



Health Partnerships Overview and Scrutiny Committee

Tuesday, 5 April 2011 at 7.00 pm
Brent Town Hall, Forty Lane, Wembley HA9 9HD

Membership:

Members

Councillors:

Ogunro (Chair)
Hunter (Vice-Chair)
Adeyeye
Beck
Colwill
Daly
Hector
Kabir

first alternates

Councillors:

McLennan
Leaman
Naheerathan
Clues
Baker
Sheth
Aden
Mitchell Murray

Second alternates

Councillors:

Mistry
Ms Shaw
Oladapo
Cheese
Kansagra
Van Kalwala
Al-Ebadi
Moloney

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www.brent.gov.uk/committees

The press and public are welcome to attend this meeting

Agenda

Introductions, if appropriate.

Apologies for absence and clarification of alternate members

Item	Page
1 Declarations of personal and prejudicial interests	
Members are invited to declare at this stage of the meeting, any relevant financial or other interest in the items on this agenda.	
2 Deputations (if any)	
3 Minutes of the previous meeting	1 - 10
4 Matters arising (if any)	
5 Paediatric Services for Brent & Harrow	11 - 16
At the committee's meeting in July 2010, the results of the public consultation on the hospital trust's plans were outlined, showing that there was broad support for the proposal. Members were keen to ensure that the implementation of the new services (two paediatric assessment units, one at each hospital, with inpatient services at Northwick Park) was successful and requested a report back for April 2011. NWL Hospitals Trust have provided a report on its paediatric services.	
Members will be updated by officers from North West London NHS Hospitals Trust on the implementation of the new arrangements for paediatric services at Northwick Park and Central Middlesex Hospitals.	
Ward Affected: All Wards; Contact Officer: Andrew Davies, Policy and Performance Tel: 020 8937 1609 andrew.davies@brent.gov.uk	
6 Access to GP Services in Brent	17 - 44

At the meeting of the Health Partnerships Overview and Scrutiny Committee on the 16th February 2011, members requested a follow up report on GP services in Brent, which would cover the following indicators from the GP Outcome Standards: satisfaction with overall care received at surgery; patients changing practice without changing address; ability to see a specific GP or practice nurse if wanted; advanced appointments; satisfaction with opening hours; ease of getting through on the phone

Ward Affected: All Wards; **Contact Officer:** Andrew Davies, Policy and Performance
Tel: 020 8937 1609
andrew.davies@brent.gov.uk

7 Brent Obesity Strategy 2010 - 2014 45 - 58

In July 2010 the Health Partnerships Overview and Scrutiny Committee received a presentation on the borough's draft Obesity Strategy. At that meeting members agreed that an update on the strategy's implementation should be brought back to the committee in April 2011 for members to question officers on progress. A report on this issue has been provided by NHS Brent and is attached at appendix 1 to this report.

Ward Affected: All Wards; **Contact Officer:** Andrew Davies, Policy and Performance
Tel: 020 8937 1609
andrew.davies@brent.gov.uk

8 Brent Tobacco Control Strategy 2010-2013 59 - 74

In July 2010 the Health Partnerships Overview and Scrutiny Committee received a presentation on the borough's draft Tobacco Control Strategy. At that meeting members agreed that an update on the strategy's implementation should be brought back to the committee in April 2011 for members to question officers on progress. A report on this issue has been provided by NHS Brent and is attached at appendix 1 to this report.

Ward Affected: All Wards; **Contact Officer:** Andrew Davies, Policy and Performance
Tel: 020 8937 1609
andrew.davies@brent.gov.uk

9 Work Programme 2010 -2011 75 - 86

Ward Affected: All Wards; **Contact Officer:** Andrew Davies, Policy and Performance
Tel: 020 8937 1609
andrew.davies@brent.gov.uk

10 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.

11 Date of Next Meeting

The next scheduled meeting of the Committee will be confirmed at the full Council meeting on 16 May 2011..



- 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



MINUTES OF THE HEALTH PARTNERSHIPS OVERVIEW AND SCRUTINY COMMITTEE

Wednesday, 16 February 2011 at 7.00 pm

PRESENT: Councillor Ogunro (Chair), Councillor Hunter (Vice-Chair) and Councillors Beck, Hector, Kabir and Sheth

Apologies were received from: Councillor Adeyeye

1. Declarations of personal and prejudicial interests

None.

2. Deputations (if any)

None.

3. Minutes of the previous meeting

RESOLVED:-

that the minutes of the previous meeting held on 16 December 2010 be approved as an accurate record of the meeting.

4. Matters arising (if any)

ICO Board

In response to a request for an update on the voting status of the Council observer, Andrew Davies (Performance Officer) undertook to write to Ealing Hospital Trust expressing the Committee's disappointment that the Council had not been offered a place on the ICO Board, with voting rights.

5. Primary Care Services in Brent update

Jo Ohlson (Brent Borough Director, NHS Brent) introduced this report which was in response to members' request for a report from NHS Brent on GP retirements and ensuring an adequate distribution of GP services across the borough. There were two issues in particular that the committee had concerns over; the first was succession planning and preparing for GP retirements, particularly post 2013 when the NHS Commissioning Board would become responsible for primary care contracting and secondly, updates on developments with the Brent GP commissioning consortia.

The Borough Director informed the Committee that succession planning was an area that all GP clusters had considered, but one that required further work to be carried out. She assured the Committee that NHS Brent was dealing with this issue and that a number of changes to primary care in the next six months had been agreed as detailed in her report. She alluded to further potential changes but added that as they had not been agreed with contractors, information on them had not included in her report. She added that as the National Commissioning Board (NCB) would take over the responsibility for the GP consortia from April 2011, the Primary Care Trust (PCT) would no longer be responsible.

The Borough Director continued that the Health Bill contained detailed proposals regarding the establishment of the NHS Commissioning Board which would become effective in 2013 and until then, PCTs would continue to retain the statutory responsibility for primary care contracting. As from April 2012 primary care contracts would be managed under a sector team for North West London which would have the responsibility for all primary care (GP, Dental, Pharmacy and Optometric) contracts. An Outcomes Framework had been produced by NHS London in conjunction with a number of clinical and management stakeholders which was being finalised. The Outcomes Framework would be used and implemented by the Sector Team and would become a useful framework for each of the GP Commissioners to use in driving up standards of primary care within their consortia.

In the discussions that followed Councillor Beck enquired about consultation processes on the planned changes. Councillor Hunter noted that each of the 5 localities reported differently without any indication as to their performance. Councillor Ogunro asked as to whether any steps were being taken to ensure that the distribution of GPs was evenly spread in the Borough.

In responding to the above issues, Jo Ohlson stated that GP practices were expected to provide a full range of services within clusters as the ability to move practices around was somewhat limited. She added that detailed benchmark data existed with locality profiles already developed which were available on-line and which she could circulate. She confirmed, in response to Councillor Kabir's question, that there were no plans to charge for GP services at the point of delivery.

Councillor Hunter also requested an update on Stag Lane, Kingsbury premises. Jo Ohlson responded that as Kingsbury premises were one of the most challenging issues, NHS Brent and GPs had been working together to explore various options for a new locality health centre in the area. The preferred option (based on financial and non-financial benefits appraisal) was a single development at Roberts Court, to house three or more practices (including Willow Tree, Fryent Medical Centre and Stag Lane). The Outline Business Case was being finalised next week with practices within the scope of the development but there remained a significant affordability gap. The need to identify how this additional cost could be funded within existing budgets still remained.

Following discussions, the committee agreed to consider a follow up report at their next meeting, which would set out the GP performance against four of the indicators in their outcome standards. The indicators were:

18. Satisfaction with overall care received at surgery.
19. Patients changing practice without changing address.
20. Ability to see a specific GP or Practice Nurse if wanted.
21. Advanced appointments. Satisfaction with opening hours. Ease of getting through on the phone

RESOLVED:

that the update report on Primary Care Services in Brent be noted.

6. GP Commissioning Pathfinder - verbal report

Jo Ohlson (Brent Borough Director, NHS Brent) in presenting a progress report on Pathfinder stated that by July 2011 all GP Commissioning Consortia would be included in the Pathfinder Consortia. She added that there would be funding of about £2.00 per patient to support commissioning and that discussions were being held with various partners including NHS colleagues and local authorities on how to work together to manage local budgets and purchase services including mental health and community services.

Mr Mansukh Raichura (Chair of Brent Local Involvement Network) stated that whilst the support being received from the Council was helpful in developing a new vision, he had concerns about the budget of £2.00 per patient, patient engagement and the limited time within which to set up the consortia. Mr Raichura asked the Director to outline other programmes that the NHS Brent had in mind to address the concerns.

Dr Ohlson responded that there was a 2 year development programme and although additional support would be required from approved providers such as KPMG to undertake specific services only, there were no plans to bring in private contractors.

RESOLVED:

that the verbal update on GP Commissioning Pathfinder be noted.

7. Public Health White Paper

The Health Partnerships Overview and Scrutiny Committee received a briefing paper on the Public Health White Paper, *Healthy Lives, Healthy People*, which was published on the 30th November 2010. The Scrutiny Committee considered the implications of the White Paper for public health services which could then be

incorporated in the Council's final response to the Public Health White Paper by the deadline date of 31 March 2011.

Andrew Davies, Policy and Performance Officer in setting out the main points of the White Paper informed the Committee that there would be two significant changes to the public health system; the creation of Public Health England (PHE) and the transfer of some public health responsibilities to local government. Members noted that the PHE would be created within the Department of Health and be accountable to the Secretary of State for Health. It would hold the ring fenced public health budget, estimated to be around £4bn and bring together the health protection functions, the regional Directors of Public Health and the Public Health Observatories. In addition it would work with local government, the NHS and other agencies to prepare and respond to emergency threats and to build partnerships for health. It would also have a local presence in the form of Health Protection Units (HPUs).

He continued that the other significant change would be the transfer of some public health responsibilities to local government which would give local authorities the responsibility to take steps to improve the health of their population from 1 April 2013. Andrew Davies added that the Government believed that this transfer would facilitate the creation of local solutions to meet varying local health needs as well as enabling joint approaches to be taken with other local government services and with key partners to tackle health inequalities.

Andrew Davies added that the Government also intended to publish a plethora of documents linked to the White Paper within the next 12 months in respect of the following areas;

Health visitors, mental health, tobacco control, Public Health Responsibility Deal, Obesity, Physical activity, Social marketing, Sexual health and teenage pregnancy, Pandemic flu and Health protection, emergency preparedness and response.

Members noted that the Health and Social Care bill included details on the establishment of health and wellbeing boards in every upper-tier local authority. Health and wellbeing boards were intended to lead on improving the strategic coordination of commissioning across NHS, social care, children's services and public health. Their main functions would include encouraging integrated working among persons who arranged for the provision of health related services, providing appropriate advice, assistance or other support in connection with the provision of such services. GP commissioning consortia would be required to consult with health wellbeing boards when drawing up their annual plan. Health well being boards would also be statutory partners for councils in establishing Joint Strategic Needs Assessments and subsequent strategies which would emerge from the assessments when carrying out their functions.

Members were informed that if the Health and Social Care Bill was passed in its current form the boards would be established as a committee of the local authority with statutory membership consisting of the following;

at least one councillor
directors of adult services, children's services and public health
a HealthWatch representative
a representative from each of the partner GP commissioning consortia
other members as appropriate, including a representative from the NHS
Commissioning Board where JSNAs and related strategies are being considered.

In response to a request by Councillor Hunter for a clarification on the scrutiny functions following the establishment of the health and wellbeing boards, Phil Newby Director of Strategy Partnerships and Improvement stated that a report outlining the options would be put to the all party Constitutional Working Group (CWG) for their consideration after which clear and robust responses would be sent to the Secretary of State. The Director noted that more work needed to be done which would require patience and understanding of each other's cultures

Whilst welcoming the Government's commitment to public health, Simon Bowen (Assistant Director of Public Health NHS Brent) added that the Government would have to give further thoughts to areas such as HIV prevention and treatment as well as a consistent approach to issues relating to children aged 0-5 and 5-16. Mr Bowen emphasised the need to build on partnership, identify visions and hold further discussions on how to progress the implications of the White Paper locally. In responding to comments by members Simon Bowen stated that the outcome framework, currently out for consultation, would be set by the Government but that prioritisation would be a local decision. He undertook to circulate copies of the document for members' information.

RESOLVED:

that the briefing paper on Public Health White Paper – Healthy Lives, Healthy People be noted.

8. Khat in Brent

This report was in response to members' concerns expressed at the prevalence of khat use in parts of Brent which led to their request for more information about the problems associated with this drug. The NHS Brent paper attached to the report provided useful information to members about khat.

Members noted that khat was openly sold in shops in the Church End area where the majority of people of Somalian origin resided. Khat (*Catha edulis*) was a flowering shrub native to northeast Africa and the Arabian Peninsula chewed by individuals for its stimulant effects, similar to but less intense than those caused by abusing cocaine or methamphetamine. Khat typically was ingested by chewing the leaves, brewed in tea or cooked and added to food. After ingesting khat, the user experienced an immediate increase in blood pressure and heart rate, the effects of the drug generally subsiding between 90 minutes and 3 hours after ingestion, however, they can last up to 24 hours. (There have been reports of Khat-induced psychosis.) The drug was also known to be able to cause damage to the nervous, respiratory, circulatory, and digestive systems.

The use of khat was accepted within the Somali, Ethiopian, and Yemeni cultures, and in the United States khat use was most prevalent among immigrants from those countries. Abuse levels were highest in cities with sizable populations of immigrants from Somalia, Ethiopia, and Yemen.

A khat support group was already offered through Addaction in Cobbold Road with outreach and engagement services to be undertaken by CRI Brent Outreach and Engagement Team (BOET). It was noted that counselling services and support would be provided for khat users and their families through two sites (Wembley Centre for Health and Care and the Cobbold Road Treatment and Recovery Service). In addition, funding would be sought in partnership with Brent Council Community Safety Unit to develop a work programme in partnership with the Help Somalia Foundation for a Peer Mentoring Project with Somalian youth in the Church End area. This would assist in raising awareness of khat misuse and improve awareness of local treatment provision and access to GP practices.

Mr Ali Awes a member from the Somali community who was in attendance gave his views on khat use. He informed the Committee that individuals who abused khat typically experienced a state of mild depression following periods of prolonged use. Taken in excess khat could cause extreme thirst, hyperactivity, insomnia, and loss of appetite (which can lead to anorexia). He continued that frequent khat use often led to decreased productivity because the drug tended to reduce the user's motivation and that repeated use could cause manic behaviour with grandiose delusions, paranoia, and hallucinations.

Mr Ali Awes added that he was working with other London Boroughs including Camden on ways to stop and to address the problems associated with khat use and would therefore be happy to be involved with the future work of the task group on khat.

RESOLVED:

that the report on Khat be noted and an overview and scrutiny task group looking into the impact of khat in Brent be established.

9. Fuel Poverty and Health Scrutiny Task Group report

The Committee considered a report from the Fuel Task Group which was established to look at the effect that fuel poverty had on peoples' health in Brent. The task group was set up following various research projects that fuel poverty and its consequences could have a major impact on physical and mental health and well being. In addition there were also specific factors in Brent such as the high proportion of housing in the private rented sector (where the proportion of households in fuel poverty was highest), the relative deprivation of the borough, particularly income deprivation and the general health inequalities that existed in Brent.

The cross party task group chaired by Councillor Long developed 13 recommendations which they considered could make a positive contribution to addressing fuel poverty and urged the Committee for its endorsement. The recommendations addressed the following subject areas:

- (i) advice and information
- (ii) improving energy efficiency of the housing stock and reducing fuel bills
- (iii) working with landlords; and
- (iv) working with the NHS

The task group acknowledged the work of a local charity, Energy Solutions, which had been working on fuel poverty issues in Brent and naturally brought an expertise to this issue. Ms Ros Baptiste, Energy Assessor from Energy Solutions was present at the meeting and gave an overview of the work of the charity. She informed the Committee that Energy Solutions were working in close partnership with other local organisations, local authorities and registered social landlords to deal with referral cases. Energy Solutions also made trust fund applications and negotiated with energy suppliers on behalf of clients.

In welcoming the report, members thanked the task group for their work. Councillor Kabir however expressed a view that pre-paid key meter was quite expensive for most families and that its use did not help in addressing fuel poverty and therefore required a review.

RESOLVED:

that the recommendations made by the Fuel Poverty Task Group appended to the report be endorsed to be forwarded to the Council's Executive and the local NHS trusts for approval.

10. Health services for people with learning disabilities task group

This report updated members of The Health Partnerships Overview and Scrutiny Committee on the implementation of the recommendations arising from the health services for people with learning disabilities task group. Following the task group's report to the Executive in September 2010, the Committee agreed to set up a task group to consider concerns by carers about the difficulties that people with learning disabilities faced when accessing health services.

Members noted that the cross party task group took evidence from a wide range of witnesses including the Chief Executive, Brent MENCAP, Assistant Director for Community Care, Brent Council, Head of Service for People with Learning Disabilities, Head teacher, Hay Lane School, Brent Council Brent Carers and Support for Living Project in Ealing. Among its findings, the group reported that Brent carers reported a number of on-going difficulties when using services such as hospitals, dentists, GP's and opticians. In particular, there was a lack of awareness about learning difficulties and a failure to implement reasonable adjustments required to make these services accessible to all patients. The group also found out about a project in Ealing called Treat Me Right! that had developed a range of

measures to improve the experience for patients with learning disabilities when they used Ealing Hospital. The measures included reader-friendly information such as the complaints policy and admission information as well as staff training on working with people with a learning disability. The task group recommended the development of a similar model for hospitals in Brent hospitals.

RESOLVED:

That the task group report on health services for people with learning disabilities be noted.

11. Childhood Immunisation task group

The Childhood Immunisation Task Group was established as a result of councillors' concerns about the low immunisation rates in the borough which were reported to be below target for all of the immunisations in the national immunisation programme except human papilloma virus vaccine and tetanus, diphtheria and polio booster. This report presented The Health Partnerships Overview and Scrutiny Committee with an update on the implementation of the recommendations arising from the Childhood immunisation task group.

It was noted that childhood immunisation against illnesses such as measles, mumps, polio and diphtheria were crucial to protect the long term health of young people in our borough and whilst that immunisation had the most robust evidence in terms of safety, efficacy and cost effectiveness of all healthcare activities, there had been long standing problems in achieving good levels of coverage in London. Brent was no exception to the London-wide trend of low immunisation rates.

Although the task group made a number of recommendations that it felt would help to improve immunisation services in Brent, members were encouraged by the efforts being made by NHS Brent to improve the immunisation service during the course of the review. There was a genuine commitment from the organisation to improve immunisation rates in the borough and stop the spread of diseases that were clearly preventable.

RESOLVED:

that the progress report and the recommendations of the Child Immunisation Task Group be noted.

12. Health Partnerships Overview and Scrutiny Committee Work Programme

RESOLVED:

that the schedule of the Committee's work programme through to the next meeting on 5 April 2011 and the list of items to be timetabled be noted.

13. **Any Other Urgent Business**

None.

14. **Date of Next Meeting**

It was noted that the next meeting of the Health Partnerships Overview and Scrutiny Committee would be held on Tuesday 5 April 2011 at 7:00pm.

The meeting ended at 9:00pm.

