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Brent

Brent Clinical Commissioning Group

Health and Wellbeing Board

Wednesday 9 April 2014 at 7.00 pm
Board Room 1&2 - Brent Civic Centre, Engineers Way, Wembley HA9 0FJ

Membership:

Members	representing
Dr Sarah Basham	Brent CCG
Councillor George Crane	Brent Council
Christine Gilbert	Brent Council
Sue Harper	Brent Council
Councillor Krupesh Hirani	Brent Council
Dr Ethie Kong	Brent CCG
Rob Larkman	Brent CCG
Councillor Ruth Moher (Chair)	Brent Council
Ann O'Neill	Brent Health Watch
Jo Ohlson	Brent CCG
Councillor Harshadbhai Patel	Brent Council
Councillor Michael Pavey	Brent Council
Phil Porter	Brent Council
Melanie Smith	Brent Council
Sara Williams	Brent Council

For further information contact: Bryony Gibbs, Democratic Services Officer, 020 8937 1355

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democracy.brent.gov.uk

The press and public are welcome to attend this meeting

recycle for Brent

Agenda

Introductions, if appropriate.

Apologies for absence and clarification of alternate members.

Item		Page
1	**Declarations of interests** Members are invited to declare at this stage of the meeting, any relevant financial or other interest in the items on this agenda.	
2	**Minutes of the previous meeting**	1 - 6
3	**Matters arising**	
4	**Task Group Report on Tackling Violence against Women and Girls in Brent** In March 2013, the Health Partnership Overview and Scrutiny Committee agreed to the formation of a task group to tackle violence against women and girls in Brent. The task group report is attached as appendix A. The findings of the tasks groups review is wide reaching, effects many pubic services and has a direct impact on the lives of women, children and young people.	7 - 44
5	**Shaping a Healthier Future Implementation Update** The Health and Wellbeing Board will be presented with a report on the progress in implementing the recommendations from Shaping a Healthier Future. The report will focus on the plans for Central Middlesex Hospital and the implications for Willesden Centre for Health and Care.	45 - 70
6	**Brent Better Care Fund Plan** The final version of the Brent Better Care Fund Plan will be presented to the Health and Wellbeing Board for its consideration. The Board is asked to endorse the Better Care Fund Plan and agree that regular updates on its implementation should be presented to the Board throughout 2014/15. Given the Health and Wellbeing Board's role in overseeing health and social care integration, this will form an important part of the Board's work programme in the coming year.	Report to follow

7 Any other urgent business

Notice of items to be raised under this heading must be given in writing to the Democratic Services Manager or his representative before the meeting in accordance with Standing Order 64.

Date of the next meeting: To be confirmed following the annual Council meeting scheduled for 4 June 2014.

Please remember to ***SWITCH OFF*** your mobile phone during the meeting.

- The meeting room is accessible by lift and seats will be provided for members of the public.

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Brent

MINUTES OF THE HEALTH AND WELLBEING BOARD
Wednesday 26 February 2014 at 7.00 pm

PRESENT: Councillor R Moher (Chair), and Sarah Basham, David Finch, Sue Harper, Ethie Kong, Ann O'Neill, Jo Ohlson, Councillor Pavey,Phil Porter and MelanieSmith

Apologies were received from: Councillor Crane, Christine Gilbert, Councillor Hirani and Rob Larkman

1. **Declarations of interests**

None declared.

2. **Minutes of the previous meeting**

RESOLVED:-

that the minutes of the previous meeting held on 11 December 2013 be approved as an accurate record of the meeting subject to the inclusion of David Finch and Miranda Wixon as being present.

3. **Matters arising**

None.

4. **Brent Child Death Overview Panel Letter to Health and Wellbeing Board**

Dr Arlene Baroda, Chair of Brent Child Death Overview Panel (CDOP) informed the board that since its formation in 2008, there had been three child deaths through suicide with the latest resulting in a serious case review. She also drew the boards attention to child deaths caused by road traffic. Dr Arlene Baroda felt that a joint suicide strategy between the Panel and the Council should be produced to raise awareness of mental health issues and prevention of suicide.

Councillor Pavey (Lead member for Children and Families) expressed his support of the letter and would take the matter back to the department in regards to mental health. He noted that there was a limit to how much work the Council could undertake through schools particularly where the Council had no responsibility. The CCG highlighted that raising awareness of mental health amongst children was part of the training and development programme delivered to practices. Additionally it was noted that there was a requirement to ensure good mental health throughout all ages with a variety of upper tier and lower tier services available to residents and schools. During discussions it was clarified that the outcomes of serious case reviews were monitored by the safeguarding board with a variety of work regarding depression and mental health being addressed in schools through the PSHE curriculum and with road safety work being carried out with SEN children and specialist schools. During queries it was noted that there were a variety of

parenting programmes although it was unclear whether the content addressed road safety and mental health issues in children. Members of the Board expressed concern that children may pick up poor road safety habits through observing their parents crossing in an unsafe manner.

Doctor Arlene Baroda concluded that she felt the best way forward was to have a collaborative suicide strategy. Councillor Pavey agreed to bring the issue of contribution to his department and would discuss the matter further.

RESOLVED:

(i) That the letter be noted
(ii) That the Board inputs into a suicide strategy

5. **Brent Better Care Fund Plan**

Phil Porter (Strategic Director Adult Social Care) gave an overview of the Better Care Fund plan which intended to integrate whole systems of care, breaking down organisational boundaries whilst keeping the patient the focus of care and allowing flexible care to meet the individual needs. The Strategic Director Adult Social Care explained that there was no new money and money would be saved by working together to create efficiencies. An operational budget had been pooled across NW London, although the performance element of the Better Care Fund had been withdrawn. A set of national and local indicators would be used to measure performance with a statistical significance calculator being produced to set all targets appropriately. System indicators, at best proxies for improvement for quality of life would also be measured with a clear focus on customers' experiences and perceptions. This would be achieved through embedding outcomes into care plans and reviewing progress against them, monitoring of experience jointly across health and social care and linking to annual surveys. Phil Porter informed the board of the five schemes and the objectives and core components for each scheme. He continued to inform the Board of the governance structure, proposal for programme delivery including individual scheme working groups and the various consultations prior to final submission on 4 April 2014.

During discussion the CCG highlighted areas of integrated work that was successful such as STARS and the ability to build on these services. Jo Ohlson highlighted that the project had encouraged integration at a greater pace to enable the best care and experience for patients and the public possible in a time of diminishing resources. She concluded by drawing the Board's attention to the variety of colleagues on the Integration Board and the enthusiasm to break down the silos. It was clarified that the Better Care Fund plan did not mean certain services were no longer being prioritised or not provided but was a way of delivering the same services in a different manner to avoid duplication and to meet the needs of individuals. The Strategic Director of Adult Social Care noted that it would be challenging although a meeting would be taking place on 12th March 2014 to determine how ambitious and how fast the change was likely to be. During discussion, it was noted that patient expectations of what care they should receive and whether they were ready to be discharged to home care may not always be what was best for the patient. It was clarified that by ensuring people felt safe and supported whilst being communicated to throughout the process, patients would hopefully feel comfortable going home when appropriate as a suitable level of

support would be provided. In response to queries regarding accessibility of the plan, it was confirmed that a workshop would be taking place on 12 March 2014 to finalise plans prior to the final submission on 4 April 2014 and would address issues of accessibility.

RESOLVED:

That the report be noted.

6. **NHS England's Draft Commissioning Intentions 2014/15**

David Finch (NHS England) introduced a report regarding NHS England's commissioning intentions for 2014/15 which covered areas such as primary care, specialised services, scanning, immunisation and health in the justice system. He continued to explain the need for NHS England to work alongside CCGs to ensure national plans complimented work of local CCGs and it was intended that this would be achieved through the creation of Strategic Planning Groups (SPGs). David Finch noted the need for NHS England to work collaboratively in the future and to address longer term planning rather than just annual commissioning cycles and hoped to work closely with NW London CCGs in the future.

During discussions it was acknowledged that structural barriers existed between the LA, CCG and NHS England which prevented seamless care, particularly where GPs acted independently. The CCG acknowledged that the 67 GPs in Brent were split into five localities which co-ordinated well with a good working relationship. David Finch highlighted the main challenge of having a personalised approach to address the needs of a local area whilst still working at a national level with no top down model to follow. The Director of Strategic Health drew the Board's attention to the requirement to have a health visitor which would need to be addressed shortly. In response to queries regarding NHS London Board, David Finch clarified that the board no longer existed but was treated as a region made up of three areas. Members queried the projected £20bn gap by 2020 and it was clarified that £2bn of that would fall to NW London with integration and collaboration needed to reduce the financial risk across all sectors of health and social care in the future.

RESOLVED:

That the report be noted.

7. **Health and Wellbeing Strategy and Action Plan**

Andrew Davies (Senior Policy Officer) informed the Board that the action plan had been brought back following additions of further information including baseline data, progress and outcomes. He highlighted that objective five still required the inclusion of outcomes which was linked to the finalised plan of the better care fund plan. The Senior Policy Officer informed the Board that a full progress report including RAG ratings would be presented at the June meeting.

During discussion it was clarified that the plan was set out to reflect the life cycle of the person with objective five being added at a later date. It was explained that the order was subject to change should the board feel it appropriate and welcome comments and suggestions. Attention was drawn to the need to identify outcomes

to focus on for the year and identify that many of the outcomes would be addressed through the work of departments routinely. The CCG queried how the action plan would help support their objective to reduce mortality rate. The Senior Policy Officer explained that there was no direct link although all the objectives in the plan improved health which would ultimately improve mortality. During discussion it was felt that greater work could be done with schools to embed good heath from an early age. It was felt that a focus for the upcoming year was required and it was agreed that the Chair and Vice Chair would meet with the Senior Policy Officer to devise a focus to be reported to the next meeting.

RESOLVED:

(i) That the Health and Wellbeing Board Strategy action plan be approved,
(ii) That the Chair and Vice Chair meet with the Senior Policy Officer to devise a focus for the forthcoming year.

8. **Refresh of the Brent Joint Strategic Needs Assessment**

Melanie Smith (Director Public Health) informed the Board that the Joint Strategic Needs Assessment (JSNA) was produced in 2012 and subsequently required refreshing due to changes in data and information from the latest census. She highlighted that it was the responsibility of the Health and Wellbeing Board to produce the JSNA and was intending to have a refreshed document produced by April 2014. The refresh would also expand the focus of the plan and include areas such as welfare reform, air pollution and transport of housing as well as traditional areas of needs that determined public health.

In response to queries it was confirmed that data regarding children's heath would be updated within the JSNA and the document would require collaborative work from the Local Authority and CCG. The Director Public Health clarified that the JSNA was an overarching strategy, with detailed policies sitting underneath which would be updated in due course. Healthwatch Brent felt that attention to the refresh should be drawn to residents attention through a note in their bulletin. Melanie Smith noted the requirement to publicise the refresh and asked for all comments and contributions to be emailed to her.

RESOLVED

The Board noted and approved the scope and timetable of the JSNA refresh.

9. **Any other urgent business**

None.

