



Health Partnerships Overview and Scrutiny Committee

Tuesday 27 November 2012 at 7.00 pm
Committee Rooms 1 and 2, Brent Town Hall, Forty Lane, Wembley, HA9 9HD

Membership:

Members

Councillors:

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

first alternates

Councillors:

Mitchell Murray
Cheese
Baker
Ketan Sheth
Naheerathan
Aden
Ogunro
Sneddon

second alternates

Councillors:

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

For further information contact: Toby Howes, Senior Democratic Services Officer
0208 937 1307, toby.howes@brent.gov.uk

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

www.brent.gov.uk/committees

The press and public are welcome to attend this meeting

Agenda

Introductions, if appropriate.

Apologies for absence and clarification of alternate members

Item	Page
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 9 October 2012	1 - 10
The minutes are attached.	
4 Matters arising (if any)	
5 Update on Director of Public Health	
The Director of Strategy, Partnerships and Improvement will provide an update for Members on the Executive's decision regarding the appointment of a Director of Public Health following the committee's recommendations on this matter.	
6 Health services for people with Learning Disabilities - A report from Brent MENCAP	11 - 16
The report included information on the NHS health check day being organised by NHS Brent and involve Brent MENCAP and details of how Brent MENCAP has been able to build on the initial project to train NHS staff members on working with people with learning disabilities.	

- 7 Recruitment of Health Visitors in Brent** 17 - 22
- The report provides an update of recruitment of health visitors in Brent following an earlier report to the committee on 30 May 2012.
- 8 Update on the merger of Ealing Hospital NHS Trust and North West London Hospitals NHS Trust and on progress towards the £72m savings target** 23 - 26
- An update on the merger of Ealing Hospital NHS Trust and North West London Hospitals NHS Trust is attached.
- 9 Establishing a Local Healthwatch for Brent** 27 - 38
- The purpose of this report is to set out how the council will implement the requirements of The Health and Social Care Act 2012 in relation to the creation of a local Healthwatch and Complaints Advocacy Service. The act requires the council to establish local Healthwatch by April 2013.
- 10 Report from Brent LINK on work in 2011/12** 39 - 62
- The reports, for information only, summarise the work of Brent Link 2011-12 and the community health survey it undertook in 2012.
- 11 Time to Change pledge**
- Members will receive a verbal update from the Lead Member for Adults and Health on the council's commitment to sign up to the Time to Change pledge.
- 12 Work programme 2012-13** 63 - 72
- The work programme is attached.

13 Any other urgent business

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

14 Date of next meeting

The next scheduled meeting of the Health Partnerships Overview and Scrutiny Committee is scheduled for Tuesday, 29 January 2013 at 7.00 pm.



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



MINUTES OF THE HEALTH PARTNERSHIPS OVERVIEW AND SCRUTINY COMMITTEE Tuesday 9 October 2012 at 7.00 pm

PRESENT: Councillor Kabir (Chair), Councillor Hunter (Vice-Chair) and Councillors Al-Ebadi (alternate for Councillor Hector), Gladbaum, Harrison and Hossain and Sneddon (alternate for Councillor Leaman).

ALSO PRESENT: Councillors Brown, Butt (Leader of the Council/Lead Member for Corporate Strategy and Policy Coordination), Cheese, S Choudhary, McLennan, J Moher (Lead Member for Highways and Transportation) and R Moher (Deputy Leader of the Council/Lead Member for Finance and Corporate Resources), Dr Sarah Basham (NHS Brent), Tina Benson (North West London Hospitals Trust), Dr Titus Bradley (Care UK), Simon Bowen (NHS Brent), Mark Burgin (Brent Council), Dr Prakash Chatlani (Brent Local Medical Committees), David Cheesman (North West London Hospitals Trust), Andrew Davies (Brent Council), Sarah-Jane Graham (Care UK), Phil Newby (Brent Council), Phil Porter (Brent Council) and Ian Winstanley (NHS Brent).

An apology for absence was received from: Councillor Colwill.

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

None declared.

2. **Minutes of the previous meeting**

RESOLVED:-

that the minutes of the previous meeting held on 18 July 2012 be approved as an accurate record of the meeting, subject to the following amendment:-

Paragraph 6, page 7, replace all mentions of 'Alison' with 'Amanda'.

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

Brent Tobacco Control Service – progress report

Members noted that the recommendations agreed at the previous meeting on this item would now be considered by the Brent Pension Fund Sub-Committee at the meeting taking place on 20 November 2012.

4. **Care UK Urgent Care Centre - Serious Incident Report**

Ian Winstanley (NHS Brent) introduced the report that provided further details of the findings of the investigation carried out in the wake of the serious incident at the Care UK Urgent Care Centre (UCC) at Central Middlesex Hospital (CMH) identified

in March 2012. The report included the findings of the root cause analysis, the recommendations that followed and subsequent action taken to implement these recommendations and monitoring of their success. Ian Winstanley advised that NHS Brent was satisfied that Care UK had undertaken all action required following the Governing Body meeting on 3 October.

During discussion, Councillor Hunter sought an explanation as to why sufficient action had not initially been taken despite concerns being raised on five separate occasions that radiology procedures were not being followed. An update was also requested on the nine patients who had required onward referrals regarding the outcome of their cases. Councillor Hunter enquired whether the incident had prompted Care UK to look at how they operate nationally and whether they would be subject to any financial penalties if there were any further breaches of contract. Councillor Gladbaum asked why staff turnover had been high at the UCC and could the incident be partly attributable to an over reliance on agency staff. She also enquired why there had not been a robust protocol for staff with regard to procedures previously and she emphasised the importance of ensuring high standards for the safeguarding of children. Councillor Harrison sought assurance that the necessary measures would be in place to ensure that staff had read and understood the protocol.

The Chair enquired if NHS Brent was satisfied to date with the implementation of the recommendations made as a result of the Root Cause Analysis investigation and sought clarification with regard to the issuing of a remedial notice to Care UK under Section 57.

In reply to the issues raised, Dr Titus Bradley (Care UK) acknowledged that the incident should have been noticed and escalated appropriately at an earlier stage. This had been partly attributable to rapid staff turnover, failure to communicate clearly and insufficient induction of new staff. Dr Titus Bradley advised that during the time of the incident, there was a significant number of interim staff and the high staff turnover was due to staff changing jobs, doctors taking up post overseas and a number of other reasons. Since then, there had been much effort to increase the number of permanent staff and the workforce now was considerably more stable and dedicated to CMH. A number of other measures had also been undertaken following the Root Cause Analysis investigation and all new staff undertook a robust induction that required them to sign a declaration that they understood what they had been told and all staff needed to adhere to the new protocol in place. Members heard that the previous protocol had been less robust and had not been policed and enforced sufficiently. Furthermore, managers were available on a 24/7 basis to be contacted if staff were unsure about a particular issue and experienced doctors had been given supervisory responsibilities. An audit of activities was also being undertaken at the UCC, including scrutinising of X-ray material, and this would enable any inappropriate action to be tracked.

Dr Titus Bradley added that Care UK had learnt from the serious incident at CMH and that the investigation, which he had led, had revealed that upon a review of all patients affected, most did not involve significant abnormalities. Patients who had been recalled had undergone a thorough process to ensure that the appropriate action was taken. With regard to the nine outstanding referrals, responses from the patients' relevant GPs was still awaited and there would be follow-up action to obtain this.

Ian Winstanley confirmed that the serving of a Section 57 notice was a contractual procedure that required Care UK to apply the prescribed remedial action within a certain period. He advised that at the time of the incident, the contract did not include provision for CMH to impose financial penalties, however since then discussions with the NHS had taken place to standardise all such contracts and to include the right to impose financial penalties where certain conditions had not been adhered to.

Dr Sarah Basham (Brent NHS) commented that Care UK had been very forthcoming in reporting to NHS Brent the mistakes that had been made and of the action they intended to undertake to remedy the situation. Similarly, NHS Brent had also learnt from the experience and was more aware of where things can go wrong when running a new service like an UCC and they would continue to monitor the actions being taken by Care UK.

The Chair stated that Members expected high standards of care for Brent residents and that it was fortunate that there were not more serious implications arising from the incident in view of the number of patients affected. She requested that an update on how the recommendations arising from the report were being implemented and details of any additional ones introduced be provided at a committee meeting in around six months' time.

5. Accident and Emergency Services at Central Middlesex Hospital

Tina Benson (North West London Hospitals NHS Trust) introduced the report and advised that recruitment of staff, in particular doctors, to Accident and Emergency (A and E) services remained difficult, whilst the number of patients attending had now reduced to around 30 a day. A number of efforts had been made with regard to recruitment and although 15 applicants were invited to interview for middle grade or junior doctor posts, none were thought suitable following the interview and clinical workstation assessments. However, since publication of the report, a further 10 applications had been received. In view of the above, Tina Benson advised that it was recommended that the interim overnight closure of the A and E remain in place for a further year with a review of arrangements taking place in six months' time.

Councillor Harrison enquired whether the recruitment plans were based on the A and E services re-opening at night in the future. Councillor Hunter sought reasons as to why none of the candidates had passed the interview stage for middle grade and junior doctor posts and Councillor Sneddon sought clarification as to whether any of these applicants had passed the clinical workstation assessment. With regard to advertising for these posts for a publication in Eastern Europe, Councillor Gladbaum enquired what consideration there had been with regard to language issues and how would such staff be supported if they were recruited. Councillor Hossain asked for further information on what steps were being taken to improving the quality of staff at middle grade level.

In reply, Tina Benson advised that it was intended to recruit posts across the whole of the hospital trust and initially to appoint sufficient numbers to operate A and E services on a 24/7 basis, however this no longer looked likely to be achievable. All staff were now rotated across the trust in order to maintain their skill levels. Tina

Benson stated that it was a surprise that none of the candidates for the middle grade and junior doctor posts passed the interview stage, however the shortage of suitable candidates could be attributed to a shortage of A and E doctors nationally. This had led to a number of junior doctors applying for more senior posts when they were not yet suitably experienced or qualified in the hope they would be able to secure these posts. It was noted that only one candidate for middle grade and junior doctor posts had passed the clinical workstation assessment. With regard to recruiting staff from Eastern Europe, Tina Benson informed Members that the advert and recruitment pack would be translated into the appropriate language and all staff were subject to a checking and sign off process before they were approved to work unsupervised and twice weekly training sessions would also be run. In efforts to improve the quality of middle grade posts, CMH now worked with only one agency and efforts were being made to address responsibility and managerial roles as well as clinical duties. CMH was also re-examining what it expected from staff and to communicate these clearly. Tina Benson advised that recruitment of nurses, however, had been successful.

David Cheesman (Director of Strategy, North West London Hospitals NHS Trust) added that there had been much work to address the recruitment issues at the hospital and recruitment on both sites of the Trust were also being undertaken as part of the Shaping a Healthier Future programme.

The Chair requested an update on this item in around six months' time, including details of progress on recruitment.

6. North West London NHS Hospitals Trust and Ealing NHS Hospital Trust merger update

David Cheesman introduced this item and confirmed that the Final Business Case had been submitted to NHS London on 10 September. The document had undergone minor amendments since the last meeting of this committee and the merger was presently at the 'due and careful enquiry' stage with some financial aspects being considered. The Final Business Case would be presented to the Trust Boards on 17 October followed by the NHS London Board on 25 October and it was anticipated that, subject to their approval, the merger would commence in April 2013.

During discussion, the Chair sought further information with regard to financial targets and how the transitional arrangements would be funded. Councillor Hunter asked for an explanation as to why the projected savings were not presently being met. Councillor Harrison enquired if the merger would continue if it was ascertained that the savings would not be achieved.

In reply, David Cheesman advised that the financial aspects were not progressing as quickly as hoped and the projected savings were not yet reaching the expected levels. This was partly attributable to increasing demand and the fact that the use of agencies was costly. With regard to the transitional costs, David Cheesman stressed that this was a one-off cost and the savings that would be made from the merger in the longer term were more important. The issue of whether the merger would continue if the savings could not be achieved would be a point of serious discussion, however David Cheesman advised that in essence, the clinical

argument for the merger was sound, but the financial aspects needed to be more robust.

The Chair requested that information be provided to Members through Andrew Davies (Policy and Performance Officer, Strategy, Partnerships and Improvement) regarding the outcome of the Board meetings on 17 October and 25 October respectively and that an update be provided at the next meeting on the merger and progress towards achieving the trust's savings targets.

7. Shaping a Healthier Future - Health Partnerships Overview and Scrutiny Committee response

Members had before them the committee's draft response to the proposals set out in the Shaping a Healthier Future consultation for further discussion and consideration.

Councillor Gladbaum expressed some concern about the proposals for more out of hospital care provision and potentially vulnerable people being placed in the community. Councillor Harrison commented on the shortage of GPs in Brent and queried what recruitment measures were being taken to address this. She sought clarification in respect of paragraph 2.3 of the report concerning underuse of health facilities and did this mean underused staff. Councillor Harrison felt that concern in relation to the future of CMH, particularly in relation to A and E services and the services to be provided by the UCC, should be emphasised in the committee's response. Councillor Sneddon also thought that more clarity should be requested with regard to the future role of the UCC and A and E services at CMH and also that the impact on the community to these changes should be investigated further and this should be reflected in paragraph 3.13 of the report. Councillor Al-Ebadi expressed concern about the transfer of managerial responsibilities to GPs who may lack the appropriate skills to undertake this.