B OGUNRO

Chair

The meeting closed at 9.00 pm

B OGUNRO
Chair

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Health Partnerships Overview and Scrutiny Committee 5 April 2011

Report from the Director of Strategy, Partnerships and Improvement

Wards Affected:
ALL

Better services for local children – Paediatric Services for Brent and Harrow

1.0 Summary

- 1.1 Members will be updated by officers from North West London NHS Hospitals Trust on the implementation of the new arrangements for paediatric services at Northwick Park and Central Middlesex Hospitals. At the committee's meeting in July 2010, the results of the public consultation on the hospital trust's plans were outlined, showing that there was broad support for the proposal. Members were keen to ensure that the implementation of the new services (two paediatric assessment units, one at each hospital, with inpatient services at Northwick Park) was successful and requested a report back for April 2011.
- 1.2 NWL Hospitals Trust have provided a report on its paediatric services. The main conclusions from that report are that paediatric admissions have shifted from Central Middlesex Hospital to Northwick Park in line with predictions. The Sickie Cell service, which was a concern to the Health Select Committee in 2009/10, has been through a positive review since the transition to inpatient services at Northwick Park. Overall the Trust is reporting that the transition has been a success.

2.0 Recommendations

- 2.1 The Health Partnerships Overview and Scrutiny Committee is recommended to consider the update on the implementation of the new arrangements for paediatric services in Brent and Harrow and question officers from North West London NHS Hospitals Trust on the progress in developing these services.

Contact Officers

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Report to: Brent Health Partnerships O&S Committee

Report from: The North West London Hospitals NHS Trust

Date of Meeting: 5 April 2011

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

1. Purpose of report

To update members on the reconfiguration of children's services at The North West London Hospitals NHS Trust following implementation in October 2010.

2. Background

Members will recall that Central Middlesex Hospital (CMH) used to provide an overnight children's service (based on six beds) on Rainbow ward. Following a successful public consultation in early 2010, the local NHS established two consultant led Paediatric Assessment Units (PAUs) at both Northwick Park Hospital (NPH) and Central Middlesex Hospital (CMH) and centralised the inpatient (overnight) service at NPH. The aim of the reconfiguration was to reduce unnecessary admissions and improve the links with community child health services.

The PAUs have been open since October 2010 and Rainbow ward now closes at 10pm every night.

HSC members will recall that there was no adverse media coverage during both the consultation and implementation phases. NHS partners believe that this is a result of the smooth management of the process, excellent joint working across the local NHS and widespread public support for the proposals.

3. Current position

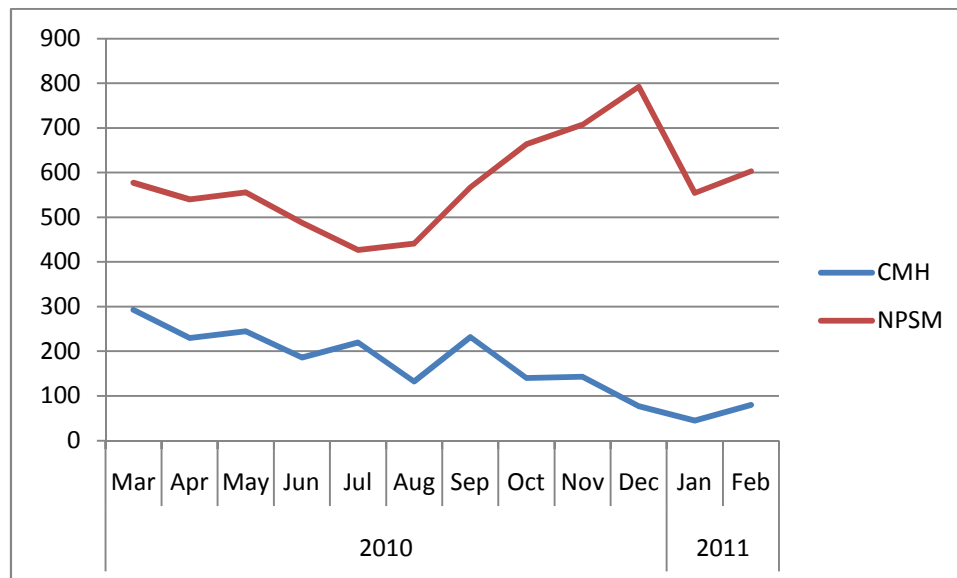
3.1 Impact on demand

The PAU at CMH has been operational since 18th October 2011. Although patients can be admitted to the PAU, overall there has been a significant reduction in the number of emergency patients admitted at CMH. This is pleasing as it corresponds with the original plan (to reduce admissions).

In the first weeks following implementation there was a corresponding growth in admissions at NPH, however the recent trend (ie January and February 2011) is downwards. This is welcome because A&E attendances have generally remained stable while adult admissions have grown (notably LAS journeys).

In other words the PAUs continue to see the same number of patients arriving via A&E but less patients are being admitted to the hospital (eg as an overnight stay).

Chart 1 **Emergency spells at CMH and NPH March 2010 – February 2011**



The chart above demonstrates that:

- The average number of children admitted has fallen from 7 per day to 3 per day (56% reduction) at CMH since October;
- The average number of children admitted at NPH has increased from 17 to 21 per day (for the same period). This represents a 29% increase although the trend is now downwards
- There has overall been a slight increase (4%) in total monthly emergency admissions (CMH and NPH) since October.

3.2 Services for children with sickle cell

Members will be aware that sickle cell disease affects 1 in 300 babies born locally. Of our 670 patients who have haemoglobinopathies, 221 are children: 184 have sickle cell disease, 19 have Thalassaemia major and 18 have other related conditions.

At consultation assurances were given that the Brent Sickle Cell Service based at CMH would not be disadvantaged by the centralisation of overnight care at NPH. This was primarily because the majority of children using the CMH service are seen and discharged on the same day and do not require transfer as an inpatient. For increased confidence a combined training programme has been established for all nursing staff to ensure necessary skills transfer.

The Trust was therefore delighted when a detailed external peer review has found that paediatric sickle cell and thalassaemia services at CMH are among the best in the country.

The review in 2010 drew attention to the committed, enthusiastic team members who offer excellent clinical care, noting that the clinical psychology input is unusually strong and done systematically - and not just 'as needed'.

It also found that patients were comprehensively informed by staff, that facilities were good (with excellent co-location of services) and that the transition of adolescents into the adult service was well managed and flexible.

4. Next steps and the new Care UK Urgent Care Centre (UCC)

Members will be aware that Care UK's UCC at Central Middlesex Hospital (CMH) will open on 28th March and operate a 24/7 GP model of care. The UCC is expected to see 75% of all children. The UCC will always have a paediatric trained nurse on (24/7). All GPs and nurses are qualified in level 3 safeguarding.

The remaining 25% of children who cannot be seen by UCC staff will be referred to the CMH PAU.

The small number of children requiring specialist paediatric care out of hours (OOH) will be transferred to Northwick Park by the Trust's internal ambulance service. Based on current activity levels it is anticipated that on average between 3-4 patients will need to be transferred to NPH each night. This is in line with forecasts included in the public consultation document¹.

St Mary's will continue to accept the rare critically unwell child who requires intensive care. These patients will be transferred by blue light (from either NPH or CMH) as per LAS' critical transfer protocol.

Finally as per the existing agreement in October 2010 the LAS will continue to take all 999 calls to Northwick Park instead of CMH. This system has been working well over the past six months.

5. Recommendations

Members are asked to note this report and the smooth implementation of the PAU at CMH.

David Cheesman
Director of Strategy
March 2011

¹ Better services for local children, January 2010

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Health Partnerships Overview and Scrutiny Committee 5th April 2011

Report from the Director of Strategy, Partnerships and Improvement

For Action

Wards Affected:
ALL

GP Outcome Standards – Access to GP Services in Brent

1.0 Summary

1.1 At the meeting of the Health Partnerships Overview and Scrutiny Committee on the 16th February 2011, members requested a follow up report on GP services in Brent, which would cover the following indicators from the GP Outcome Standards:

- Satisfaction with overall care received at surgery.
- Patients changing practice without changing address.
- Ability to see a specific GP or Practice Nurse if wanted.
- Advanced appointments. Satisfaction with opening hours. Ease of getting through on the phone.

1.2 A report has been provided by NHS Brent to address these issues. Members will note from the report that because of poor performance in the National GP Patient Survey, NHS Brent has put in place the Access, Choice and Experience (ACE) programme to improve performance in the following areas:

- Able to get an appointment quickly
- Able to book ahead
- Able to get through on the phone
- Able to see preferred GP
- Satisfaction with opening times

1.3 As members will see, the influence of the ACE Programme is still to be fully realised (NHS Brent expect the full impact to be seen in the final quarter of 2010/11, the results for which will be available in June 2011). The headline scores for the indicators in the ACE Programme are:

Able to get an Appointment quickly

	Qtr3 2009/10 ¹	Qtr3 2010/11 ²
England	80%	79%
NHS Brent	74%	73%

Able to book ahead

	Qtr3 09/10	Qtr3 10/11
England	71%	71%
NHS Brent	63%	65%

Able to get through on the phone

	Qtr3 09/10	Qtr3 10/11
England	68%	69%
NHS Brent	61%	63%

Able to see preferred GP

	Qtr3 09/10	Qtr3 10/11
England	75%	74%
NHS Brent	66%	64%

Satisfaction with opening Hours

	Qtr3 09/10	Qtr3 10/11
England	81%	81%
NHS Brent	75%	75%

Satisfaction with overall care received at surgery

	Qtr3 09/10 ¹	Qtr3 10/11 ²
England	90%	90%
NHS Brent	82%	82%

- 1.4 The NHS Brent report includes a number of appendices which set out practice specific information on each of these indicators for each GP Surgery in Brent. Although there is a significant amount of data for members to digest, publishing this information demonstrates a commitment from NHS Brent to drive improvements in this area. Appendices 2 and 3 contain the practice specific information, with comparisons to previous year's performance and national results.
- 1.5 The Health Partnerships Overview and Scrutiny Committee should take this opportunity to question officers from NHS Brent on these issues to ensure that they are satisfied that progress is being made to improve GP access in Brent and patient satisfaction with primary care services.

2.0 Recommendations

- 2.1 The Health Partnerships Overview and Scrutiny Committee is recommended to consider the NHS Brent report on GP Standards and question officers from the PCT on the work being done to improve access to GP services and patient satisfaction.

Contact Officers

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OSC Paper on Outcome Standards - Access

Purpose

The purpose of this paper is to consider the GP Outcome standards as listed below:

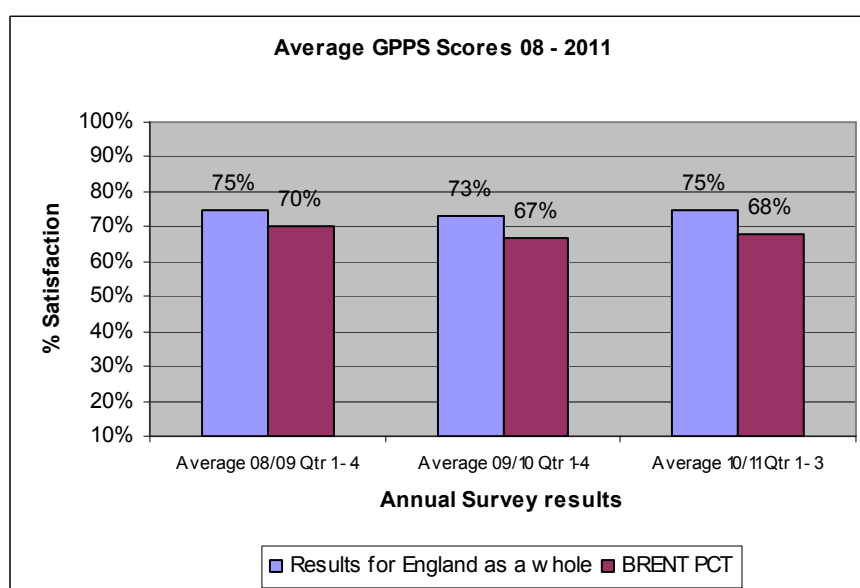
- Satisfaction with overall care received
- Ability to see a specific GP or Practice Nurse if required
- Advanced appointments
- Satisfaction with opening hours
- Ease of getting through on the phone

Introduction

The GP Outcome Standards listed above are measured and compared nationally by the National GP Patient Survey (GPPS). The GPPS is sent out to randomly chosen registered patients across England. The results for NHS Brent in 2009/10 were poor compared with other London PCTs and England overall. NHS Brent considered ways of improving GP Access for the patients of Brent and an intensive programme of support was developed Access, Choice and Experience (ACE) programme to improve these five key areas in all 71 Brent practices.

This report will consider the contents, format and outcomes of the ACE programme so far and its impact on the GPPS scores. It will also identify the improvements in GP Practices that have occurred as a result of implementing the ACE Programme. The full impact of the ACE Programme is not expected until Qtr 4 2010/11 (results available in June 2011).

Below are the results for NHS Brent compared to England for 2008/09 – Qtr3 2010/11 for 'Over all Satisfaction' (Average of the five outcomes). There had been a noticeable drop in GPPS scores from 2008/09 to 2009/10 and NHS Brent developed the ACE programme to support practice and consortium wide improvement.



The ACE Programme

GPs and practice managers attended the ACE Programme Launch in January 2011. The event showed where NHS Brent was situated in relation to the GPPS scores for Access and where individual practices were situated in relation to each other using the five GP Outcomes as a measure of access. The programme has been delivered by both the ACE team and the GP Consortia. The programme team have developed close links with the consortia leads and used this as a method for continuing to drive the changes.

The programme was developed to help practices improve in the 5 GP Outcome areas:

- Able to get an appointment quickly
- Able to book ahead
- Able to get through on the phone
- Able to see preferred GP
- Satisfaction with opening times

Below are the ACE Programme activities and outcomes for each of these areas.

Able to get an Appointment quickly

	Qtr3 09/10 ¹	Qtr3 10/11 ²
England	80%	79%
NHS Brent	74%	73%

A Demand and Capacity survey was undertaken by 68 of the 71 practices. The demand study measured those patients that were unable to get an appointment within 48hrs due to a lack of capacity. Also looked at was the ratio of 'Book on the day' appointments compared to the 'Book ahead appointments'. It was found those that had good results for 'able to get an appointment quickly' in general had a ratio of 2:1, book on the day to book ahead appointments. The information collated was pulled into a pack and fed back to practices with a view to practices reviewing their appointment systems and making changes where possible. In October 2010 Brent practices were offering 0.7 'book on the day' appointments for every 'book ahead' appointment. In March 2011, Brent practices are now offering 0.9 'book on the day' appointments for every 'book ahead'.

The programme used a standard measure of the number of appointments that should be available per week of 72 appointments per 1,000 patients per week³. In October 2010, NHS Brent was offering 62 Appointments per 1,000 patients per week. Following a recent capacity study (March 2011) NHS Brent practices we are now offering an average of 79 appointments per 1,000 patients per week.

Able to book ahead

	Qtr3 09/10	Qtr3 10/11
England	71%	71%
NHS Brent	63%	65%

The data collected from practices at the start of the programme showed that 63% of practices were offering patients the ability to book a minimum of 4 weeks ahead. This has now increased to 87%. The practices that do not offer 4 weeks are currently offering 2 weeks. This increase in the ability to book ahead is due to the implementation of Text appointment reminders for patients. Many practices felt that offering patients the ability to book up to 4 weeks ahead was not a sensible as many patients forget their appointment and the Did Not Attend (DNA) rate would increase. By implementing a text reminder service, we were able to encourage practices to extend their appointment. It is also expected that DNAs will reduce due to the reminder service. There is already evidence of this. In a particular practice that had a 7.8% DNA rate equating to £1,575 per month of lost clinical time, within 4 months of implementing the text reminder service DNAs have reduced to 2.4%. This equates to a saving of £1,080 per month. The practice expects this to reduce further as more patients mobile telephone numbers are collected.

Able to get through on the phone

	Qtr3 09/10	Qtr3 10/11
England	68%	69%
NHS Brent	61%	63%

NHS Brent's average score in the GPPS for ease of getting through on the phone in Qtr 3 2009/10 was 61%. The ACE Programme has assisted a number of practices in increasing the number of lines or changing their telephone supplier. The number of telephone lines patients can call in was reviewed and compared this to the number of staff on duty at peak times. A number of practices have rearranged members of staff to ensure that lines are covered. Also some practices have implemented telephone software that allows patients to cancel or book appointments when the lines are busy. The GPPS results for quarter 3 2010/11 have increased to 63%.

To try and alleviate the number of calls and visits to practices and in response to the GPPS where 23% of patients expressed an interest in using on-line services to book and cancel appointments or to order repeat scripts, the ACE Programme has implemented online booking of appointments and repeat prescriptions for 69% of the EMIS LV Practices. For practices using Vision, 60% of practices will have on line booking within two months.

Able to see preferred GP

	Qtr3 09/10	Qtr3 10/11
England	75%	74%
NHS Brent	66%	64%

NHS Brent scored 66% in 2009/10 for 'able to see a preferred GP' and in Qtr 3 for 2010/11 this has fallen to 64% against a national average of 74%. NHS Brent, like a number of London GP Practices, has a high proportion of single handed practices, the ACE programme recommends to practices that they should inform their patients when either a male or female GP is available and that single handed practices should be able to offer this choice on given days for book ahead / routine slots when using locums. Explaining to patients the appointment system and the fact that many GPs work part time is a big part of the education of patients with regards to seeing their preferred GP.

Satisfaction with opening Hours

	Qtr3 09/10	Qtr3 10/11
England	81%	81%
NHS Brent	75%	75%

In October 2010, the average weekly opening hours for a Brent practice was 42hrs per week. Following some close working with Cluster leads this has now increased to an average of 45 hours per week.

Practices have been asked to consider the availability of practice staff during core hours and whether patients have access to practice staff both face to face and by the telephone. 70% of practices are available face to face during core hours (45hours per week) and 68% are also available by phone. Many single handed practices close over the lunch period and it has proved difficult to encourage change in these practices. The Ace programme and GP commissioning leads are still working with these practices to try to implement change and improve access for the patients. 91% of practices in Brent are offering Extended Hours either early mornings, or late evenings and some are offering Saturday mornings

Choice

Choose and Book utilisation	
March 2010	23%
March 2011	41%

The Ace programme is also responsible for improving the GP practice utilisation of Choose and Book for hospital outpatients. There are 67 practices regularly using Choose and book to refer patients to the acute service. Brent has also able to refer all two week cancer referrals via choose and Book and all antenatal referrals.

Satisfaction with overall care received at surgery.

	Qtr3 09/10 ¹	Qtr3 10/11 ²
England	90%	90%
NHS Brent	82%	82%

Patient satisfaction with 'overall care received at the surgery' has remained unchanged both in Brent and nationally. We hope that the following measures delivered through the Ace programme will improve patient satisfaction captured through the survey in Qtr 4:

- text reminders
- on-line booking
- better patient information: practice websites, Life Channel information screens, Road shows, opening hours and on call number
- longer Opening Hours, increased appointment availability
- customer services training for all Brent Practice staff

For a summary of ACE Programme outcomes please see appendix 1. Appendix 2 compares the scores by practice and consortium for Qtr3 2009/10 and Qtr3 2010/11. Appendix 3 identifies the difference in scores between 2008 and Qtr 3 2010/11.

ACE Programme – Marketing Campaign January 2011 – March 2011

To ensure the residents of Brent are aware of the changes and improvements being made by the GPs in Brent, a marketing campaign was run across the borough. This included poster advertisements and road shows in local supermarkets promoting the survey and the ACE Programme. A leaflet explaining the work that had been taking place was placed in the Brent magazine for circulation to every household in Brent. This was timed to coincide with the mailing of GPPS Qtr4 to selected patients to encourage patients to return the questionnaire and be aware of practice improvements.

The ACE Team have also attended Practice and Cluster Patient Participation Groups to inform patients of the changes and to give them an opportunity to discuss access and experience of primary care at their particular surgeries.

