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Health Partnerships Overview and Scrutiny Committee

Thursday 14 October 2010 at 7.00 pm
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		
Daly	Sheth	Van Kalwala
Hector	Aden	Al-Ebadi
Kabir	Mitchell Murray	Moloney

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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 Apologies for absence

2 Terms of reference 1 - 2

The terms of reference of the Health Partnerships Overview and Scrutiny Committee as agreed by Full Council are attached for information.

3 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.

4 Deputations (if any)

5 Minutes of the previous meeting held on 15 July 2010 3 - 12

6 Matters arising (if any)

7 Equity and Excellence: Liberating the NHS

This report will be circulated to members separately.

8 Future of Brent Community Services 13 - 32

Members of the Health Partnerships Overview and Scrutiny Committee will be familiar with the proposals to integrate Brent Community Services within Ealing Hospital Trust and to create an Integrated Care Organisation. The new organisation will bring together community services from Ealing, Harrow and Brent, hosted by Ealing Hospital to deliver community based care services. The ultimate aim of the new organisation will be to apply for foundation trust status at some stage in the coming years. Additional information will be circulated to members separately.

9 Proposals to merge PCTs in North West London 33 - 48

The Health Partnerships Overview and Scrutiny Committee will be aware that there are major changes taking place in the NHS. The white paper, *Equity and Excellence – Liberating the NHS*, sets out the coalition government's plans for the NHS in England, including the abolition of PCTs and the transfer of

commissioning responsibilities to GP commissioning consortia. Before PCTs are abolished, the NHS has to make significant cost reductions – up to £20bn needs to be taken out of the health service budget by 2014. As a result, the NHS is taking steps now to reduce its costs and prepare for the transfer of commissioning responsibilities to GP consortia.

10 Sexual health and HIV services in Brent 49 - 62

The Health Partnerships Overview and Scrutiny Committee has asked NHS Brent to provide a report on Sexual Health and HIV Services in Brent. The PCT has provided members with a comprehensive overview of the services available in the borough (see appendix 1). The report outlines the key issues for HIV and other sexual health services in Brent including infection rates, the main services available for people and the current issues connected to those services. Officers from NHS Brent will be at the meeting to answer members' questions on these services.

11 Update on Burnley Road GP surgery 63 - 68

NHS Brent has provided the Health Partnerships Overview and Scrutiny Committee with an update on the Burnley Road GP Surgery. Members will be aware that the future of the practice, which provides GP services to around 325 homeless people, as well as 2,700 registered patients, is unclear. The practice is currently managed by Brent Community Services, but it is looking to relinquish management control of the service. An application from the practice to take on the contract for the service has been rejected by NHS Brent, which is now looking at other options for the service.

12 Health Partnerships Overview and Scrutiny Committee work programme 69 - 74

This report sets out sets out a list of options for the Health Partnerships Overview and Scrutiny Committee work programme. This list includes issues raised by members at the Health Select Committee on 15th July 2010, the results of a survey of all members undertaken in June 2010 and the results of the One Community, Many Voices consultation event on 28th September 2010.

13 Public Health Annual Report

The fifth annual report from NHS Brent will be circulated separately to members.

14 Date of next meeting

The next meeting of the Health Partnerships Overview and Scrutiny Committee is scheduled for Thursday 16 December 2010.

15 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

HEALTH PARTNERSHIPS OVERVIEW AND SCRUTINY COMMITTEE

Membership

- The committee is comprised of 8 councillors.
- None of the members shall be members of the Executive.

Terms of reference

The Health Partnerships Overview and Scrutiny Committee shall perform the following functions. These functions are subject to the limitations set out below.

1. To scrutinise and review the performance or general activities of health providers in the area.

2. To consider any matters referred to the Health Partnerships Overview & Scrutiny Committee under section 21A of the Local Government Act 2000 (Councillor Call for Action) relating to the functions of this committee

3. To review and make recommendations on health, health partnerships, health inequalities and well being initiatives delivered by the council or in partnership.

4. To conduct research and community and other consultation, in the analysis of policy issues and possible options.

5. To establish task groups.

6. To develop and implement its work programme.

7. To produce and publish together with the other overview & scrutiny committees an annual report on its workings.

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LONDON BOROUGH OF BRENT

MINUTES OF THE HEALTH SELECT COMMITTEE
Thursday, 15 July 2010 at 7.30 pm

PRESENT: Councillor Ogunro (Chair), Councillor Hunter (Vice-Chair) and Councillors Beck, Colwill, Daly and Hector

Also Present: Councillors Brown, Crane and R Moher

Apologies were received from: Councillor Adeyeye

1. **Declarations of Personal and Prejudicial Interests**

None declared.

2. **Minutes of the Previous Meeting held on 24 March 2010**

RESOLVED:-

that the minutes of the previous meeting held on 24 March 2010 be approved as an accurate record of the meeting.

3. **Matters Arising**

Stag Lane Clinic

Javina Seghal (NHS Brent) advised that there were no developments to report with regard to the future of Stag Lane Clinic, however any new information would be given at the next Select Committee meeting. Members noted that portacabins had been placed on the site to provide temporary accommodation.

Belvedere Day Hospital

Alison Elliott (Assistant Director – Community Care, Housing and Community Care) advised that there had been preliminary discussions and consultation with users, their relatives and stakeholders in respect of the future of Belverede Day Hospital. Andrew Davies (Policy Officer, Policy and Regeneration) added that he would contact the Foundation Trust for an update on Belvedere Day Hospital.

Childhood Immunisation Task Group – Final Report

Councillor R Moher (Lead Member for Adults, Health and Social Care) confirmed that the Executive had agreed the Childhood Immunisation Task Group's recommendations on 23 June 2010.

Integrated Strategic Plan for North West London

Mansukh Raichura (Chair, Brent Local Involvement Network) enquired whether Fiona Wise, Chief Executive of the North West London Hospitals NHS Trust, had responded to a request from the Select Committee clarifying the position with regard to bed closures at Northwick Park Hospital. Andrew Davies advised that Fiona Wise had written to the previous Chair of the Health Select Committee in respect of this and he added that he would send a copy of this letter to the present Members of the Select Committee.

4. Health Inequalities in Brent

Simon Bowen (Acting Director of Public Health and Regeneration, NHS Brent) gave a presentation on Health Inequalities in Brent. He began by describing the population of Brent, which was approximately 278,500, against a registered patient total of 351,000. Members heard that 55% of residents were from black or minority ethnic communities and that the borough was the most heterogeneous in England. The population was relatively young with 43% of residents under 30 years of age, whilst over 30,000 people were over 65 years of age. The borough was classified as the 53rd most deprived in England. Simon Bowen then described deprivation trends in Brent, with the overall pattern illustrating that deprivation was more prevalent in the south of the borough. Health levels were generally relatively similar to the overall United Kingdom population and the most common life ending illnesses in Brent, cardiovascular disease and cancer, were reflected nationally. However, the borough had comparatively high levels of TB, diabetes and oral health related illnesses. Life expectancy in the south of the borough was lower than in the north, whilst there were more parks and open spaces and households more likely to exercise in the north. Teenage pregnancy was higher in the south of the borough.

Simon Bowen then referred to The Marmot Review, an independent review commissioned by the Secretary of State for Health which had made a number of recommendations to local authorities to address health inequalities, including a number under the policy document 'Give Every Child the Best Start'. To support these aims in Brent, a Brent's Health and Wellbeing Strategy 2008 – 2018 had been devised to address the following work streams:-

- Ensuring safe, modern, effective and accessible services
- Supporting individuals to lead healthier lives, focusing on health and wellbeing behaviours
- Improving the economic, social and environmental factors which promote good health wellbeing
- Improving prevention, management and outcomes for the priority health conditions
- Improving outcomes for children, young people and their families

Members also noted the outcome of the Audit Commission Review of Health Inequalities in Brent.

Councillor R Moher was invited to address the Select Committee. She enquired whether deprivation levels had recently marginally risen in some areas further north in the borough, such as Wembley Central ward. Councillor Crane (Lead Member for Regeneration and Economic Development) was also invited to address the Select Committee and, in stating that he was a former member of this Committee, commented that the first meeting of 2010/11 provided a useful platform to obtain an overview of the issues as Members, including new councillors, considered a work programme for 2010/11.

During discussion by Members, Councillor Hunter enquired how the information presented would be used in light of Government proposals to move commissioning responsibilities from primary care trusts to GPs. She also commented on a recent article that had highlighted the dangers of exposure to air pollution and she enquired whether this issues was included as part of Brent's health strategy.

In reply to the issues raised, Simon Bowen advised that other wards further north of the borough were also experiencing rising levels of deprivation and he explained that The Marmot Review had concluded that local authorities could not afford not to tackle health inequalities as by taking no action the resulting overall economic costs would be greater. Members heard that all partners, led by the Council, sought to raise the borough's profile and would look at a whole range of issues. The Government's initiative to transfer more responsibilities to local authorities would have significant implications for health services. In addition, the transfer of commissioning duties to GPs raised a number of issues and Simon Bowen suggested that the quality of GP led services could vary quite considerably across the Country. He stated that air pollution was a significant contributor to respiratory deaths and cancerous illnesses, adding that areas such as the North Circular Road presented a challenge in this respect.

David Thrale (Head of Environmental Health) informed Members that the release of oxides and nitrogen were major contributors to increasing ozone levels in Brent and that a revised action plan for air quality was being developed.

5. **Brent Anti-Obesity Strategy**

Melanie O'Brien (Joint Commissioner for Child Health, NHS Brent) gave a presentation on the Brent Obesity Strategy and explained that estimated costs due to obesity in Brent were high in comparison with other heath authorities in London, with a prevalence rate of approximately 23%. In particular, overweight and obesity levels were considerably higher than the national average for school children in Reception and Year Six classes and was more common in boys than girls and in black and mixed race pupils. In terms of wards, overweight and obesity levels tended to be more prevalent in the south of the Borough, with Stonebridge and Kensal Green wards recording the highest rates. Melanie O'Brien advised that obesity was also linked to deprivation and lack of exercise, with both of these factors generally higher in the south of the Borough. The Active People 2 Survey 2008/09 Zero Days Physical Activity revealed a figure of 53.3% for Brent as

compared to 49.2% average for West London, 48% average for London and a National Average of 48.1%.

In terms of the Brent Obesity Strategy, Melanie O'Brien stated that its aims were to:-

- Increase healthy eating and promoting healthy food choices
- Ensuring the healthy growth and development of young people
- Building physical activity into our lives
- Providing high quality personalised advice and support

The Strategy also linked up with other strategies, including the Brent Joint Strategic Needs Assessment, the Brent Commissioning Strategy Plan, the Brent Health and Wellbeing Strategy, the Brent Sports and Physical Activity Strategy and the Council's Corporate Environmental Strategy. The partnership consisted of 15 members from the Council, NHS Brent, the Acute Sector, Brent Community Services and Primary Care and these members met on a bimonthly basis. Melanie O'Brien explained that Strategy was overseen by the Obesity Steering Group, whilst the Strategic Obesity Group had commenced work a year ago. The Strategy was presently at the draft stage and would shortly be subject to an extensive and robust consultation. Upon approval by the Council and PCT Management Teams, a formal consultation would then follow prior to the Strategy's official launch in October 2010. The strategic pillars that would underpin the Strategy include influencing the business sector, support educational establishments, improve clinical care pathways and improve sport and physical activity to achieve the anticipated outcomes. Melanie O'Brien highlighted the priorities for investment, explaining that not all could be implemented immediately.

Councillor R Moher added that restrictions on fast food takeaways being located near schools were currently being considered. She enquired what steps were being taken to make the healthy school meals programme more robust. Councillor Crane commented that the issue of obesity was a ticking time bomb to both Brent and the NHS in general. He stressed the importance in continuing to introduce measures to tackle this problem and he enquired what the objectives were with regard to the consultation.

