent LINk look forward to fostering a collaborative approach to their work in effecting change empowering people and changing lives.

Brent LINk

Empowering People Changing Lives
Making a Difference … Together

21. Appendices

Appendices 1: Enter and View

The following section is taken from the Brent Local Involvement Network (Brent LINk) Governance Procedures (2009) page 11.13:

20. AUTHORISED REPRESENTATIVES OF THE LINk

20.1 Authorised representatives of the LINK are people who have been authorised to carry out enter and view visits to services.

20.2 Authorised representatives of the LINk may either be chosen by the Management Committee or by a Standing Committee.

20.3 In either case a vote must be taken in accordance to the rules set out for decision making in each group (4.3 to 4.4 for the Management Committee and 10.9 to 10.11 for Standing Committees).

20.4 People voted as potential representatives of the LINk must have a valid Criminal Records Bureau (CRB) check carried out and go through training (offered by the Host organisation) before they can act as authorised representatives.

20.5 The Host Organisation will carry out CRB checks. A previous conviction will not automatically preclude entry as a LINk representative; however the Host organisation will be able to refuse a person in relation to section 225 of the Local Government and Public Involvement in Health Act (2007) if they feel it is necessary.

20.6 Authorised representatives of the LINk are accountable to the wider LINk membership and public, and should act in their interest. They are required to follow the LINk Code of Conduct (see appendix 2) and the NHS guidance on enter and view visits.

21. USE OF LINk POWERS

21.1 The powers of the LINk are outlined in section 221 of the Local Government and Public Involvement in Health Act (2007). These are in:

(A) Promoting, and supporting, the involvement of people in the commissioning, provision and scrutiny of local care services;

(b) Enabling people to monitor for the purposes of their consideration of matters mentioned in subsection (3), and to review for those purposes, the commissioning and provision of local care services;

(c) Obtaining the views of people about their needs for, and their experiences of, local care services; and

(d) Making—

(i) Views such as are mentioned in paragraph (c) known, and

(ii) Reports and recommendations about how local care services could or ought to be improved, to persons responsible for commissioning, providing, managing or scrutinising local care services.

21.2. Use of the Right to Enter and View

21.3 The use of enter and view visits must conform to the use outlined in the Local Government and Public Involvement in Health Act (2007) and the guidance given by Department of Health's *'Code of Conduct relating to Local Involvement Networks' visits to enter and view services' (July 2008).*

21.4 The decision to carry out announced enter and view visits may be decided by the Management Committee or at a public meeting of the LINk.

21.5 Announced visits should be made with the prior approval of the service delivery authority. Findings and concerns are then reported to the Management Committee. The Management Committee can then advise the service provider that they may make an unannounced visit within a set time, if they have serious concerns. (This would be one of a number of possible actions.)*

21.6 Unannounced enter and view visits must be agreed by both the Management Committee and Standing Committee / Working Group members and only be carried out as a result of known and declared serious concerns regarding the service provision at the premises and as part of the procedure described above.

21.7 An enter and view visit must be carried out by two or more authorised representatives (see Appendix 3 of this document.)

* Where a safeguarding adult or child protection concern exists, the relevant procedure will be followed.

21.8 In the case of an announced visit, the host organisation will contact the service to inform them that the LINk wishes to carry out enter and view visit and to find a mutually convenient time for the representatives to carry out the visit.

21.9 A pre-visit and post visit meeting will be arranged by the Host with the service (see appendix 3: Enter and View Visits.)

21.10 The representatives undertaking the enter and view visits will follow the Government guidelines on enter and view visits (see appendix 3)

21.11 Use of the Right to Write Reports

21.12 Reports will be written by the Host Organisation on behalf of the LINk on the recommendation of the Management Committee.

21.13 The Host Organisation will, on request, ask for final approval of a report by the Management Committee before submitting it.

21.14 Reports submitted must be factual, based on evidence and not libellous, accusative or put the LINk, its members or the Host Organisation in danger of legal action.

21.15 Use of the Right to Request Information and / or Make Recommendations

21.16 Requests for information and recommendations (including letters written on behalf of the LINk) will be written by the Host Organisation on behalf of the LINk on the recommendation of the Management Committee, from matters arising at a public meeting of the LINk, or by the relevant Standing Committee / Working Group

21.17 The Host Organisation will on request, ask for final approval of a request for information or recommendation by the Management Committee and / or relevant Standing Committee / Working Group before submitting it.