Practices were encouraged to inform patients of the specific changes they had made by using posters and running in house surveys to achieve real time feedback.

The Ace programme has held a number of workshops to assist practices in making changes to their procedures and processes. All practice staff including GPs were invited to attend training specifically designed for primary care on customer services. 90% of practice staff attended.

Conclusion

Overall the ACE programme can demonstrate that it has supported practices to understand their access better and agree and implement an improvement plan. The approach used by the ACE programme has been welcomed by practices and consortia. NHS Brent and Clinical Directors are considering how this approach could be replicated for other areas in need of improvement e.g., screening uptake.

Shanley L. Hanley
23rd March 2011

Appendix One

Detailed Breakdown of Access Programme Oct 2009 - March 2011

NHS Brent	Baseline Practices	Oct-10	Mar-11
ACE Programme Activities			
Signed up to programme	0	70	70
Demand Study started baseline	0	68	68
Capacity Study done baseline	0	68	68
Data Analysed	0	37	67
Data presented back to practice	0	31	65
DNA rates	18	43	64
A&E reports	0	71	71
Telephone report	0	12	22
Extended Hours	58	58	65
Agreed Development Plans	0	2	68
Mirror workshop	0	66	66
Capacity study done post ACE programme	0	0	64
Data Analysed post ACE Programme	0	0	64
Utilising Choose and Book	53	57	69
Practices with appointments per week recorded	0	68	70
Average number of appts per 1000 pts per week	57	57	79
Able to book 4 weeks in advance	30	30	62
Able to answer telephone in 5 rings	59	59	TBC
Open 45hrs + per week - access to receptionist face to face & phone	42	52	60
SMS messaging	3	35	58
Practice website	18	18	33
On-line Booking appointment / scripts	1	15	43
Life Channel / Info screens	3	49	61
Real Time patient experience	0	33	46
Patient Participation Group	33	33	54
Patient Participation Group Access & GPPS Presentation	0	0	12
Customer service training	0	29	71
Standard telephone message	36	36	50
OOH Voice mail message quality 1	10	10	51
OOH Poster visible	0	23	69
NHS Choices updated by practice	32	32	56

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Kilburn GP Consortia GPPS results to Qtr 3 10/11	comparative Qtr 3 09/10	Ease of getting through on the phone Qtr3 09/10	Ease of getting through on the phone Qtr3 10/11	Able to get an appointment fairly quickly Qtr 09/10	Able to get an appointment fairly quickly Qtr 3 10/11	Able to book ahead Qtr 3 09/10	Able to book ahead Qtr 3 10/11	Able to see preferred GP qtr 3 09/10	Able to see preferred GP qtr 3 10/11	Satisfied with opening times Qtr 3 09/10	Satisfied with opening times Qtr 3 10/11	Overall Average performance Qtr 3 09/10 - England Score	Overall Average performance Qtr 3 10/11 - England Score	% Improvement from qtr 3 09/10 - qtr 3 10/11
RESULTS FOR ENGLAND AS A WHOLE		68%	69%	80%	79%	71%	71%	75%	74%	81%	81%	74%	75%	1%
RESULTS FOR NHS BRENT		61%	63%	74%	73%	63%	65%	66%	64%	75%	75%	67%	68%	1%
WILLESDEN GREEN SURGERY		80%	87%	81%	85%	72%	81%	89%	96%	84%	90%	81%	88%	6%
THE LONSDALE MEDICAL CENTRE		50%	60%	61%	72%	63%	67%	57%	55%	69%	73%	60%	66%	6%
PEEL PRECINCT SURGERY		84%	88%	83%	95%	62%	81%	93%	77%	82%	90%	81%	86%	5%
BLESSING MEDICAL CENTRE		47%	55%	69%	70%	63%	68%	67%	68%	59%	69%	61%	66%	5%
THE MEDICAL CENTRE		55%	58%	39%	46%	49%	66%	70%	66%	71%	70%	57%	61%	5%
PARK HOUSE MEDICAL CENTRE		82%	81%	72%	72%	70%	76%	59%	65%	76%	80%	72%	75%	3%
THE LAW MEDICAL GROUP PRACTICE		57%	56%	72%	73%	60%	68%	56%	58%	76%	80%	64%	67%	3%
THE LEVER MEDICAL CENTRE		55%	61%	46%	49%	63%	64%	45%	52%	76%	71%	57%	59%	2%
THE CLARENCE MED CENTRE		74%	77%	88%	85%	71%	87%	92%	82%	83%	84%	82%	83%	2%
CHICHELE ROAD SURGERY		61%	60%	76%	86%	67%	63%	62%	69%	75%	66%	68%	69%	0%
STAVERTON SURGERY		70%	74%	65%	68%	69%	73%	55%	46%	84%	80%	69%	68%	0%
CHAMBERLAYNE RD SURGERY		64%	61%	72%	67%	71%	70%	76%	81%	61%	59%	69%	68%	-1%
THE WINDMILL MEDICAL PRACTICE		88%	88%	94%	93%	92%	89%	82%	80%	89%	86%	89%	87%	-2%
THE SHELDON PRACTICE		75%	75%	94%	97%	95%	85%	93%	85%	85%	81%	88%	85%	-4%
KILBURN PARK MEDICAL CENTRE		47%	39%	65%	63%	63%	64%	68%	66%	87%	78%	66%	62%	-4%
% of practices that have improved in Qtr3 10/11			53%		67%		73%		47%		47%		40%	60%

Impact of ACE Programme	% of practices Oct 2010	% of Practices March 2011
60% of Kilburn Practices improved their GPPS average score		
Able to get an appointment quickly' - Averaged No. of on the day appts per week	133	199
Able to book Ahead - up to 4 weeks ahead	40%	93%
Satisfaction with opening time' - Open 45 hrs per week	60%	80%
Able to get through on the phone - lines per 1,000 pts	1.21	1.31
Able to see preferred GP - patient education and use of locums		

Kingsbury GP Consortia GPPS comparative results Qtr 3 10/11	Ease of getting through on the phone Qtr3 09/10	Ease of getting through on the phone Qtr3 10/11	Able to get an appointment fairly quickly Qtr 09/10	Able to get an appointment fairly quickly Qtr 3 10/11	Able to book ahead Qtr 3 09/10	Able to book ahead Qtr 3 10/11	Able to see preferred GP qtr 3 09/10	Able to see preferred GP qtr 3 10/11	Satisfied with opening times Qtr 3 09/10	Satisfied with opening times Qtr 3 10/11	Overall Average performance Qtr 3 09/10 - England Score	Overall Average performance Qtr 3 10/11 - England Score	% Improvement from qtr 3 09/10 - qtr 3 10/11
RESULTS FOR ENGLAND AS A WHOLE	68%	69%	80%	79%	71%	71%	75%	74%	81%	81%	74%	75%	1%
RESULTS FOR NHS BRENT	61%	63%	74%	73%	63%	65%	66%	64%	75%	75%	67%	68%	1%
STAG LANE MEDICAL CENTRE	36%	39%	66%	70%	40%	51%	61%	62%	57%	68%	52%	58%	6%
FORTY WILLOWS SURGERY	56%	64%	78%	79%	58%	60%	67%	70%	79%	84%	68%	71%	4%
THE STAG-HOLLY ROAD SURGERY	30%	32%	46%	48%	37%	48%	72%	74%	57%	58%	48%	52%	4%
FRYENT MEDICAL CENTRE	49%	55%	85%	84%	39%	58%	91%	83%	77%	77%	68%	71%	3%
ELLIS PRACTICE	66%	56%	90%	92%	44%	50%	66%	67%	83%	85%	70%	70%	0%
BRAMPTON HEALTH CENTRE	77%	82%	88%	76%	82%	80%	89%	93%	61%	66%	79%	79%	0%
WILLOW TREE FAMILY DOCTORS	64%	65%	80%	83%	57%	59%	73%	67%	80%	80%	71%	71%	0%
UXENDON CRESCENT SURGERY	79%	78%	87%	88%	74%	72%	95%	91%	81%	83%	83%	83%	0%
PRESTON ROAD SURGERY	77%	83%	85%	85%	72%	73%	85%	77%	86%	87%	81%	81%	0%
CHALKHILL FAMILY PRACTICE	67%	71%	64%	61%	65%	61%	67%	65%	77%	78%	68%	67%	-1%
PRIMARY CARE MEDICAL CENTRE	65%	62%	91%	88%	59%	52%	61%	66%	80%	81%	71%	70%	-1%
KINGS EDGE	35%	30%	65%	66%	55%	57%	37%	31%	58%	57%	50%	48%	-2%
THE GIRTON PRACTICE	68%	74%	96%	89%	90%	79%	83%	78%	84%	79%	84%	80%	-4%
THE TUDOR HOUSE MEDICAL CENTRE	71%	78%	95%	84%	61%	53%	79%	71%	85%	79%	78%	73%	-5%
THE FRYENT WAY SURGERY	72%	64%	81%	77%	75%	65%	69%	61%	77%	71%	75%	67%	-7%
% of practices that have improved in Qtr3 10/11		67%		47%		53%		40%		60%		27%	27%

Impact of ACE Programme	% of practices Oct 2010	% of Practices March 2011
27% of Kingsbury Practices improved their GPPS average score		
Able to get an appointment quickly' - Averaged No. of on the day appts per week	155	228
Able to book Ahead - up to 4 weeks ahead	40%	87%
Satisfaction with opening time' - Open 45 hrs per week	53%	73%
Able to get through on the phone - lines per 1,000 pts	0.51	0.62
Able to see preferred GP - patient education and use of locums		

Willesden GP Consortia GPPS comparative results Qtr 3 09/10 to Qtr 3 10/11	Ease of getting through on the phone Qtr3 09/10	Ease of getting through on the phone Qtr3 10/11	Able to get an appointment fairly quickly Qtr 09/10	Able to get an appointment fairly quickly Qtr 3 10/11	Able to book ahead Qtr 3 09/10	Able to book ahead Qtr 3 10/11	Able to see preferred GP qtr 3 09/10	Able to see preferred GP qtr 3 10/11	Satisfied with opening times Qtr 3 09/10	Satisfied with opening times Qtr 3 10/11	Overall Average performance Qtr 3 09/10 - England Score	Overall Average performance Qtr 3 10/11 - England Score	% Improvement from qtr 3 09/10 - qtr 3 10/11
RESULTS FOR ENGLAND AS A WHOLE	68%	69%	80%	79%	71%	71%	75%	74%	81%	81%	74%	75%	1%
RESULTS FOR NHS BRENT	61%	63%	74%	73%	63%	65%	66%	64%	75%	75%	67%	68%	1%
ST ANDREWS MEDICAL CENTRE	54%	65%	80%	79%	43%	52%	74%	75%	71%	78%	64%	70%	5%
ROUNDWOOD PARK MEDICAL CENTRE	79%	86%	78%	83%	72%	78%	62%	64%	73%	80%	73%	78%	5%
CREST MEDICAL CENTRE	65%	67%	92%	97%	76%	73%	68%	79%	76%	81%	75%	79%	4%
BURNLEY PRACTICE	75%	73%	68%	77%	65%	70%	70%	72%	73%	77%	70%	74%	3%
WALM LANE SURGERY	76%	76%	66%	71%	77%	78%	71%	79%	73%	69%	73%	75%	2%
ST.GEORGES MEDICAL CENTRE	86%	88%	78%	82%	73%	73%	83%	82%	74%	78%	79%	81%	2%
THE VILLAGE MEDICAL CENTRE	64%	66%	88%	91%	79%	71%	75%	87%	76%	69%	76%	77%	0%
GLADSTONE MC	45%	57%	50%	52%	67%	58%	61%	59%	81%	79%	61%	61%	0%
THE WILLESDEN MEDICAL CENTRE	22%	18%	59%	61%	34%	34%	35%	32%	62%	62%	43%	41%	-1%
NEASDEN MEDICAL CENTRE GREENHILL	78%	71%	87%	82%	81%	65%	64%	63%	74%	75%	77%	71%	-6%
% of practices that have improved in Qtr3 10/11		60%		80%		50%		60%		60%		50%	60%

Impact of ACE Programme	% of practices Oct 2010	% of Practices March 2011
60% of Willesden Practices improved their GPPS average score		
Able to get an appointment quickly' - Averaged No. of on the day appts per week	151	254
Able to book Ahead - up to 4 weeks ahead	40%	93%
Satisfaction with opening time' - % of practices open 45 hrs per week	60%	60%
Able to get through on the phone - lines per 1,000 pts	0.76	0.79
Able to see preferred GP - patient education and use of locums		

Harness GP Consortia GPPS comparative results Qtr 3 09/10 to Qtr 3 10/11	Ease of getting through on the phone Qtr3 09/10	Ease of getting through on the phone Qtr3 10/11	Able to get an appointm ent fairly quickly Qtr 09/10	Able to get an appointm ent fairly quickly Qtr 3 10/11	Able to book ahead Qtr 3 09/10	Able to book ahead Qtr 3 10/11	Able to see preferred GP qtr 3 09/10	Able to see preferred GP qtr 3 10/11	Satisfied with opening times Qtr 3 09/10	Satisfied with opening times Qtr 3 10/11	Overall Average performa nce Qtr 3 09/10 - England Score	Overall Average performa nce Qtr 3 10/11 - England Score	% Improve ment from qtr 3 09/10 - qtr 3 10/11
RESULTS FOR ENGLAND AS A WHOLE	68%	69%	80%	79%	71%	71%	75%	74%	81%	81%	74%	75%	1%
RESULTS FOR NHS BRENT	61%	63%	74%	73%	63%	65%	66%	64%	75%	75%	67%	68%	1%
BRENT GP ACCESS UNIT HARNESS-WEMBLEY	N/A	72%	N/A	89%	N/A	80%	N/A	58%	N/A	89%	0%	78%	78%
CHURCH LANE SURGERY	63%	73%	78%	81%	52%	68%	47%	60%	76%	81%	63%	73%	10%
HARLESDEN HARNESS CARE	66%	68%	63%	74%	66%	77%	58%	56%	71%	83%	65%	72%	7%
THE SURGERY HARROW RD	65%	76%	79%	81%	75%	75%	52%	59%	77%	84%	69%	75%	6%
BUCKINGHAM RD SURGERY	39%	64%	97%	85%	75%	84%	88%	84%	79%	83%	76%	80%	4%
THE CHAPLIN RD SURGER- PATEL	72%	81%	87%	87%	76%	89%	80%	82%	78%	75%	79%	83%	4%
ACTON LANE SURGERY	66%	72%	83%	92%	79%	75%	63%	68%	81%	84%	74%	78%	4%
HILLTOP MEDICAL PRACTICE	64%	70%	62%	56%	62%	65%	53%	61%	77%	76%	64%	66%	2%
BRENTFIELD MEDICAL CENTRE	49%	56%	64%	67%	56%	52%	43%	46%	85%	84%	59%	61%	2%
THE STONEBRIDGE MEDICAL PRACTICE	45%	27%	49%	52%	42%	54%	64%	61%	66%	81%	53%	55%	2%
PARK ROAD SURGERY	67%	73%	75%	77%	72%	80%	66%	48%	73%	80%	71%	71%	1%
FREUCHEN MEDICAL CENTRE	66%	71%	76%	75%	72%	76%	77%	70%	75%	76%	73%	74%	1%
OXGATE GARDENS SURGERY	50%	56%	74%	70%	70%	70%	74%	72%	77%	78%	69%	69%	0%
WEMBLEY PARK DRIVE MEDICAL CENTRE	60%	58%	77%	70%	58%	58%	50%	54%	79%	75%	65%	63%	-2%
AKSYR MEDICAL PRACTICE	60%	59%	70%	64%	70%	64%	73%	68%	72%	72%	69%	65%	-4%
CHURCH END MEDICAL CENTRE	47%	44%	73%	78%	62%	49%	60%	42%	81%	81%	64%	59%	-6%
% of practices that have improved in Qtr3 10/11		75%		56%		63%		50%		63%		25%	69%

Impact of ACE Programme	% of practices Oct 2010	% of Practices March 2011
69% of Harness Practices improved their GPPS average score		
Able to get an appointment quickly' - Averaged No. of on the day appts per week	100	225
Able to book Ahead - up to 4 weeks ahead	38%	88%
Satisfaction with opening time' - Open 45 hrs per week	50%	69%
Able to get through on the phone - lines per 1,000 pts	1.03	0.84
Able to see preferred GP - patient education and use of locums		

Wembley GP Consortia GPPS Comparative results Qtr 3 10/11	Ease of getting through on the phone Qtr3 09/10	Ease of getting through on the phone Qtr3 10/11	Able to get an appointment fairly quickly Qtr 09/10	Able to get an appointment fairly quickly Qtr 3 10/11	Able to book ahead Qtr 3 09/10	Able to book ahead Qtr 3 10/11	Able to see preferred GP qtr 3 09/10	Able to see preferred GP qtr 3 10/11	Satisfied with opening times Qtr 3 09/10	Satisfied with opening times Qtr 3 10/11	Overall Average performance Qtr 3 09/10 - England Score	Overall Average performance Qtr 3 10/11 - England Score	% Improvement from qtr 3 09/10 - qtr 3 10/11
RESULTS FOR ENGLAND AS A WHOLE	68%	69%	80%	79%	71%	71%	75%	74%	81%	81%	74%	75%	1%
RESULTS FOR NHS BRENT	61%	63%	74%	73%	63%	65%	66%	64%	75%	75%	67%	68%	1%
PREMIER MEDICAL CENTRE	67%	73%	64%	76%	67%	83%	80%	81%	70%	76%	70%	78%	8%
ALPERTON MEDICAL CENTRE	48%	56%	56%	56%	42%	51%	56%	63%	56%	64%	52%	58%	7%
THE SURGERY GP UNIT	67%	75%	81%	92%	73%	78%	45%	52%	73%	75%	68%	74%	6%
SMS MEDICAL PRACTICE	71%	80%	75%	80%	70%	78%	74%	77%	73%	73%	73%	78%	5%
LANCELOT MEDICAL CENTRE	55%	66%	65%	68%	61%	68%	62%	60%	58%	60%	60%	64%	4%
THE SUNFLOWER MEDICAL CENTRE	51%	61%	50%	52%	48%	56%	58%	59%	71%	68%	56%	59%	3%
KENTON MEDICAL CENTRE	65%	68%	85%	87%	61%	75%	48%	46%	74%	69%	66%	69%	3%
STANLEY CORNER MEDICAL CENTRE	53%	60%	78%	79%	61%	56%	62%	66%	79%	80%	66%	68%	2%
SUDBURY & ALPERTON MEDICAL CENTRE	45%	41%	89%	87%	57%	65%	74%	78%	78%	78%	69%	70%	1%
PRESTON MEDICAL CENTRE	85%	91%	96%	94%	91%	92%	81%	82%	88%	86%	88%	89%	1%
THE EAGLE EYE	71%	71%	83%	76%	80%	78%	58%	54%	67%	63%	72%	68%	-3%
THE BEECHCROFT MEDICAL CENTRE	50%	50%	78%	69%	68%	62%	54%	53%	81%	76%	66%	62%	-4%
LANFRANC MEDICAL CENTRE	83%	86%	92%	87%	51%	48%	70%	60%	84%	72%	76%	71%	-5%
SUDBURY COURT SURGERY	55%	48%	89%	81%	67%	48%	78%	80%	78%	78%	73%	67%	-6%
HAZELDENE MEDICAL CENTRE	66%	62%	51%	43%	59%	46%	58%	50%	78%	77%	63%	56%	-7%
% of practices that have improved in Qtr3 10/11		67%		47%		60%		60%		33%		20%	67%

