Initial Position Paper:
Brent tPCT Turnaround Plan Task Group

(1) A "whole systems approach"

Government policy, as outlined in the recent Department of Health white paper "Our health, our care, our say", determines that a closer integration of "health" and "social" care will provide for a more effective and efficient delivery of health services. The community focus of services, allowing for closer and more appropriate care, necessitates a shift of resources from health (primarily hospital/acute care) to community care (primary care/local authority services). Such a shift is dependent on a whole systems approach that cuts across traditional practice and is patient centred.

> *"…to create health and social care services that genuinely focus on prevention and promoting health and well-being; that deliver care in more local settings; that promote the health of all, not just a privileged few; and that deliver services that are flexible, integrated and responsive to peoples' needs and wishes".*
> **Patricia Hewitt, Secretary of State for Health**, "Our health, our care, our say: a new direction for community services", January 2006.

It is our view that the actions of Brent tPCT detailed in their Turnaround Plan are at total variance with these priorities. They have stated that they are faced with a clash of national priorities, which pitches the need for financial balance against the needs of the locality. The cumulative impact of proposals has been ignored, in favour of a section-by-section assessment of the financial risk of individual savings initiatives.

There is agreement that there is a lack of resources within the local health economy. However, the local turnaround approach runs contrary to the national agenda and there is no such recognition from the London Strategic Health Authority or the Department of Health. We appreciate that Brent tPCT are in the difficult position of meeting stringent targets within an enforced timescale which runs against those aims and objectives stated by Government.

In addition, the task group considers that by implementing the turnaround plan the PCT have begun to "disinvest" in previously agreed strategies, such as in the care of older people, intermediate care, as well as in staff and services for people with learning disabilities.

The task group believes that there is a need for a genuine and open debate about the resources, structures, and systems in place across health and social care services and how they fit with the needs and aspirations of the people of Brent.

(2) Core Health Services

It is our view that Brent tPCT in explaining their turnaround plan have consistently failed to provide an adequate definition of "core health" services.

It is unclear whether the definition used simply refers to the statutory duties conferred to the PCT.

The Department of Health states the PCT role is as follows:

I. Perform their functions for, and with, their local population, in pursuit of equality, quality, responsiveness, innovation, efficiency and affordability.

II. Lead their local health system; and develop, and deliver their functions through, effective partnerships –particularly practice-based commissioners; and with Local Authorities e.g. in developing Local Area Agreements; and with the full range of different types of providers.

III. Hold providers to account through commissioning and contracting

IV. Are accountable to their local population directly and through OSC scrutiny; and to Strategic Health Authorities. PCTs operate within the framework of Department of Health policy; they are held to account for this by SHAs, not directly by the Department.

The task group still seeks further advice from the London SHA and Department of Health as to how the implementation of the turnaround plan by Brent tPCT fits with this national definition of its role. We consider it imperative that the Department of Health spells out a working definition of core health services and responsibilities.

The task group is disappointed that the London Strategic Health Authority or the Department of Health were unable to provide evidence at any of its sessions. Despite repeated requests no representative was able to explain the current context within which the turnaround plan emerged, its potential impact, or its compatibility with national policy.

(3) Health and Equality Impact Assessments

It is our view that, at no time, has Brent tPCT considered the impact that this turnaround plan will have on the health and social care economy as a whole.

Brent is one of the most diverse boroughs in the country with people of ethnic backgrounds comprising over 50% of the local population. At no stage has a race equality assessment been undertaken, or planned, to determine the potential impact on those from black and minority ethnic groups.

It is clear that several of the proposals outlined will impact upon children and young people directly. This is particularly important considering major factors of the local community, such as the high occurrence of Tuberculosis (TB) within specific ethnic groups and sexual health services for young people.

The Director of Public Health has confirmed to the task group that health impact assessments (HIAs) had not been carried out for every proposal. The Board had, however, been given clinical advice on each cluster of savings. HIAs have only be carried out where it is deemed a potentially "*disproportionate effect on the population*" is identified.

The task group is unsatisfied with the process of assessment applied by Brent tPCT in relation to the scale and nature of the proposals. It considers that its assessment of risks has been too financially focused and that impact assessments have been too clinically focused.

(4) Consultation
It is our view that Brent tPCT's turnaround approach appears to have been to agree proposals internally, print them, and then invite comment. This does not equate to genuine consultation.

The task group has heard from local voluntary and community groups, who will be impacted, directly or indirectly, by the proposals outlined in the turnaround plan. Specifically these have been in relation to provider services and have helped identify case studies, which demonstrate the human impact of this situation. Task group members would like to thank those who contributed and will make further provision for this sector to be supported in giving further evidence to the Council, through Scrutiny or the Executive.

(5) Partnership
We consider that the reputation of Brent tPCT has been severely compromised amongst its key partners. The Council, fellow NHS trusts, and community groups have all relayed instances of poor consultation, coupled with financially driven initiatives that negate standing agreements.

