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Health Partnerships Overview and Scrutiny Committee

Tuesday, 29 November 2011 at 7.00 pm
Committee Rooms 1 and 2, Brent Town Hall, Forty Lane, Wembley, HA9 9HD

Membership:

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

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www.brent.gov.uk/committees

The press and public are welcome to attend this meeting

Agenda

Introductions, if appropriate.

Apologies for absence and clarification of alternate members

Item Page

1 Declarations of personal and prejudicial interests

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

2 Deputations (if any)

3 Minutes of the previous meeting held on 20 September 2011 1 - 10

The minutes are attached.

4 Matters arising (if any)

5 Ealing Hospital Trust Integrated Care Organisation six month progress report 11 - 18

Members of the Health Partnerships Overview and Scrutiny Committee have asked for an update from the Ealing Hospital Trust Integrated Care Organisation on its first six months providing community health services in Brent. Brent Community Services were taken over by the ICO in April 2011. Previously the committee has discussed this issue and asked for a progress report after six months of operating.

6 Plans for the future of North West London NHS Hospitals Trust and Ealing Hospital Trust 19 - 38

The North West London NHS Hospitals Trust and Ealing Hospital Trust have approved an outline business case for merger. Members will be aware that the two trusts have been in discussions for some time on this subject and that work has been taking place to prepare the OBC setting out the merger proposals. A summary of the Outline Business Case and a report from the Hospital Trusts are included as appendices to this report.

The Outline Business Case sets out the reasons why the trusts are considering a merger at the current time. These can be summarised by looking at the commissioning landscape, the clinical vision and the financial drivers for the merger.

7 Accident and Emergency Services at Central Middlesex Hospital 39 - 42

On 4 November 2011 the Chair of the Health Partnerships Overview and Scrutiny Committee received a letter from North West London NHS Hospitals Trust informing her that Accident and Emergency Services are to close overnight at Central Middlesex Hospital. This service change came into effect from the 14 November 2011. The attached letter outlines the reasons for closure.

8 Mental Health Rehabilitation Provision in Brent

Report to follow.

9 Access to GP Services in Brent 43 - 54

The Health Partnerships Overview and Scrutiny Committee has asked for a report from NHS Brent on the latest GP satisfaction survey results. Members have been concerned for some time that satisfaction with access and patient experience at Brent GP practices has been below expected levels. As a result, the committee has requested that representatives from each of the GP commissioning clusters in Brent (Harness, Kilburn, Kingsbury, Wembley and Willesden) attend the committee to answer members questions on the initiatives they are putting in place to improve the patient experience.

10 GP Commissioning Consortia update

Jo Ohlson (Brent Borough Director, NHS Brent and Harrow) and representatives from Brent's Clinical Commissioning Group (CCG) will provide an update for members of the committee on the progress in developing the CCG.

11 JSNA consultation

Members will be given a presentation on the JSNA consultation, as well as information on the emerging issues included in the draft JSNA.

12 Health and Wellbeing Board update

Andrew Davies (Policy and Performance Officer, Strategy, Partnerships and Improvement) will provide an update on the work of the Brent Shadow Health and Wellbeing Board.

13 Health Partnerships Overview and Scrutiny Committee work programme and feedback from the One Community, Many Voices event

55 - 74

The work programme is attached. A separate report is also attached providing information on the One Community Many Voice event held on 10 October 2011 during Local Democracy Week.

14 Date of next meeting

The next meeting of the Health Partnerships Overview and Scrutiny Committee is scheduled to take place on Tuesday, 7 February 2012 at 7.00 pm.

15 Any other urgent business

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

Please remember to SWITCH OFF your mobile phone during the meeting.

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

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MINUTES OF THE HEALTH PARTNERSHIPS OVERVIEW AND SCRUTINY COMMITTEE
Tuesday, 20 September 2011 at 7.00 pm

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

Also Present: Councillor R Moher (Lead Member for Adults and Health)

Apologies were received from: Councillors Colwill and R S Patel and Fiona Wise (North West London NHS Hospitals Trust)

Also present: Senel Arkut (Head of Support Planning and Review, Adult Social Care), David Ashley (North West London Hospitals NHS Trust), Colin Babb (Brent Local Involvement Network), Prakash Chatham (LMC), David Cheesman (North West London NHS Hospitals Trust), Imran Choudhary (Public Health Consultant, NHS Brent), Andrew Davies (Policy Officer, Strategy, Partnerships and Improvement), Toby Howes (Senior Democratic Services Officer, Legal and Procurement), Rob Larkman (Chief Executive, NHS Brent and Harrow), Trixie McAree (North West London Hospitals Trust), Jo Ohlson (Brent Borough Director, NHS Brent and Harrow), Hema Patel (LPC), Mansukh Raichura (Chair, Brent Local Involvement Network) and Faraz Yousufzai (North West London Hospitals Trust)

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

None declared.

2. **Minutes of the previous meeting held on 26 July 2011**

RESOLVED:-

that the minutes of the previous meeting held on 26 July 2011 be approved as an accurate record of the meeting subject to the following amendments:-

Add Councillor R Moher as present

Page 4, paragraph 3, 4th line – replace 'practices' with 'PCTs'.
Page 4, paragraph 3, 8th line – replace 'consortia' with 'PCTs'.
Page 8, paragraph 5, 2nd line – delete 'Brent Local Involvement Network and'

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

Burnley Practice

In response to a request from Councillor Hunter for an update, Jo Ohlson (Brent Borough Director, NHS Brent and Harrow) confirmed that the top scoring bidder,

Innovision Healthcare, had been approved to operate Burnley Practice as a social enterprise. A business plan was being developed by Innovision Healthcare and the finalised plan that was to be submitted in November 2011 would need approval by the PCT Board. In respect of concerns raised by the Local Medical Committee regarding the bidding process, Jo Ohlson advised that the PCT had responded to these on two occasions and there had been no other representations received since. Staff had been informed of the outcome of the bidding process and the date when this would be publically announced would be confirmed.

Councillor Daly asked for further details with regard to the bidding scoring system and enquired whether existing staff would be subject to TUPE arrangements and sought further information with regard to social enterprises. Councillor Hector sought further details concerning assessment arrangements after social enterprise status had been approved.

In reply, Rob Larkman (Chief Executive, NHS Brent and Harrow) advised Members that the scoring system for bidders was based on best practice guidance and various other stringent tests set out by the Department of Health.

Jo Ohlson confirmed that staff at Burnley Practice would be subject to TUPE arrangements and the existing conditions of their employment would remain, including entitlement to the NHS pension scheme. She explained that organisations wanting to operate as social enterprises needed to go through a national process to demonstrate that they are fit for purpose and require approval from the Department for Health. Social enterprises were subject to contract monitoring like any other provider and the PCT undertook checks to ensure such organisations were fit for purpose and financially viable.

At the request of the Chair, Jo Ohlson agreed to provide a briefing note to Andrew Davies (Policy Officer, Strategy, Partnerships and Improvement) with information on social enterprises.

GP list validation exercise

In reply to Councillor Hunter's request for an update, Jo Ohlson advised that 1,422 patients had been re-registered since 24 June and information could be provided to the committee on a practice by practice basis once this information had been shared internally.

Stag Lane and South Kilburn medical centres

In response to a request for an update from the Chair, Jo Ohlson informed the committee that two Kingsbury practices had been asked to submit proposals to develop new premises as a replacement for the Stag Lane site. Two local practices had similarly been requested to do likewise in respect of South Kilburn.

Health Partnerships Overview and Scrutiny work programme

Rob Larkman agreed to follow up Councillor Daly's request for information in respect of property and land owned by NHS Brent and Harrow.

4. **Organisational futures: Potential merger of Ealing Hospital NHS Trust with The North West London Hospitals NHS Trust**

David Cheesman (North West London NHS Hospitals Trust) introduced the report and explained that the timetable to develop the outline business case had been extended from August to October to allow more time to highlight the benefits of integration and the organisation's vision, as well allowing more time to work with local GPs and other key stakeholders. In addition, NHS London had provided further guidance regarding the level of detail the outline business case required and as a result the financial modelling will be extended to 2015/2016. This would also allow NHS North West London's Quality, Innovation, Productivity and Prevention plans to be taken into account. It was anticipated that the full business case would be submitted between March and May 2012 with a view to the potential merger taking place between July and October 2012. David Cheesman advised that three deliberation events for local stakeholders had taken place across Brent, Harrow and Ealing, however the numbers attending had been relatively small.

Mansukh Raichura (Chair, Brent Local Involvement Network) added that discussions were taking place with Brent Local Involvement Network (LINk) with regard to how consultation would be undertaken.

During committee discussion, Councillor Daly enquired whether there had been any consideration of other NHS Services in respect of the merger and whether there was a risk of duplication of service. She asked whether an assessment impact on existing Brent Health Services had been undertaken and would any financial difficulties that the Imperial College NHS Trust may be experiencing have any bearing on the situation. Councillor Hunter sought clarification as to whether statutory consultation would be required with regard to any merger proposals.

The Chair asked for further information about the future of Central Middlesex Hospital in light of the potential merger.

In response, David Cheesman advised that Ealing Hospital was particularly strong at providing integrated services and the intention was to provide much closer integration across Ealing, Brent and Harrow. David Cheesman understood that there would be no risk of duplication of services in Brent and there was no intention for medical centres to be competing amongst each other. He confirmed that a statutory consultation was not required as there were no proposals for changes to services, however it was intended to be as open and transparent as possible with regard to the proposed merger. With regard to Central Middlesex Hospital, David Cheesman advised that this was a private finance hospital that was liable for rent payments for the next 30 years and it would continue to operate, although there may be some future changes to the way some services were provided.

Jo Ohlson stated that although both Brent and Ealing provided diabetes services, consideration would be given to ensure the services complemented rather than competed with each other.

Rob Larkman added that the aims of the merger included more integration of services and to improve efficiency and the patient experience across all services.

At present, no detailed impact assessment for existing Brent health services had been undertaken.

David Ashley (North West London Hospitals) advised that the merger would present the opportunity to make services more sustainable and accessible. He acknowledged that there was room for improvement in respect of public transport links to health facilities and both the NHS and the council could play a role in encouraging Transport for London (TfL) to look into this.

RESOLVED:-

that the update on the proposed merger between North West London NHS Hospitals Trust and Ealing Hospital Trust be noted.

5. **Paediatric Services at Central Middlesex Hospital**

David Cheesman introduced the report and highlighted the main reasons for the proposal to close the Paediatric Assessment Unit (PAU) at Central Middlesex Hospital. These were because of the reduction in demand at the PAU following the opening of the Urgent Care Centre (UCC), the impact on PAU staff as a result of this and in particular concerns of them becoming de-skilled and the fact that the lack of patients meant that the service could not cover its own costs. David Cheesman referred to the table in the report outlining what services would be provided at Northwick Park Hospital and Central Middlesex Hospital respectively. Members attention was then drawn to the four tests in respect of considering the future of the PAU at Central Middlesex Hospital which focused on clinical evidence base, impact on choice, support from GP commissioners and public and patient engagement. Overall, there was clear clinical evidence in support of decommissioning the PAU. In respect of sickle cell patients, David Cheesman advised that the number of sickle cell patients admitted between March 2011 and September 2011 was quite small, however it was a high priority area. Following discussions with sickle cell patients and their parents, a model was being devised that best suited their needs and GPs' views would also be sought in respect of this. Similarly, a suitable model was being developed in respect of safe guarding. Overall, the impact on choice had been assessed as negligible, whilst there was also sufficient support from GP commissioners.

Faraz Yousufzai (North West London Hospitals Trust) then provided information with regard to test four, public and patient engagement. He explained that an intensive and broad engagement involving a number of organisations had taken place between 1-15 September. It was proposed to close the PAU at the later date of 15 October as opposed to 1 October originally proposed to ensure that sufficient pathways were in place for patients, particularly sickle cell patients. The engagement had shown that there was agreement that changes needed to be made and that the PAU at Central Middlesex Hospital should be decommissioned. Faraz Yousufzai then drew Members' attention to some of the chief concerns raised and North West London Hospitals' response to them.

David Cheesman concluded by confirming that the North West London Hospitals' recommendations were to close the PAU at Central Middlesex Hospital on 15 October 2011, subject to the sign off of critical clinical pathways by clinical leads

and GPCE, however the paediatric outpatient service and Brent Sickle Cell service would remain at Central Middlesex Hospital.

During discussion by the committee, Councillor Hunter clarified that at the previous meeting of the committee, Members had deferred from expressing their views regarding whether a formal consultation was required until the report for this meeting had been considered. She acknowledged that there was strong evidence to support closing the PAU at Central Middlesex Hospital, however she enquired how the situation had arisen that funds had been spent on setting up the PAU, only for it to close a year after it had opened due to the success of the UCC that had opened in April 2011.

Councillor Daly commented that transport links for patients in the south of the borough were not particularly good which raised equality impact issues and she asked what measures had been undertaken to improve transport. With regard to the internal transport service, she enquired whether this was also available to visiting families of patients. Councillor Daly suggested that the overall impact to the proposals needed to be considered further and should obtain the views of patients and their carers from the south of the borough, whilst equalities issues should also be monitored. She stressed the need to provide good access to the sickle cell service for all patients in the borough.

Councillor Beck advised that TfL were in contract renewal discussions in respect of the R2 bus route and were undertaking engagement with stakeholders. He enquired whether North West London Hospitals' Trust had submitted any views in respect of this.

The Chair requested that information be provided to the committee at the next meeting with regard to the impact on accessibility for patients, especially in respect of sickle cell provision. She enquired whether the staff at Northwick Park Hospital was sufficient in both numbers and experience to deal with sickle cell patients and also in respect of mental health to support both patients and their families. Confirmation was sought that all the critical clinical pathways would be in place by 16 October 2011 and she stressed the importance of effective communication to ensure this. In respect of the R2 bus route, she suggested that this be referred to the Highways Committee for consideration.

In reply to the issues raised, David Cheesman explained that when the UCC opened, it was not envisaged that it would be so successful and there were other UCCs that had not experienced anywhere near similar levels of success. The PAU's costs were also significant, however it was receiving a relatively small number of patients. David Cheesman confirmed that North West London Hospitals provided an internal transport service for patients and this received positive feedback. In respect of non-ambulance transport, a mini bus service had initially been offered to patients' families but as there had been low take-up of this service, they could now access a taxi service that operated between Central Middlesex Hospital and Northwick Park Hospital. David Cheesman stated that the views of patients and their carers in the south part of the Borough could be sought and that this be reported back at the next meeting. He confirmed that there was sufficient staff receiving training with regard to the needs of sickle cell patients and that the

clinical pathways would be in place by 16 October and Brent LINk and the committee would be informed of these.