Impact of ACE Programme	% of practices Oct 2010	% of Practices March 2011
67% of Wembley Practices improved their GPPS average score		
Able to get an appointment quickly' - Averaged No. of on the day appts per week	133	199
Able to book Ahead - up to 4 weeks ahead	40%	93%
Satisfaction with opening time' - Open 45 hrs per week	67%	87%
Able to get through on the phone - lines per 1,000 pts	0.55	0.6
Able to see preferred GP - patient education and use of locums		

Practice Code	PBC Cluster	GP Practice Name	Lead GP / Senior Partner	Ease of getting through on the phone Qtr3 09/10	Ease of getting through on the phone Qtr3 10/11	Able to get an appointment fairly quickly Qtr3 09/10	Able to get an appointment fairly quickly Qtr3 10/11	Able to book ahead Qtr3 09/10	Able to book ahead Qtr3 10/11	Able to see preferred GP qtr 3 09/10	Able to see preferred GP qtr 3 10/11	Satisfied with opening times Qtr3 09/10	Satisfied with opening times Qtr3 10/11	Overall Average performance Qtr3 09/10 - England Score	Overall Average performance Qtr3 10/11 - England Score	% Improvement from qtr 3 09/10 - qtr 3 10/11
		Performance targets 09/10		85%		85%		75%		86%		81%		82%		
		RESULTS FOR ENGLAND AS A WHOLE		68%	69%	80%	79%	71%	71%	75%	74%	81%	81%	74%	75%	1%
		RESULTS FOR NHS BRENT		61%	63%	74%	73%	63%	65%	66%	64%	75%	75%	67%	68%	1%
E84067	HARNESS CO-OP	CHURCH LANE SURGERY	KAMAL A - PMS	63%	73%	78%	81%	52%	68%	47%	60%	76%	81%	63%	73%	10%
E84003	WEMBLEY	PREMIER MEDICAL CENTRE	NOTANEY CD	67%	73%	64%	76%	67%	83%	80%	81%	70%	76%	70%	78%	8%
E84029	HARNESS CO-OP	HARLESDEN HARNESS CARE	HARNESS	66%	68%	63%	74%	66%	77%	58%	56%	71%	83%	65%	72%	7%
E84638	WEMBLEY	ALPERTON MEDICAL CENTRE	DEB_BARMAN A/CHANDR	48%	56%	56%	56%	42%	51%	56%	63%	56%	64%	52%	58%	7%
E84702	KILBURN	WILLESSEN GREEN SURGERY	NAJIM ZN	80%	87%	81%	85%	72%	81%	89%	96%	84%	90%	81%	88%	6%
E84649	WEMBLEY	THE SURGERY GP UNIT	AMIN N C	67%	75%	81%	92%	73%	78%	45%	52%	73%	75%	68%	74%	6%
E84078	KINGSBURY	STAG LANE MEDICAL CENTRE	MODI AJ	36%	39%	66%	70%	40%	51%	61%	62%	57%	68%	52%	58%	6%
E84635	HARNESS CO-OP	THE SURGERY HARROW RD	PATEL MC	65%	76%	79%	81%	75%	75%	52%	59%	77%	84%	69%	75%	6%
E84025	KILBURN	THE LONSDALE MEDICAL CENTRE	PRADHAN A (ILIFFE)	50%	60%	61%	72%	63%	67%	57%	55%	69%	73%	60%	66%	6%
E84011	WILLESSEN	ST ANDREWS MEDICAL CENTRE	BAURA SK	54%	65%	80%	79%	43%	52%	74%	75%	71%	78%	64%	70%	5%
E84656	WILLESSEN	ROUNDWOOD PARK MEDICAL CENTRE	CHATLANI P	79%	86%	78%	83%	72%	78%	62%	64%	73%	80%	73%	78%	5%
E84696	KILBURN	PEEL PRECINCT SURGERY	SHAIKH AL	84%	88%	83%	95%	62%	81%	93%	77%	82%	90%	81%	86%	5%
E84667	KILBURN	BLESSING MEDICAL CENTRE	OBIEKEWE M	47%	55%	69%	70%	63%	68%	67%	68%	59%	69%	61%	66%	5%
Y01090	WEMBLEY	SMS MEDICAL PRACTICE	SODHI S	71%	80%	75%	80%	70%	78%	74%	77%	73%	73%	73%	78%	5%
E84035	KILBURN	THE MEDICAL CENTRE	BALA (ELAHI M)	55%	58%	39%	46%	49%	66%	70%	66%	71%	70%	57%	61%	5%
E84026	HARNESS CO-OP	BUCKINGHAM RD SURGERY	MATTHEW K	39%	64%	97%	85%	75%	84%	88%	84%	79%	83%	76%	80%	4%
E84701	HARNESS CO-OP	THE CHAPLIN RD SURGER- PATEL	PATEL P	72%	81%	87%	87%	76%	89%	80%	82%	78%	75%	79%	83%	4%
E84063	WEMBLEY	LANCELOT MEDICAL CENTRE	SABHARWAL NN	55%	66%	65%	68%	61%	68%	62%	60%	58%	60%	60%	64%	4%
E84002	KINGSBURY	FORTY WILLOWS SURGERY	BAYER MM	56%	64%	78%	79%	58%	60%	67%	70%	79%	84%	68%	71%	4%
E84690	WILLESSEN	CREST MEDICAL CENTRE	DALSANIA AV	65%	67%	92%	97%	76%	73%	68%	79%	76%	81%	75%	79%	4%
E84020	KINGSBURY	THE STAG-HOLLY ROAD SURGERY	SHAH AKM	30%	32%	46%	48%	37%	48%	72%	74%	57%	58%	48%	52%	4%
E84645	HARNESS CO-OP	ACTON LANE SURGERY	PATEL IP	66%	72%	83%	92%	79%	75%	63%	68%	81%	84%	74%	78%	4%
E84626	WEMBLEY	THE SUNFLOWER MEDICAL CENTRE	MAMTORA M	51%	61%	50%	52%	48%	56%	58%	59%	71%	68%	56%	59%	3%
E84023	KILBURN	PARK HOUSE MEDICAL CENTRE	TOOTH B	82%	81%	72%	72%	70%	76%	59%	65%	76%	80%	72%	75%	3%
E84706	KINGSBURY	FRYNT MEDICAL CENTRE	SELWYN A - GMS (EX LEV	49%	55%	85%	84%	39%	58%	91%	83%	77%	77%	68%	71%	3%
Y00206	WILLESSEN	BURNLEY PRACTICE	DOKO M	75%	73%	68%	77%	65%	70%	70%	72%	73%	77%	70%	74%	3%
E84006	KILBURN	THE LAW MEDICAL GROUP PRACTICE	SHIELDS J - PMS	57%	56%	72%	73%	60%	68%	56%	58%	76%	80%	64%	67%	3%
E84668	WEMBLEY	KENTON MEDICAL CENTRE	DAS PK - PMS	65%	68%	85%	87%	61%	75%	48%	46%	74%	69%	66%	69%	3%
E83654	KILBURN	THE LEVER MEDICAL CENTRE	MAHESWARAN WT	55%	61%	46%	49%	63%	64%	45%	52%	76%	71%	57%	59%	2%
E84637	HARNESS CO-OP	HILLTOP MEDICAL PRACTICE	RAY S	64%	70%	62%	56%	62%	65%	53%	61%	77%	76%	64%	66%	2%
E84086	WILLESSEN	WALM LANE SURGERY	IMMESON (COATES)	76%	76%	66%	71%	77%	78%	71%	79%	73%	69%	73%	75%	2%
E84704	WILLESSEN	ST.GEORGES MEDICAL CENTRE	NEOMAN I - PMS	86%	88%	78%	82%	73%	73%	83%	82%	74%	78%	79%	81%	2%
E84051	WEMBLEY	STANLEY CORNER MEDICAL CENTRE	SINGH T G	53%	60%	78%	79%	61%	56%	62%	66%	79%	80%	66%	68%	2%
E84031	HARNESS CO-OP	BRENTFIELD MEDICAL CENTRE	GELLERT S - PMS	49%	56%	64%	67%	56%	52%	43%	46%	85%	84%	59%	61%	2%
E84028	HARNESS CO-OP	THE STONEBRIDGE MEDICAL PRACTICE	JAYAKUMAR	45%	27%	49%	52%	42%	54%	64%	61%	66%	81%	53%	55%	2%
E84056	KILBURN	THE CLARENCE MED CENTRE	MAHMOOD K	74%	77%	88%	85%	71%	87%	92%	82%	83%	84%	82%	83%	2%
E84017	WEMBLEY	SUDBURY & ALPERTON MEDICAL CENTRE	MEHTA S	45%	41%	89%	87%	57%	65%	74%	78%	78%	78%	69%	70%	1%
E84678	WEMBLEY	PRESTON MEDICAL CENTRE	PATEL A R	85%	91%	96%	94%	91%	92%	81%	82%	88%	86%	88%	89%	1%

E84624	HARNESS CO-OP	PARK ROAD SURGERY	DAS L	67%	73%	75%	77%	72%	80%	66%	48%	73%	80%	71%	71%	1%
E84074	HARNESS CO-OP	FREUCHEN MEDICAL CENTRE	PANCH S	66%	71%	76%	75%	72%	76%	77%	70%	75%	76%	73%	74%	1%
E84674	KILBURN	CHICHELE ROAD SURGERY	RANADE	61%	60%	76%	86%	67%	63%	62%	69%	75%	66%	68%	69%	0%
E84708	WILLESDEN	THE VILLAGE MEDICAL CENTRE	BHARGAVA S	64%	66%	88%	91%	79%	71%	75%	87%	76%	69%	76%	77%	0%
E84036	WILLESDEN	GLADSTONE MC	DE KARE-SILVER NS	45%	57%	50%	52%	67%	58%	61%	59%	81%	79%	61%	61%	0%
E84032	KINGSBURY	ELLIS PRACTICE	SALINSKY JV	66%	56%	90%	92%	44%	50%	66%	67%	83%	85%	70%	70%	0%
E84049	KINGSBURY	BRAMPTON HEALTH CENTRE	SOBTI UK	77%	82%	88%	76%	82%	80%	89%	93%	61%	66%	79%	79%	0%
E84015	KINGSBURY	WILLOW TREE FAMILY DOCTORS	SELWYN A - PMS	64%	65%	80%	83%	57%	67%	73%	67%	80%	80%	71%	71%	0%
E84076	HARNESS CO-OP	OXGATE GARDENS SURGERY	KELLERMAN (JONES)	50%	56%	74%	70%	70%	70%	74%	72%	77%	78%	69%	69%	0%
Y02692	HARNESS CO-OP	BRENT GP ACCESS UNIT HARNESS-			72%		89%		80%		58%		89%	0%	78%	0%
E84080	KILBURN	STAVERTON SURGERY	BURCH AM - PMS	70%	74%	65%	68%	69%	73%	55%	46%	84%	80%	69%	68%	0%
E84620	KINGSBURY	PRESTON ROAD SURGERY	BALAN KN - PMS	77%	83%	85%	85%	72%	73%	85%	77%	86%	87%	81%	81%	0%
E84007	KINGSBURY	UXENDON CRESCENT SURGERY	PATEL J	79%	78%	87%	88%	74%	72%	95%	91%	81%	83%	83%	83%	-1%
E84033	KINGSBURY	CHALKHILL FAMILY PRACTICE	HUSSAIN	67%	71%	64%	61%	65%	61%	67%	65%	77%	78%	68%	67%	-1%
E84705	KILBURN	CHAMBERLAYNE RD SURGERY	PATEL J	64%	61%	72%	67%	71%	70%	76%	81%	61%	59%	69%	68%	-1%
E84021	WILLESDEN	THE WILLESDEN MEDICAL CENTRE	PETER (DESHMUKH)	22%	18%	59%	61%	34%	34%	35%	32%	62%	62%	43%	41%	-1%
E84661	KINGSBURY	PRIMARY CARE MEDICAL CENTRE	SHAH A	65%	62%	91%	88%	59%	52%	61%	66%	80%	81%	71%	70%	-1%
E84699	KINGSBURY	KINGS EDGE	KUMAR PV - PMS	35%	30%	65%	66%	55%	57%	37%	31%	58%	57%	50%	48%	-2%
E84012	KILBURN	THE WINDMILL MEDICAL PRACTICE	ROBINSON AL (MITCHLEY	88%	88%	94%	93%	92%	89%	82%	80%	89%	86%	89%	87%	-2%
E84709	HARNESS CO-OP	WEMBLEY PARK DRIVE MEDICAL CENTRE	ROSS J	60%	58%	77%	70%	58%	58%	50%	54%	79%	75%	65%	63%	-2%
E84669	WEMBLEY	THE EAGLE EYE	PATEL S	71%	71%	83%	76%	80%	78%	58%	54%	67%	63%	72%	68%	-3%
E84030	HARNESS CO-OP	AKSYR MEDICAL PRACTICE	KHAN MAA	60%	59%	70%	64%	70%	64%	73%	68%	72%	72%	69%	65%	-4%
E84077	KILBURN	THE SHELDON PRACTICE	SHAH UU	75%	75%	94%	97%	95%	85%	93%	85%	85%	81%	88%	85%	-4%
E84042	KILBURN	KILBURN PARK MEDICAL CENTRE	TATE A	47%	39%	65%	63%	63%	64%	68%	66%	87%	78%	66%	62%	-4%
E84084	WEMBLEY	THE BEECHCROFT MEDICAL CENTRE	CLARK HELEN	50%	50%	78%	69%	68%	62%	54%	53%	81%	76%	66%	62%	-4%
E84662	KINGSBURY	THE GIRTON PRACTICE	BANERJEE N	68%	74%	96%	89%	90%	79%	83%	78%	84%	79%	84%	80%	-4%
E84083	WEMBLEY	LANFRANC MEDICAL CENTRE	MEHTA PC - PMS	83%	86%	92%	87%	51%	48%	70%	60%	84%	72%	76%	71%	-5%
E84684	KINGSBURY	THE TUDOR HOUSE MEDICAL CENTRE	GOSAIN RK - PMS	71%	78%	95%	84%	61%	53%	79%	71%	85%	79%	78%	73%	-5%
E84665	WILLESDEN	NEASDEN MEDICAL CENTRE GREENHILL	RASOOLY R	78%	71%	87%	82%	81%	65%	64%	63%	74%	75%	77%	71%	-6%
E84013	HARNESS CO-OP	CHURCH END MEDICAL CENTRE	KONG E - PMS	47%	44%	73%	78%	62%	49%	60%	42%	81%	81%	64%	59%	-6%
E84685	WEMBLEY	SUDBURY COURT SURGERY	OMODU U	55%	48%	89%	81%	67%	48%	78%	80%	78%	78%	73%	67%	-6%
E84066	WEMBLEY	HAZELDENE MEDICAL CENTRE	MAHMOODI J	66%	62%	51%	43%	59%	46%	58%	50%	78%	77%	63%	56%	-7%
E84048	KINGSBURY	THE FRYENT WAY SURGERY	KRAUS PD	72%	64%	81%	77%	75%	65%	69%	61%	77%	71%	75%	67%	-7%

ACE Programme Outcomes Qtr 3 10/11	
62 % of practices improved their score	
7% of practices stayed the same	
31% did not score as well	

	Qtr 3 09/10	QTR 3 10/11
above england average >75%	27%	34%
above brent average >68%<75%	31%	20%
below brent average <75%	40%	36%

% improved or stayed the same	70%
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Ongoing Comparison of practice GPPS survey results 2008 - 2010 - unweighted data

Practice Code	Consortia	Practice name	Average of five access factors 08/09	Average of five access factors 09/10	Difference 08/09 - 09/10	Average of five access factors Qtr1 10/11	Difference 09/10 - Qtr 1 10/11	Average of five access factors Qtr2 10/11	Difference 09/10 - Qtr 2 10/11	Average of five access factors Qtr3 10/11	Difference 09/10 - Qtr 3 10/11	Average of five access factors Qtr4 10/11	Difference 09/10 - Qtr 4 10/11
Results for England as a whole			75%	73%	-2%	75%	2%	74%	-1%	75%	1%		
BRENT PCT			70%	67%	-3%	67%	1%	68%	1%	68%	0%		
E84701	HARNESS	THE CHAPLIN RD SURGERY	78%	75%	-2%	80%	5%	81%	1%	83%	2%		
E84026	HARNESS	BUCKINGHAM RD SURGERY	76%	72%	-5%	76%	4%	79%	3%	80%	1%		
E84645	HARNESS	ACTON LANE SURGERY	77%	72%	-5%	76%	4%	76%	0%	78%	2%		
Y02692	HARNESS	BRENT GP ACCESS UNIT HARNESS-WEMBLEY	N/A	N/A	N/A	78%	N/A	80%	2%	78%	-2%		
E84635	HARNESS	THE SURGERY	74%	71%	-2%	68%	-3%	71%	3%	75%	4%		
E84074	HARNESS	FREUCHEN MEDICAL CENTRE	75%	70%	-5%	75%	4%	75%	0%	74%	-1%		
E84067	HARNESS	CHURCH LANE SURGERY	70%	66%	-4%	66%	0%	69%	3%	73%	4%		
E84029	HARNESS	HARNESS HARLES DEN PRACTICE	63%	64%	1%	67%	3%	69%	2%	72%	3%		
E84624	HARNESS	PARK ROAD SURGERY	71%	67%	-3%	71%	3%	70%	-1%	71%	1%		
E84076	HARNESS	OXGATE GARDENS SURGERY	74%	67%	-7%	69%	2%	69%	1%	69%	0%		
E84637	HARNESS	HILLTOP MEDICAL PRACTICE	66%	65%	-1%	68%	3%	67%	-1%	66%	-1%		
E84030	HARNESS	AKSYR MEDICAL PRACTICE	65%	67%	2%	68%	1%	67%	-1%	65%	-2%		
E84709	HARNESS	WEMBLEY PARK DRIVE MEDICAL CENTRE	69%	66%	-3%	62%	-4%	62%	0%	63%	1%		
E84031	HARNESS	BRENTFIELD MEDICAL CENTRE	66%	63%	-3%	59%	-4%	59%	0%	61%	2%		
E84013	HARNESS	CHURCH END MEDICAL CENTRE	67%	63%	-4%	63%	0%	59%	-4%	59%	0%		
E84028	HARNESS	THE STONEBRIDGE PRACTICE	58%	56%	-2%	57%	1%	55%	-2%	55%	0%		

KEY 1		KEY 2	
AVERAGE OF FIVE ACCESS FACTORS	RED Below Brent average	DIFFERENCE	RED Worse than previous quarter
	AMBER Above Brent average but below England average		AMBER Stayed the Same
	GREEN Above England average		GREEN Improved on previous quarter

