



Health Partnerships Overview and Scrutiny Committee

Tuesday 29 January 2013 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

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The press and public are welcome to attend this meeting

Agenda

Introductions, if appropriate.

Apologies for absence and clarification of alternate members

Item	Page
1 Declarations of personal and prejudicial interests	
Members are invited to declare at this stage of the meeting, any relevant financial or other interest in the items on this agenda.	
2 Deputations (if any)	
3 Minutes of the previous meeting	1 - 10
4 Matters arising (if any)	
5 Mental Health Services in Brent	11 - 24
This report has been provided following the committee's request for a report from CNWL (Central and Northwest London NHS Foundation Trust) on the mental health provision on offer for people with more complex mental health needs.	
6 Role of Community Pharmacists in improving Health and Wellbeing	25 - 36
This report explores the role of community pharmacies in improving Health and Wellbeing.	
7 Tackling Diabetes in Brent Task Group - Final Report	37 - 64
This report sets out the findings and recommendations of the Tackling Diabetes in Brent Task Group.	

8 Update on proposed merger of Ealing Hospital NHS Trust (EHT) and the North West London Hospitals NHS Trust (NWLH) and finances 65 - 70

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

9 Accident and Emergency performance and activity at Northwest London Hospitals NHS Trust 71 - 76

This report provides an update on performance particularly in light of current issues faced by Central Middlesex Hospital and Northwick Park Hospital.

10 Public Health Transfer Update 77 - 90

This report updates members of the Health Partnerships Overview and Scrutiny Committee on the progress being made in preparing for the transfer of public health functions from NHS Brent to the council.

11 Brent LINK Annual Reports 2011/12 and 2012/13 91 - 224

The Brent LINK annual reports for 2011/12 and 2012/13 are attached for the committee's consideration.

12 Work Programme 225 - 236

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 Committee is on 19 March 2013.



- 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.
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MINUTES OF THE HEALTH PARTNERSHIPS OVERVIEW AND SCRUTINY COMMITTEE Tuesday 27 November 2012 at 7.00 pm

PRESENT: Councillor Kabir (Chair), Councillor Hunter (Vice-Chair) and Councillors Gladbaum, Harrison, Hector, Hossain and Leaman

An apology for absence was received from: Councillor Colwill

ALSO PRESENT: Councillors Butt (Leader of the Council/Lead Member for Corporate Strategy and Policy Coordination), Cheese, S Choudhary, Hirani (Lead Member for Adults and Health) and McLennan and Olasumbo Ajala (Brent Local Involvement Network), Tina Benson (North West London Hospitals Trust), Mark Burgin (Brent Council), Dr Prakash Chatlani (Brent Local Medical Committees), David Cheesman (North West London Hospitals Trust), I Choudhary (NHS Brent), Alison Elliott (Brent Council), Claudia Feldner (Brent MENCAP), Maurice Hoffman (Brent Local Involvement Network), Toby Howes (Brent Council), Jacinth Jeffers (Ealing Hospital NHS Trust), Dr Ethie Kong (Brent Clinical Commissioning Groups), Yvonne Leese (Ealing Hospital NHS Trust), Sarah Mansuralli (Brent Clinical Commissioning Group), Phil Newby (Brent Council), Ann O'Neil (Brent MENCAP), K Perrin (Brent Council), Hema Patel (Pharmacist), Mansukh Raichura (Brent Local Involvement Network) and Phil Sealy (Brent Local Involvement Network)

1. **Declarations of personal and prejudicial interests**
2. **Minutes of the previous meeting held on 9 October 2012**

RESOLVED:-

that the minutes of the previous meeting held on 9 October 2012 be approved as an accurate record of the meeting.

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

Brent Tobacco Control Service – progress report

Councillor Hunter advised that the Brent Pension Fund Sub-Committee had considered the recommendations of the Health Partnerships Overview and Scrutiny Committee and in light of these had decided that the Statement of Investment Principles be amended by incorporating into the Statement the current practice of not directly investing in tobacco companies. However, Councillor Hunter advised that the final wording of the recommendation would be agreed at the next meeting of the Brent Pension Fund Sub-Committee. She explained that Members of the Brent Pension Fund Sub-Committee had been advised that they did not have the powers to terminate current fund manager contracts, however it would have the ability to instruct fund managers accordingly for future contracts. Councillor Hunter felt, however, that the council could go further and introduce a policy to not invest in tobacco companies either directly or indirectly and to invest ethically. Members

agreed to her suggestion that the committee await the final wording of the Brent Pension Fund Sub-Committee's decision on this matter before making any further recommendations to the Sub-Committee.

4. Update on Director of Public Health

Phil Newby (Director of Strategy, Partnerships and Improvement) updated Members on this item and confirmed that the Executive had agreed to integrate public health services and to appoint a single Director of Public Health for Brent. Staff were being engaged during the consultation with regard to the integration and draft proposals had been circulated to them for further discussion. The committee heard that the interim Chief Executive had appointed Paul Corrigan, a health consultant, to advise her in respect of the new arrangements and he had also worked with Brent clinical commissioning groups (CCGs).

Councillor Harrison enquired whether the transfer of staff would lead to any redundancies. Councillor Leaman enquired whether the post of Director of Public Health had been advertised and would there be an appointment by April 2013. He also sought clarification as to whether the appointment would be made by the Senior Staff Appointments Sub-Committee.

In reply, Phil Newby advised that the proposals did not include redundancies for any permanent staff, although some fixed term contracts would be terminated. He advised that the timing of the appointment of the Director of Public Health was yet to be determined and would be subject to clarification of the final integrated structure.

The Chair requested that an update on this item be provided at the next meeting and that any other information be provided to Members in the meantime should there be any significant developments.

5. Health services for people with Learning Disabilities - A report from Brent MENCAP

Ann O'Neil (Brent MENCAP) introduced the report updating Members on the work of Brent MENCAP to help people with learning disabilities in using health services. Ann O'Neil informed the committee that the NHS health check day had been well attended by a wide mix of professionals, carers and people with disabilities and feedback had been used to inform the Brent NHS Self Assessment Framework (SAF). It had been identified that there had been issues in providing exact figures and this needed to be addressed in order to deliver the necessary services and appropriate safeguarding measures. Ann O'Neil advised that it was hoped that funding for the Health Action Group would continue beyond March 2013. The committee noted that a learning disability nurse had been in post for around a year and there were plans to appoint an acute liaison nurse, although more hospitals would need to be covered. Funding for a focus group for carers and people with learning disabilities had recently been secured and it was anticipated that it would meet on a monthly basis, whilst a patient focus group for people with learning disabilities had met twice at Central Middlesex Hospital to look at issues in all hospitals in Brent.

Ann O'Neil advised that Brent MENCAP had provided a comprehensive response to the Joint Strategic Needs Assessment (JSNA) consultation, and whilst funding for training GPs and other health care staff in respect of people with learning disabilities had ceased, it was hoped it would re-commence once a business case had been developed. The Royal College for General Practitioners had developed an online training course and also hoped to provide training sessions. Members heard that mystery shopper exercise at GP practices and Central Middlesex Hospital had found that whilst staff were helpful, there was very little information or help with regard to signage.

During discussion, Councillor Hunter enquired what steps were being taken to improve the amount of accurate data available. With regard to signage, she felt there was much room for improvement and stated that this not only helped people with learning disabilities, but also those where English was not their first language and she enquired what action was being taken to address this. Councillor Hunter also welcomed the pilot health passports scheme and she hoped that it would provide stimulus to make the scheme more widespread. Councillor Leaman welcomed the report and suggested that in order to gain more real data, the Health and Wellbeing Board should consult with the voluntary sector and he enquired if there was any mechanism which provided voluntary sector organisations such as Brent MENCAP to provide feedback to the Health and Wellbeing Board.

The Chair enquired what the main issues raised by Brent MENCAP with regard to the JSNA consultation and she requested a copy of the document that was submitted. She stated that members had concerns about health services provided for those with learning disabilities mainly due to lack of information and knowledge given to them.

In reply to the issues raised, Ann O'Neil advised that there was an increasing number of patients who were borderline in terms of learning disabilities and this situation needed to be monitored carefully and responded to appropriately. However, the largest concern was with regard to funding and the committee noted that Brent MENCAP was staffed by professionals and not volunteers and this should be taken into due account. With regard to improving accuracy of data, Ann O'Neil explained that it was intended that the learning disability nurse would visit GP practices to compile patient information. GPs were also being trained to ask the appropriate questions to patients with learning disabilities and it was estimated that there were around 9,000 people with learning disabilities living in Brent. Ann O'Neil advised that there were also a number of other people with learning disabilities coming to the borough to access health services and this raised issues in respect of safeguarding. It was imperative that adult social care services and Brent NHS continued to work more closely with each other to address these issues. Ann O'Neil added that clear signage helped a wider audience other than just those with learning disabilities and this was being impressed upon hospitals and GP practices and she added that this issue should also be addressed in implementation of equality action plans. Ann O'Neil added that the introduction of a local Healthwatch in 2013 could improve the effectiveness of patient representation.

Claudia Feldner (Brent MENCAP) added that only a relatively small number of health passports had been issued as part of the pilot scheme due to limited funds and this remained an issue that needed further consideration.

Councillor Hirani (Lead Member for Adults and Health) advised that the Health and Wellbeing Board had mainstreamed mental health as a key priority and there would be a separate strand of work on this issue. He acknowledged issues with regard to funding and added that finding different ways of working were part of the solution to this issue.

The Chair welcomed an update at a future meeting with regard to the work of Brent MENCAP and health services for people with learning disabilities.

6. **Recruitment of Health Visitors in Brent**

Jacinth Jeffers (Ealing Hospital NHS Trust) introduced the report that updated Members on the recruitment of health visitors in the borough. She began by stating that the pan-London recruitment programme had accepted 250 new health visiting students by October 2012 specifically for health trusts across the capital. However, the planned number of 'return to practice students' had fallen short of that forecast for London, with just one interviewed in October 2012. As a result of this shortfall, a refocusing of efforts on recruiting more full time students was being undertaken. Jacinth Jeffers drew Members' attention to the table in the report dealing with recruitment of health visitors in Brent, which included two externally recruited health visitors and three internal staff that had trained in Brent and she emphasised the importance of retaining students trained in the borough. Members heard that a new role, a peripatetic specialist community practice teacher (SCPT) had been introduced, of which there were five allocated places including three for student places. Efforts to recruit health visitors internationally were also being considered and an update on this could be provided at a future meeting of the committee.

During discussion, Councillor Gladbaum enquired how long the health visitor training courses were and whether those who had declined offer of posts was due to pay differentials between different boroughs. Councillor Hunter sought an explanation as to why return to practice student numbers were low in London and was the refresher course being re-structured accordingly for their needs, such as taking into account a possible lack of familiarity with some of the IT tools used. She also asked if job sharing was available and why was there a shortage of health visitors in London and why did problems continue in respect of their recruitment. Councillor Hector felt that issues with regard to lack of IT familiarity should be applicable nationally and felt that there needed to be further exploration as to the underlying reasons why there was lack of return to practice students.

Councillor Harrison, in noting that Brent had a shortage of seven health visitors, sought confirmation that those leaving the service were asked for their reasons why and what measures were in place to try and attract more to the borough. Councillor Leaman enquired what authority would be responsible for the overall strategy for recruiting health visitors when NHS London ceases to exist in 2013.

The Chair asked if discussions had commenced regarding arrangements when the council would take over recruitment of health visitors.

In reply, Jacinth Jeffers confirmed that all health visitors were required to be registered nurses and that the health visitor course lasted a year. The main reasons given for declining health visitor posts in Brent were usually of a personal nature and it was confirmed that health visitors were paid the same rate across the country

at national pay scale at Band 6 of the NHS Agenda for Change pay scale. A London-wide evaluation was being undertaken as to the lack of return to practice students, which drawing on the comments from the two candidates interviewed for Brent was down to lack of familiarity with regard to IT. However, training could be adapted according to need and depending on how long they had been absent from the service and a year's training would be required if they had been away for more than ten years. The Director of Nursing for London was also developing a strategy to provide greater incentives for those considering being a health visitor. Jacinth Jeffers informed Members that the usual reason for those leaving the health visitors service was because they were retiring and there were also a number of part time returnees, with some sharing caseloads, although every effort was made to retain health visitors recruited for as long as possible. Support was also given to university colleges to explain the role of health visitors to those students who were studying other types of nursing. However, historically health visitors' role had always been under promoted and this partly explained the shortfall. Jacinth Jeffers advised that incremental steps were being devised with regard to the council taking over recruitment of health visitors.

Yvonne Leese (Ealing Hospital NHS Trust) added that the London regional office of the National Commissioning Board would assume the overall strategy for recruitment of health visitors when NHS London dissolves in 2013. In the meantime, NHS London was working collectively with all London NHS trusts on this issue. With regard to the problems in recruiting health visitors, she explained that some nurses were wary about the role in terms of safeguarding issues and assuming a front line role, however efforts were being made to reassure potential candidates. Information was still being put together as to why return to practice students was low, however work practices had changed significantly over the years and the appropriate training and support needed to be in place.

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

David Cheesman (North West London Hospitals NHS Trust) introduced this item and reaffirmed that there was a sound clinical argument for the merger, however the full business case had been deferred as NHS London wanted further discussion on it, however it still supported the merger in principle. The main reason for deferral of the full business case was that there was not yet sufficient financial assurance and the originally proposed merger date of 1 April 2013 would not now be achieved. A new proposed date for the merger was yet to be identified whilst the trajectory of the move was still in the process of being set out. David Cheesman emphasised that it was important that the full agreement of NHS London was achieved before it was replaced, as otherwise discussions would need to start afresh with the new organisation. In the meantime, integration planning and developing opportunities for as much joint working as possible with clinical and support services between the two Trusts continued and shared IT and joint procurement functions were being considered.

Turning in more detail to the financial aspects of the proposed merger, David Cheesman advised that the full business case had identified required savings of £73.2m over two years, with £30m identified for 2012/13 and £43.3m for 2013/14. Members were informed that as of end of September, the Trusts had achieved £9.8m savings, slightly behind the £11m target to date, however it was still forecast

that 2012/13 savings target would be achieved as most savings had been back ended for the second half of the year. Pressures on the savings included having to use more agency staff for nursing posts and increased medical products due to rising demand in the number of patients. David Cheesman added that the merger was essential in achieving recurrent savings.

Tina Benson (North West London Hospitals NHS Trust) then provided an update with regard to recruitment for the Accident and Emergency (A and E) unit at Central Middlesex Hospital (CMH). She explained that five international candidates were to be interviewed for middle grade posts and another candidate at consultant level. It was hoped that the A and E vacancies could be filled in time for winter when patient demand was always historically higher. Tina Benson advised that a single recruitment agency was now being used which would bring more stability to the A and E unit. Members noted that Northwick Park Hospital (NPH) was becoming busier as winter neared, particularly at weekends, whilst CMH continued to become less busy with an average of around 30 patients a day at its' A and E unit. Tina Benson advised that discussions were also taking place with NHS London and NHS Harrow with regard to handling patient numbers, particularly as there were physical capacity factors to consider in respect of NPH.

During discussion, Councillor Hector enquired why recruiting agency staff was problematic and were there insufficient middle grade staff available to recruit from. She also asked how the ambulance service was coping in bringing patients from the south of the borough to NPH in view of the distances involved. Councillor Gladbaum enquired whether high standards could be maintained in view of the increasing patient numbers, particularly for NPH. Councillor Hunter enquired whether the financial issues facing the two Trusts would put the merger at any risk of going into administration, considering that this had happened to the South London Healthcare NHS Trust. With regard to A and E, Councillor Hunter commented that patient visits were often found to be unnecessary and in view of the rise of patients to NPH, she enquired whether there were any initiatives to promote visits to GP practices or other health facilities for non-urgent matters. Councillor Leaman enquired what the largest threat to merger was, whether there was any possibility that it would not be undertaken in 2013 and were there any alternative plans should the merger not happen.

The Chair sought further details of how NPH would cope in view of the increasing numbers and the possibility of CMH A and E closing in the evenings.

In reply to the issues raised, David Cheesman explained that there were numerous job opportunities for agency staff in London and this made recruiting for posts more difficult. He acknowledged that rising demand in patients, particularly at NPH, represented a challenge in maintaining high standards of healthcare, however clinical outcomes at NPH remained good and stroke case outcomes were amongst the best in London. The biggest impact was on waiting times which were becoming longer. However, the Trust Board had stated that there must be no compromise in quality of services. David Cheesman informed Members that Harrow LINK had also expressed concern with regard to NPH's ability to cope with extra demand and consultation was taking place with the North West London cluster of Trusts as to how to address this, particularly in respect of improving patient access. In terms of the NPH, consideration was being given as to ensure that it was fit for capacity,

including whether space on the site currently occupied by a third party could be used for clinical purposes.

David Cheesman felt that the merger would still go ahead in 2013, subject to final financial assurance and a joint management team was being put together as part of the merger preparation. There was no alternative plan at present should the merger not happen, however in such eventuality, possible options could include offering the Trust to a third party management. David Cheesman stated that the Trust was aware of the potential risks posed by the financial situation, however the situation was far removed from any kind of regime failure that had led to the South London Healthcare NHS Trust going into administration and there were also no clinical issues. In respect of signposting patients to prevent unnecessary visits to A and E units, David Cheesman confirmed that the 111 health telephone line was due to be launched in January 2013 and there would be a big national campaign to promote this.

Tina Benson advised that there was a national shortage of A and E doctors as the 24/7 nature of it was less attractive than other roles and it also did not allow the opportunity to specialise in the way that other disciplines did. With regard to improving capacity at NPH, Members noted that this had also been raised as an issue as part of the post consultation of the Shaping a Healthier Future programme. In the event of the A and E at CMH being closed, the majority of patients were unlikely to go to NPW and were more likely to go to a hospital closer to the south of the borough. It was noted that the ambulance service would identify the most appropriate hospital to take the patient to depending on the nature of their case.

Dr Ethie Kong (Chair, Clinical Commissioning Group) advised that winter planning and early sign posting were critical and also that health professionals were aware of the appropriate health service depending on need and the role of organisations such as Brent Short Term Assessment, Reablement and Rehabilitation Service (STARRS).

8. Establishing a Local Healthwatch for Brent

Phil Newby presented the report that detailed the creation and role of a local Healthwatch that are required under the Health and Social Care Act 2012. Under the Act, local authorities would be statutorily required to ensure that an effective and efficient local Healthwatch was operating in their area by April 2013. Phil Newby explained that the local Healthwatch should act as a 'consumer champion' and would have a seat on the Health and Wellbeing Board, as well as ensuring the views and experiences of patients, carers and other service users are taken into account during the preparation of local needs assessments and strategies, such as the JSNA and authorisation of the CCGs. The local Healthwatch would also offer an information service that would provide people with information about their choices and what to do when things go wrong. Phil Newby advised that in contrast to Brent Local Involvement Network (LINK), the local Healthwatch will be a corporate body carrying out statutory functions and must be a social enterprise, which although not legally defined, the Department of Health's current view was that it meant a 'business with primarily social objectives whose surpluses are principally reinvested for at purpose in the business or in the community.'

Phil Newby advised that a two stage competitive procurement process was being undertaken in accordance with the council's Standing Orders to award an organisation to operate the Healthwatch. He drew Members' attention to the procurement timetable which started with the invitation to tender on 27 November 2012 with contract starting on 1 April 2013. A consultation had also been held on 23 October to obtain feedback from residents, members of community and voluntary groups and councillors on the role of the local Healthwatch and the overriding views were that it must have a local focus. Phil Newby added that the local Healthwatch would be expected to interact with this committee.

Councillor Gladbaum commented that in the past, community health councils had operated and were effective and she asked whether the local Healthwatch would operate in a similar way. Councillor Leaman asked if there was any more information on the structure of the local Healthwatch. Councillor Hunter sought further clarification with regard to the mention in the report that local authorities were to take on responsibility for commissioning an NHS complaints advocacy from April 2013.

The Chair sought confirmation as to when decision to award the contract to operate the local Healthwatch would be made.

In reply, Phil Newby commented that the structure of the local Healthwatch and how it would operate would be included in the contract specification as part of the tender criteria. In respect of the local authority's responsibility to commission an NHS complaints advocacy, he advised that would be part of a pan London scheme.

Mark Burgin (Policy and Performance Officer, Strategy, Partnerships and Improvement) advised that the decision to award the contract would take place in January 2013.

The Chair welcomed the report and asked that a further update be provided at a future meeting.

9. Report from Brent LINK on work in 2011/12

The committee noted the Brent LINK's report on their work in 2011/12 and the first part of the 2012/13. The Chair advised that Brent LINK's annual report had been received on 26 November 2012 and so it was agreed that this item be deferred to the next meeting. Councillor Hunter added that a number of actions had been undertaken as a result of Brent LINK's visit to the Willesden Centre for Health and Care. Members noted that further visits to health facilities were being undertaken and details of these would be provided to the committee at a future meeting.

10. Time to Change pledge

Councillor Hirani introduced this item and confirmed that the Time to Change pledge had been agreed unanimously at the Full Council meeting on 19 November 2012. The pledge gave public notice of the council's commitment to addressing mental health discrimination and the council's Human Resources department would be looking at a number of measures in respect of this issue. Stress awareness training for staff was already available and the staff handbook provided information of indicators of stress and relevant links to the pledge would also be provided.

Internal policies were being considered and mental health issues were already included in the equalities policy, whilst a number of other policies, such as stress management and staff absence were also being reviewed and an online staff attendance management system was being set up. Members noted that a staff Health and Wellbeing Group had been set up. Councillor Hirani advised that councillors could also individually sign the pledge and this would be the last act of the current Mayor of Brent.

During discussion, Councillor Harrison enquired what support measures were in place for staff whose workloads were increasing as a result of the efficiencies being undertaken as part of the One Council programme as this was a potential source for more stress. The Chair suggested that stress management sessions could also be provided for councillors.

In reply, Alison Elliott (Director of Adult Social Care) advised that it was understood stress could increase as a result of efficiencies and so procedures had been reviewed accordingly. A degree of stress could be beneficial in raising staff productivity, however excessive stress was counter-productive and managers were expected to manage stress within their department. The absence management system would also help identify reasons for staff being absent.

Councillor Hirani commented that stress management could be added to the Member Development Programme.

11. Work programme 2012-13

Councillor Hunter advised that the scope of the female genital mutilation group had been widened to include rape and honour crimes. The Chair added that it had been agreed that the task group would also include child marriages. She informed Members that a report had been presented to the House of Lords on 27 November 2012 which had estimated that there had been around 10m child marriages worldwide in 2011, and although less were expected this year, it was still a major issue. The Chair also advised that the role of community pharmacists in improving health and wellbeing would either go to the 29 January 2013 or 19 March 2013 meeting and was particularly relevant as pharmacists were playing an increasingly important role and dealing with a rising number of customers.

12. Any other urgent business

None.

13. Date of next meeting

It was noted that the next meeting of the Health Partnerships Overview and Scrutiny Committee meeting was scheduled for Tuesday, 29 January 2013 at 7.00 pm.

The meeting closed at 8.55 pm

S KABIR
Chair

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Health Partnerships Overview and Scrutiny Committee

29 January 2013

Report from the Director of Strategy, Partnerships and Improvement

Wards Affected:
ALL

Mental Health Services in Brent - IAPT and Pathways to Psychological Therapy Services

1.0 Summary

- 1.1 Following a previous agenda item on IAPT (Improving Access for Psychological Therapies) services, the Health Partnerships Overview and Scrutiny Committee requested a follow up report from CNWL (Central and Northwest London NHS Foundation Trust) on the mental health provision on offer for people with more complex mental health needs, in order 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.
- 1.2 The report outlines the findings of a review that has been undertaken following the suggestion that there is a gap in psychological provision for step 4 interventions within secondary care services. The review has concluded that available psychological treatment for more complex mental health needs in secondary care for clinical psychology is currently limited due to the proportion of resources available through primary care IAPT. The review has identified a lack of availability in the ABT (Assessment and Brief Treatment) service for users with more complex problems and not on a CPA (Care Programme Approach). There is no psychological treatment service within the ABT service to support first point of entry for non-CPA cases and more complex cases to those less suited to the IAPT model. A number of patients who are currently receiving treatment through IAPT have a need for more complex and specialist treatment.
- 1.3 To address the issues highlighted it is proposed to combine funding within IAPT and vacant sessions in secondary care services to increase the provision of step 4 interventions within secondary care. The pathway will be revised and there will be an increase in band 8a capacity to respond to more complex non-CPA cases. The 8a post will work within secondary care and across ABT and recovery in the provision of for complex non-IAPT cases and assist with supervision of High Intensity therapists with complex cases. It is anticipated that this will result in a number of benefits including improved access to psychological treatment for those with complex difficulties and improved pathway provision for complex care needs from steps 3 to 4.

2.0 Recommendations

- 2.1 The Health Partnerships Overview and Scrutiny Committee is recommended to consider the report and question representatives from CNWL and NHS Brent Clinical Commissioning Group on the findings of the review and on how effective their proposed measures will be in fully addressing the problems highlighted.

Contact Officers

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Director of Strategy, Partnerships and Improvement
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Report to: Brent Health Scrutiny Committee

Report from: Central and North West London NHS Foundation Trust & NHS Brent Clinical Commissioning Group

Date of meeting: 29th January 2013

RE: IAPT and Pathways to Psychological Therapy Services

1. Executive Summary

- It has been suggested that there is a gap in available psychological provision for step 4 interventions within secondary care services.
- As such the current psychological services within IAPT and the Recovery Service Line have been reviewed.
- Following the review, it is proposed to combine funding within IAPT and vacant sessions in secondary care services to increase the provision of step 4 interventions within secondary care.
- In addition, a thorough review of psychology, art therapies and psychotherapy services is proposed to further support access to psychological interventions within secondary care.

2. Recommendation

The Health Scrutiny Committee members are requested to *note* the progression of this proposal to improve patient care through providing psychological support for all levels of need.

The transfer of funding from IAPT to secondary care to support investment to into psychological therapies for complex needs with a view to providing additional capacity for tier 4 interventions within specialist services.

3. Detail

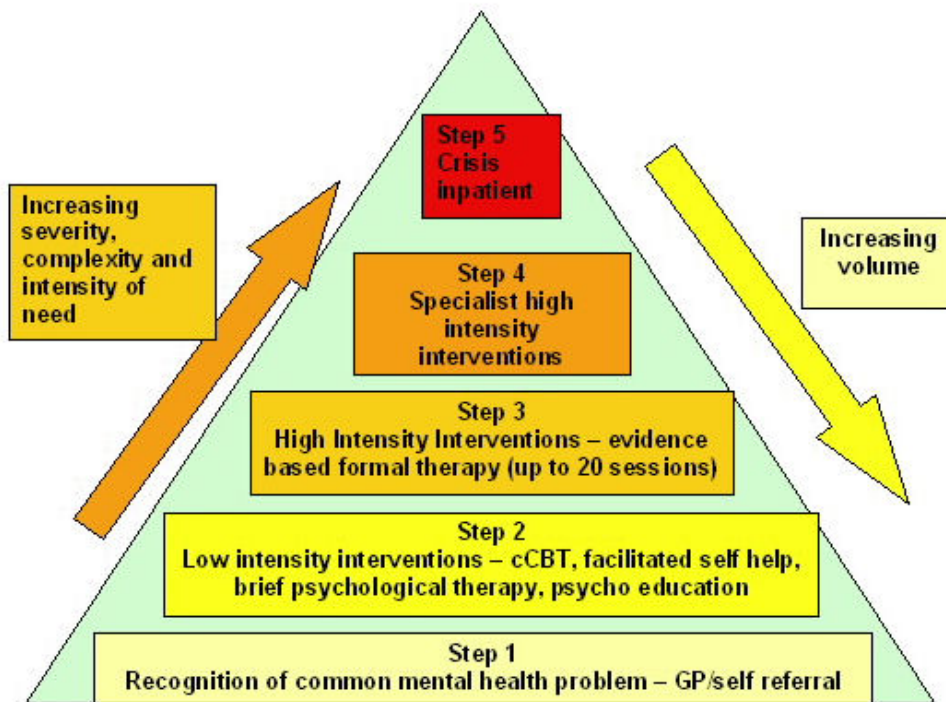
3.1 Purpose of report

- To present the review of the current provision and the pathway for psychological therapies from primary care provision to secondary care (step 2 to step 4).
- To share the proposals for addressing the current levels of need for provision of psychological interventions for people with more complex mental health needs.

3.2 Background - Current Psychological Therapy provision for Brent Residents

3.2.1 Figure 1: Brent Improving Access for Psychological Therapies (IAPT)

IAPT Stepped Care Model



Brent IAPT is a psychological therapy and counselling service within primary care. Improving Access to Psychological Therapies (IAPT) is a Department of Health initiated national programme with the principal aim of, ‘to support Primary Care Trusts in implementing National Institute for Health and Clinical Excellence (NICE) guidelines for people suffering from depression and anxiety disorders.’ At the time of setting up demonstration sites in 2005 -2006, only a quarter of the 6 million people in the UK with these conditions were in treatment, with debilitating effects on society. IAPT provides evidence based psychological therapy services to people with ‘common’ mental health problems such as anxiety and depression, delivering improvements in health, well-being and in maintaining people or returning people to employment and community participation.

The national roll out programme started in 2008, with 34 wave 1 IAPT sites. This was followed by wave two sites in 2009-2010 and wave three sites in 2010-2011. Central government funding was provided for developing the IAPT services. However, it was important that any PCT wishing to create an IAPT site needed to demonstrate there was capacity within its existing resources to support the development.

In line with DH guidelines, the development of an IAPT service was part of NHS Brent commissioning plans for 2009-2014 as part of the mental health strategy. Brent PCT was successful in its application in 2010 to develop an IAPT service. Brent IAPT is a “third wave” IAPT site, which was supported by Commissioning for

London but received smaller funding in comparison to wave 1 and wave 2 IAPT sites. Brent PCT achieved its initial goal in investing in this service by re-designing existing mental health services including psychological services provided by CNWL. As part of this re-design, a proportion of investment from secondary care psychological services was diverted to the primary care based IAPT service.

This was based on an analysis of the annual referrals and examination of therapy provision by IAPT London Lead, which indicated that the majority of the referrals currently seen in secondary care would be appropriate for an IAPT service. Furthermore, as Brent Adult Psychology was already providing therapy services in a number of GP surgeries, this confirmed the rationale for reconfiguring resources to support the development of IAPT for Brent.

A plan to move some of the investment from psychology provision at step 4 to IAPT at step 3 was agreed in a meeting held between NHS Brent, CNWL and London IAPT Lead, National IAPT Lead and other members of Commissioning for London (CSL). CNWL and NHS Brent agreed to transfer 6 clinical staff in total to IAPT. Five Clinical Psychologists at a basic grade level (newly qualified) and an appropriate grade to deliver step 3 therapies were transferred. To provide clinical leadership and clinical supervision of the IAPT workforce, two Principal Clinical Psychologists were also transferred with the remit of clinical leadership, supervision and seeing more complex patients with common mental health problems.

Brent IAPT provides IAPT services for step 2, step 3 and some step 4 services in order to achieve seamless arrangements for IAPT service users who need to be stepped up for more intensive treatment. A smaller proportion of the psychology resources (four members of staff and 3.4 WTE) were retained to provide a service for those with severe mental illness including psychosis. Further information is provided below about other services which provide psychological therapies.

Brent IAPT has a range of therapies offered at step 2, low intensity therapies by Psychological Well Being Practitioners, and step 3 by High Intensity Therapists and by Counsellors who deliver IAPT specific therapies as well as generic counselling for service users, which include step 4.

Figure 2

Staff	Disorder	Intervention
Step 1: GPs/nurses	Recognition of problem	Assessment/watchful waiting
Step 2: Low intensity service	Depression – mild to moderate	cCBT, guided self-help, behavioural activation exercise.
	Panic disorder – mild to moderate	cCBT, guided self-help, pure self-help, psycho-education groups.
	General Anxiety Disorder (GAD) – mild to severe	cCBT, guided self-help, pure self-help. Psycho-education groups.
	OCD – mild to moderate	Guided self-help

Staff	Disorder	Intervention
Step 3: High Intensity service	Depression mild – moderate	Counselling for Depression Dynamic Interpersonal Psychotherapy Behavioural Couples Therapy
	Depression moderate – severe	CBT Interpersonal Psychotherapy
	Panic Disorder	CBT
	GAD	CBT
	Social Phobia	CBT
	PTSD Single and multiple trauma	CBT, Eye Movement Desensitisation Reprocessing (EMDR), Trauma focused Therapy
	Obsessive Compulsive Disorder (OCD)	CBT

The Brent IAPT service is subject to rigorous performance monitoring to ensure that the service meets its performance targets, given its national and local prominence. The service, in addition to other IAPT services such as employment and counselling, provide regular monthly performance reports to the Brent IAPT Performance and Monitoring Group and quarterly performance reports to the NHS Brent CCG and CNWL Mental Health Contract Monitoring meetings and the IAPT national data base. Performance information from the service since implementation in December 2010 has identified that referrals to the IAPT service have dramatically increased and the number of patients entering treatment is also high. The latest figures show that referrals are increasing by approximately 10% per annum.

Referral figures

Figure 3: Brent IAPT Incoming Referrals from 2010-2012 onwards

Period	No of referrals
1 st December 2010 – 31 st March 2011	1230
1 st April 2011 – 31 st March 2012	4089
1 st April 2012 – 31 st December 2012	3276

A recent report in January 2013 from the National IAPT Board shows that Brent IAPT, which is part of the cluster of IAPT services within the NW London region achieved the second highest performance of patients entering treatment (KPI4).

Currently, the IAPT service is meeting the needs of approximately 10% of the number of people who have depression and/or anxiety disorders in Brent. The level of need in the general adult population is known as the rate of prevalence and is defined by the Psychiatric Morbidity Survey. The NHS Planning Guidance for 12-13 and 13-14 have emphasised the need for local IAPT services to improve this to meeting the needs of 15% of the population.

NHS Brent Clinical Commissioning Group have responded to the increased demand and requirements to improve performance by increasing investment in a phased manner for the IAPT service. The first phase of investment was made in 2012/13 and further investment is planned in 2013/14. The phased investment will result in an increase in staffing/capacity within the service by 60%. Of note, the increase in capacity will support additional capacity for step 3 provision, where it is most needed and by 100% (see figure 2 below for details).

Figure 4: Clinical Establishment changes in IAPT.

Clinical Establishments	WTE 2010-11	WTE 2011-2012	WTE 2012-2013	Total Increased Investment Between 2010-2012
Clinical Lead/Coordinators (8b grade)	1.0	1.0	1.0	0
Senior Clinician	1.0	1.0	1.0	0
High Intensity Counsellors	2.8 (104 hrs)	4.4 (154 hrs)	6.0 (204 hrs) (in April 13)	100 per cent. Further increase to 218 hours in 2013/14.
High Intensity Trainees (Band 7)	2.0	3.0	3.0	Funding from LHP for six months – CNWL met the shortfall
High Intensity Worker (Band 7)	5.0	7.0	10	100 per cent
PWP Qualified (Band 5)	2.0	5	5	0 (Additional investment not required)
PWP Trainees (Band 4)	3.0	0	0	(No additional investment as funding was available)
Total IAPT CBT clinical establish	14.0	17.0	20.0	
Total with Counsellors	16.8	21.4	26.0	
Other Establishments				
Administrators (band 4)	2.0	2.0	2.5	0.5 wte increase to support counselling service intervention.
Community Development Worker	1.0	1.0	1.0	0 additional Investment
Employment Advisers Retain & Regain	1.0	1.0	3.0	Change of contractor and increased investment
Total Other Establishments	4.0	4.0	6.5	
Total IAPT establishments	20.80	25.4	32.5	The total work force increase for the step 3 service (CBT and counselling) is 100 per cent)

3.2.2 Brent Adult Psychology Service for Complex Care

Psychology Provision

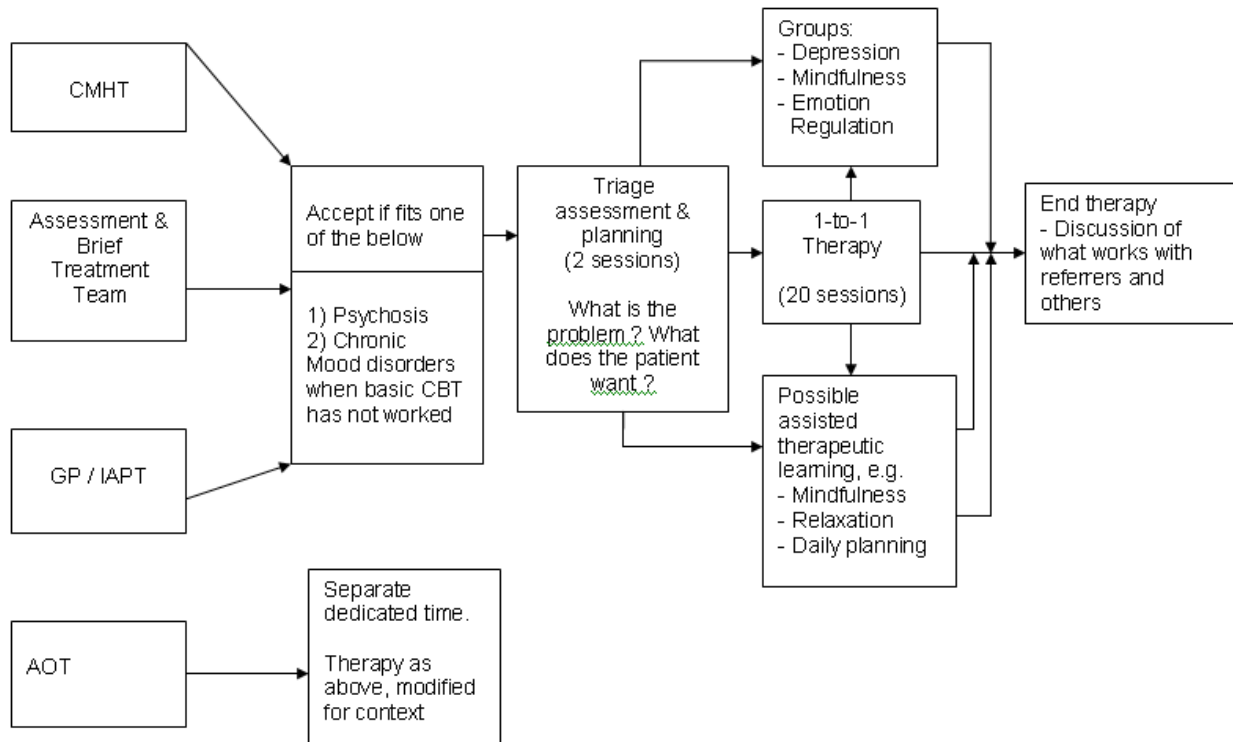
Post	WTE
Consultant Psychologist (8c)	0.6
Clinical Psychologist (8a)	0.4
Clinical Psychologist (8a)	0.7
Assistant Psychologist (4)	1.0

This service is located within secondary care and hosted within the Recovery Service Line. The team includes a Consultant Psychologist, two Principal Clinical Psychologists and one Assistant Psychologist. It receives referrals through the single point of entry to secondary care which is the Assessment and Brief Treatment team (ABT), as well as from the Recovery Team. The staff team are experienced and their special interest is in psychosis, bipolar disorder and other complex presentations. The team provide individual and group therapy as well as a consultation and an advice service to other clinical teams. Specific therapies offered by the service include:

- CBT for depression and psychosis.
- Solution-focussed and narrative therapy.
- Emotion Regulation Training in groups and 1-to-1 where necessary (see below)
- Mindfulness meditation groups.
- An on-going CBT open group for patients suffering from depression.
- Psychometric and other diagnostic assessments as required.