Jo Ohlson advised that when the PAU was proposed at Central Middlesex Hospital, it was part of a London-wide exercise to increase paediatric services across the city and it anticipated that it would receive considerably more visitors than was experiencing. The UCC proposal had been a local initiative and had received far more patients than had been anticipated. Issues regarding sickle cell patients and safeguarding had been picked up and North West London Hospitals would continue to be centres of excellence in sickle cell services. Every effort would be made to ensure that there was easy access to services and to promote choices for patients. It was acknowledged that there was a gap in respect of mental health provision at Northwick Park Hospital, however discussions were taking place with Brent CAMHS to address this.

RESOLVED:-

(i) that the North West London Hospitals' proposals to decommission the Paediatric Assessment Unit at Central Middlesex Hospital from 15 October 2011, subject to the agreement and sign off of the critical pathways by clinical leads and GPCE, be supported; and

(ii) that the proposal that the paediatric outpatient service and Brent Sickle Cell service remain at Central Middlesex Hospital be supported.

6. **North West London Hospitals NHS Trust Maternity Services Update**

Trixie McAree (North West London Hospitals Trust) introduced the item and advised that the Trust Maternity Services had reviewed three reports, these being the Centre for Maternal and Child Enquiries (CMACE) 'saving mothers' lives' 2011, the CMACE 2011 'a review of maternal deaths in London January 2009 to June 2010 and the CMACE London maternal death review Trust specific feedback report January 2009 to June 2010. The reports outlined 19 recommendations and the Trust had benchmarked a positive achievement of 79% compliance. Two areas of non-compliance included provision of pre-pregnancy counselling and consultant obstetricians and clinical leadership. There had also been three areas of partial compliance, these being women with potentially serious medical conditions requiring immediate and appropriate multidisciplinary specialist care, training in recognition and management of the sick and/or deteriorating woman and interpretation services. Members noted the on-going actions to improve compliance with the recommendations.

During discussion, Councillor Daly sought details with regard to midwifery staffing levels and she emphasised the need for tertiary action in respect of pregnant patients who had pre-existing conditions and to have a joined-up approach. Further information was sought on what action was being taken in respect of recommendation four of the CMACE report with regard to women with potentially serious medical conditions requiring immediate and appropriate multidisciplinary specialist care. Councillor Hunter asked what steps were being taken to increase availability of pre-pregnancy counselling and stated that diagnostic services for patients who are 12 weeks pregnant were very important.

The Chair commented that it would be beneficial if chemist shops had a private room available to provide contraceptives and sexual health advice. She sought information regarding the measures taken to ensure that agency staff received the appropriate training and what services were available for anaemic patients.

In reply to the issues raised, Trixie McAree confirmed that pre-pregnancy counselling was directed at those who had medical conditions which potentially could complicate matters should a patient become pregnant. Managing treatment of patients commenced as soon as it was known that they were pregnant. A team of specialist midwives served both Brent and Harrow and whilst use of agency staff was low, any appointed received the necessary training, including an explanation of the relevant guidelines and an orientation process undertaken. All patients were monitored throughout their pregnancy and this would include checking for anaemia and patients were encouraged to ensure that their vitamin D intake was sufficient. It was noted that chemists offer free contraceptives.

Jo Ohlson acknowledged that more could be done to signpost patients to the relevant services with regard to pre-pregnancy counselling. Prakash Chatham added that a protocol was in place regarding patient planning during their pregnancy and included monitoring of various matter in blood levels, such as folic acid, and dietary concerns.

RESOLVED:-

(i) that the benchmarked position for Maternity Services in August 2011 against national and pan London reports which demonstrates high levels of compliance overall at 79% be noted; and

(ii) that the ongoing actions to improve compliance with the recommendations be noted.

7. Brent Joint Strategic Needs Assessment

Imran Choudhary (Public Health Consultant, NHS Brent) gave a presentation on this item and explained that since 2007 it had been a statutory duty for local authorities and the local NHS to work together on strategic planning to improve health and wellbeing and to tackle health inequalities. The Brent Joint Strategic Needs Assessment (JSNA) provided analysis and evidence and informed Health and Wellbeing board on a health and wellbeing strategy. The committee noted the processes involved in producing the needs assessment and the scope involved, including the key topic areas. Imran Choudhary advised that the draft consultation for the strategy was due to be carried out in October 2011 and would include engagement with stakeholders, groups and individuals to attain their overall view of the JSNA to consider specifically whether any key issues had been omitted from the briefs.

Mansukh Raichura commented that consultation should be undertaken prior to the development of a strategy. Councillor Hunter referred to the JSNA's scope and stated that sexual health could be seen as a positive element and did not necessarily relate to sexual diseases. Councillor Daly felt that inclusion of sickle

cell was not a public health matter as such in that it was an inherent condition and she suggested that a more self-challenging approach should be taken to public health rather than referring to a specific list.

The Chair suggested that if the draft JSNA was made available in October 2011, this would give sufficient time for Members to consider at the committee meeting on 29 November 2011. She emphasised the importance of the JSNA to ensure provision and pathways benefitted the community as well as making necessary savings.

In response, Imran Choudhary advised that JSNA was highlighting key issues, some of which may change as a result of the review and it would not produce an overall strategy. It also looked at protecting vulnerable groups and this is why sickle cell was included as a key issue. Members heard that it was intended to increase the frequency of refreshes of JSNA which were currently undertaken every three years.

Councillor R Moher (Lead Member for Adults and Health) added that JSNA was carrying forward work that had been identified and that the Shadow Health and Wellbeing Board was a major driver for considering public health matters. Although the Board was in its infancy, it was a work in progress and would be looking to help shape the future of public health provision.

Andrew Davies advised that once the JSNA was complete work would begin on the health and wellbeing strategy. There would be further public engagement as part of the development of the strategy.

8. **Brent Local Involvement Network Annual Report 2010/11**

Manuskh Raichura introduced the report and explained that Brent LINk was an independent network comprising of individuals, community groups, voluntary sector organisations and local businesses working together to improve local health and adult social care services in Brent. Brent LINk was steered by a Management Committee and four action groups covering adult social care, primary and community care, mental health and hospital based issues and it had held its last annual general meeting in October 2010. Members noted that the report included case studies that demonstrated how Brent LINk had made an impact through action, including the Brent LINk Wellbeing Event held in August 2010. Mansukh Raichura concluded that Brent LINk would continue to provide the local community with a voice on health matters.

Colin Babb (Brent LINk) added that Brent LINk were working closely with the Care Quality Commission (CQC) and Health Watch and would continue to be led by the Management Committee. He informed Members that Brent LINk had organised a mental health event at Willesden Green Library on 22 September 2011 and he would provide further details of this to Andrew Davies. The 2011 annual general meeting was to take place on 18 October 2011.

Councillor Daly commented on the high quality of the report and the committee concurred with this.

9. **GP Commissioning Consortia Update**

Jo Ohlson updated the committee on GP Commissioning Consortia and advised that the Government had produced draft guidance for comments. The Clinical Commissioning Group was in discussion with the five sub-groups over their responsibilities and patients were also being involved at sub-group level. Members heard that a Clinical Commissioning Group Executive and a Shadow Board was also to be established. Efforts would continue to work with the council and its partners on Brent issues. In respect of patients, it was noted that they did not always attend the practices closest to them, whilst the geographical divide in terms of the clusters was artificial to some extent.

Councillor Ogunro commented that health facilities in South Kilburn had been neglected and he sought information on what action was to be taken on this. In reply, Jo Ohlson advised that the only centre available in the area at the moment was in Kilburn Square and although other sites were also being sought, the ability to fund such health community centres was very limited.

10. **Health and Wellbeing Board Update**

Andrew Davies advised that the Health and Wellbeing Shadow Board had not met since the last committee meeting, although the next Board meeting was due to take place on 5 October 2011. Work continued on the Board's terms of reference and the Health and Wellbeing Board strategy was also being developed. The committee noted that the Board was due to become a formal body in April 2012 and a more detailed update would be provided at the next meeting of the committee.

11. **Health Partnerships Overview and Scrutiny work programme**

The Chair requested that TB and social enterprises for GP practices be added to the work programme.

Councillor Daly commented that cuts to the Integrated Care Organisation should be a standing item in the work programme. Andrew Davies replied that information on this would be included in the Integrated Care Organisation report going to the committee on the 29 November 2011.

12. **Any Other Urgent Business**

GP practice funding

Councillor Hunter commented that a recent Freedom of Information request had revealed large variations in funding per patient amongst practices in Brent, with one practice being at less than £60 per patient and another over £120 per patient against a national average of £79. She stated that she was surprised by these findings and sought reasons for this.

In reply, Jo Ohlson explained that various types of contracts existed for practices and stated that the General Medical Services was £65 per patient and around £75 per patient for an Alternative Provider Medical Services contract. A Personal Medical Services contract provided extended services and would have a higher

patient per head cost, whilst other contracts could be influenced by issues such as deprivation and ethnicity. Jo Ohlson advised that a new national directive from the Government was awaited in respect of this and it was anticipated that a single contract may be put in place where every practice would be set the same rate.

Health Partnerships Overview and Scrutiny Committee, 29 November 2011

The Chair confirmed that a pre-meeting would take place at 6.30 pm prior to the next committee meeting on 29 November 2011.

13. **Date of Next Meeting**

It was noted that the next meeting of the Health Partnerships Overview and Scrutiny Committee was scheduled for Tuesday, 29 November 2011 at 7.00 pm.

The meeting closed at 9.30 pm

S KABIR
Chair

	Health Partnerships Overview and Scrutiny Committee 29th November 2011 **Report from the Director of Strategy, Partnerships and Improvement**
For Action	Wards Affected: ALL

Ealing Hospital Trust Integrated Care Organisation Six Month Progress Report

1.0 Summary

1.1 Members of the Health Partnerships Overview and Scrutiny Committee have asked for an update from the Ealing Hospital Trust Integrated Care Organisation on its first six months providing community health services in Brent. Brent Community Services were taken over by the ICO in April 2011. Previously the committee has discussed this issue and asked for a progress report after six months of operating.

1.2 At the time that the transfer of Brent Community Services to Ealing Hospital Trust was being considered and implemented, the council and Health Partnerships Overview and Scrutiny Committee expressed concerns about the management change. As a result, the ICO was asked to address the following points in the report for the committee:

- Issues with the management of Brent Community Services – at the time the transfer was being agreed, the committee was concerned that there was instability within the management structure of BCS. How has this been addressed since April 2011?
- How BCS is working with the council on children's safeguarding issues
- Specific work that has been done to improve the school nursing and health visiting service in Brent
- Clarification on the services Brent PCT has commissioned from the ICO and how these services are monitored

1.3 Ealing Hospital Trust has provided a report for the committee – see appendix 1 to this covering note.

2.0 Recommendations

2.1 The Health Partnerships Overview and Scrutiny Committee should considered the report from Ealing Hospital Trust on the first six months operation of the Integrated Care Organisation. Officers from the Trust will be at the committee to answer members questions on this issue. Any recommendations from the committee will be passed to the Board of Ealing Hospital Trust for consideration.

Background Papers:

Contact Officers:

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

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

Health Partnerships Overview and Scrutiny Committee, 29th November 2011

Integrated Care Organisation - Progress Report

1. Introduction

On 1 April 2011 the community services of Brent, Ealing and Harrow separated from their former Primary Care Trusts to become part of Ealing Hospital NHS Trust and formed a new Integrated Care Organisation (ICO) better able to deliver high quality health care closer to home. This paper summarises the progress of the Integrated Care Organisation (ICO) since its creation and specifically the community health services it delivers in Brent.

The Trust employs a total workforce of over 3,000 staff of which 1,529 WTE staff work in the community across the three boroughs it serves.

2. Organisational and Management Structures

The ICO has created a robust clinical and management leadership structure with the capacity and capability to deliver the vision of the ICO. Appendix 1 contains an Organisational Chart which outlines the seven directorates that comprise the ICO. The ICO has a strong borough focus to support the further development of close collaborative working with partner agencies to deliver better outcomes for its local communities.

Three experienced Community Services Directors (CSDs) were appointed in April 2011 to oversee the operational delivery and strategic development of more integrated community services within each borough and to lead the Transforming Community Services agenda locally. In the first few months in post the Community Services Directors have focused on establishing productive relationships with key partners in the respective Local Authorities, GPs and commissioners in each borough, supporting staff through the transition period and developing their directorate objectives in line with the goals of the organisation.

The Community Services Director – Brent is an experienced manager who has thirty years experience of working in the NHS; twenty of those in the community both as a clinician and in various clinical and management leadership roles. The CSD-Brent has also focused on driving up quality within community services to improve health outcomes and deliver improved productivity and efficiency within services, developing robust systems locally to support and monitor this process and finally overseeing the ongoing delivery of key service development projects for 2011-12.

3. Governance

The ICO has reviewed its governance and strategic committee structures to reflect its broader organisational responsibilities and accountability for the provision of both acute and community health care. There is now community representation on all appropriate Trust committees and groups.

Within Community Services Brent the following groups have also been established to oversee the governance of three priority areas:

- Brent Safeguarding Adults Group chaired by the CSD – Brent

- Brent Safeguarding Children and Looked After Children's Group chaired by the CSD – Brent
- Brent Clinical Governance Group chaired by the Deputy Director of Nursing and Clinical Standards - Brent

Each local group reports to an ICO-wide committee which, in turn, reports to the Trust Board.

Monthly meetings have been established between Community Services Brent and NHS Brent/GP commissioners to oversee performance management of the local community contract.

Community Services - Brent
An update is provided below on a range of existing and developing services in Brent which are focused on the closer integration of health and social care to deliver higher quality care.

4. STARRS
A successful example of a recent new service delivery arrangement in Brent is STARRS (Short Term Assessment, Rehabilitation and Re-ablement Services). The STARRS intermediate care service was implemented in Brent in October 2010. The clinical model treats acute exacerbations of Ambulatory Care Sensitive (ACS) conditions for an admission avoidance pathway, in addition to supporting hospital discharges and facilitating community rehabilitation. The service is aligned with Brent Council Social Care to support the assessment and set-up of re-ablement packages of care.