During discussion by Members of the Committee, Councillor Daly stressed the importance of focusing on individual behaviour changes and the need to persuade food producers and supermarkets to play a role to support such changes. She commented that more effort in particular was needed in supporting healthy eating for children and enquired if monitoring of children's background was being undertaken in Children's Centres. She also asked why resources were being removed in supporting Early Years services. Councillor Daly remarked that another challenge was that takeaway food was often a relatively cheap, yet tasty and filling option and for those on lower incomes this was often seen as the preferred option. Therefore the Strategy needed to take into account ways of tackling this issue. Councillor Colwill commented with regard to takeaways and schools that consideration of the impact upon the local economy also needed to be considered. He suggested that children remain in school during lunch hours. The Chair enquired how much the Government was spending on tackling obesity and what was the overall cost to the UK.

In reply, Melanie O'Brien advised that a School Meals Support Officer had been recruited to support healthy school meals and that all school meals in Brent met the nutritional requirements set. She stated that the main area of concern was what children ate after school hours. Members noted that some schools in Brent already had a stay on site policy during lunch hours. Another measure employed by some schools was to provide meals through a card system and other cashless systems were also being considered as a means of preventing children from spending school dinner money on junk food. Breakfast clubs were also being created. With regard to the consultation, this would be over an extensive period between August and mid September and would seek to obtain wider involvement across the Borough. The consultation would be used to ensure the right priorities were included in the Strategy and the actions needed to take them forward. Melanie O'Brien advised that the diet at Children's Centres was being looked at and it was acknowledged that addressing dietary issues in the early years of a person's life was essential. The total cost of obesity to the UK was around £7bn and there was a strong link between poverty and obesity. Melanie O'Brien acknowledged the magnitude of the challenge in changing the behaviour of people over eating habits, however she felt that improvements could be made over a period of time.

Simon Bowen acknowledged that there had been a reduction in funding in Early Years services and that this was a vulnerable area, however every effort would be made to minimise the impact on loss of resources. With regard to the role that could be played by the large supermarket chains in respect of improving diets, he stated that this was a national issue that the Government was presently considering, however every effort was being made at the local level to also address this issue and support the national objectives.

Kostakis Christodoulou (Head of Health Promotion, NHS Brent) stated that tools were being put in place to allow people to make an informed choice about what they chose to eat, whilst issues raised from the consultation would be acted upon. Yogini Patel (Deputy Head of Environmental Health) added that a number of measures were being introduced to influence businesses, including encouraging takeaways to offer healthier options, such as grilled chicken. She advised that a robust evidence base would be required to justify preventing takeaways being given planning permission at locations near schools and that such a measure may take two years to adopt. Parental behaviour was also being looked at, such as whether they gave money to children for their school lunches.

David Thrale stated that a planning policy of restricting takeaways near schools locations in some East London boroughs had started and although it was in its early stages, appeared to be having success in achieving reductions in childhood obesity.

It was agreed that the Committee would receive an update on the progress in implementing the Strategy in April 2011.

6. **Brent Tobacco Control Strategy**

Amanda Wilson (Tobacco Control Alliance Co-ordinator, NHS Brent) presented an item on the Brent Tobacco Control Strategy. Amanda Wilson explained that the term 'tobacco control' referred to a coordinated and comprehensive approach to reducing smoking prevalence, including work to reduce both supply and demand

factors relating to tobacco use. Members heard that tobacco use was the cause of over 80,000 premature deaths in England each year and cost the NHS and society overall an extra £2.7 billion and £2.5 billion respectively and was the primary reason for the gap in healthy life expectancy between rich and poor. Amanda Wilson advised that smoking related deaths in Brent were similar to national figures, and within Brent smoking prevalence was higher in poorer wards. Another significant local factor in Brent was the number of shisha bars in operation which, as well as presenting a health risk through smoking shisha pipers, could also lead to cigarette smoking, particularly amongst the young.

Amanda Wilson explained that Brent's Strategy was modelled on National Tobacco Strategy 2010 and the aims included:-

- Reducing adult smoking rates to 10% or less, halving smoking rates for routine or manual works, pregnant women and within the most disadvantaged areas by 2020
- Reduce youth uptake of tobacco products
- Increase to 66% the proportion of homes where parents smoke but entirely smoke free indoors by 2020

To support the Strategy, the development of a Brent Tobacco Control Alliance between the Council and NHS Brent, overseen by joint chairs Yogini Patel (Brent Council) and Kostakis Christodoulou (NHS Brent) was taking place. In addition, a cross-sector collaboration of about 20 regular members from different sectors met bimonthly. The Action Plan was based on the four strategic pillars of the Strategy, which were Preventing Young People from Starting a Tobacco Habit; Motivate and Assist every Smoker in Brent to Quit; Protect Families and Communities from Tobacco Related Harm; and Improve and Sustain Partnership Working. Amanda Wilson confirmed that the Strategy would be subject to consultation throughout July and August prior to a formal launch before the end of 2010.

During Members' discussion, Councillor Colwill welcomed any initiative targeting smoking in shisha bars, stating that smoking a shisha pipe was the equivalent of smoking a number of cigarettes. He suggested that there needed to be research on nicotine levels in shisha pipe tobacco. Councillor Daly asked if any action was taken in respect of shisha tobacco importation and its legality. Councillor Hunter enquired if making approaches to the tobacco industry with regard to the role they could play in supporting the Strategy's objectives. The Chair commented that tobacco was a strongly addictive product and presented a challenge in terms of health.

In reply, Amanda Wilson advised that shisha tobacco samples had been analysed and that the level of nicotine had varied, although six of most popular varieties all had nicotine present. An additional health hazard was the manner in which shisha smoke was inhaled deeply into the lungs, whilst the smoke from the pipe also meant that those in the immediate surroundings would be in danger of passive smoking. Yogini Patel advised that Trading Standards and Environmental Health carried out investigations and analysis to check the legality of tobacco, including shisha tobacco, that was imported and take enforcement action where necessary. The Council was also working in partnership with the London Borough of Newham on this issue. David Thrale added that shisha cafes had been appearing faster than the legislation to regulate it and efforts were being made to address this.

Simon Bowen advised that overall tobacco consumption had fallen over the last two decades, however the significant progress needed to be sustained. Members noted that seven out of ten smokers wished to stop, whilst he suggested that the most likely reason for a fall in cancer and heart conditions was due to a reduction in smoking.

It was agreed that the Committee would receive an update on the progress in implementing the Strategy in April 2011.

7. **Access to Health Services for People with Learning Disabilties**

Councillor R Moher introduced this item and stated that the Task Group, of which she was a Member, had been set up to investigate access to health services for people with learning disabilities in the Borough. She advised that Brent Mencap had stated that there was a significant 'hidden' population of people with disabilities in Brent and efforts were being made to identify such people. In particular, carers of those with disabilities were experiencing problems in gaining access to GPs and to Acute Services, complicated by some of the behavioural aspects of users. Councillor R Moher stated that the Task Group had been impressed by a Support for Living Project at Ealing Hospital, which provided the appropriate training and support for users and their carers. Members heard that all organisations that had been contacted agreed this was an area that needed to be prioritised and she drew Members' attention to the Task Group's recommendations in the report.

Javina Sehgal (NHS Brent) then provided an update to the recommendations made by the Task Group. With regard to recommendation 1, that NHS Brent implements a similar project to the Support for Living Project in Ealing Hospital, she advised that Ealing Hospital had since been visited and discussions had taken place to set aside funds for a similar scheme in Brent. The scheme had the support of the Learning Disabilities Partnership Board and a further update would be provided at a future meeting of the Committee. With regard to recommendation 2 concerning specific actions to address the needs of people with learning disabilities in the Brent Obesity Strategy and other health promotion strategies, she advised that information was being captured as to what information was provided by GPs who were being encouraged to play a larger role in this. Recommendation 3, that the Health Select Committee monitor the implementation of NHS Brent learning disability self assessment framework and improvement of statutory functions such as dentists, Javina Sehgal advised that there had been a positive response in the assessment overall, with some issues at amber level. Whilst safeguarding overall was robust, a more systematic approach to recording outcomes was required and work with the Communications Team and GPs would be undertaken to achieve this. Members noted that the Action Plan would be reviewed in six months. A concept paper examining how resources could be used had been produced and if agreed would be implemented in September 2010.

Councillor Colwill praised the work undertaken and thanked those involved in the Task Group. Mansukh Raichura (Chair, Brent Local Involvement Network) also supported the work of the Task Group which he felt had been effective in highlighting a major issue.

RESOLVED:-

(i) that the recommendations set out in the Task Group report be endorsed; and

(ii) that the report is forwarded to the Executive for approval.

8. **Paediatric Services in Brent - Follow Up to Public Consultation on Paediatric Services Provided by North West London NHS Hospitals Trust**

David Cheesman (Director of Strategy, North West London Hospitals Trust) introduced the report which updated Members on the progress of implementing changes to Paediatric Services at North West London NHS Hospitals Trust. He stated that the consultation overall supported the proposed changes, with 79.7% in support, 15.3% against, and 5% no response. Members noted that the changes would be implemented by October 2010, including free transport provided to users and their relatives between hospitals.

During discussion, Councillor Colwill enquired on the number of sickle cell cases in Brent and what provision would there be for patients who needed to be admitted during night hours. He asked whether there were plans to close any hospitals and for an update with regard to HIV cases in Brent. Councillor Daly suggested that a mapping exercise highlighting where sickle cell treatment was provided would be beneficial. The Chair sought clarification with regard to facilities for sickle cell patients.

In reply to the issues raised, David Cheesman confirmed that Central Middlesex Hospital would provide the main centre for sickle cell patients, however in-patient services would be located at Northwick Park Hospital. He indicated that a mapping exercise of sickle cell treatment locations in Brent could be produced.

Simon Bowen added that sickle cell cases in Brent were amongst the highest in the UK. With regard to the future of hospitals, he stated that Central Middlesex Hospital was very busy and provided an important Accident and Emergency service and there were no plans to close the hospital. Equally, Northwick Park Hospital was a major Acute Services centre with many patients highly dependent on its services. With regard to HIV, he stated that a Sex Health Needs Assessment had recently been undertaken and this could be reported back to a future meeting of the Committee.

Andrew Davies stated that this was the kind of topic that the Committee would be asked to scrutinise. This item had included involvement in public consultation and site visits to Northwick Park Hospital. He suggested that a follow-up report be presented to the Committee in six months and to follow up on issues that had been raised.

9. **Local Involvement Network Annual Report**

Mansukh Raichura introduced the report, stating that Brent Local Involvement Network (LINk) undertook important work in the health sector. Brent LINk had worked closely with the Committee over the year and he thanked all who had

contributed. Mansukh Raichura then drew Members' attention to Brent LINk's priorities for the next year as set out in the report.

During discussion, Councillor Hunter queried the discrepancy between Brent's official population of approximately 270,000 and the fact that there were 340,000 registered patients in Brent and she enquired what actions were being taken to address this issue. Councillor Daly stated that care should be taken when checking GPs' patient lists as it would include vulnerable people and removing them from such lists could jeopardise their welfare. She added that GPs were highly trusted and some patients had chosen not be on other records. The Chair agreed to allow Councillor Brown to address the Committee. Councillor Brown enquired whether the population discrepancy was a Brent or London-wide problem and were there examples of good practice in population counting.

Members heard from a Brent GP that many residents who had moved out of Brent continued to be registered with GPs in the Borough. She commented that there had been significant population changes in Brent and the most recent census was considerably out of date.

Cathy Tyson (Assistant Director – Policy, Policy and Regeneration) added that population discrepancy was a significant issue for Brent, stating that all evidence that the Council had compiled and been provided with suggested that the population was considerably larger than the official population calculated by the Office for National Statistics. This shortfall had a knock-on effect in terms of funding that the Council received and it continued to lobby for a more consistent approach to recording population, especially as there were some concerns in the methodology used by the Office for National Statistics in counting the population. Members noted the Council's view that the population was more likely to be around 286,000. Cathy Tyson felt that the Council's own method of counting the population was more accurate and she added that this issue was also a London-wide problem. Simon Bowen remarked that all of Brent's neighbouring boroughs also had larger GP patient lists than their official populations.