Other services include consultation and advice to clinical teams or individual staff on the management of patients on their caseload. The Consultant Psychologist is currently engaged in the provision of training to the Recovery Team staff on management of psychosis. Referrals to this service, although high in the previous financial year, appear to have dropped by 60% in the current year.

Figure 3: REFERRAL AND TREATMENT PATHWAY- BRENT ADULT MENTAL HEALTH PSYCHOLOGY (COMPLEX CARE) SERVICE



3.2.3 Psychotherapy Provision within complex care

Psychotherapy Provision

Post	WTE
Consultant Psychologist (8c)	1.0
Principal Psychotherapist (8b)	1.90
Principal Psychotherapist (8a)	0.2
Family Therapist (8a)	1.1
Consultant Psychiatrist in Psychotherapy	0.6
Total	4.8

This service is located within secondary care and receives referrals through the single point of entry to secondary care which is the Assessment and Brief Treatment team (ABT), as well as from other secondary care specialist teams. The service provides individual and group therapy as well as a consultation and advice service to other clinical teams. Family therapy and systemic therapy is also part of the psychotherapy service which offers a service to families with difficulties in the context of mental health problems of a member of the family. The service is also involved in training multidisciplinary teams in the management of patients with personality disorders.

3.2.4 Art Therapies Provision

Post	WTE
Band 8b	0.4
Band 8a	0.4
Band 7	1.2
Total	2.0

This service is located within secondary care and receives referrals via secondary care teams. The team provides art therapy, drama therapy, music therapy with individuals as well as in groups. This team see complex cases where service users may not be able or willing to use talking therapies.

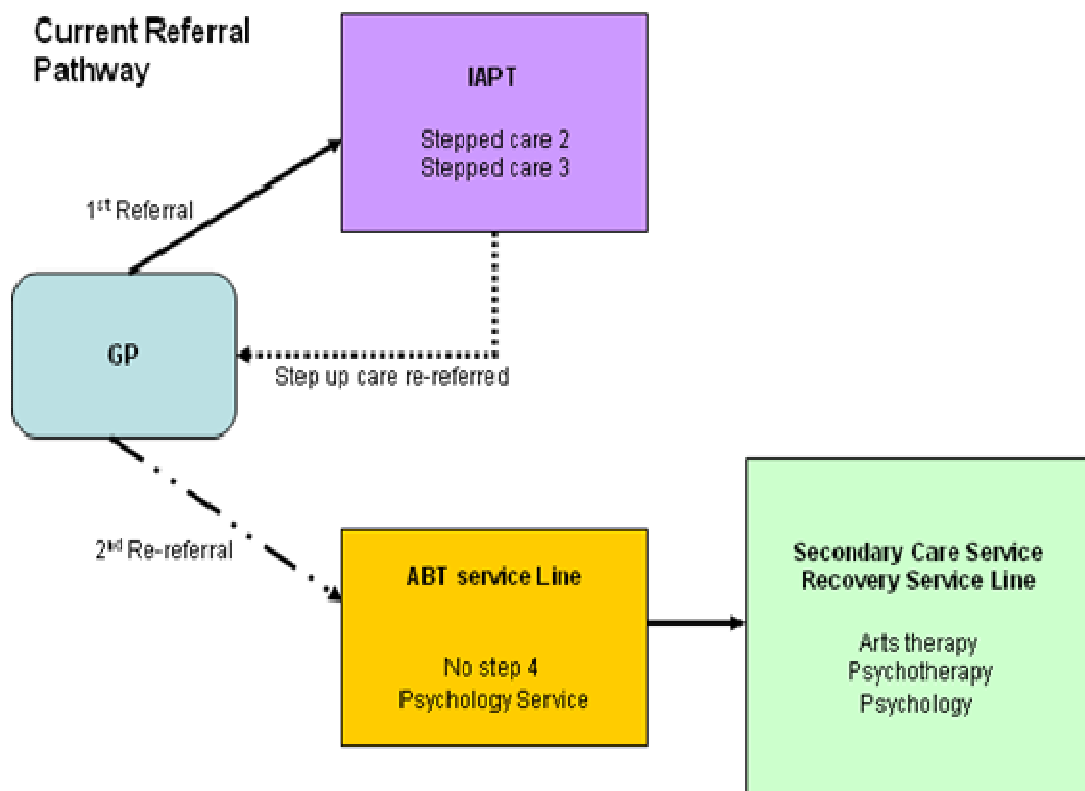
3.2.5 Review of provision available in Secondary Care (step 4)

The review has highlighted that the available psychological treatment for more complex mental health needs in secondary care for clinical psychology is currently limited due to the proportion of resources in level 2, 3 and 4 and psychology available through primary care IAPT.

- There are resources in other disciplines who offer team based as well as outpatients based therapy within the Adult Psychotherapy service and also Art Therapies
- An audit of referrals indicate that the demand for the psychology service for complex care has dropped substantially in 2011-2012 correlating with the increase in referrals to primary care IAPT service.
- The psychology service for complex care offers a range of therapies more suited to those with severe and enduring mental health difficulties who are likely to be on CPA.
- The service review has identified the lack of availability in the Assessment and Brief Treatment service, for users with more complex problems and not on CPA, which is an issue related to the current pathway for accessing psychological treatment.
- At the point of review there is currently no psychological treatment service within the Assessment and Brief Intervention service to support first point of entry for non-CPA cases and more complex cases to those less suited to the IAPT model. The ABT team still has access to the Psychology service for complex care but this is not dedicated resource and referrals from ABT will compete with referrals from Recovery which may cause delays in accessing treatment.
- It is expected that patients not suitable for IAPT due to their more complex presentation or those who require more intensive support, or treatment within a team context, will get stepped up to secondary care.

- Anecdotal information from IAPT staff about the cases being seen in IAPT and the difficulties in delivering IAPT compliant and evidence based treatments have led to systematic data and audit to understand the reasons for this. The most recent audit (currently ongoing) is reviewing patients that did not achieve recovery status in IAPT. The preliminary findings confirm that the Brent IAPT service takes more complex patients for treatment and that the current step 4 capacity is being fully utilised. The preliminary findings further suggest that a proportion of patients who are currently receiving treatment through IAPT have a need for a more complex and specialist treatment. For example those with complex Post Traumatic Stress Disorder (PTSD) with co-morbidities, severe depression with self harm etc.

Figure 6: Findings of the Review



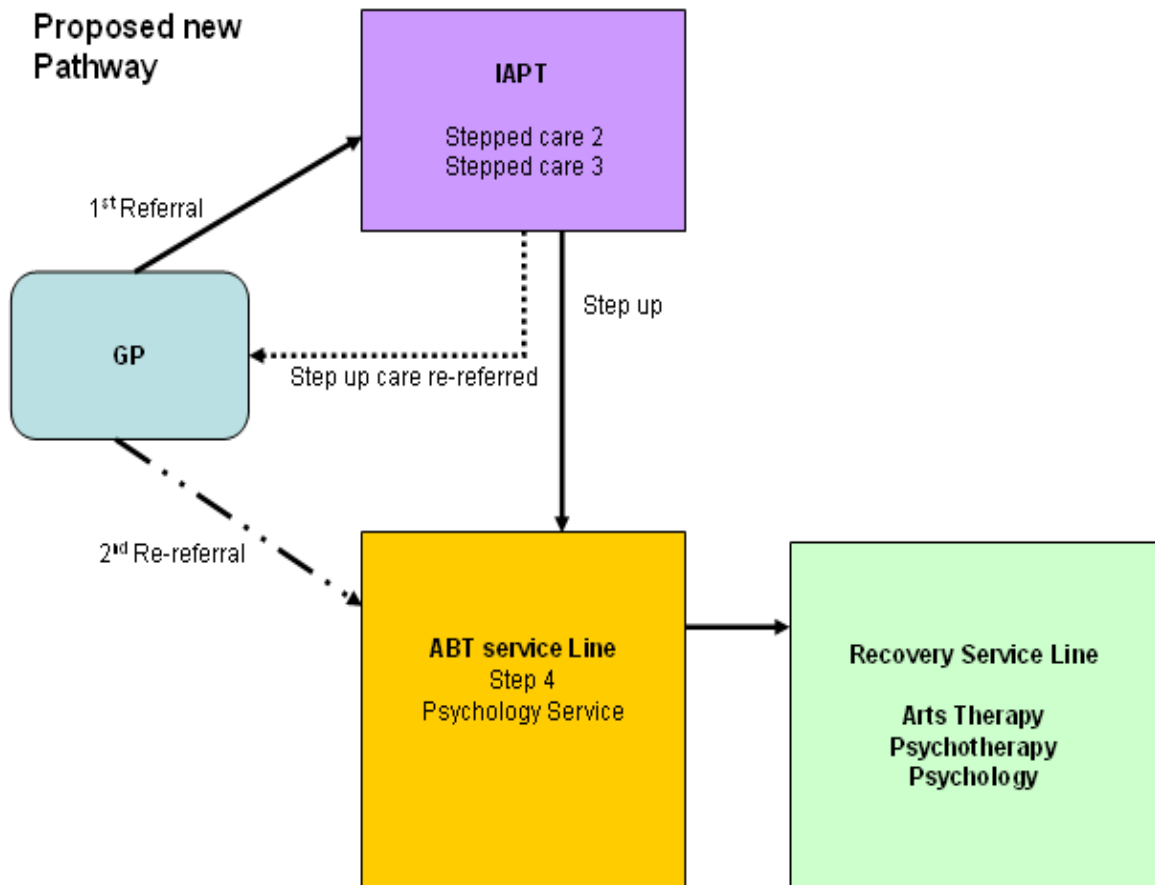
3.2.6 Addressing the findings of the review

The findings of the service review indicate that capacity for step 4 interventions in secondary care is limited which results in delays in accessing more appropriate therapeutic interventions. The current psychology resource is therefore insufficient to effectively respond to the needs of service users with a range of complex problems. To address this, the plan is to reconfigure and increase resources to:

- Increase band 8a capacity to respond to complex non-CPA.

- Support the 8a post to work within secondary care and across ABT and recovery in the provision of psychological treatment for complex non-IAPT cases and assist with supervision of HI therapists with complex cases.
- To review Art therapies and Psychotherapy service to see how this resource can be best utilised to fill any remaining gap in step 4.

Figure 7: Proposed new pathway



3.2.7 Benefits to Patients and Carers

- Improved access to psychological treatment for service users with complex difficulties.
- Improved patient care – which means better health outcomes including more independence and an enhanced quality of life for more patients and carers.

- Increased patient choice - Patients and carers will have more choice and control over their care resulting in care packages that are tailored to meet their individual needs.
- Improved patient experience
- Improved pathway provision for complex care needs from step 3 to step 4

4. Conclusion and Recommendation

Since the implementation of the IAPT service, the evidence is that it has increased access to psychological therapy and counselling, from 600 per annum to 4000 per annum for step 2-4 IAPT interventions. A gap of psychological provision for step 4 care within secondary care has been identified and we anticipate that the shift in resources will enable this to be addressed. A review of art therapies and psychotherapy will be conducted during the course of the next financial year to determine how this resource is being utilised and whether there are any opportunities for further improvements.

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Health Partnerships Overview and Scrutiny Committee 29th January 2013

Report from the Director of Strategy, Partnerships and Improvement

Wards Affected:
ALL

Role of Community Pharmacists in improving Health and Wellbeing

1.0 Summary

- 1.1 Councillors have asked for a report on community pharmacists and how they can play more of a role in the community, how their role in delivering health services can best be utilised and how different elements of the Health Service work with pharmacists in the borough.
- 1.2 The report makes the case that community pharmacies in the UK have a huge potential to tackle health inequalities but that these are being under-utilised. It argues that community pharmacies can contribute to Out of Hospital Care and reduce the number of inappropriate visits to health services including A&E departments.
- 1.3 The report outlines possible ways that community pharmacies could contribute to the Brent Health and Wellbeing Strategy 2012-15 and claims that the commissioning of NHS minor ailment schemes and implementation of an electronic prescription service will each free up capacity in GP services by up to 20%.

2.0 Recommendations

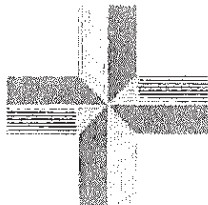
- 2.1 The Health Partnerships Overview and Scrutiny Committee is recommended to consider the report and question representatives from Brent and Harrow Local Pharmaceutical Committee on its recommendations.

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Report to meeting of the Health Partnerships Overview & Scrutiny Committee – 29th January 2013

Community Pharmacy

Pharmacists are experts in diagnosing minor ailments and in the use of medicines to treat illness and disease. Pharmacists undertake five years' pharmacological and pharmaceutical training. They work within a code of ethics that requires them to continuously develop their professional knowledge and competence.

Provision of NHS services

Pharmacists are responsible for the supply of most medicines available to the public. They advise the public and other professionals on the safe and effective selection and use of medicines and other health-related matters. In recent years, pharmacists have expanded their role, and now supply a wide range of NHS services such as minor ailments schemes, stop smoking counselling and providing help to patients with drug addictions.

Britain's 13,500 community pharmacies are visited by members of the public over 2 billion times each year, and nine out of ten of us visit a pharmacy at least once a year. Of all health professionals, pharmacists have the most comprehensive education and training in the use of medicines for the prevention and treatment of illness and disease.

Pharmacies provide a range of services in the heart of neighbourhood communities where they are within easy reach of the people who need them most – poorer people, older people and people with a disability or chronic conditions. The Government has already recognised the potential of community pharmacies as “perhaps the biggest untapped resource for health improvement...a resource for reducing health inequalities, especially for vulnerable and deprived populations”.

The UK's community pharmacy network has a huge potential to tackle health inequalities, and yet is being significantly under-utilised for this purpose. The current network of (as mentioned) over 13,500 community pharmacies in the UK provides the nation with easy access to healthcare professionals – in a variety of locations from community shopping parades, high street locations and retail complexes, but always in local and convenient settings. As well as facilitating easy access for patients to their prescribed medication, this access supports self-care, the chance to consult healthcare professionals without an appointment, both inside and outside normal working hours and provides excellent opportunities for promoting public health messages.

People visit pharmacies both when they are sick and when they are well – consequently 1.6 million people enter a community pharmacy every day in England for a health related matter. It is this daily contact between a significant cross-section of society and pharmacists and their staff that provides a genuine opportunity for tackling health inequalities.

Deprived areas in England have a higher number of community pharmacies per head of population than more affluent areas. These deprived areas frequently have fewer medical practices which makes the community pharmacy an even more valuable local health resource. Increased public investment in community pharmacy would mark a shift to more equitable health provision by bringing a wider range of NHS services into the heart of neighbourhood communities where they are within easy reach of the people who need them most. DH statistics show that 96% of the population – even those in the most deprived areas - can get to a pharmacy within 20 minutes by walking or using public transport.

Chairman: S. Panju MRPharmS., Chief Executive and Secretary: M. B. Levitan BPharm. FRPharmS., Assistant Secretary: Miss J. Gamblin

Below are statements taken from:- **The Brent Health and Wellbeing Strategy 2012 – 2015**. In this report the key role that community pharmacy perform on a daily basis can be matched and mapped with a number of priorities set out in the Report.

a) The Strategy focuses on four key priorities, where partnership working can bring real added value to health and wellbeing across Brent.

b) The Strategy reflects existing commissioning plans and strategies such as the CCG Commissioning intentions and the Children's Partnership Plan. "It also takes particular note of the proposed Out of Hospital Care Strategy which outlines the ambition to provide better integrated services closer to patients' homes within community and primary care settings".

c) Empowering communities to take better care of themselves.

d) Brent is ranked amongst the top 15% most-deprived areas of the country.

e) The statistics show that people on low incomes are more likely to have a life limiting health condition, take less exercise and have a shorter life.

f) "For example the gap in life expectancy for men between the most affluent and the most deprived parts of the borough is 8.8 years"

g) JSNA highlights a number of key health and wellbeing challenges:-

- *Low levels of participation in physical exercise – over 50% of adults do no physical exercise*
- *Increasing rates of alcohol-related hospital admissions*
- *Rising levels of obesity – 12% of under 5s and 22% of 12 year olds are obese. Almost 25% of adults in Brent are estimated to be obese*
- *Cardiovascular disease, chronic respiratory disease and cancers are the biggest killers in Brent and account for much of the inequalities in life expectancy within the borough.*
- *High levels of many long-term chronic conditions*
- *Diabetes is a good example of such a condition and we currently have 18,000 registered diabetic patients in Brent with numbers likely to grow in the future*
- *The need to increase access to, and to expand, key prevention and screening programmes*

h) "Communities to take better care of themselves"

i) The NHS in Brent will play a full role in working with local people to improve self-management and will achieve this by commissioning much better self-management of care for people with long term conditions.

j) The reported use of drugs, alcohol and smoking amongst young people remains a high priority

k) Sedentary lifestyles, poor diets and stress are leading to a large proportion of our population developing long-term chronic diseases such as diabetes, heart disease, high blood pressure, and chronic bronchitis

l) This includes encouraging individuals to seek appropriate help earlier.

m) In addition, patients need to become more engaged with and more knowledgeable about their care.

n) Too often we find that many patients simply do not understand their treatment and unilaterally stop taking their medicines, which often has serious adverse consequences.

o) If we want primary and community services to be more pro-active and prevent more future disease, than we need to ensure that we use our resources more wisely. In these difficult economic times we need to maximise



the impact of our doctors and nurses by reducing the number of inappropriate visits which could have been dealt with at home or by the pharmacist; for example common coughs and colds.

p) Our six key objectives to deliver progress on this priority will include:

1. Promoting independence and responsibility for health and healthcare
2. Encouraging everyone to be physically active
3. Promoting healthy eating
4. Strengthening our tobacco control partnership
5. Strengthening partnership work around alcohol
6. Increasing early diagnosis and testing for HIV and TB

In Brent, pharmacies provide Stop Smoking services. Their success rate has been monumental - in achieving, in 2011-2012, 1496 "Quits" which was 120% of the plan! (See statement g) & p)). In pockets around the country pharmacies are offering weight management and cardiovascular risk assessment services but the commissioning of these services is far from universal. Allowing all pharmacists to provide these public health services – possibly even incentivising them to find those in the community that are not being picked up and treated elsewhere – would provide a significant boost to attempts to reduce health inequalities. The commissioning of pharmacies by NHS Brent and Brent Public Health to provide NHS Health Checks would meet the strategic priorities listed in f) & g) & k) above from the Brent Health and Wellbeing Strategy.

The Government is investing approximately £250m per annum in a call and recall system for a vascular risk assessment programme, with the aim of tackling health inequalities. We are concerned that people who are not registered with a GP and may have the most to gain from the service, may miss out - worsening health inequalities. Brent Community pharmacies are well placed to deliver a service to this "hard to reach" group.

Minor ailments Services, – Tower Hamlets have freed up the scarce resource of GPs' time; during 2008-09 its local pharmacies handled 67,000 consultations for minor ailments under a Patient Group Direction (PGD) arrangement. Such a service commissioned in Brent would meet priority o).

Primary Care has a pivotal role to play in reducing use of secondary care for basic healthcare provision and in improving population health. Radical change is required to improve quality, capability and productivity further, and to create capacity within primary care. Community pharmacy is part of a wider stakeholder group that works in partnership to add value to health and wellbeing across Brent. (See statement a) above)

All healthcare professionals should expect to achieve improvements in:

- Patient safety
- Clinical effectiveness & Health outcomes, and
- The experience of patients.

Pharmacists and all independent contractors, other clinicians and managers in both health and social care should join together to meet to this challenge. Through working with local people and partners we should strive to improve the health and wellbeing of our population - reduce inequalities, maximise value in terms of outcomes and quality and efficiency from services provided to patients.

Pharmacists and all clinicians should be ambitious to:

- Enable our population to live longer, healthier and in particular tackling the significant health inequalities that exist between communities
- Provide children with the best start in life
- Ensure patients receive the right care, in the right place, first time
- Deliver the greatest value from every NHS pound invested.

The definition of primary care should be assumed to be the independent contractor groups of pharmacists, GPs, dentists and optometrists, who all form a vital part of our primary care services. Community-based services such as district nursing, health visiting and therapy services are partners with the primary care independent contractors as members of the Extended Primary Care Team. The partnership of primary care should work within an integrated network model. Pharmacy services should be integrated into patient care pathways. (Pharmacy could help significantly with the Out of Hospital Care Strategy listed in statement b).

Many medicines-related visits to A&E departments of hospitals could be dealt with relatively easily if community pharmacies in NWL were commissioned to provide such urgent and often emergency services. The LPC has evidence that up to 36% of visits to A&E departments could have been dealt with by a community pharmacist as part of a minor ailment service. One of the greatest strengths of community pharmacies is that they are easily and conveniently accessible, at times when other healthcare providers are not available.

How should pharmacy services be delivered?

The commissioning of NHS minor ailment schemes along with the implementation of an electronic prescription service (EPS2) will free up capacity within GP surgeries by up to 20% for each service that is introduced.

Minor ailments schemes help to:

- Educate patients to self-care for minor self-limiting conditions (statements c) & i))
- Educate patients on appropriate use of primary care services (statement n) & l)
- Increase patient access to advice and treatment statements m) & n & o))
- Reduce "inappropriate" consultations of GP/Practice Nurses (statement c)
- Reduce "inappropriate" consultations at UCC and A&E (statement c) & i)
- Reduce "inappropriate" use of ambulance services
- Provide potential cost savings in GP consultations/UCC/ and A&E attendances
- Ensure better use of GP/A&E and pharmacists' professional skills
- Integrate community pharmacies into the NHS, providing innovation in the delivery of services
- Promote the role of the Community Pharmacist as an expert in medicines to patients

Doctors in GP surgeries who embrace EPS2 will find they have more time to see patients by up to 20% a week. The implementation of an effective NHS minor ailments services from NWL pharmacies will free up an additional 18-20% of GPs time for more urgent care. Capacity within primary care could be greatly increased by the introduction and implementation of these two services. This is just another way of bringing more care nearer to patients' homes. We agree that making local services work better will help relieve pressure on hospital services and give patients better quality care.

Our pharmacists are able to provide advice and a wide range of services which could save patients having to go to their doctor at all under certain circumstances. These include general health promotion, dealing with minor illnesses such as colds, hay fever, allergies, stomach upsets, emergency contraception, travel advice, medicines' advice, NHS Health Checks and some immunisations and smoking cessation, and much more. Community pharmacies in Hounslow provide an in-hours palliative care medicines supply service, while pharmacies in Brent, Harrow, Ealing, Hounslow and Hillingdon provide and out of hours palliative care medicines service via three on-call rotas helping terminally-ill patients remain at home, preventing admissions to hospital and often supporting the wishes of patients and their families.



Some of our pharmacies provide professional domiciliary services, meaning more services can be offered to people in their homes, supporting enhanced efficiency of social care services often allowing earlier discharge of patients from secondary care back into the community. This can help reduce “bed-blocking”. Training of domiciliary carers and care workers to administer medicines properly to patients in their own homes and record such administration can prevent admission to hospital resulting from poor or unreliable adherence. Many of our pharmacists provide such training e.g. to Ealing Social Services. Training carers to administer medicines can help maintain elderly, vulnerable patients in their own homes for longer. Although not a Brent initiative this would meet the intentions of the Out of Hospital Care Strategy across NHS NWL.

The local NHS should offer a range of urgent care services. The hospital A&E departments should perhaps only attend to the more serious cases. The majority of urgent care can be delivered by pharmacists, GPs, dentists or optometrists. If patients are not sure, they can always phone the NHS 111 line, the NHS one stop phone number service, which will help patients access the right people for their care.

Pharmacists, GPs, dentists, and optometrists are all an important parts of our primary care services and they can all be contacted directly. Pharmacies are especially valuable in that they are often open when other healthcare providers are closed, such as weekends and evenings. Sometimes pharmacies will be co-located with general practices or will be in nearby premises, offering a range of services to support patient’s health and wellbeing.

For those patients who need repeat prescriptions such as those for long term conditions or oral contraception, GP practices should operate a “standing order” system of repeat dispensing of prescriptions (with some exceptions), from the patient’s named pharmacy, without the need to request a repeat prescription from their GP. The pharmacist is an expert in medicines’ management and will advise when patients need to see their doctor again for a review of their clinical condition. Pharmacies often provide services such as blood pressure monitoring and anti-coagulant monitoring services in other areas. Community pharmacies should be an integral part of the 38 multi-disciplinary health and social care teams covering NW London. The co-ordinated care of people with long term conditions such as diabetes often requires the intervention of the pharmacist in monitoring and advising on the optimal use of medicines. People with long term conditions who have a personal care plan, which include pharmacists in their pathways of care will spend less time in hospital.

Pharmacies run a New Medicines Service. When new medicines are prescribed, they will spend time with patients teaching them about the new medicine. Many patients already say that “they find this service really helpful in understanding their new medicines”. This meets with NHS NWL strategic first commitment within “Shaping a Healthier Future”, in that patients take better care of themselves and understand their care. Pharmacists are also available to advise patients on any side-effects or concerns that they have arising from their medicines and will consult with their doctor about any recommended changes. ((see strategic statement n) & m) & p) key objective 1.)

In line with other NHS providers of healthcare and the CCGs, pharmacist contractors in NHS NWL aim to deliver the best possible healthcare to our patients. Pharmacies are committed to making the patient journey through our part of the pathway of care an efficient experience delivered with good access, professionalism, care and competence; an experience that patients can rely upon and regard with trust and assurance. We would wish that our services when integrated effectively into the other teams working in primary care will further enhance public confidence in community pharmacies and the local NHS as a whole.

Pharmacy Services

NHS Brent has 75 pharmacy contractors who provide pharmaceutical services to Brent residents. The NHS Community Pharmacy contract for England and Wales was introduced in 2005. Under this contract community pharmacies provide the following essential services:

- Dispensing
- Repeat prescriptions



- Disposal of unwanted medicines
- Promotion of Healthy lifestyles
- Signposting to other services
- Support for self care⁴

As well as national services provided by all pharmacies, the pharmacy contract also includes Enhanced services that are commissioned locally. There are many different services that are operating throughout the country, reflecting the varying needs in different areas.

Examples of such services include:

- Screening (e.g. for high blood pressure);
- Minor Ailments Services to reduce waiting times in GP practices;
- Obesity management;
- Stop smoking services;
- Anticoagulation monitoring, and
- Phlebotomy.

The pharmacy contract has prompted the installation of private consultation areas in many pharmacies (51 known in Brent) where patients can freely discuss issues.

Pharmacists undertake a four year Masters in Pharmacy degree course, followed by a one year placement working in a pharmacy under the supervision of an experienced pharmacist. At the end of this year they take a professional examination and those who successfully complete the examination are able to register as a pharmacist. Pharmacists then continue to keep their knowledge up to date during their career by undertaking continuing professional development.

The possible benefits of better utilisation of local pharmacies around men's health and health inequalities are:

- 99% of the Brent population – even those living in the most deprived areas – can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport
- 84% of adults visit a pharmacy at least once a year (national)
- 78% for health-related reasons
- Adults in England visit on average 14 times a year
- Around 1 in 10 who attend a pharmacy get health advice
- Round the clock and around the corner
- Locations buck the inverse care law
- Contact with the 'apparently well' is a platform for lifestyle intervention
- Track record on health improvement services



- Pharmacies can and do provide a whole range of public health services.

The Greenlight Pharmacy² in Camden is a good example of a pharmacy providing a wide range of public health services.

Pharmacies can be seen to fit in two layers of the Dahlgren and Whitehead determinants model – Social & Community Networks and Health Care Services.

Men's Health

Whilst it is acknowledged that men generally use pharmacies less than women a number of possible reasons for this including:

- Low awareness of pharmacist training and expertise/lack of understanding around the role of pharmacies.
- People are not aware that many pharmacies in Brent have private consulting rooms .

Pharmacies may be seen as shops and so men may fear they are going to be sold something they don't need.

Men do visit pharmacies for a variety of reasons including to self- medicate, buying other items and for general information.

The Department of Health Gender and Access to health services⁶ study noted that men often make better use of NHS Walk-in centres than other health services and questioned why, given the walk in nature of pharmacies, men do not make better use of them. It concluded that "the answer is probably that pharmacies are perceived as a predominantly female environment from a consumer's point of view (since they sell cosmetics, toiletries, baby products and so on)". The study also noted that:

- 50% of people using smoking cessation services delivered in pharmacies are men,
- 40% of weight-loss programmes delivered in pharmacies are men users.

Both of which compare favourably with similar services offered in other health settings.

A 'Heart MOT' project undertaken in Birmingham across three PCTs over six months, 9,500 males over the age of 40 were tested in community pharmacies and during this period, 65% of patients attending the service received onward GP referral:

- 36% were identified as having a high CVD risk
- 30% were referred due to high blood pressure levels
- 35% were referred due to high cholesterol levels
- 18% were referred due to high blood glucose result

The service had high user satisfaction and the programme aims, over time, to improve male life expectancy through encouraging behavioural change or early treatment of the identified risks⁷.

This project was also the subject of an evaluation in the Journal of Public Health⁸ which aimed to evaluate service feasibility, assess effectiveness of identifying at-risk individuals and of reaching disadvantaged groups and measure referrals from the service to local general practices. The evaluation was based on 1130 participants of the Heart MOT project and findings included:



Of the 70% of clients referred to their GP, 53% had either one or two risk factors. Raised blood pressure and total cholesterol were the main reasons for referral.

The delivery of a one-stop CVD risk assessment service by community pharmacies is feasible in the setting of a large city in the UK and identifies an appreciable number of individuals – around two-thirds of those screened – for whom intervention for CVD risk or an additional risk factor is indicated’

‘The majority of clients were men for whom attendance at general practice is known to be low.’⁹

Some success was had in targeting people from more deprived areas and with an ethnic minority background. The evaluation also asked the question ‘What might community pharmacy-based vascular risk assessment add?’ and concluded:

- People from deprived social communities use pharmacy more frequently than those from more affluent communities¹⁰.
- Community pharmacy has unique characteristics to support community-based health testing.
- Pharmacies may be perceived by the public as a lesser medical model with easier access compared with GP surgeries.
- Pharmacies are located in a wide number of settings which can support access to a wide number of communities – some are in deprived areas and some are in prime retail settings thus perfect for proactive marketing.
- At the same time the evaluation noted that there was no data available on how many of those signposted to services or referred to their GP actually attended, or of those who did were retested (duplication of service).

In Brent, if a person is not registered with a GP, the Pharmacist will give them a list of local GPs. However, this does not guarantee that they will attend. Any future service commissioned through pharmacies in Brent would need to ensure the appropriate mechanisms were in place to link up with GPs.

The study did not include an economic analysis but noted that the contract price per client was £10 – however this did not include set up costs, overhead costs with pharmacies, equipment, marketing and NHS management costs. Repeat testing could again increase the cost therefore a mechanism would need to be put in place to prevent this from happening. The study concluded that “Targeted cardiovascular risk assessment can be successfully provided through community pharmacies widening access and choice, particularly for men and people in deprived communities. Referral of those screened onto general practice was high, and so further research is needed to investigate the cost effectiveness and public satisfaction of the service.”

There is a big opportunity to get pharmacies more involved in delivering services and that this would be best placed alongside the following:


- Promote awareness of pharmacist (and staff) expertise, for example through Health Champions and Trainers.
- Promote awareness of pharmacy services.
- Promote awareness of consultation areas.
- Pharmacy staff training e.g. the Centre for Pharmacy Postgraduate Education (CPPE) has a module on Men’s health which is not often taken up.
- Taking pharmacists’ skills & knowledge into the workplace



- 1 http://www.psnic.org.uk/pages/about_community_pharmacy.html
- 2 www.greenlightpharmacy.com
- 3 Brent Pharmaceutical Needs Assessment, Brent PCT, 2011
- 4 As a result of the "New Medicine Service" being introduced last October this number may have increased. The introduction of this new service may have encouraged more pharmacies to install a consultation area, LPC, 2012
- 5 Racks of Make up and No Spanners, Men's Health Forum
- 6 Gender and Access to health services Study, Department of Health
- 7 Local Pharmaceutical Committee evidence
- 8 Journal of Public Health 2008; 11(1): 15 Evaluation of a cardiovascular disease opportunistic pilot ('Heart MOT' service) in community pharmacies: I.M.E. Hooper (Head of Medicines Management) A.Blenkinsopp (Professor of the Pharmacy Practice)
- 9 Men's Health Forum, The Gender and access to health services study, Department of Health, 2008
- 10 Readers Digest and Propriety Association of Great Britain. A Picture of Health: A survey of the nation's approach to everyday health and wellbeing. London



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	Health Partnerships Overview & Scrutiny Committee 29th January 2013 Report from the Director of Strategy, Partnerships and Improvement
Wards Affected: ALL	
Tackling Diabetes in Brent Task Group – Final Report	

1.0 Summary

- 1.1 This report sets out the findings and recommendations of the Tackling Diabetes in Brent Task Group that are being presented to the Health Partnerships Overview and Scrutiny Committee for endorsement.

2.0 Recommendations

- 2.1 The Health Partnerships Overview and Scrutiny Committee is recommended to endorse the Tackling Diabetes in Brent Task Group's recommendations for them to be passed to the council's Executive for approval.

3.0 Detail

- 3.1 The final report of the Tackling Diabetes in Brent Task Group is attached at appendix 1. The task group was established because there is concern about the increase of diabetes in Brent.
- 3.2 The task group wanted to gain a better understanding of the reasons why people are diagnosed with diabetes and investigated what is being done in the terms of educating residents about the disease and prevention. The group decided the focus of their report will be around education and prevention.
- 3.3 The members of the task group were:

Councillor Reg Colwill (Chair)
Councillor Sandra Kabir
Councillor Aslam Choudry
Councillor Javaid Ashraf
Councillor Shafique Choudhary

- 3.4 The task group has developed ten recommendations that it hopes will be endorsed by the Health Partnership OSC. The group believe that these recommendations will make a positive contribution to reducing diabetes in Brent.

The recommendations address the following areas:

Promotion of healthy eating
Promotion of exercise and leisure facilities in Brent
Availability of self management programmes for everyone who needs them
Raising awareness amongst school aged children in Brent
Working with high risk communities and to provide the support and advice required

- 3.5 The task group learnt that diabetes is preventable but people are just not aware of how to do this. Through education and the promotion of healthy eating and exercise it is possible to tackle the rising numbers of people being diagnosed with diabetes in Brent.

Background Papers

Tackling Diabetes in Brent – Task group report. Appendix 1 to this covering report

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Tackling Diabetes in Brent Task Group Report

November 2012

**Councillor Reg Colwill: Chair
Councillor Sandra Kabir
Councillor Aslam Choudry
Councillor Javaid Ashraf
Councillor Shafique Choudhary**

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Chair's Foreword



This task group was set up to look at how diabetes is being tackled in the borough of Brent. I would like to say it has been a great experience to work with an exciting group on such an important topic. Despite the huge amount of work that is still required in this area, I feel that the recommendations made in this report provide a strong foundation for some big improvements.

I must express my gratitude to my colleagues on the task group, Councillor Sandra Kabir, Councillor Aslam Choudry, Councillor Shafique Choudhary and Councillor Javaid Ashraf. I would also like to thank colleagues from the NHS who were willing to meet

with the group and make valuable contributions, Dr Ajit Shah, Dr Imran Choudhury, Farhat Hamid and Nina Patel. Also, thank you too Jo Creary from the Sports Service, Gloria Travers from the Diabetes Support Group and Priya Mistry for the quality and enthusiasm of her support for the project.

I have been diagnosed with diabetes and had the opportunity to share my personal experience with the group. Diabetes in the UK is getting out of control and I cannot stress enough how important it is that we have mechanisms in place to help control and prevent this disease. The recommendations made in this report have been made in the hope that we increase awareness and encourage people to help themselves and realise how damaging this disease can be if nothing is done.

Obesity is linked to diabetes and as a local authority we aim to provide affordable and accessible facilities for people to use. We must encourage the opportunity to reduce weight and reduce the risks of diabetes. We know of the associated dangers and must work with our partners to educate people, in particular to those who are at high risk. Diabetes often runs in families but is preventable and that is why we must encourage healthier lifestyles and self management.

Councillor Reg Colwill

Executive Summary

The task group was set up to look at the implications of diabetes in Brent. Diabetes is a common health condition and over 2.2million people in the UK have been diagnosed with diabetes. An estimated 850,000 people in England have diabetes but are unaware and have not been diagnosed. Diabetes also currently accounts for 10 per cent of the National Health Service budget and these costs are rising as the numbers of people being diagnosed with obesity and diabetes are increasing.

The prevalence of diabetes is far higher in people of South Asian descent and African and African-Caribbean origin. 58 per cent of the Brent population originate from black and ethnic minority backgrounds and therefore diabetes is a growing problem in this borough. Deprivation is linked to diabetes and Brent is ranked amongst the top 15 per cent of the most deprived areas in the country.

The task group decided that there is a lack of education about diabetes in the borough and set out to investigate what work is being done by the local authority and its partners in this area. Through education and self management you increase prevention and that is the key objective of this report.

The group met with medical professionals and colleagues within the council to discuss and gain an insight on the barriers they face and what changes they would like to see and why. It was evident that there is a lot of good work already being done but it is also very clear that the messages are not reaching the high risk groups. The group looked at evidence from various reports that have looked at the disease and its impacts, i.e. Joint Strategic Needs Assessment Report and State of the Nation 2012 report and used this information to influence their recommendations.

The group's findings led to recommendations in the following areas:

- Joint Services
- Education and Prevention
- Healthier Lifestyles

Task Group Membership:

Councillor Reg Colwill: Chair
Councillor Sandra Kabir
Councillor Aslam Choudry
Councillor Javaid Ashraf
Councillor Shafique Choudhary

Policy support was provided by Priya Mistry, Policy & Performance Officer

Task Group recommendations

Recommendation 1:

The task group recommend that an educational film should be made in partnership with the Brent Clinical Commissioning Group to educate residents and patients about diabetes. Voluntary support groups and patient expert groups should be invited to advise how to get the message across to the people that need it the most. Heart of Gold - Heart Disease patient expert group are a very active group and should be considered for this. Patients who were referred to the Intensive Lifestyle Intervention programme and who have successfully reversed their prediabetic condition should also be considered. The allocation for Public Health has not yet been confirmed but there is potential for funding from the allocation for health promotion and this should be explored once the allocation and programme has been confirmed.

