

Working with our partners for a healthier Brent **www.brentpct.nhs.uk**

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6 December 2010

Andrew Davies
Policy and Performance Officer
London Borough of Brent
Brent Town Hall
Forty Lane
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Dear Andrew,

Update on ICO

Since the last meeting of Brent Health OSC there have been further developments, including a meeting with some senior Brent officers, and discussions continue.

We are nearing the completion of our plans to create an Integrated Care Organisation (ICO), incorporating Ealing Hospital and community services in Brent, Ealing and Harrow.

The Boards of NHS Ealing, NHS Brent, NHS Harrow, and Ealing Hospital NHS Trust gave their go-ahead for the development of the plans for the ICO earlier this year. They have now approved the ICO business case which was presented to the NHS Brent Board on 25 November.

Next, the business case will go to NHS London for final approval, and work on the formal legal transaction will take place over the coming month or so.

The business case will be considered by NHS London in the next wave of approvals during mid-January. If approved the implementation date for the ICO will be 1 April 2011.

Once we have NHS London's final approval, there will be a period of approximately two months while we put everything in place for formal implementation. This is planned for 1 April 2011.

When the SHA considers the ICO proposal in January they will be made aware of the Brent council's position, and the reservations that have been expressed about the proposed transfer of Brent Community Services (BCS). They will also need to take account of the views of other stakeholders. Currently the ICO proposal is supported by Ealing and Harrow councils, GPs in the three boroughs, and the three PCTs concerned. The Cooperation and Competition Panel has

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already given its approval to the new body. The SHA will also be cognisant of the deadline of 1 April 2011 for transferring community services from PCTs, and the lack of a credible alternative home for community services, supported by stakeholders. I think it likely therefore that the ICO proposal will be approved by the SHA.

If the proposal is approved, then we are keen to find ways of working with the council to address the concerns they have. We are in the process of writing to the council chief executive about three areas that would be worth exploring.

Governance

The ICO is keen that local interests are represented in its governance structure, and that it is seen as being a community, rather than hospital focussed organisation. As a result a Brent Councillor will be invited to be an observer on the ICO Board.

Service Specific Issues

It is well known that the council has a particular interest in some services, such as health visiting and district nursing. It seems to me the newly formed Health and Well Being Board might wish to consider reviewing community services and the ICO's plans to improve them as an early item in its work programme.

Commissioning

We have perhaps not got across sufficiently strongly that although community services will be managed by a three borough organisation, the commissioning of those services remains a borough responsibility. Brent NHS resources remain ringfenced to Brent, and neither the ICO, nor the Brent & Harrow PCT cluster arrangements alter that. Responsibility for commissioning community services will rest with the PCT cluster borough director, and thereafter to GPs in Brent. It may be that the Health and Well Being Board wishes to discuss commissioning plans for community services, as well as examining the ICO.

As you are aware, one of the reasons for forming the ICO was to create an organisation that could become a Foundation Trust in due course, either independently, or in partnership with another organisation. Discussions have recently started with The North West London Hospitals Trust to explore mutually viable Foundation Trust futures. We will let you know about progress as these discussions go forward.

I would be very pleased to discuss these issues further with you.

Yours sincerely.

Mark Easton

Chief Executive

c.c. Gareth Daniel

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