The STARRS project is delivering patient benefits as a result of a Single Point of Access (SPA) to care that integrates care services across Brent. This creates a seamless patient pathway, delivering consistent and reliable services that offer greater choice and personalised care closer to home, or in an appropriate community setting. Thus unnecessary or prolonged acute hospital admissions are avoided. Such support for patients in living independently reduces long-term reliance on care services. This has the overall benefit of increasing access to rehabilitation and re-ablement services which substantially improves recovery times and long-term wellbeing. The community element of the STARRS service is delivered by the ICO and has been performing well against its key performance indicators since May 2011.

5. District Nursing and Case Management
A new case management system is also being piloted in two localities in Kilburn and Wembley. It aims to improve quality, increase capacity and efficiency within the District Nursing Service to be able to intensively case manage identified high risk patients with long term conditions. The service is working closely with GPs to identify those high risk patients with complex co-morbidities and known high use of A&E and acute services, who will benefit from case management where care is centrally co-ordinated by a community nurse. Through better co-ordinated interventions patients will benefit by developing greater confidence, knowledge and self-awareness enabling them to better self-manage their conditions thereby improving their quality of life. In turn, this will lead to improved disease control and consequently a reduced number of acute exacerbations of their condition/s and subsequent reliance on acute services.

The system seeks to integrate services and encourage all elements of the health economy to work together to reduce emergency admissions (particularly District Nursing, GPs and consortia, Social Care, STARRS and NWLHT). The project for example will be seeking to further develop joint working between the District Nursing Service and STARRS to maximise the potential of the District Nurses longer-term

management of high risk patients in the community, with STARRS having a key role in rapid intervention to stabilise those patients whose condition worsens at home.

There are currently over 120 patients with complex needs being case managed. The pilot is due to be evaluated in December 2011/January 2012. A decision will then be made by commissioners regarding whether they wish to roll the programme out across the borough.

6. Long Term Conditions

There is a long history of collaboration in Brent between community health services and the Central Middlesex Hospital to jointly provide a range of clinics delivering enhanced care for patients with certain long term conditions. These services are delivered by multi-disciplinary teams from across both acute and community Trusts including consultant physicians, consultant nurses, Allied Health Professionals, therapists and specialist nurses. Examples include clinics for diabetic and COPD patients with complex management needs. Patients benefit from a service model that offers timely, local and convenient access to a team of professionals with a broad range of clinical expertise to be able to manage their complex care needs in an integrated one-stop shop service.

The York and Humber Public Health Observatory have recently published inpatient data for diabetic foot patients for all PCTs in England and Wales. The data shows that Brent has achieved amongst the lowest amputation rates in the country (1 per 1000 c.f. national average 2.7 per 1000). Major amputation rates are amongst the best in the country (0.5 per 1000 c.f national average 1.08 per 1000).

Brent has one of the highest prevalence rates of diabetes in the country, has higher than average deprivation and falls in the bottom end of the spending per capita for diabetes. However, Brent results are amongst the best in the country. The integrated foot pathway within Brent (which is part of the Integrated Diabetes Care Pathway), with the STARRS team, microbiology and vascular surgery have been key to achieving these results. These are a set of excellent results and clearly illustrate the huge benefits to patients and commissioners from delivering integrated care.

A potential merger between EHNT and NWLHT would facilitate a further shift towards more whole system changes in the management of such long term conditions through a unified clinical workforce, access to high quality facilities/premises in Brent and more innovative and efficient utilisation of resources and staff.

7. Universal Children's Services

The Health Visiting and School Nursing Services in Brent have been working collaboratively with the Local Authority and commissioners this year to progress the development of integrated & holistic universal children's services to support delivery of the "Healthy Child Programme" across the borough. Within this health and social care model, services for the under 5s are focused around Children's Centres providing more accessible support to children and families in the community. Health Visitors play a key role in supporting this model of delivery whilst also working currently to strengthen links with primary care and GP clusters.

Improved access and choice for service users to these collaborative centres within localities, enables children and families to benefit from timely support from a range of professionals to advise them on all aspects of child health and development including breastfeeding support, feeding and weaning, immunisation advice as well as reducing isolation and providing parenting support. Whilst services are focused on prevention and supporting the healthy development of children, this approach also enables the early identification of issues where some families may require an

enhanced level of support and/or referral onto other health, social care and third sector agencies.

The ICO has a robust recruitment strategy in place prioritising the ongoing recruitment of Health Visitors in each of its community directorates due to the shortages across the capital of this professional group. Community Services Brent currently has a rolling programme of recruitment every 3 months. The ICO is working closely with NHS London who centrally co-ordinate the recruitment to Health Visitor training placements and Return to Practice students following an awareness campaign across London. Brent currently has ten WTE vacancies although three Health Visitors have recently been appointed and are due to commence in the next couple of months. Temporary staff are also used wherever possible to provide backfill for these vacancies.

Community Services Brent has recently begun working closely with NHS Brent and GP commissioners to develop a Health Visitor Implementation Plan by February 2012. This will set out how the envisaged increase in Health Visitor numbers will be implemented in Brent by 2015 in line with the Department of Health's strategic vision.

8. OFSTED/CQC Safeguarding and Looked After Children Inspection
An inspection of Safeguarding and Looked after Children Services took place in Brent from 3-14 October 2011. The contribution of health agencies to keeping children and young people safe was graded as adequate. The health outcomes for Looked after Children were however assessed as inadequate.

The inspection highlighted the following issues:

- the quality of health assessments
- health plans were not always outcome-focused
- no follow-up of care plan outcomes
- timeliness of review health assessments of LAC
- issues with information-sharing between services
- low rates of LAC partnership working

The ICO takes the findings of the inspection very seriously and is committed to working closely with the Council and commissioners to address the issues highlighted during the inspection in a timely way to improve outcomes for Looked after Children locally.

Consequently a Joint Working Group has been established with representation from the ICO, Brent Council and NHS Brent to develop and implement a joint action plan to take forward the recommendations in the report within the required timescales. The group is chaired by the Community Services Director – Brent and the first meeting took place on 3 November 2011. The group will report regularly on its progress to the Brent Children's Partnership Board and within the ICO to the Trust Board.

10. Looking Forward
At the time of writing this report the ICO is awaiting the Commissioning Intentions for 2012-13 from NHS Brent. The focus of Community Services in Brent however will be on:

- improving quality and health outcomes
- providing a more positive patient experience
- prevention of disease
- early detection and identification of health issues
- better management of long-term conditions in the community

- prevention of unnecessary acute hospital admissions
- supporting timely discharge from hospital

This will be achieved through closer integration with health and social care services in Brent as well as with other community services within the ICO to deliver greater productivity, responsiveness, choice and value for money for our service users.

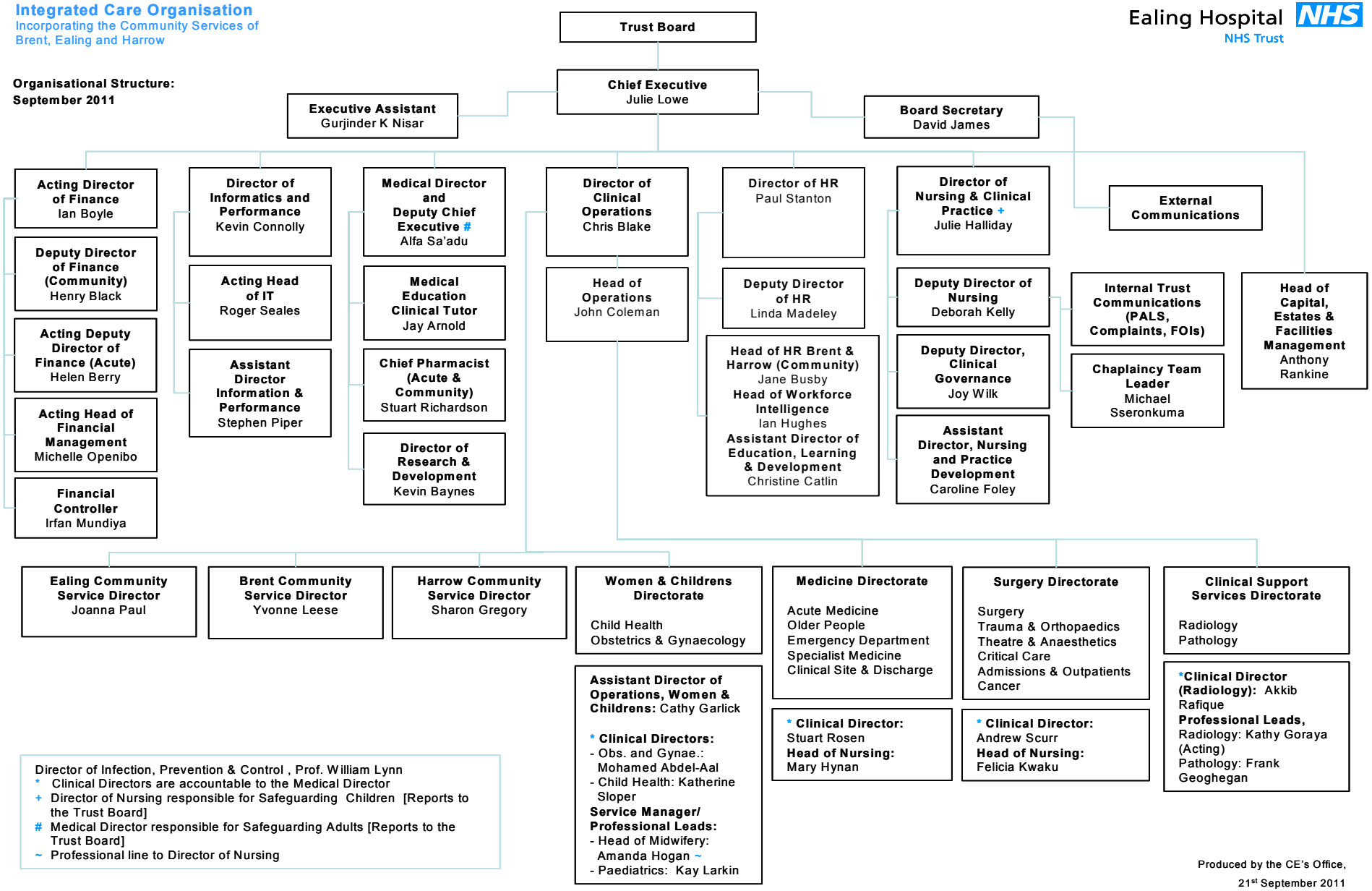
Yvonne Leese
Community Services Director – Brent
14 November 2011

Appendix 1 – ICO Organisational Chart

Integrated Care Organisation
Incorporating the Community Services of Brent, Ealing and Harrow

Ealing Hospital NHS Trust

Organisational Structure: September 2011



Director of Infection, Prevention & Control , Prof. William Lynn
* Clinical Directors are accountable to the Medical Director
\+ Director of Nursing responsible for Safeguarding Children [Reports to the Trust Board]
\# Medical Director responsible for Safeguarding Adults [Reports to the Trust Board]
~ Professional line to Director of Nursing

Produced by the CE's Office,
21st September 2011

	Health Partnerships Overview and Scrutiny Committee 29th November 2011 **Report from the Director of Strategy, Partnerships and Improvement**
For Action	Wards Affected: ALL

Plans for the future of North West London NHS Hospitals Trust and Ealing Hospital Trust

1.0 Summary

1.1 The North West London NHS Hospitals Trust and Ealing Hospital Trust have approved an outline business case for merger. Members will be aware that the two trusts have been in discussions for some time on this subject and that work has been taking place to prepare the OBC setting out the merger proposals. A summary of the Outline Business Case and a report from the Hospital Trusts are included as appendices to this report.

1.2 The Outline Business Case sets out the reasons why the trusts are considering a merger at the current time. These can be summarised by looking at the commissioning landscape, the clinical vision and the financial drivers for the merger.

1.3 Commissioning

1.4 The commissioning landscape is changing in North West London. As the OBC points out, services will only be commissioned from organisations that meet or exceed increasingly tough quality standards. Both EHT and NWLH will struggle to meet those standards if they continue as standalone organisations. There is also a move to commission services that are deployed in community settings – moving care out of hospitals.

1.5 NWLH is facing issues around clinical deliverability of services because of its financial challenges. EHT has teams that are too small to deliver the quality of care expected now and in the future. It does not have the “critical mass” in some specialities to meet quality standards (i.e. it doesn’t perform enough procedures). It is recognised that achieving excellent clinical outcomes for patients requires greater access to specialised services, technology and senior staff 24 hours a day. This is a driver towards consolidation of acute services into larger more specialised groupings.

1.6 Clinical Vision

1.7 Both trusts have a vision for the future of a healthcare system less dependent on hospital based care. Specialist advice and diagnostic services should be available

outside hospital and care for people with long term conditions delivered from community settings where possible. Critical mass is crucial – clinicians need to see enough patients to maintain their skills which will be achieved through serving larger populations.

1.8 **Financial case for change**

1.9 The financial case for change, although not the main reason for seeking to merge, is compelling. Modelling the trusts as standalone entities up to 2015/16 will actually see EHT deliver a surplus in that period, but NWLH will incur a recurrent deficit. Although EHT is more stable financially, it does not have the critical mass required to deliver services safely and to the required quality.

1.10 A merged trust, with reconfigured services delivers a range of financial outcomes from a net surplus of £5.2m up to a surplus of £24.5m, depending on the option selected. Financial balance is crucial if the new organisation is to achieve Foundation Trust status.

1.11 **Risks**

1.12 The OBC acknowledges that if the merger doesn't go ahead there are risks associated with this. They are:

- Both Trusts will remain financially and/or clinically challenged.
- They will face reducing levels of activity and income
- They may be subject to independent take-over or fragmentation.
- Service quality is likely to fall below expected standards.

1.13 **Timetable**

1.14 The timetable for the merger is as follows:

- Outline Business Case signed off by NHS London - November 2011
- Full Business Case approved by the Trust Boards and NHS London - March/April 2012
- Submission for approval to Department of Health Transaction Board - May 2012
- Merger - July 2012

1.15 It is not clear whether there will be any public consultation on the merger, apart from with the Brent, Harrow and Ealing LINks. The committee should clarify what this will entail and whether there will be any formal process for members to contribute to the consultation.

1.16 **Service changes**

1.17 The OBC states that if a merger is agreed, there will be no immediate changes to clinical services as a result of the organisational merger. However, as part of the merger process clinicians are looking at how any future organisation might deliver the highest quality of care in response to the development of new commissioning intentions from GPs. Four high level options are included in the OBC setting out possible service reconfigurations. Scenarios 1 to 4 have significant implications for Central Middlesex Hospital, which under these proposals would become an elective care centre, with outpatient and urgent care services. Scenarios 2 to 4 would have varying implications for Northwick Park and Ealing Hospital.