The meeting closed at 8.50 pm

R MOHER
Chair

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Brent	**Health and Wellbeing Board** **9 April 2014** **Report from the Assistant Chief Executive**
	Wards Affected: ALL

Task Group Report on Tackling Violence against Women and Girls in Brent (Covering Report)

1.0 Summary

1.1 Members of the Health Partnership Overview and Scrutiny Committee (HPOVS) on a number of occasions, expressed an interest in forming a task group to tackle violence against women and girls in Brent; focusing on Female Genital Mutilation (FGM), Honour Based Violence (HBV) and Forced Marriages (FM).

The task group was agreed by HPOVS in March 2013 and has used this time to conduct an in-depth review into harmful practices. The task group report is attached as appendix A. The findings of the tasks groups review is wide reaching, effects many pubic services and has a direct impact on the lives of women, children and young people.

2.0 Recommendations

2.1 The Health and Wellbeing Board consider the contents of the report;

2.2 The Health and Wellbeing Board (where appropriate for Health and Wellbeing services) consider the 12 recommendations made by the task group.

3.0 Detail

The task group's key findings are as follows:

3.1 **The scale and nature of Harmful Practices in Brent**
The task group wanted to establish the prevalence of harmful practices in Brent. We found that there was very little data held and the data that was

held by the organisations we contacted was not shared between partners. We met with a number of community groups to gather anecdotal evidence based on their experiences and talked to national and local charities with expertise in this area. While we can't be certain about the extent of these practices within Brent we believe that they are significant enough to recommend that a mapping exercise is undertaken to establish the number of women and girls at risk and that this work should be coordinated with partners and specialist charities.

3.2 **Awareness, Knowledge and Criminality**

The task group believes that there is a worrying lack of knowledge and understanding in Brent about harmful practices, the impact they have and the legislation relating to them. All of the women's groups we met with agreed that raising awareness within affected communities was key to tackling harmful practices. The task group recognises the important role that schools have in raising awareness and safeguarding. We undertook some research with school governors and whilst 64% of our respondents were aware of all three offences, only 21% said that they were covered as part of existing safeguarding training.

The task group has therefore made recommendations focussed on community engagement, awareness raising, obtaining resources, involvement in local and national media campaigns and highlighting harmful practices as criminal offences.

3.3 **Partnership working including referral processes and pathways**

The task group found that while there are many organisations currently working with women and girls affected by harmful practices, there was frequently a lack of coordination between partners and a lack of clarity about referral pathways. This contributed to the negative experience of many of the women we talked to. The task group is therefore recommending that a harmful practices strategy is developed within the wider Violence against Women and Girls Strategy which will provide a clear framework for partners to work within. We also recommend that all key staff from relevant agencies undertake training to ensure a better understanding of the issues, identification of those at risk and establishing referral pathways.

3.4 **Services and accessing available funding**

It is clear that for better more coordinated services to be available voluntary and statutory agencies need to work together. This will not only enable organisations within Brent to pursue all avenues of available funding but ensure that services that are commissioned will have a real and lasting impact.

3.5 **Task Group Recommendations**

1. **That tackling harmful practices becomes a high partnership priority within Brent and that a clear partnership strategy is developed within**

the context of the wider Violence against Women and Girls Strategy. The harmful practices strategy should include:

1.1. Developing services to protect women and girls at risk

1.2. Developing services to support women and girls subjected to harmful practices

1.3. Robust recording and better quality of data and sharing of data from all partners

1.4. Clear and consistent guidance for reporting risk, pathways for referrals and services

1.5. Provide clear guidance to all key staff and the public on how to report a crime against a women affected by these issues.

1.6. A single point of contact is established for those affected

1.7. The adoption of good practice from elsewhere, health service, local authorities, voluntary sector organisations and educational institutions.

2. **That work in relation to the implementation of the Harmful Practices Strategy is the responsibility of:**

    - **The Children's Safeguarding Board**
    - **The Health and Wellbeing Board**
    - **Safer Brent Partnership**
    - **The Assistant Chief Executive Department will take the overall lead responsibility**

3. **That mapping of practising communities is undertaken to establish the number of women and girls at risk and should be undertaken as part of the Safer Brent strategic assessment process. This work should be completed using tested methodologies, such as those used by Forward and in coordination with Brent's partners and specialist charities such as Forward, the Asian Women's Resource Centre, the Jan Trust and the Iranian and Kurdish Women's Rights Organisation (IKWRO).**

4. **That a programme of community engagement about violence against women focussing on harmful practices is developed which ensures that members of affected communities play a lead role. Awareness raising events should be aimed at all sections of the local community, partners, relevant staff and Council Members.**

5. **That awareness raising resources, leaflets and posters are clearly displayed in medical and educational establishments particularly GP surgeries, clinics. Hospitals, schools and colleges. These should include a single point of contact for those affected by harmful practices.**

6. **That Brent Council and its partners work with local and national media, including community radio and television stations, to raise awareness and educate the public on harmful practices and the negative effect it has on women and girls in our society.**

7. **That a programme of training is developed for all key staff from all relevant agencies who are likely to have contact with affected women and girls that will ensure a better understanding of the issues, identification of those at risk and referral pathways. Funding is available to the voluntary sector to assist Brent in delivering this training programme.**

8. **That all awareness raising and training activities highlight the changes in the law which make these harmful practices criminal offences.**

9. **That joint working is undertaken with schools to ensure that all head teachers, school governors and those responsible for safeguarding receive training and that all year seven children receive information as part of Personal Social and Health Education (PSHE).**

10. **That Brent Council in conjunction with its partners, particularly Council for Voluntary Services (CVS) Brent, pursue all avenues for available funding and support specialist charities and local voluntary organisations to bid for money from government agencies such as the Forced Marriage unit and the European Union fund.**

11. **That Brent Council along with its partners annually take part in the International UN sponsored awareness day that takes place 6th February each year. Zero Tolerance of Female Genital Mutilation day is set up to make the world aware of Female Genital Mutilation and to promote its eradication.**

12. **That Brent Clinical Commissioning Group (CCG) should commission services for women and girls affected by the harmful practices of Female Genital Mutilation, Honour Based Violence and Forced Marriages.**

4.0 Financial Implications

4.1 None

5.0 Legal Implications

5.1 None

6.0 Diversity Implications

6.1 None

7.0 Staffing/Accommodation Implications (if appropriate)

7.1 None

Background Papers

Task Group Report – Tackling Violence against Women and Girls in Brent

Contact Officers

Kisi Smith-Charlemagne
Scrutiny Officer

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Tacking Violence against Women & Girls in Brent

An Overview & Scrutiny Task Group Report

March 2014

Membership

Councillor Ann John (OBE) Chair
Councillor Patricia Harrison
Councillor Ann Hunter
Councillor Sandra Kabir

Index

1. Chair's Foreword

The United Nations describes violence against women and girls across the world as a global epidemic. Gender inequality gives rise to many traditional and cultural harmful practices. These include Female Genital Mutilation (FGM), Forced Marriage (FM) and Honour Based Violence (HBV) which are all closely connected along with Domestic Violence. The task group examined all three of these harmful practices and how they impact on women and girls in the London Borough of Brent

The task group's work has been conducted at a time when greater media coverage is shining a long overdue light on these horrifying harmful practices. We have been particularly impressed with the very effective and continuing campaign against FGM conducted by the Evening Standard. We are also aware that there has been an increasing and extensive coverage of these issues on television and radio through specialist investigative and current affairs programmes and the national news networks. As these practices are so hidden and little discussed this is a very welcome development. The Forced Marriage Unit and the FGM helpline set up by the government and the commitment to end FGM within a generation is vital in ending these practices. There are also a number of Parliamentary Select Committees working on different aspects of these issues.

This coverage gives confidence to all those brave women who speak out and the expert organisations that openly campaign against these harmful practices. During our research we met with a large number of truly inspiring women who have, in many cases, harrowing stories to tell. We recognise that it is these women who will play the biggest role in bringing about change within communities affected by these issues, but they need our support.

We are well aware that this report is only one small but important contribution to the huge effort required to tackle violence against women and girls in all its forms. We urge the council and all partners to ensure that the recommendations contained in this report are implemented in full. The individual members of the task group are passionate about these issues and will continue to campaign on them at every possible opportunity.

First of all I would like to thank all of the organisations and individuals who we have met with or visited. They have all made a massive contribution to the work of this task group and the formulation of our recommendations.

I would like to thank my task group colleague Councillors and Officers Councillor Sandra Kabir, Councillor Pat Harrison, Councillor Ann Hunter, Kisi Smith-Charlemagne, Jacqueline Casson and Mala Maru. Their commitment, knowledge and diligence have ensured the success of this piece of work and I am grateful for their support throughout what at times has been an emotional experience.

2. Executive Summary

Violence against women is an illegal, intolerable act and is a human rights violation. It is fundamentally wrong, impacts on the health and wellbeing of women and has wider effects in preventing them from fully contributing to society. It impacts on the wider society through lack of economic development, cost to public services, Health, Social and Police and a lack of societal well being. It is both a barrier to equality and a result of inequality. Female Genital Mutilation Honour Base Violence and Forced Marriages are all illegal and harmful and can never be justified in the name of freedom of religion or belief.

Brent is recognised as one of the most ethnically diverse population in the country and a significant proportion of these communities have religious and cultural ties to areas of the world where the harmful practices of Female Genital Mutilation, Honour Base Violence and Forced Marriages are prevalent. All of these offences are considerably under reported nationally and locally. The task group believes that it is imperative that the council and our partners raise awareness, provide advice and support our communities, and prosecute those who participate in these illegal harmful practices.

The task group's key findings are as follows:

The scale and nature of Harmful Practices in Brent
The task group wanted to establish the prevalence of harmful practices in Brent. We found that there was very little data held and the data that was held by the organisations we contacted was not shared between partners. We met with a number of community groups to gather anecdotal evidence based on their experiences and talked to national and local charities with expertise in this area. While we can't be certain about the extent of these practices within Brent we believe that they are significant enough to recommend that a mapping exercise is undertaken to establish the number of women and girls at risk and that this work should be coordinated with partners and specialist charities.

Awareness, Knowledge and Criminality
The task group believes that there is a worrying lack of knowledge and understanding in Brent about harmful practices, the impact they have and the legislation relating to them. All of the women's groups we met with agreed that raising awareness within affected communities was key to tackling harmful practices. The task group recognises the important role that schools have in raising awareness and safeguarding. We undertook some research with school governors and whilst 64% of our respondents were aware of all three offences, only 21% said that they were covered as part of existing safeguarding training.

The task group has therefore made recommendations focussed on community engagement, awareness raising, obtaining resources, involvement in local and national media campaigns and highlighting harmful practices as criminal offences.

Partnership working including referral processes and pathways
The task group found that while there are many organisations currently working with women and girls affected by harmful practices, there was frequently a lack of coordination between partners and a lack of clarity about referral pathways. This contributed to the negative experience of many of the women we talked to. The task group is therefore recommending

that a harmful practices strategy is developed within the wider Violence against Women and Girls Strategy which will provide a clear framework for partners to work within. We also recommend that all key staff from relevant agencies undertake training to ensure a better understanding of the issues, identification of those at risk and establishing referral pathways.

Services and accessing available funding
It is clear that for better more coordinated services to be available voluntary and statutory agencies need to work together. This will not only enable organisations within Brent to pursue all avenues of available funding but ensure that services that are commissioned will have a real and lasting impact.