21.18 Use of the Right to Refer Issues to Overview and Scrutiny Committees

21.19 The Management Committee may decide to refer issues to relevant Overview and Scrutiny Committees.
The Host organisation will carry referrals out on behalf of the Management Committee

Appendices 2: Brent LINk Election Results

The overall election results for both individuals and the voluntary sector representatives were:

Name	Organisation	Votes
Dr Yoginder S Maini	Brent Heart of Gold	216
Jimmy Telesford	Brent Association of Disabled People	95
Wendy Quintyne	Age Concern Brent	89
Maurice Hoffman	Individual	88
Michael Adeyeye	Individual	86
Dharampal Kaur/ Mrs Singh	Individual	81
Dr Golam Ahmed	Individual	76
Ann O'Neill	Brent Mencap	74
Robert Esson	Individual	73
Mansukh Raichura	Individual	73
Prakash Mandalia	Individual	67
Dr Tony Ogefere, JP	SIRI Behavioural Health	67
Lola Osikoya	Amazing Grace Women's Association	63
Phil Sealy	Brent Black African and Caribbean Mental Health Consortium	61
Miranda Wixon	Individual	61
Ken Morjaria	Individual	59
Deva S Samaroo	Brent Hindu Samaj	54
James Sayell	Individual	53
Elcena Jeffers MBE	Elcena Jeffers Foundation	52
Kesh (Mukesh) Morjaria	Individual	46
Winston Carl Dennis	Bethal Community Service	44
Ian Lee	Individual	43
Elsie Staple	South England Conference of Seventh Day Adventist	41

The Management Committee and Host would like to thank all nominees for their time and commitment during the election process. At Brent LINk we endeavour to continue working relationships with nominees, as there are opportunities to work with and feed into Brent LINk. We would also like to thank the Interim Stakeholders Steering Committee all of whom were volunteers who have shown commitment to developing Brent LINk.

The newly elected members of the Brent LINk Management Committee were offered the opportunity to attend one of two training and briefing sessions where they were informed about the Host organisation, updated on the work to date etc. The Management Committee had an opportunity to discuss the Governance, Code of Conduct, police checks (CRB), financial procedures, expectations and was given the opportunity to pose questions to the Host. The Committee also discuss the selection process for their Chair and Vice Chair.

Circulation of Brent LINk Annual Report for Year ending March 2010

Brent LINk's 2009 / 2010 Annual report will be circulated to signed up Brent Participants and made available to the general public on Brent LINk's website www.yourbrentlink.org

A copy of the Annual Report will be sent to:

The Secretary of State for Health
The Care Quality Commission
The London Borough of Brent
Brent Health Select Committee
Brent Community Care
NHS Brent
Relevant Strategic Health Authorities
Central & North West London Mental Health Trust

Copies will also be made available via:

Brent LINk Office upon request

Local Libraries
Brent LINk meetings, events and Outreach

How to get involved with Brent LINk

If you want to receive information, be invited to events, get involved, join our Action groups or help us make a difference, join us. Anyone who lives or works in Brent can get involved

Please contact the Brent LINk Team for a Registration form on:

✉ Brent LINk
Hestia Housing and Support
Unit 56
The Designworks
Park Parade
London
NW10 4HT

☎ Main Office: 0208 965 0309

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www.yourbrentlink.org

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	Health Select Committee 15th July 2010 **Report from the Director of Policy & Regeneration**
For Action	Wards Affected: ALL
Health Select Committee Work Programme	

1.0 Summary

1.1 This report sets out a long list of items for inclusion in the Health Select Committee work programme in 2010/11.

2.0 Recommendations

2.1 It is recommended that the Health Select Committee decide which items they would like to include in their work programme for 2010/11.

3.0 Detail

3.1 A well planned work programme is a critical component of a successful overview and scrutiny function. A programme of carefully selected topics can help engage the public, connect with the council's priorities, community concerns, and has the potential to add value to the work of the council. It is therefore important that the Health Select Committee's work programme is developed and agreed by its members.

3.2 The committee can scrutinise different subject areas in different ways depending on the subject size and the depth of investigation required. This can be done by in depth task groups, issue specific meetings, or short discrete agenda items.

3.3 It is possible that the committee will have more subject areas that it would like to consider than time and resources available. To help prioritise the committee should consider the following criteria:

- Whether overview and scrutiny investigation will lead to an effective outcome / impact
- The degree of fit with corporate or community strategy priorities
- Public concern
- Stakeholder or partner concern
- Scope for efficiency gains
- Whether it duplicates other work?
- Time and resources

3.4 To help the committee put together its work programme for 2010/11 a number of suggestions are set out in appendix A. Some of the items follow up on previous work or are requests made by the committee during the last municipal year. Others are items new to the committee that are likely to become issues for the council during the next 12 months. NHS Brent has also provided a number of items that it thinks the committee are likely to want to consider this year.

3.8 The Health Select Committee should spend time at the meeting on 15th July discussing the items listed in appendix A, and deciding which to include in the work programme and which to disregard. It is important to acknowledge there isn't the time or resources to consider all issues of concern and as a result issues have to be prioritised. Members also need to keep some space in the work programme because issues will inevitably arise during the course of the year that will require scrutiny by the Health Select Committee.

Contact Officers

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Health Select Committee Work Programme – 2010/11

The items listed below were either considered by the committee in 2009/10 and added to the work programme for 2010/11 for follow up or are issues that will become relevant during the course of the year.