1.18 Although no decisions have been made in relation to service changes, any changes would be subject to a separate formal consultation process led by commissioners (primary care trusts and groups of local GPs) which the Health Partnerships Overview and Scrutiny Committee should respond to, possibly through a JOSC with Harrow and Ealing OSCs.

2.0 Recommendations

2.1 The Health Partnerships Overview and Scrutiny Committee is recommended to consider the reports on the proposed merger between North West London Hospitals NHS Trust and Ealing Hospital Trust and question officers on the process from this point, particularly in relation to consultation with stakeholders.

Background Papers:

Contact Officers:

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Health and Adult Social Services Standing Scrutiny Panel, November 2011

'STRONGER together' the Outline Business Case for the proposed merger of Ealing Hospital NHS Trust and The North West London Hospitals NHS Trust

1. Overview

Following the publication of Commissioning Intentions by NHS North West London in the autumn of 2010, an Options Appraisal took place into the future organisational arrangements best placed to deliver the changes signalled. The conclusion reached through this appraisal was that a merger between Ealing Hospital NHS Trust (EHT) and The North West London Hospitals NHS Trust (NWLHT), combined with the integration of the community services of Ealing, Brent and Harrow, offered the potential to deliver an organisational solution to carry forward the commissioning agenda and to deliver FT viability. Chapter 5 of the Outline Business Case (OBC) describes the decision-making process, taking account of a review of the local healthcare provision and goes on to describe how this led to the identification of the merger as the preferred organisational solution.

Since then the two Trusts have developed a Strategic Outline Case that was approved by the respective Trust Boards in May 2011 and have now produced the more detailed Outline Business Case STRONGER Together. The OBC makes the case for the merger ("organisational change") to create a single Integrated Care Organisation (ICO) from July 2012.

The OBC argues that the two trusts are complimentary; NWLHT provides limited services in the community and lacks the current capacity to provide more services in or near patients homes; EHT in the future will be too small to have the required breadth and depth within each of its clinical services to sustain the full range and depth of specialist hospital care 24/7. The OBC describes the current NHS context and a strategy for the new organisation, based on greater specialisation of hospital services and more integrated delivery of care in the community. The OBC demonstrates the potential of the merged Trust to become financially sustainable based on maintaining current service provision and delivery of a radical efficiency programme. The OBC acknowledges the potential for wider service changes being required in the future and that NHS North West London plan to consult on future options during 2012 (See NHS NW London November 2011 Board Papers). The financial analysis in the OBC includes some modelling of hypothetical scenarios and provides some assurance that the merged trust would remain viable under a wide range of potential future planning scenarios.

The OBC does not make the case for any major service change (although it does model potential responses of a merged Trust to changes in future commissioner plans).

Attached at Appendix One is a summary document of the OBC which outlines the rationale and benefits of the merger and is now available on the websites of both Trusts.

2. The Outline Business Case

The OBC is structured around 11 Chapters with supporting Appendices. The case for the organisational merger centres around 4 of these Chapters:

Chapter 3-Commissioning Strategy in NW London

The chapter gives an overview of the health needs of the 3 boroughs served by the Trusts, what the priorities of Commissioners are, the significant financial challenges (rising demand and standards, increasingly elderly population and reduced levels of funding resulting in a potential resource gap of £1 billion in NW London) they face and therefore what the likely impact will be for services. This results in an expectation of commissioning for rising standards and specialisation of acute services, shifting of activity from hospital sites to the community and greater integration of services to support an out of hospital commissioning strategy focussed on prevention, management of long term conditions and clinical pathways.

Chapter 4- Implications for EHT-ICO and The NWLHT

The chapter outlines the vision and aspirations of both Trusts to deliver the "highest possible quality of care" in the context of the Commissioning plans and examines latest guidance and standards for service delivery from Royal Colleges, National Institute for Clinical Excellence (NICE), Care Quality Commission (CQC) etc as well as the London experience of concentrating specialist services ie for stroke and trauma. The Chapter concludes that there are compelling reasons why a merger would be beneficial to patients by offering the potential for; integrated community and acute services co-terminus with social care and increased critical mass and scale of acute services allowing for sub-specialisation, availability of appropriate staff and services 24/7 and capacity to support community developments.

Chapter 6 Clinical Vision for a combined organisation

The OBC sets out a clear and compelling clinical argument for the merger based around the potential benefits of an Integrated Care Organisation serving Ealing, Brent and Harrow, together with benefits to patients of organising acute services around larger clinical teams. Chapter 6 of the OBC provides the clinical vision for the merged Trust and what needs to change to fully deliver the benefits of a truly integrated healthcare delivery organisation working in partnership with GP's, Social Care and other sectors. The chapter cites example case studies of how things are and what they could become both for community and acute services. The vignettes provide an illustration of the innovation that may be possible through the merger and are a reflection of the clinical involvement and thinking that has already taken place to develop the OBC and will continue in conjunction with GP's (as commissioners and partners in the provision of healthcare) as we develop the Full Business Case (FBC). Appendix B goes on to outline the process whereby senior clinicians within the trusts and GP's have been engaged in the merged Trusts scenario planning potential responses to future commissioner plans for services.

The chapter concludes the merger

- "is a unique opportunity to create one NHS organisation managing hospital and community services across Brent, Harrow and Ealing. This will help to remove organisational barriers and provide more integrated care for local people. For patients this will mean fewer hospital visits, shorter stays in hospital and care closer to home."
-"will create larger clinical teams to meet the rising clinical standards in the future, give patients the opportunity to be treated by specialists in their condition no matter what time of the day or week."
-"make the most of the expertise it has" ie to meet EWTD requirements at same time as staffing rotas fully.

Chapter 7 Financial evaluation

The chapter sets of the historical performance of both Trusts, the financial challenges ahead, the impact of merger and the potential savings arising from the organisational merger (£7m). It then goes on to examine the potential for the merged Trust to achieve FT

status and its ability to be resilient to changes in income levels and fluctuations in cost levels.

A response to the financial challenge has been developed through a Finance Working Group (includes representatives from NWL Cluster/PCT's and NHS London as well as the Trusts). A LTFM has been developed for the Base Case, using NHS London agreed assumptions on productivity (5.4%), and reflecting the current Commissioning Intentions (produced December 2010). This shows that without major service change, the new Trust could achieve close to break-even by 2015/16 (£2.3m deficit).

Working in parallel to this process, NHS NW London is developing a pre-consultation business case, setting out the case for service change. It is too early in the process to base the financial analysis for the merger on this emerging thinking, however the OBC has modelled a number of hypothetical scenarios (Described in Appendix B), broadly consistent with the direction of travel set out in the earlier Commissioning Intentions. Under all of these scenarios, modelling suggests that the merged Trust will achieve surpluses ranging from £5.2m to £24.5m, strengthening the case for financial sustainability arising from the merger.

Further financial analysis has tested a down-side financial scenario, using the Monitor FT parameters and anticipating the worsening financial forecasts by PCTs in the North West London. Even with these downside financial scenarios, the merger proposal continues to achieve the required financial sustainability against at least two of the hypothetical service change scenarios.

3. Approvals Process

North West London Hospitals and Ealing Hospital Trust Boards considered and supported the OBC at their meetings on 2nd and 4th November, respectively and agreed to proceed to develop the Full Business Case.

NHS North West London considered the OBC at its Board meeting on 9 November and the CEO has now written to both Trusts confirming the Boards support for the Merger. The final approval process for the OBC is consideration by NHS London's Capital Investment Committee (CIC- a formal sub-committee of its Board) on the 17th November.

Following NHS London CIC approval of the OBC, the key approval processes and dates are as below:

- FBC Approval by Trust Boards – March 2012
- FBC approval by NHSL – April 2012
- FBC approved by DH Transactions Board – May 2012
- Merger implemented – July 2012

4. Consultation Issues

Consultation on merger-there is no formal requirement for public consultation on organisational merger although the Trusts are required to consult with the local and relevant LINKs (Ealing, Harrow and Brent)-all 3 are represented on the Organisational Futures

Programme Board and are in the process of organising local events to seek the views of their membership.

Consultation on service change- Commissioners (legally the PCT's) are responsible for leading and consulting upon major service change and have to follow the NHS London service re-configuration guide in doing so. This requires a pre-consultation process resulting in a case for change that has to be agreed by NHS London before formal public consultation can take place (refer to NHS NW London November Board papers for detail of process).

Simon Crawford
Senior Responsible Officer
Organisational Futures of Ealing Hospital NHS Trust and The North West London Hospitals NHS Trust

November 2011

STRONGER *together*

The proposed merger of Ealing Hospital NHS Trust and The North West London Hospitals NHS Trust

Ealing Hospital NHS Trust

The North West London Hospitals NHS Trust

STRONGER *together*

The proposed merger of Ealing Hospital NHS Trust and The North West London Hospitals NHS Trust

Foreword

We have made a personal promise to patients to provide the highest quality of care in our hospitals and the community. In many ways we are doing this already. Both our Trusts are proud of the fact that infection rates are very low and our mortality rates are among the best in the country.

But we can always do more to improve.

We want our organisations to be in the strongest position to embrace the changes happening across the NHS and in medicine, such as higher quality standards, technological advances, and a focus on prevention and care outside hospitals.

For these reasons we have been looking at future options for our organisations.

The merger will allow us to create larger clinical teams so our patients can see specialists in their condition no matter what time of day or day of the week.

In Ealing, we were delighted to become an Integrated Care Organisation in April 2011, bringing together services at Ealing Hospital with community services across Brent, Ealing and Harrow. The merger gives us a unique opportunity to build on this and create one organisation providing hospital and community services - enabling us to have a healthcare system which removes organisational barriers, focuses on the whole patient and prevents unnecessary admissions into hospital.

We recognise, of course, that change will not be without challenges. We are committed to supporting and involving everyone as we move forward.

Whilst this document covers an organisational merger and not immediate change to services, we will in the future need to look at how services are organised so we can continue to improve quality and ensure a sustainable future.

Our GP commissioners and local GPs will be vital in

helping us design the services patients need.

Whatever service changes are proposed, we are committed to ensuring that local people have a chance to express their views and be involved in shaping their local NHS.

At the heart of everything we do is our promise to improve care for patients. We believe merging our organisations will be a major step in achieving this. We believe we will be stronger together.

We look forward to discussing our proposals with you.

Julie Lowe,
Chief Executive

Ian Green,
Chairman

Dr Alfa Sa'adu
Medical Director

Ealing Hospital
NHS Trust

Peter Coles,
Interim Chief Executive

Tony Caplin,
Chairman

Professor Rory Shaw
Medical Director

The North West London
Hospitals NHS Trust

This brochure sets out the reasons why we believe that merging will create a first-class organisation, delivering high-quality care across Brent, Ealing and Harrow. It also describes the benefits for patients and staff, and explains the next steps in the process.

"Our vision is to ensure that every person in our part of London has the best possible health care. From the hospital perspective, we want to offer large enough teams of specialists in all the major clinical areas to ensure we can meet all of the modern standards of care. From the community perspective, we want to work closely with GPs, other health professionals and social care teams to ensure more care is provided closer to home."

Medical Directors Professor Rory Shaw at The North West London Hospitals NHS Trust and Dr Alfa Sa'adu at Ealing Hospital NHS Trust

Why Ealing Hospital NHS Trust and The North West London Hospitals NHS Trust?

We started to look at a range of options for our organisations in 2010. This included staying the same and mergers with different combinations of Trusts in the North West London area (you can read more about this on our websites, see back page).

After assessing a range of options we agreed that a merger of the two Trusts would offer the best opportunity to provide the highest quality of care for people in Brent, Ealing and Harrow.

We believe a merger is the right choice:

- It offers a unique opportunity to create **one NHS organisation managing hospital and community services across Brent, Ealing and Harrow**. This will help to remove organisational barriers and provide more integrated care for local people. For our patients this will mean fewer hospital visits, shorter stays in hospital and more care closer to home.
- Through one organisation we can create **larger clinical teams** so we can deliver improved **quality standards** in the future and give patients the opportunity to be treated by specialists in their condition.
- By creating a larger organisation and larger clinical teams we will be able to create a **critical number of clinicians and knowledge**, enabling us to provide **more specialist care** for our local populations.

More information about why we believe merging our organisations can bring benefits to patients is continued on page 7.

Why we are considering a merger

The case for change

More services to be provided in the community

Across the NHS there is a drive to provide more services in the community, outside hospitals. At the moment many people go to hospital for some services which could be better provided out of hospital.

The vision for the future is that we have a healthcare system which is less dependent on hospital care. People will receive regular and urgent medical advice from their GP practice or a community-based urgent care centre. Specialist advice and diagnostic tests will be obtained outside hospital and care for people with long-term conditions and older people will be organised around their day-to-day needs in their own communities.

Changes to health needs and local population

Population growth in North West London and the growth of lifestyle-related diseases require a greater focus on disease prevention and delivering care in our local communities. We need to change the way services are delivered, with improved primary care, more integrated care and more centralisation of specialist care in order to achieve better outcomes for patients.

Changes in medicine

Medical knowledge advances at an astounding pace every year as new tests, sophisticated medication and new surgical procedures emerge.

Medicine is also becoming increasingly specialised, which has resulted in significant benefits for patients as doctors and their teams have become more expert and successful in their specific areas.

The generalist surgeon of the past has now been replaced by multiple specialists, each focusing on different parts of the body.

For senior staff and more specialised teams to deliver the high-quality care people expect and deserve, there needs to be a critical number of doctors focused on specific types of patients and procedures.

Individual clinicians and teams need to see enough patients to maintain their skills in treating certain conditions which they

Today when you go to an orthopaedic surgeon you will see a specialist in your particular problem – knee, hip or ankle. It's the same for cancer – if you have breast cancer you will be seen by a breast surgeon not a general surgeon.

If you are admitted as an emergency with major internal bleeding then to get the best clinical outcome means that we need to have specialist radiologists, surgeons and other staff available 24 hours a day, 365 days a year.

New quality standards are being introduced all the time.

A recent report about the care and treatment of patients receiving emergency surgery, published by the Royal College of Surgeons, makes nine detailed recommendations which, if implemented, will reduce complications and deaths for patients having emergency surgery.

Recommendations include fast access to operating theatres, better use of critical care and improved care after operations, including treatment of infection.

Merging our organisations would make it easier for us to achieve these new standards and improve care.

The Higher Risk General Surgical Patient: Towards Improved Care for a Forgotten Group. Published by Royal College of Surgeons. September 2011.

would not otherwise see often enough. This means clinical teams need to serve larger populations.