3. Recommendations

1. **That tackling harmful practices becomes a high partnership priority within Brent and that a clear partnership strategy is developed within the context of the wider Violence against Women and Girls Strategy. The harmful practices strategy should include:**

    1.1. Developing services to protect women and girls at risk

    1.2. Developing services to support women and girls subjected to harmful practices

    1.3. Robust recording and better quality of data and sharing of data from all partners

    1.4. Clear and consistent guidance for reporting risk, pathways for referrals and services

    1.5. Provide clear guidance to all key staff and the public on how to report a crime against a women affected by these issues.

    1.6. A single point of contact is established for those affected

    1.7. The adoption of good practice from elsewhere, health service, local authorities, voluntary sector organisations and educational institutions.

2. **That work in relation to the implementation of the Harmful Practices Strategy is the responsibility of:**

    - **The Children's Safeguarding Board**
    - **The Health and Wellbeing Board**
    - **Safer Brent Partnership**
    - **The Assistant Chief Executive Department will take the overall lead responsibility**

3. **That mapping of practising communities is undertaken to establish the number of women and girls at risk and should be undertaken as part of the Safer Brent strategic assessment process. This work should be completed using tested methodologies, such as those used by Forward and in coordination with Brent's partners and specialist charities such as Forward, the Asian Women's Resource Centre, the Jan Trust and the Iranian and Kurdish Women's Rights Organisation (IKWRO).**

4. **That a programme of community engagement about violence against women focussing on harmful practices is developed which ensures that members of affected communities play a lead role. Awareness raising events should be aimed at all sections of the local community, partners, relevant staff and Council Members.**

5. **That awareness raising resources, leaflets and posters are clearly displayed in medical and educational establishments particularly GP surgeries, clinics. Hospitals, schools and colleges. These should include a single point of contact for those affected by harmful practices.**

6. **That Brent Council and its partners work with local and national media, including community radio and television stations, to raise awareness and educate the public on harmful practices and the negative effect it has on women and girls in our society.**

7. **That a programme of training is developed for all key staff from all relevant agencies who are likely to have contact with affected women and girls that will ensure a better understanding of the issues, identification of those at risk and referral pathways. Funding is available to the voluntary sector to assist Brent in delivering this training programme.**

8. **That all awareness raising and training activities highlight the changes in the law which make these harmful practices criminal offences.**

9. **That joint working is undertaken with schools to ensure that all head teachers, school governors and those responsible for safeguarding receive training and that all year seven children receive information as part of Personal Social and Health Education (PSHE).**

10. **That Brent Council in conjunction with its partners, particularly Council for Voluntary Services (CVS) Brent, pursue all avenues for available funding and support specialist charities and local voluntary organisations to bid for money from government agencies such as the Forced Marriage unit and the European Union fund.**

11. **That Brent Council along with its partners annually take part in the International UN sponsored awareness day that takes place 6th February each year. Zero Tolerance of Female Genital Mutilation day is set up to make the world aware of Female Genital Mutilation and to promote its eradication.**

12. **That Brent Clinical Commissioning Group (CCG) should commission services for women and girls affected by the harmful practices of Female Genital Mutilation, Honour Based Violence and Forced Marriages.**

***Please note that the order of recommendations throughout the body of the report appear in order of importance and not necessarily in the order listed above.**

4. Introduction – Scope of the task groups work

This task group was set up by the Health Partnerships Overview and Scrutiny Committee to investigate ways of tackling the prevalence and impact of Female Genital Mutilation, Honour Based Violence and Forced Marriages.

Female Genital Mutilation and Honour Based Violence are criminal offences which carry jail sentences. In June 2012 the Prime Minister announced that forcing someone to marry will become a criminal offence in England and Wales and this was included in the Anti-Social Behaviour, Crime and Policing Bill which is currently going through Parliament. The new law will be accompanied by a range of measures to increase protection and support for victims with a continuing focus on prevention and will come into force later this year.

A new definition of domestic violence was implemented by the Home Office in March 2013. It includes: "Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: Psychological, Physical, Sexual, Financial and Emotional".

The Home office goes on to say that "Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. "Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim". * This definition of controlling behaviour, which is not a legal definition, includes so called **'honour' based violence, Female Genital Mutilation** and **Forced Marriage**, and it is clear that victims are not confined to one gender or ethnic group.

Female Genital Mutilation has been deemed an offence by the Human Rights Council of the United Nations since 1985, and made a criminal offence in the UK in the same year. This was amended in 2003 to cover UK nationals taken abroad. However to date no prosecutions have ever been brought in the UK. In November 2012 The Crown Prosecution Service (CPS) announced a new 10 point action plan for improving detection rates and prosecution. This includes:

- Gathering more robust data on allegations – looking at the reporting duties and mechanisms for medical professionals, social care professionals and teachers.
- Identifying what issues have hindered investigations and prosecutions.
- Exploring how other jurisdictions prosecute crime.

- Ensuring that police and prosecutors work together closely from the start of the investigation.

The CPS will also explore whether it is possible to prosecute offences under other legislation. For instance, it may be easier to support a prosecution under section 5 Domestic Violence, Crime and Victims Act (DVCVA) 2004, as amended by DVCVA 2012, which creates an offence of causing or allowing a child or vulnerable adult to die or suffer serious physical harm.

The definitions that the task group worked to are as follows:

Female Genital Mutilation/cutting – involves the complete or partial removal or alteration of external genitalia for non-medical reasons. It is mostly carried out on young girls at some time between infancy and the age of 15; and its extensive harmful health consequences are widely recognised[1].

Honour Based Violence – violence committed to protect or defend the 'honour' of a family and/or community. Women, especially young women, are the most common targets, often where they have acted outside community boundaries of perceived acceptable feminine/sexual behaviour. In extreme cases the woman may be killed[2].

Forced Marriage – One or both people do not (or in cases of people with learning or physical disabilities, cannot) consent to the marriage and pressure or abuse is used. This also includes child marriages as children are below the age to give informed consent. The pressure put on people to marry against their will can be physical (including threats, actual physical violence and sexual violence) or emotional and psychological (for example, when someone is made to feel like they're bringing shame on their family)[3].

The task group's key findings are focused on:

1. ***The scale and nature of harmful Practices in Brent and Impact of recent legislative changes***

2. ***Awareness, knowledge and criminality***

3. ***Partnership working including referral pathways and processes***

4. ***Services and accessing available funding***

5. Task Group Membership

Councillor Ann John OBE (Chair)
Councillor Patricia Harrison
Councillor Ann Hunter
Councillor Sandra Kabir

[1] The World Health Organisation (WHO)
[2] The Crown Prosecution Service (CPS)
[3] The Forced Marriage Unit (FMU)

6. Methodology

In order to complete the work identified in the scope, and produce a set of recommendations that would start to tackle some of the issues related to the harmful practices of FGM, FM and HBV in Brent, the task group gathered research and evidence from a wide range of sources. This included:

- The Team from FORWARD (Kekeli Kpognon, Maria Aden Naima Ibrahim and Rita Buhanda)
- The Jan Trust (Sana Malik and Sajda Moghul)
- Somali Advice and Information Forum - SAFFI (Rhoda Ibrahim & Yasmin Ali)
- Help Somalia Foundation (Harbi Farah)
- Brent Police/Azure Project (Nicola Butler and Louise Caveen)
- Birmingham City Council (Monika Bindal)
- Bristol City Council (Jude Williams)
- Brent Education Welfare (Stephen McMullan)
- Brent Public Health (Melanie Smith and Imran Choudhury)
- Brent Children's Social Services (Jo Moses)
- Brent Adult Safeguarding (Colin Boughen)
- Brent Local Children Safeguarding Board (Sue Matthews)
- Brent Ward Working (Carol Allen)
- Brent Community Safety (Chris Williams and Mala Maru)
- Northwick Park Hospital/NHS (Florence Acquah & Gloria Rowland)
- Asian Women's Resource Centre (Sarbjit Ganger)
- Iranian and Kurdish Women's Rights Organisation (Nezahat Cihan and Diana Niammi)
- Ashiana Network (Zuleyha Toprak)
- Brent Schools Head (Allyson Moss)

- Brent School Governors (Samira Mohamed)
- Home Office - Forced Marriage Unit & Sexual Violence (Joint Director-Chaz Akoshile)
- Home Office - Sexual Violence Unit (Sean Mcgarry)
- IMKAAN (Sumanta Roy)
- All Parliamentary Party Group (Baroness Jenny Tonge)
- The World Health Organisation – WHO (Glenn Raymond Thomas)
- BTEG Research (Tebussum Rashid)
- G Light Development & Somalian TV (Amran Mohammed)

Members of the task group also attended:

- Capita Conference on Tackling Forced Marriage and Honour Based Violence
- Jazari Community Centre (Abdi Ahmed) to talk to Somali women about FGM
- London Councils European Funding conference
- Brent FGM awareness training
- Jan Trust Forced Marriage awareness training
- Members Development Training on Harmful Practices - Delivered by FORWARD and the Asians Women's Resource Centre
- Brent White Ribbon Seminar
- A visit to Northwick Park Maternity Unit and Well Woman Clinic
- Brent School Governors Annual Conference
- Brent Children's Safeguarding Board Steering Group on FGM
- Iranian and Kurdish Women's Rights Organisation to talk to survivors of forced marriage.
- The launch of All Party Parliamentary Group's report on forced marriage

The task group formed a professional discussion group which consisted of Individuals from the above named organisations, departments and groups. The task group held two meeting where pre-designed questions (Appendix 1 & 2) were used to lead a round table discussion on

FGM, FM and HBV. Members of the task group also reviewed a great deal of literature and academic research in relation to this subject areas and a list of references is set out at the end of this report. Ultimately though, the task group was keen to ensure that this report focused on Brent and produced locally implementable recommendations.

The task group designed questionnaires which were used to gather information and evidence used to support this report at events attended, these included:

- Members Development Training on Harmful Practices - Delivered by FORWARD and the Asians Women's Resource Centre (Appendix 3)

- Brent School Governors Annual Conference (Appendix 4)

7. Policy Context

Local

Traditionally the main focus of the work that has taken place in Brent in relation to violence against women and girls has been on domestic violence and rape. However since 2010 Female Genital Mutilation, Forced Marriage and Honour Based Violence has been gaining prominence and FGM in particular is now one of the priorities of the Safer Brent Partnership. The council and its partners are aware that these harmful practices are taking place in some areas of the borough. However the very nature of these offences and the fact that they are often dismissed as religious or cultural traditions means that they are not discussed openly, are shrouded in secrecy and there is a fear of speaking out against them and reporting them.

National press, the London Evening Standard, BBC Radio 4, television and social media networks have recently been highlighting issues relating to FGM, Forced Marriage and Honour Based Violence. This has included using cases of women and girls in Brent who have become victims.

The charity FORWARD (Foundation for Women's Health Research and Development), The Asians Women's Resource Centre and Northwick Park's African Well Women's Clinic, have undertaken work in Brent to provide services to women who had been subject to harmful practices. Research conducted by the charity FORWARD in 2007 (Appendix 5), showed that second to LB Southwark, Brent had the next highest number of women with FGM that had given birth to children in England and Wales. ASCENT[4] also provided statistics in October 2013 (Appendix 6) on the number of domestic and sexual violence calls placed to their help lines. This showed Brent had the 6th highest number of calls placed in London.