10. **Health Select Committee Work Programme**

Andrew Davies explained to Members that the Health Select Committee Work Programme was a standing item on the agenda and stated that the present programme included items carried over from the previous year. Some of the items to be discussed at future meetings included Health Service Developments in Brent and the North West London Sector, Smoking Cessation and the Brent Tobacco Control Strategy and a report on the Sex Health Needs Assessment which could include an update on HIV cases in Brent. He then invited Members to make any further suggestions for items to be considered at future meetings.

Councillor Colwill asked for an item on Respite Care, Councillor Hunter suggested Members take up the offer of a visit to St Lukes Hospice and Councillor Daly asked for an item on Children and Families with special needs and disabilities.

11. **Date of Next Meeting**

It was noted that the next meeting of the Health Select Committee was scheduled for Thursday, 14 October 2010 and that this and all subsequent meetings would start at 7.00 pm.

12. **Any Other Urgent Business**

None.

The meeting closed at 10.00 pm

B OGUNRO
Chair

	Health Partnerships Overview and Scrutiny Committee 14th October 2010 **Report from the Director of Policy & Regeneration**
For Action	Wards Affected: ALL

Future of Brent Community Services

1.0 Detail

1.1 Members of the Health Partnerships Overview and Scrutiny Committee will be familiar with the proposals to integrate Brent Community Services within Ealing Hospital Trust and to create an Integrated Care Organisation. The new organisation will bring together community services from Ealing, Harrow and Brent, hosted by Ealing Hospital to deliver community based care services. The ultimate aim of the new organisation will be to apply for foundation trust status at some stage in the coming years.

1.2 All PCTs have to put in place alternative arrangements for their provider arms as they no longer able to directly provide health services. From April 2011 PCTs will only be able to commission health services. Brent Community Services does not meet NHS criteria to become a stand-alone trust and so NHS Brent has been looking at options for the future of the service. Its preferred option is integration with Ealing Hospital Trust.

1.3 The Health Partnerships Overview and Scrutiny Committee met informally with Mark Easton, Chief Executive of NHS Brent and Julie Lowe, Chief Executive of Ealing Hospital Trust on the 21st September to consider the proposal. At that meeting members did not feel able to support the preferred option for Brent Community Services and asked that additional information is provided for the committee to consider the proposal in more detail at their formal meeting on the 14th October.

1.4 The additional information requested was:

- Information on the potential alternatives to the current proposal for BCS, including Brent based options.
- Information on how GPs in Brent and Brent Community Services staff view the proposal.

- Information on what is happening to community services in the rest of London so that members can consider whether the proposal for Brent Community Services is unique.
- A full and clear explanation of the scoring system used to rate the six options considered by the NHS Brent executive team.

This information has not been received in time to be sent out with the main agenda papers, but will be published before the committee meeting.

1.5 As well as consulting with the Health Partnerships Overview and Scrutiny Committee NHS Brent has contacted the Chief Executive's office to get a council response to the proposal. The Chief Executive's letter to Mark Easton on this issue is included as an appendix to this report. As members will see, the letter sets out a number of concerns relating to the proposal.

1.6 The Health Partnerships Overview and Scrutiny Committee needs to agree its response to the proposals for Brent Community Services. In doing this it should take into account the additional information that will be provided by NHS Brent and the letter sent by the Chief Executive to NHS Brent and Ealing Hospital Trust.

2.0 Recommendations

2.1 The Health Partnerships Overview and Scrutiny Committee confirms its formal response to the consultation on the future of Brent Community Services.

Contact Officers

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Andrew Davies
Policy and Performance Officer
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Integrated Care Organisation

Overview and Scrutiny Committee Briefing

Content

1. Foreword

NHS Ealing, NHS Harrow, NHS Brent, and Ealing Hospital NHS Trust (EHT) are working together to create a new kind of NHS organisation. By integrating our hospital and community healthcare services we are aiming to remove the artificial boundaries that currently exist between our services. This move is designed deliver a range of benefits for patients, staff, commissioners, and the local healthcare system.

The new Integrated Care Organisation (ICO) being created will focus on excellent care - locally managed - for local people. Through its larger scale it will also gain greater financial stability than could have been achievable if the services involved had continued to standalone. It will also be better placed to achieve Foundation Trust (FT) status in the future.

The creation of the ICO will provide opportunities to develop clinical practice, and individual skills, bringing established good practice from one area to another – whether this is between teams in different geographical areas, or in hospital and community settings. It will also offer new career pathways and new job roles as we develop new ways to meet patients' needs.

The ICO will be locally managed and locally focussed. In Ealing the ICO will provide integrated community and acute hospital care. In Harrow and Brent the ICO will provide stronger community services.

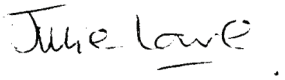
The ICO is being created in the context of wider changes to the NHS. In particular from April 2011 it will not be possible for Primary Care Trusts (PCTs) to continue to manage community services directly. None of the three boroughs' community services are big enough to become standalone organisations, and EHT cannot become a FT in its present form. By joining together we can create an organisation that provides a home for community services, is large enough to achieve stability, and can work towards becoming

a FT in the future. The recent White Paper - *Equity and excellence: Liberating the NHS (July 2010)* - anticipates that all NHS Trusts will become FTs by 2013.

This briefing note has been prepared to provide the members of your committee with an overview on our progress towards creating the ICO. We hope that you find the information contained in this document useful and that our plans will have your support.

We will continue to provide further information and regular updates in the future. In the meantime, if you require additional information or further explanation about the plans for the ICO, please do not hesitate to contact one of us.

Julie Lowe
Chief Executive
Ealing Hospital NHS Trust



Robert Creighton
Chief Executive
NHS Ealing

Mark Easton
Chief Executive
NHS Harrow and NHS Brent

2. Background

As required by national policy, the Boards of NHS Ealing, NHS Harrow and NHS Brent have been working to separate their commissioning and services delivery functions.

In April 2009 NHS Ealing and NHS Harrow formed a provider alliance (EHCS) for the joint delivery of their community services. In 2009/10, following an option appraisal exercise, the two PCTs proposed the formation of an integrated care organisation by the merger of these services with EHT. This proposal was referred back to the constituent organisations by the Strategic Health Authority, NHS London, in March 2010 for further consideration and for the potential to incorporate the provider arm of NHS Brent from the outset to be assessed.

The provider arm of NHS Brent was set up as a distinct entity in 2008/9. Having previously indicated an interest in seeing its community services join the proposed integrated care organisation at a later time, NHS Brent reviewed the options for further development in 2010 and concluded that this was its preferred way forward. It offered significant potential benefits in terms of service delivery and was the most viable route for meeting national directives within the prescribed timescales.

EHT withdrew its application to become a FT in February 2009 when it became clear that it was not considered by NHS London to be of sufficient scale to be sustainable over time. Already a comparatively small NHS Trust, the drive to provide more services outside hospital settings coupled with the trend for more specialised acute services to be concentrated in larger centres was expected to undermine its future stability.

Having undertaken its own appraisal of the alternative options for future development, it concluded in March 2009 that integration with the community

services of NHS Ealing and NHS Harrow to form an integrated care organisation represented the preferred option. The inclusion of the provider arm of NHS Brent was accepted as a variation to this proposal in 2010.

The four organisations together have now sponsored fresh proposals to form an integrated care organisation by the merger of the three PCTs' community services with EHT. This development path is seen as having the potential to deliver continuing local improvements in quality and outcomes for patients whilst achieving the significant reductions in costs envisaged in national directives. It also offers a possible route to achieving FT status for a new provider organisation by 2013.

Pending the outcome of the current proposal, in June 2010 NHS Ealing and NHS Harrow reached an agreement with EHT for their provider services to be hosted by the acute trust under a short-term management agreement. The provider arm of NHS Brent has continued to operate as a separate entity.

Following the recent White Paper - *Equity and excellence: Liberating the NHS (July 2010)* - it is intended that PCTs will be phased out by 2013 and the commissioning of community and hospital services will become the responsibility of GPs and their practice teams working in consortia. The objective of separating out PCTs provider arms into distinct organisational forms has been confirmed with a target date for implementation of April 2011. It is regarded as inappropriate to create new NHS Trusts for these community services, as this would run contrary to the policy objective of establishing all providers as FTs by 2013.

3. Options Appraisal

The options appraisal carried out by the Ealing and Harrow Community Services (EHCS) Board in 2008/9 considered six possible options for the future

form of its organisation. These included options aimed at becoming a social enterprise, becoming a free standing Community FT, joining with other community service providers to form a larger Community FT, and joining with a major acute trust to become part of a FT as well as forming the proposed ICO.

The option that was scored highest was to create an ICO then seeking to become a Community FT.

During August 2010 the NHS Brent Executive Team carried out a similar options appraisal with a view to agreeing the best future organisational form for Brent Community Services (BCS). A scored evaluation of six possible options was undertaken, including options for continuing on a standalone basis and joining with other providers of various types as well as integrating into the proposed ICO from the outset.

The option that was scored highest was to join with EHCS and EHT to form an ICO, later seeking to become a FT.

After the withdrawal of its FT application, EHT considered three possible options for its future. These were:

- Acquisition by an existing FT.
- Merger with another NHS Trust.
- Vertical integration with community services.

After exploring the benefits and challenges of each option, the Trust agreed a commitment to the joint integration project. The inclusion of the provider arm of NHS Brent was accepted as a variation to its preferred option in 2010.

4. Organisation Structure and Service Delivery

The current proposal is a plan for organisational change not service reconfiguration. Should any plans for service changes be developed subsequently, these will be the subject of public consultation and scrutiny in the usual way.

All NHS organisations operate within a statutory body. While the current proposal is to create a "new" ICO, the Department of Health (DH) has made it clear that they do not wish to create brand new NHS Trusts. For this reason, the new organisation will be formed within the statutory framework of EHT.

The current plans will ensure that the main focus of future service delivery is at borough level, supported by certain specialist services operating across the three boroughs. This will allow maximum opportunities for partnership working with local authorities. In Harrow and Brent the ICO will work closely with North West London Hospitals NHS Trust. In Ealing community services will be integrated with hospital services. This will help to deliver more care either in or close to patients' homes. Integration will not alter the range of services available to our community. It will enable services to be delivered more effectively.

5. Benefits of an Integrated Care Organisation

For the people who live in our community and work in our services there are major benefits in creating an integrated organisation delivering both community and acute services. By improving the system by which healthcare is delivered, we will ensure that both the patient experience and staff satisfaction are improved.

The prospective benefits may be summarised as follows:

Benefits for Patients

- Emphasis on the development of locally managed services.
- More focus on long-term conditions.
- Fewer visits to hospital and more care closer to home.
- Fewer barriers and faster access.
- Greater continuity of care.
- Fewer duplicated assessments and tests.

Benefits for Staff

- More specialist skills and expertise.
- Better clinical practice developed.
- Greater concentration of senior clinical leaders.
- Recruitment and retention of staff enhanced.

Benefits for Commissioners

- Opportunity for current commissioners to influence redesign of care delivery.
- Enables GPs to shape future services.
- Promotes economies of scale in commissioning transactions.

Benefits for the local Healthcare System

- Stronger links with primary care.
- Focus on partnerships working
- Improvement in clinical costs.
- Reduction in overhead costs.
- Enhanced access to capital funds.

- Compliance with national policy.
- Organisational viability improved
- Allows continued local focus.

6. Involving our Stakeholders

We recognise that if we are to be successful we cannot adopt a top down approach to developing the ICO. We must involve all our stakeholders to ensure that the decisions taken create an organisation that will make real improvements to the lives of the people in our community.

To ensure this we have developed a programme of information sharing and engagement. This builds on our previous engagement activities so that our GP, patient, staff, public, commissioner, local authority, and NHS stakeholders are fully involved in shaping the new organisation.