The film can be used to address the following key areas:

- Engaging with high risk communities that do not understand the problems associated with the disease.
- Explanation of what happens when nothing is done.
- Support patients and show examples of how they can take care of themselves and how to address the changes in lifestyle and diet in order to live a healthier lifestyle.
- Explain benefits of prevention of the condition
- Signposting patients and providing a better understanding of where and how to find support and advise.
- Tools and advice on how to support someone who has been diagnosed with diabetes.
- Engaging with children at school. Copies of the film should be provided to school governors and nurses so that it can be used as a source of discussion. Primary schools are an ideal forum for engaging with parents about healthy eating.

Recommendation 2:

The task group recommends that the NHS Health Checks Programme be fully implemented equally across the borough as this will help enable early detection of diabetes. The creation of Clinical Commissioning Groups promises to create a unified and systematic approach by integrating services that are currently fragmented. The group support this approach to stream line services in order to create a more holistic approach. Commissioning for health checks from April 2013 will be a mandatory function under the council's Public Health responsibilities and the health checks will be included in the work programme, however the promise of quicker and more co-ordinated health care has to be followed through.

Recommendation 3:

The task group recommends that the pilot intensive lifestyle intervention for people with impaired glucose tolerance be developed into a local programme and rolled out across the borough. Brent Public Health are exploring further options with the current providers, Community Services, Brent Nutrition & Dietetics Service, for how intensive support can be provided in a more sustainable form.

Recommendation 4:

The task group recommends that the Desmond Programme should be rolled out across the borough so that all diagnosed patients can have access to education about diabetes. The programme is a key resource to raising awareness about diabetes and how to make the beneficial lifestyle changes. There is currently no funding structure in place which is a real concern. The Ealing Hospital Trust that services the community in Brent will review the programme and also consider alternative programmes that best meet the needs of the diverse community as this programme currently comes under the remit of NHS. There is also an opportunity to seek funding from the Public Health allocation once this has been confirmed to see if there is scope for the council to contribute.

Recommendation 5:

The task group recommends that there should be dedicated pages on the council's website to provide advice and information relating to health improvement and more specifically diabetes. 'Maslaha' is a dedicated website that was introduced by Tower Hamlets council and was delivered in conjunction with The Young Foundation. Although the Maslaha site is specifically targeted at Muslims due to the demographics of Tower Hamlets, the Brent pages should be targeted at all high risk communities. The group recommend that this work should be led by Brent Public Health in conjunction with the council's Communications Team and should link to nationally available information. The pages should be promoted at the various networking forums that take place in the borough to reinforce the message around how healthier lifestyles and healthy eating can help prevent diabetes.

Recommendation 6:

The task group recommends that more work should be done with schools to raise awareness about diabetes. Schools should be encouraged to provide children with more information about diabetes and maintaining a healthier lifestyle. Diabetes in children is on the increase and with so many fast food establishments opening up near to schools, highlighting the impacts of this disease is so important. The group recommend that the topic of Diabetes should be highlighted to secondary school students by including discussions about how to prepare healthy food in Food Technology lessons. Childhood obesity in Brent is higher than both the national and the London average – a major contributor to increasing the prevalence of diabetes. Therefore, we should tackle both obesity and diabetes as they are intrinsically linked. The Healthy Lifestyles Team will be set up as a result of the Public Health responsibility coming to the council and there is scope for this to be included in the work programme

as the Healthy Lifestyles Team would provide the ideal pathway to engage with the targeted audience.

Recommendation 7:

The task group recommends that as part of the council's commitment to staff in relation to their health and well being to include diabetes as part of their health and well being events. ¹With 61% of the current staff at Brent coming from a BME background and with statistics confirming that this is the group at the highest risk it makes perfect sense to address the issue about diabetes at these events.

Recommendation 8:

The task group recommends that a form of commitment to support the Diabetes Support Group be made to ensure the group can carry on the good work. This support should come in the form of information of how to contact GP surgeries and work with them to engage with diabetic patients and to seek out a source of funding. The group needs to be promoted and patients need to be made aware of what the aim of the group is and how it will benefit them. Through the work of the Healthy Lifestyles Team, information should be shared and support could be provided to such groups.

Recommendation 9:

The task group recommends that a group be set up to work in partnership with the NHS, to work with establishments in the borough which sell food, i.e. fast food outlets, ethnic food shop and restaurants to establish links and educate owners about how to change practices to improve food quality and offer their customers a choice and option to purchase healthier food. A possible award scheme should be considered whereby establishments that cooperate have an article written about them in the Brent magazine for example, to attract more customers. Also, having an endorsement by the local authority will boost their reputation. The Obesity Strategy group currently address this in their work and the council when reviewing such groups ahead of the public health transfer should consider retaining the group and extending their programme.

Recommendation 10:

The task group recommends that the outdoor gyms be introduced in all parks throughout the borough so that all residents can have easy access to one and everyone can benefit from them. This is something to consider once the Public Health allocation has been confirmed to scope out the possibility of funding, although it should be noted that previous funding for outdoor gyms has been non recurrent and at present they are not budgeted for in the public health allocation.

¹ Dashboard monthly tracker, [http://intranet.brent.gov.uk/myemployment.nsf/Files/LBBA-594/\\$FILE/12%20Mar%20Monthly%20Tracker.pdf](http://intranet.brent.gov.uk/myemployment.nsf/Files/LBBA-594/$FILE/12%20Mar%20Monthly%20Tracker.pdf)

Introduction

What is Diabetes?

²Diabetes mellitus (just called diabetes from now on) occurs when the level of glucose (sugar) in the blood becomes higher than normal. There are two main types of diabetes - type 1 diabetes and type 2 diabetes.

³Diabetes UK explains that diabetes is a common life long health condition and develops where the amount of glucose in the body is too high and is not used properly. Insulin is the hormone produced by the pancreas that allows glucose to enter the body's cells, where it is used as fuel for energy so we can work, play and generally live our lives. It is vital for life.

Glucose comes from digesting carbohydrate and is also produced by the liver. Carbohydrate comes from many different kinds of foods and drink, including starchy foods such as bread, potatoes and chapattis; fruit; some dairy products; sugar and other sweet foods.

If you are diagnosed with diabetes, it means the body cannot make proper use of this glucose and therefore builds up in the blood and cannot be used as fuel. Therefore, a blood test is needed to make the diagnosis. The blood test detects the level of glucose in your blood. If the blood glucose level is high then it will confirm that you have diabetes.

There are two main types of diabetes, **Type 1 diabetes** and **Type 2 diabetes**.

Type 1

⁴Type 1 diabetes develops when the insulin-producing cells in the body have been destroyed and the body is unable to produce any insulin and so the glucose builds up in the blood.

Nobody knows for sure why these insulin-producing cells have been destroyed but the most likely cause is the body having an abnormal reaction to the cells. This may be triggered by a virus or other infection. Type 1 diabetes can develop at any age but usually appears before the age of 40, and especially in childhood.

Type 2

Type 2 diabetes develops when the body can still make some insulin, but not enough, or when the insulin that is produced does not work properly (known as insulin resistance). So, if there is not enough insulin, glucose builds up in the blood.

Type 2 diabetes usually appears in people over the age of 40, though in South Asian and black people, who are at greater risk, it often appears from the age of 25. It is also

² www.patient.co.uk/health/type-2-diabetes.

³ Diabetes UK, Jan 2009, www.diabetes.org.uk, http://www.diabetes.org.uk/Guide-to-diabetes/Introduction-to-diabetes/What_is_diabetes/

⁴ http://www.diabetes.org.uk/Guide-to-diabetes/Introduction-to-diabetes/What_is_diabetes/What-is-Type-2-diabetes/

increasingly becoming more common in children, adolescents and young people of all ethnicities.

Type 2 diabetes accounts for between 85 and 95 per cent of all people with diabetes and is treated with a healthy diet and increased physical activity. In addition to this, medication and/or insulin is often required

If diabetes is left untreated, it can lead to heart disease, stroke, blindness and kidney failure. Both types of diabetes are linked to a complication that involve the large blood vessels of the body and therefore increases the risk of cardiovascular diseases such as strokes and heart disease. This is also linked to complications in the tiny blood vessels in the kidneys and eyes and those that supply the nerves, hence the loss of feeling in the feet. In both types of diabetes, the poor control of blood glucose is the main association of increasing the risk of these complications.

The task group decided that they would use this report to address the following areas:

- Raising awareness of how to make early detections of diabetes to ensure early diagnosis.
- Raising awareness of the seriousness and effects of the disease, highlighting the possible complications caused by the disease.
- Learn from medical professionals in the borough what is being done to address the issue of obesity and diabetes in Brent by the NHS.
- Identify good practice already happening in Brent, such as Diabetes Support Group and see what can be done further to support any community organisations working with diabetes patients.
- Encourage changes in lifestyle through the promotion of what facilities and services are available in Brent through the services provided, i.e. sports and leisure facilities
- Identify further ways to raise awareness in particular to high risk communities in Brent.
- Identify ways to raise the awareness of the provisions that are available in Brent to ensure patients get the assistance and support they need.

Context

Diabetes in the UK

Diabetes is a common health condition and the chances of it developing in a person are dependant on a combination of genes, lifestyle and environmental factors.

⁵The number of people diagnosed with diabetes in England has increased by 25 per cent from 1.9 million to 2.5 million and is on the increase. It is estimated that by 2025 almost five million people in the UK will have diabetes. Majority of these cases will be Type 2 diabetes due to the ageing population and the number of overweight and obese people increasing.

It is estimated that 850,000 people in England have diabetes but are unaware of this and have not been diagnosed. Of those 2.2 million people diagnosed with diabetes in the UK, 1.3 million are aged over 65, with 344,000 of those from black and ethnic minority groups and 80 per cent of people with Type 2 diabetes are overweight or obese at diagnosis. The Department of Health has confirmed that ⁶diabetes is up to six times more common in people of South Asian descent and up to three times more common among people of African and African-Caribbean origin. A recent large population study carried out by Southall and Brent Revisited (SABRE) claims that half of all people of South Asian, African and African Caribbean descent will develop Type 2 diabetes by the age of 80.⁷ The study was carried out over 20 years and followed nearly 5,000 middle aged Londoners or Europeans, of South Asian, African and African Caribbean descent who did not have Type 2 diabetes at the start of the study in 1988.

Although Type 2 diabetes tends to affect the middle aged or older people, national statistics indicate that diabetes is now more frequently being diagnosed in younger overweight people and South Asians at a younger age. We know that people of South Asian, African, African-Caribbean descent have a higher than average risk of Type 2 diabetes, as well as less affluent people. The other risk factors associated with the increased risk of developing diabetes are:

- social exclusion, social deprivation
- lifestyle
- lack of physical activities
- Obesity
- family history of diabetes

The fact is that diabetes is on the increase and obesity and lifestyle are two of the main risk factors for Type 2 diabetes and this again links to deprivation. The disadvantaged communities are the ones less likely to access the appropriate care they need.

⁸Diabetes currently accounts for 10 per cent of the National Health Service budget and reports suggest a 6th of the NHS spending will be on Diabetes by 2035. An economic analysis study using various reports on the prevalence and the cost of diabetes from

⁵ State of the Nation Report 2012, England by Diabetes UK

⁶ Department of Health (2001). National service framework for diabetes <http://bit.ly/hse2004>

⁷ <http://www.sabrestudy.org.uk/>

⁸ <http://www.ncbi.nlm.nih.gov/pubmed/22537247>

organisations and UK national statistics reported that currently the NHS spend around £9.8 billion a year on the disease but over the next 25 years this could increase to £16.9 billion, meaning that this could potentially increase the current 10 per cent of the NHS's entire budget being spent on diabetes to 17 per cent. 80 per cent of the spending on diabetes then goes into managing avoidable complications. People with diabetes are twice as likely to be hospitalised and currently 19 per cent of hospital inpatients are diabetes sufferers and on average stay three days longer than people without diabetes.

Although speculation has been made, it is unlikely that diabetes will cause the NHS to go bankrupt; however it is not entirely unrealistic. Many parts of the world are facing the same challenges in addressing education, diagnosis and management of the disease. The NHS also highlight the concern about the fact that diabetes is the biggest single cause of kidney failure, nerve damage, stroke, blindness and amputation and the costs associated with this. Costs are predicted to almost double from currently costing £7.7billion to £13.5 billion by 2035/36.

Spending heavily on treating the complications caused by diabetes is a major issue in the UK and we are not spending enough on prevention or on how to manage the disease so that complications do not develop. It is evident that we need to identify the 7 million people who are at high risk of type 2 diabetes so that they can receive the lifestyle advice and support they need to prevent it. Without this the numbers will continue to rise and current projections suggest it will reach 4 million by 2015.

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Diabetes in Brent

Diabetes has become a major issue and is a growing problem for Brent and this is definitely linked to the ethnic makeup of the borough. ⁹Brent is a very diverse borough with 58 per cent of its population originating from black and ethnic minority backgrounds. The Quality and Outcomes Framework 2008/9 confirms that Brent's diabetes prevalence of 6.7% is significantly higher than the London prevalence of 5.3%. ¹⁰Age is a key factor in diabetes prevalence and Type 1 diabetes tends to be diagnosed in childhood but the prevalence of Type 2 diabetes increases steadily after the age of 45 years.

People from Asian and Black ethnic groups have the highest prevalence of diabetes within the Brent Community. The report 'Shaping a Healthier Future', by NHS NW London informs us that diabetes has become one of the biggest costs and challenges facing the NHS locally. Diabetes is found to be more prevalent in deprived areas and it is reported that people living in the 20% most deprived neighbourhoods in England are 56% more likely to be diagnosed with this disease. In Brent, this is possibly the result of the significant inequalities in health and wellbeing experienced by residents in the most deprived wards compared to the most affluent parts of Brent.

Brent is ranked amongst the top 15 per cent of most deprived areas of the country, and the ¹¹Brent Borough Plan highlights the fact that there is a nine year difference in life expectancy in the borough which is largely related to the disproportionate impact of conditions such as diabetes, heart disease, obesity and respiratory conditions on those who experience poor socio economic conditions. According to the NHS Brent Commissioning Strategy Plan 2009-2014, children are inheriting health problems that will leave a lasting adult legacy of chronic ill health. The report states that 10% of children over the age of 5 are obese. This figure rises to over 22% by the age of 12 and this is likely to increase in the future. With over half of the Brent population not doing any regular physical exercise or eating the recommended amounts of fruit and vegetables, the prevalence of diabetes is expected to increase to around 8.5% of the adult population by 2014.

Being overweight significantly increases the likelihood of a person developing diabetes and in Brent an estimated 21.6 per cent of adults are obese. Obesity prevalence for Brent children is 10.6 per cent which is above the England average of 9.6 per cent. By tackling obesity you tackle diabetes.

⁹ GLA 2010 Round Ethnic Group Projections

¹⁰ Diabetes Community Health Profile – NHS Brent Teaching

¹¹ Brent our Future 2010-2014

¹²Whilst diabetes is common across all of Brent, the Harness, Kingsbury and Wembley GP consortia have particularly high prevalence rates.

GP Consortium	Number of patients registered with diabetes	Prevalence of diabetes
Harness	4676	5.7%
Kilburn	3525	4.2%
Kingsbury	4566	6.7%
Wembley	4279	6.4%
Willesden	2682	4.9%

Methodology

To address the issues identified in this report and to propose a set of recommendations, the task group gathered evidence from a number of sources. These were:

- Dr Imran Choudhury - Consultant Public Health Medicine (Health Improvement) Deputy Director Public Health, NHS Brent.
- Farhat Hamid - Head of Nutrition & Dietetics, Community Services, BRENT.
- Nina Patel - Diabetes Nurse Consultant, Ealing Hospital NHS Trust, Monks Park Primary Care Centre.
- DESMOND programme
- Dr Ajit Shah – Clinical Director Kingsbury Locality of Brent CCG and Diabetes Commissioning Lead
- Brent Sports Services, Jo Creary, Sports Development Officer
- Gloria Travers – Diabetes Support Group
- Tower Hamlets – Task group received information about ‘Maslaha’, an organisation that works with Islamic community in Tower Hamlets. Details of the website and how it supports this community offered to the task group as an example of Best Practice.
- NHS Brent, Commissioning Strategy Plan, 2009 to 2014.
- State of Nation 2012, England, Diabetes UK.
- 4 members of the task group are diabetic and were able to refer to personal experience.

¹² Table taken from the JSNA Diabetes Brief 2012 quoted from the QMAS database 31st March 2011

Key Findings

The fact that diabetes is a huge problem for Brent has been established by the Joint Strategic Needs Assessment report, 2011 and the task group were keen to find out how the NHS are tackling this and to explore what the key barriers were to increasing awareness about diabetes in the borough. Diabetes is hereditary and is linked to lifestyle and at the present time there is no cure for this disease. It appears that the message about the awareness and the seriousness of the disease is not reaching our residents. Diabetes is a known disease and most people are familiar with the term but the difference it makes to one's life and the devastating linked complications are not widely known or possibly taken seriously enough.

The task group's findings have been broken down into sections, reflecting the key issues identified and opinions shared.

Joint Services

Currently diabetes services in Brent are to be re-commissioned by the CCG's when the existing Primary Care Trusts cease to exist. CCG's will be the successors to PCT's and their aim is to share resources and services. In total there will be eight CCG's in Brent. The council has a responsibility to ensure that the CCG's have in place clear pathways for patients and these are in a coordinated manner. Patients with diabetes need access to a variety of services and commissioning bodies need to take a holistic approach to service provision. The new model for diabetes will need to be integrated and networked so that practices can work together more closely and provide a seamless and effective service. Proposals for the new model indicate that the GP practices will provide a range of services and certain practices will provide services to those who suffer complex diabetes problems. However the services will be tiered and not all practices will provide the same range of services. Practices will be networked, so that if a GP doesn't provide the service needed, they will be linked to a local practice that does.

With the transfer of public health to local government in April 2013, there is an opportunity here to address these inequalities. Across a range of health conditions such as heart disease, obesity, cancers, diabetes and respiratory conditions, communities on lower incomes are disproportionately affected. Improving outcomes for people with diabetes is one of the specific objectives in the 'Improving prevention, management and outcomes for priority health conditions in Brent' work stream in the Health and Wellbeing Strategy for Brent and therefore provides an opportunity for review. It is about time that we look into the causes of diabetes and identify ways in which the local authority and Brent PCT should work together to break down the barriers to improving patient education and encouraging self-management.

Diabetes affects a person's quality of life and without the correct support through careful, continued management, life expectancy for a diabetes patient can be reduced between 6 to 20 years. With the rise of unnecessary complications stemming from this disease means the demands on our health services will keep increasing.

The current consultation, 'Shaping a healthier future, NHS North West London' produced on 2nd August 2012, explains the reasons for needing to change in order to provide the best healthcare possible for patients. More people are being diagnosed with diabetes and this is putting pressure on the NHS. The consultation mentions

diabetes as being an example of one area that is a problem because of the lack of specialised clinics in NW London. Reduced blood flow to the legs is a complication in diabetes and can lead to amputations. GP's with specialised clinics supported by a diabetic nurse can help reduce the number of patients affected and effectively cut down long term costs for the NHS. However, not everyone in NW London has access to such a service and there is a need for local specialist services to improve treatments. The consultation highlights the issue about the inequalities in health across NW London and how there is a difference on average of 17 years life expectancy across the different areas.

Localisation and integration has been the main driver for the model for care outside of the hospital, with the offer of a wider range of more high-quality services within the community to make sure people have easier and earlier access to care. The promise of quicker and more co-ordinated healthcare is what is needed to prevent further complications in diabetic patients as they will get the support and advice they need very early on.

A common theme that came out of the many conversations that took place is that integration is a key aim and there is a real need for a long term preventative strategy to address the problem. With so many people living with the disease without being diagnosed it is so important that the health checks programme is delivered to those who are at the highest risk of developing the disease. Dr Imran Chaudhury from Brent PCT explained that diet is a major contributing factor and the Health checks programme introduced in September 2011 has been very successful and has already identified 300 individuals with diabetes. Without the health checks programme these people may well have been overlooked and missed. The programme is a 5 year rolling programme that invites people between the ages of 40 and 75 who have not been diagnosed with heart disease, stroke, and diabetes or kidney disease for a health assessment. Based on the results patients are scored on their risk of developing one of these chronic illnesses. These people will be invited once every five years to assess their risk against these diseases and will be given support and advice on how to manage the risk. The programme is also helping to identify high risk patients that are categorised as pre diabetes patients. There is a suggestion that the age range for these health checks should be broadened to possibly 18 – 75 as many more young people are being diagnosed with obesity and diabetes. However, how this would be resourced is another question as central government funding will only cover the existing age range. The intervention programme is considered to be very beneficial to the patient and the economy. Catching diabetes for instance at the pre diabetes stage is critical to allow making life long changes through dietary control, as ¹³primary prevention interventions address lifestyle modifications (exercise, nutrition, weight loss and smoking cessation) with or without pharmacological interventions that could reduce the risk of diabetes in high risk populations. ¹⁴Many of the associated complications linked to diabetes are avoidable with good risk assessment and early diagnosis, patient education, support and good on going services. Estimates show that more than 100 amputations carried out each week from diabetes complications; up to 80 per cent are preventable.

¹³ Targeted Interventions for the prevention and management of Type 2 Diabetes Mellitus
http://www.eac.cpft.nhs.uk/Download/Public/18634/1/Type2DM%20%20Literature%20Review_1.pdf

¹⁴ State of the Nation 2012, England, Diabetes UK

Intensive Lifestyle Intervention is a scheme that evolved from the NHS Health Checks programme and is a good example of where Brent's Sports Service are working in partnership with the Public Health and Nutrition and Dietetics service on a programme called the ILI – Intensive Lifestyle Intervention. The aim of the initiative is to teach patients about leading a healthier lifestyle to delay the onset of Type 2 diabetes. The programme is available free of charge to patients who are referred by their GP's after undergoing a health check. If the patient is identified as being prediabetic, i.e. IGT – Impaired Glucose Intolerant, then they are considered as someone who will benefit from the programme.

Pre-diabetes is when glucose levels are higher than normal range over a prolonged period, but not high enough to be classified as diabetes. 'Like diabetes, pre-diabetes is characterised by insulin resistance and impaired insulin secretion,' (NICE 2010). Pre-diabetic patients have an increased risk of developing Type 2 diabetes due to impaired fasting glucose, impaired glucose tolerance or both. The risk increases to between 5 and 10% per year compared to 0.7% in those with normal blood glucose levels.

Brent Community Services were commissioned by NHS Brent to deliver the Intensive Lifestyle Intervention (ILI) and take lead responsibilities in managing the dietary and exercise components. The ILI is a 6 month programme of lifestyle intervention (diet and exercise) and uses an intensive behaviour change approach. The original design was modelled on evidence-based randomised controlled studies associated with a 40 – 60% reduction in incidence of diabetes (Gillies 2007).

The programme runs for a total of six months and patients have the opportunity to see a dietician for 6 months. The programme also incorporates a 10 week exercise programme designed to suit each individual. Patients are initially referred to a dietician and once the initial meeting has taken place, the patient's details are shared with Vale Farm Sports Centre or Bridge Park Sports Centre, depending on where in the borough the patient lives. Staff at the leisure centre will then work on devising a 10 week gym based plan at encouraging the patients to attend the centre for exercise at least twice a week. Once the 10 week exercise plan has been completed, patients are encouraged to sign up for further exercise on the exercise referral programme when they can continue their exercise plan under supervision. However, this comes at a cost to the patient.

The purpose of supplying free advice and support on nutrition and exercise is to kick start people into actively tackling the possibility of being diagnosed with diabetes.

Health Professionals as well as GP's can refer clients with type 2 diabetes directly into the exercise referral schemes at Bridge Park, Vale Farm and Willesden Sports Centre.

Whilst initiatives such as ILI are effective they require manpower and funding and so more creativity is required to ensure that these initiatives can continue. The Brent Sports Service have tried to instigate initiatives of their own in the past to try and tackle health issues within the borough but realised that without the NHS datasets it's pointless as we cannot reach or engage with the right people. Therefore working in partnership with the NHS is critical to success.

Dr Ajit Shah, is a member of the Kingsbury consortium and informed us that in his experience the recognition of diabetes as a serious disease is a major issue and barrier. Kingsbury has a large population of South Asian residents and Dr Shah explained that ensuring early intervention and increasing knowledge about the dangers of diabetes is crucial to this community. It is difficult to encourage patients to adopt a healthier lifestyle when they don't fully understand or appreciate the benefits and the change it can make to their lives. Cultural behaviour is the most difficult to adapt. The way forward is for the

local authority and the NHS to work in collaboration (Whole Systems Care) and agree a set of pathways to tackle obesity and diabetes together. Dr Shah would like to see the council offering more activity programmes designed to suit those who find exercise intimidating or the thought of joining a gym uncomfortable or unaffordable. Promoting exercise and a healthier lifestyle is the only prevention required and could also form part of a rehabilitation programme for many long term conditions. Brent has many open spaces and leisure facilities on offer. Making these accessible to all members of the community for the benefit of their health and well being should be a priority for a local authority. The other contributing factor to an unhealthy lifestyle for this community is the number of fast food restaurants and sweet marts. Ghee, oil and sugars are used excessively in the preparation of Indian sweets and Indian food. Raising awareness about consuming these types of food in moderation is very difficult, however absolutely necessary. Dr Shah also spoke about engaging with local food businesses and to encourage them to produce healthier foods for their customers. In his opinion this would be a huge step towards changing attitudes towards the preparation and consumption of some of the traditional foods that use a lot of ghee, sugar and oil.

Fast food outlets in close proximity to schools offer cheap, fatty foods high in trans fats (bad for health). New licencing needs to be reduced and existing outlets encouraged to offer healthier choices. Children and young people's health is adversely affected with the rise in childhood obesity and type 2 diabetes in children as young as 11 – 12 years of age.

Recommendation 2:

The task group recommends that the NHS health checks programme be fully implemented equally across the borough as this will enable early detection of diabetes. The creation of Clinical Commissioning Groups promises to create a unified and systematic approach by integrating services that are currently fragmented. The group support this approach to stream line services in order to create a more holistic approach. Commissioning for health checks from April 2013 will be a mandatory function under the council's Public Health responsibilities and the health checks will be included in the work programme, however the promise of quicker and more co-ordinated health care has to be followed through.

Recommendation 9:

The task group recommend that a group be set up to work in partnership with the NHS, to work with establishments in the borough which sell food, i.e. fast food outlets, ethnic food shops and restaurants to establish links and educate owners about how to change practices to improve food quality and offer their customers a choice and option to purchase healthier food. A possible award scheme should be considered whereby establishments that cooperate have an article written about them in the Brent magazine for example, to attract more customers. Also, having an endorsement by the local authority will boost their reputation. The Obesity Strategy group currently address this in their work and the council when reviewing such groups ahead of the public health transfer should consider retaining the group and extending their programme.

Education and Prevention

The message about education and prevention is one that came up in every conversation the group had and in almost every report, research paper or study that was referred to in relation to diabetes in the UK. There is an urgent need to increase levels of awareness about the signs and symptoms of diabetes and its serious consequences. Effective education allows for effective management of diabetes.¹⁵ Without careful continued management of the condition, a person with diabetes faces a reduced life expectancy of between 6 to 20 years. Investment into interventions that help prevent or reduce obesity will help reduce the number of future cases of diabetes.

DESMOND programme

Desmond stands for Diabetes Education and self Management for On going and Newly Diagnosed. Desmond is a structured self management education programme that supports people to manage the changes that diabetes brings to their lives.

The Desmond programme is an NHS organisation that supports other health organisations to deliver first class education to patients with Type 2 diabetes. The programme is delivered in sessions to small groups of patients by a trained healthcare professional. Desmond is usually a one day course or it can be offered in two half day sessions. The programme has a number of modules designed for specific needs, such as a foundation module for newly diagnosed patients to a module specifically for those individuals who are at high risk. There are modules to support safer fasting during Ramadan and a module specifically designed for South Asian communities. The aim of the programme is to provide honest, up-to-date, evidence-based information about the causes, effects and options to managing diabetes. The idea being that the individual can then feel empowered to manage the disease and their lifestyle and improve their health. The programme provides a source of networking for individuals who may be feeling confused and quite lost when they have been diagnosed with the disease. In Brent the programme is available by referral from GP's and patients are then invited to attend a session at the Monks Park clinic. There is concern around not everyone who needs to attend the programme being referred and this could be linked to GP's not being completely aware of the benefits of the programme. Patients also experience difficulty in accessing their blood test results and results of their HbA1c, blood pressure and cholesterol results. Involving people in the management of their own care is essential to enabling them to successfully achieve control of their health.¹⁶ *"I would like to have copies of my test and examination results. This would really help me to control my diabetes". Person with diabetes.*

Nina Patel, who is the Diabetic Nurse Consultant and course facilitator at Monks Park, explained that the programme has not yet been rolled out across the borough and this means that not everyone who could benefit from the programme can have access to it. In order to support the need to change people's attitudes towards diet, exercise and lifestyle the programme needs to be available to all who need it. The other problem is that there are not enough trained facilitators to hold more sessions for those who cannot attend during the hours of Monday to Friday, 9am – 5pm. The service desperately

¹⁵ State of the Nation 2012, England, Diabetes UK

¹⁶ State of the Nation 2012, England, Diabetes UK

needs more trained staff so that it can reach out to all those who need the support. With the health checks programme resulting in more referrals staffing and funding are a major concern.

The task group were very impressed with the facilities at Monks Park and the Desmond programme. They witnessed the delivery of a training session with patients who have recently been diagnosed with diabetes and were able to speak to the patients about their feelings of being diabetic and the training session. The patients were impressed with the programme and appreciated the opportunity to meet other patients who were in a similar situation. The positive benefits of the programme were very clear to see and it was encouraging to see enthusiasm towards making healthier life changes. The visit to the Monks Park clinic highlighted the following:

- DESMOND accreditation is required for the programme to be run and comes at a cost; however this cost can be shared if a number of clinics are set up.
- It is not currently compulsory for GP's to commission the programme to their patients and more needs to be done to raise awareness amongst GP's about the benefits of the programme and how to support it.
- More needs to be done to support the outreach work that trained staff are struggling to do. Non health professionals can be trained to assist with classes and could also be used to support the administrative support required.
- Staff need more support to run the sessions and would like to see more done to explore the possibility of recruiting champions from patient expert groups to provide classroom support.

Farhat Hamid, who is the Head of nutrition and dietetics in Brent, explained to the group about how her service provides support to people diagnosed with diabetes in Brent. The service works with GP's and health professionals and aims to treat specific nutrition related diseases in adults and children. Promoting a healthy lifestyle is key to their work and providing a service that is easily accessible and sensitive to the needs of people from all ethnic, religious and low income is essential. With an appropriate diet a person can slow down the production of glucose within their body and therefore prevent further complications in the case of diabetes. Off course medication does this as well but if we can educate patients to control their glucose levels with diet, then the reliance on medication is greatly reduced. With 1 in 20 people in Brent suffering from diabetes it is huge in terms of cost for treatment. Farhat went on to say that we are not getting value for our money and the problem is beyond the remit of individual GP's. Joint working of the council, GP's and Community services is crucial to moving forward and reiterated that the key to success is prevention and education. The Brent nutrition and dietetic service currently only deals with referrals from GP's to provide treatment to people with diabetes, with no core services commissioned for prevention and management of obesity and prevention of diabetes. Brent Nutrition & Dietetic Services are the lead provider of the Intensive Lifestyle Intervention programme and are in negotiations with Public Health to deliver a cost effective model going forward.

Brent Sports Service in the past have worked with the Nutrition and Dietetics service (NHS) to develop weight management programmes for residents with type 2 diabetes. The programme consisted of a 6 week long course and involved residents receiving dietary advice once a week for an hour followed by a one hour physical activity session

with a trained professional, however this programme was initiated as a pilot scheme and is no longer being run in Brent.

The council in conjunction with schools supports the healthy eating programmes for tackling obesity to improve the lives of the borough's children. The local authority has a responsibility to provide guidance to schools on nutritional meals and support them to run campaigns on getting the message across about healthy eating. ¹⁷*Research has shown that food preferences are generally acquired during childhood and that eating habits acquired after adolescence are more resistant to change. The school environment plays an important role in nurturing and sustaining good eating habits.*

The group attended a session with the Diabetes Support Group that is held once a month at the Chalkhill Community Centre. The group is coordinated and led by Gloria Travers. The group attracts around 10-15 residents who have diabetes who come to get further information about the disease, advice and support. On the day the task group attended, guest speakers from Ealing ICO attended to give a presentation about diabetes retinopathy. Gloria makes efforts to invite guest speakers that the group can benefit from and topics can range from diet, exercise, podiatry, eye screening, and mental health to medication and health checks. This is the only support group in Brent and what the task group found was that there was not enough publicity about the group and there was no funding stream. The sessions provide information and support to those who sometimes are not sure about what to do or who to speak to. By sharing experiences the idea is that they interact and help each other in a social environment. Without proper support the group will no longer exist and yet another opportunity to engage with residents and raise awareness about diabetes will be lost.

Recommendation 1:

The task group recommend that an educational film should be made in partnership with the NHS to educate residents and patients about diabetes. Voluntary support groups and patient expert groups should be invited to advise how to get the message across to the people that need it the most. Heart of Gold – Heart Disease patient expert group are a very active group and should be considered for this. Patients who were referred to the Intensive Lifestyle Intervention programme and who have successfully reversed their prediabetic condition should also be considered. The allocation for Public Health has not yet been confirmed but there is potential for funding from the allocation for health promotion and this should be explored once the allocation and programme has been confirmed.

The film can be used to address the following key areas:

- Engaging with high risk communities that do not understand the problems associated with the disease.
- Explanation of what happens when nothing is done.
- Support patients and show examples of how they can take care of themselves and how to address the changes in lifestyle and diet in order to live a healthier lifestyle.
- Explain benefits of prevention of the condition.

¹⁷ Health Promotion Board <http://www.hpb.gov.sg/HOPPortal/health-article/2818>

- Signposting patients and providing a better understanding of where and how to find support and advise.
- Tools and advice on how to support someone who has been diagnosed with diabetes.
- Engaging with children at school. Copies of the film should be provided to school governors and nurses so that it can be used as a source of discussion. Primary schools are an ideal forum for engaging with parents about healthy eating.

Recommendation 4:

The task group recommends that the Desmond Programme should be rolled out across the borough so that all diagnosed patients can have access to education about diabetes. The programme is a key resource to raising awareness about diabetes and how to make the beneficial lifestyle changes. There is currently no funding structure in place which is a real concern. The Ealing Hospital Trust that services the community in Brent will review the programme and also consider alternative programmes that best meet the needs of the diverse community as this programme currently comes under the remit of NHS. There is also an opportunity to seek funding from the Public Health allocation once this has been confirmed to see if there is scope for the council to contribute.

Recommendation 6:

The task group recommends that more work should be done with schools to raise awareness about diabetes. Schools should be encouraged to provide children with more information about diabetes and maintaining a healthier lifestyle. Diabetes in children is on the increase and with so many fast food establishments opening up near to schools, highlighting the impacts of this disease is so important. The group recommend that the topic of Diabetes should be highlighted to secondary school students by including discussions about how to prepare healthy food in Food Technology lessons. Childhood obesity in Brent is higher than both the national and the London average – a major contributor to increasing the prevalence of diabetes. Therefore, we should tackle both obesity and diabetes as they are intrinsically linked. The Healthy Lifestyles Team will be set up as a result of the Public Health responsibility coming to the council and there is scope for this to be included in their work programme, as The Healthy Lifestyles Team would provide the ideal pathway to engage with the targeted audience.

Recommendation 7:

The task group recommend that as part of the council's commitment to staff in relation to their health and well being to include diabetes as part of their health and well being events. With 61% of the current staff at Brent coming from a BME background and with statistics confirming that this is the highest risk group it makes perfect sense to address the issue about diabetes at these events. Through the work of the health and well being events, staff should be encouraged to use the leisure facilities provided by the council. Staff from the leisure centres in the borough should be invited to promote the facilities and provide information about what's on offer. The new Civic Centre will provide gym facilities and the benefit of having this on site should be promoted, as should the availability of healthy foods at affordable prices on council premises.

Recommendation 8:

The task group recommend that a form of commitment to support the Diabetes Support Group be made to ensure the group can carry on the good work. This support should come in the form of information of how to contact GP surgeries and work with them to engage with diabetic patients and to seek out a source of funding. The group needs to be promoted and patients need to be made aware of what the aim of the group is and how it will benefit them. Through the work of The Healthy Lifestyles Team, information should be shared and support could be provided to such groups.

Healthier Lifestyles

A pilot intensive lifestyle programme for people with impaired glucose tolerance was carried out by NHS Brent in 2011. These individuals were people who had not yet developed diabetes but were at increased risk for developing the disease in the future. The pilot gave these people access to exercise provided by the council's leisure services twice a week and in addition advice on nutrition and behaviour change by the local dietician service. The trials demonstrated that such intensive lifestyle interventions can reduce the incidence of diabetes in these individuals by up to 58% after three years. The successful development of a local programme could be key to reducing the number of individuals who will develop diabetes in the future.

Physical activity is essential to having a health balanced lifestyle but a survey carried out by Sport England Active People Survey Three 2009 indicates that levels of participation rates of sport and recreation in Brent have declined. The report also went on to confirm that:

- Brent went from being ranked 11th among London boroughs with a participation rate of 19.5% to the third lowest level of participation borough in London with 15.8%.
- In London, Brent was the only borough to experience a decline in participation rates for the national indicator of 3x30 minutes per week of exercise. All the other London boroughs remained the same or showed an improvement on their previous results.
- There was an increase in the number of people who accessed Brent owned sport and recreation facilities in 2009 and this resulted in an overall figure 794,844, representing an increase of 10,981 from the previous year¹⁸.
- Memberships to sporting facilities also remained consistent and indicated good representation from white British and ethnic groups.
- Residents in the southern wards of the borough don't have the same level of access to the parks and open spaces Brent compared to residents in the north of the borough.
- Cost of travel and low levels of car ownership in the borough are a contributory factor to participation numbers as majority of Brent residents need to travel to access the sport and recreation facilities provided.

¹⁸ Brent Sports Services

- The risk of dying from coronary heart disease has also doubled due to overall numbers of inactive and unfit people in the Brent.

Outdoor gyms are a new concept in exercising and are becoming increasingly popular in the UK. Exercising outside has been known to help burn more calories than inside and is more likely to improve your mood and self esteem than exercising in a traditional indoor gym. They are also free to users and are often less crowded than indoor gyms. Brent Sports Service has successfully secured funding from the NHS to implement outdoor gyms at 5 parks within the borough. The locations were agreed by the NHS, GP Board, Brent Sports and Brent Parks services. It was agreed that the chosen park would be ones that attract a lot of users and the implementation of an outdoor gym would compliment the other facilities within the park.