Councillor Hunter suggested a revision to paragraph 4.6 and circulated the revised version to Members for their consideration. The revised version commented that A and E patients in the south of the borough were already frequently being directed to St. Mary's, Royal Free and University College hospitals. It was to be queried whether the ratio of patients from this area going to these Imperial Healthcare hospitals would remain the same, or was one of the consequences of the proposed changes mean that more patients would go to Northwick Park Hospital as this issue needed clarification. Councillor Hunter added that the last sentence in paragraph 4.6 of the report should be retained.

The Chair commented that it was important that out of hospital care services were properly resourced and acknowledged that the lack of GPs in Brent remained a concern and another issue was difficulties in relation to patient access to primary care services. She added that every effort should be made to address recruitment issues regarding A and E services at CMH.

Andrew Davies advised that underuse of health facilities referred to some health centres being under-occupied and mention of this term in the report will be re-worded accordingly.

Members agreed to the amendments to paragraph 4.6 as suggested by Councillor Hunter. The committee also agreed to add the word 'clinical' after 'strong' in the first line of paragraph 5.1 of the report as suggested by Councillor Hunter and to add the words 'before the reconfiguration of acute services are made' at the end of the first sentence of paragraph 5.2 (i).

RESOLVED:-

that the response to the Shaping a Healthier Future consultation be agreed subject to the amendments as set out above.

8. Sharing a Director of Public Health and proposed structure for the Brent Public Health Service

Phil Newby (Director of Strategy, Partnerships and Improvement) presented the item and began by emphasising the importance of making public health services more effective and to complement the needs of the borough's population. The two main aims of the proposals were to create a fully integrated structure for commissioning public health services and to focus on illness prevention. Commissioning would take place jointly between the council and the Clinical Commissioning Groups (CCG) and public health services would be mainstreamed to enable improvements in health and make it a core council activity. Turning to the role of the Director of Public Health (DPH), the intention was to have a shared DPH with Hounslow whose role would be strategic and dynamic in helping to promote fresh ideas on public health matters and help drive policy. The council was already sharing some services with other authorities, such as trading standards. In addition, other local authorities such as the London boroughs (LBs) of Harrow and Barnet were already sharing a DPH. Phil Newby explained that initial discussions with neighbouring London boroughs had involved the possibility of appointing a West London wide DPH, however councils had since followed the route of pairing up where they had identified compatibility. In the case of LBs Brent and Hounslow, both shared a vision to place public health back into council services and this was the main reason why they were to work together and the shared intelligence of both authorities would benefit them.

Members then discussed the proposals in detail. Councillor Harrison sought clarification with regard to the budget available for public health services and whether there was potential for conflict between local authorities and CCGs as to how it would be spent and convincing health professionals to be working within the council. She enquired whether there was an element of risk in pioneering a new way of public health which had not been tried and tested elsewhere. Councillor Harrison also felt that it was important that a DPH be able to concentrate solely on the needs of Brent residents. Councillor Sneddon enquired about the main differences between the LBs Brent and Hounslow partnership as compared to LBs Harrow and Barnet. He asked whether there was a risk that the Government would raise issues about the LBs Brent and Hounslow partnership as guidance from the Department of Health and Local Government Association suggested that councils should already have a shared management team in place or share a boundary with each other. Councillor Sneddon expressed concern that a lack of direct management responsibility and non ownership of any budget could reduce the influence of the DPH, whilst in turn the postholder's views could be unduly influenced by other budget holders.

Councillor Gladbaum enquired whether the appointment of a DPH would also entail additional staff being recruited and was the council's Public Health Intelligence Team already in place. She stated that a shared DPH would mean they would spend less of their time on each borough and suggested that during the first year of the arrangement, there could be separate DPHs for each borough. Councillor Al-Ebadi sought confirmation of the views of LB Hounslow on the proposals and comparisons of costings between appointing one DPH for both boroughs and one for each borough. He felt that as the DPH was an advisory role, it would not present any problems appointing one for both LBs Brent and Harrow.

Councillor Hunter commented that she agreed with proposals to bring public health services into the council, however she was yet to be convinced that working with LB Hounslow was necessarily the best solution, although she welcomed opportunities to share Best Practice with other local authorities. She suggested that as public health was going through a transitional period, a full time DPH should be appointed for Brent on an interim basis and this would also allow for consideration on whether sharing a DPH with LB Hounslow was desirable. Councillor Hunter added helping guide strategy was a full time role, whilst it was also important that the DPH was a member of the Corporate Management Team.

The Chair indicated her support in locating public health workers across council service areas and the integration of public health within the council but enquired whether there was sufficient expertise within the organisation to supervise such staff. She emphasised the importance of the role of the DPH and remained unconvinced that it should be shared with another borough. In addition, she queried whether the DPH's ability to influence would be compromised by not having control over a budget. The Chair also commented that the economic situation and welfare reforms would place even greater demand on public health.

The Chair then invited Simon Bowen (Acting Director of Public Health, NHS Brent) to outline his views to the committee. Simon Bowen began by supporting proposals to bring public health under local authority control and the vision to mainstream these services and he felt the changes offered good opportunities to improve public health. However, he expressed concerns about proposals with regard to the DPH and felt that the role may lack credibility with no budget to control or staff to manage and not being a member of the Corporate Management Team. In order to strengthen the role, he felt that the DPH should have these powers and responsibilities. Simon Bowen also commented that Brent had gone from one of the worst to amongst the best of public health providers in London, whilst in his view Hounslow was at the same level that Brent was five years ago and so he questioned the value of LB Brent partnering LB Hounslow.

In reply to the issues raised, Phil Newby confirmed that nationally local authorities would receive £2.2bn to provide public health services, although this was less than 50 per cent of the total public health budget. Discussions would take place between the council and CCGs to determine how the budget would be spent. Phil Newby explained that as well as a DPH, there would also be a DPH representative each for both LBs Brent and Hounslow, whilst in addition public health consultants working in each borough who would be able to provide advice to councillors and the CCG. Most staff carrying out public health functions, however, would be transferred from the NHS and a Public Health Intelligence Team was already in place. As the

DPH would be representing two boroughs, this would help carry more weight in influencing the Government and other bodies. In addition, LBs Brent and Hounslow shared similar characteristics and had similar visions for public health and wished to provide much more integration with CCGs than others. LBs Harrow and Barnet, however, were taking a more traditional approach to public health and did not intend to embed public health services within the council. The DPH would provide leadership and expertise, however officers and councillors would also gain more knowledge of public health as it become embedded within the council. Phil Newby advised that the Government was interested in seeing a number of different models for public health being set up and the innovative approach taken by LBs Brent and Hounslow would not be objected to.

Phil Newby advised that as the role of the DPH was strategic, it was felt appropriate to share the role with LB Hounslow who were fully in support of the proposals. The DPH was not being recruited in a traditional managerial sense, but would play a role in influencing and shaping public health and sharing a DPH also released more funding to deliver public health services. Phil Newby cited a number of examples of postholders in the council who were not responsible for a budget and not on the Corporate Management Team, but who nevertheless have considerable influence and helped shape policy.

Councillor R Moher (Deputy Leader of the Council/Lead Member for Finance and Corporate Resources) added that an integrated model for public health services was being pursued by LBs Brent and Hounslow who shared similar ideas. The DPH's strategic role may allow to pilot new ways of providing public health services and she advised that local authorities were statutorily obliged to appoint a DPH. Dedicated teams would be created to manage demand for public health services and the DPH would play a vital role in providing expertise and sharing information with them.

Members then agreed to the Chair's suggestion that whilst the proposed mainstreaming of public health services was supported, concerns about sharing a DPH with another borough remained and so the Executive be recommended to not agree to share this post with LB Hounslow.

RESOLVED:-

- (i) that proposals to mainstream public health services, as outlined in the report for the proposed structure of the Brent Public Health Service, be supported; and
- (ii) that because of the importance of public health, the committee is concerned about the proposal to share a Director of Public Health with another borough and recommends that the Executive does not agree to share the post with Hounslow Council.

9. Health Partnerships Overview and Scrutiny Committee Work Programme

Members noted the committee's work programme for 2012-13 and agreed to Councillor Gladbaum's suggestion that items on abortion and teenage pregnancy be added to it.

10. **Date of next meeting**

It was noted that the next meeting of the Health Partnerships Overview and Scrutiny Committee was scheduled to take place on Tuesday, 27 November 2012 at 7.00 pm.

11. **Any Other Urgent Business**

None.

The meeting closed at 9.40 pm

S KABIR
Chair

This page is intentionally left blank



Health Partnerships Overview and Scrutiny Committee 27th November 2012

Report from the Director of Strategy, Partnerships and Improvement

For Action

Wards Affected:
ALL

Health services for people with Learning Disabilities – A report from Brent MENCAP

1.0 Summary

- 1.1 Brent Mencap has campaigned locally to reduce health inequalities, promote better understanding of the needs of people with learning disabilities and engage with health service partners on providing services for people with learning disabilities. Nationally it is known that people with learning disabilities have greater levels of health need and receive a poorer service from healthcare providers than the general population.
- 1.2 Brent MENCAP has carried out work with NHS Brent to train GPs, hospital staff and community staff about the health needs of People with Learning Disabilities. A report was presented to the committee in March 2012 setting out the results of the project and some of the key challenges facing those with learning disabilities accessing healthcare.
- 1.3 It was agreed to follow up this work in November 2012 to look at two issues:
 - The NHS health check day being organised by NHS Brent, which will involve MENCAP
 - How MENCAP has been able to build on the initial project to train NHS staff members on working with people with learning disabilities.

2.0 Recommendations

- 2.1 The Health Partnerships Overview and Scrutiny Committee is recommended to consider the Brent MENCAP update report and question officers on their progress.

Contact Officers

Mark Burgin
Policy and Performance Officer
Tel – 020 8937 5029
Email – mark.burgin@brent.gov.uk

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

Health Services for people with Learning Disabilities (PWLD)

An update from Brent Mencap

November 2012

Brent Mencap received funding from Brent NHS to organise the Big Health Check Day at the end of May in order to inform Brent NHS Self Assessment Framework (SAF). Workshops/consultation groups were facilitated around the following themes:

- Keeping healthy and safe
- Screening/information
- Consultation/Engagement
- Access to healthcare

In addition there were short presentations about NHS changes, equality and reasonable adjustments, health promotion/prevention, safeguarding as well as feedback from pwld and carers, a number information stalls and exercises to break up the day.

In excess of 88 people attended with a good mix of professionals, carers and pwld. The day was very well received and we have funding to organise another day in 2013.

When validating the SAF with NHS London it was found that there are quite a few red areas. One of the main problems is the lack of exact figures. In order to have the right strategies in place and to deliver the necessary services one needs to know one's population. It is also a safeguarding issue.

Other areas were learning disability commissioning, governance. Robust primary care systems need to be in place to keep pwld out of hospitals.

The Health Action group, a sub group of the Partnership Board, is working jointly with the NHS and other partners. Brent Mencap feels this group is important and has made sure that it continued to meet bi-monthly. We are hoping to get funding to continue this work beyond March 2013.

One learning disability liaison nurse has been in post for about one year but she is still working from an office, now at the Kingswood Centre, rather than being based in one of the hospitals. There are plans for a further acute liaison nurse but more hospitals will need to be covered. The role of the community learning disability nurses is still not quite clear or readily accessible. They are now managed by CNWL and a new service specification is being drawn up with one nurse being attached to each of the CCG localities.

Hospital/health passports are going to be piloted by the acute sector for 3 months.

Funding to continue with a focus group for carers and pwld was granted only recently, therefore the group has not met yet. However, there is now a patient focus group for pwld meeting at Central Middlesex Hospital looking at issues in the hospitals. So far this group has met twice.

Brent Mencap contributed to the JSNA consultation and still participate in the Obesity Strategy group. Members from our Disability Rights and Politics group have been supported to contribute to consultations and attend relevant meetings. Unfortunately this project will end at the end of January 2013. Brent Mencap will represent the voice of pwld on the EDEN committee.

Training for GPs and other health care staff had been put into a bid last November but due to several changes in personnel nothing has been agreed, there is, however, some movement. Also, the Royal College for General Practitioners has developed an online training course. Brent Council also offers in-house learning disability awareness training. 1 councillor, 2 council officers, 6 social workers and 1 NHS staff attended training provided by Brent Mencap in the last 6months. The acute liaison nurse trained some staff in the acute sector but without the input of service users. One GP practice wanted to send staff to training but we were unable to accommodate them.

We still receive occasional telephone calls from GPs and even more calls from social workers who want to refer someone with a learning disability for either diagnosis or because they need a specific service and are unsure who to refer them to.

Visits to GP practices and a very recent result of mystery shopping at Central Middlesex Hospital found that whilst staff are very helpful and their manner of communication is respectful and warm there is very little accessible information in wards, the diabetic centre or the pharmacy and the signage is still very confusing, hard to understand and impossible to follow for someone who has little or no literacy skills. For example the waiting system for blood tests has no pictorial stimulus, it just says 'please take a ticket and wait' or using words like haematology without the easier to understand 'blood test' alongside it.

The diabetic department had a photocopy of the 'Getting it Right' charter displayed on the notice board.

The talking lift was much appreciated.

We are unable to comment on the work of the Health and Wellbeing Board regarding the acknowledgement of the needs of pwld who would need additional care as we are not involved in those and no information has been passed on to the voluntary sector.

Nor are we privy to safeguarding arrangements for pwld in homes within and outside of Brent and their inspection.