London, National & International

In April 2009 the Mayor of London launched *The Way Forward: A call for action to end violence against women* a consultation on proposed set of actions for dealing with all forms of

[4] Ascent is a project undertaken by the London VAWG Consortium, delivering a range of services for survivors of domestic and sexual violence, under six themes, funded by London Councils.

violence against women in London. This includes the harmful practices of FGM, Forced Marriage and Honour Based Violence. The British government is taking Violence Against Women and Girls very seriously and there is further legislation in the pipeline. Further detailed work is being done by Select Committees.

The existing legislative framework that relates to Tackling Violence against Women and Girls and Harmful Practices includes:

- Prohibition of Female Circumcision Act 1985
- Nationality, Immigration and Asylum Act 2002
- Female Genital Mutilation Act 2003
- Sexual Offences Act 2003
- Asylum and Immigration Act 2004
- Forced Marriage (Civil Protection Act) 2007
- Impending – Forced Marriage (Criminal Act) 2014

There is evidence that nationally awareness about the prevalence and impact of Female Genital Mutilation, Forced Marriage and Honour Based Violence is increasing amongst politicians and policy makers. For instance:

Female Genital Mutilation
In November 2012 the UK government launched a 1 year pilot of the Statement Opposing Female Genital Mutilation. The Statement Opposing FGM, which is currently used in Holland and is known as the 'Health Passport', is pocket-sized and states the law and the potential criminal penalties that can be used against those allowing FGM to happen. In Holland, it is primarily used by families who have migrated to Holland and do not want their children to be subjected to FGM, but still feel compelled by cultural and social norms when visiting family abroad.

The British government has also pledged up to £35m international development aid to help eliminate FGM in a generation. A portion of the new money expected to be around £8m would be spent on research into the best ways of ending the practice. The rest will be used to fund community programmes, with money channelled through the UN programme on FGM, and to support the Home Office in targeting the diaspora, who take children from the UK overseas to be cut.

Forced Marriage
The Anti-social Behaviour Crime and Policing Bill, currently going through Parliament will criminalise both Forced Marriage and breach of a Forced Marriage Protection Order.

Honour Based Violence
The Home Office released its reviewed 2013 action plan *A Call to End Violence against Women and Girls.* The action plan commits to engage with communities who practice 'honour' based violence such as FGM and Forced Marriage to change attitudes and behaviours, with following specific HBV actions:

- Work on the development of guidance and learning programmes for the Police on sexual and domestic violence, including FGM, Forced Marriage, Honour Based Violence and stalking.
- Review the findings from the 'honour' based violence local mapping exercise and identify models of effective practice to share with local areas, particularly those where awareness and activity to tackle forms of Honour Based Violence is low.

In November the London Violence against Women and Girls Consortium sponsored by the Mayor of London launched the Ending Harmful Practices project Women Against Harmful Practices (WAHP). The project which forms part of ASCENT is delivered by a partnership of 8 specialist organisations working across different Black Minority Ethnic and Refugee (BMER) communities in London with women experiencing Female Genital Mutilation, Honour Based Violence, Forced Marriage and other harmful practices. Support includes one to one advice and information on rights, entitlements, intensive casework and advocacy support, therapeutic support groups and counselling. The project also works to raise awareness amongst voluntary and statutory agencies and runs workshops and peer mentoring support for young women.

8. Key Findings and Recommendations

8.1. The scale and nature of Harmful Practices in Brent

The task group were keen to find out about the scale of Female Genital Mutilation, Forced Marriage and Honour Based Violence in Brent. However we soon realised for a variety of reasons, particularly the secrecy and taboos that exist around discussing these issues and the under or incorrect reporting of incidences, there was not an easy way to get this information.

We therefore started at looking at the information that existed nationally and for London. This included:

Violence against women

London has the highest rate of female victimisation in England and Wales.[5] Compared to the rest of the country, London has the lowest percentage of successful outcomes (measured as convictions of prosecuted cases) for violence against women offences (only 62 per cent were successful last year compared to 72 per cent nationally).[6]

Female Genital Mutilation (FGM)

An estimated 6.3 per cent of pregnancies in inner London [7] and 4.6 per cent in outer London are to women with FGM[8]. FGM was outlawed in 1985 by the Human Rights Council of the United Nations, and made a criminal offence in the UK in the same year. This was amended in 2003 to cover UK nationals taken abroad. There have been no convictions in the UK compared to 100 in France. FGM is prevalent in 28 African countries as well as in parts of the Middle East and Asia. FORWARD[9] estimated that over 20,000 girls under the age

[5] Home Office, 2004-8, British Crime Survey. Analysis of data comparing London rates with overall findings
[6] Crown Prosecution Service, 2009, Violence against women Crime Report 2008-2009, p.70
[7] These figures come from the only study in the UK that seeks to estimate prevalence. The research was funded by the Department of Health and undertaken by the Foundation of Women's Health
[8] Forward, 2007, A Statistical Study to Estimate the Prevalence of Female Genital Mutilation in England and Wales

on 15 are at risk of FGM and 66,000 women in the UK are living with the consequences.

Research was funded from Public Health Brent to the Help Somalia Foundation in September 2013 for a study of the Somalian population in Brent. It shows that there are over five thousand women and children, many of whom have either been cut or are at risk (Appendix 7).

Honour Based Violence (HBV)

Nationally, there are around 12 so-called 'honour' murders a year. The Metropolitan Police recorded 256 incidents linked to 'honour' in the year 2008/09, of which 132 were criminal offences. This is a 60 per cent rise for the year to April 2009. These are the most recent figures available at this time and were collected by a Freedom of information request made by IKWRO. IKWRO have recently produced a report called the *"Postcode Lottery"* which details the UK Police forces failings to correctly recording Honour Based Violence cases (Appendix 8).

Forced Marriage (FM)

January to May 2012[10] - 594 cases where the FMU has given advice or support related to a possible Forced Marriage. 14% of calls involved victims below 15 years old, 87% involved female victims and 13% involved male victims. Countries of Origin: Pakistan (46%), Bangladesh (9.2%), UK (8.7%), India (7.2%), Afghanistan (2.7%), Within the UK the geographical distribution of instances was as follows: London (20.9%), West Midlands (16.7%), South East (10.4%), North West (5.1%), 25 instances involving those with disabilities (23 with learning disabilities, two with physical disabilities and two with both) were brought to the FMU's attention. Seven instances involved victims who identified as lesbian, gay, bisexual, and transgender (LGBT).

Linked to forced marriage, many cultures have a tradition of marrying daughters at a young age. Female children, already malnourished and undervalued, are often married to much older men. In such marriages, females have little power and sense of self-determination. Those who marry early cannot stay in school and often have little motivation or ability to plan their families. Some cultures believe early marriage guarantees a long period of fertility; very young brides may need a smaller dowry. The age of female marriage is slowly rising in most of Africa; but in East Africa and Nigeria, it is dropping as young virgins, considered less likely to be infected with HIV/AIDS are sought as brides. Early marriage is most prevalent in Sub-Saharan Africa and in South Asia. In Bangladesh, 47 percent of women, ages 20 to 24, are married by age 15. In Guatemala, India, and Niger, the rates are 12, 18, and 50%, respectively.

Early marriage and childbearing are closely linked to low educational attainment. In Cameroon, 27% of married women, under age 20, finished seven years of school, compared to 77% of unmarried women. In Guatemala, teenage mothers are five times less likely to finish

[10]The Foreign and Commonwealth Office's Forced Marriage Unit (FMU) May 2012

secondary education than women whose first birth occurs later. Early marriage usually results in early childbearing, with severe consequences for the health of young mothers and their babies. Infants born to teenage mothers are up to 80% more likely to die within their first year than are infants born to mothers aged 20 to 29. Maternal mortality rates are twice as high for women aged 15 to 19 as for women aged 20 to 29. The task group supports the discussions in parliament to legislate for a minimum age of 18 years for marriage and does not support marriage at 16 years with parental consent.

Data for Brent

The task group requested data from the following sources about harmful practices in Brent. Not all of the organisations we contacted were able to provide data, please see all responses in Table 1. Table 2 shows the available data held by sources. There is very little data held anywhere on the local prevalence levels of harmful practices in Brent; and the data that has been recorded, has not previously been readily shared between Brent partners. We are still unsure of the extent of FGM, Forced Marriages and Honour Based Violence incidents in Brent and more work needs to be done. The tables below bear out the strong view expressed frequently that these practices are under-reported.

Table 1 – Written responses to request for Harmful Practice Statistics for LB Brent

Source	Response
FORWARD	No specific Brent data, however FORWARD provided a summary of Brent Community reached this year: • 63 women in total were reached through the work of our outreach worker in different community settings and women attending Coffee morning support and all women were given FGM awareness and information • We worked with 5 one to one support cases from the Brent area. Cases involved referral to Acton African Women's Well Clinic, and educational support • 4 men from the Borough of Brent attend FORWARD Men Advisory Committee • Most of Brent clients we have worked with this year are Muslims, Somali; between the ages of 25 to 60. The marital statuses of most clients are either single and/or lone parents.
TAWRC	Please note that we had considerably reduced staff capacity and these figures are based on two members of staff providing services. We have since expanded and we have 4 members of staff providing services.
Northwick Park/Brent NHS	A database has now been in existence since 2009, the data is used for Freedom of information requests and service planning. The FGM status is recorded in the patients Discharge notes so that Health Visitors and GPs are aware. There is currently no formal procedure for reporting this anywhere else. We undertook 10 reversals this year and 97% of the women who visited the clinic were of Somalian origin.
Brent Police	The criteria for flagging is purposefully vague so that even if there

	is only a perception from the officer that this might be happening, then the flag goes in, to ensure the most appropriate unit deal with the case.
Home Office: FMU	It is not of any significance to collect the name of the borough where forced marriage victims live, it makes no difference to the case or action that the FMU would take.
Home Office: SVU	We do not hold this information.
IKWRO	We keep detailed records of our clients and have provided the figures for Brent clients. Further to our 2010 FOI study of HBV cases across England, we are carrying out a similar study and will have new data to report in the spring on 2014.
IMKAAN	We are unable to provide this information for Brent or any borough as we do not hold this information. It is difficult to collect this data as it is often not recoded and goes unreported.
LB Brent	We started capturing data on FGM, forced marriages and honour bases violence in 2013, no data is available prior to that date.

Table 2 - Shows the amount of harmful practices in March 2012 – April 2013

Source	FGM	FM	HBV
Brent Children's Social Services	0	6	3
FORWARD	-	-	-
TAWRC	-	13	80
Northwick Park/Brent NHS	236	-	-
Brent Police	5	11	18
IKWRO	-	8	4

The task group also met with a number of community groups such as the Somalian Advice and Forum for Information (SAFFI) and the Jazari community group. The discussion group at SAFFI consisted of 13 women and the discussion group at Jazari Community Centre consisted of 31 women. All of the women that attended these groups said that they had been subjected to one of the three types of FGM. Please see case studies of harmful practices within Brent (Appendix 8).

The task group is concerned that a large majority of organisations and charities are still working from the prevalence figures released by FORWARD in October 2007 and that there is currently no coordinated effort by a central body to collect Brent specific data. While we were conducting the task group work we were pleased to hear that FORWARD have been commissioned to undertake a new prevalence study and that there is to be a report released in 2014.