The following 5 parks will have outdoor gyms by Spring 2013:

- Gladstone Park – location chosen because of the existing sports provisions within the park and due to high footfall of visitors. Also a venue for the walks programme, it's close to local schools and people already use the park for exercising.
- King Edwards Park, Wembley – location chosen as the park is situated in an area of population growth with the regeneration of Wembley, existing sports facilities, is close to schools, has high footfall and is a venue for the walks programme.
- Roe Green Park – location has high footfall and is close to a high school and the need for a third pool with health and fitness facilities has been identified in this area. There are existing sports provisions and is a venue for the walks programme.
- Tiverton Green – Demand for an outdoor gym was identified following a consultation project for future facility provisions.
- Gibbons Recreation Ground – location has existing sports provisions and is close to three local schools. The area is used as a shortcut by parents taking children to school and is an area of health inequality.

The funding will cover maintenance and repairs for all the equipment for five years and will also be used for trainers to support people using the gyms. Obviously the funding will eventually run out and the plan is to train up local people so that eventually they can lead on training sessions. The usage, benefits and popularity of these gyms will be monitored as the sports service have no facility to fund extra gyms. Further avenues of funding will be explored if necessary.

'Maslaha' is a website that was introduced by Tower Hamlets Primary Care Trust and The Young Foundation working in partnership to provide medical and Islamic information on how to lead a healthier life if you have diabetes. The website is aimed at Muslims to help them deal with the everyday dilemmas of living in a western society and at the same time provides advice on how to maintain a healthy diet and information

about community centres who offer free exercise sessions for men and women. The site provides information about diabetes and the importance of diet and exercise, especially for those people originating from India, Pakistan and Bangladesh are more likely to be diagnosed with diabetes due to the excess weight around the stomach area which increases the chances of diabetes. Currently we do not have such a resource of information in Brent and considering the demographics of the borough it is highly likely that a project like this would do well in Brent. It is worth considering incorporating the sports service into this as well as we want to educate people about the benefits of regular exercise too.

Recommendation 3:

The task group recommend that the pilot intensive lifestyle intervention for people with impaired glucose tolerance be developed into a local programme and rolled out across the borough. Public Health are exploring further options with the current providers, Community Services, Brent Nutrition & Dietetics Service, for how intensive support can be provided in a more sustainable form.

Recommendation 5:

The task group recommends that there should be dedicated pages on the council's website to provide advice and information relating to health improvement and more specifically diabetes. 'Maslaha' is a dedicated website that was introduced by Tower Hamlets council and was delivered in conjunction with The Young Foundation. Although the Maslaha site is specifically targeted at Muslims due to the demographics of Tower Hamlets, the Brent pages should be targeted at all high risk communities. The group recommend that this work should be led by Public Health in conjunction with council's Communications Team. The pages should be promoted at the various networking forums that take place in the borough to reinforce the message around how healthier lifestyles and healthy eating can help prevent diabetes.

Recommendation 10:

The task group recommend that the outdoor gyms be introduced in all parks throughout the borough so that all residents can have access to one and everyone can benefit from them. This is something to consider once the Public Health allocation has been confirmed to scope out the possibility of funding, although it should be noted that previous funding for outdoor gyms has been non recurrent and at present they are not budgeted for in the Public Health allocation.

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Health Partnerships Overview and Scrutiny Committee

29 January 2013

Report from the Director of Strategy, Partnerships and Improvement

Wards Affected:
ALL

Update on proposed merger of Ealing Hospital NHS Trust (EHT) and the North West London Hospitals NHS Trust (NWLH) and finances.

1.0 Summary

- 1.1 Members of the Health Partnerships Overview and Scrutiny Committee requested an update on the proposed merger between Ealing Hospital NHS Trust (EHT) and the North West London Hospitals NHS Trust (NWLH) following the news that NHS London had requested financial assurances before the merger business case could be formally put to NHS London's public board. An update on the progress towards making the two year financial savings targets was also requested.
- 1.2 The earliest that the full business case for the merger will now be submitted to the NHS London board is July 2013, with the intention of the merger going live on 1 April 2014. NHS London have requested that financial modelling of the impact of "Shaping a Healthier Future" be included in the business case. As previously reported to the committee, the two trusts have already combined some back office functions including the creation of shared IT and Estates departments. The trust will continue to implement service sharing in other areas including clinical areas. The Chief Executive of NWLH will become Acting Chief Executive of EHT and the Director of Nursing at NWLH will become the Acting Director of Nursing at EHT as a result of departures from these posts at EHT.
- 1.3 NWLH trust has target savings of £16.8m for 2012/13 and is expecting to deliver £13.4m of these with the balance made up through other non-recurrent measures.

2.0 Recommendations

- 2.1 The Health Partnerships Overview and Scrutiny Committee is recommended to consider the report and question representatives from NWLH and EHT on the setbacks to the planned merger and any possible financial implications.

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STRONGER *together*

Monday 14 January 2013

Update 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) and finances.

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

1.1 Overview

As previously reported to the Committee in November both Trust boards remain committed to the merger and are continuing to work towards achieving formal approval for the merger business case and closer joint working between the two Trusts.

1.2 The Full Business Case (FBC)

As previously reported to the Committee, NHS London has requested further financial assurances in order for the merger business case to go to their public Board and, ultimately to the Department of Health for review.

Given the level of savings required over the five year financial plan, it has requested further evidence of the QIPP (quality, innovation, productivity and prevention) programme across the two organisations. PwC (PricewaterhouseCoopers) has been commissioned to support the Trusts' joint QIPP programme management office and on-going progress is being made with delivery for this year as well as planning for future years.

NHS London has also requested that further financial modelling is undertaken to assess the potential impact of Shaping a healthier future (SaHF) on the merger case. Discussions are continuing during January 2013 with NHS London, the National Trust Development Authority (NTDA) and our commissioners as to how this is best undertaken and the exact requirements that will ultimately influence the timetable for resubmission of the merger FBC.

Although still subject to final agreement with NHSL and the NTDA, it is our expectation that the revised date for a formal submission of the FBC will be July 2013 at the earliest with a likely planned go live date for the formal merger of 1st April

2014. While the Trusts will have to reflect the output of any agreed Commissioners plans as a result of the Shaping a Healthier Future consultation process, the FBC will also clearly need to reflect the existing configuration arrangements and Trusts' service plans. The revised FBC will therefore reflect the latest narrative on service plans and volumes and the financial assumptions that underpin these. All supporting strategies (i.e. IT, estates, workforce etc) will also need to be updated. As a consequence we will therefore re-engage with the three local borough scrutiny committees on the revised content of the FBC during April through to June 2013 before it is finalised.

1.3 Joint working

Both EHT and NWLH have been working closely together during the planning phase for merger looking at where benefit could be gained through joint working and appointments. As part of this process the Trusts have already developed single departments covering both Trusts for IT and Estates. This has brought clear advantages through improved efficiency and access to larger teams with a greater depth of expertise. During the next phase of work the Trusts may take similar decisions about sharing other 'back office' functions and indeed there are many examples of other organisations sharing non-clinical functions without merger.

Ahead of merger there may also be some joint clinical working arrangements, for example sharing on call expertise in some specialities, which will benefit both Trusts and are not merger-dependent. Any proposals for joint working in clinical services which would have a direct impact on patients and could be considered a significant variation to the way care is delivered would be discussed with Health Overview and Scrutiny in the usual way.

As the committee will be aware Julie Lowe is leaving EHT in January to take up the position of chief executive of North Middlesex University Hospital NHS Trust.

Given the fact that the Trusts' boards continue to be committed to merger it has been agreed that the chief executive for NWLH, David McVittie, will also take on the position of acting chief executive for Ealing Hospital NHS Trust.

The interim nursing director for EHT, Julie Halliday, left the Trust at the end of December 2012 and her role will be covered by Carole Flowers, director of nursing at NWLH, who will also become acting director of nursing for EHT.

The Trusts are conscious that shared appointments are potentially stretched thinly, and especially so until the merger actually takes place. An Ealing Integrated Care Organisation (ICO) Executive Group has therefore, been created to focus on EHT issues. This group will be led by Dr William Lynn, who has agreed to take on the role of acting deputy chief executive at Ealing. Recognising the need for local support and community experience, Deborah Kelly, EHT's deputy director of nursing, will be the senior (ICO) nurse

2. Finances

The Committee requested an update on progress made to achieve more than £70m of savings over two years as described within the draft Full Business Case.

As described in our report to the Committee in November, the draft FBC identified a requirement for £73.2m of savings over the two year period which is analysed as follows:

- 2012/13 savings of £30m
- 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.

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.

Each Trust remains an individual statutory body responsible for meeting its own financial responsibilities and has specific saving targets. However there is a joint programme and both Trusts may adopt common processes and share best practice to achieve some of the savings. For example, agreeing to use a common supplier of prosthesis may result in £100,000 saving for NWLH.

To meet its operating plan target for 2012/13, NWLH has a QIPP target of £16.8m and is currently forecasting it will deliver £13.4m of the planned savings with the balance made up through other non-recurrent measures. The key areas of saving contributing to the £13.4m include:

- Premises and procurement savings - £8.6m,
- Corporate function savings - £1.2m
- Nursing and medical staffing costs reductions - £1m (with an emphasise on reducing use of bank and agency staff, vacancy rates and turnover)
- Reducing length of stay to enable some beds to be closed - £0.5m

Work continues in the organisation to ensure on-going progress is being made with delivery for this year as well as planning for the detailed QIPP schemes for future years.

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

Footnote: National Trust Development Authority (NTDA): New NHS body established to take over responsibility (effective from 1 April 2013) the oversight and support of non-Foundation Trusts from Strategic Health Authorities.

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Health Partnerships Overview and Scrutiny Committee

29 January 2013

Report from the Director of Strategy, Partnerships and Improvement

Wards Affected:
ALL

Accident and Emergency performance and activity at Northwest London Hospitals NHS Trust

1.0 Summary

- 1.1 Northwest London Hospitals NHS Trust previously reported to the Health Partnerships Overview and Scrutiny Committee in May 2012 on performance at A&E (Accident and Emergency) departments. This report provides an update on performance particularly in light of current issues faced by Central Middlesex Hospital and Northwick Park Hospital.
- 1.2 Activity at Central Middlesex Hospital A&E continues to decline although it has been busy over the last six weeks. The trust will be looking at how the emergency pathway can be consolidated and improved within the context of the possible outcomes of "Shaping a Healthier Future".
- 1.3 Northwick Park A&E's main challenge, as the committee were informed at the last meeting in November, is lack of assessment space within the department and of bed capacity across the trust. The majority of breaches of the four hour A&E waiting target are a consequence of insufficient bed capacity. Performance against the four hour target has worsened over winter when the need for admissions has increased; this is a result of the lack of bed capacity. To address the assessment and acute bed capacity problems the trust is undertaking a complete site review. It is also anticipated that the £20m redevelopment of the A&E at Northwick Park will address some of the issues around lack of assessment space.

2.0 Recommendations

- 2.1 The Health Partnerships Overview and Scrutiny Committee is recommended to consider the report and question representatives Northwest London Hospitals NHS Trust on the current challenges faced by A&E services at Central Middlesex and Northwick Park hospitals.

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Tuesday 15 January 2013

Update for Brent Health Partnership Overview and Scrutiny Committee

Accident and emergency performance and activity at North West London Hospitals NHS Trust

1. Activity

1.1 Central Middlesex A&E

Activity at Central Middlesex Hospital A&E continues to decline although the department has been busy over the past six weeks. It remains a challenge to make the emergency department and acute medicine at CMH financially and clinically viable. The Trust will be looking at how, within the context of the possible outcome of Shaping a healthier future, the emergency pathway can be consolidated and improved.

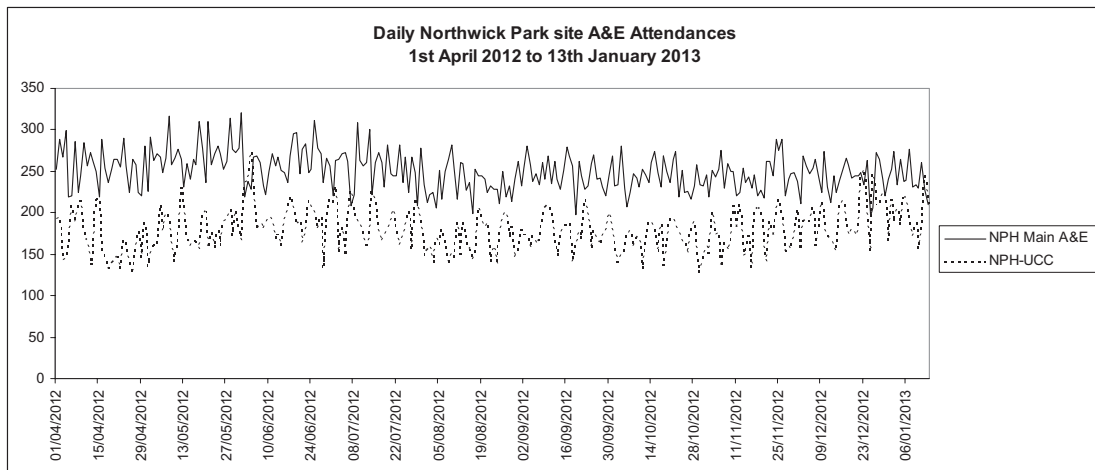
1.2 Northwick Park A&E

The A&E at Northwick Park Hospital cares for around 500 patients per day (about half of these are seen in the urgent care centre which is managed by Ealing Hospital NHS Trust - Integrated Care Organisation).

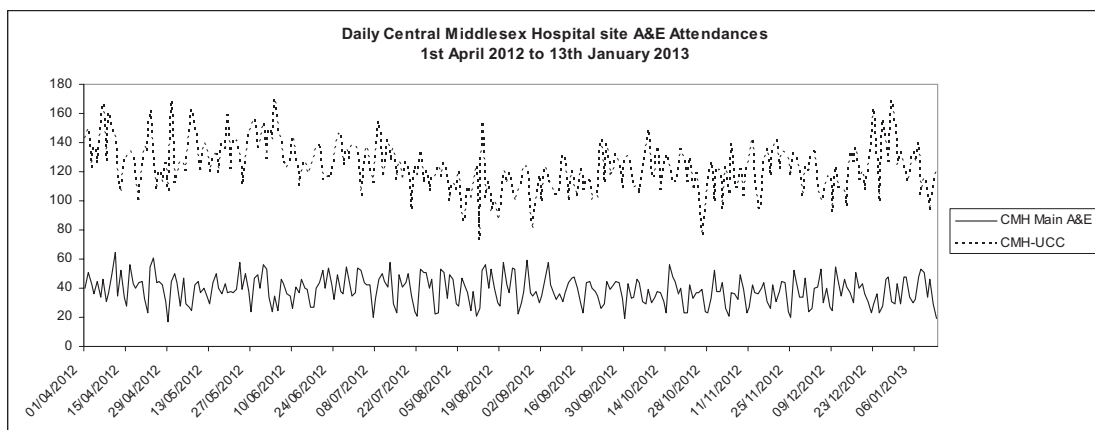
A major challenge, as previously discussed, is physical space within the department (e.g. assessment space) and bed capacity across the Trust. Nearly all of the current breaches of the four hour target (70%) are within the control of the Trust and are as a direct consequence of insufficient bed capacity.

The Trust will need to find additional assessment and acute bed capacity over the coming months to reduce waiting times within A&E and we are currently undertaking a complete site review to achieve this by ensuring that services are located on the correct site.

The graph below shows that the UCC activity at Northwick Park is increasing and seeing minor injuries and illness as well as having an agreed ambulance pathway. In line with this increase, the overall number of people attending A&E is decreasing. However it is important to note that the patients who are now seen have a higher acuity which means they have more complex needs and are more likely to be admitted.



The below graph shows that overall activity is declining at Central Middlesex A&E (includes A&E and some reduction in those attending UCC).



2. Performance

The national standard set for accident and emergency departments is that 95% of patients should spend no more than four hours in the department from time of arrival to time of departure.

As at 6th January 2013, the performance across the Trust (both main A&E Departments and Urgent Care Centres) for the period 1st April 2012 to date was 95.65%.

The daily performance across the Trust is shown below. Performance will fluctuate on a daily basis but the target is NOT a daily target.

A&E 4 Hour Performance Target

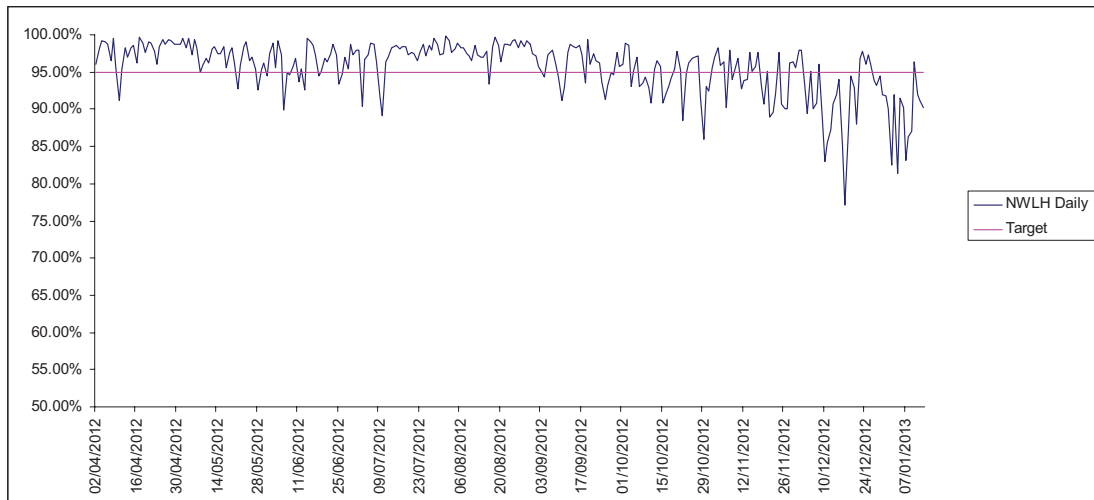
95.00%

A&E Performance	Yesterday	Week to Date	Year to Date
NPH- Type 1 Only	76.57%	73.71%	90.55%
CMH- Type 1 Only	93.75%	95.45%	97.05%

Trust- Type 1 Only	78.60%	76.57%	91.42%
NPH + UCC- Type 1 & 3	87.28%	84.70%	94.33%
CMH + UCC- Type 1 & 3	98.74%	98.77%	99.15%
Campus- Type 1 & 3	90.24%	88.43%	95.65%

You will note from the graph below that over the winter, as the need for admission has increased, performance against the target has deteriorated. This is due to the capacity challenge in regards to beds as described above.

Figure1. Daily performance across the Trust.



3. A&E redevelopment

The Trust is making good progress with its plans for a £20m redevelopment of the A&E at Northwick Park Hospital which will address some of the capacity issue with regards to assessment space within the department.

As plans, including artist's impressions, are finalised we would welcome the opportunity to present these in more detail to the Committee at a future meeting.

Tina Benson
Deputy Director of Operations
North West London Hospitals NHS Trust

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Health Partnerships Overview and Scrutiny Committee

29 January 2013

Report from the Director of Strategy, Partnerships and Improvement and the Director of Adult Social Care

Wards Affected:
ALL

Public Health Transfer Update

1. Summary

- 1.1 This report updates members of the Health Partnerships Overview and Scrutiny Committee on the progress being made in preparing for the transfer of public health functions from NHS Brent to the council. Members will be aware that from 1st April 2013 the council will take on responsibility for a number of public health services and staff, changes that were confirmed in the Health and Social Care Act 2012.

2. Recommendations

- 2.1 It is recommended that the Health Partnerships Overview and Scrutiny Committee considers the update on the public health transfer and takes the opportunity to question officers on the progress being made with this work.

3. Report

3.1 Public Health Staff

- 3.2 One of the most significant elements of the public health transition is the transfer of staff from NHS Brent to the council. The committee has considered a report previously on the public health structure and made recommendations on this issue. The Executive has approved a broad structure and the Chief Executive has commissioned an independent review to help finalise the structure ahead of the transfer to the council. In summary, it has been agreed that:

- Brent will have nineteen public health staff, split across two departments – Adult Social Care and Environment and Neighbourhood Services.
- There will be a Director of Public Health for Brent only, based in the Adult Social Care Department and reporting to the Director of Adult Social Care. For the first 12 months after the transfer, the DPH will manage the public health staff in the ASC directorate and the public health budget. This arrangement will then be reviewed to assess the effectiveness of the function and the structure.

- The public health staff in ASC will be responsible for commissioning public health services (such as substance misuse services and sexual health services); the staff in Environment and Neighbourhood Services will focus on delivering services and implementing health improvement programmes. Two public health consultants will be based in Adult Social Care, but will work across departments on public health activity.
- 3.3 Not all staff transferring to the local authority have been confirmed into post. A job matching panel met before Christmas where eight of the 19 staff were confirmed into their posts. There are a number of reasons why it was not possible to confirm appointments:
- Interviews are required for a number of posts where there was more than one person matched to the role. Only those matched into the role will be eligible for these interviews.
 - For some posts there was no direct match from the Brent public health staff and so these posts will be advertised across the NHS in North West London with anyone eligible to apply, including existing Brent public health staff.
 - Two people were matched into posts, but have accepted other job offers from within the NHS. Therefore, these roles will also be advertised across the NHS in North West London.
 - Two jobs are still to go through the matching process, but this will happen in January 2013.
- 3.4 It is envisaged that all staff will be appointed by the middle of February 2013.
- 3.5 The exception to this is the Director of Public Health. Brent has agreed to appoint a DPH for the borough, and abandoned plans to share with another council. The post is vacant at NHS Brent and so it hasn't been possible to job match. This means that the council will need to recruit to this post, but it is unlikely that the recruitment will be completed and the post holder able to start in post by 1st April 2013.
- 3.6 Between January and April staff transferring to the council will attend the corporate induction, Civic Centre induction and training and work with their receiving departments on departmental specific inductions. Ahead of the transfer work plans for the coming six to 12 months will be agreed within departments so that staff are clear on what they will be doing before they move across. Arrangements will also be made to enable staff to work from the council's buildings before April to aid integration into the local authority.
- 3.7 Public health structure charts are attached as appendices to this report.
- 3.8 Public Health Contracts**
- 3.9 The majority of the public health budget is spent on contracts with NHS, private and third sector organisations that deliver public health services. Ensuring that the contracts are successfully transferred and services continue from April 2013 onwards is critical. The council is determined that services should be unaffected during the transition period and that service users are not affected by changes in contracting arrangements.

- 3.10 The Executive has approved a report on the public health contract transfer. Members agreed that the majority of public health contracts would be extended and continued in 2013/14 to ensure current services continue in line with the existing arrangements. Once public health services are successfully transferred to the local authority members will consider how they wish to commission services in the future, but the focus at this stage is on achieving a successful transfer and service continuity.
- 3.11 The process for transferring contracts from NHS Brent to the local authority has become clearer as guidance has become available, although each borough is working in a slightly different way as the guidance is subject to interpretation. In short, the contracts held by NHS Brent for public health services due to transfer to the council will be transferred under a statutory transfer arrangement (transfer order). The transfer order's documentation will list all contracts and other property and liabilities currently held by the PCT relevant to the council. The legal transfer will take effect from 1st April 2013.
- 3.12 NHS Brent has 38 public health contracts with external providers. The majority of these contracts are for sexual health and substance misuse services. The position with all of NHS Brent's public health contracts, except for one, is that they expire on the 31st March 2013. Therefore, officers have been working with colleagues at NHS Brent and provider organisations to ensure that the work is done to progress the extension of contracts so that services continue after the 1st April 2013.
- 3.13 Guidance has been sent to councils by NHS London on what to do in the circumstance facing the council and NHS Brent. The guidance says:

“Where current public health services contracts expire prior to 1st April 2013 the PCT and local authority should decide jointly whether they wish to continue to commission the service that will transfer to the local authority. A decision will need to be taken on the most appropriate approach. This could include:

a. PCTs with local authority agreement working with the current provider to agree to continue to run the current services for a short period (e.g. 6, 9, 12 months). This would ensure continuity of service for service users and would allow local authorities time to implement their procurement decisions, where this is possible within the terms of the contract. In this instance, local authorities would be requesting the existing parties to the contract to amend the existing contract duration beyond 1st April 2013. Any request for an extension to duration of the existing contract would be made by the PCT to their SHA/Regional Director. An extended contract would be transferred to the relevant local authority under the statutory transfer scheme arrangements. For this approach, local authorities will need to be able to make a case to support the decision to extend the contract. This is especially the case where the service could be delivered by other providers. Reasonable defence for such decisions may include wanting to manage the impact of transition on the provision of services locally, with actions planned to engage on alternate plans for commissioning services in the future after the transition arrangement expires.

b. Local authorities commissioning a new service through available procurement routes”

- 3.14 Given the value of some of the public health contracts and the time and capacity available to re-commission services for 2013/14, officers considered that there was little option but to ask NHS Brent to extend contracts and transfer those contracts to ensure services continue through 2013/14. However, the council is committed to reviewing and re-commissioning public health services in a rolling programme over the coming two years to ensure that services are commissioned in line with our procurement rules and that they properly reflect the council’s ambitions for public health.
- 3.15 The other complicating factor with the transfer is the variety of contracts used by the NHS to commission public health services. Unfortunately there is not a single solution available that can be applied to each public health contract to ensure it can be extended and included in the transfer order. Therefore, officers are working through each one to ensure that it is dealt with appropriately and extended in the correct way.
- 3.16 A series of meetings has been held with each organisation providing public health services to ensure that they are aware of the changes that are happening and that they are happy to continue providing services on the council’s behalf after April 2013. These meetings have been very productive and all of the current contractors have confirmed that they are willing to have their contracts extended and to continue providing services.
- 3.17 Separately, discussions are being held with local GPs and pharmacists about the services they provide for public health (such as smoking cessation), which are commissioned via Local Enhanced Service (LES) agreements. Again, the intention is to extend these agreements for 12 months, assuming GPs and pharmacists agree to this. Indications are that they are willing to have their LES agreements extended and arrangements are being made to do this.
- 3.18 There are three contracts that NHS Brent has recommended aren’t extended to carry on into 2013/14. There are a few reasons for this but importantly, service users shouldn’t see any difference because alternative provision is in place for all three services. For information, the services are:
- Central London Community Services - Contraceptive services. This service is based in Barnet and NHS Brent had been making a contribution to the service to pay for activity provided to Brent residents. NHS Brent Public Health had been unaware until recently that this contract existed and it is unclear what value or service it is providing for Brent. Given that open access GUM services are commissioned by public health and will be transferring to the local authority, that there is a wide variety of contraceptive services commissioned in the borough, for example, the contraceptive services provided by CNWL, and the lack of clarity around the outcomes from this service, it was recommended that the contract isn’t extended and is allowed to lapse on 31st March 2013.

- Young Addaction - Teenage pregnancy services and sexual health services for young people at the Cobbold Road Centre. This contract was for a GUM nurse to attend the Cobbold Road Centre to provide sexual health services to young people using Young Addaction's other services. There have been problems with this contract as the provider has struggled to secure a nurse to run the sessions. The contract was only set up for one year and would have expired on 31st March 2013. There are also alternative services that people could use, such as the GUM clinics commissioned by public health, or the CNWL contraceptive service. Because of the contract issues and the short term nature of the contract, it was recommended that the contract isn't extended.
- Lonsdale Practice - Shared care for opiate users with high levels of need had been provided from the Lonsdale Practice. The GP providing the service has retired, and clients have transferred to the Junction Service provided by CNWL in order to move them on through the treatment system. Because alternative provision is in place and the provider has retired, it was recommended that this contract isn't extended.

3.19 Work will continue on the contract element of the transfer to ensure that extensions are agreed with providers so that their contracts can be written into the transfer order and passed to the council to take effect from 1st April 2013. Almost immediately work will need to start on re-procuring services in line with the council's commissioning intentions and plans for public health if this is to be done in time for services to start in 2014/15.

3.20 A full list of public health services provided by contracts with external providers is included as an appendix to this report.

3.21 Finance

3.22 The council has received details of the public health allocation in 2013/14 and 2014/15. In 2013/14 the ring fenced public health allocation will be £18.335m. In 2014/15 it will be £18.848. This grant allocation is good news for Brent, although the percentage growth in the budget is at the lower end compared to council's nationally and in London. However, it is more than the £16.007m in the baseline estimate that the council received in February 2012 and means that the authority will be able to meet contract and staffing costs and have funding for development opportunities in public health.

3.23 What isn't clear is how long public health budgets will be ring fenced, or how the Government will fund public health in the future. Final details of the funding formula are not available (to the best of our knowledge) and so there needs to be a degree of caution about the direction of public health budgets in the future. Under the formula originally proposed by ACRA, Brent would have seen an 11% reduction in funding and there has to be a risk that funding for public health will eventually fall if the Government implements the formula as originally proposed.

3.24 Work will take place between now and the transfer to build the public health budget, to ensure that contract liabilities are covered and allocations made to the public health teams in Adult Social Care and Environment and Neighbourhood Service. Any development opportunities that can be explored with the public health funding will be

subject to the approval of members, and in line with the priorities in the borough's health and wellbeing strategy.

- 3.25 As would be expected in a project of this nature, practical work such as arranging public health payroll, adding cost centres to Oracle (the council's finance system) and other preparatory work is taking place under this work stream to ensure that the council is prepared ahead of the 1st April transfer.

3.26 Information Technology

- 3.27 There is a significant IT infrastructure that needs to be established for the public health service so that officers continue to have access to the information they need to help deliver and provide services. Organising council email addresses and logins for staff will happen in due course. The main area of focus at present is on testing the council's N3 connection to ensure officers are able to access numerous systems required for public health work (such as birth and death registers), as well as systems that provide patient identifiable data that is required if the public health team is to provide population health care advice to the Brent Clinical Commissioning Group and the council.

- 3.28 Other IT support, such as the data bases for NHS Health Checks and the smoking cessation team will transfer when staff transfer on 1st April. Brent's IT team are working on this element of the transfer with staff from public health to ensure that their systems are working and tested ahead of the transfer.

3.29 Conclusions

- 3.30 Work on the public health transfer continues, but some key issues such as structure and contracts are starting to be settled. There is still a great deal of work to do ahead of the 1st April to ensure a smooth transition, but this work is in hand. Members should be reassured that staff from the council and NHS Brent are working collaboratively on this project so that services continue throughout the transition period. However, members should view the transfer as the first stage in a process that will result in a fundamental review of all public health services to ensure that they are procured and delivered in line with the council's ambitions for the function. This work will continue throughout 2013/14 and 14/15 and further updates can be brought to the committee on request.

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Appendix

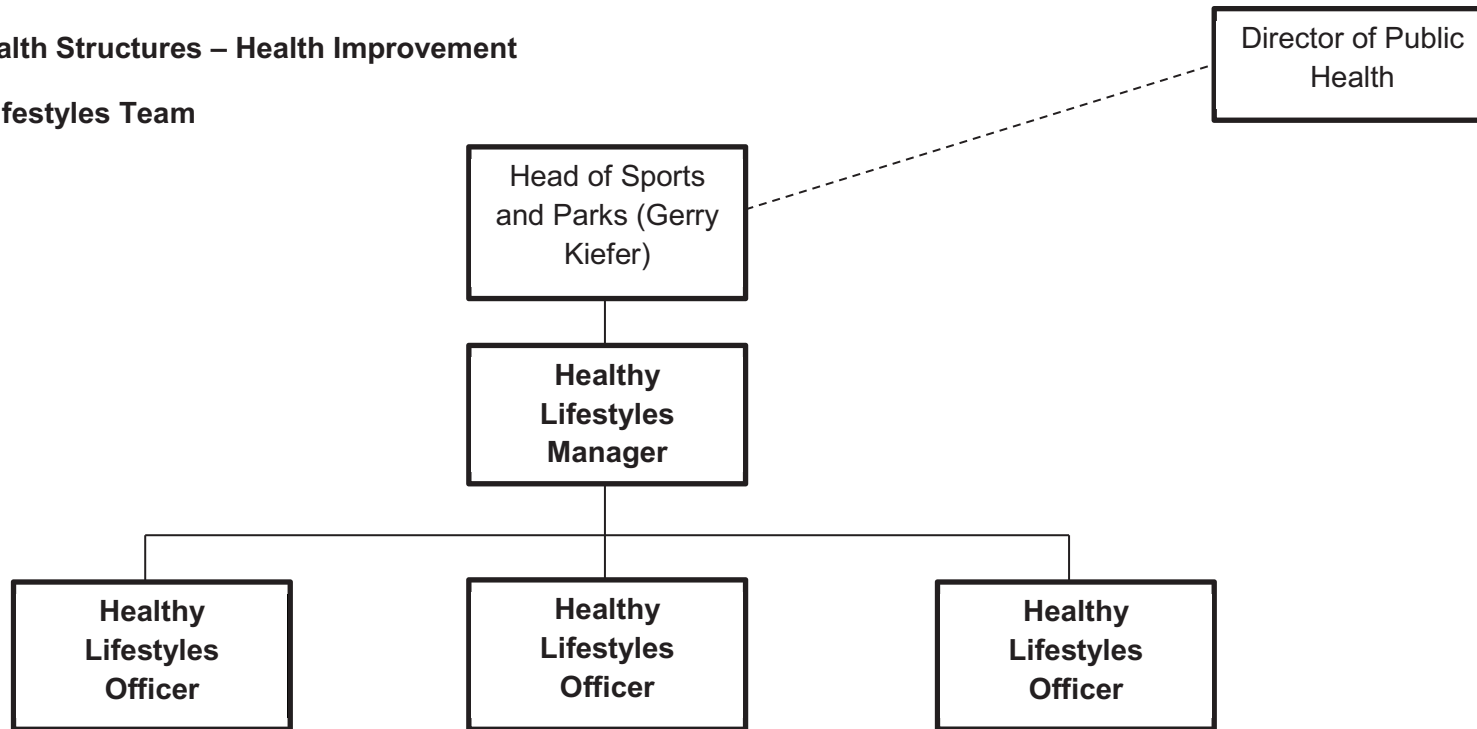
Public Health Contracts

Service	Provider
Infection Control	NHS Ealing Hospital Trust
Clinical Prescribing	CNWL NHS Foundation Trust
Alcohol Brief Interventions	Compass via NHS Harrow
Treatment and recovery	Addaction
Young people substance misuse / sexual health	Young Addaction
Service user involvement	LIFT
Outreach and engagement	CRI
Counselling / abstinence	EACH
Criminal Justice	WDP
Contraceptive services	CNWL NHS Foundation Trust
Chlamydia	NW London Hospitals
School Nursing and national child measurement programme	Ealing Hospital Trust
Primary care development	SHOC
HIV Prevention	CHAT
Teenage Pregnancy	The African Child
HIV Prevention	Pan London HIV Programme
HIV Prevention	Naz Project London
Teenage Pregnancy / condoms distribution	SHOC
Web based distribution and stock ordering system – condoms	Therapy Audit
Pathology Services – Chlamydia	The Doctors Laboratory
IT Support – EHC and condoms	Sonar
Health Trainers	CHAT
Intensive Lifestyle Advice	Ealing Hospital Trust
Community Weight Management Service	Slimming World
Specialist IT Provision - Stop Smoking	Sonar
Infection Control Nursing Contract	Ealing ICO
Pharmacy Mentor Scheme	LPC
Open access GUM services	Various providers
LAC nurse	Ealing Hospital Trust
Stop Smoking LES	Brent Pharmacists
EHC (morning after pill).	Brent Pharmacists
Chlamydia GP LES - chlamydia screening.	Brent GPs
IUCD (coils) - GP LES to fit and check coils.	Brent GPs
Stop Smoking LES	Brent GPs
Stop smoking LES – Primary Care Pregnancy	Brent GPs
NHS Health Checks	Brent GPs
Breast Feeding	Brent GPs
Stop Smoking LES	Community Providers

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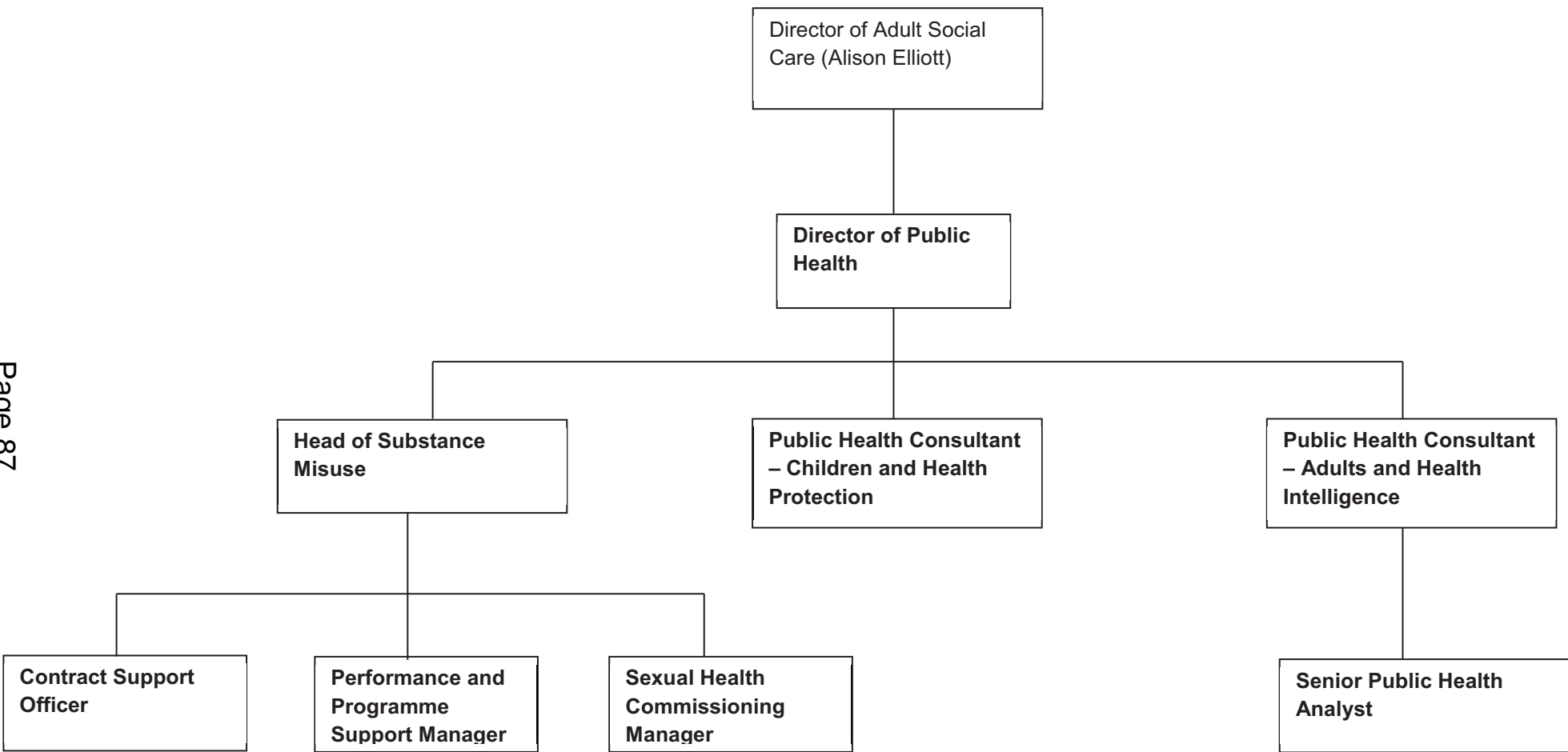
Public Health Structures – Health Improvement

Healthy Lifestyles Team



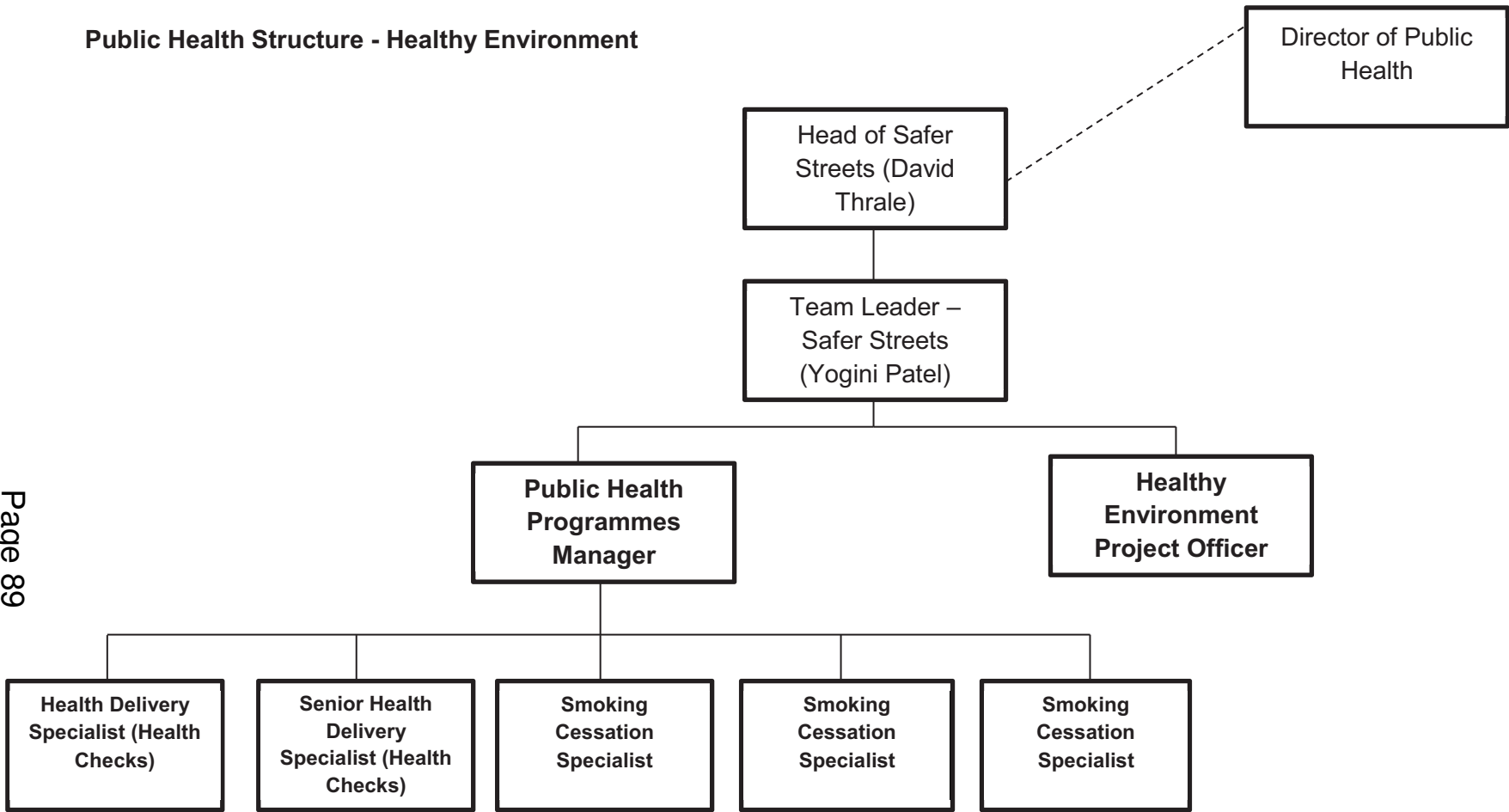
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Public Health Structures – Public Health Commissioning and Intelligence



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Public Health Structure - Healthy Environment



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Health Partnerships Overview and Scrutiny Committee

29 January 2013

Report from the Director of Strategy, Partnerships and Improvement

Wards Affected:
ALL

Brent LINK Annual Reports 2011/12 and 2012/13

1.0 Summary

- 1.1 Brent LINK has asked to present its annual reports to the committee. The 2011/12 report was deferred from the last meeting and, because this is the final year of the LINK's existence, it is allowed to produce the substantive part of its 2012/13 report earlier than in previous years. Therefore both reports are now available for consideration together.
- 1.2 The annual reports cover the LINK's structure, main activity and achievements. Members of the Health Partnerships Overview and Scrutiny Committee will recall that the LINK presented a report on its main achievements in 2011/12 and 2012/13 at the last committee meeting in November.