This page is intentionally left blank



Health Partnerships Overview and Scrutiny Committee 27th November 2012

Report from the Director of Strategy, Partnerships and Improvement

For Action

Wards Affected:
ALL

Recruitment of Health Visitors in Brent

1.0 Summary

- 1.1 Coalition Government has committed to the recruitment of an additional 4,200 health visitors in England by 2015, with recruitment to be locally led.
- 1.2 The Health Partnerships Overview and Scrutiny Committee may recall that Ealing Hospital ICO reported in May 2012 on the progress that has been made to recruit additional health visitors in Brent, in order to meet the Government's Targets for England. The Committee requested that the ICO return to provide an update in November.
- 1.3 The main points identified are:
 - Poor uptake of 'return to practice' students across London
 - A reduction in vacancy rates from 12 WTE to 7 WTE
 - The introduction of a Peripatetic Specialist Community Practice Teacher to strengthen the trusts capacity to train Health Visitor students.
 - NHS London has asked the ICO to take an additional six Home Visit students this year.

2.0 Recommendations

- 2.1 The Health Partnerships Overview and Scrutiny Committee should consider the report provided on recruiting health visitors in Brent and question officers on the issues raised in the report.

Contact Officers

Mark Burgin
Policy and Performance Officer
Tel – 020 8937 5029
Email – mark.burgin@brent.gov.uk

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

Community Services Brent
Briefing Paper to Update Brent Health Overview & Scrutiny Committee on Health
Visiting Recruitment in Brent
November 2012

1. Introduction

This paper provides an update to the Committee on the recruitment of Health Visitors within the borough. Over the past ten years the number of Health Visitors has been declining both nationally and across London. The current recruitment drive is part of a national strategy, known as a “Call to Action: an implementation plan for health visiting”. This is being co-ordinated within Ealing Hospital NHS Trust by a Health Visiting Group for Brent, Ealing & Harrow. Locally within Brent it is led by the NHS Brent Child Health Steering Group.

2. The National Direction

In February 2011 the “Health Visitor Implementation Plan – A Call to Action” was published by the Department of Health. The policy directed the growth of the Health Visiting workforce nationally by an additional 4,200 Health Visitors by 2015. This translates into an additional 42 Health Visitors allocated to Brent by 2015.

In June 2011 a “Task & Finish Group” was set up locally to progress this work, led by a Consultant in Public Health (Maternal and Child Health) from NHS Brent. As the local provider of the health visiting service, Ealing Hospital has been closely involved in the design of the Brent plan, represented at meetings by the General Manager for Children’s Services in Brent and the Deputy Director of Nursing & Clinical Standards – Brent. The outcomes and progress of the group are monitored by the Director of Nursing and Clinical Practice for the Trust and contribute to the Health Visiting Plans for the three boroughs (Brent, Ealing and Harrow) covered by the Trust.

3. The Pan-London Position

The pan-London recruitment programme, co-ordinated by the London Deanery, had accepted 250 new Health Visiting Students by October 2012 specifically for Trusts across the capital. This new cohort of students will be managed by the introduction of a second entrant to the annual Health Visiting training course in January 2013. These new students will complement the current cohort who commenced the course in September 2012.

The planned number of ‘return to practice students’ (qualified health visitors who have had an absence from the service of 3 years or more and are now on a refresher course) that had been forecast by the London Deanery has fallen short across London. The planned trajectory of return to practice students for Brent was eight. In fact the number of return to practice students interviewed in October 2012 was disappointingly low – just one for the whole of London. This poor uptake has caused NHS London to review the position and consequently they are now refocusing efforts on recruiting more full-time students.



Table 1: Number of student places pan-London

Student Type	Number of student applicants interviewed	Appointable to the HV course
Health Visitor	472	249
Return to Practice	1	1
Total	473	250

Source: London Deanery Oct 2012

The impact on individual Trusts across London is that recruitment plans submitted to NHS London in February 2012 will now have to be re-adjusted if the national target of 4,200 is to be realised by 2015.

4. Current Health Visitor Recruitment Status in Brent on 1 November 2012

The current funded establishment for Health Visitors in Brent is 39.8 WTE. A recruitment drive in March 2012 produced the results outlined in the table 2.

Table 2: HV applicants in total including Brent supported students

Applicants	Staff Offered Post	Actual Staff In Post Oct 12
Externally recruited HVs	4	2
Internal Brent HV Students	3	3
Return to Practice HVs	2	0
Total	9	5

In August 2012 one external candidate declined a post that had been offered. By September 2012 1 additional external applicants had also declined posts both stating personal reasons. The remaining two external applicants took up vacant posts. All three of the internal full-time students trained by a Brent Specialist Community Practitioner Teacher (SCPT), took up vacant posts within the Brent service. Neither of the two “return to practice” students completed the course. Therefore the Health Visiting service in Brent has welcomed an additional five staff in the autumn period.

Consequently the vacancy rate in Brent has reduced from 12 WTE to 7 WTE. For the new academic year 2012-13 Brent has again been allocated its traditional five students with an additional three allocated by NHS London to support the shortfall in return to practice students (a total of 8 students).

5. Introduction of a Peripatetic Specialist Community Practice Teacher (SCPT) Role

In September 2012 the Trust approved the introduction of a Peripatetic SCPT within the boroughs of Brent and Ealing, as part of the Trust's recruitment & retention strategy. The primary reason for the approval of this new role is to assist with strengthening the Trust's capacity to train an increased number of Health Visitor students. The long term strategic goal is for students to work for the Trust on completion of the Health Visiting course thereby gradually reducing the number of vacant Health Visiting posts within the organisation.

The Peripatetic SCPT will take overall responsibility for three or more Specialist Community Practitioner students simultaneously that are each placed with a named experienced Health Visitor. This new role will be responsible for the planning of practical experience, teaching, supervision and assessment of students undertaking specialist community practitioner training in partnership with the experienced health visitors and the universities.

6. Student Health Visitors

Due to the lack of return to practice students across London, NHS London has requested that the ICO takes on an additional six HV students in 2012-13 making a total of 28 students this year. It can be seen that a successful part of the ICO recruitment strategy is to support students well during their training placements in Brent thereby resulting in a high percentage who choose to take up a permanent post with us once qualified.

7. Conclusion

The Health Visiting Service in Brent has maintained an average vacancy rate of 12 WTE (30.1%) over the past three years. The current vacancy level in November 2012 is 7 WTE (17.5%), an improvement of 12.6%. It is anticipated that the current strategy of supporting additional Health Visitor student placements within the service will result in those students also accepting a permanent post within the borough once they have qualified.

The recruitment & retention component of the Health Visitor Implementation Plan provides an opportunity to plan for an incremental increase in qualified staff based on a more equitable and needs-based approach. Overall the introduction of the new peripatetic training post is innovative and encouraging. This will assist the Trust to meet the agreed trajectory for 2012-13 & 2013-2014.

8. Recommendation

The Overview & Scrutiny Committee is asked to note the ongoing progress of Health Visiting recruitment in Brent.

Jacynth Jeffers
General Manager Children's Services – Brent
13 November 2012



This page is intentionally left blank



Health Partnerships Overview and Scrutiny Committee 27th November 2012

Report from the Director of Strategy, Partnerships and Improvement

For Action

Wards Affected:
ALL

Update on the merger of Ealing Hospital NHS Trust and North West London Hospitals NHS Trust and on progress towards the £72m savings target.

1.0 Summary

1.1 Members will recall that they requested an update from North West London Hospitals NHS Trust on progress towards the proposed merger with Ealing Hospital NHS Trust and on the progress that the trusts are making in achieving their combined £72m savings target as there are concerns this has fallen behind schedule.

1.2 The main issues identified are:

- The planned board meetings to formally approve the full business case for the merger in October were cancelled as requested more time to consider the financial challenges for the new trust.
- NHS London requested that the trust undertake further work on the financial planning in support of the Quality, Innovation, Productivity and Prevention programme.
- The merger date of 1 April 2013 will not now be achieved.
- The trusts are continuing with integration plans in the meantime, to go ahead with the merger.
- Given the delay in the merger the level of savings for next year will now need to be reviewed.
- The overall level of year on year savings will continue to be refined as part of the normal contracting and business planning which takes place with commissioners each year.
- To the end of September the trust achieved £9.8m against a plan to date of £11.0m.

2.0 Recommendations

2.1 The Health Partnerships Overview and Scrutiny Committee should consider the report provided on recruiting health visitors and question officers on:

- Revised timescales and plans for the merger
- The trust's expected failure to meet its original savings targets.

Contact Officers

Mark Burgin
Policy and Performance Officer
Tel – 020 8937 5029
Email – mark.burgin@brent.gov.uk

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

Tuesday 13 November 2012

Update on the merger of Ealing Hospital NHS Trust and The North West London Hospitals NHS Trust for Brent Health Partnership Overview and Scrutiny Committee

This report provides an update on the proposed merger of Ealing Hospital NHS Trust (EHT) and The North West London Hospitals NHS Trust (NWLH).

1. The Full Business Case (FBC)

The Committee will be aware that the planned public Board meetings to formally approve the full business case for merger in October were cancelled. This was a consequence of feedback from NHS London requesting more time to consider the overall financial challenge for the new Trust before formally considering the FBC for submission to the Department of Health.

The Trust Boards and NHS London supported the final draft of the FBC in June 2012. NHS London formally requested that the Trusts undertake further work on the financial planning in support of the QIPP (quality, innovation, productivity and prevention) programme, which underpins savings in the long-term financial model for the new organisation. This work was completed over the summer and has been subject to a refreshed due diligence assessment by KPMG and NHS London.

The FBC and associated assurance processes are now complete and we are at the point at which NHS London would like further discussion/assurance about the scale of the challenge and deliverability of the plans.

Next steps

Both Trusts are now continuing their discussions with NHS London on what is required, to what timescale, before the FBC is formally considered. It is however worth emphasising that all parties, including NHS London, have confirmed their support and commitment to the merger of the two Trusts.

As part of our discussions we will be working through what this means for the timeline for the formal consideration of the FBC but the merger date of 1 April 2012 will now not be achieved.

In the meantime we are continuing with our integration planning and are developing opportunities with our clinical and support services for as much joint working as is possible and sensible to do so ahead of the merger. The types of initiatives we are considering include; shared IT systems and processes, joint procurement and shared rotas within some clinical areas. We have already established a shadow executive team and there are two joint executive appointments across both Trusts (covering estates and information communication technology) although the two existing Boards will remain in place and be accountable for the quality of services and operational performance of the two Trusts.

A joint programme management office has been established to help facilitate the delivery of QIPP* programmes for both Trusts ensuring there are robust milestones, timescales, accountability and governance across the two organisations.

2. Finances

The Committee requested an update on how the Trust would achieve over £70m of savings over two years as described within the draft Full Business Case.

The FBC identified a requirement for £73.2m of savings over the two year period which is analysed as follows:

- 2012/13 savings of £30.0m
- 2013/14 savings of £43.3m (including £13.0m attributed to the merger)

In terms of this financial year (2012/13), the level of savings would have been required regardless of the merger and equate to £30m across both Trusts (c£16m NWLHT and £14m EHT). This is in-line with what was agreed as part of their financial plans back in March 2012 and is broadly consistent with the level of savings and efficiency that have been delivered in the past and as required by other NHS providers.

For 2013/14, the FBC describes how the new Trust would deliver £30.3m of efficiency savings as well as achieve c£13.0m of savings which directly relate to the financial benefits of merging the two Trusts. For example, integration of corporate services such as IT and Finance, reduction of number of Board level posts (only one Trust Board not two) and savings on non-pay expenditure as a result of larger and better procurement. Given the delay to the merger the level of savings for next year will now need to be reviewed.

The level of savings described above, are based on the financial and contracting assumptions as known to the Trusts at the time of producing the FBC. The overall level of savings year-on-year will continue to be refined as part of the outcome from the normal contracting and business planning which takes place with commissioners each year.

To support the delivery of these savings, the Trusts have established a joint programme management office (PMO) working for both Trusts as part of our QIPP programme. The key areas for reducing costs include; bank and agency spend reductions, more effective job planning and rostering of staff, further initiatives to deliver procurement savings, better use of IT and increases in non-nhs income.

To the end of September, the Trusts have achieved £9.8m of savings against a plan to date of £11.0m and are continuing to work hard to deliver the remainder whilst ensuring high quality care is maintained.

**Simon Crawford, Senior Responsible Officer
Ealing and North West London Organisational Futures Programme**

*The quality, innovation, productivity and prevention programme (QIPP) is a national Department of Health initiative to improve the quality and delivery of NHS care while reducing costs



Health Partnerships Overview and Scrutiny Committee 27th November 2012

Report from the Director of Strategy Partnership & Improvement

Wards Affected:
ALL

Establishing a Local Healthwatch for Brent

1.0 Summary

- 1.1 The purpose of this report is to set out how the council will implement the requirements of The Health and Social Care Act 2012 in relation to the creation of a local Healthwatch and Complaints Advocacy Service. The act requires the council to establish local Healthwatch by April 2013.

2.0 Recommendations

- 2.1 The Health Partnerships Overview and Scrutiny Committee are recommended to note the contents of this report.

3.0 Implementation of Healthwatch

- 3.1 The Health and Social Care Act 2012 has made provision for the establishment of Healthwatch, which will be the new consumer champion for publicly funded health and social care. This includes local Healthwatch working at a local level, and Healthwatch England working nationally.
- 3.2 Local Authorities have a statutory duty to ensure there is an effective and efficient local Healthwatch in their area by April 2013.

Background

- 3.3 In April 2007, as a requirement of the Local Government and Public Involvement in Health Act, Local Involvement Networks (LINKs) were established in each local authority area.
- 3.4 The aim of LINKs were to promote and support the involvement of people in the commissioning, provision and scrutiny of local care needs; obtain the views of people about their needs for, and their experiences of, care services, including services provided as part of the health services and services provided as part of the social services functions of the local authority; and, report and make recommendations on these findings, in order to make improvements to services. The role of the local authority was to commission a Host organisation to support the role of the LINK.
- 3.5 The government, through the Health and Social Care Act has directed that, from April 2013, the LINK will be replaced by Healthwatch.

