

08 October 2010

Brent Health Select Committee
Brent Council
Town Hall
Forty Lane
Wembley
Middlesex HA9 9HD

Dear Committee Members

Integrated Care Organisation – Response to questions from the Brent Health Select Committee

Please find enclosed the additional information requested for your further consideration of the plan to create an Integrated Care Organisation (ICO) by bringing together community services in Brent, Harrow, and Ealing with acute services at Ealing Hospital NHS Trust (EHT).

Options Appraisal

On 14/07/2010 the following members of the NHS Brent management team came together as a group to consider the options for externalising Brent Community Services (BCS):

Mark Easton, CEO NHS Brent
Dr Carole Amobi, Co-Chair Professional Executive Committee
Jo Ohlson, Director of Primary and Community Care Commissioning
Jonathan Wise, Director of Finance and Performance
Charles Allen, Director of Human Resources and Organisational Development

In light of NHS London's request for NHS Brent to re-confirm its support for the ICO as its chosen vehicle for the externalisation of BCS, the group identified a range of five options in addition to the ICO for consideration, and agreed the criteria by which they would be appraised.

There was then a process of judging of each of the options against the agreed criteria. The discussions that took place were based on the member's knowledge of the organisations concerned, NHS policy framework in this area, and knowledge of NHS London's approach to the externalisation of community services. The group arrived at a consensus score for each criteria following discussion and debate. The group did not request submissions from

the organisations concerned, it did not feel that this would be appropriate as this was not a tendering process but an opportunity for the management team to take stock and re-confirm the direction that the Board had agreed previously.

The attached options appraisal report went to the NHS Brent Board in July 2010. This document together with the scoring sheet, also attached, describes the options that were considered for the future form of BCS, including Brent based options, and the criteria for judging the options. The documents also provide an explanation of the scoring system used, and the outcome of the appraisal.

It should be noted that, although there was a relatively small difference between the options that ranked first and second, the second option, joining another local community provider, is not deliverable because the Inner North West London provider (Central London Community Healthcare) would be unwilling to partner with BCS at this point as it wishes to pursue Foundation status in its present form.

For Brent the ICO provides the only solution that is deliverable within the timescale required by national policies. With EHT as host, the ICO will have a critical mass that will ensure stability. This will mean that if in the future GPs decide to commission some services from other providers, core community services in Brent will not be adversely affected.

The EHT management team has the capability and willingness to shift its focus towards community services. In the short-term, this will ensure the organisation's focus on the delivery of high quality local community services. Over time, this will enable the ICO to deliver more services outside hospital, in the community, and closer to home. With its experience and knowledge of acute services, the management team will be able to sustain, and where needed improve the existing care pathways with other acute providers.

Staff Views

Employee representatives at the JNCC are supportive of the move for BCS to be part of the ICO. Employees have raised concerns about the alternative non-NHS options, which they believe could have a negative impact on their services conditions and pension entitlements. It is not possible to quantify the level of support among employees as requested by the committee. However, the role of staff representatives is to represent the interests of their members, and it is safe to assume that in the absence of any negative views expressed at the JNCC or by individual representatives, employees do not have any significant objections to the proposal. A HR Workstream has been established that is made up of staff representatives and managers from all constituent organisations. Employee's representatives involved in this workstream have not raised any concerns on behalf of staff about joining the ICO. Staffside have confirmed that they are in favour of BCS being included in

the ICO from day one.

The ICO is seen as a good option for BCS employees. They will retain their current conditions and entitlements. The mix of services within the new organisation will mean that there will be strong focus on community services, and the proposed organisation will provide employees with additional career opportunities. There will be no reductions in front line patient services or staff as a result of the merger.

If the ICO is not approved we face a further period of uncertainty, which is likely to last 12-24 months until the position is settled. Community staff who have already been consulted about the proposed merger with Ealing and Harrow would no doubt feel unsettled by this further delay. NHS Brent has no capacity or desire to continue to host community services so in any event from April next year they would need to be hosted by another organisation through a management agreement if this is permissible. Ealing and Harrow community services are already managed by Ealing hospital through this mechanism.

GP Views

A range of briefing material has been supplied to Brent GPs over the last three months. Meetings have taken place with GPs, their Practice-based Commissioning (PbC) groups, the borough wide PbC Executive, and the Local Medical Committee (LMC) lead. The ICO proposal has also been reviewed with the NHS Brent Professional Executive Committee (PEC). During these discussions we have sought to develop GPs understanding of the ICO proposal, to involve them in shaping the operational plans for the ICO so that it meets their needs as future commissioners, and to gain their support for the ICO.

At this time Brent GPs have not arrived at a decision on their support for the ICO proposal. Questions have been raised and answered regarding the proposed model for service delivery and management within the ICO and the scope for local improvements. We understand that there remain two outstanding areas on which GPs have requested additional information for their consideration. GPs have asked for details of the options appraisal that took place in July 2010, and clarification of the services currently delivered to Willesden Hospital by BCS. A response is being prepared to both of these queries. We hope that Brent GPs will be able to confirm their support for the proposal once they have had the opportunity to review this information. It is not possible to confirm the date for the conclusion of this process at this time.

Arrangements for Other Providers in London

Across London a range of solutions for divesting community services from Primary Care Trusts (PCTs) are being implemented with an absolute deadline

of 01/04/2011. Most are integrating with an existing NHS trust acute or mental health service provider.

Please find below a list of community services organisations and the solutions being pursued for their future form.

Camden Community Services – integration with Central and North West London NHS Foundation Trust.

Greenwich Community Services – integration with Oxleas NHS Foundation Trust.

Sutton & Merton Community Services – integration with the Royal Marsden NHS Foundation Trust.

Wandsworth Community Services – integration with St.George's Healthcare NHS Trust.

Kingston Community Service - Social enterprise.

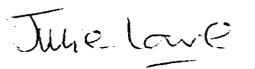
Enfield Community Services – integration with Barnet, Enfield and Haringey Mental Health NHS Trust.

Hillingdon Community Services - integration with Central and North West London NHS Foundation Trust.

Hammersmith, Westminster, Kensington & Chelsea Community Services – joining together to form an NHS Trust as Central London Community Healthcare.

We hope that with these answers to the Brent Health Select Committee's outstanding questions, the Committee will be able to give their support in principle for the continued development of the plan to create the ICO. We look forward to continued discussions with the Committee on these developments.

Yours sincerely,



Julie Lowe
Chief Executive of Ealing Hospital NHS Trust

A handwritten signature in black ink that reads "Robert Creighton". The signature is written in a cursive style with a horizontal line underneath the name.

Robert Creighton
Chief Executive of NHS Ealing

A handwritten signature in black ink that reads "Mark Easton". The signature is written in a cursive style.

Mark Easton
Chief Executive of NHS Harrow and NHS Brent