2.0 Recommendations

- 2.1 The Health Partnerships Overview and Scrutiny Committee is recommended to consider the two annual reports and thank the LINK for its work over the last five years.

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Brent LINK Annual Report Summary

Report for Brent Council’s Health Partnership Overview and Scrutiny Committee Meeting January 2013

Brent LINK

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 and 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 as well as two sub-groups which report to the committee. Action Groups: (Adult Social Care, Primary Care, Mental Health, Hospitals and Public Health & Community Services). Sub-Groups: (Community Engagement and Inclusion Sub-Group and Healthwatch Sub-Group)

Management Committee:

The Brent LINK Management Committee is made up of elected and Co-opted members. One of the key roles of the Management Committee is to hold the strategic overview of Brent LINK activities, in the context of current legislation, national and local guidelines in relation to health and social care services. In this context the Management Committee has to try to hold the balance in the focus of activities that the LINK undertakes over the year. There is a tension between the demand from local and national organisations that want LINK involvement and ensuring that issues or concerns that come from the community are taken up. Brent LINK had an election in 2012. The process and election took place between July and September 2012 with the first meeting of the newly elected Management Committee took place on 27th September 2012. The election report can be found on the Brent LINK website www.brent-link.org.

Action Groups:

The success of Brent LINK has resulted from active members giving great deal of their time, personal expertise and most of all their commitment to the principles and work of the LINK.

Members have taken active roles in developing and representing the LINK. Their commitment in terms of time, skills and sharing their creativity has enabled the LINK to be effective in its role of influencing, monitoring and most importantly improving the quality of health and social care services in the borough. It was agreed that the Lead of each Action Group would be a Management Committee member.

Details of the Management Committee, Action Groups, the leads and their work are in the annual report.

Host:

Local Involvement Networks (LINKs) are facilitated and supported by Host Organisations. Hestia Housing and Support (Hestia) took responsibility as the permanent Host organisation for Brent LINK since 1st December 2008. Hestia is a registered charity, established in 1970. Hestia's vision is **Empowering People, Changing Lives** and their mission is to provide high quality services in partnership with users and local communities.

As at the time of this report, the LINK in Brent is being supported by three staff members (Olasumbo Ajala – LINK Host Coordinator, Carol Sealy – LINK Host Administrator and Nadine Yao – Administrative Officer) and dedicated volunteers such as Janet Johnson and Melissa Henry. Hestia has also created a Head of Community Engagement post to provide a strategic overview of all community engagement projects run by Hestia, including the Brent LINK.

Representation / Representatives:

Brent LINK has a selection of trained members who are qualified to undertake “enter and view” visits. Details of all trained “enter and view” authorised representatives can be found in our annual report.

The LINK also has members involved in a number of relevant decision making bodies such as Brent Shadow Health and Wellbeing Board, Brent Shadow Clinical Commissioning Group and Brent CCG Equality Diversity and Engagement Sub-committee (EDEN Committee). Details of members involved in a number of relevant decision making bodies can be found in our annual report.

Demonstrating Impact through Action

The following section highlights the issues Brent LINK identified through community engagement activity and what was done in response.

a) Joint Strategic Needs Assessment (JSNA)

There was an opportunity to comment on the draft Joint Strategic Needs Assessment (JSNA) developed by Brent Council and NHS Brent which will shape direction of the Health & Wellbeing Strategy.

Brent LINK organised a consultation event on 20th March 2012 regarding the Joint Strategic Needs Assessment (JSNA) developed by Brent Council and NHS Brent which will shape direction of the Health & Wellbeing Strategy. The event ascertained comments from the community and feedback was given to Brent Council and NHS Brent in May 2012.

b) Quality of Care Home services

Brent LINK members in the Adult Social Care Action Group were concerned at the quality of care being provided for recipients of Domiciliary Care Services and felt a need to ascertain the quality of care home services in Brent.

Miranda Wixon (Lead of the Adult Social Care Action group) met with Alison Elliot, Director of Adult Social Services, in August to discuss proposed survey and to obtain permission for it to be carried out. The survey was also discussed at the Brent provider's forum in September 2012. A survey was carried out so that we could make report on our findings and make recommendations to Brent Council.

c) Involvement and Engagement of Young people

Brent LINK through the Public Health and Community Services Action group recognised the gap in engaging with young people regarding health issues.

The Group got involved in the Olympic Legacy event which took place in September 2012 and are planning to hold an event this year to engage with children and young people.

Brent LINK met with NHS Brent in July 2012 regarding Community Engagement and Children' Health Conference week, two Brent LINK members attend the conference.

d) Health and Well Being Strategy (2012 – 2015) Consultation

Brent LINK members expressed a lack of understanding of the strategy documents and the implications to the local Community.

In October 2012, Dr. Imran Choudhury (NHS Brent) was invited to present the strategy documents at the Brent LINK Public meeting and give people the opportunity to ask questions and gain better understanding of the strategy documents. This meeting presented a two-way communication channel that aided better understanding.

e) Re-Commissioning of services (Cardiology and Ophthalmology Services)

Brent LINK was concerned that services were being re-commissioned into the community without adequate patient and public involvement and engagement.

Brent LINK Public and Community Health Services Action Group took an active part in the re-commissioning of Out-Patient Cardiology and Ophthalmology services in Brent. The Action Group has two representatives on the re-commissioning group who have assessed the tender bids and made recommendation. The group plans on being involved in the planning and implementation of the services.

f) Dementia

Brent LINK members in the Mental Health Action Group were concerned that Dementia is on the increase in Brent and that this trend would continue. There was also a concern that there was a need to create more awareness on Dementia.

Brent LINK through the Mental Health Action Group organised a Dementia workshop on 10th October 2012 to mark the World Mental Health Day. This was an opportunity to generate greater awareness and to educate local communities on dementia and the support that is available to them. It was also an opportunity to find out about the early warning signs, prevention and treatment, voice their concerns, have their questions answered and review proposed changes that may have an effect on Dementia Services.

g) “Enter & View” Visits

Brent LINK members raised concerns on the need to have on-going training for more members to undertake “enter and view” visits. There was also a need to follow up on “enter and view” visits that had been made in 2011/2012

During 2012/13, following the four “enter and view” visits undertaken in 2011/ 2012, Brent LINK had two “enter and view” follow-up visits to Willesden Centre for Health & Care and the elderly wards at Northwick Park Hospital. The results of these visits have been used to improve patient care and patient experience.

The report of the visit to Willesden Centre for Health & Care was presented to the Health Partnership Overview and Scrutiny Committee in November 2012.

h) Shaping a Healthier Future Consultation (SaHF)

The public were largely concerned about the proposed changes and the lack of understanding of what the proposals meant for the people of Brent

Through the year LINK representatives sat on the board of SaHF and took the concerns being raised by the public to the board. In September 2012, Brent LINK held a public meeting as detailed in earlier sections of the Annual report.

This enabled a better understanding of the proposals and the opportunity to feed into the proposals

i) Central North West London (CNWL) NHS

The Brent LINK Mental Health Action Group identified a need to discuss a number of issues relating to Mental Health service provision, delivery and strategies with the Central North West London (CNWL) NHS.

Brent LINK had an initial meeting with Clare Murdoch, Chief Executive CNWL on 28th May 2012 regarding the issues highlighted. There have also been regular meetings with the trust as agreed by the LINK and the Trust.

j) Shadow Brent Shadow Clinical Commissioning Group (CCG) Constitution

Brent LINK is represented on the Shadow Brent CCG and are working with the CCG to agree a number of issues. Brent LINK raised concerns on Shadow CCG Authorisation. The Commissioning Board clarified issues raised by Brent LINK. LINK involvement in the CCG has meant significant engagement of the public.

k) Brent LINK Community Survey¹

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.

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 Report available on our website www.brent-link.org

Comprehensive details of the survey and report was submitted for the November 2012 Health Partnership Overview and Scrutiny meeting.

I) **Annual General Meeting 2012**

Brent LINK held its Annual General Meeting (AGM) on 26th November 2012, this was well attended. The AGM was an opportunity for the LINK members to hear from the Brent Clinical Commissioning Group on the proposed plan for Brent as the NHS as it has been known undergoes its last few changes.

Looking Ahead

2012 - 2013 is the last year of Brent LINK as it has been known over the last four years. It has been a very busy, challenging and successful period for Brent LINK.

With limited resources, we have been undertaking transition activity as well as continuing our function as the community voice of health and adult social care issues in the borough.

The funding for the LINK in Brent ends at the end of March 2013 and we are committed to continue to represent the voice of the people till the end of March 2013. There will be a new consumer champion organisation which will take up the role as well as additional roles and responsibilities. This Organisation will be Healthwatch Brent. The London Borough of Brent as at the time of this compilation is in the process of procuring the Organisation that will be Healthwatch Brent.

We are working towards leaving a legacy document for the new Healthwatch Organisation as well as having all existing Brent LINK members become active members of the local Healthwatch when the service starts. We are also committed to make available our expertise and knowledge in ensuring Brent has a good Healthwatch organisation.

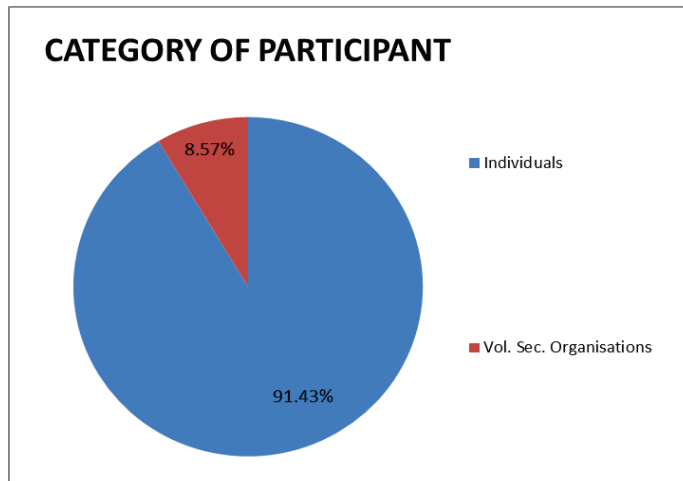
We believe the Healthwatch Organisation will continue the good work that has been done by Brent LINK so far and continue to represent the voice of the people of Brent.

Brent LINK will keep its network informed about these developments as they arise.

Sign up of Participants

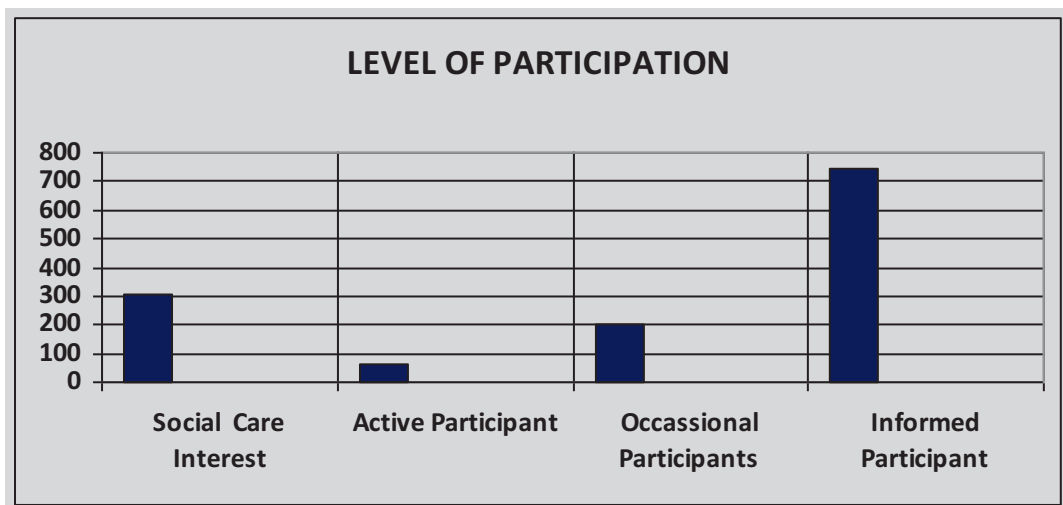
By the end of the reported year, we had **770** signed up participants to Brent LINK and reached out to many more people through our outreach work and public events. We have also met with statutory and voluntary agencies that have expressed an interest in becoming involved. It was worthy to note that about half of the signed up members to Brent LINK prefer non electronic means of communication such as post or phone.

A **Brent LINK member** is a person or group that makes a commitment to take part on a regular basis in the development and implementation of the roles of the LINK, and to provide information to and collect information from a local community or a specific group within a community.



Brent LINK has Seven Hundred and Sixty Seven (770) participants as at the end December 2012. These are made up of seven hundred and eleven (704) individuals and fifty seven (66) organisations / groups. The Organisational or group participants constitute 8.57% of the participants while Individuals are 91.43%.

Brent LINK has seven hundred and forty seven (740) Informed participants, two hundred and five (205) Occasional Participants and sixty five (65) Active participants. Some participants are represented in all three categories (Informed, Active and Occasional).



Circulation Of Brent LINK Annual Reports

Brent LINK 2011 – 2012 Annual report has been circulated to all Brent LINK members by email and post depending on their preferred mode of communication.

This year (2012 – 2013) the LINK is expected to produce and submit two sets of annual reports. The Brent LINK 2012 – 2013 Interim Annual Report will be published on our website www.brent-link.org. All signed up Brent LINK members will receive an email or letter informing them of the location of the Annual Report and it will only be posted out on request. A final report / legacy document will be produced for March 2013.

A copy of the all Brent LINK Annual Reports will be sent to:

Secretary of State for Health
Care Quality Commission
London Borough of Brent
LB Brent Health Partnership Overview & Scrutiny Committee
Ealing Hospital NHS Trust Integrated Care Organisation
NHS Brent
Central & North West London NHS Foundation Trust
NW London NHS Hospital Trust
Brent Shadow Clinical Commissioning Group

Copies will also be made available via:

Brent LINK Office upon request

Brent LINK Contact Details

(The contact details below are valid till 31st March 2013)



Brent LINK
Unit 56
The Designworks
Park Parade
London
NW10 4HT



Main Office: 0208 965 0309



brentlink@hestia.org



www.brent-link.org

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Brent Local Involvement Network

Annual Report

1st April 2011 – 31st March 2012



Brent **LINK**



Brent LINK

Do you want to help improve the way your local health and social care services are designed and run?

GP Practices
Hospital Services
Social Services
Disability Services
Mental Health



Cover Photo:

Collage of images from Brent LINK 2011/12 community engagement events

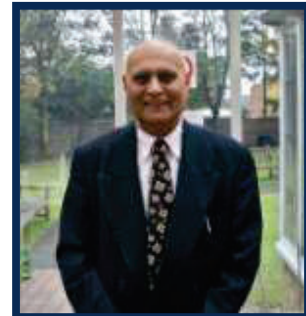
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SECTION ONE: INTRODUCTION

MESSAGE FROM THE CHAIR

Mansukhlal Gordhamdas Raichura



Welcome to Brent Local Involvement Network's 2011/12 Annual Report.

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 13 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*

In October 2011, we held our Annual General Meeting. There, we presented our 2010/11 Annual Report and noted major achievements. Key note speaker, Marcia Saunders, at the time NHS Brent Chair, was able to provide a perspective on the year ahead in terms of the emerging Brent Shadow Clinical Commissioning Group and the emerging structures relating to health care provision.

Understanding NHS Reorganisation in Brent

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).

Other Developments:

- 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

Brent LINK’s Management Committee has had to be aware of these far reaching changes to health and social care, in order to effectively contribute patient and service user perspectives.

About This Report

This report highlights how Brent LINK has listened to local people over the past year and used this information to help improve local health and adult social care services.

It also demonstrates “*impact through action*”: highlighting case studies where we have engaged & participated in the planning, commissioning, delivering and monitoring of health and adult social care services in Brent.

These case studies include our “Enter & View Visit” to Willesden Hospital in December 2011. Enter & View is a key function of LINks: allowing us to visit care establishments and observe quality of care and the care environment. Reports are used as the basis of service improvement meetings with the care provider in question. As you will read later in this report, I am pleased to report that the provider Ealing Hospital NHS Trust Integrated Care Organisation has responded positively and robustly to our visit. I am confident that as we work together in the future, we will witness continued improvements in patient care and environment.

This year, we again highlight our commitment to community involvement, by including a section called “*Inspiring Others to Get Involved*”.

This recounts the story of one of our Management Committee members Rob Esson and what it means for him to “get involved in shaping health care”.

We hope his inspiring example will encourage other individuals and groups to get involved.

As with previous years, this year’s Annual Report contains a section on who we have engaged over the past year and also a section on where we get our money and how we spent it during 2011/12.

For the coming year, in addition to helping plan, commission and monitor health and adult social care services, one of our tasks will be preparing for

Local Healthwatch: the new “consumer champion” being introduced as part of the Health and Social Care Act 2012.

Local Healthwatch means an increased role for Brent LINK in areas like commissioning health & social care and devising local health profiles.

Over the next 12 months, we will be working to ensure that Brent LINK is ready for the opportunities and challenges presented by Local Healthwatch.

This transitional work will include developing governance arrangements and the training support for Management Committee members.

Brent Local Healthwatch will be the “consumer health champion”. At the time of going to press, we are therefore organising LINK 2012 elections so that as we progress transitional arrangements, we continue to have the democratic legitimacy of local communities.

Brent LINK is committed to empowering local people to have a voice in how their health and adult social care is designed and delivered.

A registration form can be found on page 67 of this Annual Report but please remember - there are different ways to get involved and different levels of involvement. It can vary from simply joining our mailing list so you’re aware of public meetings through to applying to join one of our Action Groups.

I wish to conclude by thanking my fellow Brent LINK Management Committee members for their dedication, commitment and enthusiasm in working collectively for Brent LINK. As a Management Committee, we would like to thank Brent Council’s LINK contract management teams, as well as Hestia

host management for the support, expertise & resources which have enabled us to make this last year a success.

I would like to also thank the many local health and social care providers who have worked with us over the last year.

Finally, special thanks to the people of Brent for drawing our attention to their concerns and working in partnership to effect positive changes for all.

I believe that over the past year, Brent LINK has responded to their concerns and successfully worked to help ensure their voice is heard during the planning, commissioning and monitoring of health and social care in our borough.

In conclusion, I think that our greatest contribution has been to work with our partners: making the true link between current service provision and service user aspiration. I hope and wish that as Brent LINK transitions to Brent Local Healthwatch, this patient-centred approach will continue.

Mansukhlal Gordhamdas Raichura

Chair Brent LINK 2011/12

PARTNER FEEDBACK

Brent Council

I would like to take this opportunity upon the publication of Brent LINK's 2011/2012 Annual Report, to congratulate them on their work to promote the health of the residents of Brent.

As Chair of Brent Council's Health Partnerships Overview and Scrutiny Committee I have had numerous discussions with Brent LINK's Management Committee members and staff. We have debated a broad range of issues including public health, hospital and community services, their "enter and view" function, etc.

Brent LINK has attended the Health Partnerships Overview and Scrutiny Committee meetings and made some useful interventions. I have also participated in several Brent LINK meetings and events.

I look forward to future exchanges with Brent LINK and wish them all success.

Cllr. Sandra M Kabir

Chair - Brent Council's Health Partnerships Overview and Scrutiny Committee

Brent LINK has been in existence since 2008 and is now in its final year. Over that period it has been consistent in its efforts to promote health and social care issues amongst a wide range of Brent residents.

Also over that period, Brent Council service teams, managers and officers have developed positive and constructive working relationships with LINK members and its host organisation, Hestia Housing and Support. This has enabled Brent Council to gain increasing insight into the views and attitudes of local stakeholders on health and social care issues.

Brent LINK members will now move forward in their continuing role in the emergence and development of Local HealthWatch. I should like to express my thanks for all their work since 2008 and wish them every success for the future in the transition to local HealthWatch.

Owen Thomson - Brent LINK Commissioning Manager

NHS Brent Clinical Commissioning Group

The NHS is going through a period of unprecedented change in a tight timescale. Once authorised, NHS Brent Clinical Commissioning Group (CCG) will be the new statutory body, replacing NHS Brent PCT, which will commission health services for the people of Brent. The CCG aims to secure sustainable care that enables Brent patients to receive modern, responsive, high quality yet cost effective care within the CCG's financial resource limits and aspire to reduce health inequalities within the communities that make up our diverse population.

To achieve our aim, we need to change the way we deliver and receive care, ensuring we preserve what we have done well and develop and re-design improved co-ordinated integrated care for our patients, in accessible settings closer to home, provided by the most skilled and appropriate professionals, utilising everyone's skills and the buildings around us.

Brent LINK is our valued partner and "critical friend". Its presence is key to us when we develop our commissioning plan on services we need for our residents; thus emphasising "no decisions about me, without me". Mansukh Raichura, Chair of Brent LINK, has been on the NHS Brent's GP Commissioning Executive and now is on the CCG's governing body. Brent LINK is actively involved in our established and emerging Locality Patient Participation Groups and is continuing to collaborate with us in setting up the Equality, Diversity and Engagement (EDEN) committee of the CCG.

We thank Brent LINK for its continuing support.

Dr. Etheldreda (Ethie) Kong, CCG Chair, Brent

North West London Hospitals NHS Trust

We would like to thank Brent LINK for its joint working with North West London Hospitals NHS Trust, especially Mansukh Raichura, the Brent LINK representative who attends our Board meetings.

Mansukh also sits on the Programme Board that has developed the business case for our potential merger with Ealing Hospital NHS Trust. We welcome his personal commitment to representing patients at our Programme Board, as his input has been invaluable.

In addition, we would like to express our appreciation to Brent LINK for organising a public event in December 2011 to seek the views of your members and the public as part of our consultation on the proposed merger. The meeting gave us the opportunity to hear the views of our local community regarding the merger. Given that the event was held in the evening, we are grateful that so many people gave up their own time to attend.

Finally, we particularly applaud the role LINK plays as a “critical friend” that is happy to advise us on areas in which we might improve, as well as complimenting us on our efforts and initiatives. I am sure you agree that our engagement with the local community is beneficial for all concerned and we look forward to continuing to work with you as we move forward.

David Cheesman - Director of Strategy - North West London Hospitals NHS Trust

SECTION TWO

BRENT LINK: VISION, STRUCTURE & VALUES

Brent LINK

Unit 56, The Designworks

Park Parade, NW10 4HT

Tel: 020 8965 0309

Fax: 020 8838 0917

Email: brentlink@hestia.org

Website: www.brent-link.org

Host Organisation Details

Local Involvement Networks (LINKs) are facilitated and supported by Host Organisations.

In Brent, the Host Organisation is Hestia Housing and Support.

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

Hestia's Role

Hestia's role through the appointed staff is to work with the elected Management Committee and wider LINK membership in designing and delivering its work programme. This includes, but is not limited to:

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

Hestia Housing & Support, 3rd Floor, Sovereign Court
15 – 21 Staines Road, Hounslow, Middlesex TW3 3HR
Tel: 020 8538 2940 Fax: 020 8572 5617
Email: info@hestia.org

HOST CONTACT: Carla Julien - Director of Operations

The Brent LINK Office (details on page 14) is first point of contact if you want to find out more about Brent LINK.

Brent LINK Organisational Structure

Brent LINK has a Management Committee dedicated to ensuring that individuals, organisations and communities can exert influence and affect positive change in health and social service provision in Brent. Our committee is diverse – reflecting Brent’s diverse profile - but also brings expertise in areas such as mental health, learning disability, older people and adult social care.

In 2011/12 , the Management Committee decided to review Brent LINK Action Groups so as to better reflect local community concerns and Management Committee expertise.¹

We now have five Action Groups: Adult Social Care; Public Health/Community Services, Primary Care, Hospitals and Mental Health. We have also recently set up a Community Engagement & Inclusion Sub Group to look at equality, diversity and inclusion issues and a Healthwatch Sub Group which advises the *Management* Committee regarding the LINK’s transition to *HealthWatch*.

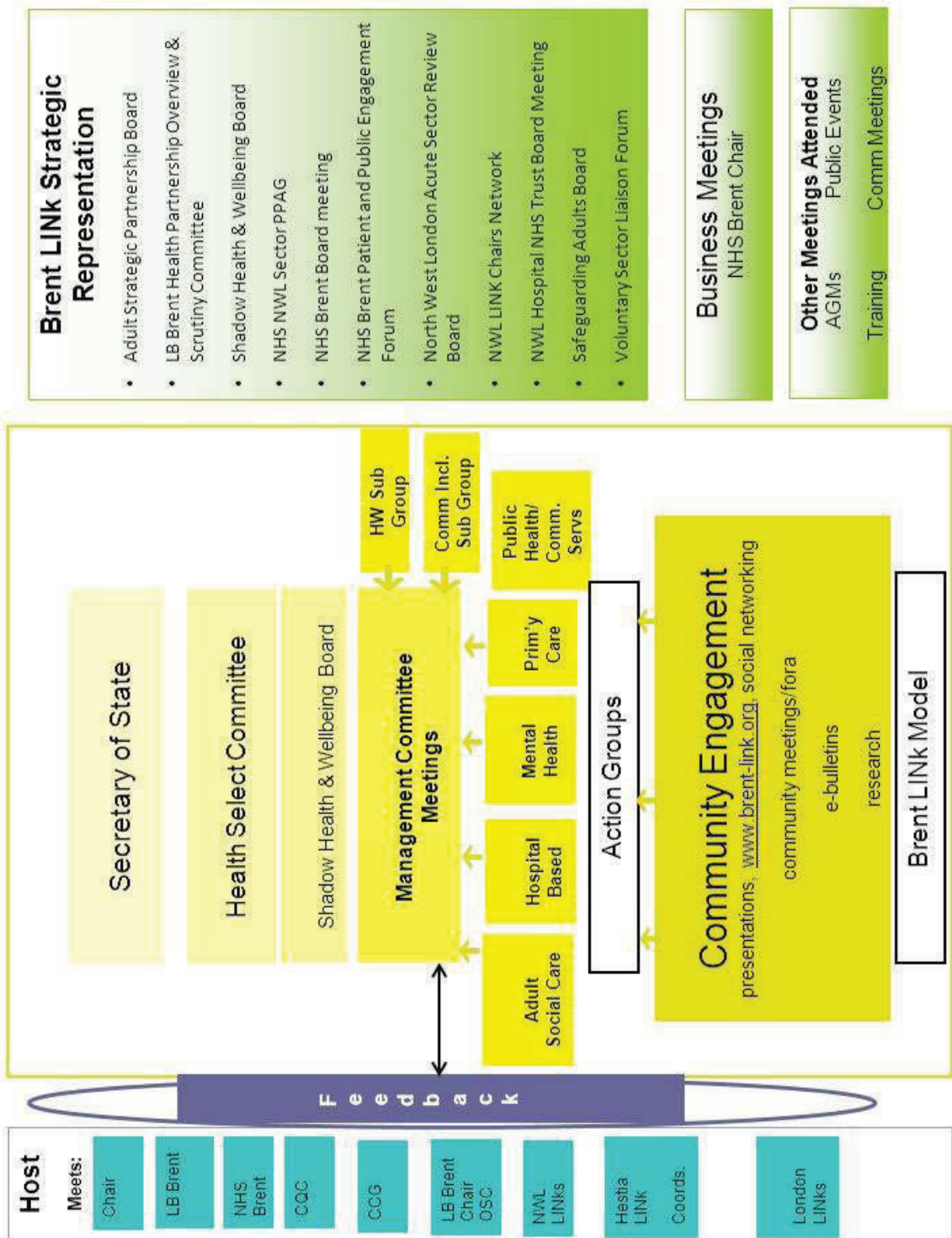
Staffing Arrangements

Brent LINK is supported by two staff members:



Colin Babb - LINK Co-ordinator Carol Sealy – LINK Officer

¹ It was decided that Action Group Leads would be selected from the Management Committee.



Our Management Committee 1st April 2011-31st March 2012

Mansukh Gordhamdas Raichura M.Sc Dip.Chem. Eng - Chair

Mansukhlal has been a Brent resident for thirty years and always seeks to promote community health and wellbeing objectives. He has many years experience working with health care providers to highlight community health and social care issues. Mansukhlal has also been a Voluntary and Community Sector representative on Brent's LSP Board and currently attends Brent's Health Partnership Overview & Scrutiny Committee meetings as Brent LINK representative.



Jimmy Telesford – Vice – Chair

Jimmy has lived his life as a disabled person. This has given him insight into the difficulties and barriers that disabled people face. Jimmy has worked with disabled people as a representative, advocate and campaigner. Jimmy believes dignity is everyone's human right.

Dr Yoginder S Maini – Vice Chair

Dr Maini is a regular user of NHS services which, he maintains, has given him a wide knowledge of services available to patients. A qualified



accountant and fellow of the Life Insurance Association, Dr Maini was awarded a PhD in Theology in 2008. He is also Founder Group Secretary of Brent Heart of Gold.

Robert Esson



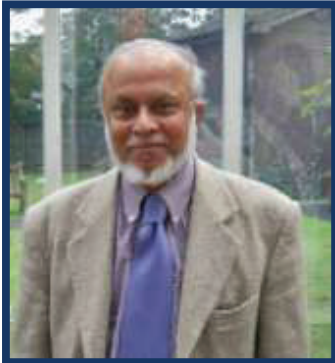
Robert was born in Willesden Green, Brent. He is a Civil Engineer by profession, holds a BSc and E.Mec and is a member of the Institute of Mechanical & Electrical Engineers. An original member of NW Patients Parliament, Rob is an insulin dependent diabetic and has had both knees replaced. Rob was a part-time carer for his wife and feels he can be an advocate for groups that do not traditionally take part in community activity. Rob is also a member of Brent Association of Disabled People (BADP).

Michael Adeyeye

Michael has been actively involved in Brent's Community/Voluntary sector for nearly 30 years. He is also a Trustee of BADP and Brent African Association. Michael is a qualified Health and Safety practitioner, with



interests in promoting health and safety management in environment.

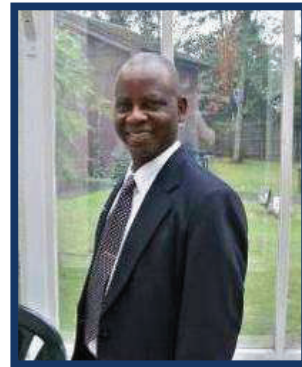


Dr Golam Ahmed

Joined the NHS in 1973 as a trainee Doctor and obtained a PGDip in ENT (ONT) from London University and a FRCS from Glasgow University. Dr Ahmed has worked in medicine globally and is an advocate for both equitable access and quality of treatment. Golam stood down from the committee in June 2011.

Dr Tony Ogefere

Dr Ogefere is Executive Director of SIRI Behavioural Health, providing holistic therapeutic service for disadvantaged people suffering psychosocial and emotional difficulties. Dr Ogefere is also an international Counselling Psychologist and Social work Practitioner in addition to being Governor of CNWL NHS Foundation Trust.



Maurice Hoffman

Maurice is the Work Placement Advisor at Alperton Community School. He has extensive knowledge of NHS commissioning and finances. Maurice wants to contribute to Brent LINK by working with the people of Brent and providers of health and social care.

Lola Osikoya

Lola has lived in Brent since 1989 and is a retired personal secretary. She has an HND in Business Studies and has also studied Community Development at Birbeck College (University of London).



She is passionate about Community Development and is involved in a range of community projects including: Secretary of Amazing Grace Women's Project (a registered charity providing unemployed men and women with IT Training, CV writing and interview techniques to help get them into work) and Chair of B.heard Service User Group. Lola is also a Senior Pastor of New Glory International Ministries and has undertaken service user involvement training which has enabled her to work as a Peer Consultant with Brent Supporting People's Team. Lola was co-opted onto Brent LINK Management Committee in Sept 2011.



Ann O'Neill

Ann has worked for Brent Mencap for over 8 years: campaigning for better lives and opportunities for people with learning difficulties. Ann's strengths lie in her knowledge of strategic planning, strategic documents and public speaking. She sits on many strategic boards and is a former Chair of BRAVA. Ann understands strategic issues

and what they might mean in practice to Brent. Anne stood down from Brent LINK Management Committee in June 2011.

Elcena Jeffers - MBE

Elcena Jeffers was co-opted onto the Management Committee in September 2011 and brings a passion for equalities, diversity and human rights issues.

Phil Sealy – MBE, J.P.

Phil Sealy has been involved in community affairs in Brent and Greater London since 1968, serving as a Brent Lay Magistrate (Justice of Peace) - April 1973 - June 2004 and Elected Labour Councillor - May 1978 - May 1986.



Phil was Chairman of the closed Brent Alliance for Human Rights & Equality and Secretary of the closed Brent Black African & Caribbean Mental Health Consortium.

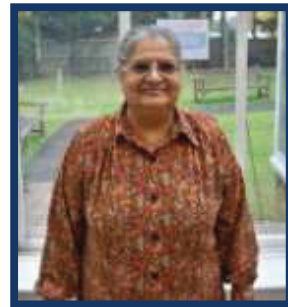
Phil is professionally qualified and experienced in General Nursing, Mental Nursing, Social Policy and Administration and has a proven track record in representing community and disadvantaged people's interests.

He has previous Secretary of State appointments to the former Shenley Hospital Management Committee, Brent community Health Council and North West London Hospital PPI Forum.

Phil was co-opted onto Brent LINK Management Committee in Sept 2011.

Dharampal Kaur / Mrs Singh

Mrs Singh has lived in Brent for over thirty years. She has extensive experience of working in the Statutory and Voluntary sectors and at present, is one of Brent Age UK's Champions



for Older People. She is also a Health Trainer for Public Health Improvement. As well as a Brent LINK Management Committee member, she also sits on the committee of Brent Heart of Gold and is an Executive Member of Brent Pensioners Forum.