In recent months we have been working with GPs in Ealing, Harrow and Brent to understand how we can develop the plans for the ICO to meet their needs as future commissioners. This has involved early round table discussions to understand the areas where GPs would like to see change and improvement in the management and delivery of services. We have attended Practice Based Commissioners (PBC) meetings to explain the rational for the ICO and test our thinking. We have arranged a series of meeting with GP groups during September where we will test the developing operational plan for the new organisation. During September we will be returning to the PBC executive groups to ask for their approval in principal for the creation of the ICO. We are also creating opportunities for GP representation in ongoing clinical planning during September and beyond.

Likewise we have been working with our current commissioners to understand their requirements from now until the GP consortia are established in 2013.

We have facilitated both borough-based and joint workshops, with commissioning and provider representation to start to determine borough-based service models, and understand where there are advantages in developing cross-borough models.

In addition to discussing our plans with this committee and its counterparts, we will be meeting with the key directors of each of local council to get their input into the developing plans for the ICO. Planning sessions are also being arranged with local LINks and voluntary groups in their role as patient representatives. We will be also talking to LINks with a view to their future role as Health Watch.

Feedback from all of these sources, including this committee, is essential to assist in shaping our plans. It is also a requirement of its approval by NHS London that we are able to show documented support for its formation from all key stakeholders.

7. Progress to Date

The current proposal to create a new organisation has been endorsed in principle by NHS London, following a recent review process within the North West London Sector. It is agreed that the proposed strategic direction is correct, that the current proposals offer the most effective local means of meeting national policy timescales for separation of PCTs provider arms, and that work on the process of merging the community services of Brent, Ealing and Harrow with EHT should proceed.

During July 2010, the ICO Project Board reviewed the preparatory work and timescale for achieving approval and implementation of the ICO. The Project Board took into account the necessity to make a fresh application for approval to the Cooperation and Competition Panel due to the enlarged scale of the

project, and the need to seek extended engagement and support from GPs as the future commissioners of services, and from local authorities.

A revised project plan was agreed which aims to achieve all the necessary approvals for the ICO by December 2010, with implementation and go-live to take effect as soon as possible thereafter.

Seven workstreams have been established under the leadership of a Project Director who is responsible to the ICO Project Board for the development and implementation of the organisational plans for the ICO. The workstreams are:

- Clinical Planning.
- Commissioning Plans.
- Communications.
- Finance and Business Processes.
- Governance and Legal.
- HR, Workforce Planning and Organisational Development.
- IT and Telecommunications.

To enable the benefits of the ICO to start to be realised as quickly as possible, the Boards of NHS Ealing and NHS Harrow delegated the management of EHCS to the EHT management team in June 2010. The agreement allows the management of EHCS under one structure with EHT. This move has allowed community services in Ealing and Harrow to start to work more closely with acute services at EHT, and is a positive step towards the creation of the ICO.

An 'Early Adopters' program has been established that encourages clinical staff within community and acute services to start to identify those aspects of community and hospital services that will benefit from greater integration.

8. Next Steps

A submission will shortly be made to the Cooperation and Competition Panel seeking their approval for the new organisation to proceed. This will take at least eight weeks to be clarified.

In parallel with this process, we will be gathering evidence of the formal endorsement of the proposal by key stakeholders (particularly GP commissioners and local authorities) for presentation to NHS London by the end of September 2010.

The seven workstreams that have been set up are currently developing draft plans for the implementation of the ICO. These will be set out in a draft business case for consideration by the Project Board representing the Boards of the four participating bodies during the Autumn of 2010.

Thereafter the final business case will be completed and submitted for approval by the ICO Project Board, the Trust Boards, and NHS London. It is intended that this series of external assessments and approvals will culminate in submission for approval by the Department of Health during December 2010.

The key dates in the timetable for the planning and approval of the new organisation are summarised in the table below:

	Aug 10	Sept 10	Oct 10	Nov 10	Dec 10
Submission to Cooperation and Competition Panel	X				
Legal and Financial Due and Careful Enquiry Reports			X		
Cooperation and Competition Panel Decision on Phase 1 Assessment			X		
Trust Boards Approval				X	
NHS London CIC					X
Department of Health Clearance					X
GO-live Implementation					X

9. Conclusion

The committee is invited to comment on the proposals now being progressed to form a new organisation by integrating the community services of Ealing, Harrow and Brent within Ealing Hospital NHS Trust.

Subject to any comments it wishes to make, the committee is requested to formally record its support for this initiative and the potential benefits it seeks to realise.

BRENT COUNCIL

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Mr Mark Easton
Chief Executive of Brent Primary Care Trust
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116 Chaplin Road
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REF: GD/FB
21st September 2010

Dear Mark,

CONSULTATION ON THE FUTURE OF BRENT COMMUNITY SERVICES

Further to your letter dated 10th September 2010 regarding the proposed transfer of Brent Community Services (BCS) to Ealing Hospital NHS Trust, I am now responding with Brent Council's view on the proposal.

We do not feel able to support the proposal as it currently stands. It is regrettable that the local authority has only been consulted on this proposal at a relatively late stage in the process. My understanding is that the NHS Brent Board received a report on the future of BCS in July 2010 but our formal views were only sought in September 2010. We would have liked to be consulted earlier in the process when it might have been possible to influence the preferred option for hosting BCS before your own Board decided its preference.

The council has some serious concerns about the methodology used to select Ealing Hospital NHS Trust as the preferred host organisation. I understand that an evaluation looking at the various hosting options was carried out by the NHS Brent Management Team, but there is little transparency about how the scores for each option were arrived at, especially as some of the organisations concerned (for example Central and North West London Mental Health NHS Foundation Trust and North West London NHS Hospitals Trust) were not asked formally to bid to host BCS. Our feeling is that we needed to see a more detailed evaluation of all the options and we found it surprising that potentially viable alternatives to the preferred option appear to have been rejected without a more thorough and open appraisal process.

It is interesting to note that partnership with the local authority was not considered to be an option for BCS although I understand from our recent phone conversation that this is at least theoretically an option open to NHS Brent. This may have been viewed as too complex for what may ultimately be a temporary arrangement but it would be interesting to know why this option was not considered more seriously? The Council could have entered into our own partnership arrangements with either the local NHS hospital trust or the mental health NHS trust (subject of course to their agreement) – these are bodies with whom we have very close and established partnership arrangements and either of them would appear to offer a better awareness of the needs of Brent residents than a hospital trust in a neighbouring authority which has many challenges of its own.

In the current post White Paper context, it is obviously crucial that local GPs support any significant changes to services in Brent. We regard the change of hosting arrangements for BCS as a significant change and we would therefore like to see more evidence of broad-based GP support for the plan. Judging from my recent meeting with a group of senior Brent GP representatives, there does not seem to be any enthusiasm on their part for the proposed change and I would expect their views to weigh heavily in any final decision on the matter.

We ourselves have concerns about how BCS currently operates both in respect of children and adult services. Instability within their management structure has exacerbated this, creating a situation where our senior contacts change on an all too regular basis. We would like to be assured that the proposed changes will begin to address these local concerns. You will appreciate our worry that the proposed shift to Ealing will only make an already problematic relationship even more difficult.

I have specifically asked for comments on the Brent NHS proposals from our Children's Services Management Team. They feel that health services for Looked After Children (LAC) are a significant safeguarding concern at the moment, particularly as NHS Brent has agreed to invest in this area but to date has not been able to do so despite impending inspections, agreed recommendations and acknowledgement that action is required. Brent Children's Services feel that in the current circumstances BCS should have a much closer relationship with the council to ensure a more integrated model of service delivery. For example, NHS Brent could consider delegating the commissioning of LAC health services to the council to ensure that a cohesive and coherent service model is developed and delivered.

As far as I am aware, the NHS Brent proposal has not been discussed at our Children and Young People's Partnership Board or at the Local Children's Safeguarding Board. This really does need to happen in order to assess fully the implications of the proposed transfer from the perspective of all the local agencies who will be affected by it. As the Council is the local co-ordinator for such partnership arrangements, we would be happy to facilitate such a consultation on behalf of other local partners.

The Council's Children's Services have some worries regarding the stability of BCS. Management and leadership capacity problems within BCS has been the cause of some poor quality service provision that we feel has had an adverse impact on children's services in Brent in the past. The Council will need concrete assurances on this matter as part of any proposed transitional arrangements. Your recent letter indicates that we would benefit from more senior leadership and management support from Ealing Hospital Trust but this seems very unlikely given that Ealing Hospital NHS Trust has some serious issues of its own and they will also be required to streamline their management arrangements which could result in consequential management reductions in BCS.

You will, I think, be aware from previous exchanges between us that Brent Children's Services have had serious concerns about the health visiting and school nursing service for the last two years and have unfortunately seen very limited progress in this area. The Children and Young People's Partnership Board have shared their concerns with NHS Brent and any future hosting arrangement would require very clear and responsive lines of accountability and responsibility which we think unlikely if these critical services were hosted outside the borough. It is understood that NHS Brent is likely to go out to tender for the provision of health visiting services because of the failure of BCS to date to improve this service. It would be interesting to know how this tender process will be managed through the hosting arrangement before this process goes ahead.

We believe that it is important that any hosting arrangement for BCS is able to demonstrate that local partners have expressed a high degree of buy-in but this does not appear to be the case at present. We do not think that a convincing case has yet been made for the transfer of BCS to Ealing Hospital NHS Trust and we believe that there may be other credible and locally acceptable alternatives to the hosting arrangement recently proposed by NHS Brent. I do hope therefore that

NHS Brent can reconsider the current proposal and consults more extensively with Brent stakeholders on alternative hosting arrangements. I do recognise the very real time and financial pressures on you at this time so we will certainly use our good offices to ensure that such a process is concluded within a short timescale.

Yours sincerely

Gareth Daniel
Chief Executive

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	Health Partnerships Overview and Scrutiny Committee 14th October 2010 **Report from the Director of Policy & Regeneration**
For Action	Wards Affected: ALL

Proposals to merge PCTs in North West London

1.0 Detail

1.1 The Health Partnerships Overview and Scrutiny Committee will be aware that there are major changes taking place in the NHS. The white paper, *Equity and Excellence – Liberating the NHS*, sets out the coalition government's plans for the NHS in England, including the abolition of PCTs and the transfer of commissioning responsibilities to GP commissioning consortia. Before PCTs are abolished, the NHS has to make significant cost reductions – up to £20bn needs to be taken out of the health service budget by 2014. As a result, the NHS is taking steps now to reduce its costs and prepare for the transfer of commissioning responsibilities to GP consortia.

1.2 The eight Primary Care Trusts in North West London, meeting as the NHS North West London Joint Committee of PCTs (JCPCT), have agreed that North West London should operate as one sector with PCTs forming three clusters:

- Hammersmith & Fulham, Kensington & Chelsea and Westminster
- Ealing, Hillingdon and Hounslow
- **Brent and Harrow**

1.3 Each cluster would be supported by a merged management team with the Chief Executive of each coming together with the Sector Chief Executive to form a single sector-wide Executive. This recommendation is subject to approval by NHS London, which is expected shortly, and then approval by the individual PCT boards.

1.4 The PCTs in North West London have decided to form PCT clusters to:

- enable the delivery of the agreed management cost savings for commissioning (excluding community providers) across North West London by reducing costs by 67% from £71.4m in 2009/10 to £23.7m by 2012/13, in line with targets agreed in the Operating Plan

- provide a more stable platform upon which to manage short and medium term finances and service performance whilst continuing to improve both quality and patient safety
- enable NHS North West London's response to the outcomes of the consultation on the Health White Paper, *Liberating the NHS,* by releasing resources to support the development of GP consortia

1.5 Although these changes will not mean the abolition of PCTs any earlier than set out in the white paper (i.e. by April 2013), there will be one management team running NHS Brent and NHS Harrow. This should be in place by December 2010. Chief Executives are also working on the timelines for the reorganisation of other functions. This reorganisation is expected to be completed by the end of March 2011.