In April 2013 LB Islington conducted a study;[11] the purpose of this study is to establish a more detailed picture of Female Genital Mutilation in Islington. The study adapted the method used by the Foundation for Women's Health, Research and Development (FORWARD; 2007) which used UK census data and national and regional FGM prevalence data to estimate the number

[11] Female Genital Mutilation (FGM) in Islington: A Statistical Study

of women and girls in the UK who were likely to have undergone FGM. The Islington study combined FGM prevalence data with language and ethnicity data for Islington to produce a similar estimate (Appendix 9).

We believe that anecdotal evidence points to much higher incidences of these harmful practices happening in Brent. The under reporting and reluctance of partners to share data means that more work needs to be undertaken to map out the true picture of prevalence using similar methodologies as outlined above.

Recommendation 3

- **That mapping of practising communities is undertaken to establish the number of women and girls at risk and should be undertaken as part of the Safer Brent strategic assessment process. This work should be completed using tested methodologies, such as those used by Forward and in coordination with Brent's partners and specialist charities such as Forward, the Asian Women's Resource Centre, the Jan Trust and the Iranian and Kurdish Women's Rights Organisation (IKWRO).**

8.2. Awareness, knowledge and criminality

Prior to the release of FORWARD's data in 2007, the awareness and knowledge of harmful practices in Brent was limited. Individuals and some services who had dealt with incidents of harmful practices had some awareness of the issues, most of which had came from encountering cases on a day to day basis, however they had not received any formal training and guidance. The release of FORWARD's *'Statistical Study to Estimate the Prevalence of Female Genital Mutilation in England and Wales'* in 2007 has provided the platform for those working to eradicate FGM and has highlighted the use of other violent harmful cultural customs. However awareness and knowledge of harmful practices is still not at an adequate enough level to have a significant impact reducing prevalence and improving service provision.

The task group found that there was a serious lack of knowledge within practising communities. Of the women that the task group consulted with, those not born in the UK said that they were unaware of their human rights in regards to FGM and unaware of the physical and mental health complications that it may cause prior to coming here. With Forced Marriages and FGM women were under the impression that it was part of the Qur'an, was Halal and a religious requirement that they could not say no to. The women revealed that various degrees of honour based fear and violence were applied as a form of pressure for them to adhere to their cultural traditions. These women were also unaware of UK laws and criminals charges regarding FGM, Forced Marriages and Honour Based Violence prior to coming here and for a while after arriving.

The women and girls, who were born in the UK, had a better awareness and knowledge about their human rights, UK laws and how/or where to seek help if they are at risk. However these stronger more empowered young women or girls often became the victim of Honour Based Violence, as they are seen as too westernised, too unruly and could not be easily controlled so ultimately may bring shame on their family. Iranian and Kurdish Women's Rights Organisation (IKWRO) and the Jan Trust told us that it was important that professionals

supporting these young women are fully trained and can identify the warning signs, are aware of the correct procedures of engagement and do not put their lives at risk by trying to mediate with parents or family members. FMU guidance states that NO MEDIATION should take place, ONE CHANCE or these young women face abduction, violence and often death. Untrained and poorly trained professionals are putting the lives of these young women at risk. We believe that more support needs to be provided to girls and women who are brave enough to challenge cultural and religious norms.

Prior to starting this review members of the task group had varying degrees of knowledge about harmful practices. The task group wanted to assess the knowledge of other councillors and school governors. Members of the task group proposed the following a strongly worded motion to Council.

- This Council commends the work of the members' task group on Tackling Violence against Women and Girls in Brent. This task group is committed to ending harmful practices by raising public awareness of issues such as Female Genital Mutilation Forced Marriages and Honour Based Violence. These practices, and all instances of violence against women, constitute illegal, intolerable acts and human rights violations.

- This Council notes the positive influence members can wield within communities by encouraging individuals and groups to speak out against harmful practices, which impact on the wellbeing of women and girls in Brent. To ensure that members are fully informed on all these harmful practices and how to deal with them effectively, there will be a member development event held on Thursday 21 November 2013. Sessions will be led by the expert organisations FORWARD and the Asian Women's Resource Centre.

- Members also note the work of the White Ribbon Campaign day- a charitable organisation started by men which seeks to end violence against women. Members whole-heartedly support this cause and will sign the White Ribbon pledge to affirm that they will never condone or remain silent about violent acts against women. A Brent Council event marking White Ribbon Day – the internationally recognised day for the Elimination of Violence Against Women – will be held in the Civic Centre on November 25.

- We call on all members to unite in the fight against these harmful practices, and resolve to end all practices which cause physical or emotional distress to women and girls in Brent within the 5-year target set by the Government earlier this year.

This was passed unanimously. The Member Development training session, delivered by FORWARD and the Asian Women's Resource Centre, on harmful practices was well attended by councillors.

We recognised early in our work the importance of engaging with schools and those who make decisions about teachers and student training. The charities we talked to had informed us that it was quite difficult to get their training programmes into schools. We decided that it would be beneficial to talk to school governors at the Annual Brent School Governors Conference to find out their views. A questionnaire was circulated to all governors who attended the conference and 34 Governors responded. A summary of the responses is as follows:

Q1: Awareness of the offences FGM, FM and HBV

- 64% of school governors are aware of all three offences and
- 70% were aware of at least one or more of the offences.

Q2: Are any of the above covered in your safeguarding training?

- Only 21% said the above offences were covered by existing safeguarding training.
- 36% said they didn't know or were unsure if the topics were covered by existing safeguarding training.

Q3: Are Personal Social Health and Education (PSHE) lessons in school's curriculum?

- 70% of schools governors said that PSHE lessons form part of the school's curriculum.

Q4: If yes, would you like to see these topics included in the PSHE lessons?

- 61% would like to see these topics included in PSHE lessons (but age-appropriate).

Q5: How do you ensure pupils receive information about sensitive subjects, particularly with regard to the dangers and existence of these offences?

- 30% of school governors said they were either unaware of or didn't know what the schools did to inform pupils of sensitive information.
- Some school governors (15%) suggested that they already utilise the PSHE or other curricula to ensure pupils had the information they needed.
- Other school governors suggested that information could be conveyed to parents and carers through various meetings and literature.

Q6: What kind of training and materials would your school need in order to cover the topics?

- 42% of school governors left this question blank – the highest on the survey.
- Many of the comments on what type materials would be required involved some type of workshop or training material such as literature and videos for staff, parents and pupils. Some suggested people share experiences or have a re-enactment of the crimes.

Q7: To your knowledge, is there any work currently being done at your school to tackle these problems?

- Only 6 (18%) of school governors said their school was currently working to tackle one or more of these offences.
- Most (70%) either reported that their school was not currently working to tackle these offences or they did not know if work was being undertaken on these topics.

Q8: Does your school currently employ a nurse?

- Nearly half (48%) of school governors reported that there was either no school nurse employed at the school or they were unsure if there was one.

Q9: In your opinion, what would you like to see schools do to protect females against the above?

- When asked what they would like to see in their schools to address these issues, most (24%) school governors suggested some type of training for staff and education for parents and pupils.
- Other suggestions included raising awareness and creating safe spaces for pupils to talk about such issues.
- One governor suggested that schools need to address children being taken out of school to travel abroad for long periods.

Q10: Would you know what outside (the school) bodies to contact, either to get information you need to cover these topics or to get direct support if needed?

- When asked if they knew what outside body to contact (if needed), most 73% of school governors responded by saying either no or that they were not sure who to contact.

We found some good examples of educational establishments within Brent who have made positive encouraging steps to deal with harmful practices and safeguarding. For instance the College of Northwest London who currently runs a programme called *"Feel Safe, Be Safe"*, which offers advice and support to students who do not feel safe or have safeguarding concerns. The college advertises this service on the student intranet and has published and distributed booklets to students. Students can contact the service by text, e-mail or a single phone number which is constantly manned. So far the college has been able to support a number of students including helping girls who were being forced into marriage. Evidence from colleges elsewhere in London confirms this. The task group strongly supports the establishing of a single point of contact for women and girls affected by these issues and we are keen that the example of a single point of contact is used by partners when developing services in Brent. We would also like to highlight the Stonebridge School Safeguarding Policy agreed in January 2014 (Appendix 10), which specifically includes FGM and sets out the signs that children may exhibit. A copy of this is attached to this report.

We believe that there is a real opportunity to work with schools and to ensure that all head teachers and school governors receive training on harmful practices and that an appropriate level of information focussed on respect and equality between the sexes is offered to all year seven pupils.

The Impact of recent legislative changes

Domestic Violence Legislation now covers controlling behaviour, which includes so called 'honour' based violence, female genital mutilation and Forced Marriage. As mentioned earlier the UK government introduced clauses in the Anti-social Behaviour Crime and Policing Bill which will criminalise both forced marriage and breach of a Forced Marriage Protection Order.

Prior to introducing this the Home Office conducted a survey on criminalising Forced Marriage and received 297 responses to the consultation,

Of the total number of 297 responses:

- 54% of respondents were in favour of the creation of a new offence;
- 37% were against the creation of a new offence;
- 9% of respondents were undecided;
- 80% felt that current civil remedies and criminal sanctions are not being use effectively.

A few of the women and professionals that the task group engaged with expressed some concern that recent legislative changes would result in harmful practices being driven underground. Discussions are currently taking place in parliament, about raising the age of consent for marriage from 16 years to 18 years.

The Task group supports raising the age for consent to marriage and the criminalisation of Forced Marriages and welcomes the roll out of the legislation later this year.

Recommendation 4

- **That a programme of community engagement about violence against women focussing on harmful practices is developed which ensures that members of affected communities play a lead role. Awareness raising events should be aimed at all sections of the local community, partners, relevant staff and Members.**

Recommendation 5

That awareness raising resources, leaflets and posters are clearly displayed in medical and educational establishments, particularly GP surgeries, clinics, Hospitals, schools and colleges. These should include a single point of contact for those affected by harmful practices.

Recommendation 6

That Brent Council and its partners work with local and national media, including community radio and television stations, to raise awareness and educate the public on harmful practices and the negative effect it has on women and girls in our society.

Recommendation 7

That a programme of training is developed for all key staff from all relevant agencies who are likely to have contact with affected women and girls that will ensure a better understanding of the issues, identification of those at risk and referral pathways. Funding is available to the voluntary sector to assist Brent in delivering this training programme.

Recommendation 8

That all awareness raising and training activities highlight the changes in the law make these harmful practices criminal offences.

Recommendation 9

That joint working is undertaken with schools to ensure that all head teachers, school governors and those responsible for safeguarding receive training and that all year seven children receive information as part of Personal Social and Health Education.

Recommendation 11

That Brent Council along with its partners annually take part in the International UN sponsored awareness day that takes place 6th February each year. Zero Tolerance of Female Genital Mutilation day is set up to make the world aware of Female Genital Mutilation and to promote its eradication.

8.3. Partnership working including referral processes and pathways

Throughout the task group's work it was noted that a large proportion of the professionals and stakeholders who were doing work to tackle harmful practices were working independently. This is especially evident in relation to the data. The data was captured using inconsistent methods, was not shared with other partners, and was not used to benchmark incidences or plan for provision and service needs.