Mrs Singh is committed to equality, diversity and inclusion and is Lead Member for Brent LINK's Community Engagement and Inclusion Sub-group. Over the years, she has worked as an Advisory Teacher for Inner London Education Authority on Anti- Racist Strategies in Education, Teacher Governor, N.U.T. Health and Safety Representative and The Bilingual Pupils Primary Project - Coordinator.

Mrs Singh is committed to user engagement (especially for those who do not have a voice) and an advocate of inter-generational projects. She has also participated in the Expert Patient Programme as a tutor

and Peer Mentor for housebound patients of the Pro 65+ Active Group.

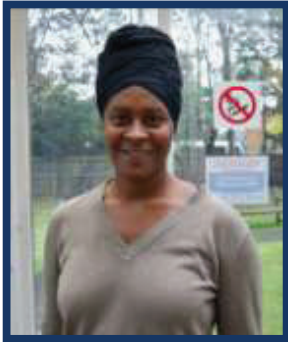
Miranda Wixon

Miranda Wixon is the Managing Director and founder of the Homecare Partnership, an independent domiciliary care provider providing services to people living in their own homes in Brent. A Registered Nurse



(having trained at the Middlesex Hospital, Central London), Miranda is passionate about people being given choice and opportunity to live independent, full lives in their own homes.

She is a founder member of the United Kingdom Home Care Association's National Executive and an executive member of Ceretas. Miranda is also the Vice Chair of the Care Providers Alliance and currently co-chairs the *Think Local Act Personal* partnership; a sector-led programme to support the continuing transformation of adult social care. Miranda has been a familiar campaigner of the national issues affecting the sector since 1995 and was co-opted onto Brent LINK Management Committee in Sept 2011.



Wendy Quintyne

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

Brent LINKs Values

Brent LINK's mission is *'to give communities a stronger say in how their health and social care services are delivered.'* To make this happen, we have adopted a set of values which govern our work and the way in which we engage Brent's diverse communities. These values can be summarised as:

- openness and inclusivity;
- accessibility to all, including people who feel excluded, people who might need support to participate, people with caring responsibilities and people with full time jobs;
- reaching out to all communities: collecting evidence of their views and making those views known to the appropriate bodies;
- recognising that addressing the wider determinants of health (such as income and housing) are central to our role
- communicating information we receive in a constructive way to service planners, commissioners and providers;
- feeding back responses and outcomes to the wider community on a regular basis.

In addition, Brent LINKs recognises that local involvement networks are about whole communities having opportunities to influence health and social care services. To facilitate this, we apply the following values to our governance arrangements:

- adopt shared principles and work together to change things for the better;
- demonstrate values by working with others for everyone's benefit;
- act responsibly and play a full part in the work;
- help people to help themselves;
- take responsibility and answer for actions;
- give everyone a say in how things are done;
- act fairly and in an unbiased way;
- share interests and common purpose with others;
- be open – don't hide it when you are not perfect;
- be honest about what you do and how to do it;
- encourage people to work together to improve their community;
- support similar work that others are doing;
- make a commitment to allow anyone to take part;
- look for opportunities to work together to strengthen accountability locally and beyond; and
- recognise that some people and groups find formal structures daunting and find ways to accommodate their needs.

Names of Authorised Representatives (For “Enter & View”):

Mansukh Raichura - Chair	Jimmy Telesford - Vice Chair
Dr Yoginder S Maini - Vice Chair	Robert Esson
Michael Adeyeye	Dr Golam Ahmed
Dr Tony Ogefere	Ann O’Neill
Dharampal Kaur/Mrs Singh	Wendy Quintyne
Carol Sealy – Staff	

Names of individuals involved in making relevant decisions²

Mansukh Raichura	Brent Shadow Health & Wellbeing Board Brent Health Partnerships Overview & Scrutiny Committee NWL LINK Chairs Network NWL Patient & Public Advisory Group (PPAG) NW London NHS Hospital Trust & Ealing Hospital Trust Merger Programme Board Brent Shadow Clinical Commissioning Group (Nov 2011 to March 2012) NHS London PPAG Kingsbury Cluster PPAG NHS Brent Board
Ann O’Neill	Safeguarding Adults Board (until June 2011)
Dharampal Kaur/Mrs Singh	Brent Disabled Users Forum
Rob Esson	Harness Area GP Forum Brent Assoc. of Disabled People User Forum

² as defined in Section 2 (1) (a), 2 (2) (a)-(h) and 2 (3) (c) (i) and (ii) of the Local Involvement Networks Regulations 2008.

Key Strategic Meetings Attended:

- Adult Strategic Partnership Board
- LB Brent Health Partnership Overview & Scrutiny Committee
- LB Brent Shadow Health & Wellbeing Board
- NHS NWL Sector PPAG
- NHS Brent Board meeting
- NHS Brent Patient and Public Engagement Forum
- North West London Acute Sector Review Board
- NWL LINK Chairs Network
- NWL Hospital NHS Trust Board Meeting
- Safeguarding Adults Board
- Voluntary Sector Liaison Forum

SECTION THREE: BRENT AT A GLANCE³

The health of people in Brent is mixed compared to the England average. Deprivation is higher than average and 22,720 children live in poverty. Life expectancy for both men and women is higher than the England average.

Life expectancy is 9.5 years lower for men in the most deprived areas of Brent than in the least deprived areas (based on the Slope Index of Inequality published on 5th January 2011).

Over the last 10 years, all cause mortality rates have fallen. Early death rates from cancer and from heart disease and stroke have fallen (the latter being worse than the England average).

About 21.7% of Year 6 children are classified as obese. A higher percentage than average of pupils spend at least three hours each week on school sport. 81.9% of mothers initiate breast feeding and 4.9% of expectant mothers smoke during pregnancy.

An estimated 16.3% of adults smoke and 21.2% are obese. The rate of hospital stays for alcohol related harm is higher than average.

NHS priorities in Brent include reducing the gap in life expectancy, reducing the rates of coronary heart disease, smoking and increasing the number of people participating in physical activity. For more information see www.brentpct.nhs.uk.

³ Source: Department of Health © Crown Copyright 2011



Brent LINK Chair Mansukh Raichura pictured with Cllr. Sandra Kabir, Chair Brent Council's Health Partnership Overview & Scrutiny Committee

SECTION FOUR: *OUR MEMBERSHIP*

Sign up of Participants

By the end of the reported year, we had **721** signed up participants to Brent LINK and reached out to many more people through our outreach work and public events. We have also met with statutory and voluntary agencies that have expressed an interest in becoming involved.

What follows is an analysis of the Brent LINK participant demographics. It illustrates the diverse spread of participants and Brent LINK is proud to have reached out to so many different groups of people in our diverse borough.

Participant Analysis:

Gender	%
Number of Females	43
Number of Males	38
Declined to answer	19

Age Group	%
16-21	3
22-29	5
30-44	18
45-59	24
60-74	25
75+	10
Declined to answer	15

Disability	%
Yes	17
No	57
Declined to answer	26

Sexual Orientation	%
Heterosexual	52
Gay	0.6
Lesbian	0
Bisexual	0.4
Declined to answer	45
Other	2

Religion/Faith	%
Buddhist	0.3
Christian	29.08
Hindu	16.9
Jewish	1.42
Muslim	12
Sikh	9
Other	4.3
Declined	22
None	5

Ethnicity	%
Asian or Asian British- Indian	31.26
Asian or Asian British – Pakistani	4.43
Asian or Asian Other	1.66
Black or Black British- African	9.13
Black or Black British- Caribbean	12.78
Black or Black British- Other	1.24
Chinese	0
Mixed White & Asian	0.41
Mixed White & Black African	0.83
Mixed White & Black Caribbean	1.11
Mixed Other	1.11
Other	1.6
White British	11.76
White Irish	2.9
White Other	2.35
Declined to answer	17.43

SECTION FIVE: *DEMONSTRATING IMPACT THROUGH ACTION*

ACTION GROUPS REDEFINED

In order to focus on current issues and tap into community expertise, during 2011/12, Brent LINK has been redefining its Action Groups. We now have five Action Groups covering: Primary Care, Adult Social Care, Public Health and Community Services, Hospitals and Mental Health. Key activities are outlined below.

Adult Social Care Action Group

Lead Member: Miranda Wixon

Group Aims:

The Adult Social Care Action group is concerned with Adult Social Care Services and is the key group in the LINK for developing productive relationships with Adult Social Care Commissioners and Providers.

The Action Group will be working on the following issues:

- Maintain a watch in brief on the Social Care White Paper;
- Community engagement and feedback methods in Social Care Services;
- Looking at how Brent LINK can act as a conduit to assist the community in getting information about Social Care and the Council involving the community.

Primary Care Action Group

Lead Member: Mansukh Raichura

Group Aims:

Brent LINK's Primary Care Action Group seeks to influence the commissioning, provision and scrutiny of primary care services in Brent. The group's focus is upon GPs, dentists, optometrists and pharmacists.

The Group aims to play a key role in influencing the direction of primary care services provision through the production of an evidence based argument, aimed at improving primary care services in the borough.

The Action Group will be working on the following issues:

- Monitoring development of Brent Shadow Clinical Commissioning Group's *Primary Care Network*, ensuring a patient centred approach;
- Influencing and monitoring development of the Clinical Commissioning Group's CCG's *Better Care Closer to Home Strategy* for commissioning and delivering services care for people closer to home.

Hospital Based Action Group

Lead Member: Wendy Quintyne

Group Aims:

Brent LINK's Hospital Action Group aims to:

- maintain a watch in brief on the proposed merger of Ealing NHS Hospital Trust and North West London Hospital's Trust - especially regarding transport and equalities issues;

- Identify hospital related community health care concerns: using this information to direct “Enter & View” visits to Hospitals in Brent as appropriate;
- Undertake Discharge from Hospital Patient Satisfaction Survey.

The Action Group will be working on the following issues:

- Discharge from Hospital
- Nutrition in Hospitals

Mental Health Action Group

Lead Member: Phil Sealy

Group Aims:

Brent LINK Mental Health Action Group seeks to influence the commissioning, provision and scrutiny of mental health services in Brent. It aims to play a key role in influencing the direction of mental health services provision through the production of an evidence based presentation, aimed at improving mental health services in Brent.

- Notwithstanding the current medical model upon which provision is based; to prioritise better service provision linked with early intervention. We will campaign and lobby to bring in more support to maintain good mental health and emotional wellbeing in the wider community in Brent.
- Give people a better and meaningful voice to take greater control over decisions about the way they want to live their lives and the services they need to support them to do this.

- Campaign more to tackle inequalities and social exclusion that lead to poor mental health and improve access to the services people may require.
- Campaign and lobby for more support in the community for people with long-term mental health conditions grounded in National Institute for Health and Clinical Excellence (NICE) guidance. Supporting people to manage their condition themselves with the right help from integrated health and social care services.
- Challenge and combat stigma around mental health through raised awareness of issues.
- Scrutinise and monitor mental health services provision to ensure they support recovery based mental health services: empowering people to realise their full potential and become active citizens within their local communities.

Future Plans

The Mental Health Action Group is committed to ensuring that the mental health concerns and aspirations of local communities are heard and acted on by those who commission, provide and scrutinise



mental health services in the borough.

One way in which this will happen is through quarterly Mental Health Community Involvement Forums where local people can voice their mental health service delivery issues to health care providers and hold them to account.



Brent LINK/Fanon Mental Health Summit, September 2011

CASE STUDIES

The following case studies highlight how Brent LINK has worked to empower local people to have a say and/or influence health and adult social care services in Brent.

CASE STUDY: LINK Review

In September 2011, Brent LINK went through a review of its operations to build a clear understanding of the training and development needs of its Management Committee. This was with a view to being prepared for the transition to local HealthWatch.

Following a tender process, Ottaway Strategic Management was commissioned to undertake this work. The focus was:

1. An Assessment and evaluation of the achievements of the LINK addressing:

- Review and assessment of community engagement and participation in LINK activities and events
- Assessment of Strategic Representation, business meetings
- Joint/working and community outreach, open fora, community research
- Assessment of capacity building and training, research, active listening and feedback
- Sign up of participants and engagement of interested groups
- Achievement and impact of the (then) four Action Groups, including fulfilment of the groups specific aims

- Quality of community engagement in the context of the ‘presented’ changes to the structure and delivery of health and social care, nationally, regionally and in the borough.

2. An Audit of Management Committee Skills

- Establish a framework of skills needs to enable Management Committee members to fulfil the requirements of a HealthWatch committee
- Establish a basic competency profile of management committee members
- Address the specific skills of existing management committee members and match this against the profile referred to above
- Establish understanding of training delivery preferences and learning styles

3. Subsequent delivery of Management Committee workshops covering:

- Findings of the Review
- Transition Planning – options and approaches
- Team Building
- Board members skills: negotiation, conflict resolution, listening and reporting skills

Summary of Findings

Through reviewing documents (contract monitoring reports, minutes of meetings etc.) and interviewing Brent Link staff, management committee members and staff from Brent Council and NHS Brent, the review identified that the Brent LINK is functioning as a LINK should and

is now addressing all the key priorities for Health and Social Care in the Brent. The review also found that the LINK performs well given its current funding restrictions.

Nonetheless, the review also pointed to areas for improvement and specific practices which would improve the LINK's effectiveness and also support it to make a greater impact on the landscape of provision in the borough. These included:

- Improvement of the running and management of Meetings
Action: Training to support Chair, Sharing the role of Chairing Meetings, build capacity for future
- Increased engagement of local community views
Action: Link actions to research, public meetings programme, extending membership, using the website and securing greater exposure across the borough
- Targeted campaign work with priority issues i.e. GP Consortia, Public Health Transfer to Local Authority, Hospital Mergers and Care Provision
Action: Management Committee to schedule calendar of decisions and identify how priorities can be best addressed
- Taking a more robust role in directing and securing more effective Research and Survey work
Action: Work in partnership with Service providers and policy makers and their research teams to secure more effective community analysis
- Spreading out the workload amongst Committee Members
Action: Management Committee need to schedule responsibilities and pass out amongst partners

- Widening the membership of the network

Action: Identify resources and confirm priority for action

- Maintain review of Brent LINK Website

Action: Maintain monitor of Web site to see what improvement are needed

- Implement and develop a training plan

Key Outcomes

The review was an essential and timely exercise. It has allowed Brent LINK Management Committee and staff to assess the progress of the LINK to date, to review their own performance and also to better understand the “building blocks” necessary for a successful transition to Healthwatch.

Case Study: Brent LINK Mental Health Summit

This event took place in September 2011 and was held to enable local communities to voice their Mental Health concerns and to find out about Mental Health services in Brent. It was also an opportunity to review proposed changes to services as a result of the (then) Health & Social Care Bill and to feedback any community concerns/recommendations to commissioners and service providers.

The event was co-hosted with Fanon, the Black and Minority Ethnic Group Mental Health Project and chaired by Patrick Vernon, Chief Executive, The Afiya Trust.

The 87 attendees were offered five diverse mental health workshops and heard from the following speakers:

Sarah Mansuralli, Deputy Borough Director/Mental Health Lead NHS Brent who presented on the changes to commissioning arising from the (then) Health & Social Care Bill, **Pauline Etim-Ubah** (Community Development Team, Fanon) who offered a community development perspective: highlighting the need to build local community capacity to address mental health issues and **Ricky Banarshee** (Director West London Primary Care Research Consortium, NHS Brent) who presented on a prevention-oriented approach to mental health.

Service user perspectives were provided by presentations from **Angela Chung Bailey** who spoke of the need for readily accessible and local service provision and **Patrick O'Callaghan** who gave a moving presentation, highlighting the fact that anyone can be affected by mental health issues at any time in their life.



A delegate poses a question during the Mental Health Summit's Q&A session

Recommendations from the Event:

- Provision of a regular mental health community forum to give local people a voice in shaping mental health service provision;
- Development of Mental Health awareness training for GPs (including from a service user perspective);
- Develop pilot project looking into faith groups engaging with health care professionals around mental health issues and
- Provision of an up to date list of local mental health services.

Key Outcomes:

Brent LINK was able to:

- provide a forum for service users to collectively highlight their issues to mental health service commissioners and providers;
- provide a forum for mental health service providers and commissioners to be held to account by local communities;
- raise its profile amongst local mental health projects.

Case study: Willesden Centre for Health and Care “Enter & View” Visit

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.

Willesden 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. Our full report can be seen at www.brent-link.org.

Post Visit Activity:

Key Outcomes:

- 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. A follow up visit is planned in early 2012/13 to review progress.

Ealing Hospital NHS Trust
 An Integrated Care Organisation incorporating the Continuity Services, Brent, Ealing and Harrow

Ealing Hospital NHS Trust
 An Integrated Care Organisation incorporating the Continuity Services, Brent, Ealing and Harrow

Action Plan for the Three Wards at Willesden Centre for Health and Care in Response to LINK visit 18th December 2011

Staff Hand Hygiene		changes have been made		
Management of medicine	To ensure medication and equipment secure and given within clinically acceptable timeframe	Continuous monthly hand washing audit based on minimum of 40 observations per month. Action plan developed to ensure 85% of staff observed to wash hand during ward hand washing statistics in the ward. 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 safe 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.	Infection Control Nurse	Monthly
The door to the clinical room is not locked (door constantly open)		Business case to be developed for purchase and wall attachment of metal medication boxes by each bed.	Ward Pharmacist	May 2012
		Audit of time taken to administer medicine to be undertaken	Modern Matron	Aug 2012

Part of the action plan developed by Ealing Hospital NHS Trust Integrated Care Organisation, in response to Brent LINK’s “Enter & View” visit December 2011.

Case Study:

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.



Dr. Imran Choudhury, Deputy Director Public Health (NHS Brent/Brent Council) feeds back his group's JSNA concerns and aspirations during the evening session

Inspiring Others to Get Involved

Rob Esson (pictured) is a Brent LINK management committee member and regular attendee at Brent LINK events. Here, he speaks to a Brent LINK staff member about how and why he got involved.



When did you first get involved with Brent LINK?

I was a member of the North West London Patient's Parliament until it was disbanded around 2008. I felt that I still had something to offer so when I found out about Brent Local Involvement Network's first public meeting at Patidar House Community Centre, I went along.

How many Brent LINK community engagement events have you attended?

All of them I should think! They're very varied: from hospital merger consultations to talks about Brent mental health issues to consultations on TB.

What do you like about the events?

I like the fact that they're open to all Brent residents. Anyone can have their say and get involved.

Overall, what's really made a difference?

For me, it's the fact that at some of these events, there are NHS speakers in attendance. They can be questioned in an orderly manner.

Were you involved in "Enter & View"?

Yes. Following my training and CRB check, I was able to join the Brent LINK "enter and view" team as an authorised representative. This entails visiting local care establishments to review facilities (including meal tasting) and speaking to patients, service users and staff.

What would you say to anyone considering getting involved in Brent LINK?

Become a member today! You will be informed of all the meetings that may affect the local NHS Services available to you. You do not have to attend any meetings if that is your choice but we do need your opinion. Training is available for those who require it. For instance, how to assemble information and speak on an issue that is of importance to you. The larger our membership, the more we can feedback about NHS Services available in the borough.

Brent Link is not just an organisation for people to moan about the NHS, there are many things the NHS does well and the LINK needs to know about these so that other areas of the NHS can be advised, if appropriate, on how to improve their services.

“WHAT YOU SAID, WHAT WE DID”

The following section highlights the issues Brent LINK identified through community engagement activity and what was done in response.

What You Said	What We Did
<p>“Enter & View” Visits After the bespoke training and CRB checks, Brent LINK members were keen to undertake “enter and view” visits to local care establishments</p>	<p>During 2011/12, Brent LINK undertook four “enter and view” visits to Belvedere House Day Centre, Willesden Centre for Health & Care, Park Royal Centre for Mental Health and the elderly wards at Northwick Park Hospital⁴. The results of these visits have been used to improve patient care and patient experience.</p>
<p>Health & Adult Social Care Bill 2012 In Spring 2012, Brent LINK participants were concerned at the major changes to the commissioning, delivery and scrutiny of health and social care in Brent proposed in the (then) 2012 Health & Social Care Bill.</p>	<p>Brent LINK organised a “<i>What’s Happening Health wise in Brent?</i>” event. This all day event outlined how Brent LINK, NHS Brent and Brent Council were preparing for the changes proposed in the Bill and highlighted ways for local people to get involved.</p> <p>There was also a chance to comment on the draft Joint Strategic Needs Assessment (JSNA) developed by Brent Council and NHS Brent which will shape direction of the Health & Wellbeing Strategy.</p>
<p>Local Healthwatch Brent LINK Management Committee members were keen to find out more about Healthwatch and its new roles and responsibilities.</p>	<p>From Sept 2011 – December 2011, Brent LINK commissioned a consultant to review LINK activity to date and Management Committee skills in readiness for Healthwatch.</p> <p>From January 2012 – March 2012, the consultant delivered four workshops to the</p>

⁴ At the time of writing, Park Royal and Northwick Park Hospital’s Enter & View reports are being finalised for presentation to the respective Trusts.

What You Said	What We Did
	<p>Management Committee, covering areas such as finding of the review, Transition Planning, Team Building and Board member skills. This developmental work has held the LINK in good stead and paved the way for the development of a Healthwatch Sub Group which is providing strategic transition planning.</p>
<p>Personalisation Local organisations had expressed confusion at the Personalisation Agenda.</p>	<p>Brent LINK teamed up with <i>Voicability's London Advocacy for Independence</i> initiative to organise a training workshop for disabled people, carers and local projects on accessing personal budgets and self-directed support.</p>
<p>Hospital Merger Brent LINK participants had expressed concern at the proposed merger of Ealing NHS Hospitals Trust and North West London NHS Hospitals Trust.</p>	<p>In December 2011, Brent LINK hosted a public meeting which provided a platform for managers and clinicians from both Trusts to outline the merger proposals and a chance for local people to scrutinise these proposals. In small table groups, they were able to further discuss the proposal and thus begin to develop informed opinions about the proposed merger.</p> <p>Views captured on the night were incorporated into Brent LINK's formal response to the proposed merger (also posted on our web site www.brent-link.org)</p>
<p>Mental Health Brent LINK members were concerned at how changes to the way in which mental health services in Brent were proposed to be delivered.</p>	<p>Brent LINK teamed up with Fanon www.southsidepartnership.org.uk BME Mental Health project to organise a Mental Health Summit: allowing local communities to voice their mental health concerns and to allow service providers to raise their awareness of Mental Health services in Brent. It was also an opportunity to review proposed changes to services as a result of the Health & Social Care Bill and to</p>

What You Said	What We Did
	<p>feedback any community concerns to commissioners and service providers. The event was chaired by Patrick Vernon, Chief Executive, The Afiya Trust.</p>
<p>Social Networking Brent LINK participants had expressed concerns at the inaccessibility of Brent LINK's website.</p>	<p>In June 2011, Brent LINK re-launched its website. The new site www.brent-link.org provides useful information on Brent LINK and how people can get involved. There are also specific pages on relevant topics such as the proposed NW London NHS Hospital Trust and Ealing NHS Hospital Trust merger.</p> <p>Brent LINK has also set up a twitter account providing up to date information on events: direct to 'phone, PC or lap top.</p>

SECTION SIX

LOOKING AHEAD: THE NEXT 12 MONTHS

2011/12 was a busy and successful period for Brent LINK. With limited resources, we have been undertaking transition activity as well as continuing our function as the community voice of health and adult social care issues in the borough. For the next 12 months, we aim to build upon our successes and develop activity in a number of key areas:

Local HealthWatch Transition

One of our major tasks will be the transition to *Local Healthwatch*. Local Healthwatch is the new “consumer champion” being introduced as part of the Health and Social Care Act 2012.

From April 2013, Brent LINK will cease to exist and be replaced by Brent Local Healthwatch. This new organisation will have a statutory seat on Brent’s Health & Wellbeing Board: 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), the Health & Wellbeing Strategy and the authorisation of Clinical Commissioning Groups. This will ensure that Brent Healthwatch has a role in promoting public health, health improvements and in tackling health inequalities

Brent Healthwatch will also provide (or signpost people to) information about local health and care services and how to access them.

There is also scope for Brent Healthwatch to provide people with information about their choices and what to do when things go wrong. This includes either signposting people to the relevant provider, or itself (if commissioned by the local authority) providing support to individuals who want to complain about NHS services.

A major difference between LINKs and Healthwatch is the absence of a Host organisation. Brent Healthwatch is required to be a separate and independent corporate body. This means that over the coming year, Brent LINK will also need to define the shape and form of this proposed corporate body.

All of the above represent new roles and responsibilities and the Brent LINK staff team will be facilitating ongoing training and providing ongoing support to Brent LINK Management Committee so that they are prepared for the opportunities and challenges presented by Local Healthwatch.

Brent LINK will keep its network informed about these developments via public meetings, our newsletter, website www.brent-link.org and Twitter account.

Enter & View

During 2011/12, Brent LINK undertook four “enter and view” visits, using methodology developed with Care Quality Commission (CQC). We are proud of this achievement but recognise that the time frame taken from undertaking the visit through to sitting down with the respective care organisation could be improved. Therefore, supported by its staff team, over the coming year, Brent LINK Management Committee will begin to work more closely with the CQC: looking at where we can streamline our methodology whilst maintaining our

rigorous “enter and view” approach. We continue to aspire to be the voluntary arm of the CQC’s inspection programme in Brent.

We will also look into developing partnerships with voluntary sector organisation such as Age UK et al so that their local knowledge and expertise can inform our “enter and view” lines of enquiry.



Brent LINK Chair Mansukh Raichura and Mental Health Action Group member, Kathleen Fraser-Jackson at the end of another successful Brent LINK event!

Youth Engagement

Brent LINK acknowledges that in 2011/12, we did not make enough progress in engaging Brent's younger people. We recognise that being able to involve all sections of the community is an essential element of local Healthwatch.

For the coming year, we will therefore re-double our efforts to engage and involve Brent's ethnically diverse youth population.

This will initially entail identifying how best to engage with young people and youth organisations so that we can identify their health issues and experience of health and adult social care services – either as patient, service user, carer or family member.

We are also looking into the development of a peer research project i.e. training young people to talk to other young people about access to local health services.

We will regularly feedback this information to London Borough of Brent's Health & Wellbeing Board so that this information can influence and inform service commissioning, planning and delivery.

SECTION SEVEN: *OUR YEAR IN FIGURES*

The Reach of Brent LINK & the Level of People's Participation

A member of the public can register with Brent LINK as an individual member or a group. The definition of a Brent LINK member is as follows:-

A **Brent LINK member** is a person or group that makes a commitment to take part on a regular basis in the development and implementation of the roles of the LINK, and to provide information to and collect information from a local community or a specific group within a community.

A LINK member is different from a participant:-

A **LINK participant** is a person, group or organisation that wants to influence the bigger picture through the roles of the LINK, even though they may not be in a position to participate on a regular basis. A participant may be interested in a single issue, may take an active role in specific pieces of work that relate to their areas of interest, or they may take a less active role by answering surveys or providing information or a view on behalf of an interest group.

Informed Participants: are groups or individuals who register their interest in the LINK and receive information, whether general updates and/or thematic interest.

Occasional Participants: are informed participants (individuals or groups) who also respond to a particular LINK issue, or attend a workshop or meeting on a specific topic. For example, someone who became involved in a task and finish piece of work around a specific issue and had no further involvement

with the LINK and requested to revert back to receiving our e-newsletter or postal information. This could also be someone who requests to receive themed information and comes along to an occasional meeting 1-2 times a year.

Active Participants: are groups or individuals who have a high level of participation, for example by attending Action Groups or representing Brent LINK externally.

Within each of these levels, **people with a social care interest** are those with experience of using social care services or a specific interest in social care. They may also have an interest in health care.

Group participants are people who are acting as a representative for one or more organisation(s) or interest group(s). **Individual participants** are those who are not acting in this way.

Level of participation	Total	Of which		
		People with a social care interest	Individual participants	Interest group participants
Informed participants	721	199	483	238
Occasional participants	313	124	197	116
Active participants	45	30	40	5

SUMMARY OF ACTIVITY

Requests for Information in 2011-12	
How many requests for information were made by Brent LINK?	7
How many related to social care?	2
Of these, how many of the requests for information were answered within 20 working days?	6
Enter and View in 2011-12	
How many enter and view visits did Brent LINK make?	4
How many enter and view visits related to health care?	4
How many enter and view visits related to social care?	0
How many enter and view visits were announced?	4
How many enter and view visits were unannounced?	0
Reports and Recommendations in 2011-12	
How many reports and/or recommendations were made by Brent LINK to commissioners of health and adult social care services?	2
How many of these reports and/or recommendations have been acknowledged in the required timescale?	2
Of the reports and/or recommendations acknowledged, how many have led, or are leading to, service review?	1
Of the reports and/or recommendations that led to service review, how many have led to service change?	0
How many reports/recommendations related to health services?	2
How many reports/recommendations related to social care?	2
Referrals to OSCs in 2011-12	
How many referrals were made by Brent LINK to an Overview & Scrutiny Committee (OSC)?	0 ⁵
How many of these referrals did the OSC acknowledge?	n/a
How many of these referrals led to service change?	n/a

⁵ Brent LINK attends Brent Health Partnership OSC meetings and raises and makes contributions to the service user issues. This has pre-empted formal Brent LINK referrals to OSC.



Brent LINK Chair Mansukh Raichura with NHS Brent Chair Marcia Saunders - Brent LINK AGM, October 2011

SECTION EIGHT: *OUR FINANCES*

Brent LINK Financial Summary: Hestia (April 2011 to 31st March 2012)

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

Brent LINK	Income	Expenditure	Variance
LINK activities	16,000	23,156	-7,156
Host / Running Costs	99,200	88,569	10,631
Payment from Fanon	646	646	-
Payment from NHS Brent	1,424	1,424	-
Payment from Sudbury GP Practice	173	173	-
TOTAL	117,443	113,968	3,475

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

LINK Summarised Statement

Description	Allocation (£)	Expended (£)	Variance (£)
Development costs:			
Printing and publications			
Stationery and postage			
Advertising			
Library			
Sub Total	6,496	6,774	-278
Communication and Engagement:			
Radio			
Entertainment (music and catering)			
Freephone			
Incentives			
Web conferencing			
Translation/ interpretation/ BSL/ Audio / Braille			
Creche service			
Website development			
Sub Total	2,496	4,031	-1,535

Consultation Research / Projects:

Commissioning user survey

External facilitators

Sub Total	2,004	5,000	-2,996
------------------	--------------	--------------	---------------

Expenses for LINK participants:

Travel

Subsistence

Carer costs

Child care payments

Sub Total	2,004	683	1,321
------------------	--------------	------------	--------------

Training for LINK Participants:

Sub Total	996	30	966
------------------	------------	-----------	------------

Venues for activities

Sub Total	2,004	6,638	-4,634
------------------	--------------	--------------	---------------

Total Allocation	16,000		
-------------------------	---------------	--	--

Amount Expended		23,156	
------------------------	--	---------------	--

Deficit on the disbursed grant			-7,156 b
---------------------------------------	--	--	-----------------

Host Summarised Statement

Description	Allocation (£)	Expended (£)	Variance (£)
-------------	----------------	--------------	--------------

Staff costs:Salaries / Employers NI / Pensions/
Agency / Staff Travel Costs

Sub Total	70,697	65,452	5,245
------------------	---------------	---------------	--------------

Administration costs:

Office costs / office rental

Servicing and repairs

Council tax / cleaning

Phone and post / photocopier rental

Sundry costs / Depreciation / IT

Consumables

Sub Total	12,931	9,641	3,290
------------------	---------------	--------------	--------------

Recharged Costs:

Management

Insurance

Recruitment

Training

Sub Total	15,572	13,476	2,096
------------------	---------------	---------------	--------------

Total Allocation	89,000		
-------------------------	---------------	--	--

Amount Expended		88,569	
------------------------	--	---------------	--

Surplus on the disbursed grant			10,631
---------------------------------------	--	--	---------------

NOTES:

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

- Figures for expenditure are to the nearest whole number.

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

^b Any surplus on LINK activities will be added to the total underspend from 2008 to present: any deficit will be deducted from that carry forward balance. The carry forward balance is available for use by Brent LINK in 2012-13

^c Unspent income for Host activities **may** be carried over into 2012 -13 at the discretion of the Host.

SECTION NINE: CIRCULATION OF BRENT LINK 2011/12 ANNUAL REPORT

Brent LINK's 2011/12 Annual Report will be circulated to signed up Brent Participants and made available to the general public on Brent LINK's website www.brent-link.org

Selected achievements from the 2011/12 Annual Report will also be posted via Brent LINK Twitter account: <http://twitter.com/BrentLINK#> throughout 2012/13.

An "Easy read" version will be published summer 2012 for people with learning difficulties or limited proficiency in English.

A copy of the Brent LINK Annual Report will be sent to:

Secretary of State for Health

Care Quality Commission

London Borough of Brent

LB Brent Health Partnership Overview & Scrutiny Committee

Ealing Hospital NHS Trust Integrated Care Organisation

NHS Brent

Central & North West London NHS Foundation Trust

NW London NHS Hospital Trust

Brent Shadow Clinical Commissioning Group

Copies will also be made available via:

Brent LINK Office upon request

Local Libraries and Community Centres

Brent LINK meetings, events and outreach activity

Braille and audiotape and copies of the Annual Report are available upon request.

Registration Form

If you would like to join Brent LINK
Please complete the following **FREE** registration form

Return your completed forms in the **FREEPOST** envelope provided

Brent Local Involvement Network –
IT'S YOUR LINK!

How to get in touch and involved with Brent LINK

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

Please complete the attached registration form or contact the Brent LINK Team for information on:

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

☎ Main Office: 0208 965 0309

🖱 brentlink@hestia.org

💻 www.brent-link.org



Brent LINK Registration Form

London Borough of Brent Local Involvement Network –
IT'S YOUR LINK!

Please tick the boxes below (as appropriate) and complete the contact details:

I am interested in:

- Registering to become involved in the LINK
- Volunteering for the LINK (e.g. administration and activities)
- I would like to be kept informed about the LINK

Name: _____

Contact Address: _____

Tel: _____ Mobile: _____

Email: _____

How would you prefer to receive information and updates about the LINK:

Email Post Telephone Mobile

If you require assistance to complete this form please telephone the Brent LINK team on 020 8965 0309 or email on brentlink@hestia.org

Please complete and return in the **FREEPOST** envelope provided

Brent LiNk Registration Form (continued)

Please answer the following questions	Yes	No
Are you a user of health and/or social care services in the borough?		
Are you a carer for someone who uses health and/or social care services in the borough?		
Do you work in the borough of Brent?		
Are you a resident of the borough?		
Are you registering an interest in the LiNk on behalf of an organisation or group?		

Your organisation or group name (if applicable): _____

Are you interested in any particular services or issues?

Adult Social Care

Older People

Mental health

Disability

Carers'

Hospital services

Health and social care issues in neighbouring boroughs

Primary and community health services e.g. GPs, community nursing, therapies, dentists, pharmacists, optometrists

Other (please state below):

Signed

Date

Please complete and return in the FREEPOST envelope provided

Brent LINK VOLUNTARY MONITORING INFO*

How would you describe your ethnic background?

*(This is to ensure the LINK is reaching out to everyone)

Please mark a cross in the box that describes you:

Male Female

Please mark a cross in the box for your age:

16 – 21 22 – 29 30 – 44 45 – 59
 60 – 74 75+

Do you consider yourself to have a disability?

Yes No Declined to answer

Would you define yourself as:

Heterosexual Gay Lesbian Bi-sexual
 Other Declined to answer

Please tick the box that describes your faith or religion:

None Hindu Sikh Muslim
 Christian Jewish Buddhist
 Declined to answer Any other religion

Please state other religion here: _____ Declined to answer

White British
 White Irish
 White Other
 Mixed – White & Black Caribbean
 Mixed – Other
 Mixed White & Black African
 Mixed – White & Asian
 Asian or Asian British – Indian
 Asian or Asian British – Pakistani
 Asian or Asian British – Bangladeshi
 Asian or Asian British – Other
 Black or Black British – Caribbean
 Black or Black British – African
 Black or Black British – Other
 Chinese
 Other
 Declined to answer



Have your say...

Please tell us about the experiences you have had as patient, service user and/or carer an issue you may have become aware of in relation to Health or Social Care Services in the London Borough of Brent

Please complete and return in the **FREEPOST** envelope provided



Have your say ...

Please tell us about the experiences you have had as patient, service user and/or carer an issue you may have become aware of in relation to Health or Social Care Services in the London Borough of Brent

Please complete and return in the **FREEPOST** envelope provided

Brent Local Involvement Network

Annual Report

1st April 2012 – 31st March 2013



“making a difference Together”

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SECTION ONE: INTRODUCTION

MESSAGE FROM THE CHAIR

Welcome to Brent local Involvement Network's 2012/2013 Interim Report

The Brent Local Involvement Network (LINK) is a member based community led an independent organisation, made up of individuals, community groups, voluntary sector organisation and local business.

The network aims to empower and enable people to have a strong say in how local health and social care services are commissioned and delivered in the London borough of Brent.

This report is an account of the LINK's activities undertaken during the period of 1st April 2012 to 31st December 2012. This report highlights how we have engage with local people and listen to their concerned and aspirations and used this information to help improve local health and adult care services.

It also outlined "impact through action" through the case studies indicating how we have participated in the planning, commissioning, delivering and monitoring of health and adult social care services to effect positive outcome.

Briefs of the some of the case studies

"Enter and View" visits, Public consultation of Joint Strategic Needs Analysis (JSNA) , Draft Brent Health and Well-being Strategy, Dementia Conference, Shaping the Healthier Future Consultation event, Public meeting to brief service users about 'what is happening health wise in Brent, e.g. Shadow Clinical Commissioning Group (CCG), Transition to local Healthwatch, Shadow Health and Well-being Board etc.

Brent LINK is committed till the 31st of March 2013 to empowering local people to have a voice in how their Health and Social Care is design and delivered. Also we are committed to help pass our legacy to an effective local Healthwatch Organisation that replaces Local Involvement Networks under the Health and Social Care Act 2012 on the 1st of April 2013

I wish to thank my fellow management committee members for their continuous commitment and enthusiasm in working collectively for Brent LINK.



As a Management committee, we would like to thank Brent council's Brent LINK contract management, Hestia - Host Organisation and many health and social care providers who have worked with us over the past year.

Finally, special thanks to the people of Brent for drawing our attention to their concerns and working in partnership to achieve desired changes for all.

In conclusion, I think that we have had worked with our partners, ensuing a true and meaning full link between service providers and service user's aspiration. I hope and wish that this practice will continue when the work of Brent LINK is transferred in to a Local Healthwatch Organisation.