1.6 Throughout this transition period there will continue to be a strong borough focus through:

- Borough director
- Joint commissioning arrangements
- Borough Director of Public Health
- Local Partnership arrangements (LSP, Children's partnership, Adult Board etc.)
- Attendance at emerging Health & Well Being Board

1.7 The Health Partnerships Overview and Scrutiny Committee should question NHS Brent on these proposals, not least the implications for health service commissioning in the borough during the transition to GP commissioning. Officers from NHS Brent will be at the meeting to explain the rationale behind the formation of clusters and to answer questions on the implications for Brent.

2.0 Recommendations

2.1 The Health Partnerships Overview and Scrutiny Committee should consider NHS Brent's report on PCT mergers in North West London (appendix 1) and question officers from the PCT on the implications of these proposals on health services and commissioning in Brent.

Contact Officers

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Appendix 1

NORTH WEST LONDON TRANSITION RECOMMENDATION, 15 SEPTEMBER 2010

'CORE SCRIPT' and Q&As for guiding onward communications

Issued 16 September 2010

NOTE: This briefing has been developed with PCT Chief Executives to inform both internal and external communications. It does not contain confidential material and should be used to ensure consistency of message, as communication of this recommendation will have a wide impact, especially on staff.

- The eight Primary Care Trusts in North West London, meeting as the NHS North West London Joint Committee of PCTs (JCPCT), have agreed that North West London should operate as one sector with PCTs forming three clusters:
    - Hammersmith & Fulham, Kensington & Chelsea, Westminster
    - Ealing, Hillingdon, Hounslow
    - Brent, Harrow
- Each cluster would be supported by a merged management team with the Chief Executive of each coming together with the Sector Chief Executive to form a single sector-wide Executive.
- This recommendation is subject to approval by NHS London, which is expected shortly, and then approval by the PCT boards.
- The JCPCT believes that these arrangements will:
    - enable the delivery of the agreed management cost savings for commissioning (excluding community providers) across North West London by reducing costs by 67% from £71.4m in 2009/10 to £23.7m by 2012/13, in line with targets agreed in the Operating Plan
    - provide a more stable platform upon which to manage short and medium term finances and service performance whilst continuing to improve both quality and patient safety
    - enable NHS North West London's response to the outcomes of the consultation on the Health White Paper, *Liberating the NHS,* by releasing resources to support the development of GP consortia
- GP representatives on the JCPCT felt that the proposal would help to maintain local relationships and allow preparations for the possible outcomes of the White Paper consultation to be pursued.
- The JCPCT felt that a swift move to implementation would now be critical in order to maintain clear leadership and accountability and to maintain a grip on quality, performance and delivery of the sector financial strategy and financial control total.

- The new structure in North West London has been carefully thought through, leading to an options appraisal process, which was considered by the JCPCT prior to its decision. More detail, especially on the impact of these new arrangements on staff, is now being worked through and this will be formulated into a recommendation to NHS London.

- The JCPCT has also emphasised that it has taken this very positive, tangible step forward in order to demonstrate clear leadership and momentum towards delivering the government's new health agenda, since it achieves the right balance between authority and accountability, maintaining local ownership while also providing a stable platform for change.

Questions & Answers

1. What has been agreed by the JCPCT?

The JCPCT on 15 September 2010 has agreed to recommend to NHS London the formation of three merged management teams, as follows:

- Hammersmith & Fulham, Kensington & Chelsea, Westminster
- Ealing, Hillingdon, Hounslow
- Brent, Harrow

These three merged management teams (or 'clusters') are based on proposals from the sector senior leadership team, which includes the PCT Chief Executives. The merged teams will be supported by some centralised services operating at a sector level across North West London.

These changes will not mean the abolition of PCTs any earlier than set out in the recent government White Paper (i.e. by April 2013), but will ensure a smooth transition from today's commissioning infrastructure led by PCTs to GP-led commissioning within the timetable, enabling maximum support to, and maximising the choices available to, GP consortia.

The planned arrangements will also mean that NHS support at borough level for Local Authorities will continue as they prepare for future planned changes affecting them.

2. Why has this decision been made?

The key reasons for the formation of these three merged management teams is to keep a strong grip on management costs in North West London and better enable the formation of GP-led commissioning consortia and related structures, by 2012/13.

Specifically, the new management arrangements will:

- see delivery of management cost savings across North West London for commissioning of some 67%, reducing from £71.4m in 2009/10 to £23.7m by 2012/13
- provide a more stable platform upon which to build the new GP consortia and related structures while maintaining a strong grip on quality, safety and performance
- achieve the right balance between authority and accountability, between local ownership and greater efficiency
- enable NHS North West London's response to the outcomes of the consultation on the Health White Paper, *Liberating the NHS*

If the eight PCTs were to continue to function as previously, the running costs of the eight boards alone would take up 25% of the target management costs for North West London by 2012/13.

3. How will these arrangements impact on staff?

In broad terms, each merged management team will need to decide how best to organise and structure their required resources, based on meeting the requirements agreed by the JCPCT, ensuring the delivery of agreed local financial, performance and quality measures.

This also includes meeting the agreed reductions in management costs between now and 2012/13. We will consult with staff on these proposed changes in line with NHS London's HR Framework.

4. When will these changes be implemented?

We are looking to appoint cluster Chief Executives within the next four to eight weeks.

Consultation with existing PCT Executive Teams will start in mid-October. The intention is to complete the appointment of cluster Executive Teams by the end of December.

Chief Executives are currently working collectively on the timelines for the reorganisation of other functions. This reorganisation is expected to be completed by the end of March 2011.

5. Will these arrangements result in redundancies?

These more detailed implications are now being worked through, but redundancies are always a last resort, and the cluster management teams will do all they can to keep job losses to a minimum.

However, given the challenges around meeting our targets for management cost savings, we anticipate having to make compulsory or voluntary redundancies between now and 2012/13.

6. Are you consulting on staff changes?

Yes, we are planning to consult with staff from mid-October.

NHS employers in London have already been working closely with relevant trades unions through the London Partnership Forum, which includes members from: RCN, Unison, Unite, RSoP, RCM, BMA, SoR, BDA and others. PCTs have also been talking to their staff and staff side representatives.

In common with other parts of the NHS in London which are undergoing restructuring, North West London will follow the agreed HR Framework. This will include arrangements across our sector and across London to support the redeployment of NHS staff into suitable alternative roles where possible.

7. How will the management structure work?

The decision means that in the future, the three transition 'clusters' of PCTs will each operate as a single body under the leadership of a single Chief Executive and single Executive Team.

The eight PCTs will not cease to exist, but their day-to-day running will happen at a cluster level, under a single Executive Team.
These changes will need the agreement of the PCT boards, following approval from NHS London.

8. What activities will be done at a sector level under these new arrangements?

The work of the sector-wide Acute Commissioning Vehicle will continue, as will other existing sector-level functions, such as strategy, financial strategy and control, and performance.

Some corporate support services (specifically Human Resources and Communications) may now also be centrally managed at a sector-level following the JCPCT's recommendation on 15 September, and the case for agreeing other shared services across the sector will be considered, as necessary.

The sector JCPCT will be served by a sector management team, under the leadership of its Chief Executive, Anne Rainsberry.

9. How were these decisions made?

In developing the options since June 2010, the sector leadership team, comprising the sector Chief Executive, all eight PCT CEOs and representatives from the sector senior management team, have undertaken a series of discussions and analyses to produce an options appraisal which was considered at the JCPCT on 15 September 2010.

Four options were considered:

1. A single management team, under the auspices of a sector-wide JCPCT.
2. Three merged management teams, each one serving a cluster of PCTs, plus a sector management team serving the sector JCPCT.
3. Two transitional vehicles (inner and outer NWL), plus a sector management team under the auspices of a sector-wide JCPCT.
4. Eight PCTs and a sector management team under the auspices of a sector-wide JCPCT (do nothing option).

Due to the financial context described above, the sector leadership team agreed that option 4 (the do nothing option) was not affordable and should not be worked up further.

Of the remaining options, Option 2 (three merged management teams) had the widest support across the sector leadership team as a means of helping to reduce management costs.

10. What happens next?

Following the decision, these next steps have been identified to put in place these new arrangements:

- **by w/c 4 October 2010** – each PCT board to approve the recommendation by this date
- **w/c 11 October** – JCPCT approves the conditions which must be met to form the three merged management teams
- **mid-October** – launch of consultation with all affected staff
- **end-December** – appointment to merged management teams complete
- **April 2011** – new structures, operating model and governance arrangements operational.

Issued by Ian Adams, Director of Communications, North West London
ian.adams@nw.london.nhs.uk

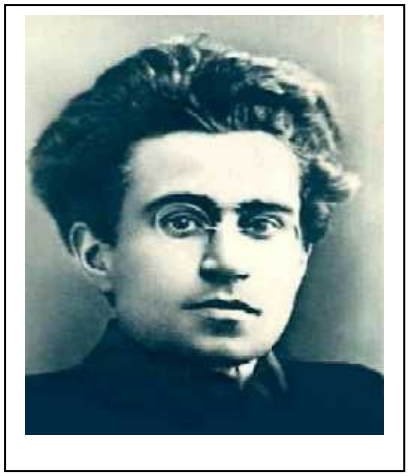
NHS Brent
Cluster Transition Plans

This re-organisation is different in at least three respects from others

- Extended change process - PCTs not abolished until 2013
- Rate of progress dependent on legislation and GP negotiations
- Very significant reduction in management costs

"The crisis consists precisely in the fact that the old is dying and the new cannot be born; in this interregnum a great variety of morbid symptoms appears."

Antonio Gramsci's *Prison Notebooks*



What's the challenge in the transition period?

- Have to keep a grip on finance and performance
  - and this is very variable across NW London

- Have to develop GP commissioning
  - and this is very variable across NW London

- Have to achieve management cost reductions and maintain staff motivation to do the above

What's the steer from DH/NHS London

- One transition plan for London, led from the sectors - Ruth Carnall
- Common London HR framework and clearing house arrangements
- Mutually Agreed Resignation Scheme (MARS) announced

NHS Brent

Where are we in NW London?

- Have agreed to keep to common timetable and common framework for developing transition arrangements

- The PCT CEOs/Sector team have been looking at three options for **transition** working to meet the objectives set out previously

1. 8 PCTs and the sector as now
   - Unaffordable

2. 1 PCT (virtual or statutory) for NW London and 8 borough offices
   - Sector CEO as accountable officer
   - Borough Director and small team
   - Everything else organised on sector basis
   - Affordable, but maximum disruption

3. 3 PCT groupings, sector co-ordinating finance, strategy and Acute Commissioning Vehicle
   - Brent & Harrow; Inner NW London; Hounslow, Hillingdon and Ealing
   - Common principles: single accountable officer, single, management team, pooled Board
   - PCT CEOs view this as most likely to get GP and LA support and minimise disruption

The third option has now been approved by NHS London. PCT Boards need to formally endorse it.

Why does Brent & Harrow make sense?

- Brent & Harrow is a recognisable health community: we share an acute hospital (and make up 80% of its income) and the same mental health trust
- We face common challenges in developing primary and community care
- We have a history of working together
- It's less complicated than three borough arrangements

How would Brent & Harrow work?

NHS Brent

- Brent & Harrow would form a single management team and pay for sector and CSL costs out of our management cost allowance
- We spend from £13.9m now - this reduces to £8.57m in 2011/12
- There are other staff costs not included in the management costs which are not included in this cost envelope e.g. Public Health
- Separate arrangements for development of GP commissioning and LA interface in both boroughs- appointment of Borough Directors
- Separate accounts (but one finance department)
- Two statutory bodies, but meeting as a pooled Board
- This would purely be a *transitional* arrangement. To be abolished as GP commissioning develops- but a potential path to the future.
- This is not a take over of one body by another. It will draw on the talent from both organisations

What Are the Implications for Borough Partnerships?