The task group found evidence that since 2010 there has been a more noticeable effort in partnership working, however women and girls are still experiencing poor treatment and support and this is often because of a lack of partnership working. Pathways and referral processes differ from organisation to organisation and often professionals were unaware of the next step in the referral process. For example one medical professional stated that once she made the referral to social services, it was unclear what would happen next and she did not know what to tell her patient. Some services we talked to were following safeguarding guidance from the Forced Marriage Unit and the Home Offices Multi agency guide; some services adopted a combination of their own processes with parts of the Home Office guidance and Pan London Child protection guidance.

Where no clear agreement between partners has been established, confusion still occurs about where an incident should be signposted to, what services clients may be entitled to and the best course of action to take. Local authorities and GPs are often the first point of contact and many of the women we talked to have had a negative experience and are not referred or sign-posted to relevant services and partners.

A number of the women shared examples of poor practice amongst statutory agencies (health professionals, police, the courts, job centres and council staff) which left them feeling dismissed, disbelieved, vulnerable and not informed about where to access support. Barriers encountered included lack of understanding about the issues affecting them, for example most of the women we talked to had no understanding of the concept of safeguarding. Other barriers included a lack of practical assistance and a few felt that they were being discriminated against. Some of the women were concerned about being stigmatized and having their children taken away from them. They felt that the barriers and attitudes they encountered had made them less likely they would report incidents and make it more likely that they remained in dangerous situations

Access to on-going face-to-face training on different forms of VAWG from the specialist VAWG sector would go some way to ensuring responses were more consistent and of a high quality. For women with immigration/asylum issues, access to support services including refuge accommodation is particularly difficult, and women face a higher risk of destitution. Therefore there is a need for more joint work with UK Boarder Agency and other partners to improve referral to specialist VAWG services and review existing practice and policies on VAWG.

IMKAAN[12]recently produced a report *Beyond the Labels* which explores the views and opinions of Women and girls who have been subjected to harmful practices. The report also examines the barriers preventing access to support and summarises recommendations made by these women and girls and how local authorities and other professionals can improve their response to harmful practices. Some of the recommendations include:

Local Authorities

- Local authority staff particularly to have a more consistent and better understanding and knowledge on how to respond to VAWG.

Health

- For GPs to be more informed and proactive about the appropriate care and referral pathways specifically where women require access to support from the VAWG sector.
- Professionals in the health sector e.g. GPs, health visitors etc. to be trained to ensure that they are able to respond better to women after they disclose violence.
- GPs to have a better understanding of their need for confidentiality when seeking support. For example, women and girls wanted more opportunities to be alone with the GP to disclose safely.

UK Border Agency (UKBA)

- The UKBA (Home Office) to implement a working culture which is more sensitive and appropriate on VAWG and one which starts from the premise of belief.

Criminal Justice System

- For the police to have a better and more consistent awareness and training on VAWG to prevent women from feeling that their experiences have been minimised or dismissed because of an emphasis on physical violence rather than psychological violence and coercive control.
- For the police to be more informed and provide better quality and more consistent advice and information to enable effective referral to specialist VAWG services.
- Regular communication between the police and women/girls so they feel more informed once they have made a formal report. This included being regularly updated on any actions taken against the perpetrator(s) as well as information on location which would impact on their safety.
- More consistent forms of protection to support women and girls to feel informed, equipped and safe before, during and after court proceedings.
- Improved knowledge and training on VAWG across all parts of the Criminal Justice System (CJS) and more specialist VAWG courts.

[12] Imkaan is a UK-based, black feminist organisation dedicated to addressing violence against women and girls.

"A call to end violence against women and girls (action plan 2013)" the Home Offices Commitment to tackling Violence against Women and girls identifies working in partnership as one if its main priorities. Partnership working - Guiding principle*: Work in partnership to obtain the best outcomes for victims and their families*. The action plan sets out the outcomes it hopes to achieve by 2015:

- Better support available for victims and their families with statutory, voluntary and community sectors working together to share information and agree practical action

- Improved the life chances of victims of violence against women and girls overseas, with this issue an international priority for the UK.

- Promote effective partnership working between police and schools where children are at risk of domestic violence (e.g. Operation Encompass on going to 2015).

- Continue to work in partnership across Government and with the third sector to ensure that the impact of Government reforms are fully understood and managed

- Provide clear information on violence against women and girls to commissioners in the changing commissioning landscape

- Support statutory and voluntary services in sharing information about the women and girls most at risk and agreeing clear referral and needs assessment arrangements

- Continue to demonstrate leadership internationally to address violence against women and girls, and ensure that the links are made between the women whom the UK is helping overseas and those who arrive in the UK seeking protection.

Key activity since 2012 on partnership working in England and Wales:

- Provided £100,000 to determine gaps in service provision at a local level, help local authorities better understand what services will best assist victims, and assist the voluntary sector in professionalising their dealings with statutory agencies;

- In response to the consultation "Getting it Right for Victims and Witnesses", set out the move to a new model for the provision of support services for victims of crime where the majority of services will be commissioned locally by Police and Crime Commissioners (while rape support services will continue to be funded centrally);

- Funded Against Violence & Abuse (AVA) and the Aya Project (managed by Women's Aid and IMKAAN) to build capacity within the women's sector and help them better understand Local Authority commissioning processes; and help Local Authority commissioners better understand the needs of violence against women and girls victims and measures to tackle perpetrators in their areas

The task group would like to ensure that a partnership strategy on harmful practices is developed within the context of the Violence against Women and Girls Strategy that would

facilitate a more coordinated approach between partners working on this issue and provide clear guidelines to key staff on referrals and services available. We would also recommend that all key staff undertake training to build a better understanding of the issues, enable them to identify those at risk and make referrals.

Recommendation 1
That tackling harmful practices becomes a high partnership priority within Brent and that a clear partnership strategy is developed within the context of the wider Violence against Women and Girls Strategy. The harmful practices strategy should include:

1.1. Developing services to protect women and girls at risk

1.2. Developing services to support women and girls subjected to harmful practices

1.3. Robust recording and better quality of data and sharing of data from all partners

1.4. Clear and consistent guidance for reporting risk, pathways for referrals and services

1.5. Provide clear guidance to all key staff and the public on how to report a crime against a women affected by these issues.

1.6. A single point of contact is established for those affected

1.7. The adoption of good practice from elsewhere, health service, local authorities, voluntary sector organisations and educational institutions.

Recommendation 2
That work in relation to the implementation of the Harmful Practices Strategy is the responsibility of:

- **The Children's Safeguarding Board**
- **The Health and Wellbeing Board**
- **Safer Brent Partnership**
- **The Assistant Chief Executive Department will take the overall lead responsibility**

8.4. Services and accessing available funding
To establish the extent of existing services available to those affected by harmful practices the task group met with key staff from within the council and its partners to discuss the current provision. Most council departments told us that for cases where there are children or vulnerable adults safeguarding concerns there was social services provision. All other cases, especially where there is no recourse to public funds, are referred to charities and the voluntary sector.

In the course of our work, members of the task group visited various charities and community groups to ask them what improvements they would like to see to current service provision. We also looked at the recommendations set out in the IMKAAN Report "*Beyond the Labels".*

The recommendations set out in the report mirrored the views of the Brent residents consulted. These were:

On future services for women and girls

- For refuge provision to be more accessible across London in order to prevent women from being housed in generic homelessness provision.

- Consistent and longer term investment in women-led women-only spaces and services that women and girl's value, and that make them feel safer, protected and understood.

- More consistent and longer term investment in BME women-led services which provide effective responses to differences in social identity and support women and girls to experience higher levels of social inclusion and belonging.

- To improve the availability of local women-only services which are specialist in their approach and respond to women and girls' individuality of experience and identity.

- More accessible services that offer different forms of expertise including responses to Female Genital Mutilation, Forced Marriage, sexual violence and exploitation, domestic violence, support in exiting prostitution.

- More accessible services to address additional vulnerabilities and support needs including drug and alcohol, disabilities, chronic health issues and mental health needs.

- Improved access to refuge provision for women with immigration/asylum related issues particularly where women lack the relevant documentation or access to any other means of financial or housing support.

- Increased investment in projects that provide longer term support e.g. life skills, training, employment, and programmes that support women and girls to recover and reduce isolation after they have left the violence.

- Increased access to longer term, flexible and specialist key-work support at points of crisis and where women are rebuilding lives after leaving violence. This was specifically important to women who experience a range of complexities and where there are gaps in existing service provision e.g. exiting prostitution, young women within a gang/group-based context and/or peer-based abuse, Female Genital Mutilation and Forced Marriage.

- Improved access to holistic support services that are young-women centred and tailored to address the specific needs and experiences of young women.

- Improved access to long-term VAWG counselling and therapeutic support services which are rooted in a VAWG approach, including BME specific provision.

Overall it is important for public sector commissioners to recognise the need for more consistent and longer term investment in a diverse range of women-only VAWG service models and approaches which respond to different forms of VAWG and social identity. Women affected by FGM spoke about the barriers around disclosure and the complexities of reporting family and community members, hence the importance of on-going case-work support through community-based support workers. There are also inadequate levels of targeted provision for young women in the context of different forms of VAWG. Equally significant is improving access to services that provide longer term and flexible arrangements for emotional support through counselling, group work, peer-learning programmes and activities for adults and children. These were considered as significant as access to safe housing.

The recent London Council funded ASCENT project which launched in November 2013 is a partnership within the London Violence against Women and Girls Consortium, delivering a range of services for survivors of domestic and sexual violence and abuse under six themes funded by London Councils. ASCENT improves service provision for those affected by sexual and domestic violence and abuse in London through the provision of front-line services as well as support to voluntary and statutory organisations. The London VAWG Consortium is made up of 22 organisations working in partnership to deliver comprehensive, cost effective, high quality services to all communities across London. This innovative partnership strengthens referral pathways across organisations and identifies trends and emerging need.

We would also like to highlight the work at Northwick Park Maternity Unit, particularly the African Well Women's Clinic as an example of good practice. They keep records and collect data of all women subjected to FGM, provide counselling and perform reversal surgery prior to birth.

In October members of the task group visited London Councils to discuss the new funding programmes for 2014-2020. The rights and Citizenship Programme 2014-2020 which holds a budget of €439 Million, has the general objective of contributing to the creation of an area where the rights of the person are promoted and protected. The programme will be centrally managed and funding will be allocated on a competitive basis. Transnational projects and multi-agency and multi-sector partnerships will be favoured. Call for proposals will happen in the second quarter of 2014 (early autumn).

Specific related Objectives include:

- Enhancing the exercise of rights deriving from citizenship of the European Union
- Implementing the principle of non-discrimination
- Enhancing the respect of the right of the child

Type of actions that will be funded:

- Raising awareness of harmful practices within practising communities
- Identifying good practice in running specialist support services for victims of Violence
- Training professionals who work with vulnerable children (e.g. children in residential care, in detention or separated children)

- Improving EU citizens' understanding of their rights and help them realise when these have been violated
- Developing mechanisms to collect and report hate crime or xenophobic incidences
- Encouraging the private sector to improve gender balance
- Exchanging good practice in promoting good pay

All public and private organisations, including international organisations legally established in one of the 28 EU members states are able to apply to the rights and Citizenship Programme 2014-2020 Fund.

The task group would urge partners to work together to access this funding.

Recommendation 10
That Brent Council in conjunction with its partners, particularly Council for Voluntary Services (CVS) Brent, pursue all avenues for available funding and support specialist charities and local voluntary organisations to bid for money from government agencies such as the Forced Marriage unit and the European Union fund.