In order to maintain skills and expertise in specialist areas staff need to work in larger centres where they can obtain sufficient experience of different conditions.

Changes in the workforce

We need to make the most of the expertise we have. New policies mean nurses and doctors work fewer hours - quite rightly. Smaller teams can struggle to staff rotas fully, while reductions in the number of trainees mean we need to use all our resources to maximum effect.

Rising quality standards

To provide higher-quality care in the future, we want to meet the rising standards set out by professional bodies, such as the Royal Colleges, and the commissioners who fund our services.

For example, emerging quality guidelines will increase the amount of time consultants need to be present in hospital providing direct patient care, rather than being on call from home.

Financial drivers

While the key driver for merging our organisations is to improve clinical quality, we also have to consider what financial benefits merger will bring. Our services need to be affordable, as we know there will be a reduction in hospital income when resources shift to the community. We need to match our services to this change in funding.

The benefits

Our vision for patient care

Co-ordinating services across our hospitals will enable us to improve quality of care.

Integrating community and acute care

Merging our organisations would give us a ***unique opportunity to integrate acute and community care*** across Brent, Ealing and Harrow.

Ealing Hospital NHS Trust already manages community services across Brent, Ealing and Harrow, delivering benefits for patients.

We know services are not as well integrated as they could be. Some patients are discharged from hospital and find district nursing services may not know about their hospital admissions or about the treatment they need at home. Sometimes this also means they are admitted to hospital just to get advice from a hospital-based specialist.

By merging we could create one single NHS organisation for acute and community services across the three boroughs. This will allow us to provide more integrated care by removing organisational and geographical barriers, providing a seamless service for patients.

Integrating care means:

- **Fewer visits to hospital**: by developing more one-stop clinics with a range of professionals from different disciplines, all working together within one co-ordinated system
- **Shorter time in hospital:** merging will allow us to care for patients in their own homes, avoid unnecessary admissions, reduce the time people need to stay in hospital and prevent re-admission to hospital
- **Reduce duplication of tests and assessments:** information will flow better between professionals, as we will share record systems and guidelines
- **Continuity of care:** as care will be organised across our hospitals and communities in a more integrated way, it will involve professionals working together as an extended team
- **A focus on long-term conditions:** integrating community and acute care will help us to focus on the whole needs of a patient, over a longer period of time

One particular challenge that hospitals face is that patients admitted across London at the weekend have a significantly increased risk of dying compared to those admitted on a weekday. (Review of acute medicine and emergency general surgical services, NHS London and London Health Programmes, September 2011).

One of the most important factors in improving this is to ensure patients are assessed by an experienced consultant with the right expertise as quickly as possible. One example is the improvements made to stroke care since centralising specialist services in 2010. Eight Hyper Acute Stroke Units were opened in London including one at Northwick Park Hospital.

These dedicated centres ensure healthcare staff with the right skills and equipment are available to treat stroke patients, 24 hours a day. Emerging evidence is expected to show that centralising stroke services in London has saved hundreds of lives and reduced the risk of lasting disabilities after a stroke for many more people.

This is the kind of change that merger would allow us to improve in other services in Brent, Ealing and Harrow.

Improved quality of care

Patients will have the benefit of larger, multi-disciplinary teams, able to offer the highest standard of care.

The merged organisation would have sufficient critical mass to provide even safer consultant-led care.

There is clear evidence that individual teams seeing more patients and performing more procedures in their area of expertise increases the quality of care.

Larger units can ensure that all clinical teams see at least the minimum number of patients necessary to keep skills up to date and to demonstrate high-quality outcomes.

Better use of equipment and diagnostics

The latest clinical equipment is expensive and highly specialised. It also requires extensive training to be used effectively. In general this equipment needs to be used most of the time to make it worth the investment. By merging our organisations we will have a larger patient catchment area, helping us to keep pace with developments in technology and use them more intensively and cost effectively.

For instance:

- Interventional radiology enables life-threatening bleeding to be stopped and blocked arteries to be opened.
- New blood testing machines used in pathology can treat a much greater range of blood samples, more quickly than ever before.

Having more of a say about your health services

We aim to become a Foundation Trust, which would give us the flexibility to meet local health needs. It would also give our patients and local communities a much greater say in the way our organisation is run through its public membership and Council of Governors. It will be easier for us to achieve Foundation Trust status and meet the criteria if we merge our organisations.

Making the most of the resources we have

Moving to merged clinical teams will help us to reduce spending on overheads and management costs, and reduce waste and duplication. In the short and medium term, a merger will help us to:

- reduce administration costs and duplication in Boards and 'back office' functions such as management, finance and human resources; we have identified potential savings
- improve productivity in areas such as procurement (the way we buy products and services) and make better use of our operating theatres
- reduce expensive hospital care and the time people spend in hospital by developing community services
- make the most of our buildings - a merged organisation will be in a better position to develop its estate.

Creating a stronger future

- By merging we will create an organisation large enough to stand on its own and become a Foundation Trust
- We will invest in our medical services and our people to deliver better care to local people
- We will deliver on our promises to bring the best possible NHS services to the people who most need them

The new Trust

If a merger is approved, it would create a large NHS Trust including:

- Central Middlesex Hospital
- Community services across Brent, Harrow and Ealing, including Clayponds Rehabilitation Hospital and Meadow House Hospice
- Ealing Hospital
- Northwick Park Hospital
- St Mark's Hospital (a specialist and internationally-renowned hospital for the treatment of diseases of the bowel and gut)

The Trust would employ more than 7,000 staff and have an income of £570m. It would care for a local population of about 800,000.

Our staff

Staff will also benefit through the retention of expert clinicians, a more stable workforce and the ability to attract new talent.

The merged organisation would employ more than 7,000 staff, ranging from hospital nurses and consultants, therapists and scientists to health visitors, administrators and community nurses. We believe there will be many benefits for staff if our organisations merge.

- **New career pathways and new job roles** will be developed over time, particularly as we integrate community and acute care
- **Attracting new talent**: a broader range of senior clinicians will be attracted to an organisation with a clear focus on integrated care
- **Specialist skills and expertise** can be accessed by teams in different care settings
- **Learning, development and best practice** will be more easily spread and transferred throughout the organisation

At the same time we recognise that this will be a period of uncertainty and change for staff. We are fully committed to working closely with staff and their representatives to manage any changes if merger is approved.

What happens next?

The Boards of both Trusts have approved an Outline Business Case (OBC). This sets out what the clinical and financial benefits would be if a merger goes ahead. We have highlighted many of these in this document. If you would like to read the full OBC then please visit our websites.

No final decisions have been made and we need to go through a number of decision making stages, including the development of a Full Business Case (FBC) and approval from the Department for Health, before any proposed merger is agreed.

Overview of timetable

- Outline Business Case signed off by NHS London - November 2011
- Full Business Case approved by the Trust Boards and NHS London - March/April 2012
- Submission for approval to Department of Health Transaction Board - May 2012
- Merger - July 2012

What does this mean for services?

If a merger is agreed, there will be no immediate changes to clinical services as a result of the organisational merger.

However, as part of the merger process clinicians from across our hospitals and the community have started to look at how any future organisation might deliver the highest quality of care in response to the development of new commissioning intentions from GPs. GPs commission healthcare services for their patients.

No decisions have been made about any potential service changes. Any changes would be subject to a separate formal consultation process led by commissioners (primary care trusts and groups of local GPs).

Whatever decisions are made about services in the future, we believe a merged Trust will be in a stronger position to meet the challenges ahead, deliver any potential reorganisation of services, and better care for our communities in the future.

Your views

There will be consultation regarding merger with the Brent, Ealing and Harrow LINks (Local Involvement Networks) in November and December 2011, as required by the regulations. LINKs would be pleased to have any views on the merger. Their contact details are below. While we do not have to formally consult with the public about merger, we would still like to hear your views, so we can take them into consideration before we submit our full business case to the Department of Health. You can email us: merger@nhs.net

Contact details for LINks in your area:

Ealing LINk

Email: ealinglink@hestia.org
Telephone: 020 8280 2276
or leave a message on their website: www.ealinglink.org
Write to: Ealing LINk,
The Lido Centre,
63 Mattock Lane,
London W13 9LA

Harrow LINk

Email: info@harrowlink.org.uk
Telephone: 020 8863 3355
Write to: Chairman Julian Maw
Cervantes House,
Ground Floor,
5-9 Headstone Road,
Harrow, HA1 1PD
Website: www.harrowlink.org.uk

Brent LINk

Email: brentlink@hestia.org
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Write to: Brent LINk,
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This document is available in other languages, large print, Braille and Audio upon request 0800 783 4372.

هذه الوثيقة متاحة أيضا بلغات أخرى والأحرف الطباعية الكبيرة وبطريقة برايل للمكفوفين وبصيغة سمعية عند الطلب

این مدرک همچنین بنا به درخواست به زبانهای دیگر، در چاپ درشت و در فرمت صوتی موجود است.

આ દસ્તાવેજ વિનંતી કરવાથી બીજી ભાષાઓ, મોટા છાપેલા અક્ષરો અથવા ઓડિઓ રચનામાં પણ મળી રહેશે.

अनुरोध पर यह दस्तावेज़ अन्य भाषाओं में, बड़े अक्षरों की छपाई, ब्रेल और सुनने वाले माध्यम पर भी उपलब्ध है

Dokument ten jest na życzenie udostępniany także w innych wersjach językowych, w dużym druku, w alfabecie Braille'a lub w formacie audio.

ਇਹ ਦਸਤਾਵੇਜ਼ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਅੱਖਰਾਂ ਵਿਚ, ਬਰੇਈਲ ਅਤੇ ਆਡੀਓ ਟੇਪ 'ਤੇ ਰਿਕਾਰਡ ਹੋਈਆ ਵੀ ਮੰਗ ਕੇ ਲਿਆ ਜਾ ਸਕਦਾ ਹੈ।

Dokumentigaan waxaa xitaa lagu heli karaa luqado kale, daabacad far waa-wayn, farta indhoolaha (Braille) iyo hab dhegaysi ah markii la soo codsado.

நீங்கள் கேட்டுக்கொண்டால், இந்த ஆவணம் வேறு மொழிகளிலும், பெரிய எழுத்து அச்சிலும் அல்லது ஒலிநாடா வடிவிலும் அளிக்கப்படும்.

درخواست پر یہ دستاویز دیگر زبانوں میں، بڑے حروف کی چھپائی، بریل اور سننے والے ذرائع پر بھی میسر ہے۔

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The North West London Hospitals NHS Trust

	Health Partnerships Overview and Scrutiny Committee **29th November 2011** **Report from the Director of Strategy, Partnerships and Improvement**
For Action	Wards Affected: ALL

Accident and Emergency Services at Central Middlesex Hospital

1.0 Summary

1.1 On 4th November 2011 the chair of the Health Partnerships Overview and Scrutiny Committee received a letter from North West London NHS Hospitals Trust informing her that Accident and Emergency Services are to close overnight at Central Middlesex Hospital. This service change came into effect from the 14th November 2011.

1.2 The letter (attached at appendix 1) states that the reasons for closure are:

- The need to provide a safe and reliable service to patients.
- The small number of patients using A&E, especially at night time, means that A&E staff are no longer seeing enough patients to maintain their clinical skills and expertise.
- When doctors leave, it is becoming increasingly difficult to recruit permanent replacements. The onset of winter means this situation is likely to become even more challenging, and the Trust predicts a shortage of A&E doctors available during the night.

1.3 At this stage the closure is a temporary measure, subject to an external review by NHS London.

1.4 The chair of the committee has asked for this issue to be included on the committee's agenda because she is surprised that this decision was taken without informing the scrutiny committee about the possibility of closing A&E at Central Middlesex Hospital. Officers from North West London NHS Hospitals Trust have been asked to attend the committee to answer questions on this subject.

2.0 Recommendations

2.1 The Health Partnerships Overview and Scrutiny Committee is recommended to question officers from North West London NHS Hospitals Trust on their decision to close A&E services overnight at Central Middlesex Hospital. If the committee has any

recommendations about this issue these will be passed on to the Board at North West London Hospitals Trust.

Background Papers:

Contact Officers:

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

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

The North West London Hospitals NHS
NHS Trust

Trust Headquarters
Northwick Park Hospital
Watford Road
Harrow, Middlesex
HA1 3UJ

4 November 2011

Dear Colleague

Changes to emergency services at Central Middlesex Hospital

The accident and emergency department (A&E) at Central Middlesex Hospital is moving to an 11-hour service between 8am and 7pm from 14 November. However, the Urgent Care Centre at the front of the hospital will continue to operate 24 hours a day, seven days a week.

This is a temporary measure that is subject to external review and has been prompted by a need to provide a safe and reliable service to patients.

The temporary closure also reflects the work of the GP-led Urgent Care Centre in assisting patients who do not need hospital services. The centre opened at the hospital in March 2011, when A&E was seeing 200 patients a day on average. Now it sees about **70 patients a day** and normally only **one or two people an hour** go to A&E between 7pm and 8am.

As a result, A&E staff are no longer seeing enough patients to maintain their clinical skills and expertise, and when doctors leave, it is becoming increasingly difficult to recruit permanent replacements. The onset of winter means this situation is likely to become even more challenging, as we predict a shortage of A&E doctors available during the night.

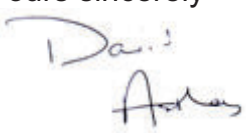
While this change will affect very few patients, I realise that local people may be concerned, but as the Urgent Care Centre cares for seven out of ten people who come through the front door, most people will not notice any difference.

Safety is our number one priority, which is why we have taken this decision, which we believe is in the best interest of patients. It is wiser to make planned closures at night, rather than risk having sporadic, unanticipated closures over the winter, which could cause major inconvenience to patients.

The North West London Hospitals Trust has also discussed the situation with the Strategic Health Authority for London and invited it to carry out a review of its A&E services.

This change will affect very few patients, but I realise that you may be concerned about it and hope this letter goes some way towards alleviating any misgivings you might have.

Yours sincerely



David Astley
Interim Acting Chief Executive

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	Health Partnerships Overview and Scrutiny Committee **29th November 2011** **Report from the Director of Strategy, Partnerships and Improvement**
For Action	Wards Affected: ALL

Access to GP Services in Brent

1.0 Summary

1.1 The Health Partnerships Overview and Scrutiny Committee has asked for a report from NHS Brent on the latest GP satisfaction survey results. Members have been concerned for some time that satisfaction with access and patient experience at Brent GP practices has been below expected levels. As a result, the committee has requested that representatives from each of the GP commissioning clusters in Brent (Harness, Kilburn, Kingsbury, Wembley and Willesden) attend the committee to answer members questions on the initiatives they are putting in place to improve the patient experience.

