

Background

The Health Select Committee has delegated authority from the Council's Overview and Scrutiny Committee to investigate, scrutinise, and develop policy with regards to public health and "well-being" in Brent.

The Committee has taken a pro-active approach to reviewing and monitoring the performance and provision of services by partners within the borough, from a community perspective.

Brent tPCT Turnaround Plan Task Group

The Health Select Committee resolves to establish a cross-party task group/sub-committee to examine the impact of the Turnaround Plan forwarded by Brent tPCT.

This is in direct response to:

- The lack of detailed information and public documentation released by the tPCT to the Council, and this committee in particular.
- The failure of Brent tPCT to provide full details of proposed savings amounting to £14M in this financial year and a total of £31M in the next, and to adequately inform either the Council or this Committee on the nature and scale of proposed savings, prior to their release.
- The absence of an extensive impacts assessment to provide a true picture of the implications of such savings for the local community.
- The creation and release of separate documents relating to the Turnaround Plan for the tPCT Board, the public, and local Councillors (at its meeting on the 23rd November 2006).

In addition, a number of specific concerns have been highlighted regarding those plans outlined in the presentation document released on the 23rd November:

- The absence of detail relating to the scale of the predicted deficit for 2006/7.
- The imposition of a turnaround deadline of March 2007.
- The absence of adequate benchmarking information and the comparative data upon which it is based.
- Detail on those working groups generating savings plans, the process of challenge which they employ, and those examples of best practice cited within this exercise.
- An absence of "*...appropriate communications and consultations (will need to be) undertaken with relevant stakeholders*" (P4).
- No full explanations as to those "further downward pressures" mentioned in the document. These should be spelt out as part of the overall plan.
- There is no credible timetable for implementation outlined in this paper.
- The provided summary of commissioning initiatives does not adequately provide the level of detail required to determine the true impact of this plan.

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The task group will use the key objectives highlighted in the Turnaround Plan as the basis for its intensive investigation:

1. Commissioning

Changes to purchasing arrangements, spending reductions, contractual management and monitoring, value for money criteria and quality of services.

2. Demand Management

Prioritisation of health needs in relation to budget framework. Implications of “cost effective” services and practices. The implications of a “reduction in A&E attendance” and the processes by which this will be achieved.

3. Provider Services

Detailed evidence in relation to “core health service priorities” and the impact of a “value for money”, “cost effective”, model.

Explore the rationale and impact of a “right sizing” of the tPCT’s core team.

Detailed review of changes to criteria and compliance monitoring.

4. Internal

Proposed changes to the management structure and the impact this will have on strategic overview and the planning of preventative care.

Changes to support services and the impact on local contractors procured to provide services.

Detailed breakdown of property portfolio changes and proposed sales, in relation to service prioritisation and “cost effectiveness”.

In addition, the Task Group will gather evidence from independent witnesses and experts to provide a qualified perspective to its proceedings. The impact of the proposed savings will be considered from the point of view of the local community, with emphasis placed on those vulnerable people who are most at risk from cuts to services.

The London Strategic Health Authority will also be invited to provide evidence and explanation with regards to the current “turnaround” approach of the tPCT, as will neighbouring NHS Trusts with regards to effects on their own service provision and joint commissioning.

The impact on the well-being of the workforce will be considered through dialogue with relevant trade unions.

As well as assessing those proposals that will have a direct impact on services provided by the Council, the Task Group will consider their indirect impact on organisations within the voluntary and community sector.

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The Task Group will meet January to agree the detailed scope of its investigation and further terms of reference.

Following a series of intensive meetings, the Task Group will report directly back to the Health Select Committee at its meeting of the 13th February 2007.

Brent tPCT will be invited to explain and account for each of the proposed changes in detail.

The following members will serve on this Task Group:

- **Cllr Rev. David Clues (Chair, Health Select Committee)**
- **Cllr Mary Farrell (Vice-Chair, Health Select Committee)**
- **Cllr John Detre (Member, Health Select Committee)**

The work of the Task Group will be supported by Policy & Regeneration, Housing & Community Care, Finance & Corporate Resources, and Legal and Democratic Services.

Detail

Section 11 of the Health and Social Care Act 2001 places a duty on local NHS bodies to make arrangements to involve and consult patients and the public and their representatives in all stages of service planning and operation, and in the development of proposals for changes that affect health and healthcare.