Recommendation 12
That Brent Clinical Commissioning Group (CCG) should commission services for women and girls affected by the harmful practices of Female Genital Mutilation, Honour Based Violence and Forced Marriages.

9. Conclusion

The task group believes that this report provides a range of important recommendations which, when implemented, will lead to improved outcomes for the women and girls in Brent who have been, or are likely to be affected by FGM, Forced Marriage and Honour Based Violence. All of the women we talked to from affected communities were adamant that they did not want their daughters to suffer like they had. We hope that we can help them, by working with our local communities, the voluntary and community sector, specialist agencies and partners. We can raise awareness about these criminal activities and ensure that preventative interventions and services are in place to reduce the negative impacts that these harmful practices have. The individual members of the task group are passionate about these issues and will continue to highlight them at every possible opportunity.

Stakeholders:

1.	LB Brent	Council Officers: – Councillors (Members) Brent Community Safety Brent LSCB & Children Services Brent Education Welfare Brent Adult Safeguarding Brent Multiagency Safeguarding Hub Public Health Scrutiny Committees (Health, Partnership & Place and Children & Young People) Policy Teachers School Governors
2.	NHS & Clinical Commissioning Group (CCG)	Hospitals – Northwick Park and Central Middlesex School Nurses Midwives Health Visitors GPs Doctors/Surgeons
3.	Charities, Community Groups and Voluntary Sector	Parents & Parent Groups Young People and Youth Groups Charity Groups:- Forward Jan Trust Asian Women's Resource Centre Ashiana Network Iranian & Kurdish Women's Rights Organisation Somali Advice and Forum of Information Help Somalia Foundation Jazari Community Centre Women's Refugee's Daughters of Eve One Billion and Rising White Ribbon Charities Men's Charities
4.	Partners for Brent /Multi Agency Safeguarding Hub/Safer Brent Partnership	Police CVS
5.	Religious Groups	Multi Faith Forum Group Priests, Vicars, Imams and Clerics from all denominations in the borough
6.	Community	Residents and Resident Groups
7.	Government Agencies	Mayor of London VAWAG Dept.

		The Home Office The Forced Marriage Unit All Party Parliamentary Dept.
8.	Other Local Government Authorities	Bristol Islington Lambeth Southwark Harrow Ealing Birmingham City Council
9.	Other Interested Parties	Members of Parliament (MPs) Media

References:

The task group referred to a number of reports in the course of its work. Key documents include:

- Home Office, 2004-8, British Crime Survey Analysis of data comparing London rates with overall findings
- Crown Prosecution Service, 2009, Violence against women Crime Report 2008-2009
- Forward, 2007, A Statistical Study to Estimate the Prevalence of Female Genital Mutilation in England and Wales
- The Foreign and Commonwealth Office's Forced Marriage Unit (FMU) May 2012
- Female Genital Mutilation (FGM) in Islington: A Statistical Study 2012
- IMKAAN recently produced a *Beyond the Labels* report 2013
- The Home Office *A call to end violence against women and girls (action plan 2013)*
- Mayor of London's Violence against Women and Girls strategy "The Way Forward", (2009)
- "A Childhood Lost" A report on Child Marriage in the UK and Developing World from the UK All-Party Parliamentary Group on Population, Development and Reproductive Health (2012)
- "Postcode lottery" A report on research undertaken by the Iranian and Kurdish Women's Rights Organisation (IKWRO) on police records of 'honour' based violence (January 2014)

Table of Appendix

	Appendix
1	Professional discussion Group 1 pre meeting questions
2	Professional discussion Group 2 pre meeting questions
3	Members development Questionnaire
4	School Governors Questionnaires
5	Forward 2009 FGM Study
6	ASCENT Domestic Violence Calls
7	Somalian Population Statistics
8	IKRWO Post Code Lottery Report
9	Harmful Practices Case Studies (3)
10	LB Islington FGM a Statistical Study
11	Stonebridge School Safeguarding Policy

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Brent	**Health and Wellbeing Board** **9 April 2014** **Report from the Assistant Chief Executive**
For Action	Wards Affected: ALL

Shaping a Healthier Future Implementation

1. Summary

1.1 The Health and Wellbeing Board will be presented with a report on the progress in implementing the recommendations from Shaping a Healthier Future. The report will focus on the plans for Central Middlesex Hospital and the implications for Willesden Centre for Health and Care. Over recent months work has progressed to develop options for Central Middlesex and Willesden, which have been subject to stakeholder engagement events and also scrutiny by the Health Partnerships Overview and Scrutiny Committee. It is important that the Health and Wellbeing Board is kept informed of these developments and aware of the changes taking place to hospitals in Brent.

2. Recommendations

2.1 The Health and Wellbeing Board is recommended to:

(i). Consider the update report on Shaping a Healthier Future and the implications for Brent and decide how it wishes to be kept informed of developments in the future.

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Update on Shaping a healthier future programme

Brent Health and Wellbeing Board – Wednesday 9 April 2014

Agenda

- Brent Clinical Commissioning Group
- Shaping a healthier future – overview
- Central Middlesex Hospital
- Discussion

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Brent Clinical Commissioning Group

Brent Clinical Commissioning Group

- 67 GP practices working together in five geographical areas across the borough - Harness, Kilburn, Kingsbury, Wembley and Willesden – to share expertise and resources.
- Many of our GPs have lived and worked in the borough for over 20 years – committed to our local community
- Vision to deliver better care, closer to people's homes in Brent.
- Working in partnership with our patients, communities, members and partners to deliver this

Brent Clinical Commissioning Group

- Committed to patients and services users fully involved in the decisions we take - ‘no decision about me, without me’.
- Out of hospital strategy to manage and treat patients in primary and community care so fewer unnecessary admissions to hospital. Hospitals concentrate on patients who are critically ill and those who require specialist care.
- Shaping a healthier future programme taking forward reconfiguration of hospitals to be specialist centres of care.

Brent Clinical Commissioning Group

Ambitious plans to improve primary care, patient access to services, help people manage their long term conditions and keep healthy:

- Developing the five GP hubs to provide more services in a community setting
- Commissioning new pathways eg ophthalmology to deliver more services in a community setting
- Providing additional weekend GP appointments
- Working with Brent Council to commission joint health and social care for patients

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Shaping a healthier future programme

Growing pressures on the NHS

- Increasing population
- Growing elderly population requiring care
- Growing number of people with long term conditions requiring treatment throughout their lifetime
- Increasing cost of care, treatments and drugs
- NHS resources spread across North West London – need to create specialist centres of care

Shaping a healthier future programme

1 Localise

- Reduced admissions due to better local management of care
- Improved support for patients with LTCs and mental health problems
- Improved patient experience and satisfaction
- Improved carer experience

2 Centralise

- Better clinical outcomes including reduced morbidity and mortality
- Reduced readmission
- Reduced lengths of stay
- Increased staff training, skills and job satisfaction

3 Integrate

- Increased multidisciplinary working – improved coordination
- Improved access to information leading to better patient care
- Reduction in unnecessary investigations and duplicate assessments
- Improved efficiency and pathways

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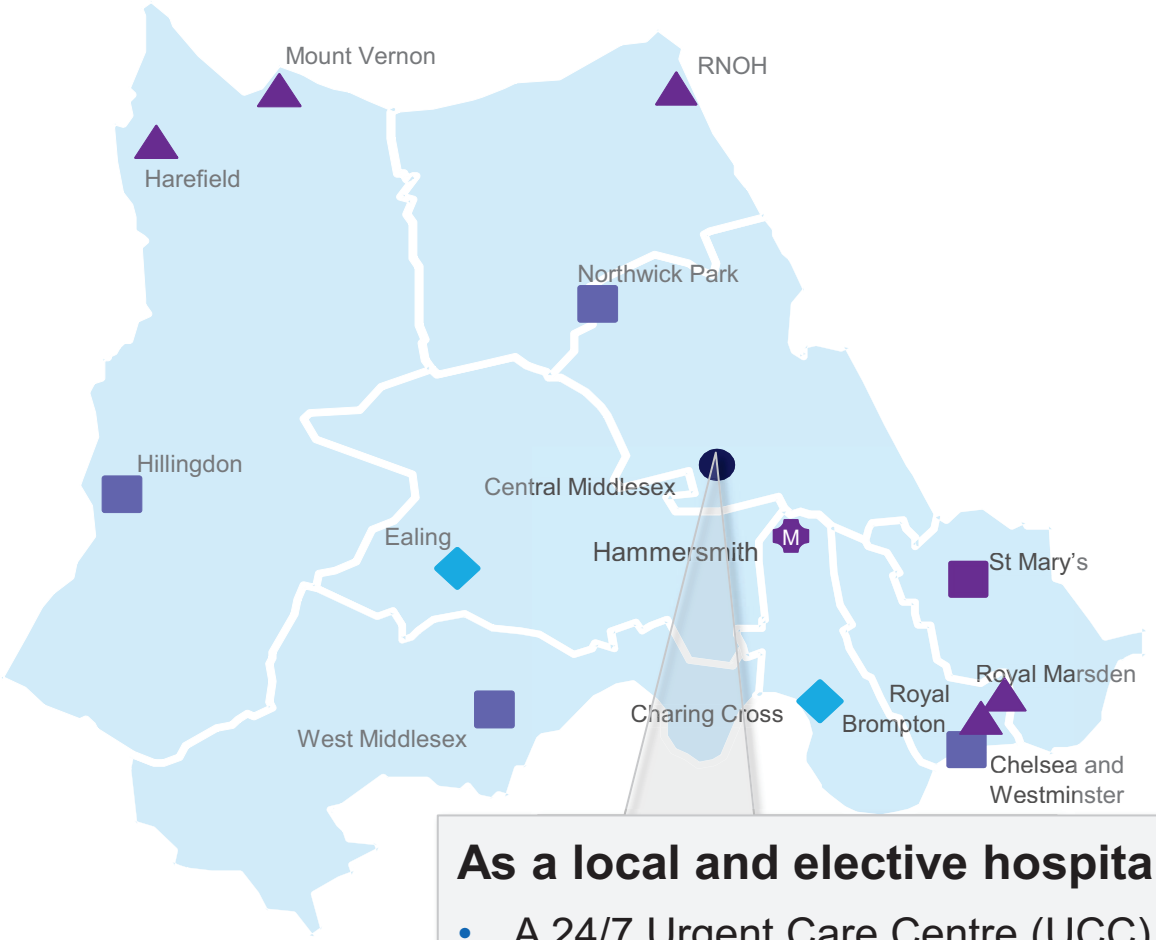
Central Middlesex Hospital

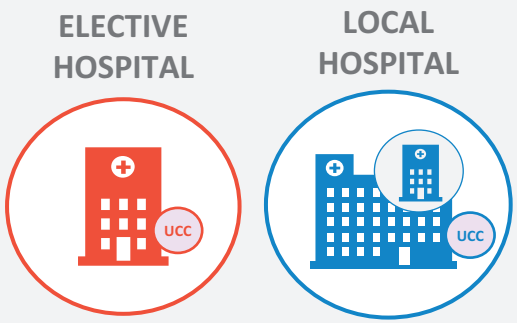
Central Middlesex Hospital as part of Shaping a healthier future



