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16 December 2016

Councillor Ketan Sheth  
Chair, Community and Wellbeing Scrutiny Committee  
Brent Council Civic Centre  
Engineers Way  
London HA9 0FJ

Dear Councillor Sheth,

**NHS Estates Update, 23 November 2016, Community and Wellbeing Scrutiny Committee Meeting**

Please accept my apologies for the delay in writing following the Scrutiny Committee and our subsequent telephone conversation. I have set out matters of factual accuracy and responses to questions raised in advance of the meeting, at the meeting and following the meeting from members of the Committee.

Whilst writing, I want to clarify that the content of the report was developed based on the brief provided by the Committee officers. To this end, if there are additional areas that need to be included in future reports it would be helpful if this could be provided at the outset as members indicated that the report was not in line with their expectations.

Population growth – the map used in the report was produced by the Healthy London Development Unit using GLA data. We have used the SHLAA Capped Household Size projection. The source for this data used can be accessed on the link below

<https://data.london.gov.uk/dataset/2015-round-population-projections>

Void costs – the policy for NHS Property Services (NHS PS) to recover the cost of void space from CCGs and NHS England (NHSE) is set by the Department of Health and not a matter for local negotiation. I have attached the Department of Health letter setting out NHS Property Services charging policy for 2016/17. The vacant space policy referred to within the document has yet to be formally agreed with NHS England.

The CCG is committed to reducing the cost of void space by commissioning health and social care services from the space and has a clear commissioning plan in place to do so. The commissioning of services is incremental and subject to formal processes so an element of void space will exist at certain sites until the new services are fully operational. The CCG is willing to consider how via its commissioning intentions it could make space available for voluntary services in the Brent sites.

**Chair:** Dr Etheldreda Kong  
**Chief Officer:** Rob Larkman  
**Chief Operating Officer:** Sarah Mansuralli

Engagement - the CCG agrees to engage with the public early on in its estate development processes but requires a proposal to engage with stakeholders in order to have meaningful engagement and dialogue.

Brent Social Value Policy – the CCG acknowledges the commitment the Council has made within its social value policy and will aim to apply the key priorities to health planning in the borough. The CCG views the estate as an enabler to successful implementation.

South Kilburn Estate – whilst not specifically mentioned within the report, the CCG has been working with Council colleagues for some time to support the inclusion of a new primary care facility for the growing population of South Kilburn.

The questions raised prior to the meeting along with the responses provided are detailed in the table below:

Question	Response Provided
The void rates for the premises listed in 4.1 of the report for 2014/15 and 2013/14	Sue Hardy reported at the meeting that void rates change from year to year for a number of reasons however the void at Willesden Centre reduced from 25% in 2014/15 to 19% in 2016/17. The void space at Chalkhill Primary Care Centre had reduced marginally over this period with Wembley Centre for Health being fairly static.
A list of services that have left NHS premises in Brent since market-based rents were introduced.	Jake Roe reported at the meeting that occupiers relocated for a number of reasons and that NHS PS does not hold specific details to enable it to respond to this request. Jake Roe reported that the move to market rents was recommended by Department of Health. A copy of the guidance issued to CCGs is attached for information.
Why rents have gone up by 800% at the Willesden centre and what sort of consultation was undertaken?	NHSPS responded prior to the meeting that rents had not increased by 800% at Willesden and provided a written response to the specific question on Brent Bereavement Service. Please advise if you would like us to request this to be resent.
Why has transport into the hospital been axed for people attending podiatry in the light of the fact that patients with health needs of that kind have difficulty walking?	<p>The CCG has looked into this and can confirm that the Trust has not stopped transport to podiatry services, in fact from 1 February 2016 the Trust introduced a new non-emergency patient transport service across all acute and community sites.</p> <p>This new arrangement has standardised provision across the Trust, enabling them to offer transport to both hospital and clinic based appointments for any patient who meets the following Department of Health (DH) eligibility criteria.</p> <ul style="list-style-type: none"> <li>• Where the medical condition of the patient is such that they require the skills or support of trained ambulance personnel on/after the journey and/or where it would be detrimental to the patient's condition or recovery if they were to travel by other means.</li> <li>• Where the patient's medical condition impacts on their mobility to such an extent that they would be unable to access healthcare and/or it would be detrimental to the patient's condition or recovery to travel by other means.</li> </ul>

	<ul style="list-style-type: none"> <li>• The patient needs the support of persons trained and equipped for lifting and handling</li> <li>• Recognised as a parent or guardian where children are being conveyed.</li> </ul> <p>The DH criteria enable patients with significant mobility problems to receive transport and the Trust also offers a domiciliary podiatry service for housebound patients.</p> <p><i>At the meeting Sarah Mansuralli offered to follow up the specific example Cllr Hector referred to if she would like to provide the details.</i></p>
<p>How much is spent on commissioning services?</p>	<p>Approximately £420m per annum for Brent CCG and the breakdown is as follows:</p> <p>63% - acute hospital care 10% - community care 9% - mental health care 9% - prescribing</p> <p>The remainder is spent on other provision including Continuing Healthcare, Voluntary sector provision, peer support, advocacy services etc.</p>
<p>Can we have the full text of the local Sustainability and Transformation Plan?</p>	<p>This was attached to the response but a link to the documents is provided below: <a href="https://www.healthiernorthwestlondon.nhs.uk/documents/sustainability-and-transformation-plans-stps">https://www.healthiernorthwestlondon.nhs.uk/documents/sustainability-and-transformation-plans-stps</a></p>

I hope that the above provides the Committee with the required information.

The CCG is committed to working with Brent Council to develop a single estate strategy to optimise the use and investment in the estate used for service delivery and improves access to services for local people. We would welcome any suggestions or support to achieve this in a sustainable manner.

Yours sincerely,



Sarah Mansuralli  
Chief Operating Officer