Ongoing Comparison of practice GPPS survey results 2008 - 2010 - unweighted data

Practice Code	Consortia	Practice name	Average 08/09	Average 09/10	Difference 08/09 - 09/10	Average Qtr1 10/11	Difference 09/10 - Qtr 1 10/11	Average Qtr2 10/11	Difference 09/10 - Qtr 2 10/11	Average of five access factors Qtr3 10/11	Difference 09/10 - Qtr 3 10/11	Average of five access factors Qtr4 10/11	Difference 09/10 - Qtr 4 10/11
Results for England as a whole			75%	73%	-2%	75%	2%	74%	-1%	75%	1%		
BRENT PCT			70%	67%	-3%	67%	1%	68%	1%	68%	0%		
E84702	KILBURN	WILLESDEN GREEN SURGERY	78%	75%	-3%	84%	8%	85%	1%	88%	3%		
E84012	KILBURN	THE WINDMILL MEDICAL PRACTICE	81%	86%	5%	90%	4%	89%	-1%	87%	-2%		
E84696	KILBURN	PEEL PRECINCT SURGERY	73%	73%	0%	85%	12%	86%	1%	86%	0%		
E84077	KILBURN	THE SHELTON PRACTICE	82%	81%	-2%	86%	6%	85%	-1%	85%	0%		
E84056	KILBURN	THE CLARENCE MEDICAL CENTRE	74%	76%	3%	84%	8%	83%	-1%	83%	0%		
E84023	KILBURN	PARK HOUSE MEDICAL CENTRE	74%	73%	-1%	73%	0%	74%	1%	75%	1%		
E84674	KILBURN	CHICHELE ROAD SURGERY	68%	68%	0%	69%	0%	68%	0%	69%	1%		
E84080	KILBURN	STAVERTON SURGERY	75%	72%	-3%	68%	-4%	70%	1%	68%	-2%		
E84705	KILBURN	CHAMBERLAYNE RD SURGERY	63%	59%	-4%	66%	7%	67%	1%	68%	1%		
E84006	KILBURN	THE LAW MEDICAL GROUP PRACTICE	69%	66%	-2%	65%	-1%	66%	1%	67%	1%		
E84667	KILBURN	BLESSING MEDICAL CENTRE	63%	58%	-6%	62%	4%	65%	3%	66%	1%		
E84025	KILBURN	THE LONSDALE MEDICAL CENTRE	64%	62%	-1%	62%	0%	63%	1%	66%	3%		
E84042	KILBURN	KILBURN PARK MEDICAL CENTRE	66%	67%	1%	64%	-4%	62%	-2%	62%	0%		
E84035	KILBURN	THE MEDICAL CENTRE	60%	55%	-5%	60%	5%	63%	3%	61%	-2%		
E83654	KILBURN	THE LEVER MEDICAL CENTRE	53%	55%	2%	57%	2%	58%	1%	59%	1%		

KEY 1			KEY 2		
AVERAGE OF FIVE ACCESS FACTORS	RED	Below Brent average	DIFFERENCE	RED	Worse than previous quarter
	AMBER	Above brent average but below England av		AMBER	Stayed the Same
	GREEN	Above England average		GREEN	Improved on previous quarter

Ongoing Comparison of practice GPPS survey results 2008 - 2010 - unweighted data

Practice code	Consortia	Practice name	Average of five access factors 08/09	Average of five access factors 09/10	Difference 08/09 - 09/10	Average of five access factors Qtr1 10/11	Difference 09/10 - Qtr 1 10/11	Average of five access factors Qtr2 10/11	Difference 09/10 - Qtr 2 10/11	Average of five access factors Qtr3 10/11	Difference 09/10 - Qtr 3 10/11	Average of five access factors Qtr4 10/11	Difference 09/10 - Qtr 4 10/11
Results for England as a whole			75%	73%	-2%	75%	2%	74%	-1%	75%	1%		
BRENT PCT			70%	67%	-3%	67%	1%	68%	1%	68%	0%		
E84704	WILLESDEN	ST.GEORGES MEDICAL CENTRE	75%	75%	0%	82%	7%	81%	-1%	81%	0%		
E84690	WILLESDEN	CREST MEDICAL CENTRE	76%	73%	-3%	75%	3%	77%	2%	79%	2%		
E84656	WILLESDEN	ROUNDWOOD PARK MEDICAL CENTRE	77%	72%	-5%	75%	3%	77%	1%	78%	1%		
E84708	WILLESDEN	THE VILLAGE MEDICAL CENTRE	66%	65%	-1%	77%	12%	77%	0%	77%	0%		
E84086	WILLESDEN	WALM LANE SURGERY	75%	73%	-2%	75%	1%	74%	-1%	75%	1%		
Y00206	WILLESDEN	BURNLEY PRACTICE	72%	68%	-4%	70%	2%	72%	2%	74%	2%		
E84665	WILLESDEN	NEASDEN MEDICAL CENTRE	75%	73%	-2%	77%	3%	75%	-2%	71%	-4%		
E84011	WILLESDEN	ST ANDREWS MEDICAL CENTRE	70%	65%	-5%	68%	3%	67%	-1%	70%	3%		
E84036	WILLESDEN	GLADSTONE MEDICAL CENTRE	63%	62%	-1%	58%	-4%	60%	2%	61%	1%		
E84021	WILLESDEN	THE WILLESDEN MEDICAL CENTRE	48%	47%	-1%	40%	-7%	40%	0%	41%	1%		

KEY 1	KEY 2
AVERAGE OF FIVE ACCESS	DIFFERENCE
RED	Below Brent average
AMBER	Above brent average but below England aver
GREEN	Above England average
RED	Worse than previous quarter
AMBER	Stayed the Same
GREEN	Improved on previous quarter

Ongoing Comparison of practice GPPS survey results 2008 - 2010 - unweighted data

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Results for England as a whole			75%	73%	-2%	75%	2%	74%	-1%	75%	1%		
BRENT PCT			70%	67%	-3%	67%	1%	68%	1%	68%	0%		
E84678	WEMBLEY	PRESTON MEDICAL CENTRE	84%	84%	0%	89%	5%	90%	1%	89%	-1%		
E84003	WEMBLEY	PREMIER MEDICAL CENTRE	76%	72%	-5%	74%	2%	76%	2%	78%	2%		
Y01090	WEMBLEY	SMS MEDICAL PRACTICE	73%	71%	-2%	74%	3%	77%	3%	78%	1%		
E84649	WEMBLEY	THE SURGERY BRENT TPCT (WCHC)	69%	71%	2%	71%	1%	71%	0%	74%	3%		
E84083	WEMBLEY	LANFRANC MEDICAL CENTRE	78%	74%	-4%	74%	0%	72%	-1%	71%	-1%		
E84017	WEMBLEY	SUDBURY & ALPERTON MEDICAL CENTRE	66%	68%	2%	71%	3%	70%	-1%	70%	0%		
E84668	WEMBLEY	KENTON MEDICAL CENTRE	75%	69%	-6%	66%	-4%	69%	3%	69%	0%		
E84669	WEMBLEY	THE EAGLE EYE	71%	70%	-2%	70%	0%	71%	1%	68%	-3%		
E84051	WEMBLEY	STANLEY CORNER MEDICAL CENTRE	70%	65%	-4%	65%	0%	66%	1%	68%	2%		
E84685	WEMBLEY	SUDBURY SURGERY	71%	71%	0%	73%	3%	70%	-3%	67%	-3%		
E84063	WEMBLEY	LANCELOT MEDICAL CENTRE	68%	60%	-9%	61%	2%	62%	1%	64%	2%		
E84084	WEMBLEY	THE BEEHCROFT MEDICAL CENTRE	68%	69%	1%	64%	-5%	63%	-1%	62%	-1%		
E84626	WEMBLEY	THE SUNFLOWER MEDICAL CENTRE	57%	55%	-2%	55%	0%	56%	1%	59%	3%		
E84638	WEMBLEY	ALPERTON MEDICAL CENTRE	51%	54%	3%	55%	1%	58%	3%	58%	0%		
E84066	WEMBLEY	HAZELDENE MEDICAL CENTRE	59%	58%	-1%	57%	-1%	55%	-2%	56%	1%		

KEY 1

AVERAGE OF FIVE ACCESS FACTORS	RED	Below Brent average
	AMBER	Above Brent average but below England average
	GREEN	Above England average

KEY 2

DIFFERENCE	RED	Worse than previous quarter
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Ongoing Comparison of practice GPPS survey results 2008 - 2010 - unweighted data

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BRENT PCT			70%	67%	-3%	67%	1%	68%	1%	68%	0%		
E84007	KINGSBURY	UXENDON CRESCENT SURGERY	82%	80%	-2%	83%	3%	83%	0%	83%	0%		
E84620	KINGSBURY	PRESTON ROAD SURGERY	80%	77%	-4%	75%	-1%	78%	3%	81%	3%		
E84662	KINGSBURY	THE GIRTON PRACTICE	71%	72%	2%	83%	11%	82%	-1%	80%	-2%		
E84049	KINGSBURY	BRAMPTON HEALTH CENTRE	72%	67%	-5%	81%	14%	80%	-1%	79%	-1%		
E84684	KINGSBURY	THE TUDOR HOUSE MEDICAL CENTRE	79%	73%	-6%	80%	7%	75%	-5%	73%	-2%		
E84706	KINGSBURY	FRYENT MEDICAL CENTRE	63%	64%	0%	71%	7%	74%	3%	71%	-3%		
E84002	KINGSBURY	FORTY WILLOWS SURGERY	73%	68%	-5%	68%	0%	69%	1%	71%	2%		
E84015	KINGSBURY	WILLOW TREE FAMILY DOCTORS	77%	71%	-7%	71%	0%	70%	-1%	71%	1%		
E84032	KINGSBURY	ELLIS PRACTICE	72%	70%	-1%	66%	-4%	69%	3%	70%	1%		
E84661	KINGSBURY	PRIMARY CARE MEDICAL CENTRE	72%	73%	1%	71%	-1%	71%	0%	70%	-1%		
E84048	KINGSBURY	THE FRYENT WAY SURGERY	79%	75%	-4%	72%	-3%	71%	-1%	67%	-4%		
E84033	KINGSBURY	CHALKHILL FAMILY PRACTICE	72%	67%	-5%	69%	2%	67%	-1%	67%	0%		
E84078	KINGSBURY	STAG LANE MEDICAL CENTRE	51%	53%	2%	53%	0%	56%	3%	58%	2%		
E84020	KINGSBURY	THE STAG-HOLYROOD SURGERY	50%	50%	-1%	49%	0%	50%	1%	52%	2%		
E84699	KINGSBURY	KINGS EDGE MEDICAL CENTRE	57%	57%	0%	48%	-9%	48%	0%	48%	0%		

KEY 1

AVERAGE OF FIVE ACCESS	RED	Below Brent average
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Health Partnerships Overview and Scrutiny Committee 5 April 2011

Report from the Director of Strategy, Partnerships and Improvement

Wards Affected:
ALL

Progress report on the Brent Obesity Strategy 2010-2014

1.0 Summary

1.1 In July 2010 the Health Partnerships Overview and Scrutiny Committee received a presentation on the borough's draft Obesity Strategy. At that meeting members agreed that an update on the strategy's implementation should be brought back to the committee in April 2011 for members to question officers on progress. A report on this issue has been provided by NHS Brent and is attached at appendix 1 to this covering note.

1.2 The Brent Obesity Strategy was launched on the 30th November 2010. It has been developed to address the treatment, prevention and the reduction of obesity in Brent. The strategy covers four areas:

- Influencing the Business Sector
- Children, Young People and Infant Feeding
- Improve Clinical Care pathways
- Improve Sport and Physical Activity

1.3 NHS Brent reports that progress in implementing the strategy has been slow and reflects the recent structural and financial changes to both Brent Council and NHS Brent. Of the seven key actions which the strategy highlighted there has been some limited progress with regards to

- The establishment of a Clinical Care Taskforce which is working on better mapping of dietetics and physical activity provision
- A feasibility study for the third swimming pool in Brent

1.4 The development of a community-based obesity management team has been put on hold as current activity for obesity services does not justify additional investment in the current financial climate. The Childhood Obesity programme has been severely hit by financial cuts with planned discontinuation (March 2011) of both the MEND programme and the Healthy Little Eaters programme delivered in Brent Children's Centres.

1.5 The remaining three key actions included:

- Feedback, signposting and guidance to parents following the National Childhood Measurement programme
- The Bike it scheme for Brent schoolchildren
- Motivational interviewing training for primary care staff

1.6 All of these initiatives are contingent on additional investment being found. A business case is being developed to secure funding for some of these initiatives but it is unlikely that funding will be secured for all of these key initiatives.

1.7 Officers from NHS Brent will be at the committee meeting to answer members' questions on these issues. Tackling obesity is a key element of the borough's public health programme and it is important that members are confident that the work that is taking place in Brent to tackle this issue is delivering the anticipated results.

2.0 Recommendations

2.1 The Health Partnerships Overview and Scrutiny Committee is recommended to consider the progress report on the borough's Obesity Strategy and question officers on its implementation.

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**Report for the Health Partnerships Oversight & Scrutiny Committee
Progress report on Brent Obesity Strategy 2010 – 2014**

1. Executive Summary

Levels of obesity remain high in Brent with around 24% of adults in Brent estimated to be obese and about 1 in every 5 children in year 6 are obese.

The Brent Obesity Strategic Plan (2010- 2014) was developed to address the treatment, prevention and the reduction of obesity in Brent. The strategy covers four areas: (1) Influencing the Business Sector, (2) Children, Young People and Infant Feeding, (3) Improve Clinical Care pathways (4) and Improve Sport and Physical Activity. The strategy was officially launched in November 2010.

Progress in implementation of the strategy has been slow and reflects the recent structural and financial changes to both Brent council and NHS Brent.

Of the seven key actions which the strategy highlighted there has been some limited progress with regards to

- The establishment of a **Clinical Care Taskforce** which is working on better mapping of dietetics and physical activity provision
- A feasibility study for the **third swimming pool** in Brent

The development of a **community-based obesity management team** has been put on hold as current activity for obesity services does not justify additional investment in the current financial climate.

The Childhood Obesity programme has been severely hit by financial cuts with planned discontinuation (March 2011) of both the MEND programme and the Healthy Little Eaters programme delivered in Brent Children's Centres.

The remaining three key actions included:

- Feedback, signposting and **guidance to parents following the National Childhood Measurement** programme
- The **Bike it** scheme for Brent schoolchildren
- **Motivational interviewing** training for primary care staff

All of these initiatives are contingent on additional investment being found. A business case is being developed to secure funding for some of these initiatives but it is unlikely that funding will be secured for all of these key initiatives.

The rest of this report provides further details on each of the four strategic pillars of the strategy. The appendix also provides a summary status report on the actions highlighted in the plan.

2. Strategy Launch

The strategy was developed jointly by NHS Brent and Brent Council using a collaborative approach and launched on 30th November 2010 by Ms Sarah Teather, MP, Minister of State for Children and Families, Department for Education. Approximately 100 delegates from Brent and neighbouring boroughs attended the launch. The published strategy is now available online at www.brentpct.nhs.uk/files/O_30Sept10_ObesityStrategy.doc.

3. Key Initiatives and Progress

1. Influencing the Business Sector

Environmental Health

1.3 Local large businesses: Promote healthy menu's and healthy cooking in staff canteens

Environmental Health provide life skills training courses - Some of the original plans have been revised and work is currently being undertaken by Environmental Health with Wembley Stadium to provide life skills training courses for children of the local community. Copland School is the first pilot school. Environmental Health is developing a course to be launched in September 2011 to show children how to produce good well balanced meals on a budget.

2. Children, Young People and Infant Feeding

Breastfeeding

2.5. Infant nutrition and Breastfeeding: Intensify efforts to support breastfeeding and infant nutrition, addressing inequalities and strengthening peer support

Early Intervention Peer Supporters Programme –

This is a small team of three paid peer supporters, who support mothers immediately post birth on the wards and in their homes (from 1-7 days post delivery). Based on the evidence, this support will have an impact on our prevalence of breastfeeding at 6-8 weeks. The programme started partially in January 2011 with one peer support worker and two additional staff in February. The team is working well and is starting to have an immediate impact. In due course we will be able to report whether the team has will have an impact on the prevalence of breastfeeding in Brent. The current prevalence of any breastfeeding at 6-8weeks is 70.2% (against a 75% target Q3 2010/11).

Childhood Obesity

3.2 Obese children and young people: increase targeted support

- Brent Obesity Clinical Care task force to review the MEND programme and make recommendations for future commissioning
- Disseminate audited results of MEND programmes
- Engage clinicians and school nurses in the recruitment of eligible children and families to MEND programmes for 2010-2011

A joint NHS Brent and Brent Council funded programme to tackle childhood obesity commenced in September 2008. This programme aligned with national guidance about evidence based interventions, e.g. National Institute

for Clinical Excellence (NICE), and offered multi-component preventative and treatment interventions. The joint objective of the programme was to: 'slow the year-on-year rise in the prevalence of obesity in reception age children to 10.9% by 2010/11 (National Indicator 55), and reduce the prevalence of obesity in Year 6 children to 22.0% by 2010/11' (National Indicator 56) through a combination of preventative and treatment initiatives'.

Key points:

- The percentage of obese children in Brent in Year 6 has **fallen** by 1.2% from 22.9% to 21.7%. **This result shows that the childhood obesity programme LAA target for 2009/2010 (obesity in year 6 pupils to be 22.1% or lower) has been achieved.**
- The level of obese children in Brent in 2009/2010 (21.7%) was marginally **lower** than the London average (21.8%). In previous years Brent's obesity level has been **higher** than the London average.

	2007/8			2008/9			2009/10		
Year 6	O/W	Obese	Total	O/W	Obese	Total	O/W	Obese	Total
Brent	14.6%	22.5%	37.1%	14.3%	22.9%	37.2%	14.4%	21.7%	36.1%
London	14.7%	21.6%	36.3%	14.7%	21.3%	36%	15.1%	21.8%	36.9%
England	14.3%	18.3%	32.6%	14.3%	18.3%	32.6%	14.6%	18.7%	33.3%

These are Local Authority NCMP figures (PCT figures are slightly different as are calculated differently).

MEND programme update: The current treatment programme for children aged 7 – 13 in Brent is the MEND (Mind, Exercise, Nutrition Do it!) programme, joint funded by Brent Council and NHS Brent. The programme aims to support children and their families to make positive changes to their diet and fitness levels through practical nutrition and fun exercise sessions.

Two hundred and twenty Brent families having attended the programme over the past 3 years. Positive results have been seen immediately and follow up data at 6 and 12 months is beginning to show the long term effectiveness of the MEND programme.

Future of MEND Programme in Brent - In light of the pressure on the NHS and government departments to achieve efficiencies, funding from both Brent Council and NHS Brent to deliver the childhood obesity programme will cease in March 2011. Post March 2011:

- The preventative and treatment initiatives being delivered as part of the childhood obesity programme will cease (including the MEND programme)
- The NHS Brent funded 'Healthy Little Eaters' programme being delivered in all Brent Children's Centres. This includes obesity prevention and treatment initiatives for children under 5 will cease in March 2011.

As a result of the decision made by the Brent Schools Forum, the School Meals Support Officer post currently funded through the School Lunch Grant will not continue after August 2011. As a result **there will be no preventative**

or treatment services available to children and families in Brent in future. If Brent is to successfully address the rising obesity levels in children an evidence based programme addressing all levels of needs is required; a strong integrated universal approach delivered in unison by all partners, as well as a targeted intervention to support those children and their families who are already overweight and obese using the MEND delivery model.

3. Improve Clinical Care pathways

Referral Guidelines

3.1. Referral Guidelines: Develop and disseminate guidelines for childhood, maternal and adult overweight and obesity.

Bariatric surgery pathway - The group examined the bariatric surgery pathway and found that although there is potentially a large demand for bariatric surgery in Brent, at the moment the numbers of patients actually undergoing surgery is relatively modest (44 in 2009/10). Therefore it was decided not to attempt a radical re-design of the current pathway. The referral criteria for bariatric surgery that are being developed by the North West London sector will be used to refer and prioritise patients for bariatric surgery.

Mapping community provision of dietetics and physical activity - The clinical group is carrying out some limited work around mapping community provision of dietetics and physical activity services for people who have uncomplicated overweight/obesity. If successful the forthcoming business case for the NHS Health Checks programme will provide an opportunity to argue the case for some increased provision of physical activity /weight management services in the community.