The role and structure of Healthwatch

- 3.6 The Department of Health website includes information about the role of local Healthwatch. It says local Healthwatch will:
- have a seat on the new statutory health and wellbeing boards, ensuring that the views and experiences of patients, carers and other service users are taken into account when local needs assessments and strategies are prepared, such as the Joint Strategic Needs Assessment (JSNA) and the authorisation of Clinical Commissioning Groups
 - enable people to share their views and concerns about their local health and social care services and understand that their contribution will help build a picture of where services are doing well and where they can be improved
 - be able to alert Healthwatch England, or CQC where appropriate, to concerns about specific care providers, health or social care matters
 - provide people with information about their choices and what to do when things go wrong
 - signpost people to information about local health and care services and how to access them
 - give authoritative, evidence-based feedback to organisations responsible for commissioning or delivering local health and social care services
 - (LHW may) help and support Clinical Commissioning Groups to make sure that services really are designed to meet citizens' needs
 - be inclusive and reflect the diversity of the community it serves.

Further details on the role of a Healthwatch are included in Appendix 1.

- 3.7 Healthwatch will differ from the LINK in that it will be a corporate body, carrying out statutory functions. As a corporate body, Healthwatch will be able to employ staff, in addition to involving volunteers in their work. Healthwatch

will be able to contract out some functions while remaining accountable for the public funding they receive.

- 3.8 The 2012 Act amends the 2007 Act to provide that the body contracted to be the local Healthwatch must be a 'body corporate' (i.e. a legal entity), which must be a social enterprise. There is no legal definition of a Social Enterprise, but the Department of Health's current view is that this means a 'businesses with primarily social objectives whose surpluses are principally reinvested for that purpose in the business or in the community'. Further national regulations are expected, which may give a clearer, more formal definition.

Establishing a Local Healthwatch in Brent

- 3.9 Local Healthwatch will be funded by local authorities and held to account by them for their ability to operate effectively and be value for money. The Act states that local authorities will have a local Healthwatch organisation in their area from April 2013, but will have the flexibility to choose how they commission it to achieve best value for money for their communities.
- 3.10 The council is currently undertaking a two stage competitive procurement process in accordance with Contract Standing Orders. This will enable us to meet our duty while ensuring fairness, transparency and best value for money for residents by properly considering all interested providers. The council advertised for expressions of interest on October 18th and is now about to enter into the second stage of the procurement process.
- 3.11 The council held a consultation event on 23rd October for residents, members of community and voluntary groups and Councillors. The event was attended by over 70 people.
- 3.12 The responses to the consultation highlighted a number of key overarching priorities:
- A Good and Credible Organisation
 - Communication and Local Knowledge
 - Engagement with community, local groups and partners
 - Utilise Existing Intelligence
 - Good Research
 - Influence services (GPs and Hospitals)
 - Accessible Advice Service
- 3.13 Participants were also asked to indicate their preferences between 30 different priority outcomes that could be taken to indicate a successful local health watch. The priority outcomes identified were:
- It works closely and deeply with the community
 - Healthwatch consults residents and community/voluntary groups about its plans
 - It gathers information to understand people's views of the health and social care services they receive

- Works with other neighbouring Healthwatch Organisations for joined up approach
- It has plenty of trained and skilled volunteer advisors
- People are able to comment on what Healthwatch is doing
- It builds a large membership of residents and community/voluntary groups
- People are able to gain access to advice service through different methods that suit them
- Information service is regarded as accessible by all users
- People are aware of the Advice Service
- It has open and transparent systems.

3.14 The results of the consultation were used to inform the final specification for the contract which was developed based on the Department of Health, Healthwatch England and LGA jointly produced *Developing Effective Local Healthwatch*¹ document and the work undertaken by pathfinder authorities such as Newham Council. The *Developing Effective Local Healthwatch* is referred to by the LGA community of practice as their 'quality framework' the key success features of a local Healthwatch which are set out in this document are attached at Appendix 2.

3.15 A proposed timetable for the next stages of the procurement process is set out below.

The procurement timetable: second stage	
Issue Invitation to Tender	27 th November 2012
Deadline for Tender submissions	21 st December 2012
Panel evaluations decision by	15 th January 2012
Contract award report presented to Chief Officer	22 nd January 2013
Notification issued to all tenderers and begin voluntary minimum 10 day standstill period	26 th February 2013
Debriefing of unsuccessful bidders	27 th February 2012
Contract implementation	1 st March 2013

4.0 Financial Implications

4.1 None

5.0 Legal Implications

5.1 If a Healthwatch is not developed and established by April 2013, Brent will not be complying with its statutory obligations under the Health and Social Care Act 2012.

5.2 Any procurement processes will need to be in accordance with statutory

¹ Developing effective local Healthwatch a jointly produced by LGA, Healthwatch England and Department of Health

Provisions, including the regulations which have not yet been released, and guidance and take into consideration feedback from consultation with all relevant stakeholders. In addition, Contract Standing Orders concerning services contracts will need to be followed.

6.0 Diversity Implications

- 6.1 An Equalities Impact assessment will be carried out in relation to the procurement of Healthwatch, to be informed by feedback from a range of service user representatives in addition to the consultation event.

7.0 Staffing/Accommodation Implications (if appropriate)

- 7.1 None

Background Papers

Contact Officers

Phil Newby
Director of Strategy Partnership and Improvement
Phil.newby@brent.gov.uk

Mark Burgin
Policy & Performance Officer
Mark.burgin@brent.gov.uk

Jacqueline Casson
Corporate Policy Manager
Jacqueline.casson@brent.gov.uk

This page is intentionally left blank

Functions of Local Healthwatch

As outlined in "Local Healthwatch: A strong voice for people – the policy explained" – Department of Health, 2012

The proposals set out in the Bill mean that local Healthwatch, to be established in April 2013, will:

- provide information and advice to the public about accessing health and social care services and choice in relation to aspects of those services;
- make the views and experiences of people known to Healthwatch England helping it to carry out its role as national champion;
- make recommendations to Healthwatch England to advise the Care Quality Commission to carry out special reviews or investigations into areas of concern (or, if the circumstances justify it, go direct to the CQC with their recommendations, for example if urgent action were required by the CQC); to promote and support the involvement of people in the monitoring, commissioning and provision of local care services;
- obtain the views of people about their needs for and experience of local care services and make those views known to those involved in the commissioning, provision and scrutiny of care services
- make reports and make recommendations about how those services could or should be improved.

Additionally, local authorities will take on responsibility for commissioning NHS complaints advocacy from April 2013. The intention is that local Healthwatch will either provide the service or be able to signpost people to the provider of the service.

Local Healthwatch will have a seat on the local authority statutory health and wellbeing board. These boards will lead the statutory Joint Strategic Needs Assessments and joint health and wellbeing strategies on which local commissioning decisions will be based making local Healthwatch an important contributor to the local work on reducing health inequalities.

Local Healthwatch organisations will carry out statutory functions. They will be non-statutory (i.e. not created by the Bill) corporate bodies which will allow them to employ staff in addition to involving volunteers in their work. They will be able to contract out functions while remaining accountable for the public funding they receive. The proposed legislation will also ensure that, through

regulations, local Healthwatch organisations will act with a view to securing that they and their subcontractors taken together are representative of their local communities.

As with any body we would expect local Healthwatch organisations to act in accordance with the Nolan principles of standards in public life.

It is the government's view that local Healthwatch organisations will be subject to the public sector equality duty under the Equality Act 2010 and the Freedom of Information Act will apply to them.

In summary, our intention is that local Healthwatch will:

- carry out statutory functions;
- be corporate bodies, embedded in local communities;
- act as local consumer champion representing the collective voice of patients, service users, carers and the public, on statutory health and wellbeing boards;
- play an integral role in the preparation of the statutory Joint Strategic Needs Assessments and joint health and wellbeing strategies on which local commissioning decisions will be based;
- have real influence with commissioners, providers, regulators and Healthwatch England using their knowledge of what matters to local people; and
- support individuals to access information and independent advocacy if they need help to complain about NHS services.

Developing effective local Healthwatch: key success features

1 Vision, values and identity

- Has a clear vision and demonstrable goals for the organisation, which have been developed in partnership with local stakeholders and the wider community. It will have clear priorities, which are based on evidence and local need.
- Has an appreciation of the learning, experience and knowledge that the LINK has collected in their area and will have in place a strategy to retain and build on this experience to ensure as much continuity as possible and appropriate.
- Has an organisational model that is capable of learning and adapting to meet further policy changes around the citizen voice in the NHS and social care.
- Has a visible presence in the area it serves, with a recognisable local brand as an independent consumer champion, representing the views of people who use, or may use, health and social care services and members of local communities.
- Local people understand how to access local Healthwatch for help and support.

2 Local Healthwatch purpose – empowering local people

- Is rooted in the community and acts with a view to ensuring that local Healthwatch, its volunteers and its subcontractors taken together are representative of the local population and promote community involvement in the commissioning, provision and scrutiny of health and social services.
- Raises awareness amongst commissioners, providers and other agencies about the importance of engaging with communities, and the expertise and value that individuals and VCOs can bring to discussion and decision making on local and national issues.
- Works with other VCOs to put in place appropriate representation and membership of VCOs and individuals as community representatives on key local partnerships.
- Helps community representatives on key health and social care partnerships to understand their role and responsibilities and seeks to promote the exchange of information and views between representatives and the wider community, using a mix of communication methods⁶ to reach the public in the most effective manner.
- Is proactively engaged in the development and operation of working partnerships and networks, seeking to maximise the complementary relationship with the wider community engagement mechanisms and activities in the local area.

Eg by ensuring people can get information in different formats (electronic, hard copy, Braille, preferred language translations etc.) and by making full use of social networking tools to reach communities that might otherwise be under-represented

- Works collaboratively with other local groups and organisations as part of local community networks to draw upon knowledge and experience that already exists and to maximise its reach across the diversity of the local community, with a particular focus on understanding the views and experiences of less well heard groups.

3 Local Healthwatch purpose – information gathering and giving

- Gathers the views and experiences of individual service users as well as other sorts of local information that is already available from local voluntary and community groups and triangulates this with other sources of information, making effective use of the Healthwatch England information repository.
- Understands what local information sources are available (including LINK legacy data) and seeks to identify new information sources in order to develop views about key local and national issues. This should include an understanding of the methodologies used to collect data.
- Understands the different techniques for gathering views and chooses the most appropriate method, including understanding where enter and view can be used as a source of evidence about the experience of service users and quality of services.
- Has the necessary skills to synthesise, interpret and understand different kinds of data and information and uses information appropriately to provide the evidential base for any reports and recommendations to commissioners and providers to improve services, and for input to the health and wellbeing board.
- Identifies unmet need so gaps in information can be plugged.
- Ensures that the information it collects and analyses can be easily accessed and used in a variety of formats.
- Provides or signposts people to the information they need helping them to make the right choices for them / their circumstances.
- Provides voluntary and community organisations with the information they need to be able to take an active part in strategic partnerships.
- Evidence and insight gathered by local Healthwatch is fed into Healthwatch England, using the information repository, enabling it to advise on the national picture and ensure that local views influence national policy, advice and guidance.

4 Local Healthwatch purpose – representation and relationships

- Operates independently, constructively and authoritatively, relentlessly representing the voice of local people on what matters most to them in the strengthened system of strategic needs assessment and commissioning decision making.
- Makes the views and experiences of people known to Healthwatch England to help it carry out its national champion role.
- Develops and maintains good working relationships with appropriate scrutiny committees (or other scrutiny arrangements), NHS Foundation Trusts and (where this is provided separately) with the independent NHS complaints advocacy service.
- Plays a full role in strategic decision making as a member of the health and wellbeing board as well as acting as a constructive ‘critical friend’ on the board. Is seen as an essential contributor to the local Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies ensuring that local people’s views are integral to local decision-making about services.
- Encourages high standards of health and care provision and challenges poor services.
- Champions equality of health and care access and provision.

- Has real influence with commissioners, providers, regulators and Healthwatch England, using knowledge and evidence of what matters to local people, and is able to demonstrate that decisions about commissioning priorities and services are based on the needs and experiences of local people.
- Has arrangements in place to be able to show how it has made a positive impact on local decision-making and improved services.

5 Governance

- Has an open and transparent recognised structure for making decisions and enabling local people to influence what it does (eg internal processes, work prioritisation, recommendations, impact analysis) and acts in accordance with the Nolan principles of standards in public life.
- Has good governance and management arrangements in place including processes to maintain robust accounts of how it has used its funds.
- Demonstrates accountability to the local community for the way it takes decisions through adoption and use of good governance principles including transparency, independence and lay leadership.
- Values people and skills and has a set of competencies that enables it to deliver its statutory roles.

This page is intentionally left blank



Health Partnerships Overview and Scrutiny Committee 27th November 2012

Report from the Director of Strategy, Partnerships and Improvement

For Action

Wards Affected:
ALL

Report from Brent LINK on work in 2011/12

1.0 Summary

- 1.1 Brent LINK has asked to feed back to members of the Health Partnerships Overview and Scrutiny Committee on their recent work on their Health Needs survey, the Shaping a Healthier Future consultation and the “Enter and View” programme.
- 1.2 The report covers an overview of the LINK’s recent work, including:
 - Working with NHS NW London on “Shaping a Healthier Future”
 - An Enter and View visit at Willesden Centre for Health and Care and follow up actions.
 - The Community Information Event “What’s Happening Health Wise” in March 2012
- 1.3 Ealing Hospital NHS Trust requested that they be allowed to append an update report on the Enter and View at Willesden Centre for Health and Care. This is attached as included with the report, as is an appendix along with the action plan for the centre.
- 1.4 The LINK undertook a Community Health survey in September/October 2012 and the report from this is also included with the report.