Evidence from North West London Hospitals NHS Trust (NWLHT) has suggested that future operations could be "destabilised" if Brent tPCT chose to transfer large quantities of elective work to external providers.

Increased transfer of costs to the local authority will have a negative long-term effect on the local health and social care economy. Phased long-term savings could allow for more effective efficiencies through partnership working. However, this is not possible within the pressured timetable forced upon the tPCT.

We are concerned that formal consultation needs to take place between the tPCT and the local Police regarding the potential consequences of cuts to the Drugs and Alchol & Substance misuse Action Team (DAAT) and mental health services.

(6) Accountability
This task group recieved a copy of the turnaround plan prior to its first meeting on the 9th January 2007. This resulted from two formal requests in writing from the Chair. The document was presented to the Brent tPCT Board on the 23rd November 2006, a meeting attended by Councillors and the public. Despite

requests for a copy of the full document, upon which the Board had based its decision, only a summary of a PowerPoint presentation was provided.

The status of the turnaround document remains inconsistent. The Health Select Committee was informed at its meeting of the 6th December 2006 that the implementation of the plan had already started. The task group or the committee has yet to receive a formally revised copy of the plan in relation to implementation. Members have refrained from employing the Freedom of Information Act to obtain this.

Whilst it is appreciated that the plan is a “living document” and subject to some change, as progress is made, the task group has since been told that the provided version is irrelevant. The process by which the plan was developed, published, and determined does not appear to be transparent or open.

The timescale for implementing the plan was deemed “non-negotiable” ignoring the tPCT’s duty to consult fully on proposals and expected impacts.

It is the panel’s view that the initial version, which the Board formally endorsed, was in effect “a blank cheque” given the speed of the changes which followed. Despite repeated requests, the task group has not seen any of the clinical advice or impact assessments provided to the Board by its Professional Executive Committee (PEC). It is the role of the PECs to provide a professional viewpoint on the strategy and operations of the PCT.

We consider that the interests of public health have been severely compromised by the production of this plan. This questions the ability of the tPCT to promote and protect the health and well being of the local population.

(7) Management

At the last task group meeting members were informed that the ability of the tPCT to convince the SHA had been undermined by previous performance. Therefore, it is our view that the people of Brent are being unfairly punished because of the previous financial problems of the tPCT. We believe that a national service should not penalise locally, because of poor local management.

The task group remains to be convinced that there is a clear vision internally that will prevent any possible repetition of this situation.

We believe the temporary nature of the Turnaround Team and the Interim Chief Executive compromises the organisation’s ability to plan for the long-term care of the community. This is not a personal charge aimed at individuals in post, but more a reference to the potential frequency of turn over in key local personnel.

Furthermore, the Turnaround Plan, upon which the task group based its investigation, has been subject to rapid and repeated changes which militate

against long-term solutions. Whilst digests of key areas have been welcomed, a lack of detail has frustrated the task group's investigation.

It is our view that the Turnaround Plan is flawed. The 94 strands that it comprises are considered in isolation, they do not factor in the overall impact of these proposals on the lives of those affected.

We are concerned that long and permanent care decisions are being made at speed and under pressure to ensure delivery against national targets.

Cllr Rev. David Clues
Chair
Brent tPCT Turnaround Plan Task Group
13th February 2007

Recommendations

The Health Select Committee is asked to endorse the following recommendations:

1. **That a public hearing on the proposals contained within the Brent tPCT Turnaround Plan is convened to allow residents, services users, and concerned parties to contribute to an open scrutiny of issues and to respond directly to the findings of the task group. The hearing would provide further case studies and examples of the true impact of the proposals.**

2. **That the Health Select Committee resolves to establish a standing panel on NHS finances to monitor the financial position of all local trusts and the continuing PCT deficit. Such a panel would be time limited until April 2008 and meet as required on a regular basis.**

3. **That the Executive endorse an independent review of the Turnaround Plan's Health Impact Assessment to provide an impartial critique of its suitability and, pending its outcome, support an external Health Impact Assessment study, conducted by an expert body.**

4. **That specific elements of the Brent tPCT Turnaround Plan are referred to the other Overview & Scrutiny Committees of the Council to allow for more in-depth investigation on specific issues, for example;**

    - **Children & Families Overview & Scrutiny to investigate the impact of proposals on children's services, schools and their budgets, child protection, school nursing, and education & training.**

    - **Performance and Finance Select Committee to investigate the impact of the plan on the Local Area Agreement, funding, and other key strategies.**

    - **Overview & Scrutiny Committee to examine the impact of the plan, and its handling, on future partnership working.**

5. **That the Executive continue to lobby Government on behalf of the Borough for a recognition and acknowledgement of a lack of resources in the local health economy, the integrated nature of health and social care, and a protection of health services for the local population.**

A full copy of the final report of the task group will be presented to the committee at its meeting on the 21st March 2007.