2.0 Recommendations

2.1 The Health Partnerships Overview and Scrutiny Committee is recommended to consider the report from NHS Brent on patient satisfaction with access to GP services in Brent and on the patient experience. Representatives from the five GP commissioning clusters should be questioned on their performance. Recommendations will be referred to the individual commissioning groups, or to the GPCE, depending which is most appropriate.

Background Papers:

Contact Officers:

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

Andrew Davies, Policy and Performance Officer
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NHS Brent Briefing paper for

Brent Health Partnerships Overview and Scrutiny Committee

on GP Access Update

1. Introduction

In July 2011, the Committee received a report from NHS Brent on the results of the GP patients' survey on access and patient experience that:

- compared by locality the results of the 2009/10 and 2010/11 surveys.
- compared the change in scores by year against the change in scores nationally.

Following the meeting, members were sent survey results by practice. The Committee asked for a further report to be provided on further action NHS Brent and clinical commissioners were taking to improve patient satisfaction with access and experience.

This paper:

1. provides background information on the contractual position with GP practices and access; the GP survey and the role of clinical commissioners
2. describes the impact of the 2010/11 access programme
3. describe plans we have in place for 2011/12 to improve access
4. highlights recommendations from a national study on greater dissatisfaction rates with primary care services from a black and minority ethnic patients
5. sets out the next phase of a wider primary care development programme in Brent
6. seeks views from members on how we can improve primary care services together.

2. Background information

2.1 GP contracts

There are three main contracts for GP services:

- General Medical Services (GMS)– a national contract
- Personal Medical Services (PMS) – a local contract with additional provisions to the GMS contract
- Alternative Provider Medical Services (APMS) – a local contract with key performance indicators and time limited, usually five years.

Where a new contract has been required, NHS Brent has agreed APMS contract because of the stronger contractual clauses and flexibility around length of contract.

In Brent, we have:

- 50 GMS contracts
- 13 PMS contracts
- 6 APMS contracts – GP led health centre Wembley, 2 Harness practices, 1 Kilburn practice. The former practices run by the PCT, Burnley Road and Sudbury practices will be APMS contracts.

The GMS and PMS contracts have limited clauses around access and quality. Both contracts require “reasonable “ access but this is not defined. Both contracts require contractual and statutory requirements to be met in full but this does not cover access. The APMS contracts do include access clauses and are monitored on a quarterly basis. It is expected GP practices will need to register with the Care Quality Commission during 2012/13 and be fully compliant with CQC standards by April 2013.

The Quality and Outcomes Framework (QOF) was introduced at the same time as the new GMS contract in 2004. The QOF rewards practices for the provision of 'quality care' and helps to fund further improvements in the delivery of clinical care. Practice participation in QOF is voluntary. All Brent practices take part in QOF. The QOF has a range of national quality standards, based on the best available, research-based evidence covering four domains: clinical, organizational, patient experience and additional services. The GP patient survey was introduced in 2006/07. Until 2011/12, some payment to practices under QOF was linked to the patient survey results.

2.2 GP patient survey

In 2011/12, the survey will be undertaken twice yearly to around 1.4 million adults who are registered with a GP in England so 2.8 million in total will receive a survey. The first six months’ results will be available in December 2011. The sample size is such that the survey aims to ensure patients have been registered with a practice for at least six months and likely to have been seen in the last six months. The target practice response rate is 35%. IPSOS Mori who undertakes the survey provides the 13 most commonly used languages on line and provides freephone help lines. In 2010/11, they handled 25,000 calls.

In 2010/11, the response rate for England was 36%. Brent’s was 27%. The survey has 53 questions and is 8 pages in length. The patient satisfaction survey is an important measure of quality but it is not the only measure. In 2010/11, NHS London launched the 22 GP outcome standards it had agreed with a number of stakeholders. This includes four standards based on questions in the GP survey. Publication of practice performance against these standards is planned for April 2012.

2.3 Role of NHS Brent and Brent clinical commissioners

From April 2013, the National Commissioning Board will be responsible for commissioning primary care services including GP services. In order to ensure a smooth transfer to this arrangement, a primary care contracting team was established for NW London cluster and Brent PCT delegated this responsibility to the cluster. It is expected that clinical commissioning groups (CCGs) will have a role in supporting primary care development and improvement through peer review and support and commissioning more services in the community. NHS Brent and Brent CCG are committed to developing high quality primary care services in Brent and worked closely together on the 2010/11 access improvement programme.

3. 2010/11 Improvement Programme

In 2010/11, NHS Brent, in collaboration with the CCG localities, ran the Access, Choice and Experience (ACE) Programme. The programme worked with both practices and consortia to make improvements. All practices, except one, took part in the programme. The programme was successful in its aim to improve access to practices in Brent. Some of the changes for both Access and Experience are shown below in Table 1.

Table 1	Start of Programme	End of Programme
Practices providing Extended Hours outside (08:00am to 6:30pm) Monday - Friday	58	66
Able to book four weeks in advance	30	62
Open 45hrs + per week - access to receptionist face to face & phone	42	61
SMS Messaging	35	55
On Line Booking and prescription	15	60
Patient Participation Groups	33	60

The programme also aimed to inform patients and the public about the changes that were being made by practices and engage with patients and the public about their GP Services. This was done through road shows at supermarkets, libraries and in health centres. It was also supported by a marketing campaign on billboards and bus stops across the Borough which focused on “You Said…. We Did” messages.

There were increased satisfaction rates in the access indicators as set out in Table 2.

Table 2 Access indicators: % change between 2009/10 and 2010/11

		Brent	England
1	able to see a doctor quickly	0.04	-1.26
2	able to book ahead to for an appointment with a doctor	1.36	-0.36
3	satisfaction with opening hours	0.68	-1.04
4	able to see a preferred doctor	1.71	0.37
5	ease of getting through on the phone	2.62	1.28
	overall	1.28	-0.20

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These improvements were against a national drop in satisfaction scores for indicators 1 to 3. Improvements in satisfaction in indicators 4 to 5, exceeded the national improvement.

Table 3 Patient experience indicators % change between 2009/10 and 2010/11

		Brent	England
1	Access and waiting	-4.33	-4.81
2	Safe, high quality, coordinated care	-0.13	-0.38
3	Better information, more choice	-0.95	-0.91
4	Building relationships	-1.04	-0.89
5	Clean, comfortable, friendly place to be	0.36	0.10
	overall	-1.22	-1.38

For the indicators in patient experience, only one area achieved a minor improvement: clean, comfortable, friendly place to be. The other indicators dropped. Overall the drop in satisfaction was lower than the national average.

3. Access 2011/12

Each of the localities have discussed with their members actions that they continue to plan to take. NHS Brent and Clinical Commissioning Leads have jointly looked at what could support further improvements around access and experience. Agreed proposals include premises improvements and staff training.

3.1 Premises improvements

NHS Brent has agreed to allocate £238,000 for minor improvements to premises to improve practice environment and / or confidentiality within their reception area. Premises will be used to apply for grants in December 2011.

3.2 Staff training

This training is intended for administrative staff to build on the customer experience training delivered as part of the ACE programme but also to help them confidently deal with difficult situations.

3.3 Localities

Harness

2010/11 survey results

Compared to 2009/10, Harness saw improvements across all five areas of the access indicators and saw improvement in two of the areas of patient experience. Eight out 16 practices' access satisfaction results were equal or greater than the England average for at least four out six indicators. For patient experience, there was less satisfaction with one practice scoring equal or greater than the England average for five out of six indicators.

Progress in 2011/12

Harness are working closely with their practices and patient forums to build on the improvements already achieved last year in access and experience indictors. This work includes supporting each practice to develop an individual development plan with their patient representative group with a focus on understanding and improving patient experience and access at a particular site. This work is coordinated through the primary care group and

the practice manager forum, regular updates will be presented to the clinical commissioning forum and the patient forum. The aim being to increase networking and collaborative working to improve experience by increased use of communication technology, review of service delivery models, reductions in waiting times in practices and improved information on access and self care.

Harness are working with the Harness wide patient forum and have identified the following priorities for this year:

- Further receptionist training to include customer service, conflict management, equality and diversity
- Use of the social marketing plan the Harness have developed to improve communication with local communities to better understand patient needs and perceptions
- Investment linked to practice development of patient experience and safety. This initiative is closely linked to preparing for CQC registration
- Shared learning events so practices can learning from each other and external success stories
- Implementation of the patient charter that has been jointly developed between the patient forum and practices and will be supported by a community engagement plan. This initiative is led by a clinical lead working in partnership with the chair and president of the patient forum.

In terms of access Harness will continue to support all our practices to improve current performance and achieve the access indicators.

Harness have recently audited emergency respiratory admissions for patients with paediatric asthma and COPD, further work is on going in the redesign of diabetic care the recommendations form both of these pieces of work are being utilised to inform improving the experience of care for patients living with long term conditions. Patients have identified improved aesthetics in practices as a priority and Harness are working closely together and with NHS Brent to implement small improvement projects including redecoration, cleanliness, comfort, patient information, confidentiality and to liaise with the patient representative groups on the best use of funding in each practice.

Harness look forward to sharing with and learning from the work undertaken by our colleagues in the Brent GP Federation to enhance the experience of care of patients across the Borough of Brent.

Kilburn

2010/11 survey results

Compared to 2009/10, Kilburn saw improvements across three areas of the access indicators but saw a reduction in three of the areas of patient experience. Six out 15 practices' access satisfaction results equal or greater than the England average or at least four out six indicators. Four practices scored below the Brent average. For patient experience, one practice scored equal or greater than the England average for five out of six indicators. Seven practices scored below the PCT average for patient experience.

Progress in 2011/12
All Kilburn practices took part in the Access programme and have made good progress on increasing access and patient experience. All the practices have Patient Participation Groups (PPG)and we have a Kilburn wide PPG who meet regularly. These meetings give opportunities to ask patients directly what they feel would make a difference to our service provision and we have had some good feedback and ideas. We have regular consortia meetings where practices also discuss ways in which they can further improve patients experience. These include continuing with training and development of staff teams both in-house and as a group. Our practice managers share ideas and processes to ensure we have the most effective systems in place. Our practices have also welcomed the provision of small but helpful premises grants to make improvements to the practice environment. We recognise that it takes time to change patients perception of services but are committed to continual improvement and development of our service delivery.

Kingsbury

2010/11 survey results
Compared to 2009/10, Kingsbury practices saw improvements across four areas of the access indicators but saw a reduction in all areas of patient experience. Two out 15 practices' access satisfaction results were equal or greater than the England average for all or at least four out six indicators. Five practices scored below the Brent average. For patient experience, one practice scored equal or greater than the England average for five out of six indicators. Five practices scored below the PCT average for patient experience.

Progress in 2011/12
Kingsbury discussed access and experience during their commissioning forum. The locality discussion focused on how it could improve access and experience in general but particularly focus in on how to improve telephone access and also how to ensure that we reach out to those more vulnerable groups and support them to access their practice.

In addition, Kingsbury Patient Group have produced a list of questions for practices about access. These questions will either be responded to by the practice with the practice patient group or by the practice and reviewed by the patient group. The findings will be collated and reviewed by a member of Kingsbury PRG with a knowledge of marketing will analyse the results and feed them back to the Kingsbury PRG in December for further discussion and action.

This will remain a standing item on the agenda and will be reviewed as each practice feeds back following further input from the practice patient groups.

Wembley

2010/11 survey results
Compared to 2009/10, Wembley practices saw improvements across four areas of the access indicators but saw a reduction in three areas of patient experience. Five out 15 practices access satisfaction results were equal or greater than the England average for all or at least four out six indicators. Four practices' scored below the Brent average. For patient experience, one practice scored equal or greater than the England average for four out of six indicators. Eight practices scored below the PCT average for patient experience.

Progress in 2011/12
Wembley Board and Commissioning Forum have reviewed the MORI scores. Where practices have scored poorly, time has been spent trying to understand what has given rise to that perception. Discussion has primarily focused on looking at domain around clean and comfortable environments and Wembley practices will be looking to make improvements using the funding being made available by NHS Brent to do so. Wembley Board continue to question and challenge one another about access to ensure that all the positive changes made during the ACE programme are maintained.

Willesden

2010/11 survey results
Compared to 2009/10, Willesden practices saw improvements across four areas of the access indicators but saw a reduction in three areas of patient experience. Three out of 10 practices' access satisfaction results were equal or greater than the England average for at least four out six indicators. Four practices scored below the Brent average. For patient experience, one practice scored equal or greater than the England average for four out of six indicators. Five practices scored below the PCT average for patient experience.

Progress in 2011/12
A discussion was held at the Commissioning Forum Meeting regarding what could be done to continue the work that has been started. The discussion resulted in a number of suggestions around how to improve both access and experience; this included using the premises grants to improve the practice environment, providing customer service training within practices to enable staff to feel more comfortable asking questions and challenging one another. In relation to access the Willesden management team agreed that this would be a standing item on the primary care and quality group with an initial piece of work agreeing that the following standards around access would be maintained within Willesden:

- Patients are able to book regular appointments with their Practice up to 4 weeks in advance.
- All Practices offer emergency slots on a daily basis.
- All Practices offer 72 appointments / week / 1000 patients in list.

4. Black and Minority Ethnic populations and satisfaction with GP services

In July 2007, the Department of Health, commissioned a review of why patients from black and minority ethnic (BME) groups find it more difficult to access GP services than white populations. The first national GP patient survey conducted in January 2007, showed that BME patients were less satisfied with GP access. Brent is one of the most culturally diverse boroughs. BME groups in Brent now make up the majority of the population at 54.7%, according to GLA projections. This is the second highest of all the London Boroughs after Newham.

''No Patient Left Behind: how can we ensure world class primary care for black and minority ethnic people?" was published in 2008. The review found four main inter-linked reasons for dissatisfaction: firstly, there is a substantial communication problem between patients and practices caused by language and culture barriers. Secondly, the disease burden is greater in BME patients who tend to have a poorer health status. Thirdly, the quality of GP services is too variable and finally, the expectations of BME patients are different. These factors result in a healthcare need that is not fully matched by existing services, resulting in dissatisfaction.

The review made recommendations focussing on

- supporting patient 'choice and voice' within BME communities
- stronger, equitable commissioning for diverse populations based on local needs assessment
- better regulation
- routine ethnicity data collection and compliance by NHS trusts with race relations legislation
- stronger leadership and commitment on BME issues
- improving the quality of general practice
- supporting PCTs and practices by establishing a national project to spread best practice and innovation in BME primary care
- training of primary healthcare staff and developing the practice receptionist role to become a 'patient navigator' – a highly skilled person focused on customer skills
- supporting and nurturing a diverse workforce.