2.0 Recommendations

- 2.1 The Health Partnerships Overview and Scrutiny Committee are recommended to note the contents of this report and Ealing Hospital NHS Trust’s update report.

Contact Officers

Mark Burgin
Policy and Performance Officer
Tel – 020 8937 5029
Email – mark.burgin@brent.gov.uk

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



Report for Overview and Scrutiny Committee 2011-2012

Brent Local Involvement Network (LINK) is an independent network made up of individuals, community groups, voluntary sector organisations and local businesses. We work together to improve local health and adult social care services in Brent.

We do this by:

- *Finding out what people think of their local health and social care services;*
- *Giving people a chance to suggest ideas to care professionals about improving services;*
- *Looking into specific issues of concern to the community;*
- *Making recommendations to the people who plan and run services;*
- *Asking for information about services;*
- *Carrying out visits, when necessary, to see if services are working well;*
- *Referring issues to Brent Council's Health Partnership's Overview & Scrutiny Committee if it seems that action is not being taken.*

We are steered by a Management Committee, made up of 10 individuals and voluntary sector organisations. We also have five Action Groups which report to the committee, covering:

- Adult Social Care
- Primary Care
- Mental Health
- Hospitals
- Public Health & Community Services

Over the last year Brent LINK has been working to understand and to involve local residents in the changing health and social care and to put people at the heart of these changes. The Health & Social Care Act 2012 presents the biggest reorganisation in the history of the National Health Service. In Brent, this reorganisation has presented itself in several different ways:

- Establishment of Brent Shadow Health & Wellbeing Board
- April 2013 abolition of NHS Brent
- Transfer of public health responsibility to Brent Council from April 2013
- Emerging Shadow Clinical Commissioning Group (from 2012/13 part delegated responsibility for commissioning, with full responsibility from 1st April 2013).

We have also been working with NHS NW London developing the “Shaping a Healthier Future” strategy programme regarding configuration of health service across the cluster.

- Part of this programme entails Brent Shadow Clinical Commissioning Group developing a “*Better Care Closer to Home*” Care Strategy to coordinate high quality out of hospital care. Consultation on both these strategies commences summer 2012.

- Proposed merger NWL NHS Hospitals Trust and Ealing Hospital NHS Trust

Examples of LINK Work

1) *Enter and View*

In December 2011, Brent LINK conducted an announced “Enter & View” visit to Willesden Centre for Health and Care. There was no specific incident triggering the visit, other than that the Centre is extensively used by local communities.

The hospital has three inpatient wards. Robertson Ward offers a specialist neurological rehabilitation service and has 12 patient beds. Menzler and Fifoot Wards both have 20 beds and provide rehabilitation services to patients who have been inpatients in an acute hospital and who need extra care and support to help them become more independent following a period of illness.

In addition to the rehabilitation service offered to patients (‘step down’ service), there is also a ‘step up’ service for up to 15 patients who need a period of short term care. These patients may be admitted directly to Menzler or Fifoot Wards straight from the Community or from Casualty, and whereas patients receiving ‘step down’ rehabilitation may stay for up to 4 weeks these “step-up” patients stay for up to 10 days.

Willessden Centre for Health and Care is a Private Finance Initiative (PFI) building. Ealing Hospital NHS Trust Integrated Care Organisation (ICO) provides and manages the clinical services; Accuro owns the building and manages onsite facilities, with NHS West London Estates service overseeing the Estates and Facilities.

Brent LINK’s “enter and” view report highlighted that whilst, patients were happy with the staff and service, there were concerns relating to cleanliness, maintenance, health & safety and a lack of culturally appropriate menu planning. (Action Plan and update from Willessden Centre for Health is attached)

Post Visit Activity

In March 2012, Brent LINK met with Ealing ICO, Accuro and NHS West London Estates to review progress following the visit. We were advised that the visit had resulted in a hospital wide “deep clean”, followed by a review of the monitoring of the cleaning contract and improved coordination between the Trust, Accuro and NHS North West London Estate.

In addition, Willesden Centre for Health and Care has developed a service improvement Action Plan in response to the key issues identified by Brent LINK as needing attention: patient care, patient consultation, medical records, medication, safety and infection control, patient meal choice, staff concerns and ward maintenance and cleanliness.

Brent LINK commends the Centre’s Management Team for the open, communicative and robust manner in which it has acted upon our concerns.

On 31 October 2012 LINKs carried out a final review visit at Willesden Centre for Health and Care. The updated action plan (attached) was shared and discussed with LINKs, as were the measures that had been introduced over the last few months to achieve high standards of cleaning and maintenance. These were evidenced through monthly audits presented by Estates and Facilities personnel. Some of the key changes made include:

- the introduction of Housekeepers has assisted in the improved performance of Ward Domestic Staff
- the appointment of an Operations Manager, Hospitality Manager and Reception and Administrative Manager has clarified clear and accountable responsibilities
- daily, weekend and evening supervisors has made a big difference to the responsiveness of the facilities services to the wards’ needs
- A programme of refurbishment has addressed the maintenance issues
- There are improved displays of the menus on offer for patients and their visitors
- LINKs have been involved with food tasting and the process of offering culturally sensitive food on the wards.

2) Brent LINK Community Information Event *“What’s Happening Health Wise in Brent?”*

In March 2012, Brent LINK organised a *“What’s Happening Health wise in Brent?”* event.

The (then) Health and Social Care Bill proposed seismic changes to the commissioning, delivery and scrutiny of health and social care in Brent but NHS Brent and the Council had yet to update local communities on their plans and intentions.

Our event therefore allowed local people to find out about and scrutinise these proposed changes. Around fifty local people were able to hear Brent Council outline latest developments regarding the Brent Shadow Health & Wellbeing Board, which will be responsible for targeting resources to tackle health inequality, whilst NHS Brent presented on latest developments regarding the Brent Shadow Clinical Commissioning Group: the GP led partnership that from April 2013 will replace NHS Brent.

Brent LINK also presented on our Healthwatch transition plans and outlined ways for local people to get involved. Presentations were followed by a lively Q&A session where local people were able to scrutinise the proposals and highlight concerns. A Brent Council/NHS Brent facilitated evening session allowed local people to work in small groups and comment on draft Joint Strategic Needs Assessment (JSNA) priorities.

Key Outcomes:

The Health & Social Care Act 2012 presents the biggest reorganisation in the history of the National Health Service. Brent LINK's event provided local people, voluntary and community groups with up to date and locally relevant information on the proposed changes to Brent's local health economy.

It also facilitated community feedback on JSNA priorities. In addition, the event enabled people to find out about and sign up for Brent LINK's five new Action Groups covering: Mental Health, Adult Social Care, Public Health/Community Services, Primary Care and Hospitals.

More details can be found in Annual Report.

Report Following the LINKs Final 'Enter and View' Review Visit

13 November 2012

The Brent Local Involvement Network (LINKs) carried out an "Enter and View Visit" on 19 December 2011 which involved a detailed inspection of the three in-patient rehabilitation wards at Willesden Centre for Health and Care (WCHC). The building is owned and maintained by NHS Brent (the PCT) and the wards are run by Ealing Hospital NHS Trust. As part of the visit the LINKs members met with patients, ward visitors and staff. LINKs used certain Care Quality Commission (CQC) outcomes as a framework to conduct the assessment. The LINKs team reported that patient feedback regarding staff was positive and that patients felt they were treated with dignity and respect. The visit however highlighted some issues around cleanliness and maintenance.

As an outcome of the visit an action plan was drawn up and a programme of work was instigated to address the issues identified in the report. Ealing Hospital NHS Trust worked closely with NHS Brent and its facilities management contractor to make changes and LINKs returned on 29 March 2012 to review the action plan and gain assurance that improvement measures had been put in place.

On 31 October 2012 LINKs carried out a final review visit at Willesden Centre for Health and Care. The updated action plan (attached) was shared and discussed with LINKs, as were the measures that had been introduced over the last few months to achieve high standards of cleaning and maintenance. These were evidenced through monthly audits presented by Estates and Facilities personnel. Some of the key changes made include:

- the introduction of Housekeepers has assisted in the improved performance of Ward Domestic Staff
- the appointment of an Operations Manager, Hospitality Manager and Reception and Administrative Manager has clarified clear and accountable responsibilities
- daily, weekend and evening supervisors has made a big difference to the responsiveness of the facilities services to the wards' needs
- A programme of refurbishment has addressed the maintenance issues
- There are improved displays of the menus on offer for patients and their visitors
- LINKs have been involved with food tasting and the process of offering culturally sensitive food on the wards.

Both Ealing Hospital NHS Trust and the NHS Brent facilities contractor have worked closely with LINKs and responded robustly to the issues raised at the Enter and View Visit. Progress against the action plan has been tracked through internal governance meetings. An open tour of the wards with LINKs members helpfully demonstrated the improvements and changes that have been made. LINKs made some helpful comments on the progress that has been achieved and these comments will be fed back to staff and into the action plan.

The Trust takes the care we provide and the environment in which it is provided very seriously and we hope that the open and transparent way in which this process has taken place sets a good example for other healthcare providers.

Gillian Williams
Modern Matron
Willesden Rehabilitation Hospital

James Walters
General Manager – Adult Services
Community Services Brent

Action Plan for the Three Wards at Willesden Centre for Health and Care in Response to LINK visit on 19 December 2011

Outcome	Issue	Objective	Action	Lead	Initial Delivery Date	Update October 2012
Outcome 1	<i>Respecting and involving people who use the services.</i> "Generally, patients felt that they were treated with dignity and respect"	To maintain patient treatment with dignity and respect	Feedback from LINK – communicate positive finding to staff and encourage staff to maintain this quality To continue asking patients to complete questionnaires about their experience on all wards Feedback to staff comments from patients in order that standards can be maintained and improved <i>Please see Outcome 5 regarding meals</i>	Modern Matron	March 2012 and monthly	Patient Questionnaires– Discharge information to be improved – awaiting appointment of Discharge Co-ordinator Handover standard regarding the reception of visitors and the approach to patients and patient choice around washing, dressing, having breakfast October 2012
Outcome 4	<i>Personalised Care, Treatment and Support</i> "Not all patients felt that they were consulted about the care and treatment" "not all patients were aware of	To ensure patients are consulted and are informed about and included in their care	Patients' Care Plans to be discussed with patient by a member of the multi-disciplinary team and offer to meet with the patient and their family to discuss aspects of care. Patients to be asked to sign nursing assessment form so that they are included in the documentation and planning of care	Modern Matron/Ward Managers Ward Managers and Modern Matron	May 2012 May 2012 August 2012	Completed Audit and comments from some patients and evidence suggests that patients are not fully involved in the planning of their care. Staff not asking

Outcome	Issue	Objective	Action	Lead	Initial Delivery Date	Update October 2012
	their treatment”		<p>Medical staff to discuss treatment options during weekly ward rounds</p> <p>Plans for discharge discussed with patients prior to discharge and patients given discharge information including nursing, physiotherapy, occupational health and social care allocated worker information.</p> <p>Revise Patients and Relatives Information Leaflet with LINK to be invited to comment on the draft.</p>	<p>Therapy Manager, STARRS & In Patient Services</p> <p>Therapy Manager And Modern Matron</p>	<p>September 2012</p> <p>September 2012</p> <p>November 2012</p>	<p>patients to sign forms and staff also not signing the forms. Plan to use an admission booklet to improve this information gathering and reduce duplication. Ealing Hospital uses a booklet that has been seen by ward staff and thought to be better than the paperwork we currently use. This booklet needs to be customised to the Willesden Wards.</p> <p>Medical staff attending weekly MDT meetings to improve communication Patient questionnaires have said that the doctor explained things.</p> <p>Questionnaires state that patients did not have enough information – reviewing plans for MDT – paperwork and chairing of MDT meetings reviewed</p> <p>Revised – needs to be printed November 2012</p> <p>Patient questionnaires need to be analysed</p>

Outcome	Issue	Objective	Action	Lead	Initial Delivery Date	Update October 2012
			<p>Patient survey of past and present patients in step up beds to be carried out.</p> <p>PALS leaflet with how to complain information is in patient folders. In addition to have a laminated sheet outlining ward staff and contact details.</p> <p><i>Please see attached Table regarding staffing and outcome 13</i></p> <p><i>Please see Outcome 9 regarding Medicine Management</i></p>	Discharge coordinator	December 2012	<p>regarding step up and step down patients</p> <p>To be completed</p> <p>Completed</p>
Outcome 5	<p><i>Meeting Nutritional Needs</i></p> <p>“Cultural and dietary requirements are taken into account when creating menus. However, this is only on certain days”</p>	For meals to include culturally appropriate choice option for patients	<p>Review religious choice options on puree menu.</p> <p>Consider desirability and feasible of re-introducing Afro Caribbean meals.</p> <p>Pilot extended meal description as a tool to increase patient understanding of choices</p> <p>Pilot visual menus as tool to support staff discussions with patients about available choices.</p>	<p>Rehabilitation Dietician/ Willesden Catering</p> <p>Catering Team - Accuro</p>	<p>June 2012</p> <p>Tasting 19/4/2012 and October 2012</p> <p>June 2012</p>	<p>Update needed re Afro Caribbean menu – there have been two food tastings (last one took place October 2012 – awaiting decision to order)</p> <p>Food tasting completed</p> <p>Pictorial menus finalised</p>