Proposed Item	Issue for Health Select Committee	Committee Date
Health Inequalities between wards in Brent	Report from Policy and Regeneration Unit. Context on health inequalities in the borough and a good introduction to the main issues that the Health Select Committee will need to address	July 2010.
Obesity Strategy	The committee wants to look at the Obesity Strategy in the summer of 2010, prior to its approval in order to see how obesity in Brent is to be addressed. This follows on from previous reports considering childhood obesity in Brent and the MEND programme.	July 2010
Tobacco Control Strategy Presentation	The committee will be given a presentation on the Tobacco Control Strategy, currently being developed by NHS Brent and the council.	July 2010
Access to health services for people with learning disabilities	Final report of the task group, for committee endorsement once it is available.	July 2010
Paediatric Services Implementation Plan	The Health Select Committee spent considerable time in 2009/10 scrutinising plans for changes to paediatric services provided by North West London NHS Hospitals Trust and responding to their public consultation on this issue. The committee should scrutinise implementation plans to assess how this project is running. This could be done in conjunction with the Harrow Overview and Scrutiny Committee, as they were also interested in this subject.	July 2010
Local Involvement Network Annual Report	The LINk should present its annual report to the local overview and scrutiny committee each year. The Health Select Committee receives this in Brent, and will do so again in July 2010.	July 2010
Health service developments in Brent and the North West London Sector	The Secretary of State for Health has made a number of policy announcements since taking office. NHS Brent and NWL Hospitals Trust will be asked to provide an update on how it is responding to the new government's health policies and the implications this has for local services.	October 2010
Polysystem Development	NHS Brent has agreed its Primary Care Strategy, which includes a commitment to	October 2010.

	develop polysystems in Brent. This could result in service changes that will be of interest to members and so the Health Select Committee should be kept informed as this project progresses. Regular updates will be requested from NHS Brent, who will be commissioning the polysystems. – Linked to above item on health service developments as polysystems are now in doubt.	
Housing and Health Inequalities Scrutiny Review	The Council is working with 6 other North West London boroughs on a housing and health inequalities scrutiny review. The final review report will be presented to the committee for endorsement.	October 2010
Public Health Annual Report	NHS Brent will present details of the Annual Public Health Report for the committee to consider and comment on.	October 2010
Section 75 partnership arrangements for mental health services	The council and Central and North West London NHS Foundation Trust are entering into a S75 agreement for the provision of mental health services in Brent. The committee has asked for a report back in July 2010 on progress with this agreement.	October 2010
Belvedere House	That the consultation plan for Belvedere House will be presented to the Health Select Committee early in 2010/11. A visit will also be organised for members to Belvedere House to see the services delivered from the building and better understand the proposals for change. This follows on from discussions on Belvedere at the committee in March 2010.	October 2010
Improving Access to GP Services Task Group	This has been agreed as a task group for 2010/11. The scope of the review will be agreed in July 2010, with the work completed before the end of the municipal year. In addition, the committee should consider an update on access satisfaction results from the latest quarterly satisfaction survey.	October 2010
Health Inequalities Performance Monitoring	The Health Select Committee needs to make health inequalities a major focus of its work in 2010/11. As part of this, a performance framework has been developed to monitor indicators relevant to the implementation of the health and wellbeing strategy, which relate to the reduction of health inequalities in the borough. This framework will be presented to the committee twice a year, with a commentary highlighting key issues for members to consider.	October 2010 and March 2011
Smoking Cessation	The committee wants to keep track of this issue and will receive regular service updates. The next is scheduled for October 2010. The importance of this cannot be overstated as smoking is the biggest cause of premature death and preventable illness in Brent.	October 2010
NWL Hospitals Trust In Patient Survey Results	The committee has considered the results of the in-patient survey each year for the past three years. Results are available in the summer of each year. In addition, the trust has implemented its “We Care” patient experience programme in response to a	October 2010

	poor in-patient survey score in 2008/09. Members should scrutinise progress on improving the patient experience at the hospital trust, via the 2009/10 patient survey and an update on "We Care".	
North West London Sector Integrated Strategic Plan	Plans for the acute sector in North West London will be published in the sector ISP. The Health Select Committee should continue to take updates on this plan, as well as respond to consultation, likely to happen towards the end of 2010.	December 2010
Immunisation Task Group	Six month follow up of the immunisation task group in October 2010, to see how the recommendations have been implemented.	December 2010
Access to Health Sites Task Group	Further follow up on this task group, following a report to the committee in March 2010 which revealed that implementation of the recommendations had been slower than expected.	December 2010
Recommendations to the Planning Committee	The Committee has made a recommendation to the Planning Committee in relation to the proliferation of hot food take away shops near secondary school premises. The committee should follow up the committee's response to the recommendation, after it has been considered in October 2010.	December 2010

Other issues:

1. Visit to St Luke's Hospice – It had been suggested that the Health Select Committee visits the St Luke's Hospice in Kenton to understand more about the palliative care services on offer in the borough. The new committee should decide whether it wishes to take up St Luke's offer to host a visit.

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