4. Improve Sport and Physical Activity

3.3. Community-based programmes: Improve Population-monitoring and weight management interventions

Capture opportunities for personalised weight management and obesity care through the NHS Checks programme

NHS Health Checks - The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited to have a check once every five years. There is an opportunity for this programme to identify large numbers of individuals who could benefit from weight management and increased physical activity. Up to December 2010 the pilot programme in ten GP surgeries had provided 611 individuals with physical activity advice. A future business case is being developed to ask for additional funding for a community weight management for eligible individuals identified through the programme.

Intensive lifestyle initiative - An intensive lifestyle initiative (ILI) pilot was launched alongside the health checks for patients who have impaired glucose tolerance (IGT). The ILI is composed of 7 intensive one-to-one sessions delivered by a specialist dietician of tailored dietary advice, cooking skills, goal setting and behaviour change together with intensive gym-based physical activity sessions facilitated by the Council. This programme aims to delay and

prevent the onset of diabetes through improved diet, physical activity and weight management. The pilot will run until August 2011 and will be evaluated in due course.

Physical Activity

4.1 Increase provision of appropriate facilities

Participation in physical activity - Brent has one of the lowest levels of participation in physical activity in London and England, according to Sport England's Active people survey. The Active People 2 survey (2008) showed that 53.3% of Brent's population do no physical activity and only 19.5% of the adult population undertake 3 occasions per week of moderate intensity physical activity or sport. The Active People 3 (2009) survey showed that 53.1% of Brent's population do no physical activity but only 15.8% of the adult population were undertaking 3 occasions per week of moderate intensity physical activity or sport.

Activities - There are many activities already in place to tackle obesity in infants, children, young people and adults, using a wide range of targeted and universal approaches and across different health improvement strategies e.g. signposting, health education, personalised care and incentive schemes. These activities include: Exercise Referral schemes in two sports centres; Cardiac Rehab Phase 4 sessions, walks and jog programmes across the Borough; annual fun run and walk; two sports centres accredited by the Inclusive Fitness Initiative.

Key Actions - The Key Actions relating to Sports and Physical activity mirror those in the Sports and Physical Activity Strategy and are to:

1. Increase provision of appropriate facilities
2. Increase knowledge of the wider benefits of an active lifestyle
3. Get more people active

The sport and physical activity element of the obesity strategy focuses on 15 actions and many of these have progressed over the last year. For example:

- A detailed feasibility study for the provision of a third pool with health and fitness facilities in the North of the Borough is near completion.
- Tennis courts have been upgraded and Multi Use Games areas and netball courts installed in different parks across the Borough.
- An Active Women programme is being delivered at Bridge Park Community Leisure Centre.
- Sports activities during school holidays have been organised for family participation.
- A programme of Olympic sports activities for young people at three sports centres

Unfortunately due to Council's budget savings package that will take effect from April 2011, Charteris sports centre in Kilburn will close. This small dryside sports centre is within a residential area in Kilburn and there are 15 sports and fitness facilities within a 1.5 mile radius of the centre. Existing

members and users of the centre are being signposted to these alternate facilities.

4.8 Mental Health (Obesity Strategy)

Mental Health Employment IAPT (Improving access to psychological therapy) - A pilot project was developed as a result of a successful bid to NHS London to support people with mild mental health problems to gain employment and to sustain the employment status for people working but on sickness absence due to mental health issues. The steering group for the project has been a partnership between Job Centre Plus, Richmond Fellowship, Reed Agency, Brent Mental Health User group, Brent MIND, NHS Brent, Brent Council, and College of North West London. An assessment of each client's needs was made by the employment advisor including dietary advice, healthy eating, smoking status, weight management and physical activity. A specialist mental health dietician was commissioned to provide one-to-one and sessional support to people who were obese, overweight or needed healthy eating advice. Clients were made aware of the physical activity available across Brent. One-to-one behaviour change advice was also provided by Health Trainers. The programme has seen

Outcomes - As a result of the IAPT project 8 clients received one-to-one support around diet and a further 15 were seen in group sessions. 53 People with mild mental health problems who were unemployed were referred to the employment adviser. 7 Clients are being supported to work, 15 clients who have returned work retained their jobs with on-going support, 9 client files were closed as on-going support is now complete. 7 clients did not engage and 1 client was assessed and did not require a service and 4 clients were referred back to the employment adviser at the College of North West London.

4. Risks

There have been significant reductions in capacity within the last six months and progress is limited. This includes the departure of the following staff: Specialist Registrar in Public Health, NHS Brent, Healthy Schools Coordinator, Brent Council, Strategic Joint Commissioning Manager and Community Infant Nutrition Co-ordinator. Contracts end in on the 31st March 2011 for the following staff: The breastfeeding support workers and Child Health Support Officer. Environmental Health has been reorganised and there will be less capacity to undertake health and well being initiatives. There have been three major reorganisations within Brent Council, NHS Brent and Brent Community Services. Despite potential risks, affected key stakeholders have shown commitment to the Brent Obesity Strategy and contingency planning is in progress. A business case is in preparation to secure funding for some parts of the strategy and a Health Improvement Specialist has been appointed with responsibility for Obesity and Physical Activity and implementation of the strategy.

Kostakis Christodoulou, Head of Health Promotion
17th March 2011

Appendix 1 - Brent Obesity Strategy Action Plan

Strategic Pillar 1: Influencing the Business Sector- Focus Areas (Key Actions)	Timeline	Lead Officer	Status
1.1 Fast Food Outlet (A5): Influence positive change in menu choice			
• Environmental Health (EH) to map all fast food take away premises	July 2010	Environmental Health	Completed
• Identify how many Fast Food outlets have healthy options	August 2010	Environmental Health	In progress
• Develop a working protocol to advise & educate business on alternative healthy menu options	December 2010	Environmental Health	To be started
• Work with A5 businesses to implement healthy menu options	over 1 year	Environmental Health	To be started
1.2 Take Away restaurants: Restrict planning permission within 400 metres of a School			
Establish an evidence base for the association between childhood obesity and fast food take away restaurants	3 months	Public Health	To be started
• Work with planning to restrict permission to A5 premises within 400 metres of schools	up to 2012	Planning Officer	To be started
• Investigate the use of payments from planning applications (section 106 payments) to fund extracurricular physical activities in schools	1 month	Planning Officer	To be started
• Work towards policy changes which will incorporate school activities in S.106 funding	1 month	Planning Officer	To be started
1.3 Local large businesses: Promote healthy menu's and healthy cooking in staff canteens			
• Organise an area forum for representatives of large companies to discuss, educate and advise on healthy menu options	April 2011	Environmental Health	Revised plans In progress
• Critically assess workplace practices in NHS Brent and the Local Authority and introduce policies that encourage physical activity and healthy eating	3-6 months	Policy and Performance	Revised plans In progress
• Encourage and support the implementation of healthy meals provision in staff canteens.	3-6 months	Environmental Health	Revised plans
• Promote the provision of free fruit in public sector organizations and large private sector organizations in Brent	3-6 months	Environmental Health	Revised plans In progress
1.4 Small and Medium Enterprise: work to raise occupational health standards			
• Encourage the use of NHS Plus and Occupational Health Helpline by SMEs	12 months	Health Inequalities	To be started
• Promote the provision of free fruit for employees in Small and Medium Enterprises in Brent	12 months	Health Inequalities	To be started
• Engage with Small and Medium Enterprises to develop clinical and occupational standards	12 months	Health Inequalities	To be started
• Promote Active Travel as a means of incorporating exercise and activity in to the daily routine,	within 3 months	Sustainable Transport	In progress

Strategic Pillar 2: Children, Young People and Infant Feeding Focus Areas	Timeline	Lead Officer	Status
2.1 Healthy Schools: Support the Enhanced model framework			
<ul style="list-style-type: none"> Encourage Brent schools to choose healthy weight as one of their priorities as part of the Healthy Schools Enhancement model, particularly those in areas with higher levels of overweight and obesity 	Ongoing	Healthy Schools Coordinator	To be started
<ul style="list-style-type: none"> Agree on effective communication with schools to ensure that schools are aware of the support available to them to support them achieve this priority 	September 2010	Healthy Schools Coordinator	To be started
<ul style="list-style-type: none"> Ensure that partners provide relevant and accurate data and means of evaluation at each stage of the Enhanced Model framework 	Quarterly	Healthy Schools Coordinator	To be started
2.2 Free school meals (NI52): increase take-up			
<ul style="list-style-type: none"> Increase the take-up of paid and free school meals school meals (paid and free) to 50% and 40% in Brent primary and secondary schools respectively 	July 2011	School Meals Support	In progress
<ul style="list-style-type: none"> Ensure 100% of schools are supported to meet the mandatory food and nutrient based standards for school meals. 	July 2011	School Meals Support	Complete
<ul style="list-style-type: none"> Develop an options paper regarding the continuation of the Food in Schools Programme and NI52 data collection. 	Complete by Dec 2010	School Meals Support	Complete
2.3 NCMP: Increase the annual data collection and targeted feedback			
<ul style="list-style-type: none"> Maintain levels of participation in the NCMP by Brent schools (91%) 	Annually	School Nursing	
<ul style="list-style-type: none"> Develop a plan to pilot routine feedback in 1 locality / ward, including the provision of advice and information 	6 months	School Nursing	
<ul style="list-style-type: none"> Implement a robust referral process for children identified as overweight or obese through the NCMP in line with the care pathways 	2012	School Nursing	
2.4 Support Brent Further Education establishments to promote healthier lifestyles			
<ul style="list-style-type: none"> Increased health promotion activity at CNWL during health weeks, open days, other events 	Sept 2010 to July 2012	Student Liaison Manager at CNWL	
<ul style="list-style-type: none"> Increased pupil participation, particularly girls, in sports and physical activity at CNWL 	Sept 2010 to June 2011	Student Liaison Manager at CNWL	

<ul style="list-style-type: none"> Improved access to healthy food at CNWL, including working with the caterers to explore the provision of healthier options and explore the option to provide healthier vending machine options. 	within 6 months	Student Liaison Manager at CNWL	
<ul style="list-style-type: none"> CNWL to work in partnership with Environmental Health to increase the number of healthy options at the fast food outlets surrounding the schools and colleges (e.g. Sam's) 	within 1 year	Environmental Health Team manager	To be started
2.5 Infant nutrition and Breastfeeding: intensify efforts to support breastfeeding and infant nutrition, addressing inequalities and strengthening peer support			
<ul style="list-style-type: none"> Achieve Stage I UNICEF Baby Friendly Initiative (BFI) Accreditation; Registration of Intent accepted by UNICEF 	March 2011	Community Infant Nutrition Coordinator	In progress
<ul style="list-style-type: none"> Develop and implement a marketing campaign with positive images and role models for breastfeeding 	6 – 12 months	Coordinator	Complete
<ul style="list-style-type: none"> To address inequalities, by carrying out a needs assessment, expanding BFI and breastfeeding strategies in areas with low breastfeeding prevalence. 	6 months	Community Infant Nutrition Coordinator	To be started
<ul style="list-style-type: none"> To monitor and evaluate the weight management service commissioned for Brent Children's Centres 	March 2011	Nutrition and Dietetics	In progress
Strategic Pillar 3: Improve Clinical Care Pathways- Focus Areas (Key Actions)			
3.1 Referral Guidelines: Develop and disseminate guidelines for childhood, maternal and adult overweight and obesity			
<ul style="list-style-type: none"> Establish a Brent Obesity Clinical Care task force composed of senior clinician, dietician, occupational health, GP, adult and child psychologist, paediatrician and school nurse lead 	within 1 month	Public Health	In progress
<ul style="list-style-type: none"> Conduct a review of existing evidence for effective interventions and conduct a health needs assessment for obesity, identifying existing inequities in service provision 	within 2 months	Ext Commissioned Provider	Cancelled
<ul style="list-style-type: none"> Develop a patient-centred health related obesity clinical care pathway, integrated across the community, for tiered levels of obesity for adults, children and people with mental health disorders 	review 1 month	Public Health Consultant	In progress
<ul style="list-style-type: none"> Ensure all GPs and frontline healthcare workers are aware of referral criteria and clinical pathway 	1 month	Public Health	In progress
<ul style="list-style-type: none"> Establish clear process and output targets to monitor and evaluate the clinical care pathway, including patient centred evaluation 	1 month	Public Health Consultant	To be started
3.2 Obese children and young people: increase targeted support			

• Brent Obesity Clinical Care task force to review the MEND programme and make recommendations for future commissioning	October 2010	Commissioning Manager	Completed
• Disseminate audited results of MEND programmes	October	Commissioning	Completed
• Engage clinicians and school nurses in the recruitment of eligible children and families to MEND programmes for 2010-2011	Ongoing	Commissioning Manager	Achieved
• Establish integrated paediatric nutrition service in the community with the support of a child psychologist based on best evidence and the health needs assessment	3 – 4 months	Public Health Consultant	Not started
3.3 Community-based programmes: Improve Population-monitoring and weight management interventions			
• 90% of GP practice obesity registers visited, checked and updated by 2012	2012	Primary Care	Not started
• Ensure that patients are aware of, can access and navigate their way through the clinical care pathway	March 2011	Public Health	In progress
• Ensure front-line health workers actively case-find patients eligible for weight management services or bariatric surgery and incorporate motivational interviewing within their clinical approach to weight management and physical activity	Early 2011	Director of Primary Care Commissioning	Not started
• Capture opportunities for personalised weight management and obesity care through the NHS Health Checks programme	2011	Public Health Consultant	In progress
• Establish on-site commercial weight management programmes and improve accessibility and uptake in the workplace	Complete by end of 2011	Public Health Consultant,	Not started
3.4 Decentralisation of care: Pre- and post-operative follow-up and care for bariatric surgery			
• Ensure that pre- and post-operative management is appropriately delivered in primary or secondary care as determined by the health needs assessment	health needs assessment	Public Health Consultant	Completed
• Ensure resources are used as effectively as possible to reduce waiting times for bariatric surgery	Ongoing	Public Health Consultant	Under development
• Establish an integrated, community care team for bariatric surgery follow-up and personalised weight management with psychology input (Not justified by current patient numbers therefore no further action)	2012	Public Health Consultant	Cancelled
Strategic Pillar 4: Sports and Physical Activity Focus Areas (Key Actions)			
4.1 Increase provision of appropriate facilities			
• Progress the work to enable a third pool with health and fitness facilities to be built that serves the north of the borough.	2010 to 2013	Head of Sports Service	In progress

<ul style="list-style-type: none"> Make public parks and open spaces more accessible and attractive to those wanting to be physically active and develop a wider range of opportunities for informal physical activity, in particular through School-based cycling projects such as Bike It. 	2010 to 2014	Assistant Director (Culture)	In progress
<ul style="list-style-type: none"> Ensure quality sports provision is integral within the Building Schools for the Future (BSF) programme in Brent. 	2010 to 2015	Head of Sports Service	Cancelled
<ul style="list-style-type: none"> Ensure opportunities for physical activity are built into public spaces. 	2010 to 2015	Policy and Projects	In progress
4.2 Increase knowledge of the wider benefits of an active lifestyle.			
<ul style="list-style-type: none"> Target new physical activity programmes in areas with higher levels of deprivation to tackle health inequalities. 	2010 to 2015	Health Inequalities Manager	To be started
<ul style="list-style-type: none"> Persuade more health professionals to prescribe physical activity as a form of preventative medicine. 	2010 to 2015	Health Inequalities Manager	To be started
<ul style="list-style-type: none"> Ensure that physical activity is a key component in targeted health improvement and intervention programmes such as improving vascular health. 	2010 to 2015	Matt Miles Health Promotion	In progress
<ul style="list-style-type: none"> Get more people walking and physically active during their leisure time, work breaks and as a means of transport. 	2010 to 2015	Sports Development Officer	In progress
<ul style="list-style-type: none"> Support businesses to develop healthy, active workplaces. 	2010 to 2015	Health Inequalities	To be started
<ul style="list-style-type: none"> Develop the health trainer model to help support and motivate people wishing to develop a healthier, more active lifestyle. 	2010 to 2015	Health Inequalities Manager	To be started
4.3 Get more people active			
<ul style="list-style-type: none"> Direct additional developmental work on the five target groups, concentrating on non and low participants to encourage them to become active. 	2010 to 2015	Sports Development	In progress
<ul style="list-style-type: none"> Develop activities within community settings to reduce transport as a barrier and enhance the likelihood of sustained participation. 	2010 to 2015	Sports Development	In progress
<ul style="list-style-type: none"> Promote the use of Parks for informal physical activity. 	2010 to 2015	Head of Parks Service	In progress
<ul style="list-style-type: none"> Develop opportunities for 'family' participation in sport and physical activity. 	2010 to 2015	Sports Development	In progress
<ul style="list-style-type: none"> Widely promote free activities, Brent's leisure discount scheme and the availability of pay and play opportunities at all Brent Council owned sports centres. 	2010 to 2015	Leisure Client Officer	In progress



Health Partnerships Overview and Scrutiny Committee 5th April 2011

Report from the Director of Strategy, Partnerships and Improvement

For Action

Wards Affected:
ALL

Progress report on the Brent Tobacco Control Strategy 2010-2013

1.0 Summary

- 1.1 In July 2010 the Health Partnerships Overview and Scrutiny Committee received a presentation on the borough's draft Tobacco Control Strategy. At that meeting members agreed that an update on the strategy's implementation should be brought back to the committee in April 2011 for members to question officers on progress. A report on this issue has been provided by NHS Brent and is attached at appendix 1 to this covering note.
- 1.2 The Tobacco Control Strategy was launched on the 29th November 2010. It has been developed to reduce smoking prevalence and the use of tobacco products in Brent. In line with the 'Healthy Lives, Healthy People: A Tobacco Control Plan for England' it is a comprehensive tobacco control programme that aims to deliver evidence based best practice initiatives to reduce the use of tobacco products in the borough.
- 1.3 There are four work streams in the strategy, and an update has been provided on each. The work streams are:
- Stopping the inflow of young people recruited as smokers
 - Motivating every smoker in Brent to quit
 - Protecting families and communities from tobacco related harm
 - Improving and maintaining partnership working
- 1.4 The report also contains information on the key risks associated with the delivery of the strategy.
- 1.5 Officers from NHS Brent will be at the committee meeting to answer members' questions on this issue. Tobacco control is a key element of the borough's public health programme and it is important that members are confident that the work that is taking place in Brent to tackle this issue is delivering the anticipated results.

2.0 Recommendations

- 2.1 The Health Partnerships Overview and Scrutiny Committee is recommended to consider the progress report on the borough's Tobacco Control Strategy and question officers from NHS Brent on its implementation.

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Report for the Health Partnerships O & S Committee

Progress report on the Brent Tobacco Control Strategy 2010 – 2013

1. Executive Summary

The Brent Tobacco Control Strategy (2010 - 2013) has been developed to reduce smoking prevalence in Brent. In line with the 'Healthy Lives, Healthy People: A Tobacco Control Plan for England' it is a comprehensive tobacco control programme that aims to deliver evidence based best practice through delivery of the following work streams:

- Stopping the inflow of young people recruited as smokers
- Motivating every smoker in Brent to quit
- Protecting families and communities from tobacco related harm
- Improving and maintaining partnership working

This report details progress that has been achieved, including the strategy launch and progress on the key initiatives in each of the work stream areas. The appendix provides a summary overview and status report on actions in the plan.

The action plan was officially due to begin on January 1st 2011 however, some officers were in a position to commence tasks prior to the official launch date.

The published strategy is now available online at:
http://www.brentpct.nhs.uk/html/NewsEvents_7043.htm

2. Strategy Launch

The Brent Tobacco Control Strategy was officially published and launched on 29th November 2010.