Outcome	Issue	Objective	Action	Lead	Initial Delivery Date	Update October 2012
	"In addition, not all patients felt they were consulted about choice of meals"	For patients to be consulted about choice of meals.	Highlight menu choice in revised Patients & Relatives Information Leaflet. An additional comment to the menu sheet reminding staff to prompt patients to request alternatives if the menu choice does not meet the patient's preferences.	Willesden Catering and Therapy Manager	October 2012 June 2012	Menus on display for patients and visitors Completed
Outcome 7	<i>Safeguarding and Safety</i> "On Robertson Ward, knives which had been used as part of a cookery class <i>had been left out</i> "	To ensure safe access to knives	Occupational Therapist to remind staff to put knives away after supervised cookery assessments and spot check this is done	Occupational Therapist	Daily	Continues daily
Outcome 8	<i>Cleanliness and Infection Control</i> Cleaning of equipment	To ensure wards are maintained and clean	Programme of maintenance backlog work underway. On-going maintenance programme to be developed with regular audit. A refurbishment programme has been put in place with the 3 wards being decanted to Furness Ward (fourth ward which is empty) in rotation within the next 6 months.	W London Health Estates and Facilities Team/Accuro	March 2012 to September 2012	Weekly walk rounds and monthly audits

Outcome	Issue	Objective	Action	Lead	Initial Delivery Date	Update October 2012
	Staff Hand Hygiene	To ensure that staff have the knowledge and skills to carry out their work to the expected standard	<p>All wards were deep cleaned. We have introduced regular joint audits. The cleaning regimes have been reviewed and amended; new equipment and chemicals have been ordered. All new staff will undergo infection control training as part of induction. The local Accuro management team has been reviewed and positive changes have been made.</p> <p>Continue monthly hand washing audit based on minimum of 40 observations per month. Action plan developed if less than 85% of staff observed to wash hands during monthly observation. Continue to display ward hand washing statistics on the ward.</p>	<p>As above</p> <p>Infection Control Nurse</p>	<p>February 2012/ Completed</p> <p>Monthly</p>	<p>Accuro management structure reviewed. Daily walk rounds and formal and informal training and staff guidance available</p> <p>Completed for all wards</p>
Outcome 9	<p><i>Management of medicines</i></p> <p>The door to the clinical room is not locked (door constantly open)</p>	To ensure medication and equipment secure and given within clinically acceptable timeframe	Medication storage in clinical room adjacent to nurses' station reviewed for legal compliance – it is compliant but could be improved in line with best practice – therefore key pad/card swipe for the clinical room is being considered and locks for fridges have been ordered. Emergency medication and equipment is also stored in this clinical room and quick access is required. This medication and equipment storage is compliant.	<p>Ward Pharmacist</p> <p>Modern Matron</p>	May 2012	Clinical rooms have been put on the risk register regarding not being locked and quotes for swipe card access has been requested and looked at

Outcome	Issue	Objective	Action	Lead	Initial Delivery Date	Update October 2012
			<p>Business case to be developed for purchase and wall attachment of metal medication boxes by each bed.</p> <p>Audit of time taken to administer medicine to be undertaken</p> <p>Nurses to wear red apron when dispensing medication to indicate 'no interruptions' to improve administration timeliness.</p>	<p>Modern Matron</p> <p>Ward Pharmacist</p> <p>Ward Managers</p>	<p>March 2012 /Completed</p> <p>March 2012/ Completed</p>	<p>Wall mounted medicine boxes on site and fitted in Robertson ward – to be rolled out across the wards with the refurbishment. 20th September for Robertson to be using the boxes.</p> <p>Medicine rounds reviewed</p> <p>Completed</p>
Outcome 10	<p><i>Safety, availability and suitability of equipment</i></p> <p>Equipment stored in ward areas</p>	To ensure that equipment is stored correctly	Staff to be reminded to store equipment correctly in order to improve a patient's experience, reduce hazards and reduce risk of infection	Ward Managers	Daily	Continues daily
Outcome 13	<p><i>Staffing</i></p> <p>Staff concerns regarding staffing levels</p>	To maximise patient contact time	<p>Wards participated in the Audit Commission Staffing Survey with Ealing Hospital in 2011 and the staffing numbers have been compared with other areas and are considered satisfactory for the number of beds.</p> <p>Support staff working in most efficient way by development of</p>	Modern Matron/Ward Managers	December 2012	

Outcome	Issue	Objective	Action	Lead	Initial Delivery Date	Update October 2012
			<p>visual menus, wearing of red aprons during medication administration and phased long term move from paper to electronic records.</p> <p>Individual medicine cabinets to help staff to provide timely medicines for their patients</p> <p>Staff concerns will be an on-going topic at ward team meetings.</p> <p>Falls will continue to be monitored and information on ways of preventing patients from falling will be reviewed and aids/methods to support staff in their care of patients who are at risk of falling will continue to be evaluated</p> <p>Please see table regarding staffing</p>	<p>Modern Matron</p> <p>Ward Managers</p> <p>Modern Matron</p>	<p>August 2012</p> <p>Monthly</p> <p>Monthly</p>	<p>As above. Robertson Ward to use medicine boxes November 2012</p> <p>Team Meetings</p>
Outcome 21	<p><i>Records</i></p> <p>“Patient medical records were not filed in a secure cabinet”</p>	To ensure medical records are secure	<p>Medical records stored in a trolley kept in the supervised nurses’ station and access to and from the wards is controlled electronically. Information governance to be reviewed and consideration to be given to locking the trolley. Community services are moving incrementally towards the long term vision of electronic records which will improve security</p>	Modern Matron	August 2012	Review completed and awaiting swipe card access for clinical room – due late November 2012

This page is intentionally left blank

Brent LINK

Community Health Survey 2012

November 2012

www.ottawaystrategic.co.uk

Table of Contents

1	Introduction, Context and Methodology	2
2	Responses	3
3	Summary of Findings	8

1 Introduction Context and Methodology

- 1.1 Brent LINK's Healthwatch Steering Group, with the support of its host, Hestia agreed in August 2012 to undertake a community health survey of residents and organisations in Brent.
- 1.2 Brent LINK sees this exercise as a legacy project for the forthcoming Healthwatch. In so doing the LINK is committed to support an evidence based insight into the perceptions of people about health services locally, their awareness of the current initiatives and priorities in the health and social care sector, the concerns and hopes for health provision locally and priorities for the Healthwatch going forward.
- 1.3 The Methodology for this questionnaire is relatively simple, with six multiple response questions being asked with a series of variable responses. In addition some open ended questions were provided offering the respondent qualitative input. The survey is then profiled by gender, age, ethnicity, disability and employment status.
- 1.4 The questionnaire was designed to take 10-15 minutes to complete and was accessed either through the Brent LINK website, via email or in paper copy administered by Brent LINK and its volunteers.
- 1.5 The survey was distributed in a variety of ways, it is both a hard copy and web based survey and its distribution included:
 - Press release (2nd week in September) into the local press with the web site response location and address
 - Email dissemination to the LINK's 120 community and voluntary organisation, with the request that they disseminate the survey to their client/membership base and thus extend the opportunities for people to be engaged. This has been followed up three times.
 - The questionnaire was sent out to all the LINK's 700+ members
 - The questionnaire was taken and distributed to the relevant LINK meetings between September and October including its election hustings and numerous other meetings.
 - Management committee members sought to disseminate the questionnaire through their personal and organisational contacts
 - Copies of the questionnaire were provided for CAB and CVS
- 1.6 The period of the survey was between September and October 2012. The report was completed in early November, the aim of which was to provide a summary report of the survey's findings to the council's Overview and Scrutiny Committee on the 29th November.
- 1.7 In total 119 responses were returned both in hard copy and via the web. 79 were returned as hard copies and 40 were completed on the web returns.
- 1.8 Additional personal, respondent, contact details were returned which confirms their interest or otherwise in continuing their involvement with the LINK either as a volunteer, action group participation, attendance at meetings and being included in the LINK's mailing list. This information will be provided to HealthWatch, which will support the

growing contacts of local people wishing to engage in health related matters in the borough.

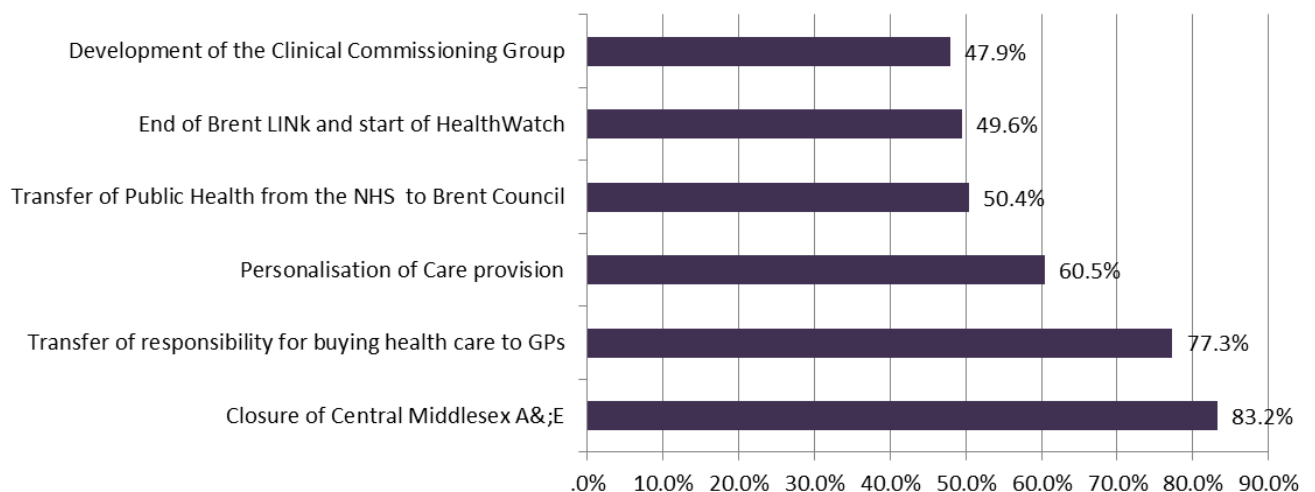
2 Responses

2.1 This section reviews the findings to the questions asked and each question is reported in sequence. The survey sought to;

- Assess the awareness people have of the various changes there are currently in the health environment and economy
- Establish matters/issues people feel it is important on which to have their voice heard
- Identify general concerns people have about provision in the borough
- Establish their top three concerns
- Assess perceptions about quality, accessibility, efficiency, cleanliness of services
- Assess perceptions of the sector's willingness to listen experienced by different providers, the need for a voice, and the representative support provided by Brent LINK.

2.2 The first of these is set out below:

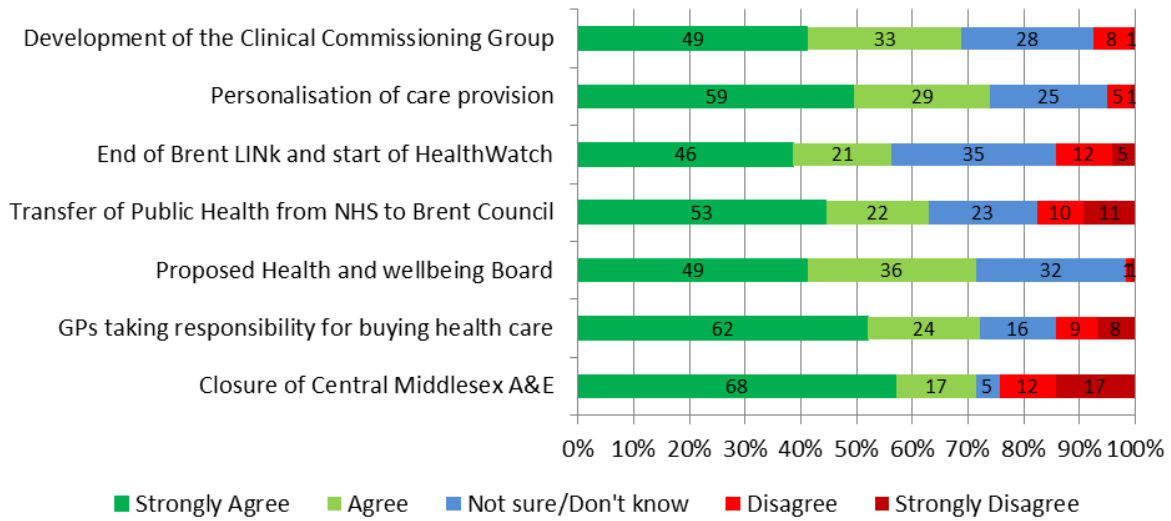
Figure 1: Awareness of the many changes happening in local health and social care services



2.3 Figure one above shows quite clearly that some issues are better known than others. 83.2% of respondents had heard of the closure of Central Middlesex A&E. 3% were aware of the transfer of commissioning responsibilities to GPs, 60.5% had heard of the personalisation of Care Provision, and just over 50% had heard that Public Health is to be transferred to the Council, 49.6% had heard that Brent LINK is due to end, to be replaced by Healthwatch and 47.9% had heard of the development of the Clinical Commissioning Group.