Mansukhlal Gordhamdas Raichura
Chair Brent LINK 2012/2013

SECTION TWO BRENT LINK: VISION, STRUCTURE & VALUES

BRENT LINK

Brent LINK is an independent and inclusive network and platform which enables people to have a say about how their health and (adult) social care services are delivered.

Brent LINK is committed to working in partnership with the people of Brent, NHS Brent, Brent Adult Social Services to help shape and influence the planning and commissioning of services making significant improvements to the health and wellbeing of the Brent Community. Brent LINK has a reputation for being a catalyst for change.

Brent LINK has achieved many significant and notable achievements influencing and shaping health and adult social service commissioning and delivery in the borough of Brent.

Brent LINK has the power to:

- Make reports and recommendations and get a reply within a set time
- Ask for information from key decision makers and get a reply within a set amount of time
- Enter and View services
- Refer matters to the Overview and Scrutiny and Health Select Committee

Brent LINK is open to everyone who is interested in having a say or receiving information on Health and Social Care Services in Brent; Helping to shape local services for the future; taking an active role in reviewing the quality of services and individual experiences amongst others.

We believe that we are “***Making a difference together***”

Brent LINK Contact Details

(The contact details below are valid till the 31st of March 2013)



Brent LINK
Unit 56
The Designworks
Park Parade
London
NW10 4HT



Main Office: 0208 965 0309



brentlink@hestia.org



www.brent-link.org

Host Organisation Details

Local Involvement Networks (LINKs) are facilitated and supported by Host Organisations.

In Brent, the Host Organisation is Hestia Housing and Support (Hestia). Hestia is a registered charity, established in 1970. Hestia's vision is **Empowering People, Changing Lives** and their mission is to provide high quality services in partnership with users and local communities. Hestia is also the LINK Host organisation for Ealing, Royal Borough of Kensington & Chelsea and Hammersmith & Fulham LINKs.

As at the time of this report, the LINK in Brent is being supported by three staff members (details below) and dedicated volunteers such as Janet Johnson and Melissa Henry.



Olasumbo Ajala
LINK Coordinator



Carol Sealy
LINK Administrator



Nadine Yao
LINK Administrative Officer

Hestia Head Office Contact

Carla Julien

Director Operational Services
Hestia Housing and Support
3rd Floor, Sovereign Court
15-21 Staines Road
Hounslow TW3 3HR

Tel: 020 8538 2940

Fax: 020 8572 5617

Email: info@hestia.org

Website: www.hestia.org

Company number: 2020165

Charity number: 294555



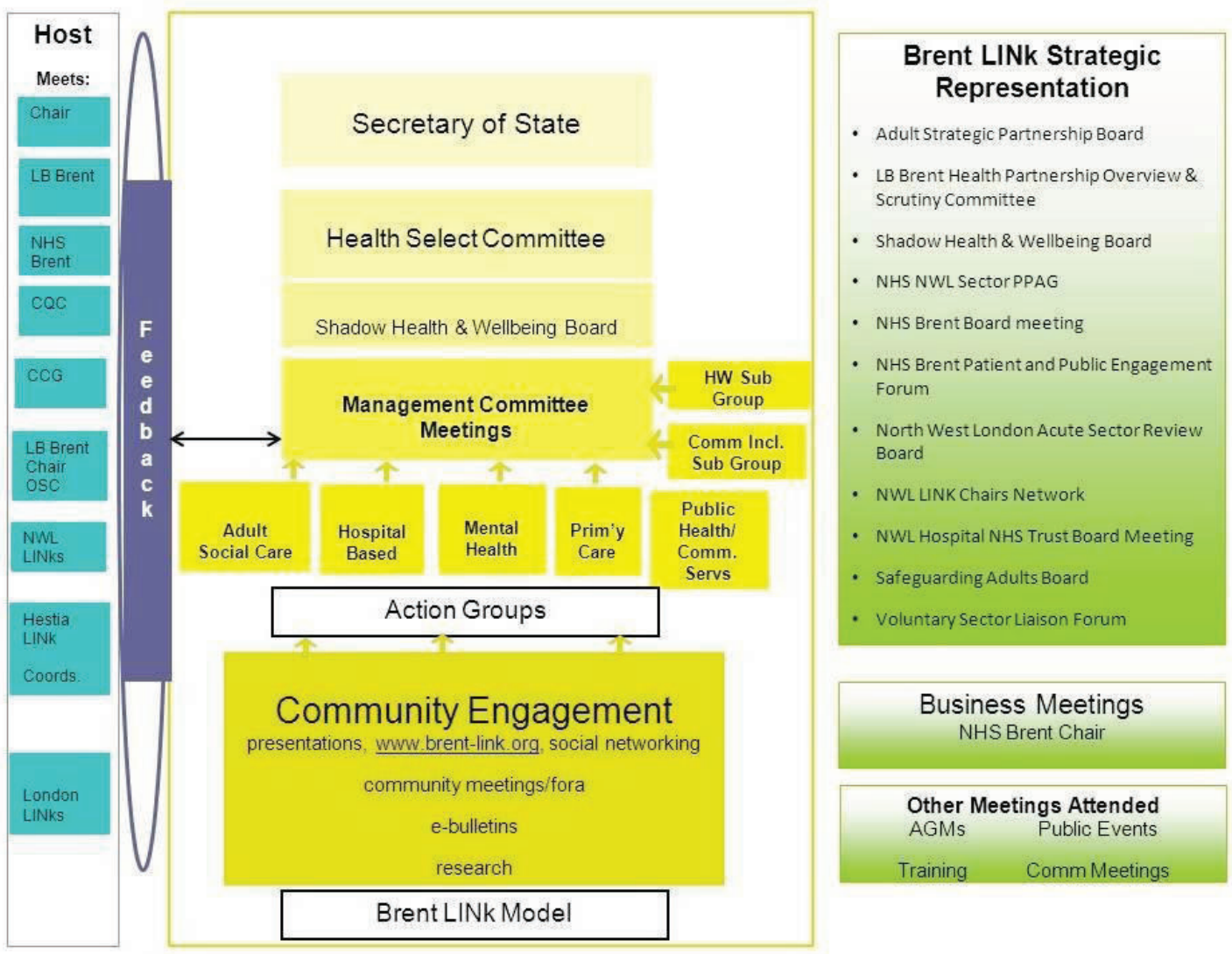
The Brent LINK Office (details on page 6) is first point of contact if you want to find out more about Brent LINK.

Brent LINK Organisational Structure

Brent LINK has a Management Committee dedicated to ensuring that individuals, organisations and communities can exert influence and affect positive change in health and social service provision in Brent. Our committee is diverse – reflecting Brent’s diverse profile - but also brings expertise in areas such as mental health, learning disability, older people and adult social care.

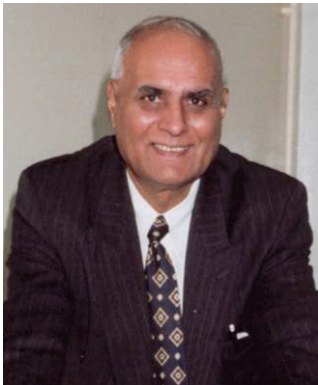
Brent LINK has five Action Groups: Adult Social Care; Public Health/Community Services, Primary Care, Hospitals and Mental Health which better reflects local community concerns and Management Committee expertise.¹

The LINK also have a Community Engagement & Inclusion Sub Group to look at equality, diversity and inclusion issues and a Healthwatch Sub Group which advises the *Management Committee* regarding the LINK’s transition to *HealthWatch*.



¹ It was decided that Action Group Leads would be selected from the Management Committee.

Our Management Committee 1st April 2012 - Date



Mansukh Gordhamdas Raichura
M.Sc Dip.Chem. Eng –
Chair Brent LINK



Robert Esson
Vice Chair Brent LINK



Ann O'Neill
Brent MENCAP

Prakash Mandalia
BHEARD

Elcena Jeffers – MBE
Elcena Jeffers Foundation



Dharampall Kaur / Mrs Singh



Phil Sealy
MBE, J.P.



John Byrne
MIND



Maurice Hoffman

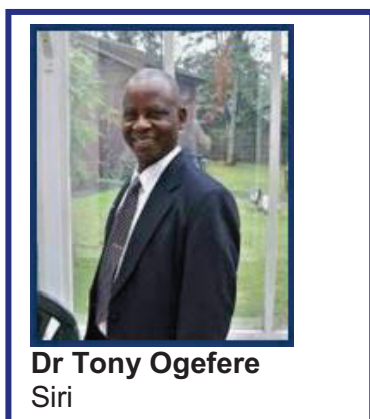
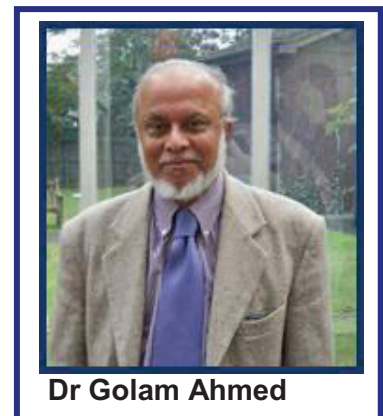
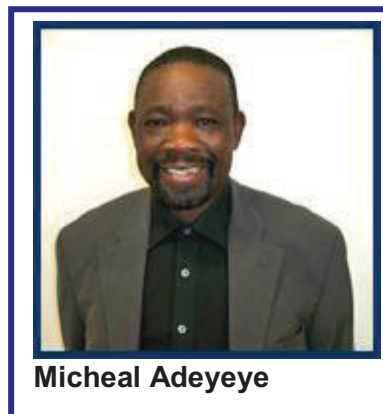
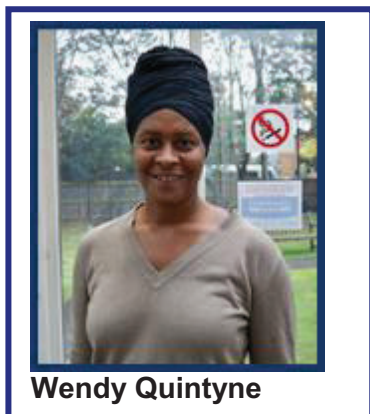


Lola Osikoya
Amazing Grace Women's
Association



Miranda Wixon
Co-opted

Management Committee Members who left during the year till date



Trained Enter & View Authorised Representatives²

Mansukh Raichura - Chair
Robert Esson – Vice Chair
Sola Afuape
Jitu Patel
Dharampal Kaur/Mrs Singh
Cllr Sandra Kabir
Carol Sealy – Host Staff

Richard Wisdom
Elcena Jeffers
Siggy Mitchell
Maurice Hoffman
Peter Latham
John Pottle

David McLeod
Joyce Johnson
Jimmy Telesford
Dr Tony Ogefere
Dr Yoginder S Maini
Dr Golam Ahmed
Cllr Michael Adeyeye

² These members have undertaken training to enable them carry out the LINK “Enter and View” functions

Brent LINK Members Involved In Relevant Decisions Making Bodies³

Mansukh Raichura	<p>Brent Shadow Health & Wellbeing Board (Till September 2012)</p> <p>Brent Health Partnerships Overview & Scrutiny Committee</p> <p>NWL (North West London) LINK Chairs Network</p> <p>NWL Patient & Public Advisory Group (PPAG)</p> <p>NWL NHS Hospital Trust and Ealing Hospital Trust Merger Programme Board</p> <p>Brent Shadow Clinical Commissioning Group</p> <p>NHS London PPAG</p> <p>Kingsbury Cluster PPAG</p> <p>NHS Brent Board</p> <p>Brent CCG Equality Diversity and Engagement Subcommittee (EDEN Committee)</p> <p>Shaping the healthier future programmes board</p> <p>Central and North West London (CNWL) NHS Trust PPAG Meetings</p>
Ann O'Neill	<p>Safeguarding Adults Board</p>
Dharampal Kaur Malhotra /Mrs Singh	<p>Brent Disabled Users Forum</p> <p>London Central and West Unscheduled Care Collaborative</p>
Robert Esson	<p>Harness Area GP Forum</p> <p>Brent Assoc. of Disabled People User Forum</p> <p>Brent CCG Equality, Risk and Safety Committee</p> <p>London Central and West Unscheduled Care Collaborative</p>
Phil Sealy	<p>Central and North West London (CNWL) NHS Trust PPAG Meetings</p> <p>Brent Health Partnerships Overview & Scrutiny Committee</p> <p>Brent Shadow Health & Wellbeing Board (From October 2012)</p> <p>Kingsbury Cluster PPAG</p>
Maurice Hoffman	<p>Shadow Brent Clinical Commissioning Group; Governing body</p>
Richard Wisdom	<p>NHS Brent - Procurement Group for Out-Patients Ophthalmology</p> <p>Ealing Hospital NHS Trust Quality Account Planning Group</p>
John Pottle	<p>NHS Brent - Procurement Group for Out-Patients Ophthalmology</p>
Lola Osikoya	<p>NHS Brent - Procurement Group for Out-Patients Cardiology</p>
Claire Pollak	<p>NHS Brent - Procurement Group for Out-Patients Cardiology</p>

³ as defined in Section 2 (1) (a), 2 (2) (a)-(h) and 2 (3) (c) (i) and (ii) of the Local Involvement Networks Regulations 2008.

Key Strategic Meetings Attended:

- London Borough (LB) Brent Health Partnership Overview & Scrutiny Committee
- Shaping a Healthier Future Programmes Board
- CNWL NHS Trust PPAG Meetings
- Adult Strategic Partnership Board
- Shadow Brent Health and Wellbeing Board
- NHS NWL Sector PPAG
- NHS Brent Board meeting
- NHS Brent Patient and Public Engagement Forum
- NWL LINK Chairs Network
- Brent CCG Equality Diversity and Engagement Sub-committee (EDEN Committee)
- NWL Hospital NHS Trust Board Meeting
- Safeguarding Adults Board
- Voluntary Sector Liaison Forum

Brent LINKs Values

Brent LINK's mission is *'to give communities a stronger say in how their health and social care services are delivered.'* To make this happen, we have adopted a set of values which govern our work and the way in which we engage Brent's diverse communities. These values can be summarised as:

- Openness and inclusivity
- Accessibility to all, including people who feel excluded, people who might need support to participate, people with caring responsibilities and people with full time jobs;
- Reaching out to all communities: collecting evidence of their views and making those views known to the appropriate bodies;
- Recognising that addressing the wider determinants of health (such as income and housing) are central to our role
- Communicating information we receive in a constructive way to service planners, commissioners and providers;

- Feeding back responses and outcomes to the wider community on a regular basis.

In addition, Brent LINK recognises that local involvement networks are about whole communities having opportunities to influence health and social care services. To facilitate this, we apply the following values to our governance arrangements:

- Adopt shared principles and work together to change things for the better;
- Demonstrate values by working with others for everyone's benefit;
- Act responsibly and play a full part in the work;
- Help people to help themselves;
- Take responsibility and answer for actions;
- Give everyone a say in how things are done;
- Act fairly and in an unbiased way;
- Share interests and common purpose with others;
- Be open – don't hide it when you are not perfect;
- Be honest about what you do and how to do it;
- Encourage people to work together to improve their community;
- Support similar work that others are doing;
- Make a commitment to allow anyone to take part;
- Look for opportunities to work together to strengthen accountability locally and beyond; and
- Recognise that some people and groups find formal structures daunting and find ways to accommodate their needs.

SECTION THREE: BRENT AT A GLANCE⁴

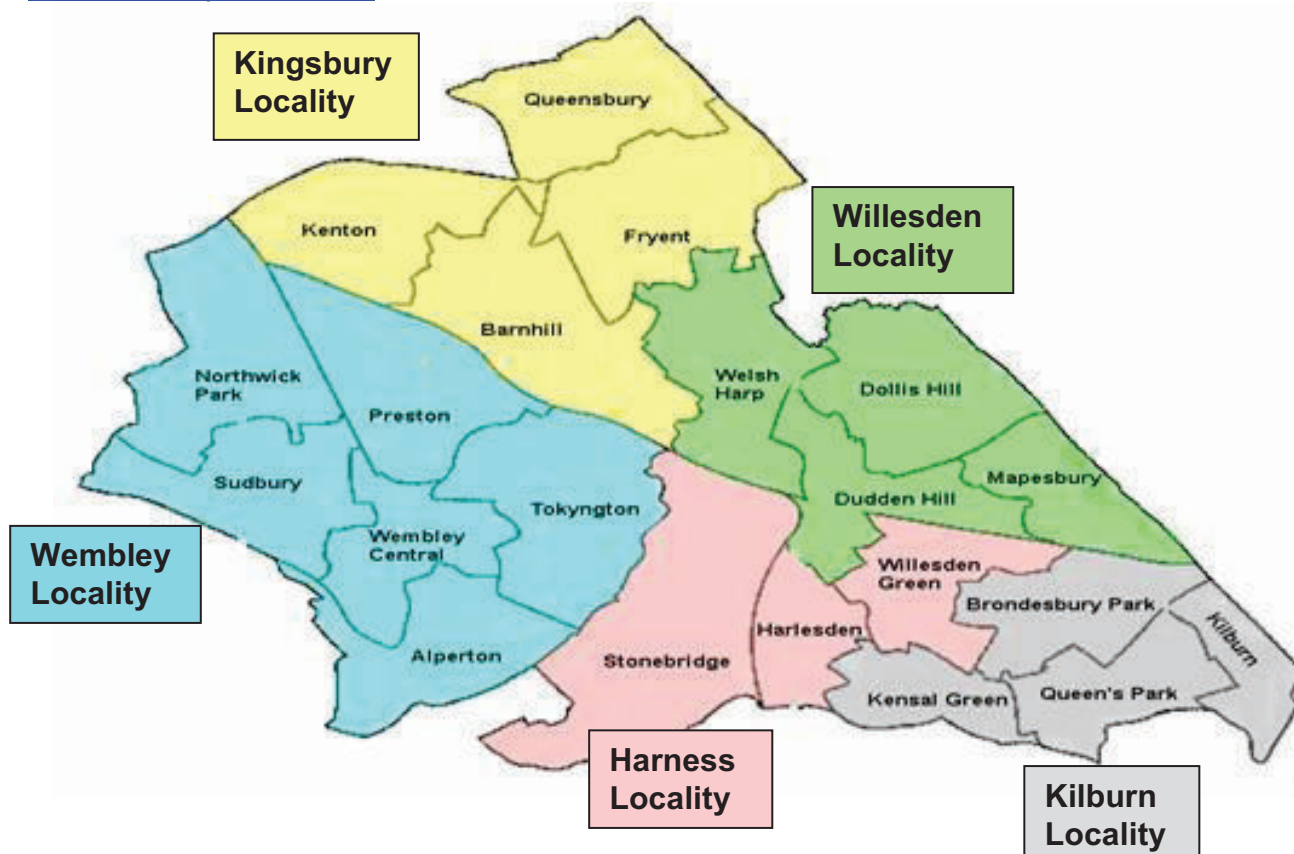
The health of people in Brent is mixed compared to the England average. Deprivation is higher than average and 22,720 children live in poverty. Life expectancy for both men and women is higher than the England average. Life expectancy is 9.5 years lower for men in the most deprived areas of Brent than in the least deprived areas (based on the Slope Index of Inequality published on 5th January 2011).

Over the last 10 years, all cause mortality rates have fallen. Early death rates from cancer and from heart disease and stroke have fallen (the latter being worse than the England average).

About 21.7% of Year 6 children are classified as obese. A higher percentage than average of pupils spends at least three hours each week on school sport. 81.9% of mothers initiate breast feeding and 4.9% of expectant mothers smoke during pregnancy.

An estimated 16.3% of adults smoke and 21.2% are obese. The rate of hospital stays for alcohol related harm is higher than average.

NHS priorities in Brent include reducing the gap in life expectancy, reducing the rates of coronary heart disease, smoking and increasing the number of people participating in physical activity. For more information see www.brentpct.nhs.uk.



⁴ Source: Department of Health © Crown Copyright 2011

SECTION FOUR: OUR MEMBERSHIP

Sign up of Participants

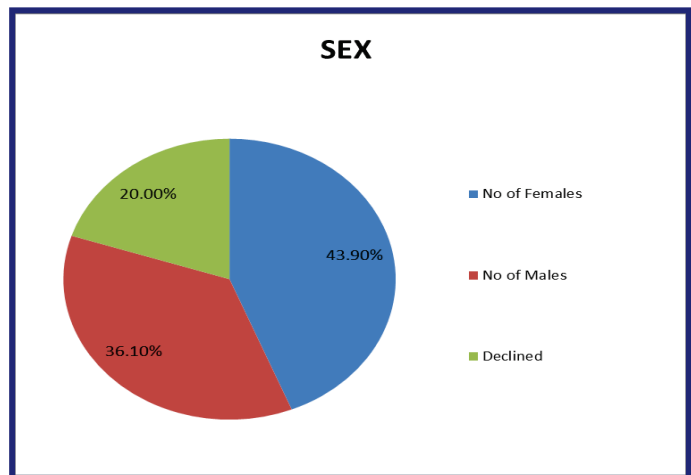
By the end of the reported year, we had **770** signed up participants to Brent LINK and reached out to many more people through our outreach work and public events. We have also met with statutory and voluntary agencies that have expressed an interest in becoming involved.

What follows is an analysis of the Brent LINK members demographics. Brent LINK has a diverse population of members which broadly reflects the demographics of the Borough of Brent and Brent LINK is proud to have reached out to so many different groups of people in our diverse borough..

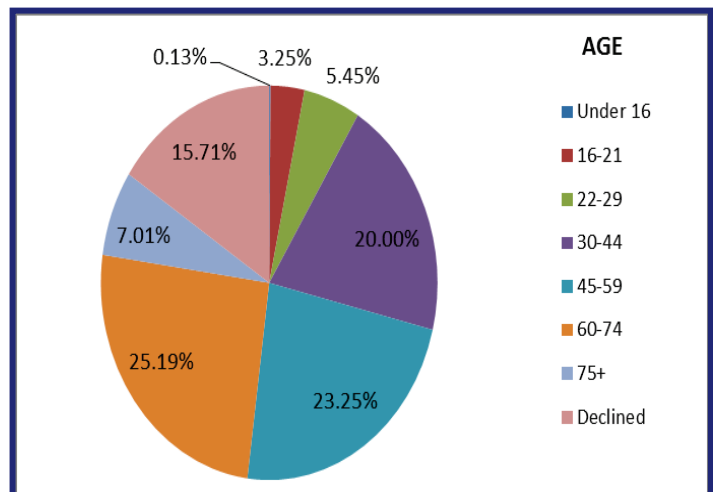
The Host team made every effort to capture the analysis of participants involved with the LINK but a large number of participants were not interested in being analysed or defined and they expressed this opinion by largely not completing the monitoring informing form.

Participant Analysis:

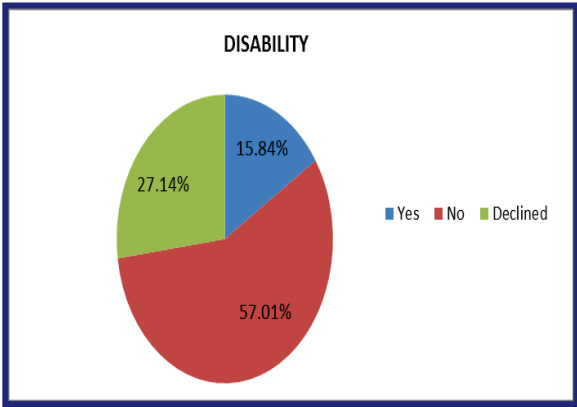
Gender	%
Number of Females	43.90
Number of Males	36.10
Declined to answer	20.00



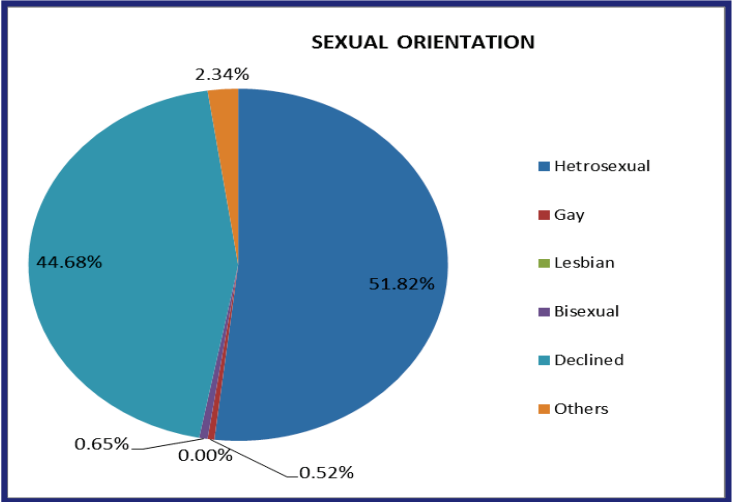
Age Group	%
Under 16	0.13
16-21	3.25
22-29	5.45
30-44	20.00
45-59	23.25
60-74	25.19
75+	7.01
Declined to answer	15.71



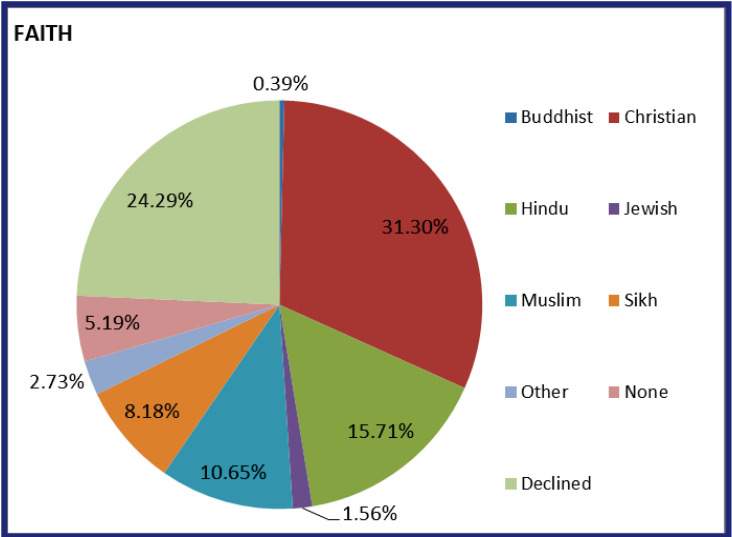
Disability	%
Yes	15.84
No	57.01
Declined to answer	27.14



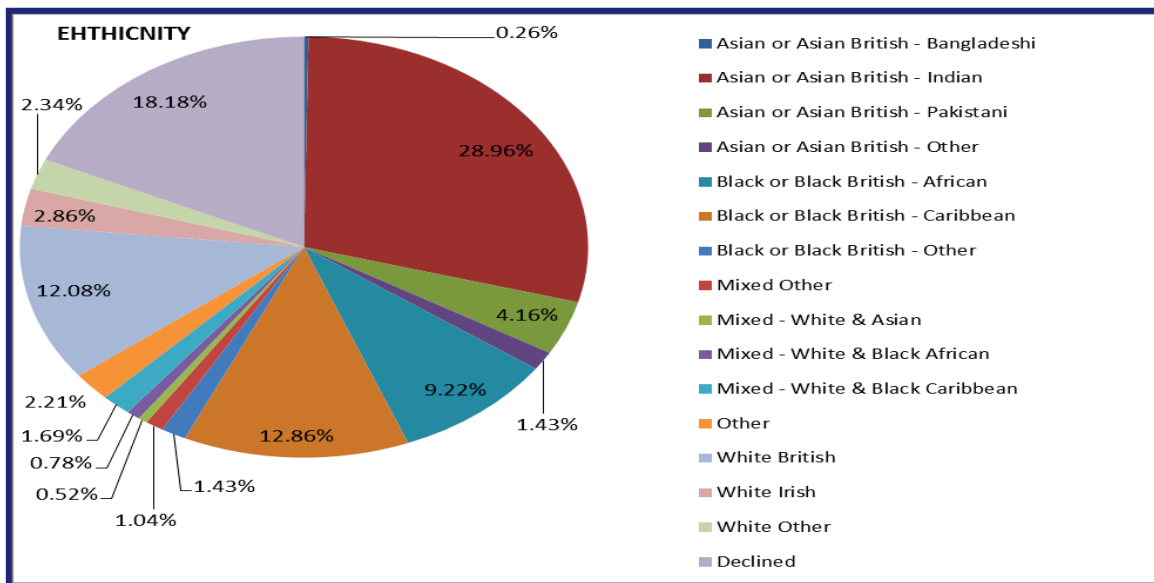
Sexual Orientation	%
Heterosexual	51.82
Gay	0.52
Lesbian	0.00
Bisexual	0.65
Declined to answer	44.68
Other	2.34



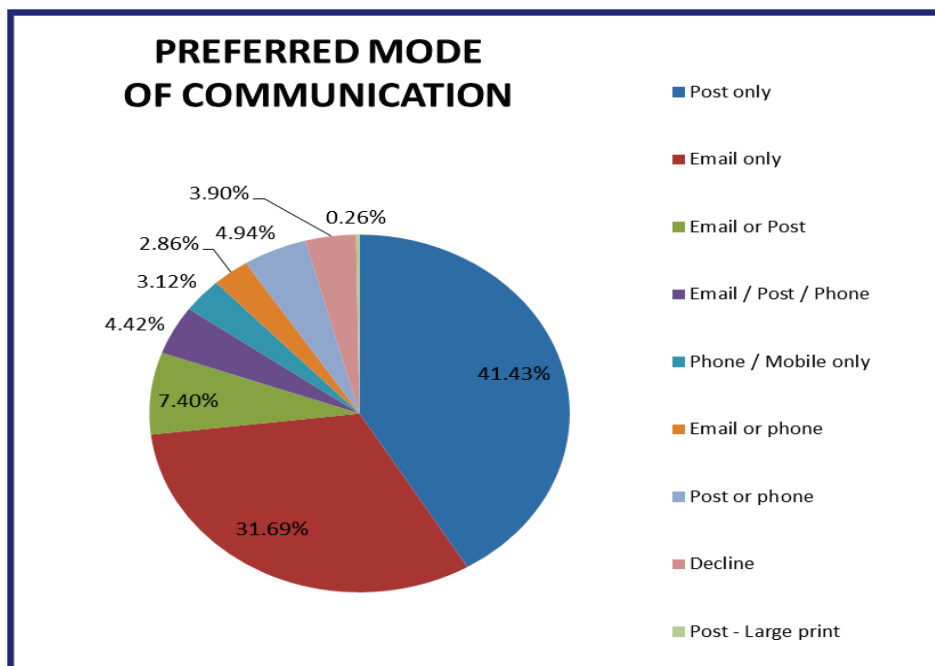
Religion/Faith	%
Buddhist	0.39
Christian	31.30
Hindu	15.71
Jewish	1.56
Muslim	10.65
Sikh	8.18
Other	2.73
None	5.19
Declined	24.24



Ethnicity	%	Ethnicity	%	Ethnicity	%
Asian or Asian British-Bangladeshi	0.26	Black or Black British - Other	1.43	Other	2.21
Asian or Asian British - Indian	28.96	Mixed White & Asian	0.52	White British	12.08
Asian or Asian British - Pakistani	4.16	Mixed White & Black African	0.78	White Irish	2.86
Asian or Asian Other	1.43	Mixed White & Black Caribbean	1.69	White Other	2.34
Black or Black British - African	9.22	Mixed Other	1.04	Declined to answer	18.18
Black or Black British - Caribbean	12.86				



Preferred Mode of Communication



SECTION FIVE: DEMONSTRATING IMPACT THROUGH ACTION

1. MANAGEMENT COMMITTEE

The Brent LINK Management Committee is made up of elected and Co-opted members. One of the key roles of the Management Committee is to hold the strategic overview of Brent LINK activities, in the context of current legislation, national and local guidelines in relation to health and social care services.

In this context the Management Committee has to try to hold the balance in the focus of activities that the LINK undertakes over the year. There is a tension between the demand from local and national organisations that want LINK involvement and ensuring that issues or concerns that come from the community are taken up.

This last year has been a challenging one with Management Committee having to ensure the LINK has influence and impact in a complex and fluid sector. The Management Committee has had to develop an understanding of the complex changes that are being proposed in the NWL sub region which are led by clinical and financial needs as well on a national level, while seeking to ensure a Brent perspective is heard within the wider region.

Management Committee has sought to ensure the LINK is involved at the strategic level of change, while not losing sight of the need to review and monitor the quality of patient experience on day to day level. In addition, Management Committee has had to hold the tension of waiting for the passing of the Health and Social Care act which will mean the establishment of Healthwatch.

Key areas that the Management Committee led on this year were:-

- Management committee members have grass root connections with their own constituent member organisation. This enables them to bring their community perspective with regards to Health and Social Care.
- Ensuring appropriate LINK representatives⁵ on a range of boards, committees and working groups such as the Brent Shadow Health and Wellbeing Board, Brent Health Partnerships Overview and Scrutiny Committee, NWL Patient and Public Advisory Group (PPAG), NW London NHS Hospital Trust and Ealing Hospital Trust Merger Programme Board, Brent Shadow Clinical Commissioning Group, Shaping a Healthier Future stakeholder meeting.

⁵ See Representatives on Relevant Decision Making Bodies for further details

- Through the Brent LINK Chair, via the NWL NHS Patient Public Advisory Group (PPAG), which seeks to build a strong cross borough LINK partnership to ensure the patients, carers and public have an established route “**to have their say**“ at a time of tremendous change and reorganisation.
- The Management Committee has worked to build and establish a strong relationship with the Brent Clinical Commissioning Group (BCCG) through, supporting the development of the Brent CCGs patient and public strategy.
- The Management Committee maintained and continued to maintain good relationship with our strategic partners in the Council and the NHS. This has helped to ensure that the voice of the people is heard by the responsible and concerned persons and that the views of the people are made known at all areas in the Borough.
- Supporting Action Groups on the projects or research they undertook and ensuring their findings or recommendations are acknowledged and followed up by the relevant organisations.
- Management Committee has kept abreast of the information and advice relating to Healthwatch in order to ensure that Brent has a viable Healthwatch Organisation as of 1st April 2013.
- The Management Committee established a Healthwatch sub-group to undertake the development work and to make recommendations to inform the Management Committee’s decision making on establishing a local Healthwatch.
- Management Committee has had to keep up with the National NHS reform agenda as well keeping

Brent LINK had an election in 2012. The process and election took place between July and September 2012 with the first meeting of the newly elected Management Committee taking place on the 27th of September 2012. The election report can be found on the Brent LINK website www.brent-link.org

2. Host Organisation - Hestia Housing and Support

The LINK reflects Hestia’s commitment to working in the local community to bring about change and fully embodies Hestia’s vision of empowering people.

Hestia through its Host Staff team and Central Management have been working at ensuring the following: -

- The LINK is trying to reach everyone in the borough
- The LINK acts within the remit of the law
- Acting as a custodian of the underpinning values and principles of the LINK
- Advising the LINK Management Committee and Action Groups based on its role as an 'honest broker'
- Representation and that the LINK is acting in the interests of its members and the wider community
- Facilitation of Public, Action Group and Management Committee meetings
- Writes letters on behalf of the LINK
- Write reports on the activities and findings of the LINK
- Maintains and keeps records on behalf of the LINK
- Advertising and raising awareness of the LINK
- Strategic liaison with local statutory organisations and government agencies on behalf of the LINK
- Facilitating the dissemination of outcomes, good practice, learning and evaluation.
- Act as custodian of the LINK finances in consultation with the Management Committee
- Maintaining IT infrastructure on behalf of the LINK
- Advising the LINK of relevant changes in policy and procedure in Health and Social Care

3. ACTION GROUPS

The success of Brent LINK has resulted from active members giving great deal of their time, personal expertise and most of all their commitment to the principles and work of the LINK.

Members have taken active roles in developing and representing the LINK. Their commitment in terms of time, skills and sharing their creativity has enabled the LINK to be effective in its role of influencing, monitoring and most importantly improving the quality of health and social care services in the borough.

Action Groups are a key part of Brent LINK involvement. There are five Action Groups in Brent LINK. Action groups meet on a six weekly cycle. All meetings are open to the public and new people can come and make a contribution at any meeting. The Action Groups are: Primary Care, Adult Social Care, Public Health and Community Services, Hospitals and Mental Health. It was agreed that the Lead of each Action Group would be a Management Committee member.

Key activities in 2012 – date are outlined below.

a. Adult Social Care Action Group

Lead Member: Miranda Wixon

Group Aims:

The Adult Social Care Action group is concerned with Adult Social Care Services and is the key group in the LINK for developing productive relationships with Adult Social Care Commissioners and Providers.

The Action group was concerned about the quality of care in domiciliary care services in the borough. They undertook a survey to audit the quality of care being received. They also acted as a conduit to assist the community in getting information about Social Care and the Council involving the community while keeping a watching brief on the Social Care White Paper.

b. Hospital Based Action Group

Lead Member: Wendy Quintyne⁶

Group Aims:

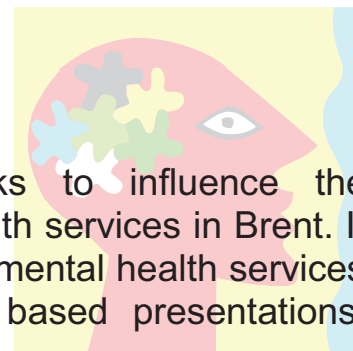
Brent LINK's Hospital Action Group has maintained a watch in brief on the proposed merger of Ealing NHS Hospital Trust and North West London Hospital's Trust - especially regarding transport and equalities issues. They have identified hospital related community health care concerns. They are also working on a Discharge from Hospital Patient Satisfaction Survey.

⁶ Resigned August 2012

c. Mental Health Action Group
Lead Member: Phil Sealy MBE, JP

Group Aims:

Brent LINK Mental Health Action Group seeks to influence the commissioning, provision and scrutiny of mental health services in Brent. It aims to play a key role in influencing the direction of mental health services provision through the production of an evidence based presentations, aimed at improving mental health services in Brent.



Notwithstanding the current medical model upon which provision is based; to prioritise better service provision linked with early intervention. We will campaign and lobby to bring in more support to maintain good mental health and emotional wellbeing in the wider community in Brent.

Give people a better and meaningful voice to take greater control over decisions about the way they want to live their lives and the services they need to support them to do this.

Campaign more to tackle inequalities and social exclusion that lead to poor mental health and improve access to the services people may require.

Campaign and lobby for more support in the community for people with long-term mental health conditions grounded in National Institute for Health and Clinical Excellence (NICE) guidance. Supporting people to manage their condition themselves with the right help from integrated health and social care services.

Challenge and combat stigma around mental health through raised awareness and information on issues.

Scrutinise and monitor mental health services provision to ensure they support recovery based mental health services: empowering people to realise their full potential and become active citizens within their local communities.

In this year members of the group were concerned at the high prevalence of Dementia with an apparent lack of adequate awareness of the issue in the borough. They organised a Dementia Workshop giving the people of Brent the opportunity to be more aware of the issues and help available to them.