The following speakers outlined elements of the tobacco control strategy as part of the launch:

1. **Brent Tobacco Control Strategy**, Simon Bowen, Acting Director of Public Health and Regeneration, NHS Brent and London Borough of Brent
2. **Tobacco Use & Health Inequalities**, Ilaria Geddes, Research fellow for the Marmot Review, Fair Society, Healthy Lives Team, University College London
3. **Motivating & Assisting Every Smoker to Quit**, Robert West, Professor of Health Psychology & Director of Tobacco Studies, University College London.
4. **Young People and Tobacco Use**, Martin Dockrell, Director of Policy & Research, Action on Smoking and Health (ASH), London.
5. **Tobacco Control in London**, Andrew Hayes, Tobacco Policy Manager, Regional Public Health Group, London

Approximately 70 delegates from Brent and neighbouring boroughs attended the launch.

The strategy was developed jointly by NHS Brent and Brent Council using a collaborative approach. The end product gathered the input and expertise of a variety of relevant key stakeholders including Healthy Schools, Trading Standards, Environmental Health, Brent Stop

Smoking Service, London Fire Brigade, Health Promotion and various strategic youth officers and workers.

The result is the most well informed local strategy possible, deliverable within the framework of a SMART action plan that optimizes the limited available budget and resources.

3. Key Initiatives and Progress

Work Stream 1: Stopping the inflow of young people recruited as smokers

Reducing availability and affordability of tobacco to minors

▪ **Underage Test Purchasing**

Trading Standards agreed to allocate a minimum of 30% of all under age test purchases to tobacco products. The 2010 -2011 target was for 63 operations for tobacco.

This target has been exceeded and a total of 82 under age test purchases have been undertaken by Trading Standards in 2010/2011. These can be summarised in Table 1. Six attempts (7.3%) resulted in a successful sale to a minor.

In contrast to previous operations in Brent, the two attempts to test purchase via vending machines were successful. Despite the small sample size this result is in line with national studies that report increased accessibility to tobacco by minors through vending machines. Preliminary findings such as these suggest the need for further investigation of access to tobacco via this route.

There were no successful test purchasing attempts for tobacco paan. This may be attributed to the extensive work Trading Standards have carried out around through a 'Paan Project' in 2009.

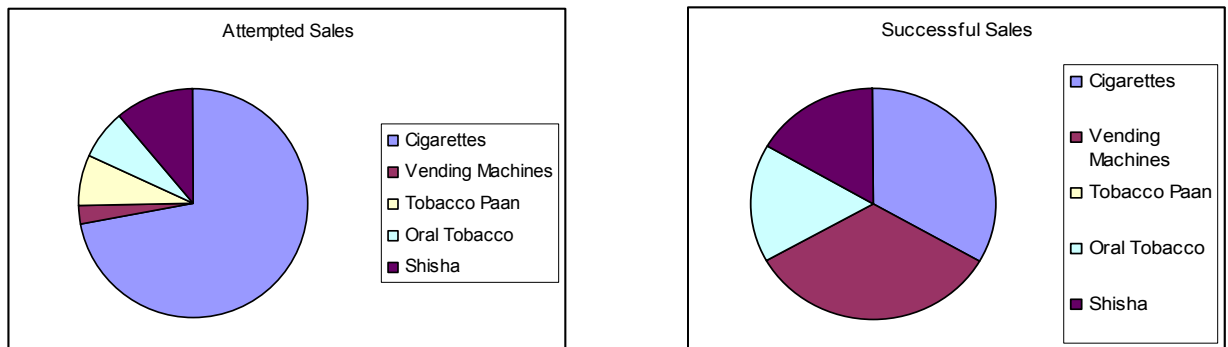
Although one third of all sales came from cigarette vendors, this was small in comparison with the total number of attempts.

Informal intelligence suggests that underage sales of tobacco shisha are probably quite common however test purchasing in shisha bars has been problematic. This is due to the fact that youth volunteers are exposed to second hand smoke. In addition, payment of shisha often doesn't happen until the end of the smoking 'session', and the vendors may become aware of the test 'purchase' attempt if payment is request up front. Trading Standards are currently investigating the possibility of alternative means of test purchasing shisha.

Table 1: Test purchasing for sale of tobacco to minors 2010/2011
(Source: Brent & Harrow Trading Standards)

Sale from	Attempt	Sale
Vending machine	2	2
Shisha bar	9	1
Tobacco Paan	6	0
Oral Tobacco	6	1
Cigarette vendors	59	2
Total	82	6

Figure 1: Breakdown of attempted and successful sales of tobacco to minors
(Source: Brent & Harrow Trading Standards)



- **Partnership days**

To facilitate joint working and maximum impact of operations, Trading Standards have carried out three partnership days this year. Each was carried out alongside the HMRC and two also included Environmental Health. These are detailed further in the report.

- **Duty unpaid tobacco operations & smokefree legislation compliance**

Trading Standards, in partnership with HMRC have seized 296Kg of duty unpaid tobacco from shisha bars in Brent in 2010/2011. During these operations, Environmental Health also inspected premises for compliance to smokefree legislation.

In 2010/2011 there were two fixed penalty notices served by Environmental Health, and two prosecutions for non-compliance to smokefree legislation. There are a further three prosecutions pending. These were all in shisha bars. In addition evidence for prosecution is currently being gathered in relation to a further ten shisha premises. The Food Safety Team is currently conducting a programme of smokefree compliance visits to all identified shisha bars in Brent.

There are over 40 shisha bars in Brent which appeal to the youth market. It is expected that a partnership approach to tackling them will reduce the appeal of opening new shisha bars and make it difficult for those currently operating to do so without considerable effort to comply with the laws around labelling, duty paid tobacco and smokefree legislation.

Success of these interventions will be measured by a drop in the number of shisha bars in Brent, in addition to documented compliance with all legal requirements around the sale of tobacco for those which continue to operate, by April 2012.

- **Labeling of niche tobacco products**

Trading Standards have produced health warning labels and advisory letters to inform shisha premises in Brent of the legal requirements around labelling and tobacco sales. These were delivered to all listed shisha premises in Brent in February/March 2011 and follow-up visits are in progress. Feedback has been received from 7 shisha bars all of which have asked for more health warnings. Ten premises have been visited, eight of which had the shisha labels present. The two that did not were asked to use the warnings.

- **Responsible Trader Scheme**

Trading Standards have carried out 45 Responsible Trader Scheme (RTS) audits so far in 2010/2011. Given the action plan was to start in January 2011, this represents good progress. Compliance has been positive and there has been a good awareness of the law

in relation to the sale of tobacco. However 1 RTS member recently sold cigarettes to a minor.

Reducing attractiveness of tobacco to young people

School based interventions

- **Tobacco awareness lessons**

Addaction have commenced delivery of dedicated tobacco awareness PSHE classes to 3 of the 10 schools they serve in Brent. These aim to increase awareness of health harms of tobacco in addition to social, historical, economic and physical aspects of smoking.

- **Promoting the use of tobacco awareness lesson plans to teachers in secondary schools**

Resource packs designed to facilitate tobacco education in secondary schools in Brent have been purchased and will be disseminated along with a short presentation, to all secondary schools, pupil referral units and colleges in Brent starting in late April 2011.

A master pack will also be housed in the Brent Health Promotion Resource Centre, and will be available for youth groups and others to borrow. These packs will also contain outline tobacco lesson plans and additional information on shisha awareness.

- **Improving Evidence Base and understanding of young peoples' smoking habits and prevalence**

Addaction have included questions on smoking and tobacco on the screening form for young people who visit the 'Clinic in a Box' roving school health programme. Their Quarter 3 data from 2010 (Oct/Nov/Dec), indicated that 19 out of the 198 students (9.5%) they saw were smokers. Whilst these numbers cannot be deemed representative of the entire youth population in Brent, it suggests much higher smoking prevalence among some groups than the general 'under 18' population which was estimated to be 2.5% in the 2008 TellUs survey. All smokers are referred to the Brent Stop Smoking Service, however a more robust referral pathway needs to be developed.

- **Smokefree Policy Template for schools**

An initial draft template for an exemplary smokefree school policy was sent to the Healthy Schools Board for feedback/comments. An amended template is in progress, to be disseminated to schools at the same time as the smokefree resource packs.

Peer led interventions

- **Poster Competition**

Brent Youth Volunteers hosted the 'Stub it Out' Smokefree Brent Poster Competition from December 2010 to February 2011. Brent Youth Volunteer members were trained in running tobacco awareness workshops and presentations to generate interest in the competition. The volunteers visited youth groups, schools and local events to promote the competition and attract participants. Over 100 entries were received.

The greatest number of entries came from the 12-15 year old age group. Winners were announced on No Smoking Day, 9th March 2011. Winning entries can be viewed at www.brentyouthvolunteers.org.uk. A short report detailing participants, process and learning outcomes is to follow. Pending funding, the winning designs may be used to create promotional items for local use.

- **Brent Smokefree Ambassadors and Brent Youth Parliament (BYP)**

An initial cohort of 12 young people received training to become 'Smokefree Ambassadors' for Brent in June 2010. A consistent program of work has been difficult to sustain without a dedicated youth project officer. However, one smokefree ambassador was officially elected as a Brent Smokefree Ambassador representative for Brent Youth Parliament. This has helped to raise awareness of the importance of the smokefree message among a well coordinated group of young people in Brent.

Promoting the prevention of smoking was chosen as the portfolio topic of choice for the 2011 cohort of BYP members sitting on the Health and Well Being portfolio group.

- **DVD to promote shisha awareness**

The BYP Health and Well Being portfolio group are commencing work on the production of a 5 – 7 minute shisha awareness DVD to be included in the secondary schools resource pack. Brent Smokefree Ambassadors including those who have been involved in the 'Stub it Out' poster competition are also able to participate.

Communications and Marketing

- **Shisha Awareness Campaign**

A two week shisha awareness campaign on JC Decaux billboards across Brent was launched in November 2010. The campaign attracted some media interest and verbal feedback from Smokefree Ambassadors indicated positive response. In addition, a recent study on shisha awareness materials conducted by NHS Harrow found Brent's materials were well received by their young focus groups.

The campaign is linked to the 'B MY VOICE' Brent Youth Parliament website. Laminated shisha posters will also be contained in the secondary school resource packs and schools will be encouraged to display them in prominent places and on notice boards.

The campaign also caught the attention of a 5th year medical student from Imperial College who has developed a shisha awareness Facebook page and who is keen to develop a study around attitudes and shisha smoking habits of young people in Brent. He is also keen to link in with the Brent Tobacco Control Alliance in educating young people in Brent particularly around the dangers of smoking shisha.

Work Stream 2: Motivating & Assisting Every Smoker in Brent to Quit

Improving the current Brent Stop Smoking Service

- **Building on the existing Brent Stop Smoking Service to achieve PCT 2010 target of 2360 4 week smoking quitters**

There have been significant improvements in Brent Stop Smoking Service compared to previous years. There has been a focus on improving engagement of GP's and improved systems to drive up provider activity and quality. These measures have supported the achievement of Quarter 1, 2 and 3 trajectories resulting in 1534 four week quits. Conversion rates from 'set quit date' to actual 'quit' have improved from 33% to 49% which is above the London average and in line with the national average.

- **Enhancing service support and delivery**

The service has been particularly focussed on:

- Increasing sign up to the scheme
- Bespoke training for GP's
- Programme of support visits to GP's and pharmacies
- Performance monitoring and provider feedback

- Targeted support for community and routine & manual workplace providers
- Developing administrative systems to support delivery

Tackling high smoking rates in disadvantaged communities

The service has conducted the following:

- Mapping of service provision across the borough
- Provision of additional clinics & services in deprived areas
- Programme of Face to Face Public engagement events
- Provision of bespoke training to frontline practitioners including community workers supporting disadvantaged communities

Delivering Strategic Marketing

- The Brent Stop Smoking Service has now developed a range of branded materials to raise awareness of the service. This includes a comprehensive booklet that details doctors, pharmacists and GP's where the Brent Stop Smoking Service can be accessed along with a guide to the different languages spoken by advisors in Brent.
- The Brent Stop Smoking Service led a programme of successful campaigns throughout Brent on national No Smoking Day, March 9th 2011. This included three leading campaigns in ASDA Wembley, the Alperton Bus Garage and Wembley Town Centre in addition to a number of smaller campaigns around the borough. The day yielded 144 referrals to the Stop Smoking Service compared to 77 referrals in 2010.

Improving Data Collection and Information Processing

- Improving 'sonar', the data collection and information processing system.
- Establishing more robust administrative protocols to facilitate audit

Workstream 3: Protecting families and communities from tobacco related harm

Conducting smokefree compliance visits

See update on Environmental Health in Workstream 1

Conducting Home Fire Safety Visits

'Smokefree Homes' door stickers and leaflets with Brent branding have been ordered and are awaiting delivery. The London Fire Brigade have proposed a reciprocal arrangement to incorporate the smokefree homes messages into their fire safety visits in exchange for Brent Stop Smoking Service providers promoting their home fire safety visits to clients. They have a target of reaching 2160 homes per year, many of which are likely to be located in wards with historically high smoking prevalence. Negotiations and appropriate training are pending.

Workstream 4: Improving and maintaining partnership working

Monitoring the Brent Tobacco Control Alliance through annual functionality review

The Brent Tobacco Control Alliance continues to meet quarterly. An annual functionality review of the Alliance was undertaken in February 2011. Most members felt stronger and more integrated lines of governance could improve the alliance functionality in addition to broadening of membership to include more non-NHS and non-council members.

Creating a shared database accessible to relevant key stakeholders

Environmental Health has produced a shared database accessible also by Trading Standards and Health Safety and Licensing. This operates a traffic light system flagging up vendors/premises that are non-compliant over a range of enforcement issues relating to tobacco and smokefree regulations. This system will help officers to target operations.

4. Risks

Current public sector changes will have an impact on the roles and funding streams for some key stakeholders. The following have already been identified:

- There is no longer a dedicated healthy Schools Coordinator in Brent, however the enhanced Healthy Schools Model will encourage all schools in Brent to choose the topic of tobacco as a key learning objective.
- Funding to some streams of Addaction's work have been reduced/cut which may impact on their ability to deliver
- Strategic commissioning for young peoples' substance misuse has suffered severe budget cuts
- General budgetary uncertainty

Despite potential risks, affected key stakeholders have shown commitment to the Brent Tobacco Control Strategy and contingency planning is in progress.

The strategy is in line with the new Healthy Lives, Healthy People: A Tobacco Control Plan for England, however a revision of some targets and priorities may be required.

Workstream 1 - Stopping the inflow of young people recruited as smokers

Focus Area (Key Actions)	Timeline	Lead Officer	Status
1.1 Reducing attractiveness of tobacco through both school based & peer led activities			
<ul style="list-style-type: none"> Develop school lesson plans that increase awareness of harms as well as look into the social, historical economic & physical aspects of smoking & other tobacco use that appeal to young people 	Sep-10	Addaction	Completed
<ul style="list-style-type: none"> Integrate smokefree lesson plans into PSHE lessons at 10 Brent high schools served by Addaction 	Commence Jan 2011	Addaction	In progress
<ul style="list-style-type: none"> Promote use of lesson plans in PSHE schemes of work for remainder of schools not served by Addaction 	Jul-11	Healthy Schools Lead	To be started
<ul style="list-style-type: none"> Identify resources for Smokefree Communications & the most effective avenues for delivery in schools 	Feb-11	Healthy Schools Lead	Completed
<ul style="list-style-type: none"> Develop a committed team of 'Brent Smokefree Ambassadors' 	Ongoing	Tobacco Control Alliance Coordinator	In progress
<ul style="list-style-type: none"> Develop and disseminate tobacco awareness training (including shisha & Paan) for Smokefree Ambassadors 	Jun-10	Tobacco Control Alliance Coordinator	Completed
<ul style="list-style-type: none"> Conduct a debate at Brent Youth Parliament Session on youth smoking & the tobacco industry 	Jun-10	Strategic Youth Engagement Officer	Completed
<ul style="list-style-type: none"> Raise awareness & regular publicity of the Brent Smokefree Ambassadors through attendance at high profile events, articles in the local press & magazines and on the B My Voice website 	Ongoing	Tobacco Control Alliance Coordinator	Ongoing
<ul style="list-style-type: none"> Establish a smokefree youth campaign 	Jun-11	Smokefree Ambassadors & Brent Youth Volunteers Officer	In progress
<ul style="list-style-type: none"> Improve evidence base by integrating tobacco questions 'Clinic in a Box' screening tool 	Quarterly reports	Addaction	In progress
<ul style="list-style-type: none"> Use 'Clinic in a Box' screening tool to capture & monitor levels of tobacco use among 16 - 19 year olds at College of North West London 	Quarterly reports	Addaction	In progress
<ul style="list-style-type: none"> Develop an exemplary smokefree policy template for schools 	Feb-11	Tobacco Control Alliance Coordinator	In progress
<ul style="list-style-type: none"> Engage with 100% Brent schools to publicise, encourage & disseminate smokefree policy & link it to Healthy Schools Program 	Aug-11	Healthy Schools Lead	To be started
<ul style="list-style-type: none"> Offer advice to the school community on ways they can engage in activities that prevent smoking & the use of tobacco on school premises & surrounding area 	Aug-11	Healthy Schools Lead	To be started
<ul style="list-style-type: none"> Pilot targeted smoking cessation support in at least one Brent Secondary School 	Apr-11	Healthy Schools Lead	To be started

Work Stream 1 - Stopping the inflow of young people recruited as smokers (con't)

Focus Area (Key Actions)	Timeline	Lead Officer	Status
1.2 Reducing Availability of Tobacco			
<ul style="list-style-type: none"> Allocate 30% of Trading Standards annual under age test purchasing target to tobacco operations 	31st March each year	Trading Standards	Completed for 2010/2011
<ul style="list-style-type: none"> Set up pathways with partner agencies such as Environmental Health , police & HMRC to share best practice & intelligence on tobacco related activity 	Aug-10	Trading Standards	Completed for 2010/2011
<ul style="list-style-type: none"> Hold at least 2 partnership days each year 	31st March each year	Trading Standards	Completed for 2010/2011
<ul style="list-style-type: none"> Promote & market 'Shop the Shop' campaign via JC Decaux Billboard Campaign & school follow ups 	May-10	Trading Standards	In progress
<ul style="list-style-type: none"> Monitor effectiveness of 'Shop the Shop' text messaging service 	31st March each year	Trading Standards	In progress
<ul style="list-style-type: none"> Maintain at least 170 Responsible Trader Scheme Members in Brent & carry out compliance visits on 50% of these 	31st March each year	Trading Standards	Ongoing
1.3 Reducing Affordability of Tobacco			
<ul style="list-style-type: none"> Carry out & publicise enforcement action against traders who sell illicit, duty unpaid or counterfeit tobacco 	31st March each year	Trading Standards	Ongoing