- These plans are *transitional* they are not the end point for GP commissioning or borough relationships

- There will continue to be a strong borough focus through:

  - Borough director
  - Joint commissioning arrangements
  - Borough Director of Public Health
  - Local Partnership arrangements (LSP, Children's partnership, Adult Board etc.)
  - Attendance at emerging Health & Well Being Board

How would the NW London Sector work?

NHS Brent

- Sector has the same responsibilities: financial strategy, overall service strategy, acute commissioning vehicle
- The three cluster CEOs are part of the sector management team with the sector CEO
- The Acute Commissioning Vehicle (ACV) is being reviewed. Appointment of three Directors of Commissioning, jointly appointed with cluster CEOs. Scope of role to be defined
- The sector will need to reduce its costs, lose its interims and take its part in the change process
- London commissioning bodies will need to substantially reduce costs, including CSL (Commissioning Support for London)

What happens next?

- Will continue with our recruitment of GP Commissioning Executive and Clinical Directors
- Need to ensure common HR and Communications processes across Brent & Harrow. We are creating a team to handle this:
  - Charles Allen, Director of HR & Organisational Development, Brent
  - James Walters, Director of Development and System Management, Harrow
  - Robert Smith (Harrow) and Caroline McGuane (Brent), Communications
  -

  They are charged with creating a communications and engagement plan - how we best engage with staff and their representatives and what support will be offered to staff
- One-to-one interviews for all staff

What happens next- timeline?

NHS Brent

- Appointment process for cluster chief executives first- to be complete by Mid October
- Consultation with staff starts in mid October
- May be two phases with Directors having a shorter consultation so they can help design the structures if so:-
  - Directors appointed early December
  - formal agreement of new cluster organisational structures mid December
- Structure design and consultation likely to be cluster-led, with sector/ London clearing house arrangements for those displaced
- Appointment to Brent and Harrow roles by mid February
- 1 April 2011 new cluster structures will be live

	Health Partnerships Overview and Scrutiny Committee 14th October 2010 **Report from the Director of Policy & Regeneration**
For Action	Wards Affected: ALL
Sexual Health and HIV Services in Brent	

1.0 Detail

1.1 The Health Partnerships Overview and Scrutiny Committee has asked NHS Brent to provide a report on Sexual Health and HIV Services in Brent. The PCT has provided members with a comprehensive overview of the services available in the borough (see appendix 1). The report outlines the key issues for HIV and other sexual health services in Brent including infection rates, the main services available for people and the current issues connected to those services. Officers from NHS Brent will be at the meeting to answer members' questions on these services.

2.0 Recommendations

2.1 The Health Partnerships Overview and Scrutiny Committee should consider NHS Brent's report on HIV and sexual health services in Brent and question officers on the key issues relating to these services.

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Appendix 1

Sexual Health and HIV services in Brent

This report has been compiled by NHS Brent following a request from the Health Select Committee for an update on sexual health services and HIV in Brent. It has been informed by a recent Sexual Health Needs Assessment undertaken by the Public Health Department. This needs assessment is still in draft format and will shortly be presented to the PCT Board.

HIV – the situation in Brent

The most recent Sophid data (HIV specific data collection undertaken by the HPA) shows that in 2009 817 Brent resident HIV positive people were accessing services. According to the 2010 Sexual Health Needs Assessment, HIV rates for Brent show a diagnosed prevalence of 3.1 per 1000. National rates are 1.3 per 1000. This figure includes undiagnosed prevalence. The Health Protection Agency estimates that nationally 27% of those people that are HIV positive do not know their status.

Brent is unusual in the profile of HIV positive residents in that the majority of cases are the product of sex between men and women (see figure 1)

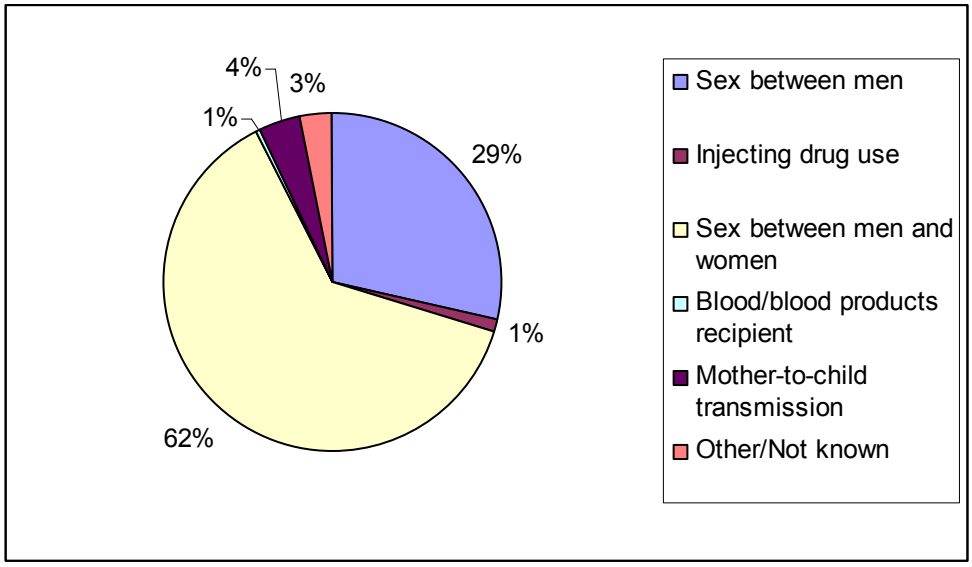

Figure 1 – HIV by source of transmission Source: HPA

The demographic profile of HIV positive people in Brent shows that the majority are from Black and Minority Ethnic (BME) groups, particularly the Black African population (see figure 2)

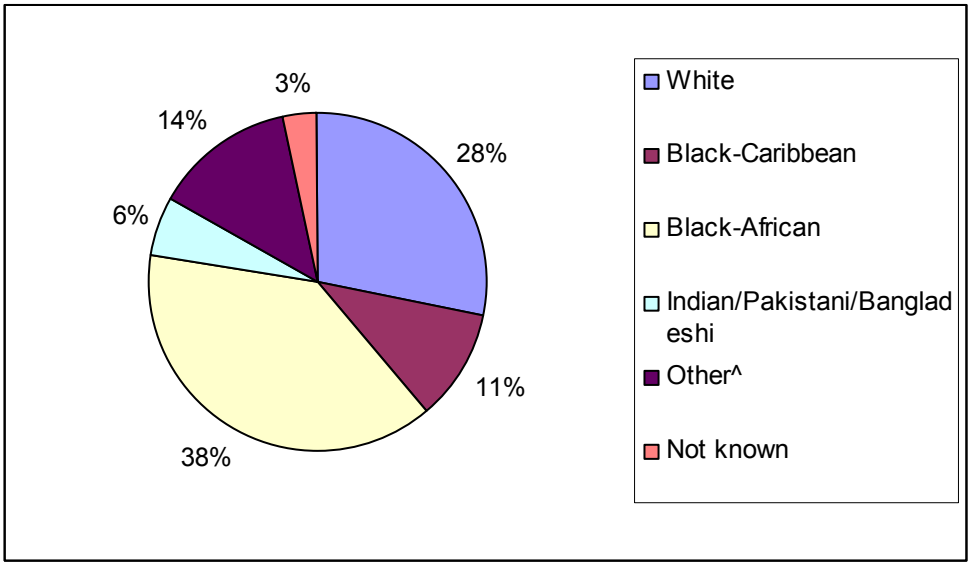

Figure 2 – Ethnic breakdown of HIV positive Brent residents Source: HPA

According to the 2001 census BME groups make up the majority of the population at 54.7%; including 18.5% Indian, 10.5% Black/Black British Caribbean and 7.8% Black/Black African.

Table 1 shows the prevalence rate per 1000 of HIV by ethnicity. This shows significant problems amongst the Black African population.

Ethnic Group	Sex	2004	2008	% change 04-08	% Male or Female 2008	HIV diagnosed cases per 1000, 2008*
White	Male	156	182	17%	41%	4.6
	Female	27	26	-4%	8%	0.7
Black-Caribbean	Male	26	35	35%	8%	5.1
	Female	25	38	52%	12%	4.1
Black-African	Male	98	122	24%	27%	20.0
	Female	207	208	0%	64%	25.2
Indian/Pakistan/ Bangladeshi	Male	26	30	15%	7%	1.3
	Female	7	10	43%	3%	0.5
Other/Not known ethnicity	Male	57	77	35%	17%	1.3
	Female	24	43	79%	13%	0.7

Table 1 – Breakdown of HIV by ethnicity and prevalence Source: HPA

According to the last available data 42% of Brent residents were diagnosed late. This means that their CD4 counts had fallen to 200 or below at the time of first diagnosis.

According to the HPA 68% of HIV positive people in Brent lived in NW2, NW6 and NW10 in 2009. This represents a triangle between Kilburn, Stonebridge Park and Dollis Hill. 38% of HIV positive people are within the most deprived quintile of Brent residents (as measured on the index of multiple deprivation from the Department of Communities and Local Government) and 85% are within two most deprived quintiles

HIV – Current services and commissioning arrangements

Some HIV services are commissioned by NHS Brent and some by Brent LA Adult Social Care. Options to consolidate this are being explored. The main areas of commissioned services are:

Prevention
The Pan London HIV Prevention Programme is a jointly commissioned services with the 30 other PCTs across London. This has been poorly managed in the past but new leadership is in place, with reducing budgets and the limitations of local primary prevention initiatives this initiative may become increasingly important.
Locally, Community Health Action Trust (CHAT) provides culturally sensitive primary HIV prevention for the Black African Community.

Testing
Acute Hospital Genito Urinary Medicine (GUM) services provide HIV testing as part of a standard service. Some GP's provide HIV testing. NHS Brent is undertaking a communication initiative beginning 22nd September to increase testing for HIV, Hep C and Hep B in GP practices.

A community HIV testing pilot was ended because the governance structures were not deemed strong enough in April 2010.

Treatment
The London HIV Consortium commissions HIV treatment services from Acute Trusts across London and jointly procures Anti Retroviral Therapy (ART) on behalf of all 32 London Boroughs. NHS Brent has committed to contribute approximately £7.5 million to this in 2010-11. 65% of its budget is used to procure ART drugs. With numbers of HIV positive Brent Residents rising by around 40-50 per year, late diagnosis steady at 42% and attrition rates very low, costs are likely to rise over the next few years.

North West London HIV Clinicians send notification letters for >90% of new diagnoses to the relevant GP. This improves the management of HIV in primary care and reduces the risks associated with polypharmacy.

There is a 'one stop shop service' managed by the HIV Coordinator called 'The HUB' which is currently based at Monk's Park. This provides a central point for HIV positive people to access a range of statutory and voluntary sector services. This includes treatment support, assessment for respite and rehabilitation, nutritional advice and complementary therapy.

Social Support
NHS Brent and the London Borough of Brent commission a range of services that provide social support to HIV positive people in Brent. These include Housing support such as Hestia Housing, peer support which is currently being recommissioned, and floating support workers for a range of issues including employment, education and welfare rights.

HIV – Current Issues

- Lack of involvement of HIV positive people in service commissioning. NHS Brent is attempting to set in place a user group forum to support this and we hope to launch this group on 1st December as part of World AIDS day events.
- Primary prevention services need to be improved and standardisation is needed across a wider geographic area. The HPA has calculated that the lifetime cost of each new diagnosis is between £280k and £360k. Steps have been taken to improve this includes moving to commissioning based on Behavioural Change Communications plans and the development of a sexual health website www.sexualhealthbrent.org.uk . However:
    - Local primary prevention services are costly and have a very narrow focus.