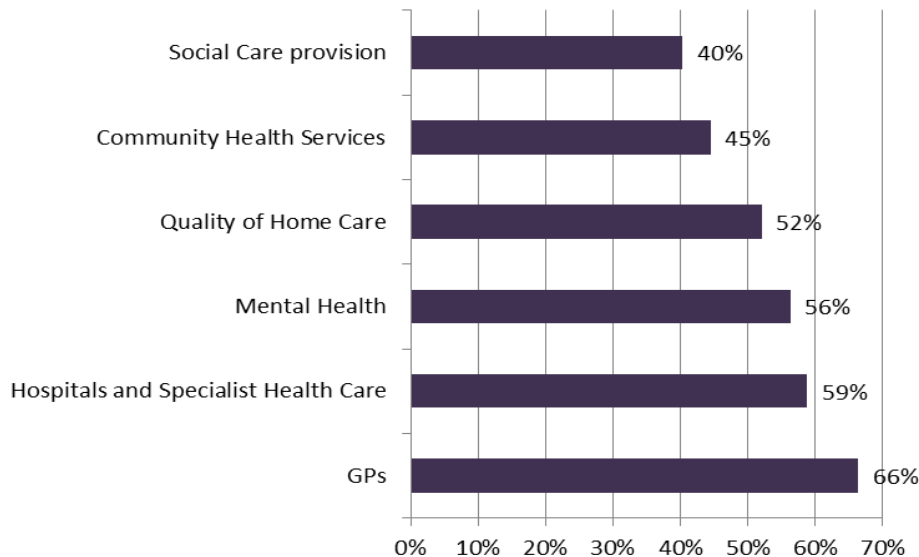
2.4 What this suggests is that the issues people had heard of most were about things that were accompanied by press and media interest at a local, in the case of the closure of Central Middlesex Hospital, and national level, through the Government's policy transferring responsibility for buying health care to GPs. (Health & Social Care Act 2012)

Figure 2: Do you feel it is important to have your views heard on these matters as they develop?



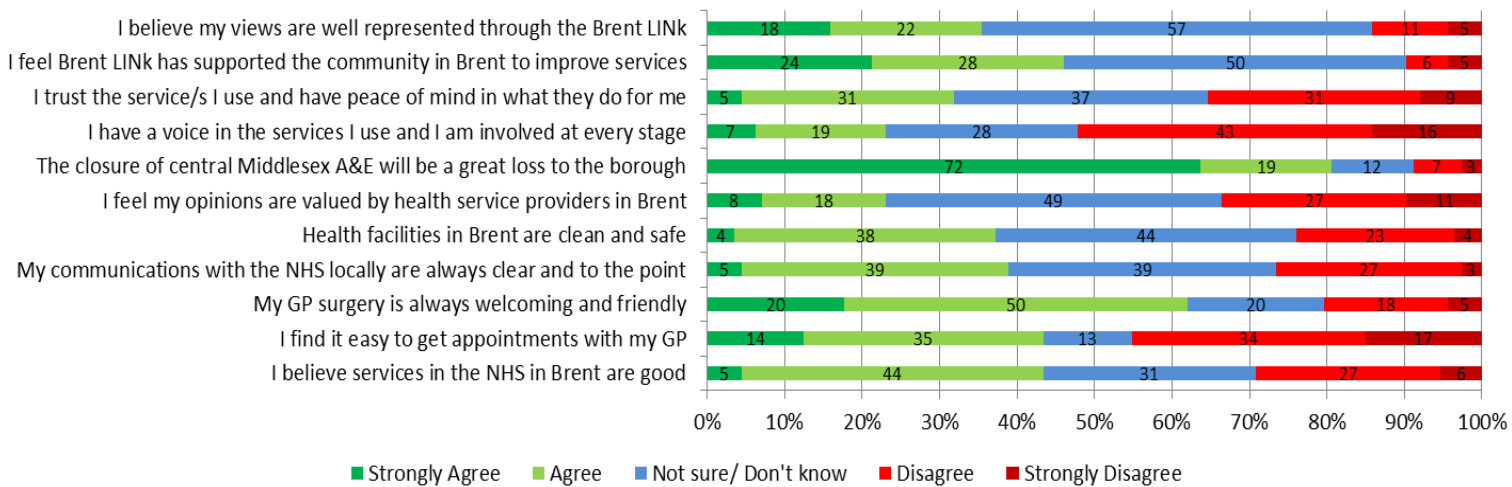
2.5 Figure two above shows the level of agreement with the importance people place on having their views known about key issues in the borough. The four highest areas of agreement (over 70% in each case) were with respect to the personalisation of care provision, the proposed Health and Wellbeing Board, GPs taking responsibility for buying healthcare and the closure of Central Middlesex A&E.

Figure 3: Do you have any concerns about the provision of health and social care in Brent in the following areas?



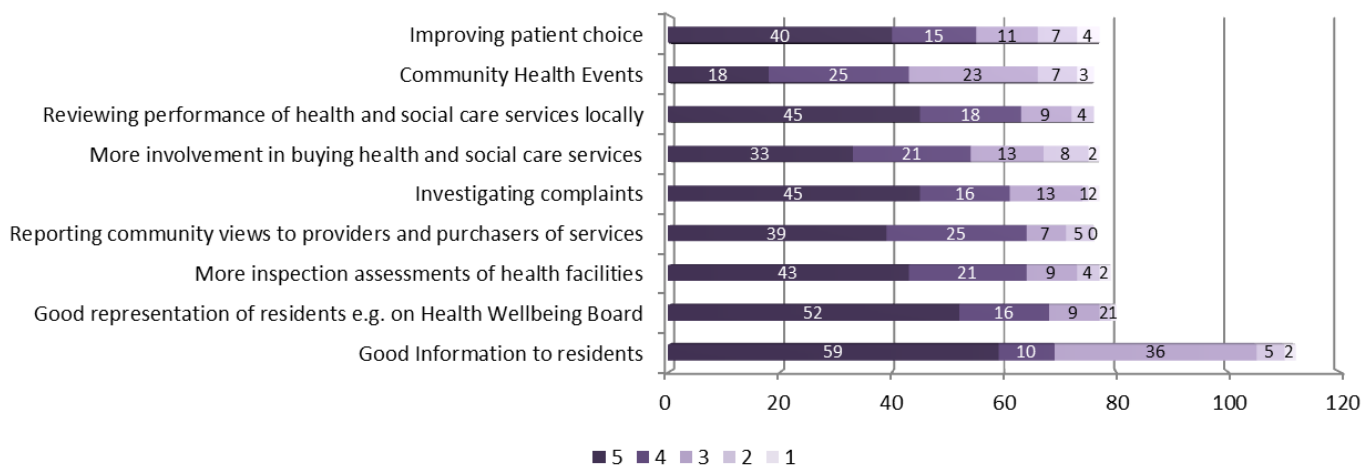
2.6 The areas respondents felt were the greatest concerns regarding healthcare provision in the borough are set out in figure 3 above. This was an open multiple response question and it is clear that the three highest ranked issues of concern are GPs, Hospitals and Specialist Health Care and Mental Health.

Figure 4: Respondent agreement and or disagreement with the following statements



2.7 Figure 4 above, has different statement which respondents have either agreed with or disagreed with. The highest level of agreement is with the statement that the closure of Central Middlesex Hospital will be a great loss to the borough. 62% of respondents felt their GP surgery is always welcoming and friendly, 46% of respondents agreed that Brent LINK has supported the community in Brent, 43% agreed that they find it easy to get an appointments at their GPs, although interestingly this is counter balanced by 45% who disagree with this statement. 43% agreed that NHS services in Brent are good. The highest level of disagreement was 53% who disagreed that they have a voice in the services they use and they are involved at every stage.

Figure 5: What are the priorities you would want HealthWatch to concentrate on (scored out of five)



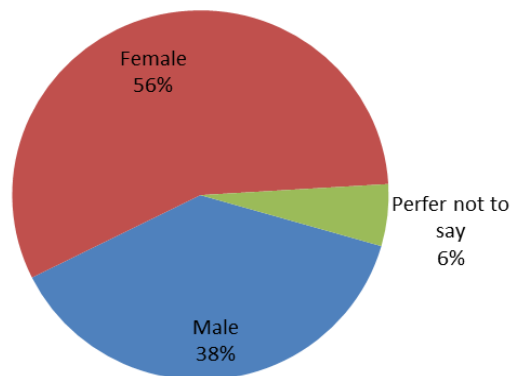
2.8 Figure 5 sets out the scoring against the priorities respondents feel HealthWatch should concentrate on. These priorities have been taken from the DoH guidance on the roles of HealthWatch and should hopefully encapsulate the main activities and priorities for HealthWatch. The highest scoring and largest response base was the need for good

information to residents. The remaining responses were broadly the same sizes although some clearly had higher 4 and 5 scores. These included; good representation on the Health and Wellbeing Board, more inspection and assessment of health facilities, reporting community views to providers and reviewing the performance of health and social care services locally.

Respondent Profile

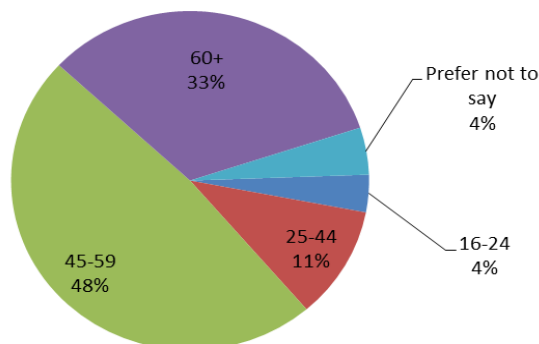
2.9 Figures 6 to 10 set out the gender, age, ethnicity, disability and work status of the respondents.

Figure 6: Gender Profile



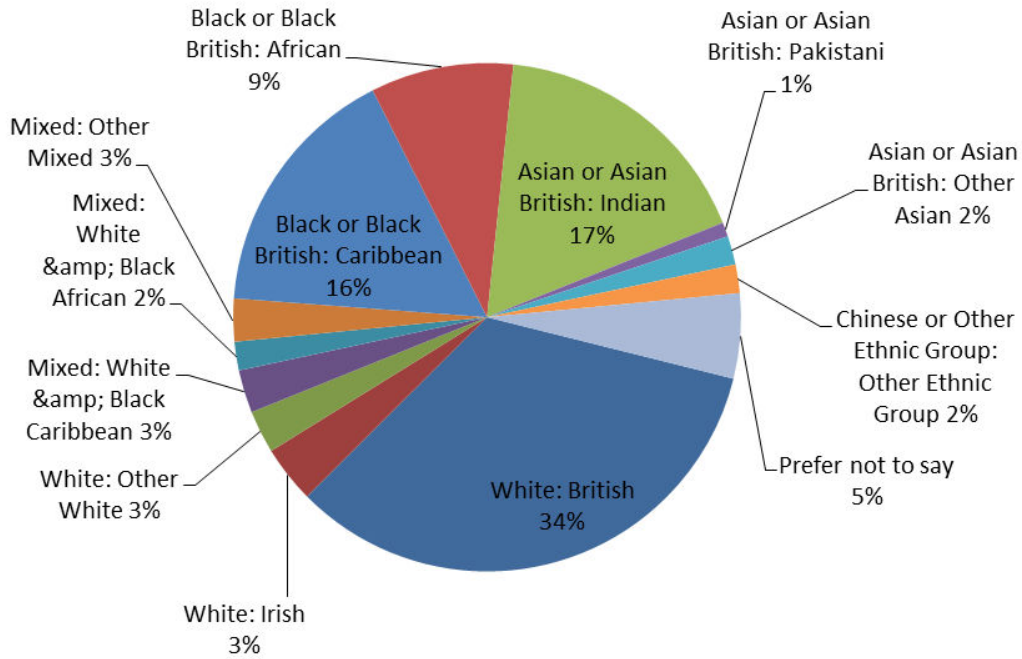
2.10 More women 56% than men 38% responded to this survey.

Figure 7: Age Profile



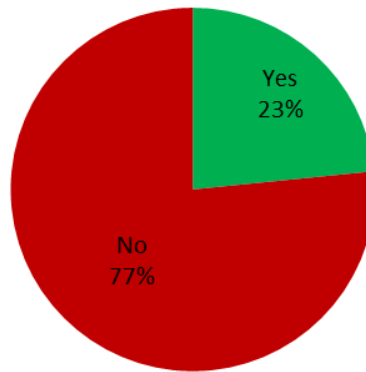
2.11 Essentially almost ½ of the respondents were aged between 45 and 59 and 33% were over 60. This suggests that the survey is more a reflection of middle and older aged people. This would indicate the need for HealthWatch to capture more young people in its engagement processes, although the LINK is fully aware of the difficulties in doing this.

Figure 8: Ethnic Profile



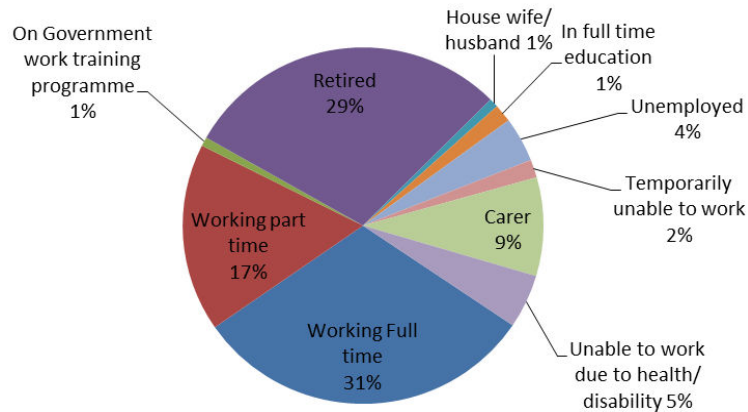
2.12 The ethnic profile of respondents is pretty diverse; however given the higher proportion of older people in the sample the profile is more reflective of the ethnic profile of the older age ranges of the population.