Work Stream 2 - Motivating and assisting every smoker in Brent to quit

Focus Area (Key Actions)	Timeline	Lead Officer	Status
2.1 Improving the current Brent Stop Smoking Service (BSSS)			
• Significantly increase the number of pharmacists & GP's delivering stop smoking advice & support	Ongoing	BSSS	Completed
• Improve efficiency, flexibility, access to & capacity of core service clinics increasing the number of 4 week quits to 200 per annum	Ongoing	BSSS	Ongoing
• Empower & support inactive level 2 trained advisors in pharmacies & GP's to become active	Ongoing	BSSS	Ongoing
• Develop & monitor activity & performance of stop smoking support in secondary care pilot as per pilot evaluation recommendations	Sep-10	BSSS	Completed
• Develop, plan & action support visits to 100% of GPs & pharmacists that have signed up to the scheme	Ongoing	BSSS	Completed
• Establish registration points to recruit & register smokers into services	Ongoing	BSSS	Ongoing
• Improve capacity & capability of front line staff to identify smokers, offer brief intervention & specialist intervention	Ongoing	BSSS	Completed
• Improve administrative function to ensure all new contacts are followed up within 24 hours, & old contacts from previous campaign lists are followed up as a matter of weekly routine	Ongoing	BSSS	Ongoing
• Increase overall conversion rates of registrations to quitters from 33% to the London average quit rate of 51%	Aug-10	BSSS	Ongoing
2.2 Tackling high smoking rates in disadvantaged & vulnerable communities			
• Develop community provider & workplace schemes for contracted delivery of stop smoking support	Ongoing	BSSS	Ongoing
• Recruit champions from acute & community settings to reduce smoking rates in pregnancy	Ongoing	BSSS	Ongoing
• Provide level 1 training for midwives & contracted providers	Ongoing	BSSS	Ongoing
• Joint working with Brent Community Services developing clear referral pathways & agreed level of activity	Ongoing	BSSS	Ongoing
2.3 Delivering strategic marketing			
• Development and monitoring of a robust social marketing strategy	Ongoing	Health Promotion	Completed
• Delivery of weekly face to face campaigns; development of new branded marketing materials; billboard, mini-bus, Life channel and poster campaigns and other actions as set out in separate social marketing strategy	Ongoing	BSSS	Completed

Work Stream 2 - Motivating and assisting every smoker in Brent to quit (con't)

Focus Area (Key Actions)	Timeline	Lead Officer	Status
2.4 Improving data collection and information processing			
• Monitor, review & evaluate the new SONAR information system	Ongoing	BSSS	Completed
• Establish administrative protocols to facilitate audit	Ongoing	BSSS	Ongoing
• Establish & implement robust performance management	Ongoing	BSSS	Completed

Work Stream 3 - Protecting families and communities from tobacco related harm

Focus Area (Key Actions)	Timeline	Lead Officer	Status
3.1 Conducting smokefree compliance visits			
• Environmental health will make at least 50 visits to shisha bars per year to ensure compliance to smokefree legislation	March 31st each year	Food Safety Team	Ongoing
• Health Safety and Licensing will continue to enforce smokefree legislation in bars, pubs & clubs as a routine element of visits to venues	Quarterly reporting	Health Safety and Licensing	Ongoing
3.2 Conducting Home fire Safety Visits			
The London Fire Brigade will conduct a minimum 2160 home fire safety visits that deliver the smokefree message every year	March 31st each year	The London Fire Brigade	To be started 2011
3.3 Delivering Public Campaigns			
• The Tobacco Control Alliance will campaign for smokefree Olympic venues in Brent for the 2012 Olympics	Ongoing	Tobacco Control Alliance Coordinator	In progress
• Alliance partners will identify opportunities & promote smokefree communities through various community and workplace events	Feb-11	Tobacco Control Alliance Coordinator	In progress

Work Stream 4 - Improving and maintaining partnership

Focus Area (Key Actions)	Timeline	Lead Officer	Status
4.1 Monitoring the Brent Tobacco Control Alliance through annual functionality review			
<ul style="list-style-type: none"> Annual functionality review to be undertaken in February each year 	Annually in February	Tobacco Control Alliance Coordinator	Completed for Feb 2011
<ul style="list-style-type: none"> Action plan to be evaluated annually 	Annually in February	Tobacco Control Alliance Coordinator	To be started 2012
4.2 Creating shared database accessible to relevant key stakeholders			
<ul style="list-style-type: none"> Creation of shared internal database that will contain profiles on all premises in breach of smokefree legislation; progress made on compliance visits; warning letters & prosecution updates accessible to relevant Brent Council departments. 	Feb-11	Environmental Health	Completed
4.3 Creating clear intelligence pathways with named contact leads			
<ul style="list-style-type: none"> Pathways to be set up & named contact leads communicated in order to share information both within the alliance & within neighbouring boroughs 	Feb-11	Trading Standards & Tobacco Control Alliance Coordinator	Completed
4.4 Attending sector wide, regional & national meetings/events & feed back to Alliance			
<ul style="list-style-type: none"> Nominated members of the alliance to attend regional, sector wide & national meetings & conferences & feed back into the current alliance monitoring & progress 	Ongoing - quarterly reporting	Tobacco Control Alliance Coordinator	Ongoing

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Health Partnerships Overview and Scrutiny Committee Work Programme – 2010/11

Meeting Date	Item	Issue for committee to consider	Outcome
15 th July 2010	Health Inequalities in Brent	Report from Acting Director of Public Health. Context on health inequalities in the borough and a good introduction to the main issues that the Health Select Committee will need to address.	Report noted, but will pick up issues raised in work programme throughout the year.
	Obesity Strategy	The committee wants to look at the Obesity Strategy in the summer of 2010, prior to its approval in order to see how obesity in Brent is to be addressed. This follows on from previous reports considering childhood obesity in Brent and the MEND programme.	<p>The committee made the following suggestions for inclusion in the strategy:</p> <ul style="list-style-type: none"> • More is done to influence food suppliers in the borough, e.g. the supermarkets, rather than only focussing on individuals making a change to their own behaviour. • There is a need for a greater focus on early years' provision given the impact it has on the long term health and wellbeing of children. • The strategy needs to better reflect people's lives, connected to the argument that fast food is tastier, easier and more filling than cooking a healthy meal with fresh ingredients and vegetables which is why people eat it. <p>The committee will follow up the implementation of the strategy in April 2011.</p>
	Tobacco Control Strategy Presentation	The committee will be given a presentation on the Tobacco Control Strategy, currently being developed by NHS Brent and the council.	Report noted. The committee will follow up the implementation of strategy in April 2010.

	Access to health services for people with learning disabilities	Final report of the task group, for committee endorsement once it is available.	Endorsed by the committee and will be passed to the Executive for approval.
	Paediatric Services Implementation Plan	The Health Select Committee spent considerable time in 2009/10 scrutinising plans for changes to paediatric services provided by North West London NHS Hospitals Trust and responding to their public consultation on this issue. The committee should scrutinise implementation plans to assess how this project is running. This could be done in conjunction with the Harrow Overview and Scrutiny Committee, as they were also interested in this subject.	Report noted. Request for information on sickle cell patients in Brent and also to follow up implementation in April 2010.
	Local Involvement Network Annual Report	The LINK should present its annual report to the local overview and scrutiny committee each year. The Health Select Committee receives this in Brent, and will do so again in July 2010.	Report noted.

Meeting Date	Item	Issue for committee to consider	Outcome
14 th October 2010	Equity and Excellence – Liberating the NHS	The health white paper, Equity and Excellence – Liberating the NHS sets out radical changes to the way health services are to be commissioned and also the role of local government in health services. The committee will receive a report outlining these changes, which will also summarise	The council's response to Equity and Excellence – Liberating the NHS, was endorsed by the Health Partnerships Overview and Scrutiny Committee.

		the council's response to the white paper consultation.	
	HIV / Sexual Health in Brent	The committee has requested a report on sexual health services in Brent from NHS Brent. Members want to know what services are provided, what the key issues are in relation to sexual health in Brent and specific information on services available for people with HIV.	<p>The committee noted the report but asked for additional information on services in Brent, including:</p> <ul style="list-style-type: none"> • Services for those who have been victim of rape • Sexual health outreach services • Information on the number of married teenagers who become pregnant or seek terminations, if this is available
	Public Health Annual Report	NHS Brent will present details of the Annual Public Health Report for the committee to consider and comment on.	Report not discussed, but distributed to the committee for information.
	Burnley GP Practice, Willesden Centre for Health and Care	There are concerns that the Burnley GP practice at Willesden Centre for Health and Care is to close. NHS Brent will be asked to provide an update on this issue.	<p>The committee made the following recommendation to NHS Brent regarding the registered patient list at the Burnley Practice (i.e. not the homelessness service):</p> <ul style="list-style-type: none"> • That NHS Brent carries out an open tender process for the Burnley Practice registered patients service. This is to ensure that the service continues to be delivered from Willesden Centre for Health and Care and to avoid dispersal of existing patients in an area which already has fewer GPs per head of population than other areas of Brent.
	Proposals for the creation of an Integrated	The Health Select Committee will receive a report setting out proposals for the creation of an Integrated Care Organisation based at	<p>It was agreed that:</p> <ul style="list-style-type: none"> • The committee does not endorse NHS Brent's

	Care Organisation	Ealing Hospital Trust. The ICO will bring together Ealing Hospital Trust, Ealing, Harrow and Brent Community Services into one organisation. The committee should comment on the proposals and respond to NHS Brent with their views on this issue.	<p>preferred option for Brent Community Services, integration with Ealing Hospital Trust and the creation of an ICO. Instead, it agreed to endorse Gareth Daniel's letter, sent to Mark Easton on the 21st September.</p> <ul style="list-style-type: none"> It agreed to continue an on-going dialogue with NHS Brent on this issue. They have asked for a report to their next meeting (on the 16th December) on other options for Brent Community Services for their consideration. This report should contain some budgetary information on BCS, including spend on each of the services delivered by the organisation.
	Merger of NWL PCTs	NHS Brent will be asked to update the committee on the plans to merger PCTs in North West London and the implications this has for Brent.	Report noted.
	Tobacco Investments	Issue raised under any other business by Councillor Ann Hunter.	<p>The following recommendation has been passed to the Brent Pension Fund Sub Committee:</p> <p><i>The Health Partnerships Overview and Scrutiny Committee recommends that the Brent Pension Fund Sub-Committee reconsiders the investments that Brent Council has in tobacco firms. The overview and scrutiny committee does not believe that the council should be investing pension fund money in companies that make profits at the expense of peoples' health and that it contradicts the council's work to promote tobacco control and smoking cessation. The committee is encouraged that other councils, such as Harrow, have taken a decision to disinvestment from these firms and hopes that the council can follow their lead particularly as Brent is launching its Tobacco Control Strategy on 29th November. Attached is a letter from Cllr Ann Hunter who</i></p>

			<i>raised the matter, which was printed in the Willesden and Brent Times on 21st October.</i>
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Meeting Date	Item	Issue for committee to consider	Outcome
16 th December 2010	NWL Hospitals Trust In Patient Survey Results	The committee has considered the results of the in-patient survey each year for the past three years. Results are available in the summer of each year. In addition, the trust has implemented its "We Care" patient experience programme in response to a poor in-patient survey score in 2008/09. Members should scrutinise progress on improving the patient experience at the hospital trust, via the 2009/10 patient survey and an update on "We Care".	Report noted – the committee will see the results of the Trust's In Patient Survey when they are available – currently pencilled in for April 2011, but this may change.
	Brent GP commissioning pathfinder	Brent GPs are planning to set up a commissioning consortium as part of the government's pathfinder programme. This is to encourage GPs to begin commissioning health services for patients as soon as possible. Brent GPs have requested that they attend the committee to explain to members what their plans are and how it will affect commissioning in Brent.	The committee noted the update and have asked for regular progress reports on the establishment of the GP Commissioning Pathfinder, beginning in February 2011.
	Brent Community Services	The committee has agreed to continue an ongoing dialogue with NHS Brent and Ealing Hospital Trust on the proposals for Brent Community Services. The committee has asked for a further report setting out	Mark Easton agreed to: (i). report back to the committee NHS London's decision on the future of Brent Community Services (ii). provide the committee with information on the organisations budget.

		alternative options for Brent Community Services for their consideration. This report should contain budgetary information on BCS, including spend on each of the services delivered by the organisation, as well as information on safeguarding services.	(iii). pursue the request that the council be given a place on the ICO board, with voting rights.
	Respite Care	The committee would like a report on respite care arrangements in Brent for people who are carers. NHS Brent will be asked to provide a report on this issue for December 2010.	Report noted.
	Recommendations to the Planning Committee	The Committee made a recommendation to the Planning Committee in March 2010 in relation to the proliferation of hot food take away shops near secondary school premises. The committee should follow up the Planning Committee's response to the recommendation, after it has been considered in October 2010.	<p>This reference was considered at the Planning Committee on 20th October. The resolution agreed was as follows;</p> <p>RESOLVED:-</p> <ul style="list-style-type: none"> (i) that the proposed Local Development Scheme timetable at Appendix 3 be endorsed and recommended to Executive that it be agreed for submission to the Secretary of State and the Mayor of London. (ii) that the appropriate way forward for reviewing the Council's approach to the determination of planning applications for hot-food takeaways was to undertake this as part of the preparation of the Development Management Policies DPD.
	Recommendation to the Brent Pension Fund Sub	The following recommendation was passed to the Brent Pension Fund Sub Committee:	The Brent Pension Fund Sub-Committee considered the committee's recommendation on the 30 th November and agreed:

	Committee	<p><i>The Health Partnerships Overview and Scrutiny Committee recommends that the Brent Pension Fund Sub-Committee reconsiders the investments that Brent Council has in tobacco firms. The overview and scrutiny committee does not believe that the council should be investing pension fund money in companies that make profits at the expense of peoples' health and that it contradicts the council's work to promote tobacco control and smoking cessation. The committee is encouraged that other councils, such as Harrow, have taken a decision to disinvestment from these firms and hopes that the council can follow their lead particularly as Brent is launching its Tobacco Control Strategy on 29th November. Attached is a letter from Cllr Ann Hunter who raised the matter, which was printed in the Willesden and Brent Times on 21st October.</i></p> <p>The committee will be updated on the council's position regarding tobacco investments.</p>	<p>"that its fund managers will take investment decisions on the basis of the best interests of the Fund, which is held for the best interest of beneficiaries, thus re-affirming the policy of the Council of non-political or administrative interference with investment decisions or involvement with companies in which the fund managers have acquired shares on behalf of the fund".</p>
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Meeting Date	Item	Issue for committee to consider	Outcome
16 th February 2011	GP services in Brent	The committee has requested a report on GP services in Brent following consideration of the Burnley Practice issue. The report should contain information on the spread of	The committee agreed to follow this issue up with a further report at the April meeting looking specifically at four GP Outcome Standards –

		GPs in Brent and the steps taken by NHS Brent to mitigate the effects of GP retirement.	18. Satisfaction with overall care received at surgery. 19. Patients changing practice without changing address. 20. Ability to see a specific GP or Practice Nurse if wanted. 21. Advanced appointments. Satisfaction with opening hours. Ease of getting through on the phone.
	GP Commissioning Pathfinder	Update on progress in setting up Brent's GP commissioning consortia. This will be a regular item for the committee.	Report noted.
	Public Health White Paper	A report on the implications of the Public Health White Paper will be presented to the committee for members to provide their comments before the council's response is submitted.	<p>The Committee made a number of comments which will be included in the council's response to the Public Health White Paper:</p> <ul style="list-style-type: none"> • There is confusion over the government's decision to split commissioning responsibility for some services, such as sexual health and children's services. • How public health services will link to GP consortia and the broader NHS isn't clear. • Public health and local government should be considered an equal partner with the NHS. • There should be seamless movement for patients between services and providers, across primary care, acute care and services commissioned by local government. • The White Paper pays little attention to the broader factors that influence health and wellbeing such as housing, employment and education. Focussing on these issues (i.e. taking a preventative approach to public health) is as important as the attention that has

			been paid to treating ill health within the White Paper.
	Khat in Brent	Cllr Jack Beck has requested that the committee look at the issue of Khat use in Brent. A report on this issue will be requested from NHS Brent to set the context for this issue and to prompt discussion. Organisations working with Khat users and the East African population in Brent will also be invited to attend the committee to explain to members how Khat is affecting local people.	The committee has agreed to establish a task group to look at this issue in more detail. It is hoped that the group can send its work to the Council on the Misuse of Drugs, which is currently reviewing Khat. Terms of reference for the review will be presented to the next committee meeting.
	Housing and Health Inequalities Scrutiny Review	The Council is working with 6 other North West London boroughs on a housing and health inequalities scrutiny review. The final review report will be presented to the committee for endorsement.	The task group report was endorsed for presentation to the Executive.
	Access to health services for people with learning disabilities	The task group's final report was endorsed by the committee in July 2010. It is good practice to follow up recommendations 6 months after they have been approved to see how they are being implemented. This will happen in February 2011.	Report noted
	Immunisation Task Group	Six month follow up of the immunisation task group in December 2010, to see how the recommendations have been implemented.	Report noted

Meeting Date	Item	Issue for committee to consider	Outcome
5 th April 2011	Tobacco Control Strategy	Health Select Committee has asked for report back in April 2011 on progress made in the implementation of this strategy, following presentation on key issues in July 2010.	
	Obesity Strategy	The committee has asked for a report back in April 2011 on progress made in the implementation of this strategy, following presentation on key issues in July 2010.	
	Paediatric Services in Brent	North West London Hospitals NHS Trust has implemented the new arrangements for paediatric services in Brent and will update the committee on progress with this in April 2011.	
	GP services in Brent	<p>The committee has asked for a report to consider four GP Outcome Standards, following a discussion on this issue in February 2011. The outcome standards are:</p> <p>18. Satisfaction with overall care received at surgery. 19. Patients changing practice without changing address. 20. Ability to see a specific GP or Practice Nurse if wanted. 21. Advanced appointments. Satisfaction with opening hours. Ease of getting through on the phone.</p>	

Items to be timetabled

Item	Issue	Possible date
Section 75 partnership arrangements for mental health services	The council and Central and North West London NHS Foundation Trust are entering into a S75 agreement for the provision of mental health services in Brent. The committee has asked for a report back in July 2010 on progress with this agreement.	
Improving Access to GP Services Task Group	This has been agreed as a task group for 2010/11. The scope of the review will be agreed in July 2010, with the work completed before the end of the municipal year. In addition, the committee should consider an update on access satisfaction results from the latest quarterly satisfaction survey.	
Smoking Cessation	The committee wants to keep track of this issue and will receive regular service updates. The next is scheduled for October 2010. The importance of this cannot be overstated as smoking is the biggest cause of premature death and preventable illness in Brent.	
North West London Sector Integrated Strategic Plan	Plans for the acute sector in North West London will be published in the sector ISP. The Health Select Committee should continue to take updates on this plan, as well as respond to consultation, likely to happen towards the end of 2010.	
Access to Health Sites Task Group	Further follow up on this task group, following a report to the committee in March 2010 which revealed that implementation of the recommendations had been slower than expected.	
North West London NHS Hospitals In Patient Survey results	The results of the annual In Patient Survey will be presented to the committee in July 2011. This follows on from previous discussions on the trust's We Care Programme, which members wanted to follow up.	
Plans for the future of North West London NHS Hospitals Trust and Ealing Hospital Trust	North West London NHS Hospitals Trust and Ealing Hospitals Trust have taken the initial steps towards a merger, commissioning consultants to see if a business case can be made for such a move. The Health Partnerships Overview and Scrutiny Committee wants to be kept informed of developments as this project progresses.	
Belvedere House	Central and North West London Mental Health Foundation Trust has offered to host a visit at Belvedere House, where it provides day services for adults with mental health problems. The trust has been reviewing the services provided at Belvedere	

	and this will be an opportunity for members to better understand those changes. A report will also be presented to the committee in April 2011 on the work that has been taking place since this issue was originally considered by Health Select Committee in March 2010.	
Health Inequalities Performance Monitoring	The Health Select Committee should make health inequalities a major focus of its work in 2010/11. As part of this, a performance framework has been developed to monitor indicators relevant to the implementation of the health and wellbeing strategy, which relate to the reduction of health inequalities in the borough. This framework will be presented to the committee twice a year, with a commentary highlighting key issues for members to consider.	
Khat Task Group Terms of Reference	The terms of reference for the group will be presented to the committee for approval.	

Other issues:

1. Visit to St Luke's Hospice – Health Select Committee would like to accept the offer to visit the St Luke's Hospice in Kenton to understand more about the palliative care services on offer in the borough. This will be arranged for autumn 2010.