    - Local initiatives are often confusing given the myriad campaigns across London.
    - Pan-London prevention programme contract is coming to an end and due to reporting problems a number of PCTs are looking to reduce commitment or pull out. This will affect the viability of universal messages.
- GPs are not currently testing for HIV routinely. A letter is being prepared for distribution to GPs identifying common symptoms to encourage increased testing. Routine testing at first registration at a GP practice would meet national standards for an area with our prevalence rate and would support the delivery of the HIV late diagnosis target and would be cost effective in the long run. NHS Brent will consider if funding can be made available to roll out routine testing in 11/12. This may need to be on a phased basis with an initial focus on areas with a higher prevalence.
- Immigration and HIV. A number of HIV positive people accessing services in Brent have immigration status issues. This leads to two problems:
    - If a person with undiagnosed HIV with unclear immigration status remains outside of the healthcare system then opportunities for secondary prevention can be missed.
    - A person lost to treatment, if they feel that they will be deported, is next likely to access services as an emergency admission.
- Greater coordination between NHS Brent, Brent Council and the regional NHS HIV commissioning group could provide opportunities to improve the care given to HIV positive Brent residents.

Sexual and Reproductive Health - the current situation in Brent
Approximately 75% of Brent residents that access STI testing at a GUM clinic attend Northwick Park Hospital, Central Middlesex Hospital or St Mary's Hospital. The data from these three clinics have been used for the analysis within this report taken from the 2010 NHS Brent Sexual Health Needs Analysis.

The GUM clinics have only just started collecting data on a PCT by PCT basis. There has been an overall decrease of 11% in number of STI over the last five years presenting at the local clinics. This pattern reflects the better provision of services and generally increased awareness of the sexual health and increased willingness to attend early for screening and treatment.

GUM services locally are continuing to perform to a high level with 100% of GUM patients are seen within 48 hours and the ratio of first to follow up appointments in Northwick Park and Central Middlesex Hospitals is below the national average of 1:0.75

Chlamydia continues to be the most common diagnosed STI. 26% of <25 year olds were screened in Brent as part of the National Chlamydia Screening Programme in 2009/10. The national target was 25%. The target for 2010/11 is to have 35% of all <25 year olds screened and NHS Brent is on trajectory to achieve a screening rate of approximately 33%. The PCT is considering if further initiatives are required to hit the 35% target.

The below table of STI diagnoses shows that Brent does have a significant STI problem

	Chlamydia (by age group)		**Gonorrhoea**	**Syphilis**	**Herpes**	**Warts**	**Acute STIs**
	15-24	**25+**					
Brent Teaching	2275.2	251.0	81.7	9.6	87.2	161.9	1444.3
London Average	**2428.5**	**181.0**	**72.8**	**14.1**	**79.3**	**163.6**	**1176.5**

Table 2 Rates of selected STI & acute STI diagnoses per 100,000 population. Source: HPA

Table 3 shows the ethnicity breakdown of Brent residents attending GUM services, the numbers of infections (Chlamydia, gonorrhoea, anogenital warts, anogenital herpes and syphilis) and the projected population. Multiple infections may be concurrent in one attendee.

	Projected Population		Nos Screened		Nos Infections	
Ethnicity	Male	Female	Male	Female	Male	Female
White	57,101	57,450	1661	2260	565	571
Black or Black British	27,136	34,289	2490	3662	966	853
Asian or Asian British	34,049	34,103	627	533	135	119
Mixed			224	335	66	90
Other ethnic groups	17,240	17,277	229	325	54	42
Not specified			132	139	48	52

Ethnic breakdown of GUM attendances against projected population 2009
Source: HPA (STIs and GUM attendances) and GLA (population projections)

Table 4 shows the ratios of population, infections and numbers screened at our GUM. This shows the proportion of activity in GUM clinics is not consistent with our population breakdowns.

Ethnicity	% of total screened	% of total infections	% of total population
White	31%	32%	41%
Black or Black British	49%	51%	22%
Asian or Asian British	9%	7%	24%
Mixed	4%	4%	
Other ethnic groups	4%	3%	12%
Not specified	2%	3%	

Table 4 population ratios against ratios of attendances and infections by ethnicity.
Source: As table 3

Abortion services
There were 2128 terminations of pregnancy provided by Marie Stopes International and BPAS in 2009-10 for Brent women. Of these 908 or 43% are repeats. Of the 784 women under the age of 25 having a termination in 2009-10 263 or 34% were repeats.

Contraceptive services
The locally commissioned contraception service provider Camden Contraceptive Services is commissioned to provide 9,726 patient episodes per year. The number of GP prescribed Long Acting Reversible Contraceptives (LARC) in 2008/09 was 1413 giving a rate of 21/1000 women aged 15-44, compared to a rate of 41.4/1000 for England and 22.0/1000 for London SHA. We do not have a good understanding of why the uptake rates for London are so much lower that those found nationally.

Teenage Pregnancy
The teenage pregnancy rates in the borough have seen a slow decline however there is still a long way to go in reaching the 50% target set by the previous government. 64% of conceptions to under 18's resulted in abortions

Table 5 below shows the rate of decline in the borough over the last 18 months:

Brent	Jan - March	Apr - June	Jul - Sept	Oct -Dec	Jan - March	Apr - June
	2008	2008	2008	2008	2009	2009
Rolling quarterly average	38.2	40.2	38.4	40.3	44.2	40.4
Quarterly rate	23.3	49.0	38.6	50.2	38.9	33.8
No. of conceptions	25	52	41	53	40	35
London	45.5	45.4	45.4	44.6	43.8	42.5
England	41.6	41.4	41.1	40.5	39.8	39.5

Sexual and Reproductive Health - Current Services

- Local GUM services including Northwick Park Hospital, Central Middlesex Hospital and St Mary's Hospital. These are open access but only open office

hours with the exception of an appointment only clinic at Northwick Park on a Saturday 9-1.

- Contraceptive services run from 4 centres Willesden Centre for Health and Care, Wembley Centre for Health and Care, Chalkhill Primary Care Centre and Hillside Primary Care Centre. There is a mixture of appointment and walk-in clinics and there are clinics that run until 7.30 most days.
- An integrated tariff is currently being developed to dehost sexual health services across London. It is likely that there will be a cost impact on Brent as this comes into force. However, the start date has been delayed from April to November 2011, despite this notice is being served on all providers across London. There is a risk that this programme does not happen because of the scale of the current restructure.
- There are a number of GPs that deliver contraceptive services in Brent either under a PMS contract or under a Local Enhanced Scheme.
- Chlamydia Screening is being delivered from a range of venues including street based outreach workers, pharmacies and GPs. Brent GPs are the most successful GP screeners in London.
- The London Borough of Brent commissions 'Clinic in a Box' a school based education service that provides education on Sexual Health and Substance Misuse to 8 secondary schools in the Borough.
- NHS Brent has commissioned and just launched a sexual health website www.sexualhealthbrent.org.uk that is aimed at Brent Residents. Currently it is in a holding format while the full site is developed. Full launch is expected at the end of October
- Brent resident under 20's can get access to free condoms with a condom card.
- Emergency Hormonal Contraception is available from a number of Pharmacies (mostly in the south of the borough) to under 19's and most GPs, GUM services and Contraceptive Services.

Issues for Sexual and Reproductive Health

- Brent residents don't just stay in Brent and so travelling a few minutes by tube can mean a whole different set of messages and branding. NHS Brent is in discussion with the 4 other outer North West London PCTs to access support from the National Support Team (DH) to develop a co-ordinated approach.
- Uptake of Long Acting Reversible Contraception, especially implants, is very low. According to DH guidance, for every £1 invested in contraceptive services, including screening, there is a saving of at least £11 on associated NHS costs.
- Lack of consistent use of SH services by demographic breakdown may be indicative of the distribution of the burden of disease but also may reflect the social and cultural issues regarding accessing relevant services.
- Contraceptive Services do not provide STI testing and this means that female users can need to undergo a further invasive procedure at another site when in reality they could just undergo one check up. The shift to an integrated service could provide more choice, increase access and potentially reduce costs in terms of secondary prevention and a reduction of activity in the Acute setting.
- Contraceptive services have also had difficulties in engaging more vulnerable young people such as those who are Looked After or NEET
- There is an initiative to create a dehosted integrated tariff for sexual health services. This will allow STI and contraceptive services in neighbouring boroughs to charge NHS Brent (or equivalent GP consortia) for each Brent resident that accesses their services. It will be extremely difficult to manage

demand for these services and the potential cost impact could be significant. This has been delayed until November 2011 and there is a shadowing exercise currently underway to establish likely costs.

- Violence and abuse.
    - Female Genital Mutilation – the general belief among professionals is that there is a level of activity going on. There is very little evidence. NHS Brent is starting to try and collect systematic data on this and once this has been completed then a strategy needs to be developed.
    - Domestic Violence services under threat from cuts. It is expected that this will have an impact on other health services including sexual health services.

Appendix 1 – Service Provider List

Type of Provider and Commissioner	Name	Coverage	Commissioned by	Value
SH &HIV Services – NHS Brent				
Contraceptive Services	Camden Contraceptive Services	All Brent residents	NHS Brent	£587,650 (including £20,354 for a YP clinic)
Ethnic minority HIV prevention education	NAZ project London	African women, ethnic gay mens groups	NHS Brent, NHS Westminster (lead), NHS K&C, NHS H&F	£19,591
Gay men and African community prevention	Pan London HIV Prevention Programme		Pan London (K&C – lead)	£80,359
HIV prevention	Community Health Action Trust	Anglophone Africans	NHS Brent	£101,902
HIV Peer support	Hopegate Trust	Decommissioned and recommissioning in process.	NHS Brent	£89,721
HIV coordinator and one stop shop	The Hub		NHS Brent (support from council staff)	£242k
HIV Life coaching	Living Well		NHS Brent	

HIV in patient care	Mildmay	Hospice care	Consortium lead by Tower Hamlets.	£137,002
HIV hospice Care	St Johns	HIV positive Brent residents referred into the service. Mostly out patient.	NHS Brent (contract held by continuing care)	£78,599
HIV treatment and drugs	Pan London HIV Consortium	All HIV positive people seeking treatment in London NHS provided services.	Pan London (croydon lead via specialised)	£5,298,454
Terminations of Pregnancy	BPAS	Brent residents referred by GPs or FP	NHS Brent	£149,215
Terminations of Pregnancy	Marie Stopes	Brent residents referred by GPs of FP	NHS Brent	£654,649
Chlamydia Screening	Chlamydia Screening Office			
Chlamydia Screening	Don't Panic			
Supporting sexual health in Primary Care	Sexual health on call (SHOC)	GPs and pharmacists	NHS Brent	£127k
Social Care – Brent LA				
HIV counselling	Community Health Action Trust	HIV positive brent residents	Brent Council – Adult social care	£63,622
HIV homecare	Brent Cross Roads	HIV positive brent residents	Brent Council – adult social care	£18,700

HIV positive women support	Positively Women	HIV positive brent residents	Brent Council – adult social care	9,200
HIV positive families	Body and Soul	HIV positive brent residents	Brent Council – adult social care	35,468
HIV social support	2 x social workers	HIV positive brent residents	Brent Council – adult social care	£80k approx
HIV Housing support	Hestia Housing support	HIV positive Brent residents	Brent Coucil – Supporting people	£51k
YP Services – NHS Brent/LA Joint Commissioning				
Sexual health and substance misuse Clinic In a Box service	SHOC / Addaction	YP	LA	£72,319.00
Parenting support to develop confidence in raising healthy relations and sexual health with their children	The African Child	YP	NHS Brent (new contract being negotiated)	£20,600
Early intervention programme for young people at risk of becoming teenage parents	Teens and Toddlers	YP	LA	£26,500.00

Back office support - Medivend	SHOC	YP	NHS Brent	£3,200.00
EHC provision	SHOC	YP	NHS Brent	£7,500.00
Condom Distribution	SHOC	YP	NHS Brent	£37,000.00
Safe Card	SHOC	YP	NHS Brent	£9,600.00
Counselling, HIV support, Pregnancy testing and other sexual health support to young people. Teenage parents support service currently being agreed in addition to this service	The African Child	YP	NHS Brent	£45,868.00 + 20,316
LGBT support for young people	Mosaic	YP	NHS Brent	£26,456.00
EHC provision	Pharmacies	YP	NHS Brent	£71,948.00

	Health Partnerships Overview and Scrutiny Committee 14th October 2010 **Report from the Director of Policy & Regeneration**
For Action	Wards Affected: ALL

Update on Burnley Road GP Surgery

1.0 Detail

1.1 NHS Brent has provided the Health Partnerships Overview and Scrutiny Committee with an update on the Burnley Road GP Surgery. Members will be aware that the future of the practice, which provides GP services to around 325 homeless people, as well as 2,700 registered patients, is unclear. The practice is currently managed by Brent Community Services, but it is looking to relinquish management control of the service. An application from the practice to take on the contract for the service has been rejected by NHS Brent, which is now looking at other options for the service. These options are:

Homeless Service options

- Develop specification and tender to GMS, PMS and APMS providers within the Borough - Closed tender
- Develop specification and tender on open market
- Decommission specific service for Homeless patients

Burnley Road Practice Registered Population options

- Develop specification and tender on open market
- Closed tender to GP Practices within the Borough requiring provision of the service within one mile radius of existing location of practice.
- List dispersal of the registered population

1.2 NHS Brent intends to take a final decision on the future of the Burnley Practice in November 2010. The Health Partnerships Overview and Scrutiny Committee will be given an update on this process at the meeting on the 14th October 2010.