The report recommended that as a first step, practices and PCTs acknowledge the difficulties faced and make a real and measurable commitment to addressing them. A major thrust of the report was that patient care needed to be personalised and that would lead to greater patient satisfaction for all patients including those from a BME background.

This report is relevant to Brent as Brent's survey scores for 2010/11 are similar to those PCTs included in the study (table 4 below).

Table 4 PCT survey results with high BME populations 2010/11

	Response rate %	Overall satisfaction %
England	36	90
London	29	85
Brent	27	82
Bradford	26	86
Heart of Birmingham	19	81
Leicester City	30	84
Newham	21	82
Tower Hamlets	20	84

The findings of the report should help shape our primary care development programme described in section 5.

5. Primary Care Development Programme January 2012 – March 2013

Both NHS Brent and Brent CCG recognise that the further development and improvement is required in primary care. Access to high quality primary care is essential but patient confidence in primary care becomes even more important as the scope of primary care is extended and GPs become responsible for commissioning most care. The programme is in its early stages of development and focuses on a range of clinical and non clinical areas in primary care including access.

The programme will focus on four key areas and be delivered over a 15 month period:

- Clinical Outcomes
- Service
- Enhanced Primary Care
- Patients and the Public.

Within each area there are key strands of work that have been identified as part of the programme and these are shown in the table below.

Clinical Outcomes	Service	Enhanced Primary Care	Patients and the Public
Achieve key clinical outcome measures across Brent taken from the London Outcomes Framework	Access Out of Hours	Referral Management	Working with patients and the public to take them with us through the transformation and change perception of primary care
Delivering core primary care across Brent	Networks of Care	Long term conditions management .. Tier 2 onwards	Working with patients and the public to manage expectation

Succession Planning / Practice Planning	IT systems Choose and Book Standardising Coding	Re designed pathways embedded and used	Working with patients and the public around self care

It is further proposed to develop an incentive scheme to support the delivery of the outcome measures. This scheme would complement the national Quality and Outcome Framework. The December Board will be asked to consider funding the first phase of the programme. A number of expected outcome measures are being developed as part of the programme.

6. Discussion

Members are asked to:

1. review the actions taken by NHS Brent and Brent CCG in 2011
2. consider how we can strengthen the proposed primary care development programme
3. consider how they might wish to be involved in the programme and review progress and outcomes.

Drs Ethie Kong and Sami Ansari Co Clinical Directors Harness
Dr Mandy Craig Clinical Director Kilburn
Dr Ajit Shah Clinical Director Kingsbury
Drs Jahan Mahmoodi and Ashwin Patel Wembley
Drs Sarah Basham and Cherry Armstrong Willesden
Tessa Sandall Deputy Borough Director

15th November 2011

Health Partnerships Overview and Scrutiny Committee

2011/12 Work Programme

Meeting Date	Item	Issue	Outcome
9th June 2011	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.	Report noted. The issue will come back to the committee in Sept or Nov, during the public consultation. There may also be an opportunity to meet informally with the Programme Board during the summer. Joint scrutiny with Ealing and Harrow is also a possibility.
	North West London Hospitals NHS Trust Quality Accounts	The Quality Account from the Hospital Trust will be presented to the committee to give members an opportunity to add its comments prior to submission to the Care Quality Commission.	The committee has sent its response to NWL Hospitals on their Quality Account.
	GP Commissioning Consortia Update and Primary Care Issues in Brent	The committee has asked for an update from the Brent GP Commissioning Consortia to be presented to each meeting so that councillors can be kept informed of progress and key issues. In addition, the committee will receive reports on the following primary care issues in the borough: • An update on the Burnley Practice tender exercise • A report on the situation at Stag Lane clinic, and whether any progress has been made in securing a permanent solution to the issues regarding the building, or a replacement.	Report noted. There are a number of issues that the committee has picked up on: • Mental health commissioning – how plans for joint commissioning with the council are progressing. • Health and social care integration • A request for a report on GP commissioning plans in July 2011, including these two issues • Burnley Practice – will be reported back to the committee if list dispersal is the only option
	Khat Task Group	The terms of reference for the group will be presented to the	Agreed by the committee.

	Terms of Reference	committee for approval.	
	GP list validation exercise	Request for information on the GP list validation exercise following concerns raised by patients and GPs over the process.	Agreed to follow up in July 2011 with a report from NHS Brent setting out how the project has gone, what lessons have been learned and the number of patients that have re-registered following their removal from the GP lists.

Meeting Date	**Item**	**Issue**	**Outcome**
26th July 2011	GP Patient Access Survey Results – Q4 2010/11	The committee is keen to follow up the results of the ACE programme to see what impact it has had on patient satisfaction with access to GP services in Brent. NHS Brent has previously reported that they expected improvement by Q4 2010/11 and so members have asked to see the Q4 results, which should be available for June 2011.	The committee has asked for a report from each of the CCGs on how they will be working to improve access to their surgeries to drive up satisfaction scores. This will be presented to the committee in November 2011. This will include individual practice performance. Jo Ohlson has agreed to provide traffic light performance information for each practice.
	GP list validation exercise	Following the meeting in June 2011, the committee has requested a report from NHS Brent setting out how the project has gone, what lessons have been learned and the number of patients that have re-registered following their removal from the GP lists.	The committee has recommended to NHS Brent and NHS North West London that each practice has its list validated at least once every two years, on a rolling programme for each practice in the borough, to

			avoid the problems that the current validation exercise has encountered. Information on the number of re-registrations to practices in Brent will also be sent to committee members over the coming months. This issue maybe followed up later in the year, depending on the number of re-registrations.
	GP Commissioning Consortia Update	The committee has asked for an update from the Brent GP Commissioning Consortia to be presented to each meeting so that councillors can be kept informed of progress and key issues. For July, members have requested that the report includes information: • Mental health commissioning – how plans for joint commissioning with the council are progressing. • Health and social care integration	Report noted. Members have asked for a report on the governance of the CCGs and also the relationship between NHS Commissioning Board, CCGs and the local authority, once these become clearer.
	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.	Report noted. This will be followed up in 12 months time.
	Central Middlesex Hospital Paediatric Assessment Unit	The North West London NHS Hospitals trust has asked to place a report on the committee's agenda on their plans for the paediatric assessment unit at Central Middlesex Hospital. They are considering a proposal to merge the unit with the Urgent Care Centre at the site. The Health Partnerships Committee should consider whether a public consultation is needed on this plan and comment on the proposals.	The committee agreed that NWL Hospitals and NHS Brent should speak to stakeholders about the proposals for the PAU at CMH and report back to the September meeting with a report on their views. At that point, the committee will decide to recommend whether formal consultation is needed on the plans

			for the PAU.
	North West London NHS Hospitals Trust Budget	The Hospital Trust has set a budget for 2011/12 which anticipates a deficit of £19m. The committee is keen to know what the implications are for the trust and patients and how the deficit is likely to be addressed through the year.	Report noted. The committee has agreed to follow up this issue with further reports on the proposed merger with Ealing Hospital Trust.
	Health and Wellbeing Board Update	The committee has asked for an update from the Health and Wellbeing Board to be reported to each committee meeting.	Report noted. This will now become an agenda item at each committee meeting.

Meeting Date	**Item**	**Issue**	**Outcome**
20th September 2011	North West London Hospitals Maternity Services	There have been widely reported issues at the maternity unit at Northwick Park Hospital in recent months and NHS London has carried out a review of maternity services across London. Officers from the trust should be invited to attend the committee to report to members on the incidents that have taken place and how they have been addressed.	Report noted by the committee.
	Plans for the future of North West London NHS Hospitals Trust and Ealing Hospital Trust	The committee will have an opportunity to consider the business case and respond to the public consultation on the proposed merger. This could be deferred to November 2011, or possibly subject to joint scrutiny meeting with Ealing and Harrow.	Issue to remain in the work programme. Outline Business Case to come to November committee meeting.
	Central Middlesex Hospital Paediatric Assessment Unit	The committee considered the proposal for the PAU at CMH at its July meeting, where it agreed that NWL Hospitals and NHS Brent should speak to stakeholders about the proposals and report back to the September meeting with a report on their views. At that point, the committee will decide to recommend whether formal consultation is needed on the plans for the PAU.	The committee agreed the two recommendations in the report: • The NWLH PAU service is decommissioned at CMH from October 15th 2011, subject to the agreement and sign off of the critical clinical pathways by Clinical leads and GPCE.

			• The paediatric outpatient service and Brent Sickle Cell service will remain at CMH.
	Joint Strategic Needs Assessment	The committee has asked that the JSNA is brought to a future meeting, so that members can be given an overview of the borough's key health needs. The joint health and wellbeing strategy that will be developed after the JSNA will outline the council and health commissioners plan to tackle the health issues facing people in Brent.	The committee will be consulted on the JSNA at their next meeting in October.
	Brent LINk Annual Report	The Brent LINk will present their annual report to the committee for discussion and comment.	Report noted
	GP Commissioning Consortia Update	The committee has asked for an update from the Brent GP Commissioning Consortia to be presented to each meeting so that councillors can be kept informed of progress and key issues.	Report noted
	Health and Wellbeing Board Update	The committee has asked for an update from the Health and Wellbeing Board to be reported to each committee meeting.	Report noted

Meeting Date	**Item**	**Issue**	**Outcome**
29th November 2011	Integrated Care Organisation Report	The committee has requested a report on the progress of the ICO, since its creation in April 2011. The report should focus on how the ICO has strengthened its leadership in Brent and is addressing the issues highlighted by the council during consultation on its creation. This report should come to the committee in September 2011.	
	GP Patient Access Survey Results	Following concerns about satisfaction with access and experience at GP practices in Brent, the committee has asked for a report from each of the CCGs on how they are working to improve access to their surgeries to drive up satisfaction scores. The report will include	

		information on individual practice performance.	
	GP Commissioning Consortia Update	The committee has asked for an update from the Brent GP Commissioning Consortia to be presented to each meeting so that councillors can be kept informed of progress and key issues.	
	Health and Wellbeing Board Update	The committee has asked for an update from the Health and Wellbeing Board to be reported to each committee meeting.	
	JSNA Consultation	The JSNA will be presented to members to give them an opportunity to comment on the resource and contribute to the consultation.	
	Plans for the future of North West London NHS Hospitals Trust and Ealing Hospital Trust	Presentation of the outline business case, as agreed by the committee at their meeting on the 20th September.	
	Mental Health Rehabilitation Provision in Brent	At the request of NHS Brent, this item has been put on the agenda to give members an opportunity to comment on the consultation on Mental Health Rehabilitation provision in Brent.	
	A&E at Central Middlesex Hospital	The chair has asked for an update on the plan to close A&E overnight at Central Middlesex Hospital.	

Meeting Date	**Item**	**Issue**	**Outcome**
7th February 2012	Role of community pharmacists in improving health and wellbeing	The chair is keen to look at community pharmacists in Brent, and how their role in delivering health services can be best utilised. She also wants to look at the way that different elements of the health system, such as GPs and social care work with pharmacists in the borough.	
	Mental health	Report to committee on 29/11/11 may provide basis for further	

	services in Brent	enquiries about mental health services. Chair of the committee has suggested support for carers of those with mental health problems.	
	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.	
	Patients Association Presentation	The Patients Association has offered to give a presentation on patient experience in Brent, based on their evidence and personal testimonies. The committee should decide whether it wishes to take up this offer.	
	Brent Tobacco Control Strategy	The committee would like to follow up the Brent Tobacco Control Strategy, to check the progress of its implementation. It is also interested in specific issues, such as the licensing of shisha bars, to see how this issue is being addressed in Brent.	
	GP Commissioning Consortia Update	The committee has asked for an update from the Brent GP Commissioning Consortia to be presented to each meeting so that councillors can be kept informed of progress and key issues.	
	Health and Wellbeing Board Update	The committee has asked for an update from the Health and Wellbeing Board to be reported to each committee meeting.	
	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.	
	Public Health Transfer to Brent Council	The chair of the committee has asked for a report on the work being done to prepare for the transfer of public health services to the council. A One Council project will take place to ensure the transfer happens within the Government's timetable and to ensure that the	

		service meets Brent's specific needs once it is integrated within the council.	
	Central Middlesex Hospital Urgent Care Centre	The Urgent Care Centre has opened at Central Middlesex Hospital. The committee has asked for a report setting out progress and performance issues in the first six months of operation for the UCC.	
	Sickle Cell and Thalassaemia Services Report	The Committee has asked for a report Sickle Cell and Thalassaemia services at North West London NHS Hospitals Trust. The committee will invite sickle cell patient groups to attend for this item to give their views on services in the borough. This follows a previous report on changes to paediatric in patient arrangements at NWL Hospitals. Members are keen to know how sickle cell patients have been dealing with this change.	
	Fuel Poverty Task Group	Recommendation follow up on the task group's review.	
	Health Visitor numbers	Councillor Mary Daly has asked for an item on the way that NHS Brent is responding to the Government's commitment to increase Health Visitor numbers.	
	Breast Feeding in Brent	Following a report in March 2011 on the borough's Obesity Strategy, the committee has requested a follow up paper on the Breast feeding service in the borough. Members were particularly interested in the role of peer support workers and how mothers are able to access breast feeding services. The committee would also like to have accurate data on breast feeding initiation and prevalence in Brent.	

Meeting Date	**Item**	**Issue**	**Outcome**
27th March 2012	End of life / palliative care in Brent	The committee has asked for a report on end of life care in Brent. Members are keen to look at how the End of Life Strategy is being implemented and to know what services exist in Brent and how effective they are in delivering care.	
	GP Commissioning Consortia Update	The committee has asked for an update from the Brent GP Commissioning Consortia to be presented to each meeting so that councillors can be kept informed of progress and key issues.	

	Health and Wellbeing Board Update	The committee has asked for an update from the Health and Wellbeing Board to be reported to each committee meeting.	
	TB in Brent	Added at the request of the committee (meeting on 20th Sept 2011).	

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One Community Many Voices Event 10th October 2011

Feedback from the table top sessions

The One Community Many Voices event was held during Local Democracy Week on the 10th October. Participants were invited to take part in table top facilitated discussion sessions on a variety of subjects. They were also encouraged to write their own comments on the flip chart paper provided. Comments from the event are set out below and will be fed back to participants and will be sent to the council's overview & scrutiny committees to inform their work programmes.