Figure 9: Disability



2.13 Interestingly almost a quarter of respondents self-declared a disability, the majority of which were physical disabilities followed by sensory impairments.

Figure 10: Work Status of the respondents



2.14 The profile of the working status of the sample was fairly mixed with 31% of full time employed, 17% part time and 29% retired. The other category of statistical note was 9% carers.

3 Summary of Findings

3.1 The survey provides some clear insight into the views of local people and whilst the LINK is disappointed with the overall level of return it still feels that the responses highlight some clear and distinct perceptions of local provision by Brent people.

3.2 In summary:

- 83.2% of respondents are aware of the closure of Central Middlesex Hospital
- 77.3% are aware that GP's are taking responsibility for buying health care
- Both these high level of awareness have been supported by local and national press campaigns/ media coverage
- The areas of greatest priority for local people having a voice were seen by respondents to be:
 - Personalisation of care provision
 - The Proposed Health and Wellbeing Board
 - GPs taking responsibility for buying health care
 - Closure of Central Middlesex Hospital
- GPs (66%) and Hospitals and Specialist Care (59%) were the two highest areas of concerns seen by respondents, predominantly relating to access to appointments and services.
- 81% of respondents agreed that the closure of Central Middlesex Hospital would be a loss to the borough
- 72% agree that their GP surgeries were always welcoming and friendly
- 53% of respondents disagreed that they have a voice in the services they use and are involved at every stage
- The survey prioritised the focus of HealthWatch to:
 - Provide good information to residents
 - Good representation e.g. on the Health and Wellbeing Board
 - Review the performance of health and social care providers and
 - Undertake more inspection assessments of health facilities.

Health Partnerships OSC

Work Programme 2012-13

Meeting Date	Item	Issue	Outcome
30 th May 2012	Recruitment of health visitors in Brent	Following consideration of a report on the recruitment of health visitors in Brent in March 2012, members agreed to follow up with Ealing Hospital ICO their plans to recruit and train more health visitors in line with the Government's plans to increase the number of health visitors in England.	Members noted the number of vacancies in health visiting posts in Brent and have requested a follow up paper in six months time (November meeting) to follow up on the recruitment and retention of health visitors.
	Planned Care Initiative – ophthalmology and cardiology services in Brent	NHS Brent brought a paper to the committee in March 2012 on their plans to re-commission services for ophthalmology and cardiology in Brent. At the meeting in March 2012, members agreed to follow up two issues with NHS Brent at their May 2012 meeting: <ul style="list-style-type: none"> • The consultation plan for the two services • The consultancy costs associated with the retender of cardiology and ophthalmology services 	Report noted, along with the concerns of Brent LINK about the consultation process.
	A&E Waiting Times in Brent	The Committee considered a report on waiting times at its meeting in March 2012. That report was missing information on A&E waiting times, and so a second paper has been requested – members have asked for a report on A&E waiting times for the committee's May meeting, and to invite representatives from NWL Hospitals to attend for this item to account for performance in A&E. The report should include information on ambulance transfers from CMH to Northwick Park Hospital.	The members noted the report and requested some additional information from NWL Hospitals: <ul style="list-style-type: none"> • A request for a breakdown of what happens to patients who attend A&E – i.e. the proportion admitted, treated and discharged etc. • The transfer time from ambulance to A&E – i.e. the time patients wait in ambulances

			<p>before being seen in A&E.</p> <ul style="list-style-type: none"> Information on the longest length of time people are waiting in A&E above the four hours Treatment times for those seen in A&E compared to those seen in the UCCs
	X-ray records at Central Middlesex Hospital Urgent Care Centre	NHS Brent is investigating a serious incident at Central Middlesex Urgent Care Centre. 6000 patients sent for x-ray but Care UK, the Urgent Care Centre provider, cannot confirm whether the radiology reports have been reviewed for missed pathology or whether discharge notifications have been issued to GPs. The committee will be presented with a report on the investigation into this incident and steps being taken to ensure that it doesn't happen again.	The root cause analysis of the incident will be presented to the next committee meeting and representatives from Care UK will also attend to answer questions on this issue.
	Primary Care Update in Brent	<p>The committee will receive a report setting out an update on two medical centres in the borough:</p> <ul style="list-style-type: none"> Willesden Medical Centre, which is considering relocating to Willesden Hospital. Kenton Medical Centre, which is to close 	Members requested a follow up report in July 2012 setting out how many patients have been re-registered and where they have re-registered since notice was served on the Kenton Medical Centre.
	Shaping a healthier future	NHS North West London is to start consulting on plans for major service changes in the cluster. Although a JOSOC has been set up to scrutinise the changes, Health Partnerships OSC will also be able to scrutinise the proposals affecting Brent. This will be standing item on the committee's agenda for the duration of Shaping a Healthier Future. Focus at this meeting will be on Brent's Out of Hospital Care Strategy.	The committee has agreed to set up a separate meeting to scrutinise the Out of Hospital Care Strategy in full and respond to the consultation. This will be done once it is clear when consultation on the strategy is to begin.

Meeting Date	Item	Issue	Outcome
18 th July 2012	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	Members have recommended that the Brent Pension Fund Sub-

		interested in specific issues, such as the licensing of shisha bars, to see how this issue is being addressed in Brent.	Committee considers again its tobacco investments, and referred the Clear Assessment Report and ASH report on pension investments to the committee for consideration.
	Kenton Medical Centre	The committee has asked for a follow up report after considering the Primary Care Update in May 2012. They are interested in Kenton Medical Centre and how many patients have been re-registered, and where they have re-registered since notice was served on the practice that it was to close. NHS North West London has been asked to provide this paper.	Report noted. Members have asked for an update on what has happened to the three vulnerable patients being helped to reregister with another practice.
	Serious Incident at CMH	NHS Brent and Care UK will provide their report on the serious incident at the CMH UCC, concerning the missed pathology on radiology reports.	Report deferred until October as Care UK was not present.
	Shaping a healthier future	Members have requested information on the Shaping a Healthier Future plans for acute trusts in Brent, focussing on plans for Northwick Park Hospital and Central Middlesex Hospital, as well as St Mary's (a hospital used by residents in the south of Brent). The committee will also need to consider how it will respond to the consultation, bearing in mind the NWL JOSC.	The committee has agreed to form a working group to prepare a response to Shaping a Healthier Future by the 8 th October.
	NWL Hospitals and Ealing Hospital Trust merger – Full Business Case	An Executive Summary of the Full Business Case will be presented to the committee for comment and scrutiny.	Report noted, but it was agreed to take an update on this at the October committee meeting.
	Brent's Improving access to psychological therapies scheme	The committee has requested a report on the Brent IAPT scheme which has been in place since December 2010. Members would like the report to include information on: <ul style="list-style-type: none"> • How the scheme is functioning for both children and adults • The referral process • Average waiting times for treatment from the point of referral • GP attitudes to the scheme 	It was agreed to follow up with CNWL in October 2012 on the mental health provision on offer for people with more complex mental health needs, to get a better understanding of the services available and how the realignment of resources into IAPT has affected services for patients with more complex needs.

Meeting Date	Item	Issue	Outcome
9 th October 2012	Serious Incident at CMH	This item was deferred from the July meeting as Care UK weren't represented. NHS Brent and Care UK will provide their report on the serious incident at the CMH UCC, concerning the missed pathology on radiology reports.	The committee has requested an update in six months times from Care UK and NHS Brent on the work of the UCC to ensure there have been no further problems and to understand that the recommendations from the SI report have been implemented in full.
	A&E at Central Middlesex	Update on the service, following closure of overnight A&E.	The committee endorsed the hospital trust's recommendation that the service remained closed overnight pending a review in six months time. A report should come back to members in six months on this, and the general issue of recruiting A&E doctors as there is a national shortage.
	NWL Hospitals and Ealing Hospital Trust merger – Update following approval of the Full Business Case	This was requested by members in July 2012, so that they are kept informed of the project as the merger progresses.	Report noted. David Cheesman was asked to inform members of the outcome from the Trust Board meetings and NHS London's Board meeting where the FBC for the merger will be considered. A request for a follow up at the next meeting was made on the merger and also efforts to make the £72m savings required from the hospital trust.
	Shaping a Healthier Future	For approval of the committee's response to the Shaping a Healthier Future consultation.	The committee agreed their response, which was sent back to the SAHF consultation team.
	Sharing a DPH	Report on plans for the role of the DPH and outline structure for	The committee made two

		comment and recommendations for the Executive.	<p>recommendations:</p> <p>(i) that proposals to mainstream public health services, as outlined in the report for the proposed structure of the Brent Public Health Service, be supported; and</p> <p>(ii) that because of the importance of public health, the committee is concerned about the proposal to share a Director of Public Health with another borough and recommends that the Executive does not agree to share the post with Hounslow Council.</p>
--	--	--	---

Meeting Date	Item	Issue	Outcome
27 th November 2012	Recruitment of health visitors in Brent	At the committee's meeting in May 2012, members agreed that they would receive a progress report from Ealing Hospital ICO on the recruitment of health visitors in Brent and their progress in meeting the Government's target for health visitors in England.	
	Health needs of People with Learning Disabilities	<p>Brent MENCAP has carried out work with NHS Brent to train GPs, hospital staff and community staff about the health needs of PWLD. A report was presented to the committee in March 2012 setting out the results of the project and some of the key challenges facing those with learning disabilities accessing healthcare. It was agreed to follow up this work in November 2012 to look at two issues:</p> <ul style="list-style-type: none"> • The NHS health check day being organised by NHS Brent, which 	

		<p>will involve MENCAP</p> <ul style="list-style-type: none"> How MENCAP has been able to build on the initial project to train NHS staff members on working with people with learning disabilities. 	
	Time to change pledge	Members have requested a progress report on how the council is responding to the Motion to Council in July 2012 on the Time to Change Pledge.	
	Diabetes Task Group	The final report of the diabetes task group will be presented to the committee for endorsement before going to the council's Executive for approval.	
	Health Watch in Brent	Update on progress on the development of Health Watch in the borough. The committee has also asked for an overview of the patient involvement work happening in Brent at present – for information only.	
	Brent LINK work in 2012/13	Brent LINK has asked to feed back to members details of their work in 2012/13 on their health needs survey, the Shaping a Healthier Future consultation and the "Enter and View" programme.	
	NWL Hospitals / Ealing Hospital Merger	Update from NHS London Board meeting in October, where a decision on the merger should be taken. Members would also like the update to cover the progress that the trust is making in achieving its £72m savings target as there are concerns this has fallen behind schedule.	
	Update on DPH	Update on the position on the Director of Public Health. Expected to be discussed at Exec on 12 th November. So presumably a decision will have been made by the 27 th .	

Meeting Date	Item	Issue	Outcome
29 th January 2013	Mental Health Services in Brent	Following a previous agenda item on IAPT services, the committee want to follow up with CNWL on the mental health provision on offer for people with more complex mental health needs, to get a better understanding of the services available and how the realignment of resources into IAPT has affected services for patients with more	

		complex needs.	
	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.	
	Diabetes Task Group	The final report of the diabetes task group will be presented to the committee for endorsement before going to the council's Executive for approval.	

Meeting Date	Item	Issue	Outcome
19 th March 2013	Serious Incident at CMH	Members requested in October 2012 a six month update from Care UK and NHS Brent on the work of the UCC to ensure there have been no further problems and to understand that the recommendations from the SI report have been implemented in full.	
	A&E at Central Middlesex	Members requested in October 2012 an update in six months on the closure of A&E overnight. The update should cover the efforts to recruit A&E staff to the trust, but also the national context around the issue of a shortage of A&E doctors.	

Meeting Date	Item	Issue	Outcome
TBC	Out of hospital care strategy	As part of the Shaping a Healthier Future work, Brent will be preparing an Out of Hospital Care Strategy. The committee will consider the strategy and respond to the consultation.	
TBC	Diabetes and physiotherapy services – plans to re-commission services in Brent	NHS Brent plans to re-commission diabetes and physiotherapy services in the borough. The committee should consider the plans for the new services, as well as the consultation plan.	
TBC	Housing Advice in	Care and Repair England has produced a report on integrating	

	a Hospital Setting	housing advice into hospital services. Brent Private Tenants Rights Group would like to bring this report to the committee to begin a conversation on the best way to take this forward in Brent.	
TBC	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.	
TBC	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.	
TBC	Fuel Poverty Task Group	Recommendation follow up on the task group's review.	
TBC	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.	
TBC	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.	
TBC	TB in Brent	Added at the request of the committee (meeting on 20 th Sept 2011).	
TBC	GP access patient satisfaction survey results	In December 2011 the results of the six monthly patient survey will be published. Members should scrutinise the results with Brent GPs to see how their initiatives to improve access are reflected in patient satisfaction.	
	A&E Waiting	Follow up from information provided in July 2012 – the chair has	

	Times	asked to include this on the work programme.	
	Teenage Pregnancy	Members have asked for a report on teenage pregnancy in Brent, the services available and conception rates amongst teenagers.	
	Abortion services in Brent	Councillors have asked for a report on abortion services in Brent, and the abortion rates in the borough, including repeat abortions. This could include a more general update on sexual health provision in Brent.	

Current Task Groups

Diabetes Care in Brent – The task group is looking at services to prevent and treat diabetes in Brent and will report its findings before the end of 2012.

Future Task Groups

Female Genital Mutilation – to investigate whether this practice is prevalent in Brent, to examine the impact on victims, to see what preventative work takes place in the borough and to highlight this issue to those working with young people who are potential victims.

This page is intentionally left blank