The Mental Health Action Group has also been working closely with the Central North West London NHS Trust by having regular meetings where issues and information gather by the LINK are relayed to the Trust to

address. These periodic meetings are also opportunities for the Trust to clarify areas of concerns and to update the LINK on the work they are doing.

In October 2012, the Mental Health Action Group launched Brent LINK's Community Involvement Mental Health Forum with an aim to on a continuous basis identify the key mental health issues facing people living in Brent.

d. Primary Care Action Group

Lead Member: Mansukh Raichura

Group Aims:

Brent LINK's Primary Care Action Group seeks to influence the commissioning, provision and scrutiny of primary care services in Brent. The group's focus is upon GPs, dentists, optometrists and pharmacists.

The Group aims to play a key role in influencing the direction of primary care services provision through the production of an evidence based argument, aimed at improving primary care services in the borough.

This group has been monitoring the development of Brent Shadow Clinical Commissioning Group's *Primary Care Network*, ensuring a patient centred approach; Influencing and monitoring development of the Clinical Commissioning Group's CCG's *Better Care Closer to Home Strategy* for commissioning and delivering services care for people closer to home.

They have been involved in commissioning intentions and decisions as it relates to Primary Care in the Borough.

e. Public Health and Community Health Services Action Group

Lead Member: Maurice Hoffman

Group Aims:

Brent LINK Public Health & Community Health Services (PHCHS) Action Group seeks to influence the commissioning, provision and scrutiny of community services and public health in Brent. It aims to play a key role in influencing the direction of community services & public health provision, through the development of community led and evidence based arguments for change.

This group has been working with NHS Brent to re-commission Out-Patient Cardiology and Ophthalmology services in Brent. The Action Group has

two representatives⁷ on the re-commissioning group who have assessed the tender bids and made recommendation. The group plans on being involved in the planning and implementation of the services.

The PHCHS Action Group has also taken an active interest in the transfer of public health services to Brent Council.

Other relevant works done by the Action Group are: -
Brent LINK was a part of the planning Group for the Olympic legacy event which took place on the 12th of September 2012. We are also working with NHS Brent on developing an event for young people later in 2013.

Brent LINK met with NHS Brent Commissioners regarding community services provided by Ealing Hospital Trust as well as the new 111 service which was to have been implemented in December 2012.

f. Community Engagement and Inclusion Sub-Group

Lead Member: Dharampal Kaur Malhotra / Mrs Singh

Group Aims:

The Community Engagement and Inclusion Subgroup aim to champion equalities, cohesion and inclusion throughout Brent LINK and its action groups; ensuring it is assimilated into activity.

The subgroup develops strategies for including Brent residents who have difficulties accessing or participating in community development activities. The Subgroup will refer any equalities, cohesion and inclusion matters identified through research or other sources to relevant action groups for consideration.

The subgroup will monitor progress and allocation of Brent LINK's activities in relation to equalities, cohesion and inclusion and provide relevant feedback to the Brent LINK management committee.

g. Healthwatch Sub-Group

Lead Member: Brent LINK Chair - Mansukh Raichura

Considering the fact that the local Involvement Networks would after four years come to an end in March 2013 and local Healthwatch Organisations will be in place by April 2013, the Brent LINK Management Committee (MC) agreed to commission a piece of work to support the LINK in getting ready for the local Healthwatch. Ottaway Strategic Management Ltd was commissioned to work with the Management Committee to set up and execute a work plan on the evolution of a viable local Healthwatch in Brent.

⁷ See page 13 – Members involved in relevant decision making bodies.

Members of this sub-group drawn from the Management Committee are Mansukh Raichura (Chair), Maurice Hoffman, Phillip Sealy, Miranda Wixon and Brent LINK Coordinator.

Hestia proposed a model of engagement for Healthwatch to the Management Committee and the Management Committee agreed not to adopt Hestia's proposed model. They decided to tender for the Healthwatch Brent but received clarification that this was not possible as the LINK was not an established entity on its own.

The Consultant recommended that the LINK goes into partnership with the Local Community and Voluntary Sector Organisation.

The LINK through this sub-group agreed to be committed to working with and supporting viable local organisations in planning and tendering for the local Healthwatch.

This piece of work helped the Management Committee as well as various local organisation such as the Community Voluntary Service (CVS) Brent gain a good understanding of the requirements for Healthwatch and how best to be positioned to fulfil such requirements.

4. Community Health Survey⁸

Brent LINK's Management Committee, with the support of its host organisation, Hestia agreed in August 2012 to undertake a community health survey of residents and organisations in Brent. Ottaway Strategic Management Ltd was commissioned to support the LINK in executing this project.

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.

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 Health Partnership Overview and Scrutiny Committee on the 29th November 2012. Brent Health Partnership Overview and Scrutiny Committee acknowledge the work done

⁸ See Case Study 1 – Page 36

and were pleased that the result of the survey confirms that there are issues with access to GP services in the Borough. (See Case Studies1)

5. Health and Well Being Strategy Meeting

Brent LINK organised a public meeting in 16th October 2012 to give the people the opportunity to have a better understanding of the strategy document and the implications to the community. Dr. Imran Choudhury, (Consultant Public Health Medicine NHS Brent) presented the Health and Well being Strategy to the meeting. He explained the different aspects of the documents.

This strategy is not a comprehensive collection of all future commissioning intentions across health, public health and social care; that can be found in other key documents such as the commissioning intentions of the CCG. Rather this strategy focuses on key priorities for the Board, where partnership working can bring real added value to health and wellbeing across Brent over the next three years

The document identified and outlined four priorities:

- Giving every child the best start in life
- Helping vulnerable families
- Empowering communities to take better care of themselves
- Improving mental wellbeing throughout life

Members at the meeting noted that other important areas such as drugs work, carers were not reflected in the document.

Dr. Choudhury explained that the Drugs and Alcohol Action team (DAAT) were performing really well and were actually the best in London and the area the DAAT was quite keen to push forward was around a brief intervention service for alcohol within the Accident & Emergency Department at Northwick Park. This is included in the strategy.

Dr. Choudhury also explained that there is a carer strategy in place already at the PCT. He explained that the strategy is about filling gaps and not emphasising the services that are available and having positive outcomes.

Attendees then had the opportunity to deliberate on the four different priorities in the strategy document at round table discussions and this helped the attendees to gain a better understanding of the strategy document.

6. Shaping a Healthier Future (SaHF) Consultation

In June 2012, the leadership of the NHS in North West London published proposals to substantially change and reconfigure local health services, affecting the boroughs of Brent, Ealing, Hammersmith & Fulham, Harrow, Hillingdon, Hounslow, Kensington & Chelsea and Westminster.

The proposed programme of change “*Shaping a Healthier Future*” was set out in a pre-consultation business case published on 20 June 2012 and a consultation document published on 2 July 2012.

Through the year Brent LINK consulted with the community and sat on the board of the SaHF, gaining an understanding of the proposals and providing the community with the opportunity to express their views. A final public Consultation organised by Brent LINK took place on Monday 24th September 2012. Brent LINK provided a formal response to the SaHF Consultation proposals. In formulating the response, Brent LINK reviewed documentation from a number of sources and drew upon member comments raised at the SAHF public consultation.

We discussed the following at the consultation:.

Clinical Engagement

The business case document states that the programme has been clinically led and supported by GP commissioners and hospital clinicians. However, the extent to which the programme is supported by front-line Brent clinicians is not clear and anecdotal feedback suggests a number of Brent GPs have reservations.

Accident & Emergency Central Middlesex Hospital

At the Brent LINK 24th September 2012 SAHF public debate, members of the public unanimously opposed the proposal to close Central Middlesex Hospital A&E. However, those present agreed with the rest of the proposals outlined in SAHF i.e. better access to care closer to home, centralising most specialised services and where possible, care integrated between primary and secondary care with involvement from social care.

On a separate point, Central Middlesex Hospital has recently undergone a major rebuild under Private Finance Initiative. As the preferred option is to close the A&E, Brent LINK feels that this has resulted in a service being offered and then taken away.

Out of Hospital Strategy

On 18th April 2012, visitors from the National Clinical Advisory Team were invited by the SAHF programme board to assess the SAHF proposals. This review highlighted the need to “ensure that community services are in place

before closing acute services”. However, Brent LINK is not assured that this is currently the case and has concerns based on anecdotal community evidence regarding primary care & community care capacity and capability to deliver the shift in care from local hospitals.

Out of hospital care is relying on integration with all stakeholders and service providers including social care, general practice, community nursing and mental health care providers. Brent LINK therefore feels that the Out of Hospital Strategy should be implemented before SAHF to ensure primary and community care sector can meet these new challenges.

Urgent Care Centre (UCC)

There is a significant variation in the type of condition and volume of patients seen in existing UCCs. It is necessary to have best practice locally and nationwide standards so as to develop a model that provided excellent care as the norm. Brent LINK has yet to be convinced that UCC can function without at least some type of A&E.

Equalities Issues

Equality Impact Analysis (EqIA)

The business case makes reference to the Equalities Impact Analysis commissioned from Mott MacDonald in May 2012, with three reports produced. The analysis looked at the impacts of the proposed options on populations with protected characteristics within NW London but as the Rideout SAHF Independent Review highlights, “the analysis does not provide a detailed disaggregation of data at borough level”.

The EqIA states that “Engaging with [the] equality groups to understand their needs during the consultation process and further reconfiguration planning will be essential to ensure that inadvertent discrimination is avoided and equality of outcomes are maximised”. Brent LINK concurs with the Rideout Review observation that “given the risks of change to vulnerable groups, such detailed work should have been completed before consultation”.

“111 Service”

In a diverse borough such as Brent, any telephone based service would need to be delivered in a number of community languages. Brent LINK is therefore concerned that this is not mentioned in the consultation document.

Transport

Brent LINK again concurs with the Rideout Report, seeing SAHF’s decision to only use travel times to determine the location of the five hospitals as inappropriate given there are other factors such as relative clinical performance, population need and the interdependencies of other services.

Mental Health

There is very little mention of mental health in the consultation document. Brent LINK finds this of concern given that mental health is the single most common cause of morbidity in Brent, affecting about one in six of the adult population and one in ten children and young people (source: LB Brent Joint Strategic Needs Assessment 2012).

Social Care

This is a key area if more care is to be delivered in the community but Brent LINK feels that there is not enough detail about investment plans in this area. As others have observed, local authorities face challenging spending settlements and it is far from clear the extent to which local authorities will pool budgets and share risk – both of which are SAHF critical success factors.

Local Health Economy

NHS Brent and NHS London will still be in place at the conclusion of the consultation and will formally make the decisions on SAHF shortly before their abolition. Brent LINK therefore feels that it would be more appropriate to defer any decision to 1 April 2013 (i.e. when CCGs are established, authorised and statutorily able to take decisions) or have an implementation plan in place which maintains stability of the local health economy.

Consultation Process

Brent LINK firstly questions NHS NW London's definition of "consultation". We see "consultation" as a process of choice between pre-determined options. However, anecdotal information from local stakeholders suggests that Option A (NHS NW London preferred option) is already likely to be implemented.

Ideally, Brent LINK would have liked to have seen the Out of Hospital Strategy consulted on and implemented before SAHF but given that this is not the case, there should have been better consultation coordination regarding SAHF and the Out of Hospital Strategy and a more explicit connection made between the proposals.

Brent LINK would also like to feed back that most of the representations we have received from local communities relate to closure of A&E at Central Middlesex Hospital as opposed to other SAHF proposals such as delivering care closer to home. This would suggest that the key messages have not been effectively communicated to local communities.

Brent LINK also expresses concerns regarding the lengthy consultation questionnaire although we commend NHS NW London for the production of the "easy read" summary introduced later in the consultation which was concise and accessible.

Brent LINK expresses disappointment at NHS NW London's decision not to contribute towards the costs of our SAHF debate on Monday 24th September. We note NHS NW London's response that a road show was planned for the following Saturday 29th September but we maintain that our debate format was a unique opportunity to facilitate open debate between NHS NW London and community level opponents of the changes; and for local people to subsequently develop an informed opinion about the proposals.

We are grateful to Mr. Graham Durham (Brent NHS Patients Campaign), Dr. Mark Spencer (SAHF) and Dr. Amanda Craig for attending.

More generally, Brent LINK feels that running a major consultation exercise over the summer, when many people were unavailable was not the best way to facilitate patient and public involvement.

Summary:

In summary, Brent LINK agrees with the three core principles behind SAHF, namely:

- Localising routine medical services means better access closer to home and improved patient experience;
- Centralising most specialised services means better clinical outcomes and safer services for patients; and
- Where possible, care should be integrated between primary and secondary care, with involvement from social care, to ensure "Seamless patient care"

Brent LINK welcomes the proposal for Northwick Park to be designated as a major hospital. We also welcome the proposed quality standards for hospital care but feel they are challenging.

However, the concerns detailed above (along with anecdotal community feedback) equate to continued unease regarding SAHF proposals and the preferred option outlined in the consultation document. We feel that the Out of Hospital Strategy should be implemented and any primary /community care capacity issues addressed before any acute services close.

We also feel that it would be more appropriate to defer any decision to 1 April 2013 (i.e. when Brent Clinical Commissioning Group is established, authorised and statutorily able to take decisions) or such time as there is an implementation plan in place which maintains stability of the local health economy.

This approach would place decision making and accountability where it rightly belongs - at the local community level.

7. Joint Strategic Needs Assessment Consultation

Brent LINK held a consultation to feed into the Joint Strategic Needs Assessment (JSNA) for the Borough. Below is the feedback that was gathered and feed to the council.

Joint Strategic Needs Assessment is a statutory duty of NHS Brent and Brent Council. It must consider all current and future health and social care needs in relation to Brent. In preparing JSNA, there is a requirement to involve people living or working in the area, as well as Brent LINK (from April 2013 Healthwatch Brent).

Brent LINK responded to the JSNA Consultation and included that to be fit for purpose, the JSNA should support strategy and commissioning by providing “an objective analysis of local, current and future needs for adults and children, assembling a wide range of quantitative and qualitative data, including user views”

A formal response made up from feedback received on needs assessment at various times from Voluntary sector organisation and management Committee members was submitted to the local authority.

8. Annual General Meeting 2012

Brent LINK held its Annual General Meeting (AGM) on the 26th of November 2012, this was well attended. The AGM was an opportunity for the LINK members to hear from the Brent Clinical Commissioning Group on the plan been proposed for Brent as the NHS as it has been known undergoes its last few changes.

Deputy Borough Director NHS Brent, Ian Winstanley was the key note speaker. He informed the AGM of some of the major changes taking place in the borough.

- Clinicians lead the NHS commissioning.
- Clinical Commissioning Board operating on a shadow basis prior to the formal authorisation expected by April 2013.
- Effective influence from clinical directors who are local GPs responsibility of way health care organise commissioning or delivery.
- Challenging to enhance efficiency to the tune of twenty million pound (£20). Long-term conditions. Population because less well e.g. heart problems, diabetes etc. increasing recovering problem. More difficult to treat.

- Population to be looked earlier enough to prevent.
- Integrated care- nationally driven process complex a difficult people need of care. Individual patient are looking their health and care need all profession e.g. GPs social care counselors acute care consultants to collectively agreed care to the individual.
- Tsunami of health upon us in the future to deal to minimize long term impact.
- Brent Out of Hours (OOH) strategy- Planned intervention from hospital into the community cardiology and ophthalmology.
- Competitive tender process open to any providers including private medical care providers

Patrick Vernon (Committee Member Healthwatch England) addressed the LINK on the move from LINK to Healthwatch. He stressed that patients and public Involvement and participation is very important in the move to Healthwatch and when Healthwatch is fully set up by April 2013

Local Involvement Networks did not have a constituted National body while local Healthwatch will have Healthwatch England as a national body for greater accountability and support on a national level.

Healthwatch England was recently launched and have their website live. They are set up to address issues with trends on a National level and help local LINKs collate and share best practices.

Patrick Vernon encouraged LINK members to ensure they are involved and engaged with whatever organisation gets commissioned for Healthwatch Brent

Patrick Ryan Chief Executive Officer of Hestia (Host Organisation) spoke on the work the LINK had done over the year with the support of the Host team staff.

Patrick Ryan also highlighted the successful outcomes the LINK has recorded over the years and he informed the meeting that Hestia who has been the host Organisation for Brent LINK over the last four years will not be tendering for the Healthwatch in Brent. However he also reiterated the need for members of the LINK to continue to ensure that patient participation and engagement continues in the borough. His announcement surprised the members present and they expressed their disappointment.

Members express concern at the fate of staff that have been working with the LINK and wanted to know details of the procurement specification for Healthwatch Brent. As at the time of the Annual General Meeting, the local

authority was in the process of procuring a local Healthwatch. It was suggested that people could read the guidance document the department of health has given to local authorities on the procurement of local Healthwatch.

Members were concerned that the voice of the people may be lost and all were encouraged to rise up to the challenge of making a difference in Brent by ensuring that they stay actively involved in the Healthwatch Organisation as it evolves over the coming months. A certificate of participation in Brent LINK was presented to active members of the Action groups as well as Management Committee members.

9. 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.

Willesden 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.

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 31st of 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.

On the 19th of November 2012 a review visit was also made to Northwick Park Hospital by Brent LINK. Unfortunately the visit was unable to review the “enter and view” visit earlier done as the Hospital had not had the opportunity to review the report. This review will be made at a later date.

Feedback from LINK Participants from Events and Training Organised by Brent LINK

Feedback from "Enter & View" Training

LINK members at the "Enter and View Training were asked to say which aspect/s of the training they felt was most helpful. Below are the feedback received.

- Role play
- The final enter and view planning exercises
- Planning information
- Case studies. It was very interesting, informative and motivating.
- It was all very interesting and informative. The Zoom exercise was brilliant.
- An engaging facilitator knowledgeable and confident delivery
- A full day of information sharing
- The team exercises helped one to take on board all the key points.
- How to prepare, examples of E&V elsewhere

From this feedback is obvious that all aspect of the "Enter and View" training is important. Brent LINK host team is pleased to have been able to organise this training with Patient and Public Involvement Solutions.

Feedback from Annual General Meeting (AGM)

- Members found the AGM highly informative and some members feedback the fact that the forum encouraged very good question and answer session
- Members were pleased that consideration for various access needs was made for the meeting (refreshment, mobility, temperature and venue.)
- In particular, a lot of people learnt from the presentation by Patrick Vernon on LINK to Healthwatch
- The Staff team were commended for the organisation, presentation of the meeting.
- Some members were disappointed that Brent LINK as it is known would be winding down and Hestia will not be putting in a bid for the Healthwatch Brent.
- Some members were concerned that the AGM took place on the same day another voluntary sector (CVS Brent) meeting was taking place
- Some members commended the work being done the Chair Mansukh Raichura as he has been Chair for Brent LINK from 2008 – till date.

CASE STUDIES

The following case studies highlight how Brent LINK has worked to empower local people to have a say and/or influence health and adult social care services in Brent.

CASE STUDY 1: Brent LINK Community Survey⁹

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.

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.

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.

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.

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.

⁹ Report available on our website www.brent-link.org

- Management committee members sought to disseminate the questionnaire through their personal and organisational contacts
- Copies of the questionnaire were provided for Brent Citizens Advice Bureau (CAB) and CVS Brent.

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.

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.

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.

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

Summary of Findings

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.

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

Key Outcomes

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.

CASE STUDY 2: Brent LINK Dementia Conference

This event took place on World Mental Health Day on the 10th October 2012 and was held to enable local communities to find out more about Dementia and the help that is available for them. It was also an opportunity to find out about the early signs, prevention and treatment, voice their concerns, have their questions answered and review proposed changes that may have an effect on Dementia Services.



Feedback from Dementia Conference

- “Can I just say it was really, really useful to hear the presentation and I really value the Avalon service that is provided in Brent. My concern is that GPs are not diagnosing this issue very well. So, how can we address this? “
- “I found it very interesting and very informative and I think that there are several things that can come out of this which can be useful to inform the health side and the social services side in the future.”

Involvement in Picture - Brent LINK Event



“WHAT YOU SAID, WHAT WE DID”

The following section highlights the issues Brent LINK identified through community engagement activity and what was done in response.

What You Said	What We Did
<p>Joint Strategic Needs Assessment (JSNA) There was an opportunity to comment on the draft Joint Strategic Needs Assessment (JSNA) developed by Brent Council and NHS Brent which will shape direction of the Health & Wellbeing Strategy.</p>	<p>Brent LINK organised a consultation event on 20th March 2012 regarding the Joint Strategic Needs Assessment (JSNA) developed by Brent Council and NHS Brent which will shape direction of the Health & Wellbeing Strategy. The event ascertained comments from the community and feedback was given to Brent Council and NHS Brent in May 2012.</p>
<p>Quality of Care Home services Brent LINK members in the Adult Social Services Action Group were concerned at the quality of care being provided for recipients of Domiciliary Care Services and felt a need to ascertain the quality of care home services in Brent.</p>	<p>Miranda Wixon (Lead of the Adult Social Care Action group) met with Alison Elliot, Director of Adult Social Services, in August to discuss proposed survey and to obtain permission for it to be carried out. The survey was also discussed at the Brent provider’s forum in September 2012.</p> <p>A survey was carried out so that we could make report on our findings and make recommendations to Brent Council</p>
<p>Involvement and Engagement of Young people Brent LINK through the Public Health and Community Services Action group recognised the gap in engaging with young people regarding health issues.</p>	<p>The Group got involved in the Olympic Legacy event which took place in September 2012 and are planning to hold an event this year to engage with children and young people.</p> <p>Brent LINK met with NHS Brent in July 2012 regarding Community Engagement and Children’ Health Conference week, two Brent LINK members attend the conference</p>

What You Said	What We Did
<p>Health and Well Being Strategy (2012 – 2015) Consultation Brent LINK members expressed a lack of understanding lack of understanding of the strategy documents and the implications to the local Community.</p>	<p>In October 2012, Dr. Imran Choudhury (NHS Brent) was invited to present the strategy documents at the Brent LINK Public meeting and give the people the opportunity to ask questions and gain better understanding of the strategy documents.</p> <p>This meeting presented a two-way communication channel that aided better understanding.</p>
<p>Re-Commissioning of services (Cardiology and Ophthalmology Services)</p> <p>Brent LINK was concerned that services were being re-commissioned into the community without adequate patient and public involvement and engagement.</p>	<p>Brent LINK Public and Community Health Services Action Group took an active part in the re-commissioning of Out-Patient Cardiology and Ophthalmology services in Brent.</p> <p>The Action Group has two representatives on the re-commissioning group who have assessed the tender bids and made recommendation. The group plans on being involved in the planning and implementation of the services.</p>
<p>Dementia Brent LINK members in the Mental Health Action Group were concerned that Dementia is on the increase in Brent and that this trend would continue. There was also a concern that there was a need to create more awareness on Dementia.</p>	<p>Brent LINK through the Mental Health Action Group organised a Dementia workshop on 10th October 2012 to mark the World Mental Health Day.</p> <p>This was an opportunity to generate greater awareness and to educate local communities on dementia.</p>
<p>“Enter & View” Visits Brent LINK members raised concerns on the need to have on-going training for more members to undertake “enter and view “visits.</p> <p>There was also a need to follow up on</p>	<p>During 2012/13, following the four “enter and view” visits undertaken in 2011 / 2012, Brent LINK had two “enter and view” follow-up visits to Willesden Centre for Health & Care and the elderly wards at Northwick Park Hospital. The results of these</p>

What You Said	What We Did
<p>visit that had been made in 2011 / 2012</p>	<p>visits have been used to improve patient care and patient experience.</p> <p>Brent LINK organised “Enter and View” Training which was delivered by Patient and Public Involvement Solutions</p> <p>The report of the visit to Willesden Centre for Health & Care was presented to the Health Partnership Overview and Scrutiny Committee in November 2012.</p>
<p>Shaping a Healthier Future Consultation</p> <p>The public were largely concerned about the proposed changes and the lack of understanding of what the proposals meant for the people of Brent</p>	<p>Through the year LINK representatives sat on the board of SaHF and took the concerns being raised by the public to the board. In September 2012, Brent LINK held a public meeting as detailed in earlier sections of the Annual report.</p> <p>This enable a better understanding of the proposals and the opportunity to feed into the proposals</p>
<p>Central North West London (CNWL) NHS</p> <p>The Brent LINK Mental Health Action Group identified a need to discuss a number of issues relating to Mental Health service provision, delivery and strategies with the Central North West London (CNWL) NHS.</p> <p>The following were issues on mental health Services that needed to be discussed with the Central North West London NHS</p> <ul style="list-style-type: none"> • Feedback on the Park Royal Triage Pilot • An outline of the Trust’s preventative approach to mental health 	<p>Brent LINK had an initial meeting with Clare Murdoch, Chief Executive CNWL on 28th May 2012 regarding the issues highlighted.</p> <p>There have also been regular meetings with the trust as agreed by the LINK and the Trust.</p>

What You Said	What We Did
<ul style="list-style-type: none"> • Impact of closure of Central Middlesex A&E on Park Royal admissions • Clarification regarding CNWL's Personalisation Strategy • Clarification regarding CNWL's Dual Diagnosis/Personality Disorder Strategy 	
<p>Shadow Brent Clinical Commissioning Group (CCG) Constitution</p> <p>Brent LINK is represented on the Brent Shadow CCG and are working with the CCG to agree the following.</p> <ul style="list-style-type: none"> • Representation on Governing body • All meeting must be publicised and open to the public and the frequency of the meeting • A positive statement about openness regarding contracts is required in the constitution • This would include transparency, supporting the local provision of NHS services, public involvement in commissioning services and relating to stakeholders. • The CCG must take responsibility for all actions of the CSS. • Locality Patient Participation groups should be included within the organisation structure of the CCG with suitable administrative support. • There should be provision for more than two lay governors so that there is capacity to serve on committees and sub-committees. 	<p>Brent LINK has representative on the Brent Shadow CCG.</p> <p>Brent LINK raised concerns on Shadow CCG Authorisation. The Commissioning Board clarified issues raised by Brent LINK.</p> <p>Actively involved in the CCG Governing Body.</p> <p>LINK involvement in the CCG has meant significant engagement of the public</p>

SECTION SIX: LOOKING AHEAD

2012 - 2013 is the last year of Brent LINK as it has been known over the last four years. It has been a very busy, challenging and successful period for Brent LINK.

With limited resources, we have been undertaking transition activity as well as continuing our function as the community voice of health and adult social care issues in the borough.

The funding for the LINK in Brent ends at the end of March 2013 and we are committed to continue to represent the voice of the people till the end of March 2013. There will be a new consumer champion organisation which will take up the role of Brent LINK as well as additional roles and responsibilities. This Organisation will be the Healthwatch Brent. The London Borough of Brent as at the time of this compilation is in the process of procuring the Organisation that will be Healthwatch Brent.

We are working towards leaving a legacy document for the new Healthwatch Organisation as well as having all existing Brent LINK members become active members of the local Healthwatch when the service starts. We are also committed to make available our expertise and knowledge in ensuring Brent has a good Healthwatch organisation.

We believe the Healthwatch Organisation will continue the good work that has been done by Brent LINK so far and continue to represent the voice of the people of Brent.

Brent LINK will keep its network informed about these developments as they arise.

SECTION SEVEN: OUR YEAR IN FIGURES

Brent LINK continued to seek views and opinions from residents living in Brent using the various outreach, consultations, briefing sessions as well as going to where people are formally and informally to seek their views. Although the LINK has over 700 **participants** signed on to the LINK, the views of people who choose not to sign up to the LINK but are able to express their opinion are always welcomed and logged.

In addition, we have received over thousands of **responses** using our freepost envelopes on a range of issues from consultation feedback and survey responses to feedback on trainings and public events. We have logged numerous **views or opinions**.

Brent LINK sends its signed-up participants **regular updates**. It holds Action Group meetings which are open to the public **every six weeks** for five different Action groups, and two sub groups.

This year Brent LINK held four **Public meetings / Consultations** where members of the public had the opportunity to contribute in various ways to the issues around Health and Social Care. Brent LINK actively, through its participants and staff team, engages with the community at various meetings and events regularly.

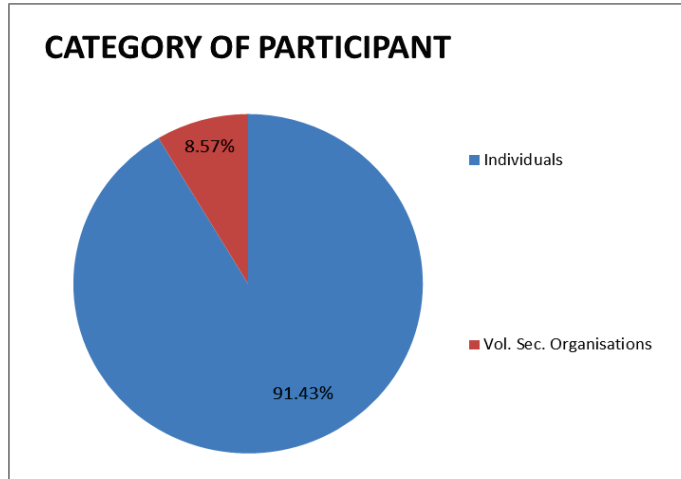
Brent LINK engages with its participants also using Newsletters, e-bulletin, facebook, twitter and our interactive website. Brent LINK, has found use of Freepost has continued to greatly encouraged participation and involvement.

Outreach opportunities throughout the year at wide range of events where LINK participants and Host Staff engaged with members of the public. This has led to gathering people's views and increasing recruitment to the LINK. It also enabled the people from different sectors to contribute their views. Outreach has included promotional stalls at a range of events, focus groups or meetings with community groups, residents associations, faith groups as well as attending ward forums or advice sessions.

Our various means of communication include: Newsletters and e-bulletin, regular updates by post and email, Evaluation and Feedback-comment forms at LINK events.

A member of the public can register with Brent LINK as an individual member or a representative of a group. The definition of a Brent LINK member is as follows:-

A **Brent LINK member** is a person or group that makes a commitment to take part on a regular basis in the development and implementation of the roles of the LINK, and to provide information to and collect information from a local community or a specific group within a community.



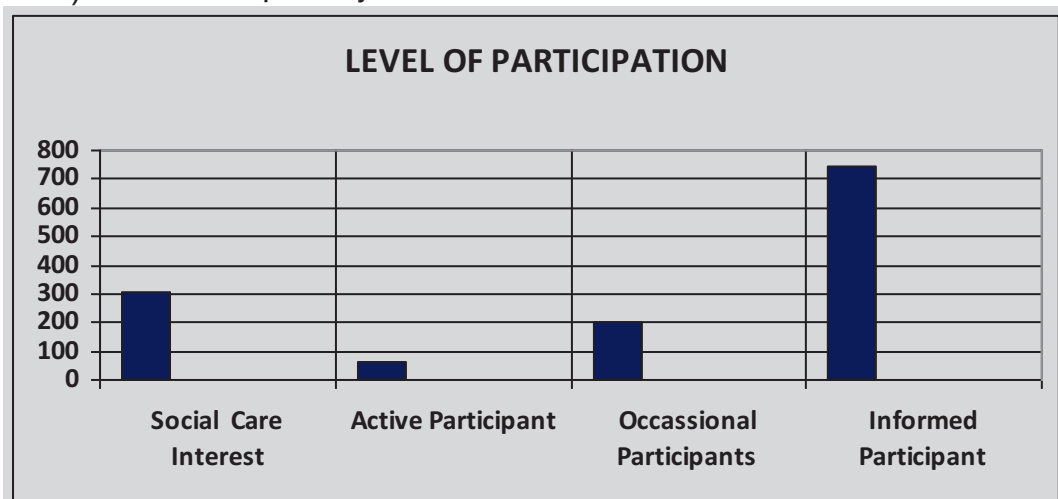
Brent LINK has Seven Hundred and Sixty Seven (770) participants as at the end December 2012.

These are made up of seven hundred and eleven (704) individuals and fifty seven (66) organisations / groups.

The Organisational or group participants constitute 8.57% of the participants while Individuals are 91.43%.

Brent LINK has seven hundred and forty seven (740) Informed participants, two hundred and five (205) Occasional Participants and sixty five (65) Active participants.

Some participants are represented in all three categories (Informed, Active and Occasional). These are as requested by DH.



SUMMARY OF ACTIVITY

Requests for Information in 2012-2013	
How many requests for information were made by Brent LINK?	12
How many related to social care?	3
Of these, how many of the requests for information were answered within 20 working days?	9
Enter and View in 2012-2013	
How many enter and view visits did Brent LINK make? Follow-up visits	2
How many enter and view visits related to health care?	2
How many enter and view visits related to social care?	0
How many enter and view visits were announced?	2
How many enter and view visits were unannounced?	0
Reports and Recommendations in 2012-2013	
How many reports and/or recommendations were made by Brent LINK to commissioners of health and adult social care services?	2
How many of these reports and/or recommendations have been acknowledged in the required timescale?	2
Of the reports and/or recommendations acknowledged, how many have led, or are leading to, service review?	1
Of the reports and/or recommendations that led to service review, how many have led to service change?	0
How many reports/recommendations related to health services?	2
How many reports/recommendations related to social care?	0
Referrals to OSCs in 2012-2013	
How many referrals were made by Brent LINK to an Overview & Scrutiny Committee (OSC)?	0 ¹⁰
How many of these referrals did the OSC acknowledge?	n/a
How many of these referrals led to service change?	n/a

¹⁰ Brent LINK attends Brent Health Partnership OSC meetings and raises and makes contributions to the service user issues. This has pre-empted formal Brent LINK referrals to OSC.

SECTION EIGHT: OUR FINANCES

Brent LINK Financial Summary: April 2012 to 31st December 2012¹¹

Amount of Funding allocation from the Local Authority	105,000.00
Amount of funding allocation for Host Activities	100,000.00
Amount of funding allocation for LINK activities and carried over from previous year	30,251.00
Other income	50.00
Total budget for 2021/2013	130,301.00
Total spend by Host Organisation	73,778.00
Total spend by LINK	23,406.00
Total Expenditure till December 2012	97,184.00

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

LINK Summarised Statement

Description	Allocation (£)	Expended (£)	Variance (£)
Development costs:		6,124.00	
Communication and Engagement:		4,510.00	
Consultation Research / Projects:		6,325.00	
Expenses for LINK participants:		842.00	
Training for LINK Participants:		1,256.00	
Venues for activities		4,357.00	
Total	30,251.00	23,406.00	6,845.00

¹¹ This summary was extracted from the Brent LINK Quarter 3 Management Accounts for April – December 2012 which are subject to change. - Figures for expenditure are to the nearest whole number.

Host Summarised Statement

Description	Allocation (£)	Expended (£)	Variance (£)
Staff costs:		47,979.00	
Administration costs:		12,182.00	
Recharged Costs:		13,617.00	
Total	100,000.00	73,778.00	26,506.00

SECTION NINE: CIRCULATION OF BRENT LINK 2012/2013 INTERIM ANNUAL REPORT

This year the LINK is expected to produce and submit two sets of annual reports. This Interim Annual Report covering the period April 2012 – December 2012 will be published on the Brent LINK website www.brent-link.org and copies will be made available on request. A final report / legacy document will be produced for March 2013.

A copy of the Brent LINK Annual Report will be sent to:

Secretary of State for Health
Care Quality Commission
London Borough of Brent
LB Brent Health Partnership Overview & Scrutiny Committee
Ealing Hospital NHS Trust Integrated Care Organisation
NHS Brent
Central & North West London NHS Foundation Trust
NW London NHS Hospital Trust
Brent Shadow Clinical Commissioning Group

Copies will also be made available via:

Brent LINK Office upon request
Local Libraries and Community Centres
Brent LINK meetings, events and outreach activity

If you would like to receive Brent LINK's Annual Report in a different format i.e. Braille, Large Print, Audio or plain English, please contact the Brent LINK Team by or before 31st March 2013 using our contact details on the next page.

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>
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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.	Report and ongoing issues with health visitor recruitments in Brent and across London and remedial actions being taken was noted. The committee wishes to be kept up to date on progress.
	Health needs of People with Learning Disabilities	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:	The committee noted the update and asked for more information on Mencap's input into the Joint Strategic Needs Assessment. Mencap to circulate details of their comments to the JSNA to members.

		<ul style="list-style-type: none"> • 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. 	
	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.	The committee noted progress on the Time to Change pledge and work being done with managers and employees in Brent. The committee requested that this be extended to all Councillors. Cllr Hirani agreed to arrange a members development session around stress.
	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.	The committee endorsed the council's approach to procuring a local Healthwatch and noted current progress. The committee asked to be kept updated on progress.
	Brent LINK work in 2012/13	Brent LINK has asked to feed back to members details of their recent work on their health needs survey, the Shaping a Healthier Future consultation and the "Enter and View" programme.	The committee noted the update from the LINK. The LINK's annual report for 2011/12 had been circulated in addition to the main report at the LINK's request, to be included in this item, but due to the lateness of receiving the report, the committee deferred this report, which will be considered in tandem with the 2012/13 report, which the Department for Health has now advised can be produced for Apr-Dec in 2012/13 due to this being the final year of the LINK. Both reports to be taken as a single item at the January committee.

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.	The committee noted the report on delays and problems with the merger and the update on progress on savings and on the situation at Central Middlesex A&E, and related issues. As there were a number of unknowns and David Cheesman could not at this stage give any definite timetable, the committee requested further update at the next meeting in January.
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 .	The committee asked to be notified immediately of any decisions or major updates on the appointment of a DPH (ie not waiting until the next meeting). They further requested a report at the January committee on the position of the DPH and progress on the transition of Public Health.

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	The final report of the diabetes task group will be presented to the	

	Group	committee for endorsement before going to the council's Executive for approval.	
	LINK report 2011/12 and 2012/13	The LINK added their annual report to the item in November, but this was provided too late for the committee to be able to read and digest it. The report was therefore deferred to January. As the LINK are now allowed to produce the substantive part of their annual report for 2012/13 early, covering up to December 2012, these two reports will be presented together.	
	Update on DPH and transition of Public Health	At the meeting in November, the committee requested a report at the January committee on the position of the DPH and progress on the transition of Public Health.	
	NWL Hospitals / Ealing Hospital Merger	At the November meeting the committee were given an update on the delays and problems with the merger and an update on progress on savings. As there were still a number of unknowns, and David Cheesman could not at that stage give any definite timetable, the committee requested further update at the next meeting in January.	
	A&E Waiting Times	Follow up from information provided in July 2012 – the chair has asked to include this on the work programme.	

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.	
	Violence against Women and Girls in Brent - Scoping Document	Members requested a task group around Female Genital Mutilation to investigate whether this practice is prevalent in Brent. This has been extended to Violence against Women and Girls in Brent. The committee will be asked to approve the scope of the task group.	

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 a Hospital Setting	Care and Repair England has produced a report on integrating 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 Times	Follow up from information provided in July 2012 – the chair has 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.	
TBC	Brent MENCAP Update on work	At the November 2012 HOSC members heard from MENCAP on their work around Health Services for People with Learning Disabilities. Members requested an update on MENCAPs work at a future meeting.	

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.

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