

Shaping a Healthier Future and Central Middlesex Hospital

Report for Brent HOSC on 18 March 2014

Executive Summary

This report provides Brent HOSC with a further update (previous written update of 28 January 2014) on the work taking place to review opportunities to resolve the future of Central Middlesex Hospital, to provide a sustainable long term solution.

1. Introduction

Shaping a Healthier Future (SaHF) set out a vision for the future of how services are delivered across North West London (NWL). This vision has been consulted upon, a recommendation has been approved and these proposals are now being implemented. However, this strategy was not intended to and has not resolved all the issues in NWL. An ongoing issue is Central Middlesex Hospital (CMH), which was an underutilised site before SaHF and remains so now, and will produce a financial deficit indefinitely if steps are not taken to resolve this. Work has now commenced to build upon the SaHF plans for Central Middlesex Hospital to be a local and elective hospital. As a local and elective hospital the services delivered at CMH are planned to include a 24/7 Urgent Care Centre (UCC), outpatients services, diagnostics, elective services and primary care. The proposed closure of the A&E department at CMH will mean that as a local and elective hospital, CMH will be supported by a level 2 intensive care unit and associated high dependency beds. Maximising utilisation of the CMH site has implications for the utilisation of sites in Brent, including Willesden Centre for Health, which is also included in the report and requires resolution.

2. The proposals & impact to patients

The intention is that a range of additional services will be provided at the CMH site to fully utilise this facility for the benefit of Brent and the NWL wide population, ensuring the long term clinically viable and financially sustainable future of CMH. A Strategic Outline Case (SOC) has been developed during January and February with a stakeholder workshop on 14 January to support the case for a range of additional services at the CMH site, a public engagement meeting on 19 February and Future of CMH Partnership Board on 25 February 2014. The plans provide Brent residents with additional and improved healthcare services as well as the relocation of some services already provided at other sites in Brent including the Willesden Centre for Health. Work is therefore also taking place to scope a range of additional services that can go into the Willesden Centre for Health as this is also an underutilised site in Brent and will become further underutilised if the rehabilitation beds and outpatient services at Willesden Centre for Health are moved to CMH.

Travel analysis on affected patient/carer journeys has been undertaken on the range of services affected and there are no significant impacts that would prevent the inclusion of the range of services being considered for CMH. Similarly, equalities impact consideration has highlighted no significant impacts that would prevent the range of services being progressed.

3. Decision making process and patient engagement

Following approval by the SaHF Implementation Programme Board on 27 February the SOC will be considered by the affected statutory organisations and providers during February and March with a view to agreeing to proceeding to Outline Business Case stage. The intention is to have the additional services in place on 6 March, 2015. See slide 7 for further detail on the decision making process.

A Brent stakeholder engagement session was carried out on 12 December and the feedback was very positive. A further public engagement meeting was held on 19 February. There was broad support for plans to put additional services onto the CMH site and to use the Willesden site to the full. A write up of 19 February event will be shared with HOSC in advance of the HOSC meeting.

The range of services being proposed now require focused patient and public engagement alongside further clinical and financial evaluation and we would like your views on how this should be approached. Any proposals developed into an Outline Business Case will be progressed subject to any necessary or appropriate consultation.

4. Importance of decisions

Financial evaluation and identification of the risk of the options including Willesden will be included in the paper to go to Brent CCG's Governing Body on 26 March 2014. The SOC is not yet available for inclusion in this paper. These papers will go into the public domain on Brent CCG's website on 19 March 2014. The potential cost to Brent CCG of increasing empty space at Willesden and the requirement to subsidise rental costs for new services at both CMH and Willesden is high. The CMH site currently runs at an annual loss of £10.8M and the impact of moving services from Willesden increases the underutilised space on that site. Brent CCG is pursuing a number of initiatives to mitigate these potential increased costs to Brent, in partnership with NWL CCGs and providers as we expect the pressure to be absorbed across a number of organisations. Nonetheless the future decisions on CMH and Willesden have major service and financial considerations for Brent CCG and residents for many years to come.

5. Next Steps

The SOC will go through a formal approvals process through the affected statutory organisations during March. For Brent CCG the SOC will be presented to the Governing Body on 26 March (see slide 21 for SOC approvals process) and the papers will go into the public domain on Brent CCG's website on 19 March 2014.. If the SOC is supported by Brent CCG and the other statutory organisations support the SOC, then this work will proceed to Outline Business Case (OBC) stage. Each stage of the process (SOC, OBC, Full Business Case) will require formal approval and support through the statutory organisations (with assurance of the process as appropriate).

Throughout the process Brent CCG will engage with stakeholders and patients and public representatives to ensure that plans for services are tailored to the local population and an

effective outcome for patients is achieved. We would welcome views of Brent HOSC on the options and support and advice on engagement in this process.