- Specialist hospital
- Local and Specialist hospital with obstetric -led maternity unit and Urgent Care Centre (UCC)
- Local and Elective hospital with UCC
- Local and Major hospital with A&E and UCC
- Local and Major hospital and specialist eye hospital and Hyper Acute Stroke Unit with A&E and UCC
- Local hospital with A&E

As a local and elective hospital, CMH would have:

- A 24/7 Urgent Care Centre (UCC)
- Outpatients services
- Diagnostics
- Elective services
- Primary Care



A sustainable future for Central Middlesex Hospital

- Central Middlesex Hospital (CMH) current annual deficit of £11m.
- Joint Partnership Board consisting of affected Clinical Commissioning Groups (CCGs), providers, NHS England and the National Trust Development Agency (NTDA) led by the SaHF programme to build a long term clinically viable and financially sustainable model for CMH site
- Four working groups to develop a Strategic Outline Case (SOC) for the utilisation of the CMH site:
  - **Clinical Options** – evaluation of quality of care, deliverability, research and education
  - **Estates and Finance** - affordability and value for money
  - **Access to Care** - access to care and impact of changed patient journeys
  - **Equalities Impact** – analysis on protected patient groups

A sustainable future for Central Middlesex Hospital

Steps undertaken:

- 1:1 interviews with providers of services across NWL to discuss potential services for CMH.
- NWL wide stakeholder workshop in August considered long list of potential service options and selected a short list of options.
- Development of the options via smaller meetings and workshops to refine requirements and add detail.
- Additional financial, travel, equalities and impact on Willesden hospital analysis.
- NWL wide workshop held in January to choose the preferred option for the SOC

Three options considered

Option 1 — **Original DMBC* base case option**

Option 2 — **Bundle of additional Services from multiple providers on CMH site**

Option 3 — **Close and transfer services to other sites**

- Closure of the CMH site is considered to provide a comparator for the other options

Option 1 – only 35 per cent of site utilised leaving site running at £11M recurring deficit

*DMBC – decision making business case

Adding additional services to make full use of CMH

Discussions with clinicians to identify additional services for CMH:

- **Hub Plus for Brent** – major hub for primary care and community services including additional out-patient clinics and relocation and expansion of community rehabilitation beds from Willesden
- **Elective Orthopaedic Centre** – joint venture for local providers delivering modern elective orthopaedic services
- **Brent's Mental Health Services** from Park Royal Centre for Mental Health
- **Regional genetics service** relocated from Northwick Park Hospital

Uses CMH space and offers good local services

Needs significant investment, which is detailed in the estates and finance work stream

Impact of potential services that 'bundle' option offers

Hub Plus

- ✓ Improved quality – rehabilitation beds co-located with wider range of services and support
- ✓ More primary care and community services available on site
- ✓ Diagnostics services – improved direct access
- ✓ More out-patients clinics provided on site
- ✓ Co-located services support integration
- X Implication for Willesden Health Centre

Rehousing Mental Health Services

- ✓ Modern mental health facilities to ensure best practice care
- ✓ Improved mother and baby unit
- ✓ Shared pharmacy facilities between community acute and mental health

Elective Orthopaedic

- ✓ Dedicated planned/elective care with reduced length of stay and low infection and complication rate
- ✓ Proven model of care – SWLEOC receiving high patient satisfaction

Relocating regional genetics

- ✓ Moving lab services allows Northwick Park to expand major hospital services

Travel and equalities considerations

Equalities

Three reviews of CMH as local elective hospital underway:

- Equalities impact review
- further focussed sub-group analysis
- deprivation report

Travel

- Only three options involve major shifts of treatment location
  - **Elective Orthopaedic Centre:** only small changes in journey times which, in our judgement, do not constitute a significant diminution of patient access
  - **Brent Hub Plus:** marginally improves the average patient journey time so cannot be considered to create significant access issues. A separate analysis for routine GP activity based at Willesden maybe required.
  - **Closure:** average travel time marginally improved which strongly suggests there are no new barriers to access in this option

Impact on Willesden Health Centre

- Currently a hub, providing extended community services for South Brent.
- Under suggested proposals 40 rehabilitation beds move to CMH, Willesden continues to offer
  - 2 GP practices (as today)
  - Locality hub for extended services including outpatients and diagnostics
- This creates opportunities for other services to move into the building – options currently being considered are:
  - Mental Health - consolidate CAMHS services into a single (new) hub
  - Kilburn Square - community services relocation (mainly office space)
  - Static Breast Screening Unit - Replacement of existing mobile service
  - Relocating GP practices within a 1 mile radius (discussions underway with practices)
  - Non-traditional NHS services including voluntary sector
  - Commercial services

Evaluation agreement at workshop 14 January 2014

1a. CMH full use and Willesden full use	**RANK ORDER 1**
1b. CMH full use and Willesden disposal	**REJECTED**
1c. CMH full use and Willesden partial use and partial disposal	**RANK ORDER 2**
2. CMH disposal	**REJECTED**

- Order contingent on Willesden being able to be fully utilised - further work has identified that option 1a is not deliverable
- Option 1c is the preferred option detailed in the Strategic Outline Case (SOC). Approved at Future of CMH Partnership Board (25/2) and Implementation Programme Board (6/3)
- Now requires approval through the statutory organisations
- Brent CCG's preferred option is to fully utilise Willesden I will continue work to identify potential further services to go into Willesden

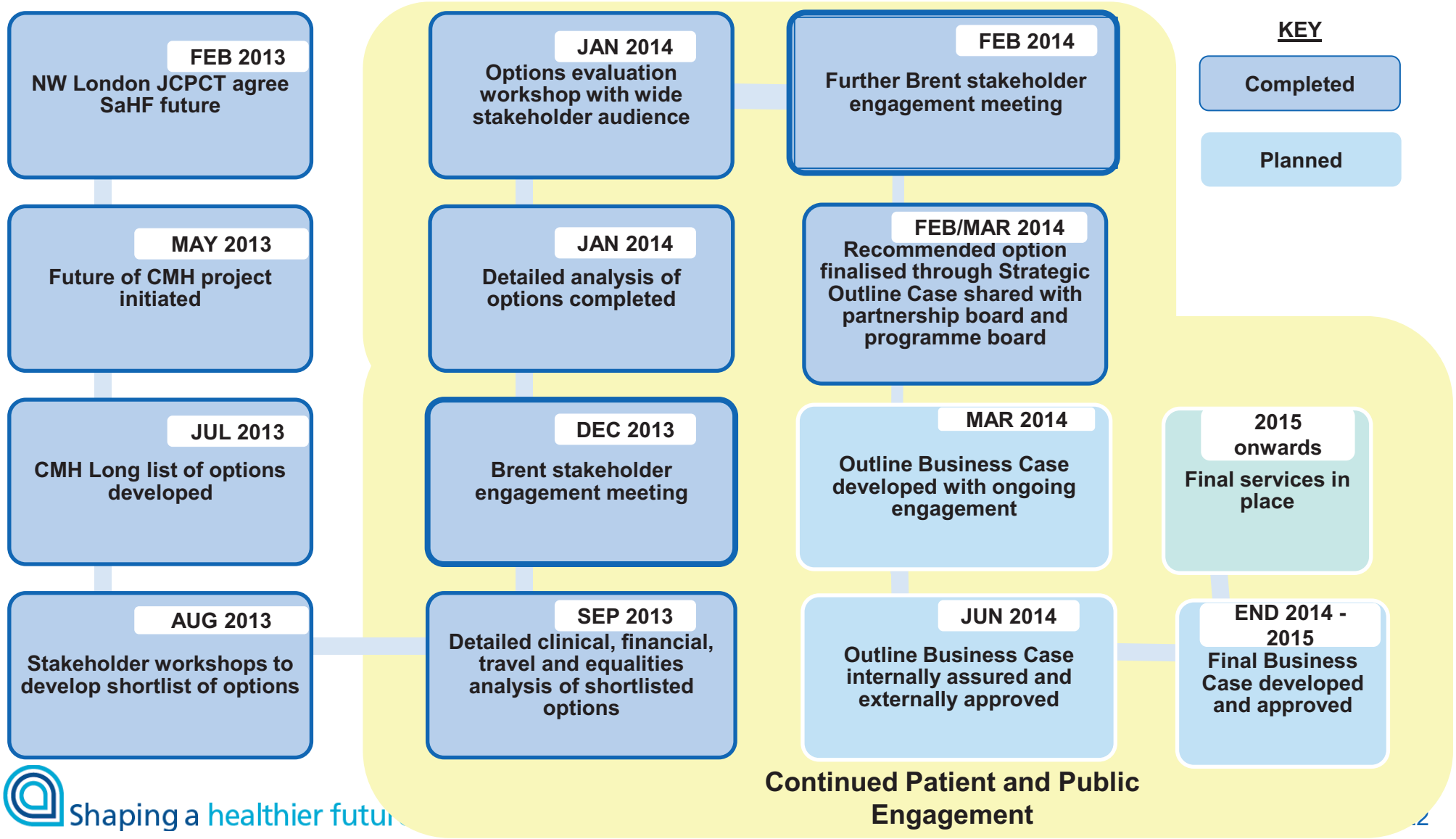
Strategic Outline Case reviewed by all statutory bodies affected

		Responsible Officers
Impacted: CCG Governing bodies: **Brent 26/3** **Harrow 25/3** **Ealing 19/3** **H&F 1/4** Approve proposal **NHSE 25/3** Approve proposal	**Brent CCG**	Rob Larkman
	Harrow CCG	
	Ealing CCG	Daniel Elkeles
	H&F CCG	
	NHS E	Simon Weldon
Affected **Trust's Boards:** **NWLHT 26/3** **EHT 27/3** **CNWL (tbc)** **Imperial (tbc)** Approve proposal	**NWLHT**	David McVittie
	EHT	
	CNWL	Claire Murdoch
	Imperial	Nick Cheshire/Bill Shields
NTDA Executive (tbc) Approve proposal	**NTDA**	Mark Brice
NHS Property Services Approve proposal (if required)	**NHS PS**	Sue Hardy

Next steps

- Proceed to Outline Business Case stage
- Procure central support to develop OBC
- At outline business case stage further work will be undertaken to ensure any necessary or appropriate consultation and an equalities impact assessment
- Further approval through statutory (responsible) organisations and the organisations potentially involved in delivering the services on the CMH site
- Further engagement to be planned and undertaken

Timeline


FEB 2013
NW London JCPCT agree SaHF future
MAY 2013
Future of CMH project initiated
JUL 2013
CMH Long list of options developed
AUG 2013
Stakeholder workshops to develop shortlist of options
SEP 2013
Detailed clinical, financial, travel and equalities analysis of shortlisted options
DEC 2013
Brent stakeholder engagement meeting
JAN 2014
Detailed analysis of options completed
JAN 2014
Options evaluation workshop with wide stakeholder audience
FEB 2014
Further Brent stakeholder engagement meeting
FEB/MAR 2014
Recommended option finalised through Strategic Outline Case shared with partnership board and programme board
MAR 2014
Outline Business Case developed with ongoing engagement
JUN 2014
Outline Business Case internally assured and externally approved
2015 onwards
Final services in place
END 2014 - 2015
Final Business Case developed and approved
Continued Patient and Public Engagement
KEY
Completed
Planned

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Discussion

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