2.0 Recommendations

2.1 The Health Partnerships Overview and Scrutiny Committee is recommended to consider the update from NHS Brent on the Burnley Practice and question officers from NHS Brent on the future of the service.

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Appendix 1

Update on Burnley Road Practice

Purpose of Paper:

This paper provides a background to the decision making in relation to Burnley Road practice so far. It details the options appraisal that has taken place in relation to the future of the Burnley Road Practice and the Homeless Service also run by the practice. The paper describes a process for final decision making in relation to the future of the Burnley Road Practice, and an update on the current situation.

Background

Brent Community Services have been managing Burnley Road Practice which is based at Willesden Centre for Health & Care for a number of years. Brent Community Services served notice to NHS Brent for their provision of Burnley Road practice during 2008.

NHS Brent began a procurement for the practice in October 2009. NHS Brent received a letter from the practice declaring that they wished to submit a Right to Request Expression of Interest. Subsequently NHS Brent received an application from Burnley Practice.

A panel was convened to review the application. The Panel recommended that it did not support the proposal put forward by the Burnley Road Practice. In relation to the application made by Burnley Road Practice the Panel made the following statements:

Burnley Practice:

1. The Expression of interest contained insufficient detail and clearly lacked preparation.
2. The implications of forming a Social Enterprise were not carefully or clearly considered.
3. The stakeholder engagement section was very strong and well prepared.
4. There was little assurance throughout the Expression of Interest that an effective team building relationship was in place, or in development.
5. The costs section lacked detail of the cost of delivering the service.
6. Governance arrangements were not clear, and the relationship between the Burnley Practice and Harness Care Co-operative was not clearly demonstrated.

The NHS Brent Board supported the panel and the application was turned down.

Information about Burnley Road Practice:

Burnley Road practice provides both general medical services to a registered population within the Willesden area as well as primary medical services to homeless people within the Borough. The homeless service has evolved since it was first agreed that it should be provided by the practice and today includes appointments at the practice within Willesden Centre and at an outreach clinic located in Cricklewood Homeless Concern. The practice has developed networks across the Borough which means homeless people are directed to the practice for registration.

Information about the practice is contained below:

List size as at 1.7.10	2708

Homeless Patient list size as at 1.4.10	325

Options available to NHS Brent:

NHS Brent needs to consider both the registered practice element of the service and the homeless element of the practice. An initial options appraisal was undertaken which considered all the options available to NHS Brent for both the registered population and the homeless patients registered with the practice. This options appraisal generated the short list of options below:

- Homeless Service options
  1. Develop specification and tender to GMS, PMS and APMS providers within the Borough - Closed tender
  2. Develop specification and tender on open market
  3. Decommission specific service for Homeless patients

- Burnley Road Practice Registered Population options :
  1. Develop specification and tender on open market
  2. Closed tender to GP Practices within the Borough requiring provision of the service within one mile radius of existing location of practice.
  3. List dispersal of the registered population

In undertaking the options appraisal a number of risks and benefits were highlighted. As part of the detailed appraisal of the proposed options the following risks will be considered and investigated:

Homeless Service Proposed Options - Risks

Option	Risk
Open Tender	Bidders not responding with competitive prices due to the specialist nature of the service. Organisations bidding from outside the Borough lacking knowledge of networks, organisations within Brent that currently exist supporting homeless people
Closed Tender	Challenge from providers not eligible to bid due to closed tender. Bidders not responding with competitive prices due to the specialist nature of the service
Decommission	Homeless people are not managed appropriately and health deteriorates leading to more complex and possible more expensive interactions elsewhere within the health economy
All options	Client dissatisfaction with changes to existing services

Registered Service Proposed Options - Risks

Option	Risk
Disperse List	Staff face either redeployment, redundancy or TUPE. Potential lack of capacity within 14 practices located within a one mile radius of Burnley Road Practice
Open Tender	Bidders not responding with competitive prices
Closed Tender	Bidders not responding with competitive prices. Challenge from providers not eligible to bid due to closed tender.
All options	Registered patient dissatisfaction with changes to existing services

Staff and Patient / Stakeholder Engagement:

1. Initial meeting held with patients & stakeholders on 12th August 2010 during which the process to date the shortlisted options and next steps were discussed.
2. Letter to staff to explain process to date, shortlisted options and next steps.
3. Staff have been offered opportunity to provide views on the options
4. Meeting with staff, union representatives, NHS Brent and Brent Community Services
5. Focus group held with 18 people attending to discuss the options in relation to the registered population list.
6. Two further focus groups planned with patients to gain further views on the options.
7. Focus group planned with homeless patients to discuss options and gain views.

Next steps:

1. Primary Care team to undertake further work on each of the options.
2. Patient and stakeholder views to be included within the options appraisal.
3. Options appraisal to be undertaken and recommendation to be put forwards to EMT mid October
4. Final recommendation to be taken to the NHS Brent board for decision in November 2011.
5. It is proposed that both Local Councillors and all patients aged 16 and over are written to explaining the outcome of the EMT decision and providing the date of the Board Meeting where the recommendation will be discussed.

Jo Ohlson
Director of Primary Care and Community Commissioning

	Health Partnerships Overview and Scrutiny Committee 14th October 2010 **Report from the Director of Policy & Regeneration**
For Action	Wards Affected: ALL

Health Partnerships Overview and Scrutiny Committee Work Programme

1.0 Summary

1.1 This report sets out sets out a list of options for the Health Partnerships Overview and Scrutiny Committee work programme. This list includes issues raised by members at the Health Select Committee on 15th July 2010, the results of a survey of all members undertaken in June 2010 and the results of the One Community, Many Voices consultation event on 28th September 2010.

2.0 Recommendations

2.1 That Members discuss and agree a work programme for the Health Partnerships Overview and Scrutiny Committee 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 this 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. Following the implementation of the Health and Social Care Act 2001 and National Health Service Act 2006 the Health Partnerships Overview and Scrutiny Committee has the power to scrutinise the local NHS, ask for information from them on their services and require the attendance of officers to answer questions at their meetings. As well as scrutinising local NHS services, the committee's remit also includes health inequalities and scrutiny of health services delivered in partnership.

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 survey of all members was conducted in June 2010. In addition a consultation event One Community, Many Voices was held on 28th September to launch the new overview and scrutiny structure and to seek suggestions from a wide range of people. The list attached at appendix 1 includes the outcomes of these consultations. The committee's work programme, as agreed at the Health Select Committee in July 2010 is included at appendix 2.

3.5 Committee work programming is an on-going process and members are strongly encouraged to suggest items for review as and when they arise. This can either be done at the Health Partnerships Overview and Scrutiny Committee meetings, by contacting the chair of the committee, Councillor Ben Ogunro, or by contacting Andrew Davies, Policy and Performance Officer.

4.0 Financial Implications

4.1 None

5.0 Legal Implications

5.1 None

6.0 Diversity Implications

6.1 None

7.0 Staffing/Accommodation Implications (if appropriate)

7.1 None

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Appendix 1

Health Partnerships Overview and Scrutiny Committee

Results of the "One Community, Many Voices" event held on 28th September 2010

Issue	Detail raised at "One Community, Many Voices" event
Emergency Care	Issues were raised about ambulance attendance and the use of a telephone triage system instead of sending an emergency response. Was this appropriate and is this general approach worthy of scrutiny investigation?
Stag Lane Clinic	The future of Stag Lane Clinic has been uncertain for some time and considered previously by the Health Select Committee. There are issues with the current building and the GPs want to move the services to more appropriate premises. What decisions have been made by the GPs and NHS Brent with regard to Stag Lane and how will GP commissioning affect services?
Impact of the NHS White paper	Two specific issues were raised by participants: • Who will scrutinise the remote NHS Commissioning Board, which will allocate money to GP services and commission some services directly, such as maternity services? • What local input will there be into the commissioning of services such as maternity or dentistry, which will be commissioned by the NHS Board?
Brent Community Services	What will the proposals for the management of Brent Community Services mean for service users in the borough? There was concern about NHS Brent's plans.
Adult Social Care	Opportunities for further integration with health care.
New developments in Brent	Will NHS Brent / GP commissioners ensure that there are enough primary care services in Brent where major developments are taking place, specifically in Alperton, Wembley City and Queensbury? What impact will the new commissioning arrangements have on the local NHS's ability to respond to local developments and provide additional services when needed?
GP workforce	What steps is NHS Brent taking to ensure that GPs coming up to retirement can easily be replaced? How is NHS Brent dealing with other issues, such as the declining number of male GPs?
Healthy Lifestyle	What are the council and NHS Brent doing to promote healthy lifestyles in Brent and to reduce health inequalities?
Community Health Advocates	Is there a programme to train local people to provide health advice and guidance to people in their local area, or within a specific community? Participants felt that this would be a good way to spread health messages to people who don't regularly access services.

Use of Khat in Brent	Khat is a legal drug that is used by certain communities in Brent (primarily people from Somalia / Horn of Africa). Although legal it does have implications for people's health. • What are the costs to the NHS and communities of the use of Khat? • How prevalent is the use of Khat in Brent? • What impact does Khat have on the mental health of its users and their families? • What research has been done into the use of Khat in Brent?
Tobacco control	Concerns were raised about the following issues: • Illegal selling of shisha to under 18s and location of shisha bars close to schools and colleges • Educating young people on the risks associated with shisha – it is a tobacco product. • Dealing with people who spit paan – could more be done to educate people about the dangers of paan and to target those who spit it on to the street?
GP / NHS Complaints Procedures	There were a number of issues raised about the way the NHS deals with complaints: • Are GPs using mediation where this isn't necessary? • Do GPs have a standard complaints process? • What is the role of PAALS and how do they help facilitate complaints about GPs?
Disabled Adaptations	Concern was raised about disabled adaptations, which can take a long time to implement. Is there anything scrutiny can do to try and shorten the time taken to carry out disabled adaptations?
TB in Brent	A number of respondents raised TB as an issue: • What steps is the local NHS taking to reduce the incidents of TB in the borough? • Are we meeting our LAA target on completed courses of treatment? • What support is given to refugee / migrant communities to help them deal with TB? • Is there a strategy to deal with TB in the borough?
Mental Health Services	What has the impact of the recession been on mental health services in Brent and community based services that support people with mental health problems? Recession leads to higher levels of unemployment which in turn has an impact on peoples' mental health. Similarly, asylum seekers are unable to work. How does this affect their mental health, especially those willing and able to work?
Sexual health in Brent	What is the connection between poverty and incidences of sexually transmitted infections? Are young people in Brent disproportionately

	affected by sexual health problems? Similarly, are incidents of sexually transmitted infection increasing amongst middle age people in the borough?
Older peoples' health	How is the health of older people affected by living on a fixed income, which in real terms is falling due to increases in the cost of living? Is mental health and stress an issue for older people in Brent?

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