In addition, specific powers are vested in the Health Select Committee (HSC):

- It can require local NHS bodies to give information 'that it may reasonably require';
- It can call an officer of the local NHS body to answer questions;
- Local NHS bodies have to respond to written reports from the HSC within 28 days;
- Local NHS bodies have to formally consult the HSC when proposing a 'substantial variation or development' of health services, and if dissatisfied the HSC may refer the matter to the Secretary of State.

In addition, the Task Group may consider that a process of judicial review is appropriate in relation to the tPCT's process of consultation.

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Meeting	Date	Theme
1	9th Jan 2007 7pm Committee Room 2&3	<p>Overview of Issues: Impact on Local Health Economy Agreement of task group scope. Evidence regarding Health economy and expected impact of proposed savings. Witnesses to provide evidence:</p> <ul style="list-style-type: none"> • Ruth Carnall, Chief Executive, London Strategic Health Authority (SHA) • David Behan, Director General of Social Care, Department of Health • Nigel Webb, Interim Chief Executive, Brent tPCT • Clare Murdoch, Chief Executive, CNWL MHT • Dr. Peter Carter, General Secretary, Royal College of Nursing • Mary Wells, Chief Executive, NWLHT • Jean Gaffin, Chair, Brent tPCT • Judith Stanton, Director of Public Health Brent tPCT • Martin Cheeseman, Director of Housing & Community Care, Brent Council
2	17th Jan 2007 7pm Council Chamber	<p>Commissioning Changes to purchasing arrangements, spending reductions, contractual management and monitoring, value for money criteria and quality of services</p> <p>Demand Management Prioritisation of health needs in relation to budget framework. Implications of “cost effective” services and practices. The implications of a “reduction in A&E attendance” and the processes by which this will be achieved. Witnesses to provide evidence:</p> <ul style="list-style-type: none"> • Nigel Webb, Chief Executive, Brent tPCT • Andrew Parker, Director of Strategic Commissioning & Performance, Brent tPCT • Judith Stanton, Director of Public Health, Brent tPCT • Christabel Shawcross, Asst Director Community Care, Brent Council • Clare Murdoch, Chief Executive, CNWL MHT • Patricia Atkinson, Director of Nursing, Quality and Clinical Governance, Brent tPCT • Mary Wells, Chief Executive, NWLHT • Ann O’Neil, Executive Director, Brent Mencap

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<p align="center">3</p>	<p>31st Jan 2007</p> <p>1.30 pm Committee Room 2&3</p>	<p>Provider Services</p> <p>Detailed evidence in relation to “core health service priorities” and the impact of a “value for money”, “cost effective”, model. Explore the rationale and impact of a “right sizing” of the tPCT’s core team. Detailed review of changes to criteria and compliance monitoring.</p> <ul style="list-style-type: none"> • Jo Gilbert, Headteacher, Manor School • Chair, PPIF, NWLHT • Chair, PPIF, Brent tPCT • Chair, PPIF, CNWL • Shirley Bickers, Brent Carers Centre • Helen Cylwik, Elders Voice • Ann O’Neil, Brent Mencap • Richard Downes, Brent Advocacy Concerns <ul style="list-style-type: none"> • Bashir Arif, Director of Integrated Health Services, Brent tPCT • Dr. Amanda Craig, PEC Chair, Brent tPCT • Nigel Webb, Chief Executive, Brent tPCT • John Christie, Director of Children & Families, Brent Council • External witnesses to be confirmed (SHA)
<p align="center">4</p>	<p>8th Feb 2007</p> <p>7pm Committee Room 2&3</p>	<p>Internal</p> <p>Proposed changes to the management structure and the impact this will have on strategic overview and the planning of preventative care. Changes to support services and the impact on local contractors procured to provide services. Detailed breakdown of property portfolio changes and proposed sales, in relation to service prioritisation and “cost effectiveness”.</p> <ul style="list-style-type: none"> • Nigel Webb, Chief Executive, Brent tPCT • Mike Hellier, Business Improvement Director, Brent tPCT. • External witnesses to be confirmed

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5	9th Feb 2007 2.30 pm Council Chamber	Finalise recommendations and report Members to deliberate in closed session.
All meetings start at 7pm. Pre-briefing for members, 6pm PRU Meeting Room (Rm221), 2nd Floor		