Employment, Skills and Economic Opportunities

- We need to encourage more local venture and businesses
- How can we use the strength of having a multi-lingual population?
- Empty properties – how can young people be trained to help renovate them.
- Harrow link – job creation
- More training for adults on how to access employment
- How can we encourage investment in green industry in Brent?
- Need to find the unique selling point for to attract business / industry into the borough
- Better use of the business units available in Brent
- How do we encourage entrepreneurial areas in the borough?
- Encouraging local procurement
- Encourage businesses to provide school and work experience
- Schools are now making work experience optional – how do we help to promote the value of this
- Volunteering opportunities for young people that provide work experience with rewards
- Are we providing too much money for children in care – too much freedom?
- Work with employers to identify the skills needed by people to gain employment
- Identify what skills will be most relevant in the future
- Marketing / Selling Brent – improve image
- Design centre
- More support in schools for young people on applying for jobs, CV writing and interviews.
- Good quality careers advice
- More apprenticeships, employer networks and business associations.
- Opportunities in Park Royal - linking support to local people and support for businesses in difficulties.
- Invest in local shopping centres
- Transport link to employment opportunities
- Training for young people from an early age – the minimum wage is a problem for small and medium size companies. Lobby government
- Link young people's development with the most successful companies
- Employer partnership supply chains
- Provide advice on self employment

- Hold a Dragon's Den style event around job and business creation
- Mentors into employment – role models

Health and Social Care

Mental health

- Mental health issues are becoming more prevalent in Brent. In the current climate people are struggling to cope. Services in Brent are poor and there is a lack of information and support to people who need it most.
- A delay in mental health support for people in custody is problematic. It can take up to 24 hours for a practitioner to attend the police station to assess someone with suspected mental health problems. People with mental health problems should not be in custody, but need to be linked in to other agencies where they can receive the help and support they need.
- Mental health services – services in Brent should not be closed. People need to be helped to live well with their mental health problems and not left isolated and alone.
- Isolation of the elderly and people with mental health problems is an issue. Are there projects in Brent working to get these people out and about and meeting up with friends, or attending day centre facilities? It should be noted that some people felt that replacing day centres would not be a good use of resources.

Patient and public involvement

- Involving the public more in the work of the council and health services should be a priority.
- Brent council should work with the NHS to publicise the way people can get involved in their local health services – e.g. as a member of a foundation trust.
- Patient and public involvement – The health service should make better use of patients to help plan and deliver services.

GP commissioning / GP services

- There is confusion about the roles and responsibilities of GPs in the new commissioning landscape. There needs to be better communication with the public on what clinical commissioning groups will do and GPs plans for services. Patient Forums need to be better advertised so that more people can get involved.
- Could Brent GPs introduce text message reminders to patients when they have appointments? Some people complained that they had been removed from their GP list for missing appointments, but they had been forced to make their appointment weeks in advance.
- Should GPs be in charge of health budgets? Some people were unhappy about this.
- GPs need to be better trained to understand mental health issues. What are the training requirements for GPs in this field, as patients are being disadvantaged by GPs not understanding the full range of mental health problems that people face.

Health and social care services

- There is a shortage of NHS Dentists in Brent. How can access to dental services be improved?
- We should be looking to locate services in neighbourhood settings where possible and avoid centralising into hospitals.
- Health service budgets – How are the reductions in health budgets affecting services in Brent? Is the council up to speed on the implications of the local NHS's plans?
- Reducing health tourism – are people coming to the UK to take advantage of our health care system, and if they are, how can this be stopped?
- Information on health and social care – what signposting is there in Brent for people looking for more information about health and social care services? Using the internet doesn't suit everyone.
- Health and social care services should be better integrated and assess the whole needs of the person, not put up artificial boundaries between services.
- Waiting times for hospital appointments are increasing and this is unacceptable.
- Does the NHS locally follow NICE guidelines and are patients properly involved in making decisions about their care? Does the local NHS have a strategy, is their effective monitoring and governance of local NHS services.
- There is a significant difference in the quality of surgical procedures that people receive. People need to be aware of this, the potential risks of having surgery and the fact that if something goes wrong, seeking redress is extremely difficult.
- People are being confined to their homes because of cuts to health and social care services. Brent council should help and champion these people.

Children and families

- Is there adequate support for children in schools with SEN? Are behavioural difficulties addressed in an effective way in Brent?
- What support can the council offer families who don't speak English? Is there a family learning programme in Brent, for example?
- Children in care are given too much by the council. A lap top is given to each child in foster care for them to do their school work. Is this a good use of resources, when all they do is play games on them and foster carers can't afford laptops for their own children? Do children in care need to be escorted to school as they are currently? Again, is this a good use of scarce resources?
- How is the council working to ensure more children in care are adopted?
- Could the council provide more support for children who are struggling, academically, in schools?

Housing services

- Housing – Can the council do more to tackle damp and disrepair in the private rented sector in Brent? Environmental Health Officers should be more proactive to address the problems in the PRS and not wait to respond to complaints.
- Tenancy agreements – What support can be given to tenants on 6 month short hold tenancies who face possible eviction, or are living in substandard conditions? What will the council do, what won't it do?

Other areas

- Contracts with the council – could more be done to help small businesses win council contracts. Contract requirements can be too onerous for some small businesses and so they choose not to tender for contracts.
- Energy bills – these are too high and people are complaining that because they now have fewer home visits from health workers / social workers, they are not able to discuss their heating problems with someone who may be able to advocate on their behalf.
- Preventative work and early intervention – this is where the council and health service should focus. How can the school nursing service contribute to early intervention work and has the council considered the long term savings that can be made through early intervention in health and social care fields.

Environment and Sustainability

Summary of main themes:

- Defining what sustainability means in Brent
- Changing communication methods to effective behaviour change for recycling e.g. town centre films, projects led by young people, community champions, politicians on the street
- Have labels for bins showing what goes where
- Lobby big business on packaging
- Improve business waste approaches
- Assess the risks of rolling out the green deal for those in poverty and on benefits
- Communicate government changes on rules about concrete drives and assessing what can be done about those already there
- Improve council use of recyclable items e.g. stationery, publications, cups
- Assess and communicate the implications of law changes around community involvement in planning in future
- Identify how the carbon impact of regeneration plans is assessed by the council and balanced against other benefits sought for the borough
- Improve cycle provision in the borough
- Rationalise the different warden services in the borough

Service issues to feed back to E&N

- Tfl consultation on PR2
- Concern about not being able to recycle in Willesden Lane above shops and the fact that there are no longer newspaper bins
- Need greenery in front gardens - trees in pots. Consider a deal with plant a nursery and Brent magazine competition for best front gardens in borough
- The access to allotment on Furness Road is narrow and there is no access for cars whilst the youth centre is being rebuilt. The allotment officer has not been replaced. Who should residents talk to as we cannot transport compost to the allotment

- Promote the climate change pledge in the Brent Magazine again
- Put more saving water information on the website

What is sustainability?

- Top down action as well as grass roots action which needs statutory change to ensure success via Mayor of London and central government

Recycling

- We need labels on the bins to say what goes in which bin. Use what was in Brent Magazine including diagrams and make into a sticker (multiple reiterations of same message
- People worried about contamination and possible fines are leaving their rubbish next to Brent public bins (multiple reiterations of the same message)
- There is no explanation on what to do with new bins, better communication is required.
- What will happen to people who do this incorrectly?
- Use resident's associations and get officers along to demonstrate
- Have roadshows area by area, using politicians to communicate the changes, soap box or mega phone work would be better
- Stop sending paperwork – make films and show them in town centres, DVDs, films in the post office
- Use Harlesden Town Centre Team and learn from their approaches
- Streetwatchers operate as part of Neighbourhood Watch. Use these people to educate others
- Schools have been overlooked – use them as young people are best at getting the message to the rest of the family , educate children to change behaviour of parents, have school visits to the sorting site, Youth Parliament visit recycling site
- Have resident visits to sorting site
- Do not use Area Forums as they have 60 people representing 44,000 and fail to achieve anything – scrap them
- There are still issues for flats
- How does the mixed recycling and sorting work, will there be burning of materials like in France?
- People are putting their vegetable waste in plastic bags and we need community champions to educate their neighbours on things like this
- Fear cut backs in communication budget on recycling
- Bin men should not be talking on their mobiles whilst collecting rubbish as it disturbs people in the neighbourhood
- Lobby Tesco and get more shops to use paper bags like Primark. There was an idea to turn plastic bags into beautiful cups and saucers at Park Royal – what happened to this idea?
- Separate out Metro papers form other waste
- Promote the number for free removal of white goods
- Note the council is not using recyclable cups and sent out information on changes to recycling in non recyclable envelopes

Business Waste

- Follow Westminster example where officers go and identify which business has left waste on the street instead of paying for business waste disposal (tv show)
- Encourage businesses to get rid of oil correctly and fine them if they do not

Housing

- Environmentally friendly housing needs to be built by RSLs
- Green deal involves a charge to the tenant in the small print – before going down the green deal rout poverty and ability to pay need to be considered particularly for tenants on benefits
- Few resources in the Council to inspect and enforce standards in private rented homes (about 9 officers to cover around 20,000 properties). The private rented sector now plays a vital role in Brent due to the acute shortage of social rented housing and it faces added pressures brought on by increasing homelessness/use of private rented homes as temporary accommodation, and by the cuts in housing benefit.
- Thousands of tenants, including children, are living in homes that fall well below the Decent Homes Standard and around 40% contain serious health and safety hazards. Private tenants have no security of tenure and therefore when they complain about their conditions, they risk losing their homes altogether. Brent Private Tenants' Rights Group believe that Brent should devise a new Housing Strategy for the Private Rented Sector and that a priority should be given to pro-active inspections to drive up standards.

Air Quality

- In Wembley and Harlesden there is poor air quality
- We need to clamp down on car use in the borough

Plants and wildlife

- Plant more environmentally friendly plants in the borough i.e. olives

Climate Change

- Look at planning arrangements for people concreting over their drives and communicating the change set out in recent bills about use of different materials to allow water to permeate through the drive covering.
- Learn from the USA and their water permeable materials for drives
- Discourage concrete drives
- Implications of law changes around community involvement in planning in future
- How carbon impact of regeneration plans is assessed by council
- Look at retrofit rather than rebuild where possible
- Have social enterprise facilitate implementation of solar panels street by street using door knocking to engage people in cutting carbon; link it with roof insulation work
- BHP work on solar panels on housing is positive
- Need to invest and coordinate solar panels on schools roofs

- Council lobby central government on the fact it has/is reneging on previous green pledges
- Concern about rezoning around Park Royal, Wembley , Neasden if waste site is placed in this area there will be raised pollution

Transport/travel

- PR2 bus has been withdrawn and the 206 and 224 diverted with extended routes to compensate. Concern about how TFL consulted upon this change
- Get more cycle path provision in the borough and address the issues at Blackbird Hill/Neasden shopping precinct
- Look at what lobbying can be done to change law so that people do not park on cycle paths
- Improve cycle parking provision in borough and at council buildings including showers/changing facilities
- Have cycle paths along routes to schools – Kingsbury High, JFS, St Gregory's, Claremont
- Have zero tolerance on parking near schools
- Improve transport links to sports facilities from north of the borough e.g. Vale Farm

Other

- Rationalise warden services

Children and Young People: Notes from workshop sessions

Session 1

- Full Brent Council review required re summer riots across London –what lessons can be learnt for Brent , recommendations of two major national enquiries and impact on Brent
- Young people hopes cut – big reductions in Education and health budgets as result of public sector budget cuts
- Develop Young Apprenticeships for local people - Brent Council version
- Need to support Connexions Service – quality and quantity maintained
- More free holiday clubs for foster carers –free in Hillingdon , Brent costs are high
- Children's Centres have been successful – review and improve longer term?
- More sports and recreational activities , more athletics tracks, more accessible routes for sports

Session 2

- Young people excluded from using community facilities in the evening- such as local schools
- KicZ football programme in partnership with QPR football club , finding money for £30,000 per year operating costs (feedback from Metropolitan Police)
- Where can young people make use of Parks – clear signage i.e. safe cycling

- Good practice projects included ABC football coaching; White House Association (social integration)

Session 3

- Young people working in Harlesden Town Centre project –good example of young people engaging and participating in policy development and improving local area
- More joined up projects and services involving children and parents, there is a tendency to separate areas for service planning and development
- Greater support for parents with family support
- More work required around Citizenship across all age levels- stress civic role and rights and responsibilities
- Effect of youth service cuts – the summer riots leave a lot of questions regarding youth provision locally
- Make use of local volunteers (local resources) such as retired teachers, youth workers, social workers

Session 4

- Not enough school places ; full review of Brent school places required
- Review policy on school academies and appeals procedure overall
- More innovation required re youth funding – look at best practice across the UK
- More funding required for youth services overall,
- More youth clubs required across the borough –including specialising subject on conflict resolution, coaching and mentoring , after school clubs
- Youth service operating as facility managers as opposed to youth workers

Post it note comments

- More funding of young people's activities and use of existing facilities in Brent, especially school sports gyms and playgrounds
- Young people should be encouraged to become business people
- Holidays are also a problem for families of children on free school meals
- After school clubs are expensive and many parents who need them are low paid
- Brent Council offering **proper** apprenticeships , this is an excellent idea but harder for them to offer since so many services (maintenance etc) are outsourced/privatised
- Motivational talks from young men who have previously been convicted and been to prison – to speak to young people
- More Councillors to visit schools and talk to them re issues for young children and debate
- How many places in the borough are available for use of young children: who staffs them, what are activities, what does lead to?
- Running down of play service facilities (free places) for LAC, SEN, Children on Child Protection Register
- No work experience at school now, help with vocational courses/apprenticeships

- No hope, aspirations are cut because of costs university costs £9,000 per annum plus living expenses
- Lack of facilities, things to do, without a degree, where is our future workforce coming from ; cut in Connexions service
- Improve transport links to existing facilities e.g. Vale Farm, Copthall; football pitches being planned at Kingsbury High School (very positive for local area)

Community Safety

- Not enough or not the right things for young people to do - there was a feeling that money was wasted on services "bad kids" would not attend and "good kids" parents did not allow them to go too

- Stop and search was an issue raised at all the groups - how it's done and why needs more explanation

- People felt they did not get the "right story" from the press, Brent was portrayed badly and this did not at reflect what it is like to live here

- Concern was expressed about the number of payday loan companies and feeling that there are unlicensed loan sharks operating on some of the estates

- Prostitution was linked to this with increasing pressure on family finances

- Fears about poverty driving crime

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